OUTLOOK ASSOCIATES of New England

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Chronic Pain and Anger

The American Chronic Pain Association defines chronic pain as "pain that continues a month or more beyond the usual recovery period for an illness or injury". Chronic pain is the most common cause of disability in adults and affects one in three people in this country. Causes include cancer, neuropathy, headaches, untreated or poorly treated injuries, arthritis and fibromyalgia. Various pharmacological agents are used for relief and treatment. Often ignored in treatment are psychological and emotional consequences of the pain.

The Anger-Pain Connection

Anger and pain is an area of emerging research. That anger is a result of chronic pain is clear, but anger is also involved in the experience of pain. Problematic expressions of anger can increase sensitivity to acute and chronic pain, but the dynamics of the process are unclear. In one study, participants who described their experience of anger in these ways were more sensitive to pain: explosively expressing anger and holding anger in. People with an explosive style showed evidence of some sort of dysfunction of the body's innate system for pain relief. Endogenous opioids, such as endorphins, are responsible for pain relief and mood control (Bruehl, et al., 2002). The efficacy of anger management as a psychological treatment for chronic pain is associated with a person's biochemistry.

Medication is a crucial part of pain management. A holistic assessment of a client is critical when choosing safe and effective medication options. Factors include: medical conditions; level of support from others; financial, employment and living situation; psychosocial factors; coping strategies including anger management and assertiveness skills; past, current, and family history of drug and alcohol use; and symptoms of mental illness. Anti-inflammatory, steroidal, antidepressant and anti-seizure medications may be used alone or in combinations. Opioid medication use is shadowed by the addictive possibilities. Medications should be carefully supervised by the health care provider to ensure use is solely for pain management and as prescribed. Side effects must be monitored for physical and psychological reactions.

Many people have found treatment ineffective and providers unresponsive to their concerns. They have also undergone numerous invasive tests and surgeries with few positive results. These medical experiences lead to fear, frustration and anger, which can increase pain. Depression and anxiety, isolation, insomnia, disruption at work, and loss of social interaction further complicate the life of someone with chronic pain. Pain management has become a medical specialty and a haven for clients. A multidisciplinary team addresses all types of healing: physical through medication and physical therapy; emotional and psychological through therapy, support groups, and skills training; practical through exercise, nutrition and relaxation. Cognitive-behavioral therapy and anger management are included to correct irrational and distorted ways of thinking about the experience of pain. Each person develops an individualized approach to coping with their impairment. Pain may not be eliminated, but the level of intensity, frequency, and interference with functioning can change for the better.

Coping Strategies

The American Chronic Pain Association, a peer support and advocacy group, gives a list of recommendations to manage chronic pain, entitled "Ten Steps from Patient to Person." Practical tips and cognitive strategies provide guidance to develop a realistic and positive perspective when living with enduring pain. Education, active collaboration with care providers, self-advocacy and self – expression blend to create a balanced self-image. Acceptance leads to supporting others. Hope and

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health can coexist with pain.

Ten Steps For Moving From "Patient" To Person:
1) Accept the pain.
2) Get involved.
3) Learn to Set Priorities.
4) Set Realistic Goals.
5) Know Your Basic Rights.
6) Recognize Emotions.
7) Learn to Relax.
8) Exercise.
9) See the Total Picture.
10) Reach Out.

References:

Bruehl S, JW Burns, Chung OY, Ward P, Johnson B. "Anger and Pain Sensitivity in Chronic Low Back Pain Patients and Pain-Free Controls: The Role of Endogenous Opioids," *Pain, Volume 99, Issues 1-2, September 2002, Pages 223-233.*

E. Fernandez, Dallas, TX, Anxiety, Depression, and Anger in Pain. Advanced Psychological Resources, 2002, 334 pages. *Reviewed by W. Crawford Clark, PhD, American Pain Society Bulletin, Volume 13, Number 3, 2003.*

Managing Chronic Pain: Ten Steps from Patient to Person. http://www.theacpa.org/ American Chronic Pain Association

American Pain Society http://www.ampainsoc.org/

(This article was done with the research/writing assistance of Alice Miele, LICSW)

FROM OUR FILES:

Physical Dating Violence Common Among Teens, Linked to Risky Behaviors

Nearly 1 out of 11 US high school students is subjected to physical violence from their boyfriend or girlfriend each year, the results of a nationwide survey suggest-and boys are just as likely as girls to be the victim of such violence according to a report in a May 19th 2006 issue of *The Morbidity and Mortality Weekly Report*. The study also confirmed that these victims of violence have an increased prevalence of high-risk behaviors.

Dr. M.C. Black. From the National Center for Injury Prevention, and colleagues analyzed data from the 2003 Youth Risk Behavior Survey, which included students in grades 9 through 12 from all 50 states and the District of Columbia.

A total of 14,956 students from158 schools answered the question, "During the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?" Their responses showed that 8.9% of boys and 8.8% of girls reported physical victimization.

Those youth who reported acts of physical violence were more likely to engage in risky/destructive behavior such as suicide attempts, physical fighting, and having 5 or more alcoholic drinks or smoking at least once in the last 30 days.

"Adolescents need encouragement, examples and guidance from parents, schools, and communities about how to relate to other people," Dr. Ileana Arias, director of Center for Disease Control (CDC)'s National Center for Injury and Violence Prevention stated in a CDC press release.

Reuters Health, May 2006

Drinking Teens More Likely to be Violent

Children who drink are not only more likely to be violent but also to be the victims of violence British researchers say.

Researchers from the University of Cardiff in England surveyed 4,000 11-to 16-year-olds about their drinking and experience with violence. They found that drinkers were more likely hit others, be hit by others and engage in fighting.

"This new study seems to be the first to show a direct link between alcohol misuse and vulnerability to injury, independent of any link between drinking and fighting. There now needs to be much more effort put into reducing alcohol misuse in order to reduce injury," the study said.

The research appeared in the August 2006 issue of the Journal of Adolescence.

CONFLICT MANAGEMENT WORKSHOPS FOR COUPLES

Joe Pereira and Suzanne Marcus will be offering a 4-session workshop for couples who would like to improve their skills in addressing conflict in their relationship. The workshop will explore the dangers of anger and resentment on relationships and learn specific skills to be assertive. For further information please contact Suzanne Marcus at 781-643-4336.