

Is pain in your body or mind? How the answer can help guide your treatment

February 21 2020, by Rich Harrison



Credit: AI-generated image ([disclaimer](#))

People often use the phrase "mind over matter" to describe situations where aches and pains in the body are overridden using the mind. A gardener comes in from gardening and is surprised to discover a nasty cut on her hand, something she wasn't aware of while focused on her plants. Or a soldier in Afghanistan is wounded by a bullet but feels little

pain until he is safe in the infirmary. If pain was directly and entirely linked to bodily injury, these examples would be impossible. A cut would always lead to mild pain, whereas a gunshot wound would immediately cause severe pain. But this is not always the case.

Pain scientists are careful to distinguish between a harmful (noxious) stimulus and pain. In the case of the soldier, his stimulus (a bullet injury) is noxious but not painful. Research has shown the brain has the ability to [tone down how intensely a harmful stimulus is experienced](#). This process is known as "pain modulation" and is how our body allows us to put [mind](#) over matter in some situations.

To understand pain modulation, we need to understand how thoughts and feelings influence pain. Over the past two years, a project involving psychologists and philosophers at the University of Reading and doctors and patients at the NHS Royal Berkshire Hospital has explored this question. Our idea is that people hold views about pain—some of which they may not even be aware they hold—that influence how they experience pain and, perhaps more importantly, how they benefit from certain kinds of pain treatment.

Where do you feel it?

We are investigating whether people intuitively view pain as something in the mind or the body. People talk about pain in both ways, stressing the bodily aspect when saying things like: "The pain is in my finger." And stressing the mental aspect by saying: "The pain feels like torture." But do people have a default position? Does one person tend to think of pain as a bodily experience, while another thinks about it as a mental state? To find out, we designed a series of short hypothetical scenarios that probed people's view of pain. We found that people can adopt either a more bodily or a more mental view of pain and that their views can change, depending on the context.

The next and perhaps most important question is whether these views affect the healthcare people receive for pain. Chronic pain is a debilitating condition, carrying with it huge personal, social and economic costs. It is also a very difficult condition to treat, with surgical and pharmaceutical approaches [often having poor results](#).

Psychological interventions, such as [cognitive behavioral therapy](#) (CBT), on the other hand, are [often effective and have few side-effects](#). Crucially, however, these treatments don't work for everyone. Some people with [chronic pain](#) find these programs no help at all or they drop out of treatment without even giving it a chance. So the question is: why do these treatments work for some people and not for others?

Our research is focused on whether the background assumptions about pain that someone carries with them into a clinic may determine whether a treatment like CBT will work for them. After all, if you were a patient who viewed your [lower back pain](#) as a feature of your spine, rather than as a combination of your spine and your mind, would you not be confused or annoyed to be sent for therapy to alter your mindset?

Living with pain can be a constant burden. If you believe you have been given the wrong kind of treatment, dropping out or not fully participating is a logical response. If we can show that someone's existing beliefs about pain influence how they access and benefit from psychological treatments, we can work on altering these beliefs to allow them to achieve maximum benefit. To do this, we are going to design and test an enhanced CBT program which helps people recognize the role of the mind in experiencing [pain](#). We hope that this kind of enhanced program could help more patients benefit from mind-based interventions, making mind over matter a reality for more patients.

This article is republished from [The Conversation](#) under a Creative Commons license. Read the [original article](#).

Provided by The Conversation

Citation: Is pain in your body or mind? How the answer can help guide your treatment (2020, February 21) retrieved 2 May 2024 from <https://medicalxpress.com/news/2020-02-pain-body-mind-treatment.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.