# Managing and controlling pain

Lesson 5.3.3 | Health psychology

## Core ideas

Pain management can involve medical, psychological and behavioural approaches, especially when pain is long-lasting or affects daily life.

Drug treatments can reduce pain signals or inflammation, but they may have side effects and may not address fear, stress or behaviour.

Cognitive approaches help patients change unhelpful thoughts about pain, such as catastrophising or expecting all activity to cause damage.

Behavioural approaches use pacing, graded activity and reinforcement to reduce avoidance and rebuild functioning step by step.

Relaxation, breathing and distraction can reduce tension and shift attention away from pain, which may influence pain experience.

Biofeedback and multidisciplinary pain programmes help patients notice body responses, practise coping skills and combine support from different professionals.

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## Key terms

**Pain management:** Strategies used to reduce pain or help a person cope with it.

**Analgesic:** A medicine used to reduce pain.

**Catastrophising:** Thinking about pain in an exaggeratedly negative or helpless way.

**Cognitive restructuring:** Changing unhelpful thoughts into more balanced ways of thinking.

**Pacing:** Balancing activity and rest so pain does not lead to repeated overdoing and crashing.

**Graded activity:** Increasing activity gradually through planned steps.

**Relaxation technique:** A method such as breathing or muscle relaxation used to reduce tension.

**Biofeedback:** Using information about body responses to learn control over tension or arousal.

## Further detail and evidence

**Biochemical management changes physiological transmission:** medicines can act peripherally on inflammatory processes or centrally on pain processing. Compare potential relief, side effects, tolerance/dependence where relevant, adherence and whether the underlying cause is addressed.

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Cognitive strategies include attention diversion (focus elsewhere), non-pain imagery (imagine a pleasant unrelated scene), and cognitive redefinition (reinterpret the sensation and its meaning). They aim to change processing and distress rather than deny the experience.

Acupuncture uses stimulation at selected body sites with needles; TENS uses electrodes providing transcutaneous electrical stimulation. Proposed mechanisms involve modulation of pain signalling, including gate-control processes. Neither should be described as simply repairing all damaged tissue.

## Applying the ideas

Listening to an absorbing story diverts attention; imagining a calm beach is non-pain imagery; viewing a sensation as manageable rather than catastrophic changes its meaning. These strategies can affect coping and reported intensity. A lower pain score does not necessarily show that an injury healed faster.

## Evaluation and connections

Compare self-reported pain with activity, sleep and quality of life. Blinding and credible sham comparisons help assess expectation effects, although complete blinding can be difficult. Treatments may suit different pain types and individuals. Long-term effectiveness, acceptability, adverse effects and access matter alongside immediate relief.