

Self-Talk

our mind and body work together

Our mind and body are very connected and work together. This handout provides information about this mind body connection and how individuals can learn to live a more fulfilling life with chronic pain.

The science

We know that the mind (or psychological factors) influence the body's nervous and immune system. This is called the science of "psychoneuroimmunology". Research has shown:

- When individuals with back pain discussed stressful events in their lives and their pain problems, their muscular activity at the area of pain was increased.
- Their level of muscular activity was related to depression and how they coped with problems.
- How capable people felt in managing pain, was related to how much pain they could tolerate. **This is called a person's self-efficacy.**
- It was also related to the level of natural pain killers in their bodies. Natural pain killers in the body are called endorphins.

Research of real life

When Individuals with rheumatoid arthritis learned to think differently and manage their stress (increased their self-efficacy), their body function changed. This change improved their joints and lessened their disability.

Cognitive-Behavioural Treatment.

The medical term for learning to thinking differently is called cognitive-behavioural treatment. This treatment helps us learn and practice new responses or behaviours. To think differently we need to change our thoughts and beliefs.

Faulty thinking

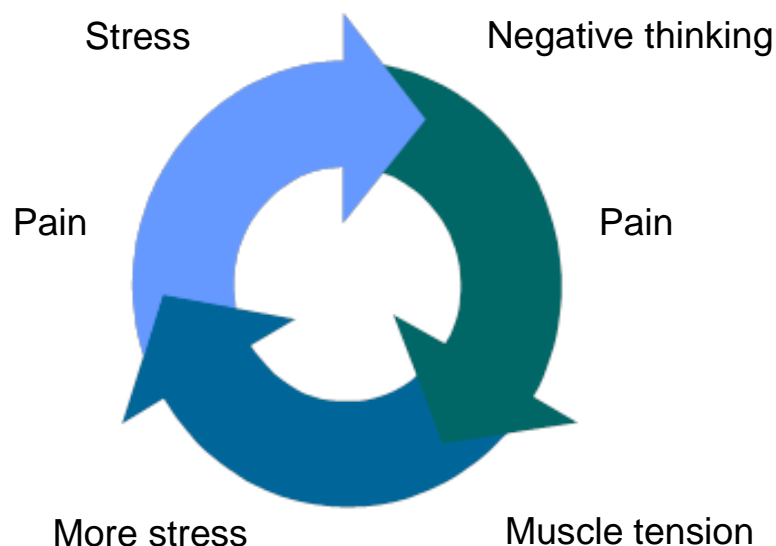
When we are depressed and anxious, our thinking changes from when we are happy or content. It is said that our thinking is faulty when we become depressed. We make many “logical errors” in evaluating information.

We make many incorrect assumptions, and we end up having unrealistic exceptions and beliefs.

All these lead to more negative emotional states and can make our anxiety, anger and depression worse.

Thus, we may become more tense, restless, sleepless, painful, miserable and disabled.

This feeds into a vicious cycle of stress, negative thinking, pain, muscle tension and more stress and pain.



Self-talk

It is a challenge:

- to identify unrealistic or irrational beliefs,
- challenge their validity/truth, and
- replace the ineffective beliefs with realistic and effective ones.

In order to do that, we first have to identify our **internal dialogue or self-talk**.

Example of faulty or catastrophic thinking

A sequence of thoughts:

“I hurt a lot ... I will never get better ... This pain is uncontrollable and unbearable ... There is nothing I can do but lie still and take more medication. I am totally useless.”

- What feelings do you get when you read these statements?
- Have you had these thoughts/feelings yourself at any point?
- Do you get a sense of helplessness? Hopelessness? Discouragement? Unwillingness to do any activities?
- What is the end result? Are you feeling depressed?

Well if you are, you are not alone!

About half of people with chronic pain are depressed. Depressed people tend to “catastrophize”. This means they misinterpret an event as a catastrophe such as “when I feel numbness in my legs, I am afraid I am going to end up in a wheelchair in a few year”.

They also tend to “**overgeneralize**”. This means they apply the result of one experience to the same or similar future experience such as “if I do any activity, I will pay for it later by being in bed for three days”.

From many years of research and working with people with chronic pain, we know that these kinds of negative thoughts are associated with more depression, anxiety and mental confusion. People who overgeneralize become more limited in what they can do — functionally disabled.

Success

Successful management of chronic pain may be prevented because of these false beliefs:

- that functional disabilities will remain stable in all future situations
- that people will not have the skills necessary to benefit from rehabilitation.

However, it is encouraging to know that changing the way we talk to ourselves “our self- talk”, can change the way we feel.

How can we take the sequence of thoughts on page 3 and challenge it?

Another example

“I hurt a lot but what is the evidence that I will never get better? I know other people with chronic pain who have gotten better. Are there times that my pain is controllable and bearable? When? Is lying still and taking more medication the only thing I can do when I am in pain? Pain limits my activities but does not make me totally useless”.

How do you feel now?

Now spend some time identifying your own self-talk.

First, write down a few of your own negative thoughts, and then challenge them just like with this example.

Group time

- Read the above material in preparation for the groups on Self-talk.
- Also, practice writing positive/coping statements on the forms provided.

Practicing positive self-talk while you are in pain

Examples of what you can tell yourself when you are in pain:

1. “I’m hurting. Instead of letting the pain push me around and control me, I’m going to try to reduce its effect. I will take control.”
2. “It does not help to lie here and hurt. Perhaps if I use this pain as a chance to control my reactions, I won’t hurt as bad in the future.”

Tips

You probably will feel anxious and tense with pain. Think of the tension and pain as signals for you to work towards coping with your pain. Do not expect to control the pain quickly. You are more likely to succeed if you work steadily and consistently at countering your negative thoughts and replacing them with positive ones.

Come up with your own positive, coping statements. List several things you can tell yourself while you are hurting.

1. _____

2. _____

3. _____

