

An Ericksonian Look at the Fifth Vital Sign

Chronic pain is frequently encountered by healthcare professionals. The current treatment is primarily pharmaceutical intervention with Opioids or NSAIDS that create new problems and address a limited part of the pain experience. Pain, whether physical or mental/emotional, tends to be experienced as one. Anticipated pain and memories of past painful incidents also contribute to the experience of pain.

This presentation examines chronic pain over a broader cognitive, emotional, and behavior context. It goes beyond matching opiates to pain receptors, by including pain's emotional and cognitive roots. Physical pain is exacerbated by emotional pain; and emotional pain is exacerbated by physical pain. Pain is generally addressed as a physical issue, and not as a emotional or cognitive issue. The narcotics have no impact on relieving emotional, or mental pain, but are the current 'go to' method of treatment.

This presentation presents a paradigm that **chronic** pain is *not* limited to a physical or somatic dysfunction, but has cognitive and emotional roots as well. This conceptualization empowers the healthcare provider, and individuals to look at the plethora of generally unacknowledged sources contributing to their experience of pain; and opens up other co-creative interventions.

To understand the difficulties of chronic pain its good to understand there are three faces of pain. One face is the pain in the present. Another face is *memories of pain experienced in the past*. The third face is the anticipation (fantasy) of pain in the future. Thoughts and emotions can become a neurological loop (habit) that feeds upon itself unless the supporting patterns are interrupted.

The presentation uses case studies and lecture to assist the clinician in seeing, and understanding the creation of chronic pain in order to effectively teach the clinician to more accurately contextualize to assist in intervening, thus helping the patient to manage it.