

Counselors and Pain

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ABSTRACT

Counselors are often confronted with clients who have either acute or chronic pain of varying conditions. While counselors cannot prescribe medication, they can be allies with the client to assist them in coping with their pain, maximizing their good days and minimizing their bad days. This paper provides an overview of some of the things counselors can do to assist clients cope with their physical pain.

Increasingly, physicians and health professionals are becoming more conservative regarding prescribing various pain medications, with concerns about addictions and opioid dependence becoming prevalent.

While counselors can often suggest to physicians that medication be increased and assist with the titration of medication, this is basically a medical decision made by a variety of personnel (M.D., O.D., PA-C's etc.) as to dosage and the type of pain relief to be prescribed.

Some clients seek additional relief and these realms will be explored here. Some of these areas are negative (alcohol) some require more research (long term use of cannabis) and some are spiritual in nature (prayer). There are obviously books on pain, conferences on pain and much discussion about various types of pain (acute, chronic) and the impact of pain on marriages, relationships and intimacy.

Pain can be acute or chronic, variable, constant or intermittent. It can become worse as the day wears on and can be impacted by barometric pressure and the weather. Stress can further exacerbate pain and our awareness of it and aggravate existing conditions.

This paper is not a comparative experimental study of various treatments which are compared and contrasted statistically. Rather, it is a brief review of options and alternatives which are available to counselors and therapists. Those involved in treating and counseling individuals need to be aware of all of the various options and alternatives to medications and be able to provide possible solutions for either short term or long term pain.

Keywords: Pain, Counselors, Physicians and health professionals

CHRONIC PAIN AND ACUTE PAIN

There are differences between chronic (long term) and acute (short term) and there are differences in male and female reactions and responses to pain and obviously age is a major factor, as well as one's expectations that the pain is: a) going to get worse; b) going to get better; or c) going to be of long standing duration.

When one breaks an arm and a cast is required- there is immediate intervention (the cast) and fairly immediate medication, and some fairly accurate forecast as to how long the pain will last.

The pain of childbirth maybe quite short, but a bullet to the stomach may result in long searing pain.

There are also non-pharmaceutical approaches to treating pain. Some of these will be discussed here.

1. Physical and or Occupational Therapy: It can provide some relief, some periodic occupation of the mind and the body and provide some much needed personal support. These therapies provide professional support and an understanding ear from therapists who work with a variety of conditions on an ongoing basis.
2. Group Therapy: In some cities there are support groups for individuals undergoing cancer treatment or other

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conditions of a long standing nature. Sharing coping strategies and emotional support can be very therapeutic.

3. Thinking: Depending upon the type of pain, clients need to be aware of their thoughts, attitudes, values and philosophies regarding pain. Some see it as an inconvenience - others engage in what is called "catastrophizing"- The client believes that what has occurred is "terrible, awful and horrible" and that this is the worst thing that has ever happened to them. While this may very well be, one has to be open to the perspective that in 5, 10, 15, 20 years, things may be quite different. Albert Ellis in his many books has examined the irrational, illogical, unreasonable, inappropriate thinking of many of his clients. While pain is problematic, it does not necessarily mean death, nor does it mean that the pain will continue for the rest of the client's life.
4. Emotional Management: Much has been written about emotional intelligence and some about emotional management. Some individuals are simply more emotional than others- they cry some whine, wail while others adopt more of a "stiff upper lip". Some individuals who may have done military service have firsthand knowledge of pain and how to cope with it in the field- away from the local drug store or Wal-Mart. Their coping strategies may be quite different and brutal than someone with a yearly income of one hundred thousand dollars.
5. Cognitive Behavioral Therapy: The basic premise of CBT is that we are thinking, reflecting, judging, valuing individuals and that we can change our thoughts, feelings, and beliefs. There are many who espouse this way of thinking- such as Albert Ellis, Donald Meichenbaum, Aaron Beck and others. In cognitive behavioral therapy, the counselor or therapist looks and tries to identify the irrational, illogical, unreasonable, inappropriate, strange, perhaps bizarre thinking of the client in an attempt to bring about a certain cognitive or thinking change-or perhaps a different outlook or different perspective on things or a different approach to a dilemma.
6. Meditation: There are various forms of meditation, in fact; too many to be reviewed here- but some of the research has shown meditation to be effective. It may help in the relaxation process.

However, a few meditation apps follow:

- a. Calm (calm.com)
- b. Headspace (Headspace.com)
- c. Mental Workout (mentalworkout.com)

- d. Simple Habit Meditation (bit.ly/simple Habit-Meditation)
- e. Smiling Mind App (bit.ly/smiling-mind-app)
- f. Stop, Breath and Thinking (stopbreathethink.org)

There are obviously books and tapes about various forms and types of meditation that can often be found in one's local library.

7. Biofeedback is another approach designed to assist clients in controlling their autonomic nervous system to relax to decrease or even eliminate pain. There are still centers around the United States that practice biofeedback to assist in relaxation and various clinical problems and issues.
8. Hypnosis: Many books have been written about the use of hypnosis in assisting that you to relax and cope with the pain in a calm fashion. There are books on self-hypnosis to assist in relaxation and coping.
9. Movement and exercise: Some individuals function better by keeping busy, keeping working and moving. Their work serves as a distraction - they concentrate on their work and completing chores and tasks. They may have a list of things to do and feel a great sense of accomplishment as things are completed.
10. Sleep-to-sleep: Perchance to dream as Shakespeare has said- is a major factor in pain reduction- at least for a few hours. Clients need to be careful not to nap during the day or not to nap for long periods of time during the day as that may interfere with their nocturnal sleep. There are many aspects of sleep that need to be addressed. The temperature of the room, the pillow, the children, and the time of retiring and time of awakening. "For trouble falling asleep, doctors may recommend a short acting drug such as zaleplon (Sonata) zolpidem (Ambien) or ramelteon (Rozerem). If you have trouble staying asleep a longer-acting medication such as solpidem extended release or eszopicloe (Lunesta are options. If you want up in the middle of the night, both zaleplon and an under- the tongue tablet form of zolpidem have been developed for this problem with the caveat that you need to stay in bed for at least four hours after taking them" [1].

For some individuals getting a good eight hours sleep is imperative and tantamount to the recovery process.

11. Social Engagement: If one can remain involved in various community activities, they may be able to stave off some parts of pain, and be so engaged with others, that their pain becomes a distant memory. Individuals can volunteer at a local hospital or church or local zoo.
12. Education: Clients AND patients both need to clearly understand and grasp the complexities of pain and the big picture. Understanding the root and the source of the

pain, it's location and manifestations and monitoring it's severity over time is important.

13. Posture: Some chiropractors would indicate that posture has a good deal to deal with pain and that good posture is imperative. A special chair may be helpful and a swivel chair may also alleviate some pain.

Some secondary sources of interest:

14. Travel: While traveling to the Grand Canyon or perhaps even Paris may not seem to be a great idea initially, one often feels that if one is in pain, then they need to make the most use of their time left on earth. Thus, they decide to take that long ocean voyage or go off to the city of lights (Paris or London or Rome) and see parts of the world that they have never seen before. Lying on a beach in Florida is different than lying on a couch in one's home.

15. Food: While we need a certain amount of food for daily consumption, clients can choose to have 3 large meals or six small meals and perhaps consult a dietician for the best meal for their particular condition.

16. Sex: If one's mate or partner is available and ready and willing, intercourse can serve to alleviate the physical pain. If there are other children or siblings in the home, they may need to be briefed and alerted to the pain that the parent is experiencing. In fact, children grow up to be adolescents and will later become adults and there are pain issues (both physical and emotional that we all have to face, so a brief talking to children regarding the pain status of a parent with, say "migraine" headache or toothache or some other routine pain.

Pain can interfere with emotional intimacy [2] and these issues need to be addressed.

17. An Amusement Park: While the idea may seem strange, odd, bizarre, ludicrous and preposterous at first, pain cannot co-exist in the same time frame as a person plummeting down a roller coaster. Granted some nerves "may" become excited by a few trips on the roller coaster, yet others may feel that the rush and excitement of a roller coaster ride may provide some relief.

18. A Diary: Often there may be some helpful analysis going on and a diary will provide some helpful insights into what triggers may be causing a "flare up" of the pain. A difficult day at work, a meeting with the boss or some supervisor can result in later pressure or pain.

19. Breathing: There is some recent research that emphasizes the importance of correct nasal breathing and the idea that deep breathing may help some conditions. Respiratory therapy may be indicated and some physicians may actually suggest oxygen as a drug or treatment of choice.

20. Yoga: Again, physical exercise, stretching and toning may be distracting elements. Yoga may also assist with meditation and breathing. One's local library should have books regarding various types of yoga and large cities should have some practitioners available.

21. Minimizing and maximizing: For some individuals, pain seems to be less in the morning and then worsens as the day continues. Each individual is different, but if one can accomplish as many tasks as possible during the time when the pain is not excruciating and then rest and relax the rest of the time, the person may have achieved some realm of success. Often some people have very "good days" and "bad days" for whatever reason. Often "barometric pressure" is cited as the culprit.

22. Television/Movies/YouTube: Often people enjoy their favorite television show or go to movies as an escape. People in pain can certainly "escape" for a period of time into Star Wars or Star Trek or the Avengers. Comedy also helps some individuals. They replay their favorite "Seinfeld" episodes or whatever particular brand of humor they enjoy.

23. Nursing Consultation: Many nurses who work with individuals experiencing pain have certain insights regarding medication- some pain pills work better in the morning, with breakfast and some pills seem to be better on an empty stomach. Often a pill with coffee may have its impact improved- as the caffeine helps to stimulate the medication or provide a brief uplift. If the pain is localized some topical medication which can be purchased over the counter may be helpful.

24. Posture: Sitting, standing and standing for long periods of time may exacerbate pain. Chiropractors can address some of these issues and may be able to even find the root source of pain (perhaps in a slipped or herniated disk). Even a pillow or mattress can make a very large difference in sleep and later functioning.

25. Positive Medical Outlook: One good thing nowadays is that physicians have many more options- such as low doses of opioids, analgesics, muscle relaxants, anti-inflammatory drugs, anti-depressants (particularly tricyclics such as amitriptyline and serotonin and norepinephrine reuptake inhibitors such as duloxetine (Cymbalta) and anticonvulsant drugs such as gabapentin and pregabalin [3].

26. Religion: Much has been written about the power of prayer and of daily attendance at some church ritual or Sunday event. Prayer can help relax an individual and lower blood pressure. The church can provide support and indicate to those in pain that there are other people out there who sincerely and genuinely care.

27. Routine: Establishing a clear schedule, a specific routine and a daily calendar may provide some relief and assist

clients in accomplishing a good deal more on a daily basis. Many people need that first cup of coffee to establish their daily routine.

28. Food: Food is often referred to as “comfort food” and while clients need to be careful not to put on additional weight, which may exacerbate their condition, by the same token a good meal will often lift one's spirits and overall outlook on life. Some individuals cope with their pain while looking forward to a Sunday buffet or “all you can eat” at some local restaurant or tavern.

SUMMARY AND CONCLUSION

This paper is not intended as medical advice or to replace consultation with a physician or medical specialist. It is designed to provide a global overview of some of the issues regarding pain and pain management. Some suggestions are offered simply for consideration. In some cities and towns there may also be support groups available for pain management.

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