Chronic pain - a psychological approach

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Abstract
The article presents some relative considerations of bio-psycho-social nature to chronic pain, emphasizing to Temporomandibular Disorders (TMD). It describes some consequences triggered by chronic pain on the every life and points the main psychodynamic characteristics of the TMD carrier. It still stresses the necessity of a diagnostic and therapeutical interdisciplinary and personalized approach, and the importance of an adequate preparation of the health professionals in general, regarding the methods and appropriate cares, destined to patients bearing painful syndromes. The good relation between professional and patient is pointed as one of the most important tools of work that makes possible more efficient and human treatments.

Key Words:
chronic pain; temporomandibular disorder (TMD); psychodinamic characteristics; interdisciplinary approach; personal and professional requirements.

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“Listen carefully, consider all the possibilities, cure if you can, refer if can’t, but always consoles”

Jeffrey P. Okeson

Pain is one of the greatest concerns of humanity and has been for years the subject of scientific studies. The literature on pain is vast and this subject is approached from various angles. However, despite technological advances and a better understanding of pain, which has contributed greatly to its diagnosis and treatment, there is currently a progressive increase in the incidence of chronic pain in many clinical pictures, such as temporomandibular dysfunction (TMD). At the same time, it can be seen that professionals involved in this area are confronted with barriers and difficulties in relation to patients with this painful syndrome.

The aim of this paper is to present some considerations on the bio-psychosocial nature of chronic pain in general and to point out some observed tendencies in the technical training and personal profile of health professionals that could explain some difficulties in the perception of chronic pain as a complex phenomenon. Such difficulties consequently can result in the adoption of inadequate diagnostic and therapeutic approaches to pain pictures. They are among the factors that explain the high indices of treatment failure, aggravation of clinical picture, and unnecessary physical and emotional suffering of patients, as frequently occur among those with TMD.

In general, many aspects can contribute in some form to the progressive increase in the incidence of chronic pain in our society.

The development of technological resources of diagnosis and treatment have contributed for the increase in longevity and survival of numerous individuals with diseases until recently considered fatal. Living longer, however, does not necessarily mean living better.

The characteristics of our physical environment, which are not always ergonomic and full of architectural barriers that hamper good posture, mobility and the safety of people are factors that promote physical pain to become chronic. Stressful factors of modern life, such as inadequate diet, sedentary habits, long hours at work, professional competitiveness, economic and family difficulties, lack of leisure, and loneliness, contribute greatly to the increase of chronic pain indices. Patients with TMD often refer to this scenario as the way of everyday life, beyond to present a typical psychodynamic profile (Table 1).

Although all the above are important, it is still necessary to better understand the reasons for which chronic pain has been so poorly understood and managed in Brazil, despite the significance of pain prevention as a fundamental condition for the satisfactory clinical recuperation of many patients has been widely acknowledged for more than 10 years.

The complex nature of pain itself should be considered as an attenuating factor, with its subjective expression, its large diversity of presentation, and it being the result of innumerable causal factors. However, it is worth recalling that besides nociceptive stimulus and the perception of pain in the nervous system, chronic pain appears to be a significant part of human
experience known as suffering. Suffering is expressed through objective behavior signs that need to be considered and comprehended by health professionals. Suffering caused by persistent pain, known as chronic pain, which causes damage to the psyche and life of the patient, can be understood based on three points of view. The existential is when pain represents a threat or impediment to the realization of a project in life. The circumstantial is when pain stimuli feels of threat by external situations such as medical examinations, relations with the medical team and iatrogenic risk. Finally, suffering imposed by pain evokes pre-existing experiences, exacerbating emotional or prior family conflicts.

There are many consequences of chronic pain in the lives of people. It can unleash, for example, feelings such as distress, fear, anxiety, rage, irritability, sadness and lack of confidence. It also limits physical activity, makes family and social living difficult, alters body perception, damages emotional and cognitive resources, inhibits sexual appetite, compromises self-esteem, increases feelings of social and professional rejection, alters the system of beliefs and produces concerns about the future. Besides all this, it worsens the quality of sleep, aggravating general health conditions. This in turn compromises the view and management of pain, in addition to aggravating pre-existing diseases and weakening the immune system.

Because of so many unfavorable conditions that affect in many ways the life of the patient with chronic pain, its diagnostic and therapeutic approach is never easy. This is particularly observed in the TMD clinic. Living a long time with pain stimulates cognitive and emotional conflicts that determine different patterns of behavior in the patient, that in turn can make treatment difficult and even undermines it.

Therefore, the first step in the direction toward the effective therapy for the individual with chronic pain is to consider the relation between the professional and the patient, and the first and perhaps foremost being the study tool. A good professional relationship should not be established primarily between symptom and technique. It should, above all, signify the relation between the professional and the patient, and handle the various forms of suffering, without ever losing sight of the important and simple gesture of “opening up to the patient,” so that the patient in the midst of his/her misfortunes, can at least be spared from experiencing one of the worst pains, that is, of being misunderstood and not respected as a person.

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References


