

Conversations for Caring: 10 Caring Points

Topic: ***What is Pain?***

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1. Pain is a very real human experience, and it also a very individual experience. People's concepts of pain, thresholds of pain, and experiences of pain can vary widely. To be present to someone in pain, we are invited to understand – non-judgmentally - that pain is what a person perceives as pain. That is a starting point.
2. The ways in which people respond to their pain, talk about their pain, and interpret their pain can also vary a great deal. Someone's cultural values, their religious and/or spiritual beliefs, their understanding of themselves as a man or a woman, and their unique temperament or personality can all affect the way a person responds to pain.
3. How people understand their pain can have an impact on their openness to the treatment of that pain. They may see their pain as a natural part of the aging process – “It's just the aches and pains of getting old;” or believe that they are being punished for something they did in the past; or feel that weathering pain is a “badge of courage.” They may also resist talking about their pain, because they feel that to do so would be a type of complaining.
4. Emotional and/or spiritual factors can affect people's experience of pain and their ability to benefit from treatment. Such factors might include regret over lost or broken relationships; guilt, shame, and longing for forgiveness; or nagging questions such as “I have worked hard, I have been a good person, and so why is this happening to me?”
5. We tend to divide pain into two primary types: Acute Pain and Chronic Pain. And while the lines between these two types can become rather blurry, we can offer general descriptions.
6. Acute Pain has a protective function. It warns us that something has happened. It is generally short in duration – lasting as long as 3 months. It tends to be sharp, to be localized or focused, and to resolve within a standard amount of time/treatment. Chronic Pain generally lasts more than 3 months. Many factors can cause chronic pain, for example, failed back surgery, osteoarthritis, or neuropathy related to diabetes or neurologic disorders.
7. When we think about pain, we might focus on the hurt, the dull ache, the tingling numbness, the tender soreness, and the sharp pang. And while these are very real experiences, the reach of pain is so much broader. It also involves the impact of pain on someone's life: What don't I do anymore? How has pain affected my mobility and my independence? This “functional” aspect is a very important factor in understanding chronic pain.
Social isolation can be a very real result of pain – particularly chronic pain. But it can also intensify people's pain and suffering. “Treating” this isolation with social connections of various types can truly assist people's ability to manage their pain and to function in daily life.
9. While people with significant dementia may not be able to give voice to their pain, they do experience pain. Using our powers of observation to notice differences in their presence – sometimes subtle differences – can go a long way to being attentive to their pain.
10. Palliative care is sometimes confused with hospice care, but palliative care is appropriate at any age and any stage of serious illness. It in no way requires a terminal diagnosis. Rather it is patient and family-centered care that seeks the best quality of life by anticipating, treating, and preventing suffering – suffering caused either by illness or the treatment of illness, for instance, chemotherapy. Using the resources of several health care disciplines, palliative care addresses physical, intellectual, emotional, social and spiritual needs. It also facilitates patient autonomy, access to information, and choice.

*These 10 Caring Points are intended to be a summary of best practices.
For citations, references, and additional information,
please contact Dan Collier at 781-586-8620 or dcollier@glss.net*

Some Additional Resources

Elder Services Plan of the North Shore (PACE)

37 Friend Street, Lynn, MA 01902

Phone: 781-715-6608

Website: www.pacenorthshore.org

- Kathleen Savage, MSN, ARNP, BC, MDS Enrollment Nurse Practitioner
- Marty Langlois, RN, NP, BA, Palliative Care Nurse Practitioner

Web Resources:

- **Stanford School of Medicine, Pain Management Center**
 - The Center's website offers a number of popular press videos, audios, and articles on pain and its management: <http://paincenter.stanford.edu/press/>

References and Resources:

- David Biro, *The Language of Pain: Finding Words, Compassion, and Relief*. New York, W.W. Norton & Company, 2010.
- Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Book, 1988.
- Deborah L. Rochman and Eve Kennedy-Spaien, "Chronic Pain Management: Approaches and Tools for Occupational Therapy." *Occupational Therapy International*, 5:2 (May 1998) 140-154.

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