

Working Dialectically with Emotional and Physical Pain

CCSP & Palliative Care Program Seminar
Patient Family Resource Center Conference Room,
Cancer Hospital

Wednesday, June 21, 2017, 8:00 am – 9:00 pm

Deborah Barrett, PhD, LCSW
UNC School of Social Work
UNC School of Medicine, Dept. of Psychiatry
dbarrett@unc.edu

You lazy
dog! Sit like
everyone
else!

Ahh... that's
how I like it.





Mindfulness

1. Dialectical
approach

ALL

OF

NOTHING

ALL

is

NOTHING

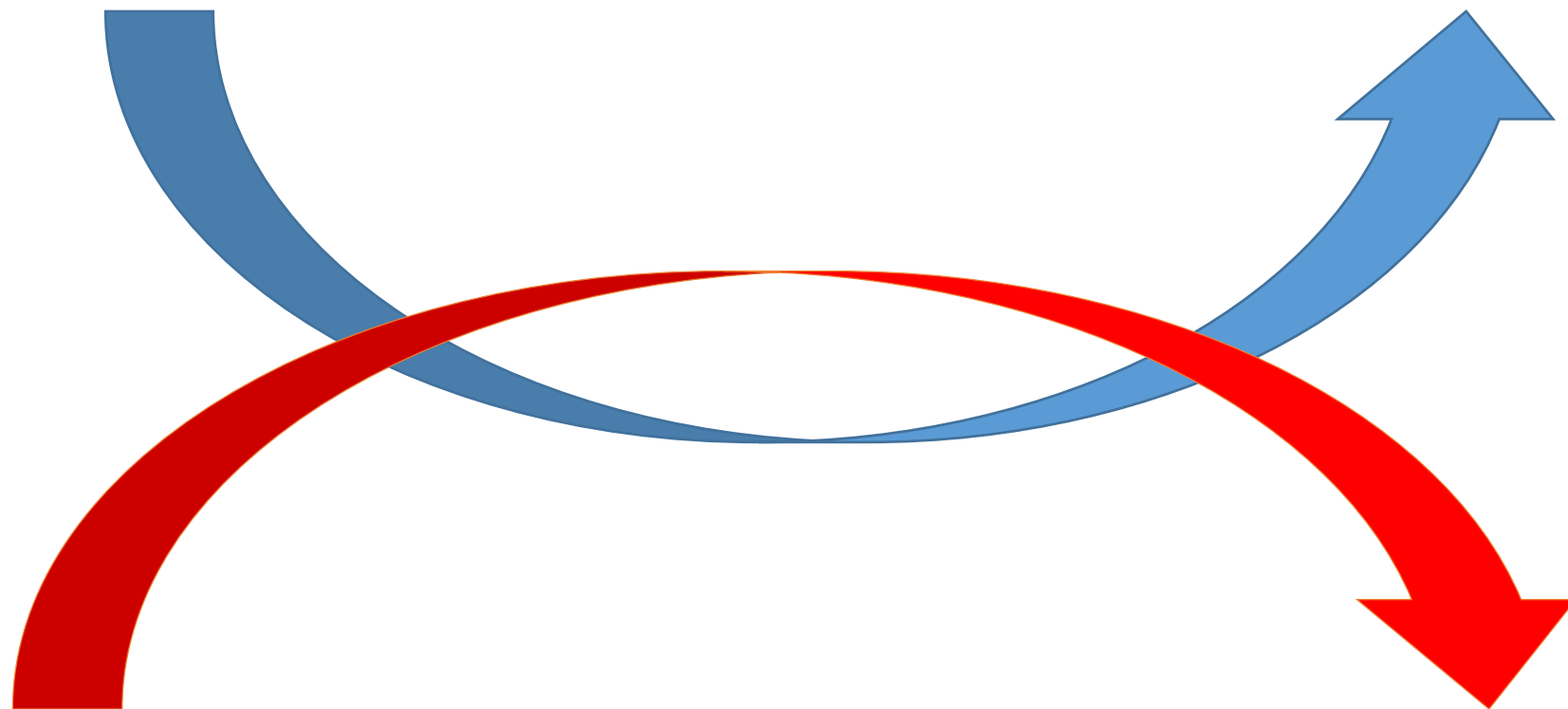


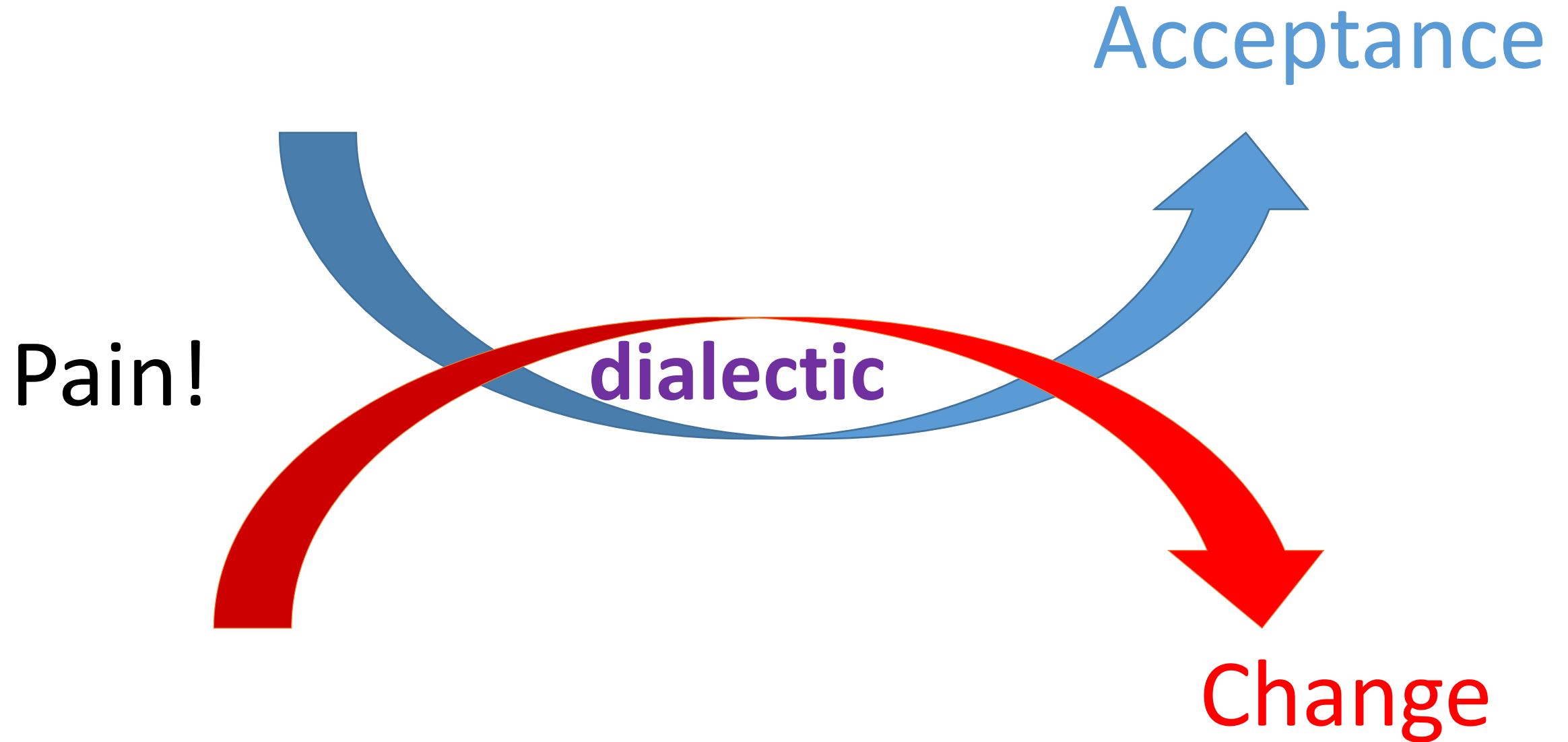
Pain!

Acceptance

Pain!

Change





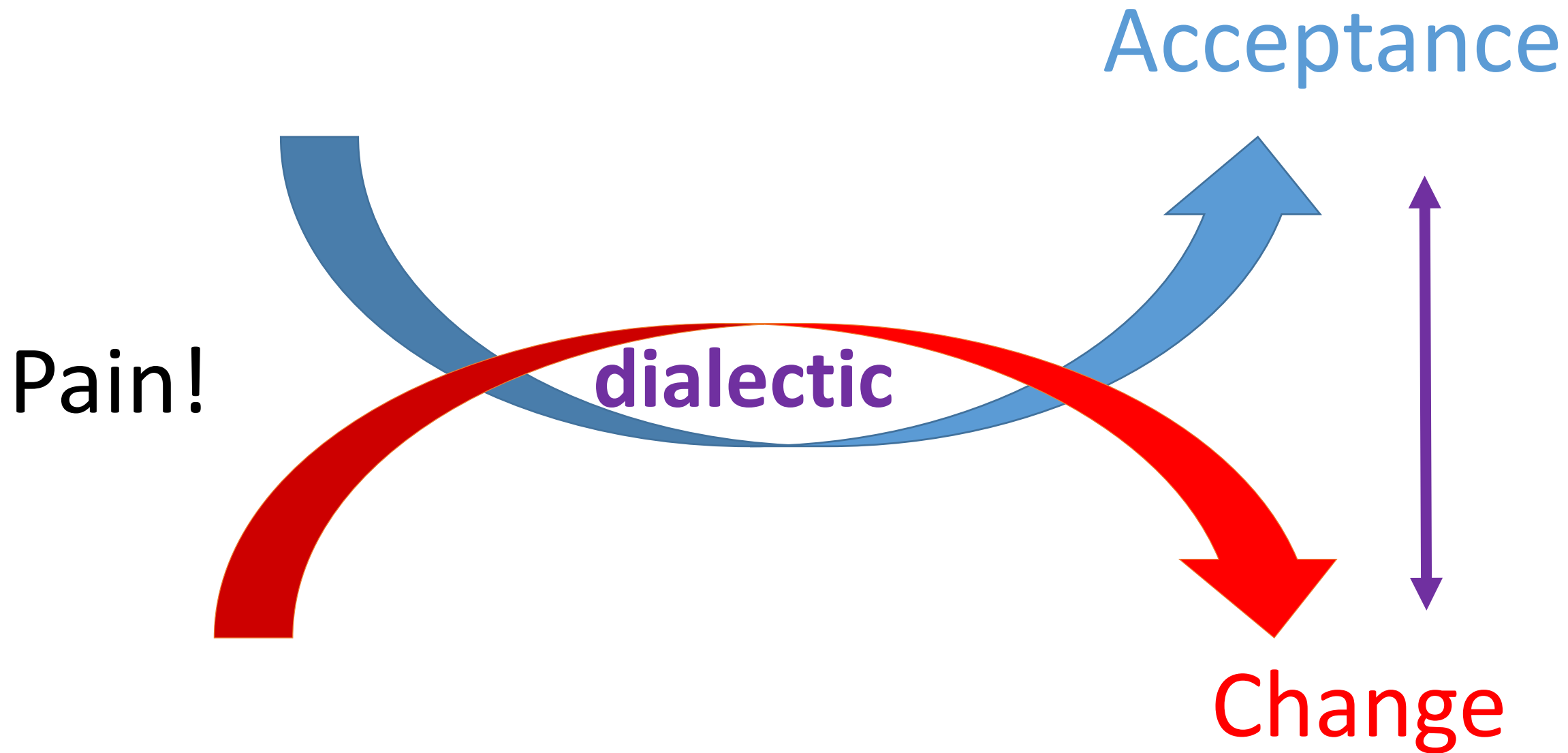
Pain!

dialectic

“what is”
values, despite pain
values, with pain

strategies to reduce
pain and suffering





Balance Core Strategies

Acceptance

Change

Validation

Problem Solving



Dialectics

2. Acceptance

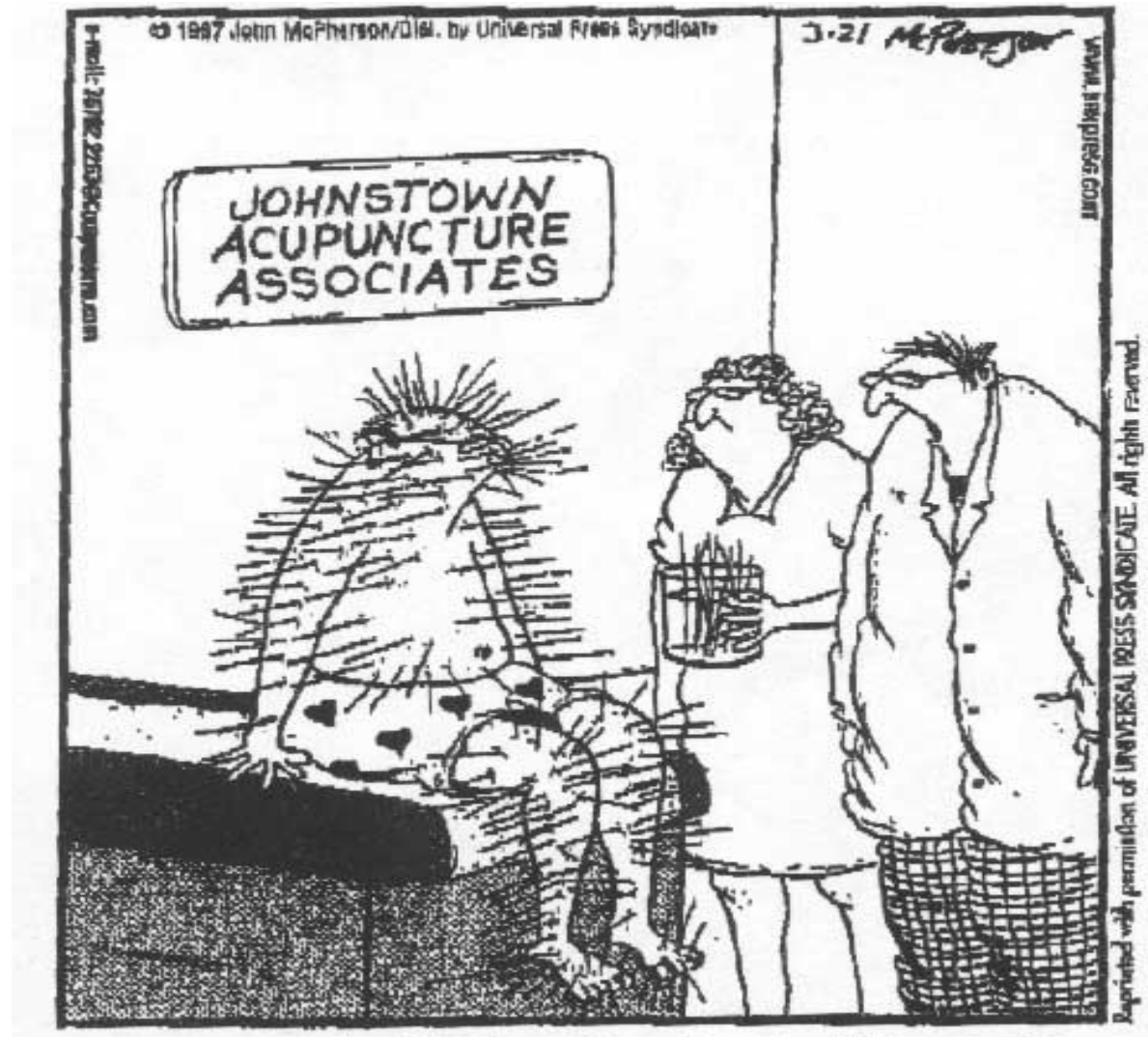
start

with



Validation

Patients are the expert on their experience



“You’ve got to be kidding! Your back *still* hurts?”

Validation =

1. Empathy

(understand from other's perspective)

+

2. **Communicate that their experience make sense**

Cannot overstate the importance

Strong, accurately worded validation fosters

- adaptive emotions and responses
- downregulates distress



- ✓ Avoid: “I see you hurt, but...” (use “and”)
- ✓ Don’t get into battles – find what you can validate, even if you don’t understand cause of pain.

What you can always validate

1. Experience of thought, emotion, urge, behavior (seek out the “kernel of truth”)
 2. Problem importance
 3. Task difficulty
 4. Wisdom in ultimate goals
 5. Ultimate ability to meet goals
- “validate the valid”**

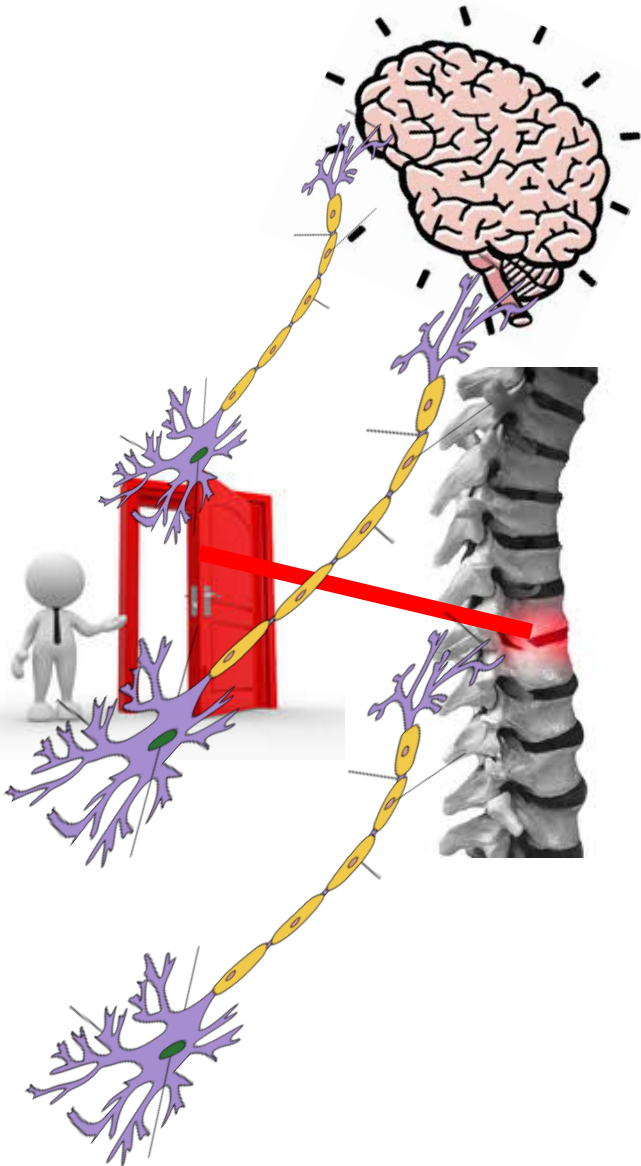
3. *Change*

PAIN GATE THEORY OF PAIN

Ronald Melzack & Patrick Wall (1965)

Pain-modulating system:

- **Neural gate** in spinal cord
- “Pain Gate” opens and closes
- affects how brain perceives sensation
- Pain NOT simply message from injury → brain



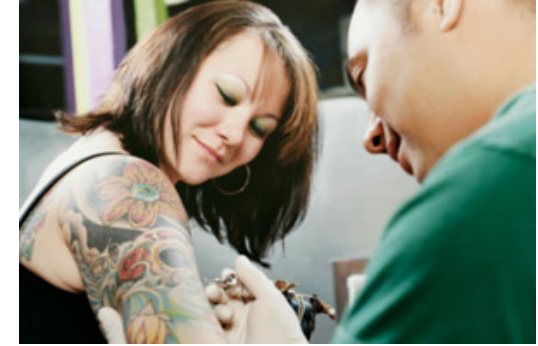
Post-
Amputation
Pain



Phantom
Limb Pain



Leah Ball photo



sensations + interpretations = experience

What Opens and Closes Your Pain Gate?

Empowering metaphor



Science legitimacy

What affects pain experience

Pain Gate **Openers**

- stress, anxiety
- depression
- catastrophizing
- attention
- mind-wandering
- expectations
- uncertainty
- anticipation
- invalidation

Pain Gate **Closers**

- emotional regulation
- relaxation response
- social kindness
- closeness / connection / love
- distraction/positive engagement
- mindfulness practice
- meaning / commitment
- hypnosis / guided imagery
- acceptance



4. *Distress*

Emotional and Physical Pain → “Distress”

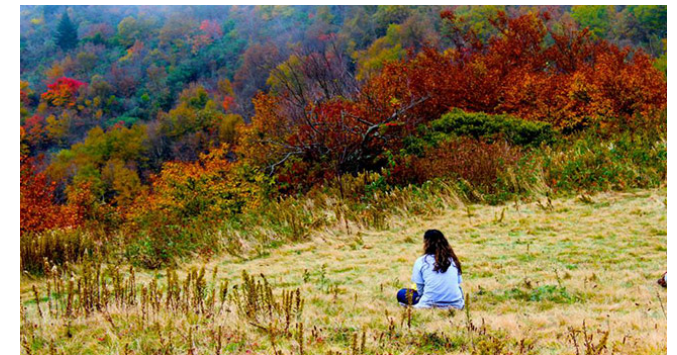
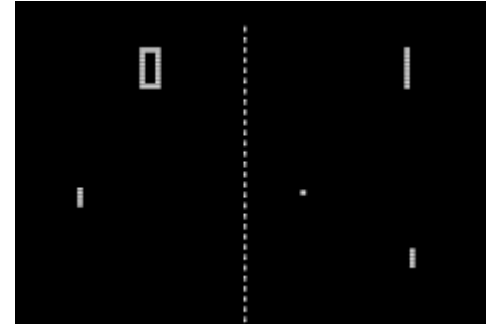
- **So much research!**

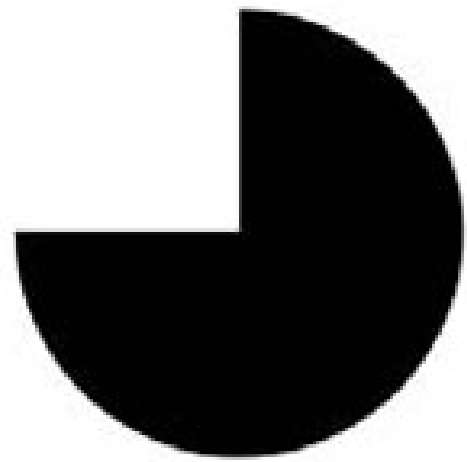
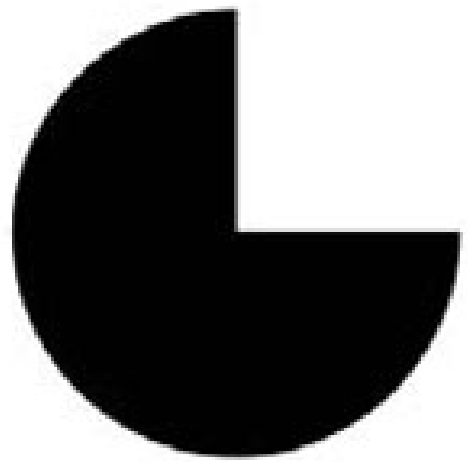
- shared brain circuitry in emotional & physical distress
- distress in one area predisposes to other
- treatment of one generalizes to the other

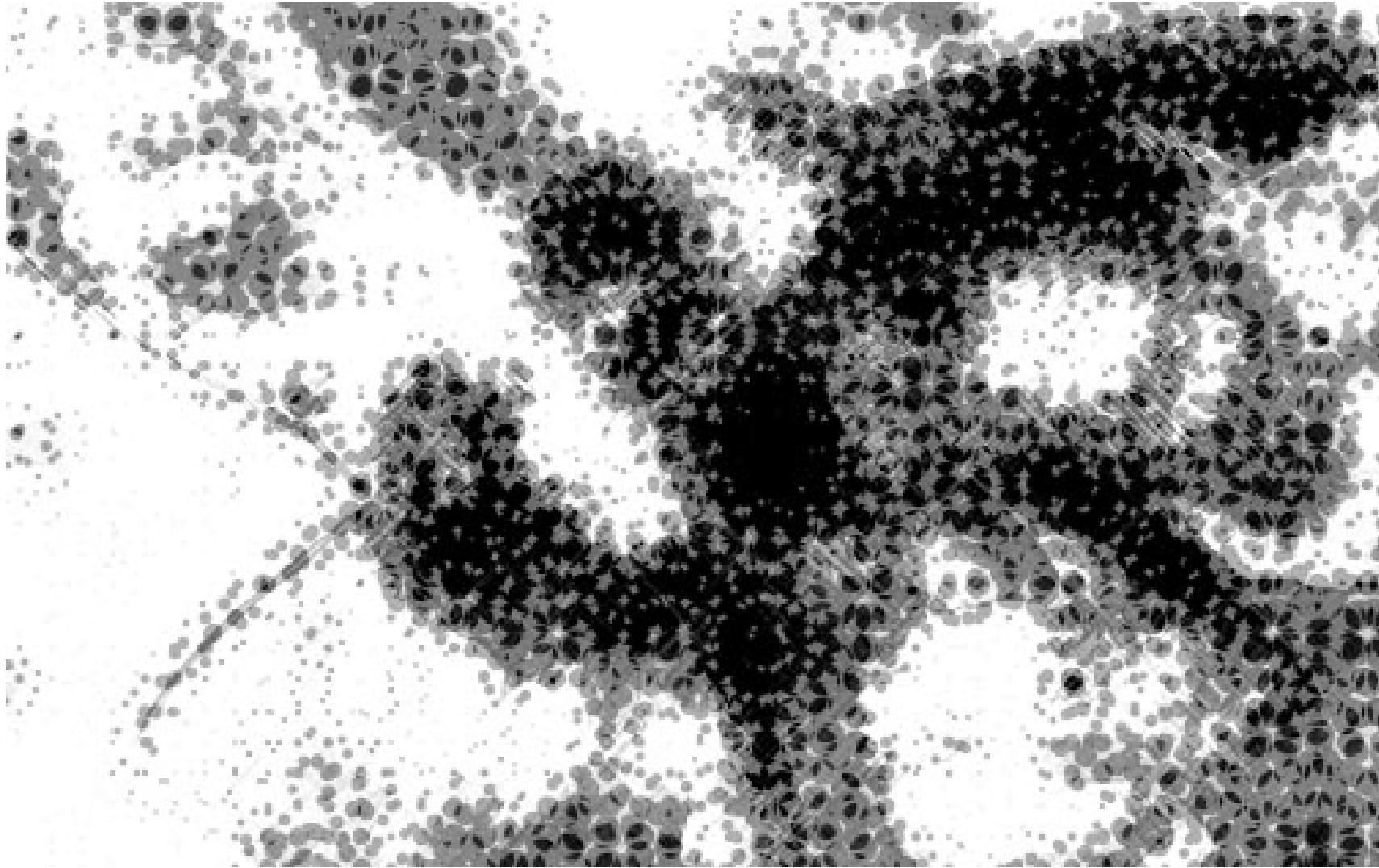
Brains are very complex

based on **predictions**, not immediate sensory input

examples . . .







Barrett, L. F., Wilson-Mendenhall, C. D., & Barsalou, L. W. (2014). A psychological construction account of emotion regulation and dysregulation: The role of situated conceptualizations. Chapter in J. J. Gross (Ed.), *the Handbook of Emotion Regulation*, 2nd Ed. New York: Guilford, pp. 447-465.



Barrett, L. F., Wilson-Mendenhall, C. D., & Barsalou, L. W. (2014). A psychological construction account of emotion regulation and dysregulation: The role of situated conceptualizations. Chapter in J. J. Gross (Ed.), *the Handbook of Emotion Regulation*, 2nd Ed. New York: Guilford, pp. 447-465.

Neuroplasticity

- Neurons that fire together wire together



Research Study – 8 week group intervention

contact:

PainStudy@unc.edu

Interviewing now!

Intervention runs August and September

Dialectical Pain Management Skills Class

1. Dialectical approach and Pain Gate
2. Core mindfulness
3. Radical acceptance and values work
4. Emotions and Pain
5. Mindful self compassion (as cognitive modification)
6. Self-care to reduce vulnerabilities
7. Recovering from invalidation, interpersonal skills
8. Coping ahead