

Pain coaching for chronic pain

RICHMOND STACE

Pain Coach



Chronic pain affects the daily lives of millions of people and, for many, can lead to years of disability and poor quality of life. Pain coaching involves creating a safe environment for the person experiencing chronic pain to tell their story in a way they can feel their pain is validated and they can be helped to have a better understanding of their pain. By helping the patient to *understand and overcome chronic pain*, a pain coach can *help that person to see the truths of their situation and then move on to shape a positive future*.

LEARNING OUTCOMES TO SUPPORT PHYSIO FIRST QAP

- 1 Understand the pain coaching approach.
- 2 Be aware of the practical use of modern pain science.
- 3 Understand the role of a pain coach in helping people who are suffering chronic pain.

Pain as one experience

Chronic pain is arguably the largest global health burden; it affects millions of people and costs the healthcare industry billions of pounds in the UK and across the world (Vos *et al* 2017). Low back pain (LBP) alone remains a significant global public health concern as, since 1990, it has been a leading cause of years lived with disability (Wu *et al* 2020).

In addition to LBP, we need to consider the other situations where pain features and persists, and the way healthcare and society categorise pain according to the body part, body system or medical discipline, e.g. musculoskeletal, visceral, and neurological.

It is, however, the person who lives the pain in their world, not the body part. The more we narrow in on where it hurts, the further away from the person and the lived experience we can become, which in turn takes us further from the truth and reality of the individual with chronic pain.

Existing ways of thinking about pain and its treatment have failed to ease the suffering and burden in any meaningful way so far. In fact, a report on the Versus Arthritis website indicates that the problem seems to be worsening, especially in young adults.

One of the reasons for the lack of progress in tackling chronic pain is, in my opinion, the continued predominance of the biomedical model. It simply does not work. The model does not consider the person, their prior experiences, beliefs, expectations, their living circumstances, their environment and other influences that shape the pain experience.

The biomedical model separates body and mind, which is another way in which health professionals and patients move away from the pain reality. The body and mind are inseparable and there is just the one experience. Upstream then, is a fundamental misunderstanding of the pain experience because if pain were understood, the biomedical model would have been put to one side. Pathological, anatomical or measurable explanations for pain do not hold up to

scrutiny. They are all objective measures, yet pain is subjective in the same way as hunger, thirst and love, all of which have huge variability and innumerable influences that shape each individual experience.

Whilst the emergence of the biopsychosocial model offered hope (Engel 1977), there are also fundamental issues with this approach (Stilwell & Harman 2019) as it considers the biological, psychological and sociological dimensions but has a tendency to maintain silos and default to the preferred section of the Venn diagram (figure 1). However, the person's lived experience often sits within the middle of all three circles; they are not discrete, and they are not even "related". As previously stated, there is just one experience.

In addition, the term "mental health" exemplifies the false divide, implying mental as a stand-alone factor, when there is a high co-incidence of chronic pain with depression, anxiety and other mental health disorders, and a strong suggestion of shared biology (American Psychiatry Association).

"THE MORE WE NARROW IN ON WHERE IT HURTS, THE FURTHER AWAY FROM THE PERSON AND THE LIVED EXPERIENCE WE CAN BECOME"

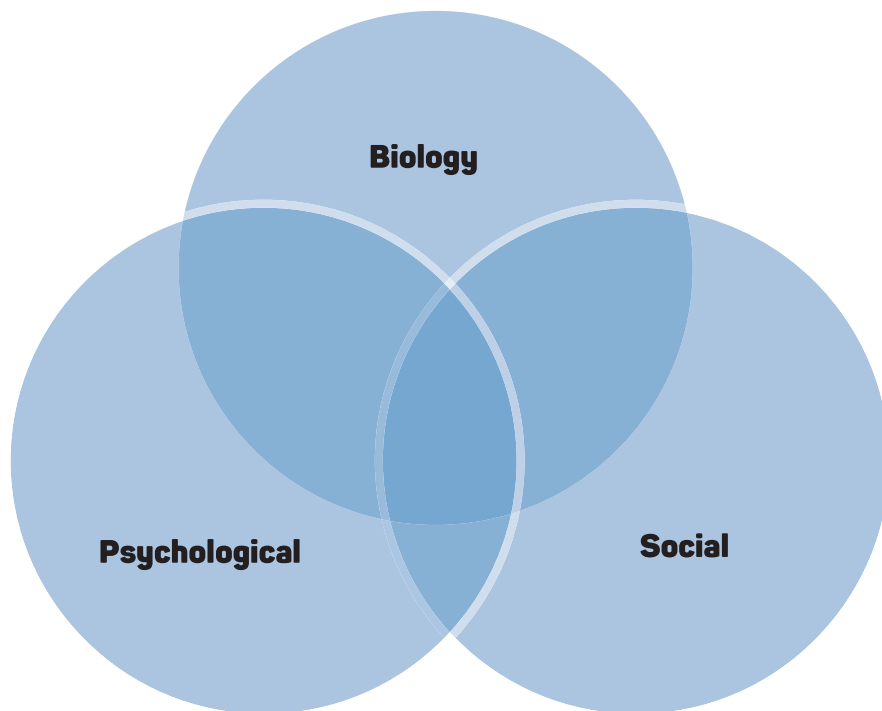


FIGURE 1: A Venn diagram of the basic biopsychosocial model

There is always a body and biology participating and contributing to the lived experience of chronic pain and other feelings, with certain conditions such as chronic inflammation (Dantzer *et al* 2008). There are also always thoughts and emotional states, and always a context and an environment off the back of prior experiences that shape the individual's current situation. Each of these are inseparable and must be taken as a whole to get to the truth.

Understanding the whole person is the lens we must come through to do so.

The complex and dynamic aspects of chronic pain

Chronic pain is complex and dynamic because life and human beings are complex and dynamic. Each pain experience is fundamentally different, although for the person in pain it may not appear this way.

There is nuance and idiosyncrasy because no moment is ever the same, which means no experience can ever be the same either. The key insight here is the tendency for people to believe and report that their pain is the same, which is not possible.

This is a “sticky” belief that is part of the “stuckness” of pain. For an individual to

move forward, they need to identify and update their beliefs and thoughts related to pain. The articles from other authors within this edition offer a real-person insight into how changing how we think about pain can have a positive effect on the pain experience.

Pain coaching is designed to help people understand their experiences and learn how to unstuck their situation by using the latest thinking in pain science (Kiverstein *et al* 2022), philosophy, and other fields that offer practical ways in which to live well and achieve success (Clark 2023; Miller *et al* 2022).

Before looking at this in more detail, the following sets out what we need to achieve this success.

Changing pain beliefs

For an individual to change their pain beliefs, we need a way of helping, guiding and encouraging the person to do so. We need to appreciate them as someone with strengths, a positive history, and who is doing their best with the resources available to them.

This is the whole person approach, which means acknowledging the inseparable nature of the body and mind, and understanding that, for the

individual, there is just a matter of experience of the world and their “self” within that world, all being generated as a best guess or prediction as a way in which they can make sense of the sensory messages they are receiving in light of their prior experience.

By meeting the person where they are and creating a way forward according to their own picture(s) of success, we can turn their thinking around. Typically, people who consult health professionals are subject to “standard” treatments or therapies rather than having the opportunity to have them shaped to their own specific need.

This approach starts with the person truly understanding their pain within the context of their life to date and, in turn, the clinician having a comprehension on what the pain is, how it emerges, what it influences, and what shapes the experience. To create a practical way forward, we must then be able to help the person make sense of their unique pain experiences.

There are at least three aspects of care required from the clinician:

- having a good understanding of pain, i.e. the science, philosophy, and meaning
- being able to explain the pain clearly to the individual, and ensure they understand it in a practical way
- embodying a compassionate way of being with an empathetic presence.

It is not just what we do and say, it is about how we are in the room that matters, especially at a time when the person is vulnerable and emotional. Silence can be soothing and creates time to think, so being comfortable sitting with such states is part of the role. These are all clinical skills that can be practised and developed.

Working with people who are suffering chronic pain is a specialist field requiring knowledge, skills and know-how that allows the clinician to be alongside the person and walk the path with them. As many physiotherapists are already ➔

aware, outdated ideas about “fixing” people must be put aside. Instead, we need to understand that overcoming chronic pain is an active process that is undertaken by the individual, and for them is akin to learning and personal growth.

Pain coaching is one way of working with individuals who are experiencing chronic pain and is a concept that I developed 20 years ago whilst coaching in a range of different settings, including cricket, nursing, sports rehabilitation / science, and physiotherapy. It is an approach that continues to evolve as a route of mastery.

Pain coaching explained

A pain coach is a clinician or therapist who has an in-depth understanding of the science, philosophy and meaning of pain, an ability to listen deeply, be present and have compassionate conversations. They must be able to help an individual to understand their pain and other experiences (symptoms), before offering a range of practical ways to achieve success in overcoming their pain.

The concepts of success and overcoming pain are both individual to the person who will define them, and this is part of the initial conversation with the patient to establish clarity and a direction. The aim of overcoming pain is for it to no longer be the person's main focus, but instead is something they need to deal with only in the moments it is present in their awareness. The rest of the time is spent living their best life – this is the primary focus.

Listening to a person's narrative, we often hear about how they are having to manage memories of painful experiences, or the anticipation of painful activities, when neither actually exist. People have a tendency to drag the past, or draw the future, into the now. Pain coaching is about helping the person to learn to be present, enjoy what they are doing, whether that is something meaningful, useful, contributory, and / or fun, and to manage the challenging moments with learned skills and strategies only when they arise.

Naturally there are a range of presentations, with some being more difficult than others, including those that result in persistent pain, or pain that takes longer to improve, for example neuropathic pain or a condition such as complex regional pain syndrome (CRPS). The pain coach will incorporate their knowledge of biology, pain science and philosophy, together with their understanding of how humans generate lived experiences, i.e. through cognitive science, enactivism, predictive processing, and embodied cognition, to help the person give meaning to what has been happening, before focusing on what they can do now and assisting their know-how. In the process of dealing with pain, know-how is the key as people often know what they want to do and why they want to do it, but don't always know how to go about it, or have been unable to find a tactic that delivers for them. This is the level where the pain coach can guide and encourage the individual to explore options for their best outcomes.

There are many skills, strategies, tools and exercises that can help shape a positive future for someone experiencing chronic pain, and many of these have nothing to do with pain per se, instead they focus on health, wellbeing, peak performance and self-care. With guidance and encouragement, the person builds a route that points them towards what they want, i.e. to live their best life in their own unique way considering their circumstances, rather than what they don't want which is to continue with their pain and suffering.

This is a simple life rule to follow: focus on what you want rather than what you don't want. When the focus is on the pain, then this is the lens through which life is experienced that brings with it the accompanying questions, thoughts and feelings.

What you focus on governs how you feel

With this in mind, a person can begin to train themselves to focus on what they want, they can evoke questions and answers about the steps they need to take in that direction, and why it matters and how to achieve it.

The pain coach facilitates this kind of embodied thinking. It is a truly positive approach, which offers the person in pain a clear direction, a plan, and know-how, with all its nuances and individuality. Being positive requires a realistic view to see things as they are, a whole view that allows zooming out to take in all the key factors, presence, and an acceptance of the starting point. In other words, their own unique strategy and tactics enable the person to say: *“I am here. This is where I want to go. These are the steps I will take each day.”*

How many times have you seen the person change state in a moment when you ask them what has gone well? Or about things they love to do? Or to think about someone they love? Humans change state continuously and can become skilful at this, like changing gears.

Coming alongside the person suffering chronic pain means you walk the path with them. The pain coach guides, encourages and empowers all the way, fostering independence and confidence, until they are ready to continue alone. They hold the light, illuminating the way until the person can carry their own light and continue themselves independently. From the outset, the pain coach sees their potential, helps them water the right seeds and consistently create the best conditions to achieve results.



“PAIN COACHING IS NOT A TECHNIQUE, IT IS A WAY OF BEING WITH SOMEONE WHO IS SUFFERING”

When we think about our sessions and time with people who are suffering chronic pain, can we identify in the conversations, actions and intent we share with them, which seeds are being watered?

Our attitudes, the words we use, and how we deliver them through timing, voice tone, and intent all matter (Miller & Moyers 2021). We must also be present to notice how the person responds. Affirming and reflecting what we hear and see is a powerful way of letting them know we are listening. We must be willing to ask for clarification, and even be wrong with our reflections; when the person feels we are there with them, they will have the confidence to correct our misinterpretations.

Most importantly, there must be a connection between the clinician and the individual. Pain coaching is about being expert at making that connection, listening, empathising, guiding, and encouraging, with curiosity, care and compassion. Our communication and way of being is at the heart of this. There will often be occasions when the person feels vulnerable, is sharing a deeply personal insight, or becomes emotional. Our connection with that person matters as it facilitates shared decision making and recognising what the next best action might be.

The pain coach is a true pain specialist, but every clinician or therapist who adopts pain coaching as an approach for their chronic pain patients will do so in their own unique way.

The methods of pain coaching

For anyone interested in pain coaching, there are four overlapping and interrelated themes to consider.

1. Specific skills and strategies taking steps towards the person's picture(s) of success
2. Skills of wellbeing
3. Skills and strategies for daily living
4. Skills to relate and respond to inevitable challenges.

Each of these is important, but it is more significant to keep in sight the ever-changing lived experience of the individual, i.e. to try to understand what it is like to be the person in pain, as life unfolds for them.

The initial conversation sets the scene and is achieved through the creation of a safe environment in which the person can tell their story that is, in turn, validated and given meaning.

Each session must have value for the person and meet them where they are, rather than foisting a pre-determined framework or plan upon them. This moves away from the idea of "doing things" to people, and instead works towards enabling the autonomous person who has strengths to be truly at the centre of their journey and to focus on the life they want to lead, and how to take the step in that direction.

The more the focus is on the pain and treating pain, the worse the outcomes. The more the focus is on the person, what they want to achieve and the step to take now, the better the outcome. Pain coaching is about helping the person find their path and follow it, and to gently guide them back to the path if they stray from it. There are no quick fixes, no short cuts to this process.

Suffering is part of life (Epstein 2013), there is no way around it, only through it if you want to transform the experience. There are, however, ways in which we can ease suffering that includes initially by learning how to relate to what is happening in a resourceful way. This is easier when the person is able to make decisions grounded in acceptance of reality, and align their expectations with that reality. This is an important practice because a mismatch results in the person feeling they are not doing as well as they "should" be and is a mindset that can cause them to get "stuck", as will erroneous beliefs about their pain, many of which will be revealed in the caring conversations we have with the person, offering them the opportunity for exploration and a gentle update.

Examples of wrong beliefs include:

- *"It is the same"*
- *"I have gone backwards"*
- *"It won't change"*.

Our work is to update their beliefs and experiences through learning and by helping them to create better experiences and reconnect with what matters, i.e. make value-based decisions.

Insights are the catalysts of change, and when they are lived, the landscape, experience and outlook can also change. Insights can include:

- Impermanence; however the person is feeling at the time, it will change because each moment is different
- Control; focus on what can be controlled rather than on what cannot be
- Aims; focus on what is wanted rather than what is not wanted.

To achieve better experiences, the person who is engaged with activities that are in line with their highest values will be in a different state and will be living to overcome pain. When challenging moments arise, they will have the skills to relate and respond in a way that maintains the direction toward their picture of success. Most people know what they want to achieve and why it matters. So, again, this is where the know-how is important and, through pain coaching, will cover aspects such as knowing how to be active, to exercise, to recover, make clearer decisions, and to self-soothe.

Conclusion

"A guide on the side, not a sage on the stage". This phrase from Professor Stephen Rollnick is one that has always stuck with me. By being a guide, we can help people who are suffering chronic pain to see the truth in their experiences and give them practical ways in which they can shape their own positive future. There is great hope in this approach but for it to translate into positive action, society needs to update its thinking on chronic pain in line with what is known now. We need to move on from the biomedical model that is based on thinking that is hundreds of years old ➔

and instead see the person within their lived world, with their strengths and abilities to make decisions, and move forward to shape a positive future in their own way. The pain coach walks this path with them.

About the author

Richmond is a chronic pain specialist with a background in nursing, sport rehabilitation and science, physiotherapy, pain neuroscience, coaching and psychological approaches including motivational interviewing and compassion focused therapy.

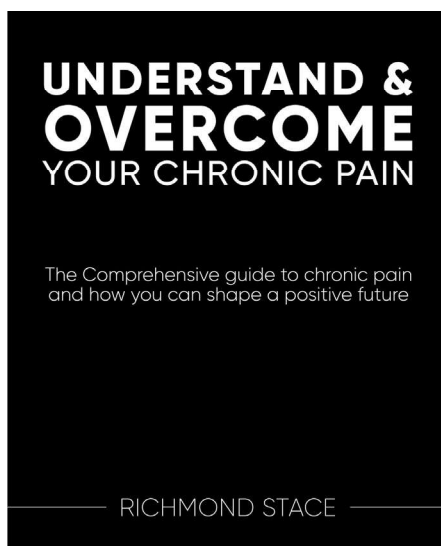
He has been pioneering pain coaching as a way to guide and encourage people suffering chronic pain to understand and ease their pain by living their best life in practical ways.

Outside the 1:1 sessions, Richmond teaches, trains and mentors clinicians and others who need to understand pain and want to develop their skills to help people who are suffering chronic pain. His book *Understand and Overcome Your Chronic Pain* was published on 1 December 2023.

CONTACT DETAILS

richmondstace.com

Details of Richmond's book can be found here www.sequoia-books.com/catalog/stace/



Useful resources

American Psychiatry Association
www.psychiatry.org/news-room/apa-blogs/chronic-pain-and-mental-health-interconnected

Versus Arthritis <https://versusarthritis.org/about-arthritis/data-and-statistics/chronic-pain-in-england/>

References

- Clark A. *The Experience Machine: How Our Minds Predict and Shape Reality*. Knopf Doubleday Publishing Group 2023
- Dantzer R, O'Connor JC, Freund GG, Johnson RW, Kelley KW. From inflammation to sickness and depression: when the immune system subjugates the brain. *Nature Reviews in Neuroscience* 2008;9(1):46-56
- Engel GL. The need for a new medical model: a challenge for biomedicine. *Science* 1977;196(4286):129-136
- Epstein M. *The Trauma of Everyday Life*. Hayhouse 2013
- Kiverstein J, Kirchhoff MD, Thacker M. An embodied predictive processing theory of pain experience. *Review of Philosophy & Psychology* 2022; <https://doi.org/10.1007/s13164-022-00616-2>
- Miller B, Moyers T. *Effective Psychotherapists. Clinical Skills That Improve Client Outcomes*. Guildford Press 2021
- Miller M, Kiverstein J, Rietveld E. The predictive dynamics of happiness and wellbeing. *Emotion Review* 2022; <http://philsci-archive.pitt.edu/id/eprint/19282>
- Stilwell P, Harman K. An enactive approach to pain: beyond the biopsychosocial model. *Phenomenology & Cognitive Science* 2019;18:637-665
- Vos T, Allen C, Arora M, et al. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017;390:1211-1259
- Wu A, March L, Zheng X, Huang J, Wang X, et al. Global low back pain prevalence and years lived with disability from 1990 to 2017: estimates from the Global Burden of Disease Study 2017. *Annals of Translational Medicine* 2020;8(6):299 ❌

REVIEW SUPPORTING QAP

Have you ever had a patient say something like “I haven’t told anyone this before, but the pain is sometimes like...”? fill the blank yourself. They’ve worried that they won’t be believed, or it will somehow discredit what they’ve already said, but now trust you enough to be able to say it. What a privilege we have as physios in private practice to be able to give our patients with persistent pain time to listen to them tell us about their symptoms, and the background to them; time to connect with the person with the pain, not just look at the part that is hurting, as if it was in isolation from the individual experiencing it.

As Richmond states in this article, “*it is not just what we do and say, it is about how we are in the room that matters*”, and as physios we get to set that tone and to hear, from the patient, the lived experience of their pain. Regardless of other approaches we may use, our outcomes will always be improved by understanding the power our empathetic presence has, and by keeping ourselves up to date with the pain science so that we can help our patients to “unstuck” unhelpful beliefs about their pain and reframe their experience.

Reviewer
Susannah Solt