

Using The Ascending/Descending Pain Instrument

Directions: On the following three pages is a strategic set of information and worksheets that will guide you in helping you determine how much of your chronic pain is physiological (physical/biological) and how much is psychological/emotional.

On the first page you will see 18 sets of three pain symptoms—words people often use to describe their pain. So go through each item and circle the word or words that apply. If you circle any then circle the level of intensity of the pain on a bad pain day on the one to ten scale. Just score one pain level number, the highest level symptom, per line.

The next page is some simple information about ascending versus descending pain signals. Go over this and then transpose the data from the first page to the two column second page. Then you will go over the directions for how to do the “Rating” for each set of symptoms—before medication and after medication.

For more information about the purpose and how to use this instrument you can obtain my book ***Thank You Adversity For Yet Another Test: A Body Mind Spirit Approach For Relieving Chronic Pain Suffering***. This book obtains information on pain, addiction and other coexisting disorders people suffering with chronic pain experience. It also shows how four of my former chronic pain patients completed this exercise as well as other exercises from my ***Addiction-Free Pain Management® Manualized System***.

Identifying And Rating The Severity Of Your Pain Symptoms

When you have chronic pain your sensation of pain and its effects vary. The sensation of pain affects you physically (biological), it affects your thinking and feelings (psychological), and also affects your relationships with others (social). The purpose of this worksheet is twofold: to help you build a vocabulary for talking about your pain, and to rate the intensity of your pain. As you read through each set of descriptions below please circle the **word(s)** and the following **number** that best describes your pain severity on a **bad day**.

Low Pain Somewhat Painful Very Painful

1. <u>Aching, throbbing, pulsing</u>	1	2	3	4	5	6	7	8	9	10
2. <u>Irritating, nagging, disturbing</u>	1	2	3	4	5	6	7	8	9	10
3. <u>Splitting, piercing, pounding</u>	1	2	3	4	5	6	7	8	9	10
4. <u>Dreadful, severe, awful</u>	1	2	3	4	5	6	7	8	9	10
5. <u>Irritated, sore, sensitive</u>	1	2	3	4	5	6	7	8	9	10
6. <u>Uncomfortable, troublesome, problematic</u>	1	2	3	4	5	6	7	8	9	10
7. <u>Burning, stinging, lacerating</u>	1	2	3	4	5	6	7	8	9	10
8. <u>Distressing, excruciating, agonizing</u>	1	2	3	4	5	6	7	8	9	10
9. <u>Tender, painful, hurtful</u>	1	2	3	4	5	6	7	8	9	10
10. <u>Worrisome, saddening, depressing</u>	1	2	3	4	5	6	7	8	9	10
11. <u>Inflamed, sharp, swollen</u>	1	2	3	4	5	6	7	8	9	10
12. <u>Torture, grueling, punishing</u>	1	2	3	4	5	6	7	8	9	10
13. <u>Hot, radiating, spreading</u>	1	2	3	4	5	6	7	8	9	10
14. <u>Annoying, upsetting, aggravating</u>	1	2	3	4	5	6	7	8	9	10
15. <u>Tearing, wrenching, slashing</u>	1	2	3	4	5	6	7	8	9	10
16. <u>Frightening, terrifying, terrible</u>	1	2	3	4	5	6	7	8	9	10
17. <u>Numbing, tingling, shooting</u>	1	2	3	4	5	6	7	8	9	10
18. <u>Exhausting, fatiguing, debilitating</u>	1	2	3	4	5	6	7	8	9	10
19. Is your pain more (A) Fleeting, brief, momentary;(B) Permanent, constant, ceaseless; or (C) A combination of both?										
20. Please Explain your answer:										

Exploring Biological Vs Psychological/Emotional Pain Symptoms

Ascending and Descending Pain Signals

Ascending pain signals, coming from the point of injury to the brain, and descending nerve pathways, signals from the brain to the point of injury, will influence or modify the affects of pain on your body.

Some of these ascending signals simply report the presence of pain (I hurt or I don't hurt). Other signals report the intensity of the pain (it hurts a little or it hurts a lot). Still other pain signals report the location of the pain (my stomach hurts), or whether the pain is associated with an internal or external injury (my stomach hurts deep in my gut or the skin on my stomach hurts). Other pain signals report the type of pain (it burns or it throbs).

All of these different pain signals are transmitted into the spinal cord through nerve pathways to the hypothalamus section of the brain. There the brain transmits the pain signal information to other specialized pain neurons, which in turn sends the information (that we are calling *descending signals*) to different areas in the brain. One area that gets the message is your limbic system—this is the emotional center of the brain—that leads to a feeling or emotional response. Another signal goes to your frontal lobes—this is the cognition/thinking center of the brain—that leads to thoughts or judgments about your pain, including *anticipatory pain*.

Once the physical pain system is activated, the *anticipatory pain reaction* can actually make your pain symptoms worse. Whenever you feel the pain, you interpret it in a way that makes it worse. You start thinking about the pain in a way that makes it worse. You tell yourself that the pain is “awful and terrible,” and that “I can't handle the pain.” You convince yourself that “it's hopeless, I'll always hurt, and there's nothing I can do about it.”

Below are the same pain symptoms you identified and rated earlier in the previous exercise—*Identifying and Rating Your Pain Symptoms*—but in a slightly different format. You will notice that the *odd numbered* items from that worksheet are now in the left hand (*ascending*) column, while the *even numbered* items are in the right hand (*descending*) column—this is where *anticipatory pain* is created.

Next you will have an opportunity to identify your *ascending* and *descending* pain signals. Please take a few minutes to transpose the circled symptoms and numeric ratings from the previous exercise to the exercise on the next page. Then add up the total of the numbered ratings for each column. Please remember that it really doesn't matter how you score as long as you are willing to use this as a self-monitoring system to help you better manage your pain.

**PLEASE GO TO THE NEXT PAGE AND SCORE
YOUR ASCENDING AND DESCENDING PAIN SIGNALS**

Scoring Your Ascending and Descending Pain Signals

Rating Directions: You will notice that the “Rating” is followed by a / mark. On the right side of the hash mark (/) please put the level of pain on a bad pain day you experience **BEFORE** taking medication or using other pain management interventions. Then on the left side of the hash mark (/) please put the level of pain on a bad pain day you experience **AFTER** taking medication or using other pain management interventions.

This Is Pain**This Is Suffering**

ASCENDING/BIOLOGICAL PAIN SIGNALS	DESCENDING/PSYCHOLOGICAL PAIN SIGNALS
1. Aching, throbbing, pulsing Rating = /	2. Irritating, nagging, disturbing Rating = /
3. Splitting, piercing, pounding Rating = /	4. Dreadful, severe, awful Rating = /
5. Irritated, sore, sensitive Rating = /	6. Uncomfortable, troublesome, problematic Rating = /
7. Burning, stinging, lacerating Rating = /	8. Distressing, excruciating, agonizing Rating = /
9. Tender, painful, hurtful Rating = /	10. Worrisome, saddening, depressing Rating = /
11. Inflamed, sharp, swollen Rating = /	12. Torturing, grueling, punishing Rating = /
13. Hot, radiating, spreading Rating = /	14. Annoying, upsetting, aggravating Rating = /
15. Tearing, wrenching, slashing Rating = /	16. Frightening, terrifying, terrible Rating = /
17. Numbing, tingling, shooting Rating = /	18. Exhausting, fatiguing, debilitating Rating = /
Total Ascending Score = _____ Percent Improvement with Rx _____	Total Descending Score = _____ Percent Improvement with Rx _____

Ascending Symptoms Circled _____

/ 27

Descending Symptoms _____

/ 27

Neuropathic Pain Symptoms Noted #s 7, 13, 17: _____

/ 9

It is very important to remember that when you have pain there are three components to that pain: (1) Biological; (2) Psychological/Emotional; and (3) Social/Cultural. All three components need to be treated, but the treatment plan differs for each. An effective medication management plan coupled with non-pharmacological interventions is the best approach for the biological pain symptoms.

However, using medication for the psychological/emotional symptoms is like having an infected cut on your hand and the only thing you do for it is find a color-coordinated bandage and slap it on. Using medication for the psychological/emotional symptoms puts you at risk for experiencing negative side effects from your medication including potential addiction problems. The good news is that there are ways that you can learn to identify and cope with your psychological/emotional symptoms. You will learn more about developing an effective pain management plan by completing this process. It is also important to identify any social and/or cultural beliefs/biases that could potentially sabotage an effective pain management plan.

<http://www.chronicpainanonymous.org>: sign up for online meetings, phone meetings and/or email topic discussion.