Navigating Life in Pain: The Impact of Chronic Pain on Quality of Life

by

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Abstract

This capstone project explores the impact of chronic pain on people's lives. Chronic pain significantly affects physical and mental well-being, daily life, and relationships. The research includes themes such as mental health, navigating healthcare for pain management, quality of life, opioid addiction, and the impact on relationships and intimacy. The personal experience informs the study of the researcher, who lives with chronic pain and tries to stay impartial. In the final chapter, the project evaluates findings, acknowledges limitations, and suggests directions for future research. This project aims to provide insights for healthcare professionals and individuals with chronic pain, offering a roadmap and understanding for improved care for support in this challenging context.

Keywords: Chronic pain, gender norms, race, healthcare, relationships.

Acknowledgements

I am deeply grateful to my mother, who has shown immense strength and resilience in the face of her chronic pain. Since my early teenage years, I have witnessed her immense struggles, yet she has remained a constant source of support throughout my own journey with chronic pain. Her empathy and nurturing spirit have guided me and inspired me to address this topic with great heart and purpose. This capstone project is a tribute to all those, including my mother and myself, who face the complexities of chronic pain. Their stories have driven my commitment to immerse myself in a greater understanding of this phenomenon, and I hope that my work will serve as a stepping stone toward better treatment and care for those with chronic pain.

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Chapter 1: Introduction

Chronic pain is a major health concern affecting many individuals, profoundly impacting their daily lives (Husky et al., 2018). In this chapter, I will discuss the reasons why chronic pain is a widespread problem that needs to be addressed on a macro-level scale. There will be an exploration of how chronic pain affects different aspects of one's quality of life and what factors exacerbate this issue. I will analyze a purpose statement and review relevant research findings to gain a deeper understanding of this topic. I will mention my position to eliminate personal bias and provide a wider view of chronic pain. Additionally, this chapter will include widely used terminology definitions to help readers understand the research better. Lastly, I will outline how my research can benefit the counselling field by educating therapists on this topic and creating a safe space for people with chronic pain. This support can assist chronic pain clients in navigating the healthcare system, managing relationships, coping with pain, navigating society, and ultimately finding meaning in their experience of pain.

Overview of the Topic

Chronic pain, a pervasive health concern affecting millions worldwide, casts a profound shadow over the lives of those who grapple with its relentless grip (Jones et al., 2017). Chronic pain can significantly impact the quality of life of those who experience it. In this capstone, I will take a deep dive into the complex relationship between chronic pain and its effect on individuals. It is essential to understand the multifaceted challenges that people with chronic pain face and to explore potential ways to alleviate them. In the upcoming chapters, I will comprehensively explore this critical issue.

In this first chapter, I will explore how chronic pain affects mental health and quality of life. There will be an uncovering of the shadows it casts on the psyche, its implications for daily

functioning, and the profound repercussions reverberating through those enduring this relentless ailment. By elucidating the connections between chronic pain and mental well-being, we strive to illuminate the critical problem plaguing countless individuals.

Research findings

Chronic pain is a significant and far-reaching problem that impacts millions of individuals in the United States. Recent research has provided insight into the immense scale of its effects. According to a comprehensive study by Jones et al. (2017), recorded that approximately 100 million Americans experience chronic pain. However, this issue affects particular groups disproportionately. Women of all ages and ethnicities, in particular, are at a considerably higher risk than their male counterparts. For example, 41.3% of women and 34.3% of men report chronic back pain. These findings emphasize the pressing need to comprehend the multifaceted factors contributing to these disparities, including biological, psychological, and societal factors.

Moreover, the research conducted by Husky et al. (2018) sheds light on the profound impact of chronic pain on one’s quality of life. This persistent ailment does not merely afflict the body but also influences the essence of one's existence. It infiltrates various facets of life, from physical abilities to mental health, occupational pursuits, and interpersonal relationships. This far-reaching influence on health-related quality of life (HRQL) underscores the gravity of the problem as individuals navigate a web of interconnected challenges. Chronic pain not only causes immediate suffering but also makes people susceptible to other health issues that worsen their quality of life. Specifically, psychiatric problems such as depression and anxiety are more common among those who suffer from chronic pain than in the general population.

Furthermore, the relationship between chronic pain and opioid abuse emerges as a concerning element of this issue. Volkow and Thomas (2016) argue that chronic pain can be a driving force leading to a poorer quality of life for some individuals. The limited availability of effective pain management alternatives has led to a troubling reliance on opioid medications, culminating in overdoses and addiction. This complex landscape of treatment is fraught with controversy and complications. Opioid tolerance, heightened pain sensitivity, addiction, and withdrawals present formidable challenges to patients and healthcare providers. As articulated by Rosenblum et al. (2008), opioids remain indispensable for effective pain relief, their role in chronic pain management remains combative, with questions surrounding their safety and suitability as a long-term solution.

Lastly, chronic pain's impact on relationships and intimacy will be examined. Carter et al. (2023) found that older adults who show support by openly communicating and validating each other's feelings about illness is a helpful approach to coping as a couple. Positive dyadic coping is crucial in aiding older adults to confront and adapt to the difficulties of managing chronic pain together. Bahouq et al. (2013) found that sexual health management primarily involves tackling sexually transmitted diseases and erectile dysfunction. However, the effects of chronic pain on sexuality are often overlooked. It is plausible that individuals who encounter sexual discontent and frustration due to persistent pain may seek medical attention, offering a chance to engage with experts regarding their sexual hardships.

In sum, the research findings and statistics underscore the multifaceted nature of the chronic pain problem, encompassing its widespread prevalence, gender disparities, impact on quality of life, and the intricate relationship with opioid use and abuse. This nuanced

understanding forms the backdrop against which we seek to explore potential solutions in the following chapters.

Purpose Statement

This capstone aims to unravel the complex relationship between chronic pain and an individual's quality of life, seeking to provide insights into the profound impact this ailment has on various facets of human existence. At its core, our research question is a guiding beacon: How does chronic pain influence one's quality of life? To address this question comprehensively, I will examine the innumerable factors intertwined with quality of life, driven by the intricate connection between mental health and chronic pain.

My findings span a wide range of domains central to the quality of life, including daily activities, interpersonal and intimate relationships, the challenges of navigating healthcare systems, and the spectrum of addiction. Chronic pain is a pivotal driver behind the pursuit of adequate medical care among adults. This phenomenon, however, exacts a far-reaching toll on the lives of those affected. As highlighted by Dahlhamer et al. (2018), it manifests in various forms, from truncated mobility in daily routines to the hazardous path of opioid dependency, from the shadow of mental health struggles like anxiety and depression to the erosion of well-being due to concurrent health conditions. The sprawling impact of chronic pain extends beyond individual suffering to disrupt occupational responsibilities, social engagements, recreational pursuits, the very essence of daily life, and the fundamental act of self-care. Consequently, chronic pain has become a consequential health concern, casting a shadow on not just the individual but also their relationships and societal perspectives.

The selection of this research topic is driven by the pressing need to understand the multifaceted challenges of chronic pain and its far-reaching repercussions. By exploring this

issue at large, the aim is to provide valuable insights for diverse readers, including healthcare professionals, counsellors, policymakers, and individuals living with chronic pain. Healthcare providers can benefit from a deeper understanding of their patients' challenges, providing more functional and compassionate care. Counsellors specializing in mental health and well-being can also draw upon this research to support those dealing with chronic pain's mental and emotional toll. Policymakers can use this knowledge to inform healthcare policies and interventions, while individuals enduring chronic pain can find support and enlightenment in navigating the complexities of their pain. In essence, this capstone serves as a bridge between research and practical application, aiming to contribute to the well-being of those affected by chronic pain and society overall.

Theoretical/Conceptual Framework

In Chapter 3, I will examine several approaches to managing chronic pain within a structured theoretical framework that introduces a combination of Cognitive Behavioural Therapy (CBT) and Mindfulness. This workshop's main objective is to empower and support those who struggle with chronic pain. Participants will have the chance to gain a deeper of CBT, Mindfulness, understanding of chronic pain, non-pharmaceutical pain management practices, and strategies for improving emotional resilience throughout six sessions. Fundamentally, the program aims to significantly enhance participants' general well-being and pain management.

CBT and mindfulness are two therapeutic approaches that can be beneficial in managing chronic pain. They can provide a comprehensive strategy for individuals dealing with chronic pain when used together. For instance, CBT can help individuals identify and challenge negative thought patterns and beliefs regarding pain. It encourages them to reframe cognitive distortions into more realistic and constructive thinking. For example, someone might change the thought

"I'm always going to be in pain" to "I can learn to manage my pain to the best of my ability" (Howell et al., 2015).

On the other hand, Mindfulness encourages individuals to acknowledge their pain without judgment. It allows one to be fully present and accept the pain rather than resisting it. This acceptance piece can assist with reducing the emotional toll that often comes with chronic pain. "You can't stop the waves, but you can learn to surf" are words by Kabat-Zinn and Hanh (2009) who emphasize that life's challenges cannot be controlled but can be coped with. Since CBT and mindfulness are complementary, combining the two can be wildly successful. Mindfulness focuses on acceptance and emotional control, whereas CBT covers behavioural and cognitive elements. With the help of this combination strategy, people can better manage their chronic pain and enhance their quality of life overall.

Contribution to the Field

This research endeavour is vital in counselling, psychotherapy, and the broader therapeutic community work. It emerges as a beacon of hope, seeking to illuminate unexplored territories and dismantle the structural power and systems perpetuating societal inequalities in the context of chronic pain. The existing body of research bears limitations in comprehensively addressing the complex link between chronic pain, mental health, and overall quality of life. This capstone embarks on the journey to bridge these gaps and unearth novel insights.

One of the most significant contributions lies in recognizing the profound impact of chronic pain on an individual's mental health and the domino effects on daily life, relationships, and even addiction (Volkow & Thomas, 2016). By delving into this convoluted interplay, this research offers practical knowledge for counsellors and therapists working with individuals living with chronic pain. It equips them with a fundamental understanding of the psychological

toll and potential pathways to support and care, enabling more effective and person-centered therapeutic interventions.

Moreover, this research tackles the pressing issue of opioid dependency within the chronic pain population, shedding light on the hazardous path this dependency presents. Dissecting the complexities of opioid use, tolerance, addiction, and withdrawal offers critical insights for counsellors and therapists in navigating the treacherous terrain of pain management. This knowledge empowers them to engage in more informed and responsible discussions with their clients, ensuring a safer and more effective approach to pain relief. In essence, this capstone's value lies in its ability to expand the current body of research and in its potential to directly impact the lives of individuals grappling with chronic pain. Filling the existing gaps contributes to the efficacy and empathy of counselling, psychotherapy, and therapeutic community work, ultimately enhancing the quality of life for those affected by chronic pain and addressing the broader societal concerns entangled with this pervasive issue.

Reflectivity & Positionality Statement

I am a heterosexual Indo-Canadian female. I have lived with chronic pain since I was twenty-two years old after a severe motor vehicle accident. Three years later, I was a passenger in another motor vehicle accident that exacerbated previous injuries while causing new ones. Since then, my chronic pain has worsened and is managed by medications and physical therapy. The physical pain has caused many obstacles and barriers in my daily life. Prior to my accident, I played soccer, yoga, and cardiovascular exercise, involving running outdoors 4 days a week, hiking, and the gym. Running was my stress reliever and a form of self-care. Post-accident resulted in me having to give up my hobbies. I have gradually woven yoga back into my life and active rehab in the gym. However, I cannot run or play soccer due to the damage my body has

sustained. The physical barriers have caused me to make various adjustments to continue living a life with a sense of fulfilment for myself.

Furthermore, I have experienced on-and-off challenges with my mental health directly associated with chronic pain. It is safe to say that it has not been easy. I have come to terms with the mere fact this will be a life-long circumstance that I will continue to manage. However, it becomes exceedingly disheartening with the symptoms worsen rather than staying stagnant. For this reason, my anxiety is much like a rollercoaster, and the depressive-like symptoms come in waves. My diagnosis has concluded that I will eventually require surgery when I am older and have demonstrated disability-like symptoms. This is largely based on neuropathic damage and the growth of cysts in my spine. This has taken an incredible toll on my well-being and the optimism that I once had about my physical state.

My personal experience with the healthcare system has been remarkably displeasing. A chronic illness is widely seen as an invisible illness. I am only able to express the pain I experience, I cannot physically show medical professionals the way my nerves feel as if they are on fire, the sensation of bugs crawling on my skin, the radiating and shooting pain, the persistent aching, the muscle spasms that last days, the migraines, loss of appetite, and the inability to sleep or concentrate due to the above symptoms. I have felt unheard and unseen by those to whom I have attempted to explain my pain to. The dismissive nature I have encountered has proven only to amplify my mental health. The solution to my chronic pain has been introducing powerful medication into my life. These medications have been known to come with various side effects and are extremely difficult to taper off due to withdrawals. I am able to say this due to having fallen victim to such medications in the past.

As I reflect on my experiences, I understand I have personal biases in relation to chronic pain. As a means to ensure I address my biases in the most ethical and controlled manner, I must address how I plan to remain impartial. The steps I will take include reviewing research from diverse perspectives on chronic pain. This will include peer-reviewed articles with opposing views on the manifestation and impact of chronic pain on one's life. Moreover, I will incorporate well-established data and evidence from various sources, regardless of my agreeance with the research. For instance, I will cover the voices of experts on this topic and ensure that my biases remain on the sidelines as I make room for all relevant research. A strategy that I will use involves taking a second look at my writing and asking myself whether I can locate a bias. Another strategy will consist of getting a second reader to assist with identifying biases that I may not have picked up. These methods will support me in remaining professional rather than an advocate.

Definition of terms

Acute pain: Pain that lasts less than three months and is a symptom. Acute pain has an identified cause, which is often a biological response to an injury. Pain is reduced with healing and responds to treatment (Hilton et al., 2017).

Chronic pain: Pain persists beyond normal healing time and lasting usually for more than three months. It may develop after an incident or have no known cause (Husky et al., 2018).

Clinical Inertia: Failure to establish safe and appropriate therapeutic treatment to achieve treatment outcomes **(**Rash et al., 2018)

Comorbidity: When one or more illness is seen to coexist for someone. This can be both mentally and physically. Both conditions can have similar symptoms that impact quality of life (Valderas et al., 2009)**.**

Disability: A physical or mental condition that limits one's body or mind. These impairments causse difficulty in navigating day to day life **(**Husky et al., 2018).

Hyperalgesia: Heightened pain sensitivity due to body overreacting to pain stimuli (Volkow & Thomas, 2016).

Opiates: a substance derived from the opium poppy plant predominately used to treat pain or induce sleep (Volkow & Thomas, 2016).

Opioid tolerance: A decreased response in opioid potency due to consistent administration. Thus, higher dosage is required to achieve desired effects (Volkow & Thomas, 2016).

Fibromyalgia: Chronic pain disorder causes widespread pain, tenderness, fatigue and sleep problems. Individuals with the disorder have heightened pain sensitivity (Juuso et al., 2011).

Opioid Use Disorder (OUD): The DSM-5 describes opioid use disorder as a pattern of opioid use that leads to significant impairment or distress (American Psychiatric Association, 2013).

Opioid Agonist Therapy (OAT): It is an effective treatment for addiction to opioids. The therapy usually involves taking methadone suboxone (Kennedy et al., 2022).

Outline of Capstone Project Chapters

Chapter two will encompass an in-depth literature review, focusing on the immense impact of chronic pain on individuals' day-to-day lives. This comprehensive review aims to dissect the multifaceted components and formidable obstacles inherent in the experience of chronic pain and its profound influence on overall quality of life.

At the heart of this exploration lie several key themes that call for extensive examination. First and foremost, I will dive into the complex relationship between chronic pain and mental health. This analysis entails the realities of the psychological toll caused by chronic pain, encompassing its effects on mental health, coping mechanisms, and the overall emotional

resilience of individuals living with this condition. Simultaneously, the review will critically examine the healthcare system's role in addressing chronic pain. I will assess the challenges chronic pain patients face when navigating healthcare systems, from diagnosis to treatment options, accessibility of care, and the effectiveness of pain management strategies.

Quality of life, a cornerstone of this research, will be evaluated thoroughly. I will explore how chronic pain infiltrates various dimensions of life, impacting daily activities, occupational pursuits, social interactions, and recreational endeavours. This includes closely examining the limitations and setbacks chronic pain imposes on mobility, participation in daily activities, and the independence of self-care, all of which significantly impact an individual's well-being.

Furthermore, in the upcoming sections, I will look at gender biases and racial disparities in chronic pain, examining the underlying causes, consequences, and potential solutions to ensure that everyone, regardless of their gender or race, can access the pain management and relief they deserve. Examining these disparities allows knowledge to be revealed on which populations may receive fewer treatments and support than those of their white counterparts. These findings are concerning and suggest possible biases in healthcare and call for attention in implementing fairer pain management practices to address these issues.

On that note, opioid addiction, a pressing concern intertwined with chronic pain management, merits special attention. The review will dissect the complex relationship between chronic pain and opioid addiction, shedding light on the factors contributing to dependency, the challenges of withdrawal, and the implications for long-term pain management. Lastly, I will navigate the intricate terrain of relationships and intimacy in the context of chronic pain. This

encompasses exploring how chronic pain can strain interpersonal relationships, disrupt intimacy, and potentially lead to emotional and psychological distress for individuals and their loved ones.

This literature review aspires to unravel the tapestry of experiences that individuals living with chronic pain endure. By dissecting these critical themes, we seek to advance the scholarly understanding of chronic pain and shed light on potential avenues for improved patient care, support, and therapeutic interventions. Through this thorough exploration, I aim to contribute valuable wisdom to the existing body of knowledge and provide a holistic perspective on the various challenges for those who continue to face living with chronic pain.

In the concluding chapter of this sweeping journey, I aim to clarify the wisdom gained from this in-depth exploration of the complex interchange between chronic pain and its far-reaching effects on individuals' lives. This will come from a profound awareness of the ingrained limitations in the existing body of research, recognizing the need for a measured and balanced assessment. Chapter three emerges as a critical juncture in our quest for understanding. Here, I will undertake a rigorous and discerning evaluation of our findings, seeking to unearth the nuanced insights beneath the surface. In this process, I will confront the inherent challenges and limitations of the research encountered. By critically analyzing findings, I hope to provide a clear and unbiased assessment of the current knowledge surrounding chronic pain and its myriad consequences.

Moreover, this review will extend beyond mere critique; it will serve as a blueprint for future directions in alleviating the burdens imposed by chronic pain. This forward-looking perspective will encompass a vision for innovative research, holistic healthcare practices, and novel interventions that can enhance the lives of those grappling with chronic pain. It will

acknowledge the evolving landscape of medical science and the imperative of adapting to emerging insights and technologies. By addressing this complex issue as thoroughly as possible, the overarching goal is to illuminate the way forward for individuals directly affected by chronic pain and the dedicated professionals working within the healthcare community. In doing so, I hope to provide a roadmap that fosters empathy, understanding, and improved patient care within the healthcare system. This will come in the form of a six-session workshop over the course of three weekends. This workshop encapsulates the mind-body connection and how to support oneself in the face of pain. In doing so, the basics of CBT encompassed with Mindfulness will set the tone for the learning to come.

In conclusion, this capstone project is more than merely representing the culmination of a scholarly endeavour. It symbolizes our commitment to improving lives impacted by chronic pain and our dedication to bridging the gap between research and practical application. Through collective efforts, I hope to illuminate a brighter path that promises relief, compassion and hope for a future where chronic pain is looked at from many perspectives rather than limiting or harmful patterns that only continue to weigh on the life of a chronic pain sufferer.

Chapter 2: Literature Review

Glimpse on Quality of Life

Chronic pain has been identified as pain that exceeds the typical duration of recovery. This period consists of healing time that persists beyond the three-month mark for sufficient healing (Hilton et al., 2017). “It has been estimated that one in every five adults suffers from chronic or recurring pain and another one in every 10 adults is newly diagnosed with chronic pain each year around the world” (Husky et al., 2018, p. 1). Unfortunately, costly medical treatments and medications fail to cure the majority of chronic pain sufferers (Howell et al.,

2015). Edey et al. (2016) suggested that those living with chronic pain are more inclined to be juggling mental health difficulties, such as anxiety and depression. The range of challenges for those with chronic pain can lead to isolation from family and friends, unemployment, hopelessness, and even suicide. Individuals with chronic pain are twice as likely to experience death by suicide compared to individuals without pain. The experience of chronic pain can diminish the sense of hope that may have once been present in one's life. For many, the experience of pain commonly includes complex and negative emotions. Such negative emotions can occur through distorted thinking and how one views life with chronic pain.

Carvalho et al. (2018) state that studies have revealed that individuals who endure chronic pain frequently encounter signs of depression. The correlation between pain and depression is intricate and can manifest in both directions. The Fear-Avoidance Model (FAM) suggests that the interpretation of pain signals, such as pain catastrophizing, significantly impacts the experience of pain and emotional responses. It provides a map to comprehend this relationship by proposing that pain is perceived as a danger, which sets off a series of alarm bells that can trigger depressive symptoms. While additional research is necessary to gain a complete understanding of the psychological mechanisms involved, present data suggests that co-occurring chronic pain and depression can exacerbate the presence of chronic pain, resulting in noteworthy effects on pain-related symptoms.

Furthermore, Edey et al. (2016) discuss mental health concerns such as depression and anxiety, which are a comorbidity linked to chronic pain patients. People impacted by chronic pain are four times more likely to possess an anxiety or depressive disorder when compared to those not affected by pain. Pain conflicts with daily routine and activities by causing restrain in mobility and movement. This interference can cause emotional turmoil and stress in finding

strategies to cope and manage day-to-day life. A cross-sectional study of a hundred and fifteen patients with chronic pain found to have an approximated 68% of depressive symptoms. The variables associated with depression in this study include the presence of pain, disruption, and use of medications (Phillips et al., 2020). Similarly, Husky et al. (2018) discovered that chronic pain showed similar deterioration in one's mental and physical health when correlated to bipolar disorder. Specific impairments included lack of independence in carrying out daily activities that was caused by disability, unemployment, and drug abuse.

One of the many obstacles experienced during the management of chronic pain include the inability to perform work related duties and tasks. Grant et al. (2019) allude to the psychological barriers that contribute to work related anxiety and fears. For instance, enduring pain for a lengthened period of time while being away from work can lead to feeling overwhelmed and nervous about returning. A primary obstacle can entail feeling a lack of self-confidence and negativity regarding employers' perceptions. Several chronic pain patients reported others lacking sympathy if their illness was not physically visible. In return, this can prevent employees living with chronic pain to feel understood and drift away from society gradually drift away from society. The inability to perform as one once did provoke a negativity bias on self-esteem and pride due to chronic pain becoming a significant limiting factor. Many chronic pain patients revealed having to switch regular occupational duties to administrative or computer related tasks. Having to do so becomes another barrier because of non-existent qualifications that employees must gain to switch roles.

Mutubuki et al. (2020) found that past studies made a connection between pain severity and a low health-related quality of life. This study's prime focus was on low back pain patients, which presented many physical limitations resulting in a disability. For example, chronic low

back patients revealed to have compatible quality of life scores to those who have a life-threatening prognosis. The study found this to be a result regardless of the finding that "10-15% of lower back pain patients develop chronic pain" (Mutubuki, 2020, p.276). Another negative factor potentially impacting one's place in life was societal and healthcare costs. However, it is noteworthy to mention that there currently is no knowledge of a study being implemented to explore the correlation between level of pain severity or disability versus quality of life and healthcare costs. This study suggests that the level of pain is not the sole cause for impacting health-related quality of life, instead it is how pain effects one's day to day life and activities.

In a similar study done by Lee et al. (2020) examined research that looked at quality of life and mental health such as depression in patients with osteoarthritis. For mental health, a two-item assessment was used for stress awareness and the scale of depression that was experienced. Participants predominantly used "very high" or "high" stress levels in their day to day lives. The comparisons in this study were made separated according to sex and between non-pain and pain groups. The results indicated that stress scores are higher for females in the pain group when compared to males. Furthermore, emotional factors were widely deteriorated by those adults experiencing musculoskeletal pain causing depression or anxiety on top of physical disturbances. The detriments associated with this can contribute to suicide if it is not handled with care and support for this population.

Mutubuki et al. (2020) primarily focused on investigating lower back pain and health-related quality of life. Similarly, Fujii et al. (2018) also concentrated on the impact of health-related quality of life in low back pain patients. Both articles used studies to compare mental health results such as depression and anxiety in relation to quality of life caused by chronic lower back pain. A trend of health-related quality of life was a recurring theme coming up in research.

Lee et al. (2020) used mental health-related questions to assess everyday stress levels for chronic pain patients. This study once again focused on health-related characteristics in analyzing the impact of everyday pain. All three of these studies found females to be primarily affected by chronic pain compared to males. The focal point of the research has been geared towards how and why chronic pain plays a role in one's quality of life.

Gender Biases

The representation of women in pain rehabilitation programs is higher than men's, which may be due to their increased susceptibility to co-occurring mental illness and musculoskeletal diseases. Beyond biological, psychological, and social factors, the influence of gender relations and cultural context should also be considered to explore women's lived experiences with chronic pain through a gender-based perspective (Arman et al., 2020). This study interviewed 21 Swedish women and found that their similarities entailed pain, overperformance, loneliness, and exhaustion. The findings suggest that women's overwhelming life circumstances and mutual dependency are crucial to understanding the health and suffering of women with chronic pain. Therefore, it is recommended that contemporary healthcare recognizes the significance of women's health and suffering in the context of their life circumstances and gender roles (Arman et al., 2020).

Similarly, Samulowitz et al. (2019) argue that pain is linked to many medical conditions and can widely impact an individual's quality of life, everyday functioning, and employment. Women are more likely to be diagnosed with chronic pain than men. Research has continually demonstrated that men and women experience and express pain differently. There is strong evidence that these differences are a function of biology. For instance, studies have demonstrated that a woman's menstrual cycle, pregnancy, and oral contraceptives all impact how women

respond to pain. Men and women do, in fact, experience pain differently. However, these experiences are not only explicitly due to sex or gender.

Gender norms may influence pain differences and can be perceived as culture-based expectations about men's and women's behaviours and choices in life, which can lead to immense gender bias in healthcare. There have been examples where men and women have been treated differently for the same conditions, including chronic pain. It is recommended that both sex and gender be examined, when possible, to understand their contribution to differences in pain between men and women (Samulowitz et al., 2019). Without sufficient awareness about sex and gender-biased research, gender-blind beliefs and attitudes can still be observed, leading to potential disparities in care. The consequences of gendered norms in health care can be severe, leading to misdiagnosis, delayed or inadequate treatment, and poor health outcomes for patients. It is vital for healthcare providers to be aware of their own biases and to consider the impact of gendered norms on patient care. Policies and guidelines should also be developed and implemented to ensure that gender bias is addressed and eliminated in healthcare settings (Samulowitz et al., 2019).

According to research, compared to men, women with chronic pain frequently encounter higher challenges to believability. Medical practitioners and the general public are skeptical of the frequency and intensity of women's suffering because of stereotypes about how emotional, neurotic, illogical, and weak women are. Women may feel they do not require an exception from conventional social duties since they are accused of fabricating or exaggerating their suffering. Nevertheless, research repeatedly demonstrates that women experience back discomfort more frequently. Due to presumptions about their innate coping mechanisms related to biological events like menstruation and delivery, women are thought to be more tolerant of pain (Ekl &

Brooks., 2022). Similarly, studies found by Siqueira-Campos et al (2019) have indicated that chronic pelvic pain in women is often associated with anxiety and depression, highlighting the need for comprehensive treatment approaches that address physical and mental health concerns.

Despite significantly influencing a person's capacity to carry out their role obligations, especially at work, chronic pain may be seen by others as an unjustifiable justification. This view may make it more difficult for the person to assume the role of the sick person and get support and understanding from their social and professional networks. As a result, role conflict is prolonged because people may find it challenging to match the demands of their chronic pain condition with societal expectations. Whether a sickness qualifies as a good reason for failing to meet obligations at work becomes debatable. Ekl and Brooks (2022) state that this may make it even more difficult for those with chronic pain to maintain their social networks, employment prospects, and general well-being.

Since chronic pain frequently lacks observable biological markers and diagnostic criteria, it is challenging for medical professionals to diagnose or effectively manage it. Patients with chronic pain may find themselves in a liminal condition, caught between illness and health, due to the gap between medical understanding and their lived experiences. Ekl and Brooks (2022) articulate that women have to persuade others of the reality and severity of their disease. They could experience complete dismissal, where they are accused of lying, exaggerating, or pretending. In some cases, they might even be given a mental health diagnosis rather than a physical one. This delegitimization dismisses their experiences and makes it more difficult for them to get the compassion and treatment they need. When women with chronic pain cannot conform to societal norms because of their condition, there is an unfortunate risk of social

isolation. In many cases, this can also result in encountering discrimination (Ekl & Brooks., 2022).

Similarly, Juuso et al. (2011) point out findings showing that pain meanings for women with fibromyalgia (FM) can be understood as living with a double burden, living with an aggressive, unpredictable pain and being doubted by others concerning the invisible pain. The ever-present pain was described as unbearable and overwhelming, dominating the women's existence. Nevertheless, all the women tried normalizing life by doing daily chores to alleviate the pain. To support the women's needs and help them to feel well despite their pain, nurses and healthcare personnel must acknowledge and understand women with FM and their pain experiences. Living with an undiagnosed condition such as FM means living with uncertainty, disbelief, and a loss of credibility, which harms a person's dignity and can cause additional pain. Therefore, it is crucial to help women manage pain and feel better, and healthcare workers must acknowledge and attempt to understand their experiences with chronic pain (Juuso et al., 2011).

Race

According to research, Ekl and Brooks (2022) note that there are several reasons why black individuals are less inclined to seek medical assistance. One crucial and noteworthy factor is the widespread suspicion of doctors in the black community, brought on by past medical misconduct, individual discrimination experiences, and the considerable aftermath of social and economic inequality in America. The inability to seek medical treatment and intervention may result from this mistrust. Another factor is the racial imbalance between predominantly white doctors and black patients. Black patients and white doctors may experience communication and cultural barriers because of their social differences, which could impact the quality of care. Black individuals may also have less access to high-quality healthcare in the United States because of the country's healthcare system and the disproportionate quantity and quality of services offered

to one person over the other. These structural factors contribute to black Americans' suspicion and reluctance to interact with the healthcare system and seek essential care (Ekl & Brooks, 2022).

In the same way, Darnall (2019) states that African Americans consistently report heightened pain sensitivity compared to White individuals. This disparity is compounded by the marked under-treatment of pain among African Americans and other non-White populations. A notable trend that has come across research is that pain management for White patients tends to be more proactive compared to their non-White counterparts. Implicit or explicit biases within medical providers play a role in perpetuating these treatment discrepancies. Moreover, minority groups often grapple with compromised overall health and associated conditions, exacerbating their experience of pain, particularly conditions like major depression. Socioeconomic status emerges as a key factor influencing many racial disparities in pain and overall well-being, with individuals of lower economic standing or limited educational resources becoming more susceptible to disabling pain (Darnall, 2019).

Remarkably, disparities extend beyond the medical realm. Studies point to a notable discrepancy in perceiving racism as a substantial concern within healthcare, with African Americans being three times more likely than Caucasians to report racism as a significant issue and Hispanics twice as likely. Such experiences foster a sense of distrust in the medical system, potentially discouraging minorities from seeking healthcare in the first place (LaVeist et al., 2000). This interplay of factors collectively shapes the landscape of pain management and access to care among diverse racial and ethnic groups.

Tait and Chibnall (2014) state that it is, in fact, challenging to examine these biases thoroughly. Openly acknowledged biases, such as favourable attitudes towards White individuals, are often denied, while biases stem from culturally ingrained associations that are less subject to conscious control (Dovidio & Fiske, 2012). This tendency was illustrated in a research study that explored explicit and implicit biases directed toward Latinos and Blacks within a sizable sample.

In pain studies, where treatment guidelines lack clear definitions and no obvious "right" answers, biases tend to surface more conspicuously. In a specific study, participants were shown a series of pained facial expressions and were tasked with estimating the level of pain experienced by the individuals depicted. Notably, pain estimation has no straightforward "correct" answer. Participants were then asked to assess the factors influencing their judgments, and one of these factors was the person's race (Hirsh et al., 2010). Despite respondents' claims that race played no role in their judgments, the data analysis demonstrated that race did, in fact, influence their assessments. Specifically, minority patients received higher pain ratings. Several other studies that involved videotapes of patients in pain also identified biases favouring White individuals, resulting in more assertive treatment recommendations (Tait & Chibnall, 2014).

Likewise, Hill and Harrell (2020) argue that people of colour may have inadequate or delayed pain management due to these biases, which can result in worse health outcomes and more excellent rates of disability. To offer equal treatment for all patients, regardless of race or ethnicity, healthcare professionals must identify and acknowledge these biases appropriately. Studies have demonstrated that training healthcare professionals in cultural competency can promote patient outcomes and lessen healthcare injustice. Ekl and Brooks (2022) state that the interchange of race and gender further muddles attitudes about who needs what kind of care and

how people seek it out. Black women's bodies, in particular, are frequently the targets of more medical intervention. The biomedical standard is the white male body, and any variations from this norm in terms of colour or gender might generate medical and social controversy.

Due to the interplay of their race and gender, black women may face receiving treatments and recommendations that are forced upon them. When money is spent on treating the health effects of financial insecurity, housing instability, and exposure to violence rather than addressing the underlying social and economic conditions, black women may be subjected to medicalization associated with poverty, for example. In order to resolve healthcare disparities and ensure that everyone has fair access to care, it is essential to comprehend these overlapping dynamics of race, gender, and the healthcare system. To enhance healthcare outcomes and help-seeking behaviours in marginalized populations, efforts should be made to foster trust, boost cultural competency among healthcare professionals, and address institutional gaps.

The idea of intersectionality recognizes that people from various social origins have differing degrees of power and privilege related to medicalizing health issues. This affects how their ailments are viewed and acknowledged as necessitating medical attention. One of the most critical steps in gaining access to the rights and support connected to the "sick role" is recognizing and validating a disease as a medical issue. Therefore, the ideas and behaviours of ordinary people have a substantial impact on developing medical knowledge and research in a healthcare system driven by market forces and where patients are increasingly viewed as consumers. People with invisible illnesses, such as persistent back pain, can encourage scientific research and confirmation when they make their conditions real and legitimate (Ekl & Brooks, 2022).

Not every person suffering from symptoms is affected equally by the legitimization of pain or a chronic illness. Pain is crucial in understanding due to its invisibility, subjectivity, and lack of distinct diagnostic markers. Consequently, depending on elements like social position, privilege, and power dynamics, the impact of pain and the available therapies may differ. According to intersectionality theory, as stated by Ekl and Brooks (2022), race and gender biases also impact what playing the sick person is like. However, there is little study on how the stratified process of legitimization outside of therapeutic settings is affected by the public's perceptions of pain, particularly regarding race and gender. determining whose pain is legitimated and how gender, race, and intersectionality affect this.

As noted by the above authors, increasing awareness about gender-related norms and prejudices is imperative. By understanding the complex connections between biological sex, gender identity, and pain, healthcare providers can offer effective pain management. To provide impartial care, healthcare professionals need to recognize and address their own biases. This would assist in cultivating a more inclusive and fair healthcare system for everyone (Samulowitz et al., 2019).

Opiates

Opioids have a unique place in society since they are both vital treatments known to be the most successful at reducing pain and suffering, as well as feared substances connected to abuse, addiction, and the harmful effects of diversion. Opioid use in treating chronic non-malignant pain (CNMP) is still contentious. Despite advancements in the field of pain management and increased use of opioids for various chronic pain conditions, there is still a great deal of debate over the appropriate criteria for treatment, the overall effectiveness and

safety of such treatment in specific patients, and the goals that should be followed (Rosenblum et al., 2008).

Rash et al. (2018) found that the American Institute of Medicine declared chronic pain a severe public health issue requiring medical treatment as a disease in 2011. Although estimates of chronic non-cancer pain prevalence among people vary, they indicate that 20–30% of the population may be affected (Rash et al., 20218, p.2). Chronic pain is more common in older adults, women, and people of certain ethnic minorities. The goal of pain management is to lessen discomfort and improve functionality, improving the quality of life. Healthcare providers were urged to use opioid drugs to treat chronic pain in the late 1900s. However, these drugs were believed to be safe then, and the possible adverse effects of long-term opioid usage were not appropriately considered.

This study found that only 40% of physicians in research involving more than 700 family doctors in Canada who were asked about their knowledge of prescription opioids correctly answered two out of nine questions. Contributing issues were inadequate training and a resulting lack of self-efficacy, which is the conviction that one can bring about change. Although 75% of the sample had received continuing education on the subject within the preceding year, over 70% of the 636 family doctors in the province of Quebec expressed a lack of confidence in their competence to prescribe opioids for chronic non-cancer pain appropriately. Similarly, Massachusetts research found that 54% of primary care doctors felt their training in prescribing opioids was insufficient. Therefore, it is reasonable to believe that the present recommendations for prescription opioid medications in treating chronic non-cancer pain are based on the widespread finding that compliance with clinical practice standards is frequently insufficient.

Therefore, increasing these recommendations' adherence interventions might also be helpful in this situation (Rash et al., 2018, p. 3).

Volkow and Thomas (2016) found a significant overdependence on opioid drugs in the US due to patients' urgent requirements, the effectiveness of opioid analgesics in treating acute pain, and the scarcity of alternative treatments for chronic pain. Over-reliance has brought about alarming rises in addiction, overdose, and diversion. Physicians naturally have concerns regarding when, how, and whether to prescribe opiate analgesics for chronic pain while reducing public health hazards, given the lack of consensus and research-supported guidelines.

The pharmacological characteristics of opioids that affect both their therapeutic effects and misuse potential are the main topic of this review. It attempts to dispel widespread clinical myths that obstruct the proper prescribing and oversight of opioids in treating chronic pain. Healthcare professionals can develop methods to reduce the hazards associated with opioid usage while assuring effective pain management by better understanding these features. Even minor discomfort can trigger learned associations in people with chronic pain between pain and the alleviation offered by medicines. This can lead to a conditioned drive for relief when the person uses opioids prematurely and inappropriately outside of the recommended timetable to relieve their pain (Volkow & Thomas, 2016).

A study in Canada looked at the impact of reducing or stopping prescribed opioids for individuals with chronic pain and whether it impacted their risk of overdose. The study considered if the person had opioid use disorder (OUD) and if they were receiving opioid agonist therapy (OAT). This study revealed the medical records of “14,037 people from British Columbia, Canada, who were prescribed long-term opioid therapy for pain between October

2014 and June 2018". The study found that discontinuing opioid therapy for pain significantly increased the chances of overdose in people who did not have an opioid use disorder, which supports previous research. The study used information from the provincial health insurance database (Kennedy et al., 2022, p. 3).

Opioid therapy greatly benefits from tolerance, the diminished response to a drug with repeated administration. Increasing doses, sometimes up to 10 times the original dose, are frequently needed for long-term opioid use to maintain the initial level of pain relief. Similarly, tolerance to the pleasurable effects of opioids can result in dose escalation, a defining aspect of opioid addiction. The rates at which tolerance develops for various opioid effects vary. In contrast, tolerance to respiratory depression develops more gradually than analgesic and euphoric effects, respectively. This explains why maintaining a higher dose can result in a significantly higher risk of overdose. Opioids must be tapered off gradually to prevent withdrawal symptoms when treating chronic pain. An increased sensitivity to pain, known as hyperalgesia, can also be brought on by long-term opioid use. In these situations, increasing opioid dosages may make the pain worse rather than better. Therefore, tapering or discontinuation is a more suitable pain-relief strategy in hyperalgesia (Volkow & Thomas, 2016).

Conversely, Darnel (2019) found that tolerance development unfolds as the body adapts to opioids, demanding increased doses for effective pain relief. Opioids can intensify pain sensitivity in some instances, potentially leading to the escalation of risky doses. In situations where opioids fall short in providing pain relief at lower doses, exploring non-opioid pain management alternatives emerges as a less hazardous approach. Despite the initial relief offered by a single opioid dose, persistent usage commonly fosters tolerance, compelling the use of

progressively higher doses over time. This trend, coupled with the possibility of exacerbating discomfort in specific individuals, fuels the inclination toward heightened opioid dosing. Both scenarios contribute to escalating opioid dosages in the pursuit of relief (Darnall, 2019).

It is essential to remember that prescribing opioids does not necessarily result in addiction. Only a small portion of people exposed to opioids, even those with vulnerabilities, develop an addiction. Intense drug cravings, obsessional thoughts about the drug, a loss of control over drug use, and compulsive drug-taking behaviours are the hallmarks of addiction. Tolerance and physical dependence are caused by different molecular mechanisms than addiction, which involves long-lasting disruptions to various brain functions. Each person has a different risk of developing an opioid addiction, and genetic factors determine a sizable portion of that risk. Teenagers are especially at risk because of their brains' increased neuroplasticity and underdeveloped frontal cortex, which controls self-control. As a result, the advantages and disadvantages of prescribing opioids for pain management should be carefully considered, particularly in adolescents. Opioid withdrawal can quickly reverse tolerance and physical dependence in addicts within a few days or weeks. However, even after stopping the use of opioids, the addiction's underlying changes can last for many months or even years. This has significant consequences because once tolerance is lost, addicted people are incredibly susceptible to overdosing (Volkow & Thomas, 2016).

On the other hand, Darnall (2019) found that patients undergoing opioid therapy often harbour significant apprehension regarding reducing or discontinuing opioids, often driven by the fear that such actions will result in unmanageable pain. This perception is frequently rooted in personal experiences, where self-initiated attempts to cease opioid use often abruptly or

rapidly have led to withdrawal symptoms, including heightened pain. Regrettably, this increase in pain during withdrawal is commonly misconstrued as the baseline pain level without opioids. This misinterpretation contributes to elevated pain and anxiety levels, perpetuating the false notion that fewer opioids equate to intensified pain. Contrary to this belief, empirical evidence suggests that a slow and gradual reduction of opioids results in more sustained or decreased pain levels, even among patients with a long history of high-dose opioid usage.

Rash et al. (2018) explain that the main goals of pain management are to lessen pain, improve functionality, and keep an eye out for any side effects. In the United States and Canada, inadequate pain management, including the treatment of chronic non-cancer pain, attracted much attention in the late 1980s and early 1990s. A critical study from 1986 that examined the management of 38 patients with chronic pain concluded that it was safe to prescribe opioid painkillers for extended periods. These results were frequently cited to support the increased use of opioid medications to treat chronic pain, despite the low quality of the evidence (Rash et al., 2018).

Recent research by Voon et al. (2021) observed the attributes of individuals in British Columbia who have suffered from opioid overdoses. The results of these studies have shown that people who engage in non-problematic opioid use are more likely to experience higher rates of chronic pain and mental health issues when compared to those diagnosed with inappropriate opioid use. This relationship may be due to the link between chronic pain and depression, which can increase the likelihood of suicide and overdose. Suicide has been identified as a significant driving force of the opioid overdose crisis, particularly for those with chronic pain who are more

likely to receive opioid prescriptions and experience a heightened risk of suicide (Voon et al., 2021).

Pharmaceutical companies and medical boards encouraged healthcare professionals to proactively address chronic pain in the late 1990s. The goal was to reduce suffering, so doctors prescribed opioid analgesics for extended periods in high doses. However, the risks of long-term opioid use were not fully understood, and it was widely believed that patients with chronic pain could use opioids safely for extended periods because there was no established dose threshold at the time (Rash et al., 2018).

According to Dennis et al. (2015), an analysis of two separate research studies examined how chronic pain can harm an individual's personal and social well-being. Despite using different methods to measure pain, both studies found a correlation between chronic pain and reduced personal and social functioning. The review suggests that Chronic Non-Cancer Pain (CNCP) may increase the risk of impaired physical and mental health and difficulties in personal and social interactions among patients with opioid use disorder. However, there is a lack of evidence regarding the outcomes of using single-formula opioids and combining other treatments. It is essential to exercise caution when interpreting such results, as they may exclude a significant portion of available evidence and are based on studies with a high risk of bias.

As Rosenblum et al. (2008) argued, chronic pain is a significant public health issue with serious repercussions for individuals and their families, resulting in high healthcare expenses and high societal costs from lost productivity. The pressing need for better therapies stems from the inadequacy of current treatments for chronic pain. The pressing need for better therapies stems from the inadequacy of current treatments for chronic pain. This requirement creates the

conditions for the rising use of opioids in the first place. The main challenge is balancing the potential benefits of these treatments for the larger population affected with the impact on individuals, their families, and society as a whole.

By the same token, and from a physician's perspective, Juurlink (2017) emphasizes that while opioids may significantly improve functionality and pain relief, they also have many side effects. In addition to the well-known risks of addiction, overdose, and fatality, opioids can also cause several other adverse effects. These include motor vehicle collisions, falls, fractures, constipation, lowered libido, infertility, osteoporosis, and sleep-disordered breathing. Furthermore, they individually increase the risk of depression and, ironically, can worsen pain, primarily when used in large doses.

Juurlink (2017) expresses the need to change how chronic pain is treated, emphasizing non-drug therapies supported by evidence and implementing multidisciplinary care models. We also need to face the fact that our prescription practices have a hand in the twin crises of addiction and ineffective pain management. Recognizing the patient's point of view in these conversations is critical while conveying a crucial message. For instance, "As your doctor, it is my responsibility to help you manage your pain while also being aware of the potential harms that pain medications can cause, sometimes in ways that are difficult to recognize”. The attainment of better pain management, increased functionality, and improved quality of life are essential to emphasize. We can facilitate this task by explaining to patients tapering off high-dose opioids that, in retrospect, opioids were not improving their lives but rather making them worse (Juurlink, 2017).

In response to the overdose crisis specific to British Columbia, Canada declared a public health emergency in April 2016 due to the overdose crisis caused by prescribed opioids. Measures were taken to limit their use, including guidelines issued by the “College of Physicians and Surgeons of British Columbia in June 2016 and the National Pain Center in May 2017”. Both recommend reducing prescribed opioids to the lowest effective dose and discontinuing treatment when the risks outweigh the benefits (Kennedy et al., 2022, p. 4).

Relationships & Intimacy

Junghaenel et al. (2018) came across research that indicates that there is often a disparity between family members' perception of patients' symptoms and the actual experience of the patients themselves. Studies on congruency reveal that patients and their support networks frequently lack a shared comprehension of patient pain. When family members correctly acknowledge the intensity of pain, they are more inclined to offer meaningful support. Conversely, if the extent of pain is misjudged, efforts to assist the patient might not align with the actual requirements. Furthermore, assessing the severity of a patient's pain could adversely affect partners and family members. Realizing that a loved one is enduring physical discomfort can be distressing and may reduce motivation to empathize with the patient's pain. This leads to fewer instances of supportive behaviour, serving as a self-protective mechanism.

Bennett-Brown et al. (2022) shed light on how developing a robust and fulfilling intimate relationship can profoundly positively impact an individual's mental and physical health throughout their lifetime. This truth is essential for those grappling with chronic illnesses or diseases, as these relationships can play an outsized role in their ability to manage their condition, navigate their day-to-day existence, and enhance their overall well-being. The quality

of these intimate connections can have far-reaching consequences, particularly for partners confronted with the continuous effects of the illness or disease in their daily lives.

In addition, Junghaenel et al. (2018) found that support from family members' marital contentment has been linked to how patients perceive their spouse's reactions and to observing both empathic and non-empathic interactions between couples dealing with chronic pain. Consequently, the level of satisfaction within the couple's relationship is a factor to consider, ensuring that the support-related responses perceived by the patient and reported by the partner were not merely a reflection of the overall quality of the relationship between the two individuals. The participants in this research comprised couples consisting of 52 pairs who were part of a more extensive study focusing on how patients adapt to chronic pain.

The current study presents findings from supplementary analyses. Patients were drawn from various clinics specializing in pain management and physical therapy. Recruitment notices were issued within the recruiting facilities, and research personnel approached patients in waiting rooms to gauge their interest in participating in the study. Eligible patients fulfilled the following criteria: 1) at least 18 years; 2) diagnosed conditions such as low back pain, osteoarthritis, rheumatoid arthritis, and fibromyalgia; 3) regular visits to a doctor at the recruitment site; 4) proficiency in reading, writing, and speaking English; and 5) absence of visual impairments that might hinder the completion of questionnaires (Junghaenel et al., 2018).

However, this study had several limitations. Firstly, the research was conducted with a small group, suggesting consideration of a more substantial number of participants in future studies. Secondly, most individuals in the study were of one ethnicity, prompting the need to explore whether similar patterns apply to people from diverse backgrounds. In examining the

data, the focus was on how couples perceive each other's pain. However, the study looked at support separately based on what partners and patients reported. This approach might limit the understanding of how support operates within couples. Furthermore, it is essential to note that the study only captured a single point in time rather than how shared pain perceptions lead to increased support over time. Therefore, future research should involve longitudinal studies that track changes in pain perception and support dynamics over an extended period (Junghaenel et al., 2018).

Similarly, Mittinty et al. (2020) elaborate on comprehending the roles of partners' coping strategies and support provision remains a central aim of ongoing research. Prior studies on partner support have indicated that support is provided willingly by a spouse. For example, genuine support stemming from commitment and affection is more beneficial to patients than the support given under pressure, which can result in guilt or criticism. This type of autonomous support is linked to better well-being, reduced stress, and enhanced physical and psychological functioning. Carter et al. (2023) found that when pain needed to be addressed either due to an increase in its intensity or as a result of side effects from pain-relief measures or medication, such as fatigue, or when the overall sense of safety and well-being was at risk, partners in this study demonstrated their mutual affection through what can be termed as "everyday acts of loving." Such gestures were not viewed as actions that exceeded expectations but as instinctive responses that a caring partner would consider normal. A heterosexual couple participating in this study referred to these reciprocated gestures as a manifestation of "concerned supportiveness” (Carter et al., 2023, p.7).

For the partner affected by chronic pain, the experience involved subjecting oneself to a cycle of "repetitive vulnerability." This entailed the need to repeatedly offer explanations and navigate the challenges of being in a romantic relationship, accompanied by a lingering fear that pain might compromise the relationship. Among young adults grappling with chronic pain, there existed a certain level of apprehension about the initial instance when their partner would witness them in a state of pain. While this heightened feeling of vulnerability caused distress. It evoked fear among young adults, and a contrasting perspective emerged where this process of "embracing vulnerability" brought about a sense of liberation. This newfound comfort translated into a willingness to "seek assistance" and to openly discuss emotions and sensations. All the couples in this study discussed transparency within their relationships and emphasized how engaging in conversations was vital and mutually beneficial in sustaining functional relationships (Carter et al., 2023, p. 8).

Likewise, Mittinty et al. (2020) found that patients and their partners must make significant adjustments when dealing with chronic pain. Partners often take on the role of primary caregivers and emotional supporters for the patients while grappling with their feelings of seeing their loved ones in distress. This situation requires significant changes to their daily routines and long-term plans. Chronic pain becomes a shared challenge for the couple, leading to shared interpretations of the experience and collaborative coping approaches. This perspective acknowledges the interconnectedness of intimate relationships in managing pain, shedding light on how pain management can influence the relationship and overall well-being.

The study also found that partners of those with long-lasting pain also experienced emotional stress over time. This suggests that partners could benefit from getting help early on.

Secondly, it is imperative to understand what patients and their partners expect when they work together to cope with the pain. Teaching couples how to communicate with one another could potentially improve how they feel individually and in their relationship. Lastly, when couples support each other in dealing with pain, it is about being kind and strengthening their relationship so that the pain does not harm them. Therefore, it is worthwhile for doctors to focus on making couples' relationships stronger. This can help them navigate pain together and support each other better. These findings show that getting help early, understanding each other's expectations, and building a solid relationship can improve how the person with pain and their partner feels (Mittinty et al., 2020).

Cano et al. (2008) emphasize the increasing importance of empathy and empathic responses in pain research. A study involving 92 couples, where one partner experienced chronic pain, examined behaviours related to validation and invalidation. Validation involves accepting and attempting to understand, while invalidation conveys disrespect or disregard for the other partner. Empathic responses are linked to validation, which leads to better emotional regulation within the couple and increased marital satisfaction. Conversely, if both partners engage in invalidation, it can hurt the overall quality of the relationship. Another key and similar aspect of relationships and pain is understanding. Similarly, Tate et al. (2019) revealed the significance of a spouse's ability to comprehend their partner's pain in shaping the dynamics of their marriage. The patient's satisfaction with the relationship is also influenced by their perception of their partner's understanding of their pain. Despite this, numerous studies on couples dealing with chronic pain have yet to consider the interpersonal aspect of the patient's pain experience by neglecting to analyze the responses of both the patient and their spouse (Tate et al., 2019).

Another crucial element that is impacted in romantic relationships is chronic pain and sexual intimacy. Partners frequently serve as the sole individuals in a woman's life who can truly comprehend how pain impacts her well-being, especially regarding sexual intercourse. Research indicates that partners' reactions to this pain are pivotal in determining the intensity of the patient's pain and the overall ability to function effectively. The lack of comprehension surrounding vulvodynia contributes to a sense of helplessness, guilt, and shame among the individuals affected. Moreover, "Social exclusion" sheds light on how participants encountered feelings of either social support or isolation within their social networks and relationships. This aspect delves into how their condition influences their connections with others (Myrtveit-Stensrud et al., 2023).

The couples highlighted the significance attributed to sexual intimacy within our societal framework. They noted that sexual intercourse often holds a central role in upholding a heterosexual relationship. The female participants, in particular, underscored the cultural norms associated with male sexuality, which they believed overshadowed their sexual needs. These societal norms placed an additional burden on women to meet sexual expectations. Virtually all female participants viewed it as their responsibility as women to engage in regular vaginal intercourse with their partners (Myrtveit-Stensrud et al., 2023).

In a narrower perspective, Schlesinger (1996) offers a past perspective by exploring the intersection of chronic pain and sexuality by taking part in segments from interviews with 28 women aged 20 to 50 who grappled with chronic back, joint, and muscle pain. While pain is a subjective experience, no standard medical procedures or predictable physical changes can offer individuals pain medicinal relief. Consequently, those enduring pain may perceive themselves as

having an imperceptible disability. The interviews under scrutiny in this context were conducted as part of a qualitative study to investigate the consequences of pain's inherent invisibility on individuals grappling with chronic pain and its direct relation to physical intimacy.

For individuals grappling with chronic pain, managing their romantic relationships can prove challenging. Some women choose to steer clear of such partnerships altogether, while others take charge of their sexual boundaries and desire within them. There is a fine balance between emotional connection and personal autonomy, which can be difficult to navigate. While some women have found that coping with pain has actually brought them closer to their partners, others worry about how their pain or pain management may impact their relationships (Schlesinger, 1996).

Myrtveit-Stensrud et al. (2023) found that the women grappled with the challenge of not conforming to societal expectations regarding their role as sexually active partners. They also experienced a sense of unhappiness due to the perceived loss of something they deemed significant. They viewed themselves as divergent from the perceived "normalcy" of other women. For most couples, vaginal intercourse held the highest regard as a mode of sexual engagement, symbolizing both affection and closeness. Consequently, many women endured distressing intercourse rather than pursuing alternative, painless sexual activities. In specific instances, traces of resentment were discernible in the women's narratives.

Furthermore, the theme of "sexual expectations" delves into the connections between internalized gender-based expectations and the dynamics of a couple's relationship. This facet explores how societal norms and expectations around gender roles can impact the overall dynamics and intimacy within the relationship (Myrtveit-Stensrud et al., 2023). This theme

explores how societal norms and expectations around gender roles can impact the overall dynamics and intimacy within the relationship. It encompasses not only physical intimacy but also emotional and psychological aspects of the relationship.

Summary of findings

The research findings from the scholarly literature support my key purpose statement, which is how chronic pain impacts quality of life broken down into five themes. Findings did in fact indicate that quality of life is surely impacted by one's daily activities, gender biases, race, the overarching spectrum of pain and addiction, challenges of navigating healthcare systems, and interpersonal and intimate relationships. These factors help illuminate the complexities and value in dissecting the relationship between chronic pain and quality of life. The next chapter will discuss the findings and challenges in length, along with the limitations inherent in research. This critical review aims to provide an objective and transparent assessment of current knowledge about chronic pain and its various consequences.

Chapter 3: Discussion and Application

Discussion/Summary

The literature review suggests that chronic pain is a multifaceted issue that can disproportionately affect women compared to men. It is crucial to consider a diverse range of biological, psychological, social, and gender-related factors when addressing chronic pain. Additionally, the research provided in Chapter Two sheds light on how people of colour may encounter significant obstacles when seeking medical assistance due to the healthcare system's mistrust and societal inequities. From a pharmaceutical perspective and pain, Opioids are a controversial topic, and it is essential to consider the potential benefits and risks before deciding on a course of action. Lastly, my fifth purpose statement illuminates how it is critical to

understand a patient's pain to provide meaningful support, as it can impact their personal relationships and affect multiple aspects of their life, such as intimacy in partnerships. Chronic pain can have a significant and far-reaching impact on an individual's life, making it more important to address it thoroughly and compassionately.

Chapter two examines the representation of women in pain rehabilitation programs and explores the differences between men and women in these programs. This theme highlights the need to consider a range of factors, including biological; psychological; and sociocultural influences when examining women's experiences of chronic illness. For example, a study by Arman et al. (2020) in which they interviewed 21 Swedish women found that the most common experiences among them were pain, over-performance, loneliness and fatigue. These findings highlight the significant impact of interdependence on women's living conditions, health and suffering. Similarly, Samulowitz et al. (2019) argued that gender norms and biases in health care can lead to disparities in treatment. They emphasized the importance of examining both genders and sexes in research to understand differences in pain experiences. It also discusses how stereotypes about women's emotional and vulnerable position can lead to difficulties in trusting women's pain, leading to misdiagnosis and inadequate treatment. The overall message is clear that understanding the multifaceted nature of chronic pain in women is essential for adequate and effective treatment.

The discussion of racial inequity in health care has pointed to several factors contributing to chronic pain, including personal experiences with historical medical errors, discrimination, and socioeconomic inequality. This theme highlights the mistrust of these factors that prevent black people from receiving medical care. In addition, racial disparities between health care

providers and patients are discussed, which can lead to communication and cultural barriers that can potentially impact health care quality. The concept of intersectionality was introduced Ekl and Brooks (2022), emphasizing the need to understand how race, gender, and other factors influence pain and the legitimization of help-seeking. This chapter calls for greater awareness of gender norms and biases to promote inclusive and equitable health systems. The importance of addressing hidden biases, improving the cultural competence of health professionals, and recognizing the complex interplay between race, gender, and other health disparity factors is addressed. The findings pointed to the main goal of creating a more equitable and inclusive healthcare system for all patients, regardless of race or ethnicity (Ekl & Brooks, 2022).

Furthermore, the dual nature of opioids is essential for pain relief but also a worrisome reality due to their potential for abuse and addiction (Rosenblum et al., 2008). An important issue is healthcare providers' lack of knowledge and confidence in prescribing opioids for chronic non-cancer pain. Despite ongoing training, many individuals report a lack of self-efficacy, indicating a need for better training and support (Rash et al., 2018). The theme of opiates highlights the over-reliance on opioids for pain management in the United States and the need to explore non-pharmacological treatments and multidisciplinary models of care (Juurlink, 2017). This suggests a link between chronic pain, mental health problems, and the risk of opioid overdose (Voon et al., 2021). This section provides an in-depth overview of the issues associated with the use of opioids in pain management, the importance of improved training for healthcare providers, and the need for an evidence-based approach to pain management. It also shows the public health impact of opioid use.

The last theme reviews several studies to understand the complex dynamics of how chronic pain affects romantic relationships. Junghaenel et al. (2018) noted that there are often significant differences between patients' pain perceptions and their families' pain perceptions. When family members accurately perceive the intensity of one's suffering, they are more likely to provide meaningful support. However, misjudging pain can lead to a lack of support, as loved ones may be less motivated to empathize. To diver deeper into relationships, Bennett-Brown et al. (2022) shed light on solid and intimate relationships' profound and positive impact on a person's mental and physical health, particularly concerning chronic pain. Cano et al. (2008) and Tate et al. (2019) focused on empathy and understanding in pain research. Empathic responsiveness, validation, and mutual understanding improve couples' emotional regulation and increase marital satisfaction. They emphasized the interconnectedness of close relationships in coping with distress. Myrtveit-Stensrud et al. (2023) examined the impact of chronic pain on sexual intimacy in romantic relationships and how social norms and expectations played a vital role for female participants.

These studies highlight the multifaceted nature of how chronic pain affects romantic relationships and highlight the importance of empathy, understanding, and relationship quality in supporting people experiencing pain. It also sheds light on couples' challenges and adjustments in maintaining intimacy while dealing with chronic pain. Another important aspect of this study is the role of social norms and gender expectations in shaping relationship dynamics and intimacy. Understanding these complexities may lead to better support strategies for couples experiencing chronic pain.

Limitations

In researching the material for this capstone, several limitations have been identified and are crucial for readers to be aware of. It is noteworthy to mention that this paper does not include human research participants. Furthermore, the main issue is the depth of the population chosen for this research. Bennett-brown et al. (2022) have shed light on the advantages of having a supportive partner when facing chronic pain, particularly regarding sexual distress and intimacy. This study provides insight into how social support affects individuals with chronic vulvovaginal pain in minority communities. However, it is essential to note that this research has its limitations. The study relied solely on self-reported online data and included participants only from the United States, which may limit the generalizability of the findings. Moreover, it is uncertain whether cultural nuances may affect how partners approach conversations about gynecological problems like vaginal pain. To further investigate the impact of social support, future research can explore the social and environmental factors affecting a more diverse population.

It is crucial to consider both partners' perspectives while discussing sexual intimacy, as it impacts both individuals. By comprehending their viewpoints, we can gain a better understanding of the problems and dynamics associated with sexual difficulties in the context of chronic pain. As stated by Carter et al. (2023), involving romantic partners in research is important as relationships have a significant impact on each other. Considering both individuals in a relationship is crucial as they shape each other's lives. Thus, when studying various phenomena, it is essential to consider both individuals in a relationship as a partner dyad can shape each other's lives. Additionally, Bahouq et al. (2013) study focused on the relationship between patients and their healthcare providers, and it would be helpful to explore the

experiences and perspectives of healthcare professionals. By gathering their insights, there could be further understanding of the topic and identify any potential barriers or benefits to effective communication about sexual concerns.

Lastly, it has been noted that data steering away from gender norms and race specifically included predominantly white populations. For instance, quality of life, addiction and pain, and relationships and intimacy lacked the inclusion of diverse populations. This limitation acts as a foundation that is in support of the interplay between pain, race, and gender norms.

Application-Related Research

An established body of literature indicates Cognitive Behavioral Therapy (CBT) as a practical approach to addressing chronic pain (Howell et al., 2015). A CBT approach examines the correlation between a client's thoughts, behaviours, and emotions. Clients are encouraged to reframe distorted cognitions to helpful thinking in the face of their pain. Research strongly suggests that individuals' internal cognitive response to pain can influence their personal experience of discomfort and even their quality of life. Howell et al. (2015) stated that CBT is an effective modality for chronic pain because pain is not strictly an effect of biology but also psychological and social contexts. Therefore, valuable psychological treatments such as CBT have the means to address chronic pain successfully (Howell et al., 2015).

Davis et al. (2015) found that effective chronic pain management depends heavily on an individual's beliefs regarding their physical symptoms and the coping mechanisms they employ. CBT is a highly effective treatment that addresses these beliefs and teaches individuals to utilize cognitive techniques to challenge any inaccurate thoughts that may be exacerbating their difficulties. By adopting a more detached perspective regarding their thoughts, individuals can

recognize that these thoughts are not necessarily facts but rather temporary mental events that can be evaluated for accuracy and usefulness. Cognitive Behavioral Therapy (CBT) not only addresses the cognitive aspects of pain but also incorporates behavioral techniques such as relaxation and activity management. This approach helps individuals manage their pain more effectively and improve overall functioning. CBT aims to enhance an individual's confidence in their coping abilities, alleviate psychological and physical symptoms, and improve their overall quality of life. Studies have shown that CBT has a significant impact on cognitive coping responses, and a moderate effect on pain outcomes when compared to control groups.

In addition to CBT, mindfulness approaches have been utilized as effective interventions for chronic pain. John Kabat-Zinn first introduced the idea of mindfulness with a focus on chronic pain management in 1990 (Rosenthal, 2018). The findings concluded that non-judgmental observations decreased automatic responses to pain and led to decreased pain sensations. The three fundamental factors that assist in promoting mindfulness practice include awareness, present experience, and acceptance (Rosenthal, 2018). At first, clients can find mindfulness techniques to appear ineffective due to the nature of doing truly little with their bodies. However, clients are guided to notice the difference between not doing anything at all and not doing anything with intention.

The premise of mindfulness is not to escape the pain but to shift the relationship one has with one’s body and mind. For instance, clients are encouraged to bring awareness to painful and non-painful sensations instead of reacting to those very sensations (Rosenthal, 2018). Mindfulness exercises range from mindful breathing, eating, walking, and meditation. Therapists

can choose a variety of mindfulness exercises for chronic pain based on individualized responses from clients (Rosenthal, 2018).

Davis et al. (2015) also argue that the main reasons for the apparent superiority of mindfulness-based interventions over Cognitive Behavioral Therapy (CBT) in dealing with chronic pain in practical situations are intriguing. One plausible theory proposes that individuals can enhance their ability to discern subtle emotional cues by carefully observing and classifying various aspects of their negative experiences. This heightened awareness can enable them to regulate their responses to pain and stress better, preventing emotions from spiralling out of control before they become unmanageable. Peilot et al. (2014) state that Mindfulness training has become increasingly important for patients as it allows them to observe and release distressing thoughts and emotions and accept circumstances beyond their control.

Several components of mindfulness are covered in Kabat-Zinn's book "Full Catastrophe Living." The mindfulness-based stress reduction (MBSR) program created by Kabat-Zinn, which is the book's focus, is based on these techniques. For example, as a cornerstone of the MBSR program, Kabat-Zinn heavily emphasizes mindful breathing in the book, which will be used in the workshop. The various breathing techniques and meditation activities help develop an awareness of breathing and how it may help one to relax and reduce stress. Another component that will be explored is mindful movement to enhance physical and mental well-being. Kabat-Zinn and Hanh (2009) discuss how mindful movement practices can improve body awareness agility and reduce physical tension, which can be particularly helpful for those living with chronic pain.

Mindfulness can be a valuable tool for managing pain conditions effectively. Individuals dealing with serious illnesses are affected physically, emotionally, and psychologically. Sharing their stories could help them construct new perspectives and better understand their daily lives in the context of their illness. This storytelling process is vital for managing their disease experiences and achieving well-being. Patients with particularly chaotic or complex narratives may require a listener willing to hear them out, even if the process can be emotionally challenging for both parties involved (Peilot et al., 2014).

Furthermore, the experience of pain went beyond physical sensations; it had existential dimensions involving emotions and feelings that were challenging to handle and express. The patients perceived therapy as a pathway back to a meaningful life in various ways. It allowed them to transition from a state of chaos and despair caused by pain to a life they could manage. Through opening up to their emotions and sharing with others, negative experiences and distressing thoughts began to change. This transformation was vital to the patient's journey toward a more fulfilling and purposeful life. The study's findings underscored the significance of therapy and the therapeutic relationship with the therapist in improving the patient's well-being and ability to manage their pain effectively (Peilot et al., 2014).

Workshop

In this chronic pain workshop, there will be a comprehensive exploration of chronic pain management strategies within the context of a structured workshop. The aim of the workshop is to help individuals living with chronic pain by providing six sessions that will assist in empowering them. The sessions will help them gain a deeper understanding of chronic pain, teach non-pharmaceutical techniques for pain management, and provide cognitive reframing

strategies for improved emotional resilience. The workshop will also focus on incorporating CBT and Mindfulness strategies, celebrating individual strengths, addressing lifestyle choices, advocating for one's health, and encouraging self-care. Participants will be provided with resources for ongoing support. The workshop emphasizes the importance of education, community, and proactive strategies in enhancing the quality of life for those facing chronic pain. Overall, the workshop aims to contribute to improving pain management and overall well-being.

In session one, participants will begin their journey to understanding chronic pain in this first session. Chronic pain is a complex and pervasive condition that significantly impacts the lives of those who experience it. To lay the groundwork, we begin by distinguishing between chronic and acute pain, two fundamentally different experiences. The core of this session is an in-depth exploration of the biopsychosocial model. This model takes a holistic approach to understanding chronic pain, considering the interplay of biological, psychological, and social factors. By exploring this model, participants will gain valuable insight into how these factors shape the experience of chronic pain. The mind-body connection: Our discussion highlights the complex mind-body connection of chronic pain. We explore how pain manifests physically, emotionally, and socially. Participants learn how chronic pain affects a person's mental well-being, emotional state, and social interactions. We explore how this affects different areas of your life, including work, relationships and everyday activities.

By exploring the multidimensional impact of chronic pain, the aim is to create an environment within the workshop where participants feel understood and can relate to the experiences of others. This shared understanding is crucial in building a sense of community

among participants. In the first session, we engage in relationship-building activities to help participants feel comfortable and share their experiences. To begin the process, each participant shares two truths and one lie with the group. This activity encourages participants to discover aspects of themselves and introduces an element of fun and interest into the workshop. The session ends with a group discussion that gives participants a platform to share their experiences with chronic pain. This discussion serves as an initial opportunity for individuals to connect personally. In addition, participants are invited to express their expectations for this workshop to lay the groundwork for future sessions.

Session two will begin by emphasizing the importance of non-pharmacological pain management strategies and their potential impact on the participant's chronic pain journey. This session explores the role of cognitive behavioural therapy (CBT), Mindfulness and self-help in health care. Various non-pharmacological pain management strategies are discussed, including physical therapy, exercise, relaxation techniques, and dietary changes. Next, specific examples and proven experiences will be provided, along with encouraging participants to ask questions and share their experiences about these strategies. The discussion of CBT will focus on identifying and changing unhelpful thought patterns and behaviours related to pain. Facilitators must examine how CBT can effectively manage chronic pain and its potential benefits. Furthermore, time will be taken to discuss the importance of self-advocacy in health care. Participants will share practical tips on communicating effectively with healthcare providers, including asking questions, seeking a second opinion, and actively participating in treatment decisions. If participants feel comfortable, space will be made for them to share their own advocacy experiences.

Before beginning a mindfulness practice, a safe space will be cultivated for participants to discuss pain management techniques they have tried. Collaboration and shared learning between participants and encouraging them to share what has helped them with their pain will occur. Next, teaching participants about mindfulness techniques to help manage pain will be explored, as well as providing psychoeducation about Mindfulness and explaining its potential benefits for pain relief. Participants will be led through a mindful body scan designed to help them focus on their pain. This will be tied with inviting participants to share their experiences and feelings as they do this activity. Lastly, a discussion will take place where participants can share their exercise experiences, with any thoughts or feelings they had while doing the exercise. To end session two, participants will be assigned homework to track any cognitive distortions or unhelpful thought patterns discovered during chronic pain mindfulness activities. This task encourages self-reflection and helps participants recognize thought patterns that exacerbate their stress. Expanding on these elements will assist with making the sessions more inclusive, engaging, and informative for participants.

Session three will begin by emphasizing the importance of Mindfulness and cognitive restructuring as tools for managing chronic pain while explaining that this session focuses on how negative thoughts can contribute to pain and how participants can develop healthy attitudes. A Mindfulness meditation exercise will be done, with a focus on breath. Participants will be encouraged to find a comfortable position and pillows and blankets should be provided to those who need them. It explains the purpose of meditation to increase awareness and presence and reduce the anxiety and stress accompanying chronic pain. After the mindfulness meditation, time will be taken to discuss the themes from the previous session. Participants are asked to share their experiences reframing negative thoughts about their pain. They will be asked to explain

how their new perspective compares to their original thoughts and how it affects their emotions and pain management.

Learning about the impact of negative thoughts on one's experience of chronic pain. It will be helpful to explain how chronic pain creates negative thought patterns, such as catastrophizing or despairing. A discussion on cognitive distortions will take place and how they are often associated with chronic pain, such as all-or-nothing thinking. Additionally, real-life examples will be used to explain these concepts. This exploratory session will focus on engaging participants in a conversation about recognizing and reframing negative thoughts. Now that participants know what cognitive distortion is, practical tools for identifying distorted thinking and strategies for reframing them will be introduced. Finally, participants will be asked to identify and think about three strengths they see every day. They will be encouraged to bring at least one of these strengths to the next session. These exercises aim to increase self-esteem and self-awareness and create an optimistic mindset to help manage pain. Facilitators will ensure that participants understand the concepts presented and actively engage in mindfulness practices, discussions, and reframing exercises. Providing this information creates structured, impactful sessions that help participants develop effective tools for managing chronic pain and negative thought patterns.

Session four will emphasize the importance of exploring and using personal strengths as a tool to reframe the cognitive distortions associated with chronic pain. Strengths chosen by the participants will be used as a basis for approaching the challenges differently. Each participant will be encouraged to share the strengths they identified in the previous session. Participants will then be invited to describe how they have used this strength to overcome pain in the past. Then,

the focus will shift to how participants can reframe pain-related cognitive distortions by using a strength that makes sense the most sense for them. For example, suppose someone identifies "resilience" as a strength. In that case, I will bring to light the ways they can use resilience to overcome adversity and change—discussing practical scenarios and getting participants to share ideas on capitalizing on their strengths in different situations. Participants will be guided through exercises demonstrating how to use their strengths when dealing with common cognitive distortions associated with pain, such as catastrophizing or negative self-talk. Specific examples will be given, and active participation will be encouraged.

Creating an environment of gratitude and pride by encouraging participants to recognize their strengths and express how they have helped them in their chronic pain situation will continue to be highlighted. Participants will be encouraged to understand and make sense of the value of these qualities in their everyday lives. The session will end with a Mindful breathing exercise. This exercise should help participants find peace and relaxation and further emphasize the role of mindfulness in pain management. Participants will be instructed to focus on breathing and distract themselves from pain and stress. Facilitators will lead discussions and exercises so that participants are actively engaged in exploring their strengths and correcting cognitive biases. The session empowers participants by leveraging their unique strengths as valuable tools for effective chronic pain management.

Session five will begin by highlighting the importance of lifestyle and self-care in managing chronic pain. This session explains how sleep hygiene, nutrition and gentle mobility exercises are considered ways to improve everyday well-being. When it comes to sleep hygiene for pain, the relationship between sleep and pain and how pain is made worse by poor sleep

quality will be discussed. Practical tips for improving sleep hygiene will be touched on next, including maintaining a consistent sleep schedule, creating a conducive sleep environment, and managing stress before bed. Participants will be invited to share their sleep challenges and solutions. Furthermore, learning about the role of nutrition in managing chronic pain will take place. For example, discussing how certain foods, especially those with anti-inflammatory properties, can positively affect pain levels. Information on anti-inflammatory foods and the benefits of an anti-inflammatory diet will be provided. Participants are encouraged to think about their eating habits and ways to make positive diet changes.

Mindful movement and relaxation techniques will be spoken about and ways to manage chronic pain while focusing on individual abilities and limitations. Gentle movement and mobility exercises can increase flexibility, relieve muscle tension and sometimes relieve pain. It is important to consider different pain levels and physical abilities. To put this session into practice, a practical group activity that combines relaxation techniques and gentle stretching exercises will be conducted. It is essential to allow time for participants to actively engage in practice and exercises. Specific instructions will be given and participants will be invited to ask questions or share experiences. The session will end by asking participants how much they enjoyed the group activity and whether the exercises were helpful or challenging. Encouraging open sharing and responding to concerns or questions will be taken seriously. These reflections provide valuable feedback for future sessions and allow participants to express their thoughts and feelings about the activity. This session aims to provide participants with practical tools to improve their lifestyle and self-care practices for pain management.

Lastly, session six will illuminate the importance of looking ahead in chronic pain management and building support systems. This will also be an opportunity for participants to evaluate the workshop and plan their pain management journey. Evaluation of the workshop will include asking participants to reflect on their experiences during the workshop and encouraging them to share any changes they have noticed in their thoughts, feelings, and approaches to pain management. This open dialogue provides valuable feedback and helps participants consolidate their learning. In order for participants to feel they are leaving empty-handed, a plan for future chronic pain management will be discussed, and they will be prompted to think about the strategies and skills they learned in the workshop and how they can apply these experiences to their everyday lives. Participants should also consider seeking support from family, friends or health professionals. Resources and information will be distributed to participants to take home. This would include a list of helpful websites, books and local support groups.

A final 10-minute Mindfulness activity will be conducted to ensure participants leave the session feeling calm and focused. This activity can be a practical tool that they can use in their everyday life. Next, participants will be asked to share their hopes and ambitions as they leave the workshop. Emphasis will be put on them to think positively about the pain management process and achieve their goals. Lastly, paper and pens will be provided so participants can provide anonymous feedback to the facilitator. This feedback provides valuable insight into improving future workshops and helps participants voice any concerns they may have. For those who wish, the availability of an online follow-up session two weeks after will be announced. This could allow participants to share details about their participation in the session and explain the purpose of providing ongoing support and answering any questions or concerns they may

have. This final session is designed to provide participants with the tools, resources, and motivation to continue their journey toward effective chronic pain management.

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Appendix

Session Number	Learning Objectives	Session Plan/Activities
Session 1	*Introduction to Chronic Pain* • Acute pain versus chronic pain. • Biopsychosocial model & mind-body connection to pain. • Different domains impacted by chronic pain.	• Rapport building exercise- two truths and one lie. • Group discussion around participant experiences with chronic pain. • Check out: one hope participants have for the workshop.
Session 2	*Introduction to CBT & Advocation* • What is CBT & why could it be useful for chronic pain? • What is Mindfulness? • How can one advocate for themselves?	• Sharing circle for personal experiences with advocation & the healthcare system. • Mindfulness- Body Scan for pain. • Open discussion around today's session/what was it like. • Homework: Journal cognitive distortions in relation to participant's chronic pain.
Session 3	*Putting it to Practice* • Continue with Mindfulness. • Reframing cognitive distortions from previous sessions homework. • Impact of negative thoughts on pain. • Valuing our strengths	• Mindfulness meditation. • Discussion of homework & new insight on how to reframe a thought. • Psychoeducation on impact of negative thoughts. • Participants will think of three strengths they see in themselves and bring at least one of them to the next session to share.
Session 4	*Strength in the face of pain* • Strength exercise & cognitive reframing. • Mindfulness continued.	• Using a strength to reframe the participants challenges with something they already do, but now speaking it into existing and realizing the power their strengths hold in the face of their chronic pain. • Expressing appreciation for our strengths. • Check out: Mindfulness breathing exercise.

Session 5	*Lifestyle & Self-care* • Sleep hygiene. • Speaking to a professional around inflammatory & non-inflammatory foods (if pertaining to participant) • Relaxation techniques-gentle mobility movements/stretching	• Group activity: Mindfulness movement & gentle stretching (seated or standing up) • Discussion on thoughts of the session and group activity.
Session 6	*Future planning & Building a Support System* • Opportunity for participants to share their thoughts and insights on the workshop. • How to access adequate support & resources.	• Chronic pain information & resources provided to participants to take home (websites, pain clinics, holistic approaches, therapists who specialize in CP, & books). • Post two-week follow-up after workshop for those who wish. • Final 10-minute Mindfulness/relaxation activity. • Anonymous feedback welcomed.