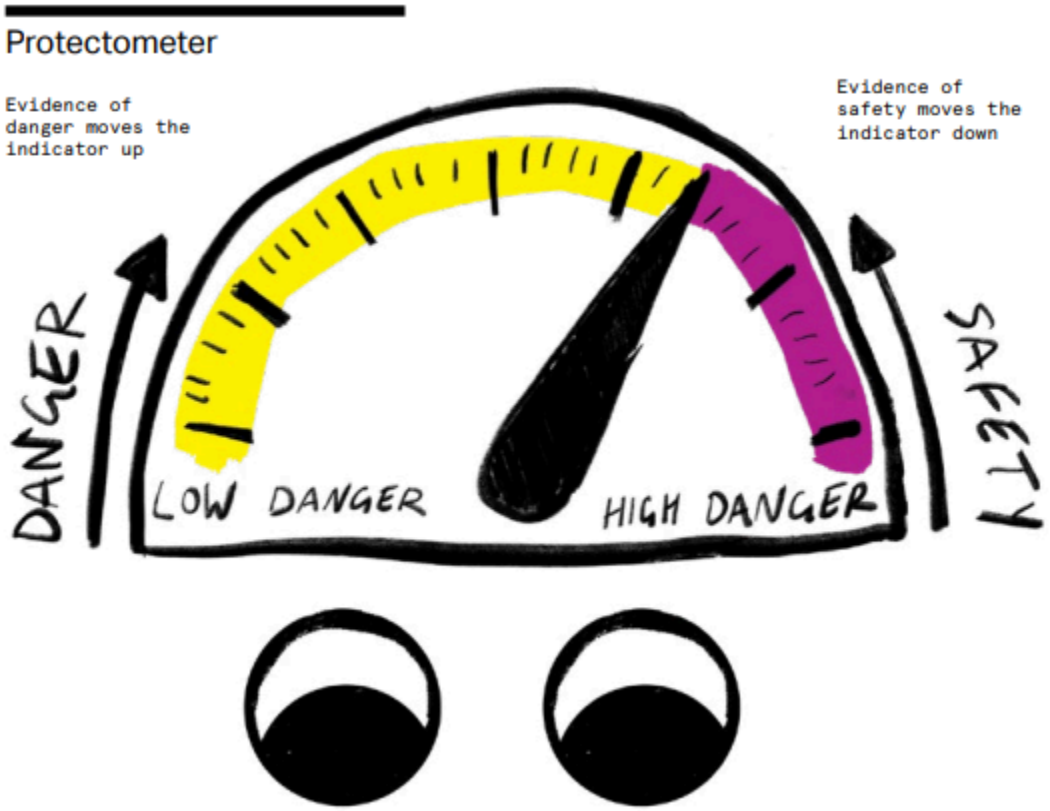
Pain Facts 6/9:

Pain and your Protectometer

Our brains have survival as their number one priority. We are evolutionarily ‘primed’ to be aware of danger and pain is one response to protect us from it.



When danger detectors – called nociceptors – send messages to your brain signalling that a body part may be in danger, your brain weighs up the information against

your previous experiences, information from your senses and other body systems and what it's learned over the course of your life.

If your brain decides it has more credible evidence that there's Danger In Me (DIM), it protects your body by producing pain, so you'll act to reduce the danger. If it has more credible evidence that there's Safety In Me (SIM), it won't need to act. This internal Protectometer constantly monitors the balance of DIMs and SIMs.

Thanks to pain science, we now know that:

- DIMs can relate to other feelings such as stress, sadness and anger; they can be particular places, people, thoughts or activities – remember thoughts and feelings are nerve impulses too
- A 'bad day' can be the result of one or more DIMs, rather than a single movement or physical task
- Identifying individual DIMs, and not clumping them together, can give options for retraining the Protectometer

- Identifying SIMs – whether they're happy memories of places, spending time with certain people, or movements and

activities, like dancing or fishing – and including them more in our lives can make them outweigh the DIMs

- Some SIMs might in fact be DIMs – for example, sweet or fatty foods can make you immediately feel better, but act like a DIM in the medium- and long-term
- Some DIMs can be quickly turned into SIMs – for example, having an x-ray report carefully explained to you with the positives highlighted can turn it into a SIM

The challenge is to identify the DIMs and turn them into SIMs – you could call this 'DIM SIM Therapy'!

You can learn to shift your Protectometer to be weighted toward SIMs and your pain will slowly reduce.

This fact sheet is not specific medical advice. But we really hope that, once you've read it, you'll understand more about pain and the latest ways of managing it

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This fact sheet has been adapted from its original format for accessibility purposes. Please see https://www.painrevolution.org/painfacts for the original fact sheet in multiple languages.

Adapted by a [Canadian] occupational therapist working with people in chronic pain.