Mental Health & Chronic Pain

Pain & Mental Health | A clinician–patient conversation | Approximately 4-minute read

Patient: I've been dealing with pain for such a long time. Some days, I feel like nobody understands what I'm going through. I've had tests done, but sometimes the doctors can't explain why I'm hurting so much.

Clinician: I'm sorry you've been carrying this for so long. Living with pain every day can be exhausting, especially when you feel misunderstood. Your pain is real. Even when a scan or blood test doesn't fully explain it, that doesn't mean you're imagining it.

Patient: Why does my pain sometimes get worse when I'm stressed or upset?

Clinician: Your brain and body are constantly communicating. When you're stressed, your nervous system can become more sensitive to pain signals. It's a little like turning up the volume on a radio. The pain was already there, but it can feel louder.

Patient: So my emotions can actually make physical pain worse?

Clinician: Yes, and it works both ways. Ongoing pain can contribute to worry, sadness, frustration, and poor sleep. Those experiences can then make pain harder to manage. We sometimes call this the pain-stress cycle.

Patient: When I don't sleep well, everything hurts more the next day.

Clinician: That is common. Sleep helps your nervous system recover. Poor sleep can increase sensitivity to discomfort, which is one reason we pay attention to sleep as part of pain care.

Patient: Does having chronic pain mean I have depression?

Clinician: Not necessarily. But chronic pain can raise the risk of depression and anxiety. We ask about persistent sadness, loss of interest, excessive worry, sleep changes, and how daily life is going. We never assume a diagnosis just because someone has pain.

Patient: Sometimes I avoid leaving home because I'm afraid the pain will get worse.

Clinician: That reaction makes sense. Avoiding everything can sometimes lead to weaker muscles and less confidence, though. We can work with your medical team to find a safe balance of activity and rest that suits your condition.

Patient: What can I do when it feels overwhelming?

Clinician: We can try pacing activities, gentle movement when medically appropriate, relaxation, and better sleep routines. Therapies such as cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT) can help you cope and reconnect with what matters to you.

Patient: Are you saying therapy can treat physical pain?

Clinician: It can help reduce the distress and disability associated with pain, and some people also notice less pain. That does not mean the pain is imaginary. Therapy helps you respond to the experience of pain and build practical skills.

Patient: Can antidepressants help with pain too?

Clinician: Some can. For certain pain conditions, medications such as duloxetine or selected tricyclic antidepressants can influence nerve signaling involved in pain processing. They may be prescribed even when someone does not have depression. We would review the type of pain, other health conditions, interactions, and possible side effects before deciding.

Patient: Will I ever feel normal again?

Clinician: I can't promise that every symptom will disappear. But improvement is possible. We can set goals around comfort, sleep, movement, relationships, and activities that matter to you, then adjust the plan as we learn what helps.

Patient: I thought I just had to live with the pain.

Clinician: You deserve to be heard and supported. We can work with your healthcare team on a plan that addresses both physical symptoms and emotional well-being. New, sudden, or unusual symptoms should still be medically evaluated.

Patient: Thank you for explaining it in a way I can understand.

Clinician: You're welcome. Asking for help is a meaningful step toward improving your quality of life.

24-7 Shalom Psychiatry PLLC
Educational example only. This fictional conversation is not an actual clinical encounter or individualized medical advice.