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Our new understanding of chronic pain

Chronic pain can persist even after an injury has healed. It can also be present in the absence of any injury. Unlike acute pain, which directly reflects tissue damage and resolves as healing occurs, chronic pain is often inconsistent, widespread, and persists contrary to imaging results. It may fluctuate, migrate, and worsen with stress, anxiety, hunger and/or fatigue. Conditions like fibromyalgia, chronic fatigue syndrome, IBS, and some back or neck pain are commonly associated with this presentation.

We understand that chronic pain persists when the brain and nervous system continue generating pain despite the body being physically safe. The pain is real, but it emerges from a type of maladaptive neuroplasticity.

The key underlying process is central sensitization, where the nervous system becomes overly responsive after repeated pain signalling. This means movement or touch that should be safe feels dangerous or painful. That pain then restricts the movement that is essential to well-being, creating a negative spiral; the lack of movement increases pain and decreases motivation resulting in further lack of movement.

But this is good news because when neuroplasticity is the cause, it is also the solution.

A fresh approach to treatment

Modern treatment for chronic pain focuses on retraining the brain and calming the nervous system. Using Pain Reprocessing Therapy (PRT), I gently introduce a client to graded exposure and somatic tracking to recalibrate danger and re-establish a sense of safety. This weakens the maladaptive pain pathways and provides opportunities to undertake adaptive behaviours. By working collaboratively with clients and their healthcare teams – GPs, physios, OTs and ETs – we use our collective skills and knowledges to create low pain recipes – ways of moving through the day that promote agency, capacity and well-being. Over time, clients can expect to experience less pain and greater mobility.

Updated 25 May 2026