Teaching the biopsychosocial model of chronic pain:
whom are we talking to?

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Introduction: Although a variety of illustrations of biopsychosocial (BPS) models are used in pain research, it is not always easy to apply a standard framework to explain pain for patients, communicate with health professionals and educate clinical trainees.

Objective: We aim to develop suitable models that fulfill a pedagogical process towards a target group.

Methods: Three illustrations of BPS models from the literature were selected and adapted to pain communication in clinical practice and education.

Results
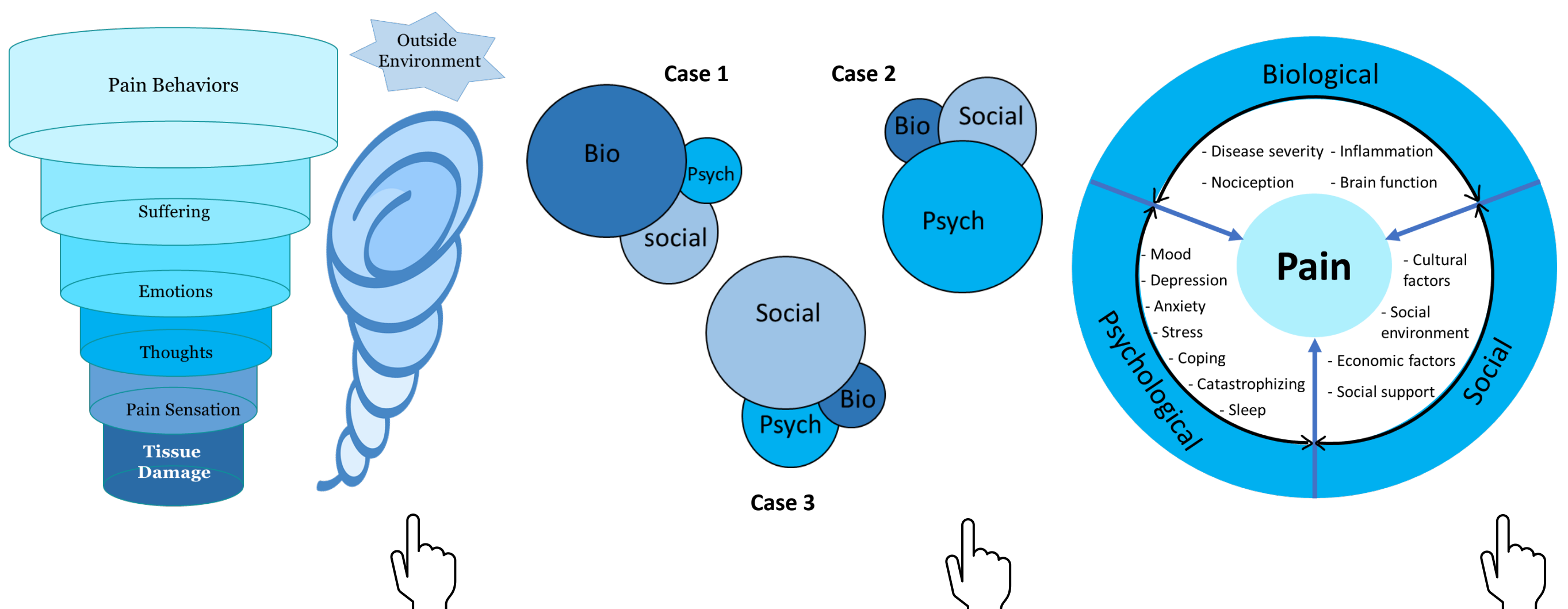
In **clinician-patient consultations**, we want to share our understanding with patients about the **interactions** between biological, psychological, and social factors **in the creation of suffering and pain behaviors**. Moreover, we help our patients understand chronic pain **does not spontaneously entail remaining tissue damage**.

Reference: Loeser JD. *The Clinical journal of pain.* 2000;16:S2-S6.

In **daily clinical practice**, we communicate with other health professionals in an awareness of the **varied contributions** of each BPS domain in each patient's clinical presentation. This **disproportional contribution** has also a dynamical change over the time.

Reference: Jull G. *British journal of sports medicine.* 2017;51:1187-1188.

In the **supervision of clinical trainees**, one highlight is how to appropriately **analyze each factor** in the respective domain of the BPS model. A further teaching objective is how to identify potential **complex interactions** among different factors shaping one's pain experience and pain behaviors.

Reference: Fillingim RB. *Pain.* 2017;158.

Conclusion: There is a need to adapt our communication to our target groups for better-informed BPS models to explain chronic pain. These illustrations of BPS models can be used as pedagogical tools.

All figures were adapted by the authors (H-J D and EB).

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