There are 2 distinct aspects to consider: firstly, the remembrance of pain experienced, and secondly, the influence of pain on access to memorised material.

It appears that there is limited accuracy when reporting remembered pain: sometimes we over-estimate and sometimes under-estimate pain experienced in the past.

In fact, this seems largely to be influenced by the current level of pain being experienced at the time of giving the retrospective report.

Of course, this is important in considering descriptions given during clinic visits. If current pain is relatively low, estimation of past pain tends to be lower than that logged in daily pain records, and the opposite also holds true.

Being depressed can also influence recollection of pain. As we have seen, low mood is very common in illnesses such as arachnoiditis.

Memory has two dimensions: sensory (incoming information) and affective (emotion). The latter depends upon our early experiences with pain (which contribute to our ?pain memory').

The emotional component of pain tends to be recalled more strongly (Pancyr and Genest 1993 [1]
) and of course current emotions being experienced have an influence on the pain experienced.

The second aspect of the memory-pain relationship, the influence of pain on access to memorised information is a frequently experienced problem.

I have found that as my pain level rises, so my memory becomes progressively less reliable, particularly for new information.

This is a common experience.

Studies ([2]) suggest that pain can affect the way in which people recall their overall experiences and tends for some reason towards recall of unpleasant rather than pleasant events.

Eich et al. demonstrated that pain impeded access to recall of pleasant personal experiences, whilst improving recall of unpleasant events, although this was only in cases in which there was both pain and low mood.

The authors concluded that these distortions in autobiographic memory might be responsible, to some extent, for the frequent association observed between pain and depression.

Pain seems to pull us towards a darker view of life as a whole: current pain can impact upon how we remember past events, and our recall of periods in which our pain was particularly troublesome may well tend to be predominantly of unpleasant events. In other words, pain skews our memory.

Furthermore, if we are in low mood now, then we may well take a more negative view of the past as well as the present; this will affect the way in which we recall past pain levels amongst other things. So the way in which we recall past experiences as a whole is significantly coloured by our mood, both now and during the period we are remembering.

Central to this, once again, is the notion of pain and mood being intertwined. Due to their combined effect on our recall of past events, we may, without realising it, be seeing "*through a glass darkly"*
- being biased towards a negative viewpoint.

In conclusion: here we see another 'face' of pain. The way in which it affects our 'thinking' and 'remembering' is a further facet of the impact pain has upon our lives.

We see again the interplay between mood and pain: how this has a role in our recall of past experiences as well as in how we lay down memory of what is happening to us right now.

If we keep this in mind, we will avoid the pitfalls of anticipating future troubles solely on the basis of our less than perfect recall of past experience.

As Benjamin Franklin said:

"Do not anticipate trouble, or worry about what may never happen. Keep in the sunlight."

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[1] Pancyr, G., & Genest, M. (1993). Cognition and pain experience. In Dobson, K. S., & Kendall, P. C. (Eds.). Psychopathology and Cognition. New York, NY: Academic Press, Inc.

[2] Eich, E.; Rachman, S. and Lopatka, C. *Journal of Abnormal Psychology*, 1990; 99: 174-178.Affect, pain and autobiographical memory.