

Lived experiences of chronic pain patients in Singapore: A qualitative perspective

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Dear Editor,

Chronic pain, defined as persistent or recurrent pain lasting more than 3 months,¹ is a global public health concern with significant physical, psychological and social implications. In Singapore, it affects at least 8.7% of the population—a number expected to rise due to the country's rapidly ageing demographic.² Despite this, most existing qualitative studies that examine the lived experience of chronic pain are conducted in Western settings.³ Cultural and contextual factors, however, strongly shape how individuals perceive, cope with and seek care for chronic pain. Our study aims to fill this gap by exploring the experiences of chronic pain patients in Singapore and uncovering the unique challenges they face within this setting.

We conducted 18 in-depth, semi-structured interviews with patients receiving outpatient care at a pain management clinic in Changi General Hospital, Singapore. Using thematic analysis, we identified 3 interconnected themes that characterise their journeys: (1) a sense of losing control; (2) challenges in seeking care; and (3) the pursuit of normalcy through personal and social coping mechanisms.

Participants frequently described their chronic pain as debilitating and life-altering. Physically, many experienced disturbed sleep, reduced mobility and impaired function. Simple tasks such as walking, climbing stairs or completing household chores became increasingly difficult. These physical limitations contributed to a disrupted sense of normalcy and routine.

Psychologically, participants described feelings of hopelessness, frustration and in some cases, anger. Despite trying multiple treatments or consulting various healthcare professionals, many still found little relief. One participant expressed despair, saying, "I go here, I go there, and the pain is still there." Emotional exhaustion and irritability often strained relationships with loved ones, creating further

isolation. The constant cycle of pain and failed attempts at relief led many to feel as though their condition was inescapable and out of their control.

The second theme reflects structural and interpersonal barriers encountered in the healthcare system. Many participants perceived their providers as apathetic or dismissive. They felt their symptoms were often misunderstood, minimised or attributed to psychosomatic causes. In some cases, patients believed that providers had given up on them, which compounded feelings of helplessness and disempowerment.

Access to appropriate care was another major challenge. Participants described having to navigate multiple referrals across specialists, long waiting times for appointments, and high out-of-pocket costs for non-subsidised treatments like physiotherapy and psychotherapy. For those experiencing significant daily disruption from pain, delays of several months were not only inconvenient but deeply detrimental to quality of life.

Pain medication was often viewed as a double-edged sword. While helpful for temporary relief, many participants expressed concerns about dependency or long-term side effects. Psychological services were also met with hesitation; some viewed therapy as unnecessary unless one was severely depressed, while others expressed stigma-related fears. In Asian societies like Singapore, seeking psychotherapy is sometimes seen as a weakness or moral failing, further discouraging patients from accessing these essential services.

Moreover, Singapore faces a significant shortage of pain psychologists. Even when patients are willing to engage in therapy, limited availability and long wait times make it difficult to receive timely care. These findings point to the need for greater integration of psychological support within pain management services, alongside broader public efforts to reduce mental health stigma.

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Despite these obstacles, participants demonstrated remarkable resilience. Many described a process of psychological adaptation—coming to terms with the idea that pain may be a lifelong companion. Acceptance did not equate to resignation; instead, it marked a turning point that allowed them to refocus on what they could control. This process involved multiple facets of adaptation, which we elaborate in the following paragraphs.

Most of the participants reported engaging in various coping strategies, including exercise, mindfulness, and traditional therapies such as acupuncture and traditional Chinese medicine. Some adopted positive cognitive reframing, shifting their mindset toward hope and self-compassion. “You start to realise that no one is going to understand you. So, you don’t try to change them—you try to change yourself,” one participant reflected.

Social support was another key pillar. Family members, friends and even empathetic healthcare providers played crucial roles in buffering the psychological burden of chronic pain. Patients who felt heard and understood by their doctors described feeling more optimistic and confident in their ability to cope. One participant described their relief when a doctor took the time to thoroughly examine and listen to them, saying it made them feel “not alone” and “hopeful.”

Our findings underscore the need for a holistic, culturally sensitive and community-based approach to chronic pain management. While tertiary care institutions in Singapore remain overburdened, equipping primary care providers with pain management skills could reduce unnecessary specialist referrals and wait times. To succeed, such training must be supported by appropriate clinical workflows, administrative resources and sufficient manpower allocation. Community-based care also fosters continuity and accessibility, which are critical for managing a long-term condition like chronic pain.

Furthermore, culturally competent care must include attention to indirect expressions of distress. In collectivist cultures like Singapore, patients may downplay symptoms to avoid burdening others or being perceived as weak. Healthcare providers should be trained to recognise these nuances, and engage patients with empathy and cultural awareness.

Efforts to reduce stigma surrounding psychological care are essential.⁴⁻⁶ Public health messaging can normalise psychotherapy as part of comprehensive pain care. At the same time, investing in the training and recruitment of pain psychologists will be vital to expanding access.

This study offers valuable insights into the lived experiences of chronic pain patients in Singapore, capturing their struggles, resilience and calls for change. The themes of losing control, struggling with healthcare systems and rebuilding a sense of normalcy reveal the deep biopsychosocial toll of chronic pain—and ultimately, the pressing need for reform. These patient voices remind us that effective chronic pain care must extend beyond the clinical lens to encompass the cultural, emotional and relational dimensions of suffering. Future policies must integrate these perspectives to deliver equitable, empathetic and enduring solutions.

Ethics statement

The study was approved by the SingHealth Centralised Institutional Review Board (2021-2103), Singapore. All patients provided written informed consent prior to study enrolment.

Declaration

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Patient and public involvement statement

Patients and the public were not involved in the design, conceptualisation or conduct of this study. However, the research team is committed to ensuring that the findings are accessible and meaningful to the patient community. A dissemination strategy has been developed to share the results with relevant patient groups, including presentations and online summaries tailored for a lay audience. The team will also seek feedback on how these findings can inform future research and practice.

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