What can Subjectivity Tell us about Chronic Pain and Recovery?

Analysis of the Inner World and its Relation to the Dr Sarno Treatment Strategy

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Heuristic Research Project

Can an in-depth exploration of participants' (including author) subjective experience of pain reveal anything about recovery?

Dr. Sarno’s Treatment Strategy

- Pain is not due to structural abnormality
- It is harmless and connected to repressed emotions certain and character traits
- Functions as a distraction from difficult experiences
- Physical activity is not dangerous and should be resumed
- Do not be concerned or intimidated by pain
- Shift attention from physiology to psychology at all times

Setting the Scene;
An Illustration of Chronic Pain

- Mr Goddard (Bartlett, 2014) amputated his own hand to escape chronic pain
- Severity, resistance to treatment, attribution to medical causation
- '*I've had major surgery and 3 children but that doesn't compare to the pain I had' … I was in the shopping centre and the kids got away. I could see them disappearing but I couldn't move to go after them … if saving your own kids can't get you to move, nothing can'.*
- Participants commonly stated a preference for paralysis or amputation to the pain

The Last Frontier (Sela-Smith, 2002) Subjectivity as an entrance into complex human problems

This creates images of exploring great mountains, the depths oceans, developing powerful telescopes to penetrate the farthest reaches of space, microscopes to probe human anatomy and atomic structure.

However, there is an equally unknown and exciting territory that is far more available for human inquiry; our inner experience, or subjectivity. Entrance into this territory has long been resisted, and devalued. Yet it has the potential to expand our understanding of many areas of investigation. Within this interiority, feeling responses to external circumstances combine to create meaning, and out of meaning is reality is constructed.

Results

- Medical Approaches and the Subjective Experience of Pain
- The Onset of Pain
- Embodiment and Childhood
- Recovery from Chronic Pain and Life After

Medical Approaches to Chronic Pain

- Inspired a succession of unsuccessful clinical encounters spanning many years.
- Were exacerbating, formulations anxiety provoking and limiting and prolonged duration of pain
- Psychological factors and the relational dynamics of clinical encounters were overlooked despite having profound effects on the pain

They don't have answers … It was just frustrating. It felt like I was pushing … for blood tests and MRI scans … They'd say your back's gone into spasm, take anti-inflammatories … we can't do anything. They were probably thinking 'oh god here comes Melania again … What am I going to say to her this time?'

I had diclofenac, paracetamol, codeine, valium, but when he gave me the gabapentin, he said ... the pain will go but you mustn't start doing things because that will cause more damage and you won't be able to feel it ... I felt like I had to move as though the pain was still as bad [because] I'd had this image of this unknown damage I might do.

Woodman (2009) says;

'Anything wrong with our body and we drug it. You will be silent and your body will be silent. You will not be better but you will be silent. Your body will be silent and that's what it should be, just shut it up'.

Pain is poorly understood by those around the sufferer.

Even my really close friends had no idea the impact it had on my life … couldn't change the sheets, couldn't hoover, couldn't carry the washing up the stairs, I just felt completely useless.

People would ask 'well what's wrong?' … You feel like a fraud because if there was anything wrong they'd find it, so you start to wonder if your friends or family think you're making it up for attention …

Medical Formulations Blocked Understanding and Exploration by Masking the Subjective Experience of Pain

- Mismatch between medical formulations and experience.
- Participants initially found subjective description an alien concepts often mirroring received medical formulations – professional ventriloquism.

When I described it (the pain) to physios, chiropractors, osteopaths, I didn't have an exact sense of where it was. I created quite a story with all the information I got about what was causing it so I had an image where it was in my lower back.

... my sacrum is tight and maybe unstable and uneven, one of my hips was higher ... There's always medical jargon ... because you're a layman you don't really know much, they know what they're talking about.

Anthropomorphism and Pain Childhood Caregivers?

- Pain as it was actually experienced differed dramatically from medical discourse
- Was initially difficult to describe in interviews
- Highly anthropomorphised
- Anthropomorphism of pain led me to speculate that pain represented caregivers or remnants of early experience

“It was pure and utter, a caged animal, looking like a monster, it was like a gremlin, demondy. Just so ugly, and angry, vicious, venomous, venomous, venom. It was also very sad, gripping, and absolutely vile. The pain took a hold of me, my body… I wanted to die. If it was my foot, I would have chopped it off … I've never had suicidal thoughts … It was the worst feeling through the body”.

“… evil … It felt really vindictive and nasty. Like it was saying “I’m going to stop you, you’re not doing anything.”

The Onset of Pain

Sudden and without warning

- *The day it happened was like any other day. It all happened at 11 o’clock. It had been creeping on about 24 hours before that, but I just slept and went to work and then it was ‘you're going to have to call an ambulance’.*

- Alexia woke up one morning and couldn't stand up. *I was tilted to the left and in intense pain …*

- Evangeline and J woke up one morning and couldn’t walk

Pain is Automatically Attributed to Physical Causes Despite Concurrent Major Life Events

After a long-term relationship ended Columbine remembers sitting on a bus and sneezing …*There's a sense of numbness on the bus, like a numb veil … I was sitting on a bus and sneezed. I felt a strange sensation. I remember a not very loud poppy sound and a feeling of cold fluid across my lower back. It felt strange. There wasn't any awful pain until I tried to get off the bus … and it was very, very, very painful and got more painful … I made a connection between the sneeze and the pain … I went straight to a mechanical reason. I didn't know any other …*

Participants felt connecting with repressed childhood trauma was key to recovery

A few years ago … it would never have occurred to me that my childhood was not happy.

Marianne realised what she accepted as normal growing up was on reflection, *"mmm, slightly weird."*

Over-responsibility for the emotions of my mum. The instability, the ups and downs, one minute being hyper, fun and the next minute something's gone wrong and the cold silent treatment. It was very unstable and unpredictable. It's weird, it's all hidden quite well … it would be clear that she was absolutely raging mad inside though there was never much on the outside. It's … a silent violence. I don't think I realised it … I idolised my mum … and the pain of later in life of realising …

She (grandmother) is a very emotionally manipulative … abusive woman ... The triad of grandma, mum and me … I was … appeasing it … if I'm funny or … achieving or distraction from their massive tensions … I had those feelings, wanting them both to be happy, which was an impossibility to be honest.

Making the Connection between Pain and Personal Experience

Re-reading the stuff I wrote (journals written during his most difficult episodes of pain) cut deep to my emotional level. I don't know why or how but it just did, but that's what cured me and convinced me there is a link between (pain and) emotions you've got to address … During the recovery … all sorts of things came up, my dog, being bullied at school, parent's divorce …

Childhood Pain was Common for Participants.

Less physically severe than in adulthood but often achy with a miserable or scary quality to them; a lament for the sad and scary situations that could not be expressed verbally. Alexia described her childhood aches as being lonely. And I'd say that's true with my back pain, too. A lot of anxiety but also a lot of feeling alone and alone in dealing with this and sadness too.

The Recovery from Chronic Pain

Onset and recovery were sudden and unexpected.

And I realised that I had sat for quite a long time listening and hadn't been in pain.

Trigger for Recovery?

The sheer desperation from endless failed clinical encounters forced a leap of faith out of medical epistemology into an impassioned personal search.

Everyone was saved by Google

Body Psychosis

- Meaning emerges out of pain – no longer meaningless body psychosis. It has a vital function.
- Iatrogenic maintenance of pain through medical perspectives
- Reversal of prescribed remedial behaviours
- A shift from the body to outside the body. *I'd find a direct correlation between what I'd been thinking and the pain. It felt unbelievable … I could see it …*

Recovery extended beyond the absence of pain. Pain is functional *… I felt really undervalued [as a mechanic] … on some level I knew I wouldn't be doing that for ever, and it was my pain that took me out of that environment, I wouldn't have done it myself.*

… different things are a defence for not knowing your feelings, not being able to know what you're feeling … [recovery has been] a huge a mirror into myself and the fortune of having found the right people on my journey, which has had a positive impact on my body, and my pain, and how I see my body.

A State of Readiness.

Recovery doesn’t respond to clock time (like heuristic research).

If anybody had told me back then that I needed to sit and meditate or go to a yoga class, I probably would have slapped them … I don't know back then whether I could have made the changes I'd made now.

Applications for Counselling Psychology

The beginnings of a clinical approach for counselling psychologists

Recovery vs Management. In this clinical scenario, it seems sensible to adopt a psychological approach aimed at recovery as management will not differ from previous medical treatment in terms of concretising symptoms.

Explanation. Psychological practitioners need to verbalise the involvement of non-physiological factors in pain without alienating the patient. This would require a thorough understanding of key aspects involved in chronic pain.

Meaning and subjectivity. Subjective felt sense of pain symptoms can be employed to increase insight into pain. Explore the possibility of symptoms signifying something beyond the somatic, which when discovered would render pain as a signifier redundant. The subjective dimension of pain has been neglected by healthcare professionals, but this study found that tuning into the subjective experience or felt sense of pain transposed the physical symptoms and sensations into words and produced important insights relevant to recovery.

Explore childhood trauma. Becoming newly aware of significant failures from caregivers during childhood was implicated in recovery, making this a potentially useful area to explore with patients.

Anxiety and confronting pain. Addressing patients' terror of causing irreparable damage through normal activities is another clinical priority. Clinicians can capitalise on patients' prior (and extensive) medical investigation to indicate lack of rationale for such damage. The medical exploration that was once a source of confusion and anxiety can form the basis of an epistemic shift in patients' minds from *painful and immanently disastrous* to *painful but harmless*.

Remedial pain behaviours: Extensive regimes of remedial pain behaviours that are clinically ineffective and include abandoning enjoyable and normal daily activities may be therapeutically counterproductive. Clinicians can explore the idea of resuming normal activities and abandoning remedial pain behaviours that proved unhelpful over the years.

Sedimentation. Major positive life changes came about through recovery in this research. This might include persistent unsatisfactory styles of interpersonal relating, sense of meaning and purpose in life, unfulfilled dreams and ambitions, and job dissatisfaction. ‘Nuclear tipped bunker buster’.

Personality traits. Personality traits such people pleasing, inability to express anger, self-sacrificing tendencies, and excessive perfectionism were implicated in chronic pain.

Differentiating pain from normal aches. After recovering from years of chronic pain, participants sometimes struggled to differentiate pain from normal day-to-day body sensations such as stiffness in the morning or soreness after physical activity. It might, therefore, be helpful to think about which body sensations require attention and which can be ignored.