

6 things every pain therapist should know

Before starting treatment, and to summarize what we have covered in this chapter, here are 6 key ideas/insights which inform my approach to treating chronic pain sufferers.

1. Chronic pain is traumatic.

Chronic pain threatens the safety and well-being of the sufferer in ways that are not dissimilar to those experienced by survivors of chronic trauma. Chronic pain sufferers are often experiencing hyperarousal, overwhelm, emotional regulation problems, numbing, loss of self, relationship problems, and shame. Medical mismanagement and social ostracization may exacerbate these effects.

2. Chronic pain is a psycho-biological problem.

In addition to the distress it causes, there is almost **always** a deeper psychological element to chronic pain, no matter how serious the injury or complex the diagnosis. This is the dissociated function of pain: as a way of being seen by an unloved child ego state, protecting an undeserving ego state from ever feeling too good, reassuring a vulnerable ego state that they are alive, etc. The reason I'm emphasizing this is that clients are either a) fixated on finding a medical explanation for their pain, or b) have accepted that it's more than medical but can't connect it to earlier adversity in any useful way.

3. Chronic pain sufferers are dissociated.

Most chronic pain sufferers with backgrounds of trauma or neglect are unaware of any connection between previous adversity (if they'll even acknowledge it) and their current problems. A common narrative is "I had a tough childhood but I thought I had overcome it until this happened." They may say they have done everything to get better: exercise, meditation, trying to function as normally as possible, etc. But these efforts are really just a continuation of the "work hard and everything will be okay" strategy they adopted to survive. There are other dissociative phenomena typically associated with chronic pain but clinically this is the key one.

4. EMDR therapy for chronic pain usually requires a diverse integrated approach.

The longer the duration of pain, and the more trauma and neglect the client has endured, the less likely the client is ready for processing and the more likely EMDR has to commence with and/or incorporate safety of therapeutic relationship, resourcing, emotional and affect regulation skills and ego state work. See "Case conceptualization and treatment planning" in Chapter 5 for more details.