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Ten Tips For Communicating With A Person Suffering From Chronic Pain

by Mark Grant MA

People with chronic pain communicate differently to well people. Tired, irritable and withdrawn, they are often reluctant or unable to talk about their feelings. Or they may talk in a kind of 'code' and tell you they feel fine when they are really hurting. **Sometimes they just don't have the words to describe how they feel.**

These factors can create frustration and often lead to a breakdown in communication between the pain sufferer those whose mission it is to try and understand them.. The following 'communication tips' are designed to help you recognise and overcome the special obstacles that may occur when communicating with persons suffering from chronic pain or illness.

1. Listen!

To really listen is one of the most helpful things you can do for a person in pain. Listening also involves more than just hearing what is being said.

A good listener **listens with their heart** as well as their ears. They are able to **read between the lines** and interpret unspoken non-verbal pain communications. To be a good listener you must focus your attention completely on the person you are communicating with, and listen to **how** they are saying it as well as **what** they are saying.

Good listeners are also able to drop their own preconceptions and assumptions and adopt an attitude of genuine and profound curiosity. **Repeating and summarizing** what is said is also a skill associated with good listening.

As **Bernard Lown**, MD and Nobel prize-winner, notes, 'the majority of people's

complaints are relatively straightforward, detectable to the ear cultivated to listen for the inaudible sigh, visible to the eye sensitive to the unshed tear.'

2. Don't Fake It.

It can be unpleasant to listen to someone talk about their pain (imagine how it is for them!). Don't ask someone how they're feeling unless you're **really prepared to listen**. However, it's better to really listen for just five minutes than to pretend - you don't have to have all the answers. People can tell if you're not really interested and it makes them feel like they are a burden.

3. Understand that pain sufferers may be afraid to say how they are feeling.

Many chronic pain sufferers are **silent** about their pain because of fear of ridicule or a feeling of 'what's the point?' or just thinking that if they don't talk about it, maybe it will go away. Others **understate** their pain for similar reasons.

Not expressing or underreporting pain are **coping mechanisms** which can be misleading to the unsuspecting. So when someone you suspect of being in pain says they feel fine, you can let them know that you're really interested, but you understand if they don't want to talk about it.

4. Look for non-verbal cues.

As indicated, chronic pain sufferers often underreport their pain, so look for a 'mismatch' between what is said and how they appear. Some **tell-tale symptoms** that usually indicate severe and inadequately controlled pain include **sweating, irritability, sleep disturbance, restlessness, difficulty concentrating, decreased activity and suicidal thoughts**.

Many chronic pain sufferers are so accustomed to these negative feelings they do not recognise their significance and so don't volunteer this information unless specifically asked.

5. Believe people when they say they are in pain.

When pain sufferers complain about their pain, they are often not believed. There are many reasons for this including a myth that chronic pain sufferers exaggerate their pain in order to gain sympathy or avoid responsibilities.

In general, people do not go around pretending they are in pain to get sympathy - research has shown that exaggerating or malingering are actually rare. Remember, "pain is **whatever** the experiencing person says it is, **whenever** the experiencing person says it does."

6. Asking 'helpful' questions can stimulate hope.

Helpful questions are specific or open-ended questions that convey you understand and are interested in what the pain sufferer is experiencing. For example, you can obtain a rough idea of how much pain they have by asking them to **rate their pain** on a scale of 0 to 10 where **0 = no pain** and **10 = the worst possible pain**. Other important areas to ask about include sleep, concentration, sweats, and mood (look for depression, irritability).

It's also amazing how rarely chronic pain sufferers are ever asked directly how satisfied they are with their treatment, and whether or not they think their pain is bearable. Being asked the right questions also gives the pain sufferer permission to talk about their pain.

7. Avoid "words that maim".

Words are a powerful "two-edged sword" - they can maim or heal. Thoughtless throwaway lines such as "you'll just have to learn to live with it" or "you don't look sick" do nothing to help and make the sufferer feel worse.

Elementary psychology teaches that **fear is an improper way to motivate constructive behavior**. Instead of mobilizing the sufferer's inner resources, such talk dissipates hope. Constructive, carefully chosen words, in the context of a caring relationship, can be a powerful activator of healing resources.

Just asking someone who is feeling at the end of their tether "so how have you survived?" can evoke awareness of strengths and determination to survive.

8. Have compassion.

Try and put aside your cares and preoccupations even for just a few minutes and listen with an open heart. Compassion is known to be **one of the most healing human emotions**.

As the essayist **Anatole Broyard** wrote "I wouldn't demand a lot of my doctor's time. I just wish he would brood on my situation for perhaps five minutes, that he would give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh to get at my illness, for each man is ill in his own way. Without such recognition I am nothing but my illness."

9. Be honest about the limitations of your own knowledge.

It is difficult to see a person in pain and not know how to help them. Nobody likes to see someone suffer. It can be tempting to offer well-meaning advice such as "you'll just have to learn to live with it", which, however well-intended, is not actually very helpful.

It is better to admit you don't know the answer rather than to say something which may unintentionally destroy hope.

10. Remember, pain is not what you think it is.

As you're probably aware, the concept of pain has undergone considerable revision in recent decades. Pain has gone from being thought of in purely physical terms to the realization that it is made up of physical, psychological and neurological factors. However, although it is over 30 years since *the [International Association for the Study of Pain](#)* officially declared that **pain is both a mental and an emotional problem**, many people still act as though pain

can be understood simply as a sign of physical injury.

For example, pain sufferers are often met with disbelief (even by trained medical professionals) because they do not have any visible injury. But as pain specialists now realize, the involvement of neurological factors explains why pain can occur in the absence of external causes. It also means that pain in the absence of external causes should not be considered abnormal.

Pain is in part a psychological problem involving a range of emotions. The initial response to pain is fear, which is appropriate since pain represents a threat to identity and the ability to work, love and play. However, when pain persists, fear turns into anxiety and depression.

The effect of depression is for people in pain to show less emotion, and thus to not appear as though they are in pain. Pain is also very difficult to convey in language, making it even harder to understand what the pain sufferer is experiencing. So to understand a person in pain you have to remember that pain is a highly complex and individual thing.

The other thing to remember is that **pain is different for everybody**, depending on the personality and life history of the person experiencing it. Thus, you cannot know another person's pain.

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*Mark has also conducted research regarding a multi-modal approach to pain management. He is the author of two **self-help tapes** which use accelerated learning principles for sufferers of chronic pain and stress: [Calm and Confident based on EMDR](#) and [Pain Control, based on EMDR](#). He has also spoken at numerous international conferences and workshops about pain management.*