PAIN: ITS PROBLEMS AND TREATMENT

ENGL 2201: Writing about the Disciplines
February 21, 2016

Whether it be through a scrape on the knee, a family tragedy, or extensive nerve damage, pain afflicts every individual at some point in time. It proves our existence and makes us human,

whether it be through presence in the physical or emotional realm. One of the chief characteristics of pain, however, is that it is entirely unpleasant, something people would prefer to avoid. Pain often accompanies illness, or it can be the illness itself. Despite efforts to abolish pain from its enslaved hosts in the clinical locale, its presence has persisted, chiefly among those suffering from chronic pain, fibromyalgia, and cancer. Services provided by physicians and other health care specialists continue to prove insufficient in relieving the affliction of pain that patients experience. If pain is a universal experience for all humans, why is it so hard to identify and treat? The treatment of pain, contrary to popular opinion among the public and even medical populace, does not merely depend on the prescription of narcotics, opioids, or anesthetics. If this was true, there would no longer be people suffering from chronic pain or pain resulting from cancer or fibromyalgia. Pain has continued to be a problem despite incessant prescriptions of pharmaceutical products, resulting in patient suffering, over-prescription and abuse of medication, and premature death from drug side effects. Because of this, it is time that we take a deeper look into the essence of pain, why it is so difficult to treat, and what we can do to better serve patients in remedying their afflictions of pain or afflictions causing pain.

Before pain can be effectively treated, it must first be defined so as to allow the physician to identify its presence and nature. A growing problem in the clinical setting, however, is that pain is profoundly hard to encompass in a box, which is precisely what ascribing a definition would accomplish. Pain is intensely subjective in that one person's experience of pain is entirely different than another's. Complementary of pain's subjectivity is its privacy, a result of the seeming impossibility of communicating the experience in a way that will allow others to

understand vicariously.[1] Elaine Scarry in *The Body in Pain* states that "physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned."[2] Scarry is not the only one to reach this revelation. Virginia Woolf wrote in *On Being Ill*, "English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache… The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry."[3] Emily Dickinson similarly described pain as "an element of blank."[4]

If pain is, in fact, profoundly subjective, resisting verbal communication and causing isolation, how can one go about in providing an objectified definition for treatment? One of the reasons why pain has been mistreated is because the medical community has ascribed general definitions or definitions that merely pertain to physical phenomena. There are, however, commonalities in the experience of pain that should be established so as to grant the patient a greater degree of justice than what he/she is currently receiving. Multiple commonalities of pain have already been established: its subjectivity, resistance to verbal communication, and its frequent effect of isolation. Pain is also unpleasant. It is innate that humans avoid its experience. For example, if you place your hand on a hot surface, your immediate response will be to jerk

---

[1] Stan van Hooft, "Pain and Communication," *Scientific Contribution* (2003): 255-62, accessed February 14, 2016, http://theology.co.kr/wwwb/data/levinas/levinaspain.pdf.

[2] Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World*. (New York: Oxford University Press, 1985), 4.

[3] Virginia Woolf, *On Being Ill*, (Ashfield, MA: Paris Press, 2002), 6-9.

[4] Emily Dickinson, "The Mystery of Pain," *Poems*. 33.

your hand away. This leads to another characteristic, and that is how pain is an experience. If one takes away the experience of pain, such as through local anesthesia, the pain disappears with it. If the hand is anesthetized, you will likely fail to instinctively remove it from the hot surface because the pain will not be registered on a level that you can still perceive. Van Hooft ascribes that pain is always associated with the body, substantiating the claim that pain is an experience. He also states that pain is "an emotional experience because of our negative reaction to it."[5] A definition that encompasses these aspects of pain describes it as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."[6] A definition that I believe would better encompass the underlying characteristics of pain is as follows: pain is a negative experience derived from a perceived, harmful stimulus, whether that stimulus be physical, emotional, or psychological, that often results in a state of suffering and self-absorption. Although both definitions given fall short, failing to encompass social influences such as racial, gender, cultural, religious, ethnic, and psychological distinctions necessary, they are nevertheless adequate in most cases for a physician to correctly assess and treat pain being experienced by a patient.

Now that the common characteristics of pain have been established and adequate definitions have been attributed, one may reconsider methods of treatment and the degree to which treatment should be carried out. Western society is under the preconception that pain is simply a medical problem; however, pain is substantiated by much more, such as psychological, cultural, and historical constructs.[7] Some cultures, instead of seeking to avoid pain, find a solace

---

[5] Van Hooft, "Pain and Communication," 257.

[6] H. Merskey and N. Bogduk, *Classification of Chronic Pain: Descriptions of Chronic Pain Syndromes and Definitions of Pain Terms*. 2nd ed. (Seattle: IASP Press, 1994).

[7] David Morris, *The Culture of Pain* (Berkeley, CA: University of California Press, 1991), 1-31.

in its experience. Centuries ago, flagellation was performed to achieve penance for sin because the pain was believed to purify. This perspective of pain has clearly evolved as it entered the modern era, in which we swallow an over-the-counter pill for a minor headache or receive a prescription for hydrocodone for a minor surgery.[8] Dominic Gaziano, a physician and tuberculosis consultant, asserts that there are “gross distortions” in the medical practice of pain management.[9] For instance, he examined an individual who received prescriptions for OxyContin merely because of a “bump on the head”. This prescription lasted for a reported nine months and could have been treated with aspirin. He suggests that pain should not have to be completely eliminated, a view that some may find radical; however, completely eliminating pain associated with fibromyalgia, cancer pain, or other forms of chronic pain may be an impossibility because these forms of pain are associated less on the anatomical level and more on the psychological and social levels. With the treatment of pain that is rooted in physical phenomena, however, Gaziano declares that it should be treated less with opioids and more with anti-inflammatory agents, and that some people are not mentally stable enough to receive prescription opioids.[10]

Jane C. Ballantyne and Andrew Kolodny, medical doctors in the Department of Anesthesiology and Pain Medicine, have found that the vast majority of the world’s supply of

---

[8] Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (New York: Oxford University Press, 2014).

[9] Dominic Gaziano, "Pain Treatment Creating Pain," *West Virginia Medical Journal* 108, no. 4 (2012) 7, accessed February 8, 2016, http://go.galegroup.com/ps/i.do?p=HRCA&u=gree96177&id=GALE|A310150677&v=2.1&it=r&sid=summon&userGroup=gree96177&authCount=1.

[10] Dominic Gaziano, "Pain Treatment Creating Pain," 7.

opioids, over 80%, are being consumed by merely 5% of the world's population.[11] The authors believe that the correlation between the increased use of opioids and the increase of prescription-related deaths and opioid addiction points towards a cause. They note that, despite the increase in prescribing opioids, there is no evidence to suggest that the pain management for chronic pain patients have improved. The authors then conclude that "the FDA should prohibit marketing of opioids for long-term, daily use" because they have been prescribed too liberally than what is good for the general populace.[12] Laura Wallis provides statistical data to substantiate the claim that back pain is a major factor in health care costs. She reports that it accounts for about $86 billion in spending each year.[13] Even more shocking, pain management for those suffering from back pain has only worsened in the past decade. Wallis holds that the detriment is a result of physicians stepping away from the conventional methods of treating pain and employing methods such as imaging, narcotic prescriptions, and surgeries.

Because pain is dualistic, being both physical and mental, conditions such as chronic pain, fibromyalgia, or cancer pain may never be able to be treated fully.[14] David Morris, in his book *The Culture of Pain*, stated that "the experience of pain is decisively shaped and modified by individual human minds and by specific human cultures." Physicians are therefore forced to conjecture on the subjective experience of pain that a patient is feeling, something that they are likely not going to be able to do. Dr. Daniel S. Goldberg, a professor of Bioethics at the Brody

---

[11] J. Ballantyne and A. Kolodny, "Preventing Prescription Opioid Abuse," *Journal of the American Medical Association* 313, no. 10 (2015): 1059. Accessed February 9, 2016, doi:10.1001/jama.2015.0521.

[12] J. Ballantyne and A. Kolodny, "Preventing Prescription Opioid Abuse," 1059.

[13] Laura Wallis, "Back Pain Treatment," *American Journal of Nursing* 113, no. 11 (2013): 16, accessed February 8, 2016, doi: 10.1097/01.NAJ.0000437099.60984.56.

[14] David Morris, *The Culture of* Pain, 1.

School of Medicine, noted that pain and a lack of opioids are not identical problems.[15] Often there are social conditions stimulating the experience of pain. The first step, Goldberg believes, is a greater tolerance of subjectivity. The health care system should, therefore, err less on the side of prescribing opioids, which can be so easily abused. If the cause is anatomical and not a result of an underlying social determinant, anti-inflammatories should be prescribed in the stead of opioids because anti-inflammatories cannot be tampered with as easily. This would reduce the strain on the pharmaceutical and health care industries created by the over prescription and abuse of opioids, while still being effective in the treatment of patients legitimately suffering from an illness associated with pain. Pain also should not be something that we try to avoid entirely, for that would be striving for an impossibility. The option of taking an aspirin or over-the-counter pain medicine has left much of Western society over-sensitized to any minute discomfort.[16] Instead of eliminating pain, the intensity of its experience should be diluted by delving into the source, whether it be physiological, psychological, social, or cultural, and deciding on a method of treatment accordingly.

[15] Daniel Goldberg, interview by Joshua R. Butler, February 5, 2016.

[16] Joanna Bourke, *The Story of Pain: From Prayer to Painkillers*, 200-01.

Bibliography

Gaziano, Dominic. "Pain Treatment Creating Pain." *West Virginia Medical Journal* 108, no. 4 (2012): 7. Accessed February 8, 2016. http://go.galegroup.com/ps/i.do?p=HRCA&u=gree96177&id=GALE|A310150677&v=2.1&it=r&sid=summon&userGroup=gree96177&authCount=1

Ballantyne, Jane C., and Andrew Kolodny. "Preventing Prescription Opioid Abuse." *Journal of the American Medical Association* 313, no. 10 (2015): 1059. Accessed February 9, 2016. doi:10.1001/jama.2015.0521.

Bourke, Joanna. *The Story of Pain: From Prayer to Painkillers*. New York: Oxford University Press, 2014.

Daniel Goldberg, interview by Joshua R. Butler, February 5, 2016.

Dickinson, Emily. “The Mystery of Pain.” *Poems*.

Merskey, Harold, and Nikolai Bogduk. *Classification of Chronic Pain: Descriptions of Chronic Pain Syndromes and Definitions of Pain Terms*. 2nd ed. Seattle: IASP Press, 1994.

Morris, David. *The Culture of Pain*. Berkeley, CA: University of California Press, 1991.

Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford University Press, 1985.

Van Hooft, Stan. "Pain and Communication." *Scientific Contribution* (2003): 255-62. Accessed February 14, 2016. http://theology.co.kr/wwwb/data/levinas/levinaspain.pdf

Wallis, Laura. "Back Pain Treatment." *American Journal of Nursing* 113, no. 11 (2013): 16. Accessed February 8, 2016. doi: 10.1097/01.NAJ.0000437099.60984.56.

Woolf, Virginia. *On Being Ill*. Ashfield, MA: Paris Press, 2002.