

Getting on with Pain

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Abstract

This paper provided the welcome opportunity to write about how I have come to understand and relate to chronic pain. My systemic psychotherapy training and interest in Narrative Practice has strongly influenced my conceptualisation of pain. I have found this useful in my experience of living with chronic pain. I hope the reader is invited to reflect on the many dimensions of pain and illness and the multitude of possibilities for understanding and relating to it. I experience pain as a very significant aspect of my life and my relationships including therapeutic relationships. For this reason, I believe it is important to talk about the therapist's illness and health conditions in the same way that other aspects of human experiences are talked about.

Citation Link

Pain crashed into my life in 2019. I had my first hospital admission and my first surgery when I had a hysterectomy. Pain arrived without invitation or announcement. I was wholly unprepared. At first it seemed like it could be a short albeit very inconvenient visit. I prepared to be gracious and put up with it.

I had made plans for a 6 - week absence from work and a recovery which involved a lot of time in the garden, reading many books, watching movies, meeting with friends, and drinking fancy coffees. Instead, I had the nuisance and burden of Pain which ruined my plans. Pain took over my life, upended my home, invaded my privacy, interfered in my relationship with my husband and started being rude and bossy to my family and friends. It took up all my time and I didn't get to be with anyone else without Pain being there. Pain often spoke over me and dominated my conversations with others.

It felt as if Pain was attacking me. Severe and unmanageable pain dominated every moment. Because I was up at night with Pain, I was tired and distracted. I wanted to rest, and Pain wanted to be active, so Pain bullied me until it got its own way. I looked for advice about getting Pain to leave but none of the suggestions worked. Pain made it clear that it intended to stay with me as a long-term arrangement. Doctors advised giving Pain different kinds of medication to see if that helped with Pain's behaviour. Consultants suggested other unfamiliar and seeming bizarre strategies and procedures to manage Pain.

I have come to understand Pain as an external entity and this understanding has facilitated me to locate Pain as part of my life and to make some kind of peace with its existence. In the time since first arriving, Pain has established a close relationship with me and consequently has become very well known to my friends and family. The early days of this relationship were rocky, we still hadn't figured out how to be together, how to relate. I resented Pain's presence and Pain reacted to my desire to sever our relationship by becoming jealous and possessive of my time.

Our relationship initially was one of rivalry, competing for a physical body. My attention was entirely focused on outwitting Pain, ignoring them, silencing them, or evading them. There was little room for any other relationships. I sought the assistance of others to divorce Pain. A full severing of ties was impossible and the custody battle for the body continued. My acrimonious relationship with Pain dominated my life. Few understood this relationship.

A Consultant suggested that I think of Pain as an uninvited guest in my life, someone who now wouldn't leave. I imagined Pain more like an abusive partner than a guest. As time passed, I realized that indeed Pain was not leaving. Pain seemed a constant, extremely demanding and incredibly distracting companion. They interfered in my relationships, sometimes creating a big fuss when I planned to go out or to meet a friend, even forcing me to cancel plans. They interfered with my sleep, waking me every couple of hours. They interfered with my work requiring me to take time off to look after them. Pain wouldn't let me out of their sight, they insisted on coming to work with me. They only settled when I walked and if I sat down to relax, they would nag me until I brought them out again. Over time I found some other things that soothed Pain and learned more about what upset and heightened Pain.

As I came to try to develop a different relationship with Pain, one where I recognised that they were not leaving and that Pain had its own character which I could get to know and cooperate with, there was more peace in my life and more possibility for getting on with life.

I applied to college and began a Systemic Psychotherapy training course in 2020 amid a global pandemic. Soon after starting and with Pain looking over my shoulder, I read an article by Barry Mason that described a relational approach to pain. He talked about "having more of a primary relationship with getting on with life and a secondary relationship with illness" (Mason, 2016, p. 9). This was captivating and resonated strongly for me. It challenged ideas that life pauses and resumes when pain is gone, that one rests and takes medicine and regains full health in a short period, and that it is some kind of personal failure to continue to have pain when I should have sorted it out long ago. It described a both/and, getting on with life and managing pain.

Pain has introduced me to all the seasons, to the pleasure of walking, to the enjoyment of podcasts and the adventure of reading as I walk. Pain brought me to my local park, ensured that I met a lot of my neighbours and made me take time for myself. It showed me that the most uncomfortable

looking chairs may be very comfortable for me, that tiny babies are incredibly heavy, and that I can tolerate a much untidier house than I previously thought. I gave away my sewing machine, the bath has become redundant, and I now wear only 'sensible shoes'. I am much less spontaneous than I previously was but with enough notice I can make arrangements to take care of Pain.

My constant companion is no secret. College days are long. I stretch and walk before lectures start. I stand for most lectures. I walk during lunch breaks. I walk and stretch when I get home in the evening. I have gadgets and patches and medication. I have become overly interested in chairs!

My relationship with Pain has changed. This was a gradual change, a growing understanding by me that Pain was staying, a recognition that there was to be no vanquishing Pain, no going back, no do overs. The conceptualisation of Pain as an external entity helped me to take myself out of the direct conflict with Pain which arose from an idea that I could and should be able to find or do the right treatment to get rid of it. This gave me space to reflect on my relationship with Pain and with other aspects of myself. I stopped waiting for Pain to leave before I got on with my life. There is more compromise, we share the body in a type of joint custody arrangement. Other relationships accommodate this arrangement. Friends walk with me. Colleagues are very used to me phoning them as I walk. My family and friends now give me gifts of walking shoes, raincoats, massage devices and heat packs or a good set of headphones.

Pain is present in my practice as everywhere else. Though Pain usually takes a backseat in clinical sessions, I am aware of it as one voice amongst many in my inner conversation or inner dialogue (Rober, 1999). I am very encouraged by this, that it is no longer the loudest voice, overpowering all others. Perhaps I have become a better listener. Pain sometimes signals to me that time has passed and perhaps nudges me to shift position. The promise (faithfully kept) of giving it attention later is often sufficient for Pain to retreat. In sessions I can experience Pain as grounding, bringing my awareness to the embodied experience. Pain has heightened my sensitivity to tension and to a sense of rigidity or inflexibility in the system. In other sessions, my Pain can meet another's Pain. My Pain might be curious about theirs, might wonder about the differences, might feel something shared. My Pain might be interested in their relationship with theirs. Working with a mother and son who were referred to improve their communication, it became apparent that she had health issues which gave her a lot of pain. We explored together the influence of pain in her life and on her relationships. I asked him if he knew when his mother had pain, if he was able to tell. To her great surprise he said no. He thought that it would be helpful if she told him. In another case, a client talked of being beaten, how it hurt more when perceived as unjust. It resonated. In our unspoken mutual understanding, more of the story of their experience emerged. Getting on with Pain brings with it the experience of both vulnerability and endurance. Perhaps it brings me closer to a human experience of suffering. I wonder, if as a therapist, this facilitates a different connection. Pain has a kinship with all kinds of Pain, no matter the source. Perhaps there is an implicit recognition of this between therapist and client. Sometimes, I feel this in the space.

Thinking of the Social GRRRAACCEESSS, ability has a new and very strong personal resonance (Burnham, 2012). I have reflected on whether and how to talk about Pain in sessions. Often there is no need. Because it is invisible, I have a choice in this. I have been able to negotiate a settlement with Pain to facilitate sessions. In this bargain, I take care of the physical requirements and Pain doesn't interrupt me. I don't schedule sessions back-to-back. I take short walks between sessions. This has necessitated changes of clothing and shoes on occasion as I got caught in a shower of rain. I

keep pain killers in the car, my office, and my bag. I also have an array of heat patches. Having these things in place has become almost second nature. I even forget until I am somewhere unfamiliar or out of my normal routine. The level of accommodation to having Pain in my life comes very much to my conscious awareness at these times. In turn Pain has also shaped itself to fit my life. It too has compromised and kept its side of the bargain.

I have managed most of my clinical training hours in a way that facilitates me to manage pain effectively. It is therefore invisible and unvoiced. Pain ensures that I take breaks between sessions and that I am mindful of the length of sessions. There are occasions in training with live clinical teams where the schedule can be more challenging or of longer duration. Pain can then become more visible as it nudges, pokes, and prods me into squirming and movements which convey discomfort. If Pain is visible, I prefer to also voice it, often referring to my 'cranky back' and to taking action to keep it happy (Burnham, 2012). I voice my pain in terms of my relationship with it. I do this in a way that conveys fluidity or movement. Pain is not present in the same way all of the time; it ebbs and flows. My back doesn't like some chairs, some days it's very cranky, sometimes it is happy, particularly when I am walking or stretching. On a bad day, Pain wakes me up and I have learned that it is better to get up and deal with it rather than try to force it to be quiet. The chair matters in a clinical session. Paying attention to my comfort so that I am not distracted by Pain is an important part of preparation. I now borrow a chair from another therapy room that I find more comfortable, but which is in keeping with the existing furnishings.

I find the Narrative Practice of externalising the problem very useful and this is the way that I choose to describe my experience of chronic pain (Carr, 1998; Dallos and Draper, 2015; Russell and Carey, 2002). It facilitates me to reflect on my relationship with pain and gives me some space between Pain and I to develop a relational understanding of it. The Narrative understanding of identity as relational is also useful as I reflect on how I have "become other than what [I] have been" (Combs and Freedman, 2016, p. 221). This notion of always becoming, changing, and developing helps me to let go of the idea of being diminished or less than I was before Pain came into my life and to see instead the possibilities and potential.

Pain has changed my relationship with control and with power. I tried to control Pain and experienced it as controlling me. Often, I blamed myself for Pain being in my life. The relationship was hostile and conflictual. I felt a sense of powerlessness in relationship with Pain. Wanting something different, more harmony and more space for other sorely neglected relationships, I sought a different relationship with Pain. It has challenged my assumptions about scientific/medical expertise. At the same time, it has affirmed the significance of lived experience.

Pain has transformed my relationship with my body. I am more present, more mindful, fully in the moment as Pain anchors me to the present. Pain has taught me to pay attention, it has given me a fresh perspective. It has highlighted in new, interesting, and quirky ways the systemic nature of the human body. Pain is bringing something into my awareness about what it is to be a human being. I am learning more about vulnerability from my companion. It is showing me a different way to be in relationship.

As I conclude, I reflect on what has influenced my relationship with Pain. I reflect on the other stories I could have told and wonder how in this space and time, this has come to be my preferred narrative. I think of dominant discourses about illness and pain which are laden with metaphors of a

fight or a battle with a fierce enemy. Other stories are laden with medical jargon, describing a process of becoming a patient and acquiring expert-like medical knowledge. In this context I am telling an alternative narrative, a story of a relationship with Pain and inviting the listener to consider another perspective.

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Judy McCarthy has over 25 years experience as a social worker working with vulnerable and marginalised children and families in The Child and Family Agency in Ireland. Judy is national manager of a service for children and young people who have engaged in harmful sexual behaviour. Judy has a keen interest in narrative ideas and she is interested in a relational or systemic understanding of human experience.

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