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Chronic Pain and The Family

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We grow up with the expectation that when we are sick or injured, we will recover fully through rest and, if needed, appropriate medical treatment.

Fortunately, that is usually what happens. However, if the condition does not resolve in a timely manner – as in the case of chronic pain – there are often unfortunate consequences, both emotional and social, that follow.

Chronic pain is often accompanied by symptoms of depression. Depression develops not only because of feelings of helplessness with regard to pain, but also because of such factors as loss of independence, feelings of vulnerability, inability to pursue the activities that one enjoys, and interference with one's job or career. If one is unable to work, then one is robbed of the many things that work provides, including status, self-esteem, social activity, temporal structure, and, of course, income. These losses may all feed the depression.

Anxiety, frustration and anger are common concomitants as well. The failure to recover in a timely manner may trigger the fear that there is some serious medical problem that has not yet been diagnosed. Moreover, if the pain forces one to be off work for a lengthy period of time, anxiety may also be produced when contemplating an eventual return to work, as one worries about having to deal with new people, or new procedures, or being “put to the test” by one's manager or supervisor. Even worse, if the chronic pain is

the result of a trauma, then the individual may also be subject to severe situational anxiety, nightmares, and panic attacks related to the traumatic event. Another source of anxiety is fear of pain, where a small increment in pain is taken as a sign that one is about to feel greater pain if one continues what one is doing, leading the person to shrink away from any activity that increases pain even slightly. Frustration and anger build up as the individual has difficulty in accepting that no one can simply make the pain go away.

Over time, we may also sense that people around us are becoming tired of our convalescence, and all the more so if we do not “look sick.” This may elicit unconscious efforts to emphasize, through our symptoms, that we really are in pain, and we may avoid desirable and restorative activities for fear that they will suggest that we are exaggerating our pain. Moreover, as we continue to believe that our doctor should be fixing our pain, lack of recovery may lead us to question his or her skill, while also taxing the doctor's patience, leading to less enthusiastic care, which in turn exacerbates our emotions.

While depression, anxiety, and anger are common emotional concomitants of disabling chronic pain, the sufferer's family suffers too. This is not only as a result of their empathy, but also because of the effects that such disability brings to family dynamics. The chronic pain sufferer often ignores or cannot fulfill his/her customary role. The failure of a traditional husband/father to act as the head

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of the family may produce the daily routine and produce unwanted demands on others, leading to resentment and hostility. As his spouse assumes important parts of the traditional male role – disciplining the children, driving the car when they go out together, or even becoming the principal or only breadwinner, he in turn may have to assume more of the traditional female role – making sandwiches for the children, picking them up after school, and so forth. His spouse may enjoy her new independence and not want to relinquish it, and thus end up reinforcing his dependency while resenting any attempt to be dominated as he recuperates. For the traditional male, these changes may represent, or at least threaten, psychological emasculation.

When a wife/mother is disabled by chronic pain, her inability to fulfill her role will also generate great anxiety in the family, perhaps mixed with anger if family members' general insecurity for family members, while his constant presence at home may disrupt needs are not met. The traditional female role exhorts women to tend to others' needs first, even to the detriment of her own, and her failure to do so can exacerbate her emotional condition as well as produce resentment in the family.

Such major role changes interfere with adaptation and recovery, produce distress, disrupt the roles of others, and lead to destabilization of the family, all which produce further negative effects on the pain sufferer. Treatment of chronic pain, then, will often only be successful if attention is paid not just to the individual, but to the larger family system as well.

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