Psychodynamic Theories of Chronic Pain
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Introduction

Often Patients with chronic pain syndrome are "beaten" humans, who gain an emotional recognition by their focus on outstanding performance. The focus of treatment should be the doctor-patient relationship. Pain was defined as a fundamental unpleasant sensation, which is attributed to the body and is in accordance to the perceived real, threatening or fantasist injury (Engel 1970). Chronic pain is defined as a sustained pain for more than 6 months. Not only is responsible for increased health care expenses, sick leaves, but also it so present, that probably all of us know a family member, friend or acquaintance who suffers from a chronic pain disorders. The intake of over-the counter pain medication as well as opioid intake is constantly increasing.

Psychophysiological Interaction

The limbic system which is responsible for our emotionality will, during the perception of negative emotions (fear, anger, rage), active the sympathetic nervous system was well as the HPA-Axis. This leads to an increase tone of the effector systems. When the increased muscle tone is not overcome muscle, tenseness develops. This leads to the development of functional disorders or functional pain.

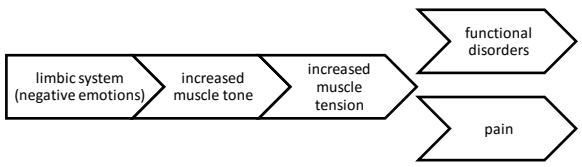


Figure 1 According to Adler (1990)

The emotional contribution to chronic pain can be seen by the careful clinical practitioner or medical student. Sever pain may be experienced even in the absence of tissue damage and vice versa severe lesions are not always accompanied by pain. Often, anxiety increases pain, as well as distraction and placebos lead to decrease of pain.

Freud (1895) was the first one to describe conversion disorders in which an emotional conflict between a wish and its opposing anxiety lead to the formation of a symptom. This is up to this day the core idea of psychosomatic medicine which thereby concludes that the doctor-patient relationship and the investigation of the intrapsychic world is the "strongest drug". Not only childhood conflicts may lead the development. Functional symptoms can development to shift the attention from conflict a symptom. This gain of illness can be seen in war, in our everyday working life, in schools or our family life.

Developmental aspects in the role of pain

In our evolutionary development pain serves the function of warning us from damage or loss of our body parts. Pain is connected to experience new things as children. You might remember touching a hot object like a cooking plate, a shy exhaust or just a bond fire. Pain was the border that kept you from seek and experience everything. Pain connects the environment and its dangers, the body and its borders, and the development of our body image (in a pain sensation we learn the differentiation between the self and the object).

Pain is also integrated in our object-relations (our relationship to others; object here: other people). Pain triggers a caring approach from the object to the self. Pain leads to crying, which leads to care and relief.

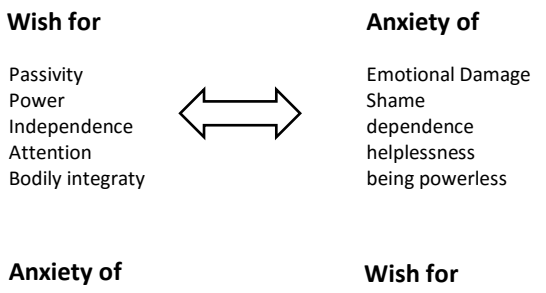
Pain is at the same time connected to punishment. Pain is connected to a feeling of guilt and the self may ask in a masochist way "do I deserve this pain?". Pain can become a to make up for the guilt. This might lead to an immanent control with the mantra "The more I suffer, the less I am bad".

Pain anamnesis

We looked at the psychodynamic and evolutionary function of pain and why it is necessary and during which situations it arises. Keeping that in mind, the pain anamnesis should focus on the first formation of the symptom. When did the pain first arise? Was there a conflict at work or in the family life? Are other mental (emotional) symptoms present?

Conflicts of chronic pain

The psychosomatic theory of conflicts giving rise to a symptom is often mentioned, and more often forgotten in the medical education and research. Schors (1987) investigated the conflict between a wish versus the anxiety connected to it.



Chronical pain is imprinted by physical abuse, emotional neglect, demand for physical performance, authoritarian family structures, discipline and control, suppression of emotions by moral and religious motives (rationalization), suppression of aggressive impulses, malignant adjustment to situations. Often the trias of suppression-malignant adjustment-physical performance is present

Psychodynamic Explanations

- Narcissistic mechanisms
- Conversion disorder
- Psychovegetative distress

In a superficial explanation, a narcissist is someone who struggles with a low self-esteem and tries to overcome it by obtaining the presents of powerful objects and prestigious status. Narcissism is a conflict of the self between both ends of the self-spectrum. In a narcissistic crisis, the overcompensation is destroyed (failed relationship, aging, loss of job or status). In order to avoid the collapse of the self the anger is either put outwards to the world or in to the own self). The body, as a metaphor for the self, is attacked in the formation of a symptom and regresses into an infantile body reaction. Often doctors are first intensely idealized and then, quickly devaluated.

In a conversion disorder, as explained before, the self tries to protect itself from the intrapsychic conflict by the formation of a symptom, a syndrome or an illness. Often the conversion is symbolic for the conflict. Pain in the chest, perceived as a cardiologic illness, are signs of a conflict between autonomy and dependency. Shoulder and back pain often accompany the stressful workload in the symbolic sense of "carrying the world on your shoulders". Or pain and symptoms in order to maintain relationships.

Psychovegatation was described in early in figure one. A psychological (emotional) stress is somatized and unable to desomatize. Cortisol release and the increased activity of the sympathetic nervous system lead to the development of symptoms.

Literature

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