Emotional Factors in Persistent Pain States  
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Physicians are often disturbed and made angry by the seeming perverseness of patients who fail to get well under the best of treatment. Intractable pains of headaches, tic-douloureux, disc syndrome, bursitis, rheumatoid arthritis, reflex sympathetic dystrophy, phantom limb, and Raynaud's phenomenon are among the most frequent sources of therapeutic frustration. Neurosurgical attempts to relieve pain with problem patients are sometimes comparable to dynamiting the powerhouse to turn off the kitchen light. The distress of sensory deprivation with nerve section may be worse than the original pain.

Treatment restricted to conscious outcroppings of pain may be successful with any mode of therapy. The problems of pain states to be discussed here relate to unconscious meanings and the usually unrecognized unconscious elements of pain. These may continue unabated long after the patient has stopped complaining.

Livingston (1943) has given us an eloquent lament over the problems of persistent pain states:

I have been increasingly impressed with the dynamic characteristics of pain, its urgency and its remarkable ability to find a new route when the customary channels have been blocked. Sometimes, when one thing after another that I do to relieve pain has failed, there seems to be a malicious insistency about it. I feel almost that it acquires a personality, like a spoiled and stubborn child which fiercely resents interference and punishment, and deliberately goes ahead seeking means to break over restraint.

The ability to find new routes for the pain rests with the many emotional factors, which come into action as soon as pain has acquired a meaning. There is no easy way to understand or correct these factors, but an attempt will be made to suggest some working plans, which the author (DBC) has found helpful during 23 years of experience with utilizing hypnosis as a psychotherapeutic modality in the treatment of pain states.