

The trouble with translating pain

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Wading into the gap between what a patient feels and what a doctor can understand

–Part of me has always craved a pain so visible– so irrefutable and physically inescapable– that everyone would have to notice.”– Leslie Jamison, *The Empathy Exams*

I have tried to imagine the worst possible pain. It often comes at a time when I’m experiencing some unremarkable pain myself: a muscle pull, the stick of a needle, a trip to the gym on a particularly taxing hangover. I try to imagine what it would be like to be in the body of a burn victim, or someone whose senses are returning after a surgery. I try to imagine a cosmic ranking of all the human beings who are, at that very second, in the greatest pain, and I try to imagine what it might be like to be one of them, and to feel the full flush of that sensation. The thought alone makes my palms sweat and the backs of my knees tingle. It reminds me that when people say “I can’t even imagine what that feels like,” it’s because they aren’t really trying.

You might find this awful little mental exercise in poor taste but I think it’s useful. It demonstrates the impossible gulf between the kinds and degrees of pain that can be observed, remembered, or conveyed through language—pain we can imagine—and actual pain. It reminds us that true compassion (literally “to suffer together”) is impossible.

For all of us non-sociopaths, empathy is a reflex. When we see someone suffering, concern rises up out of us unbidden. Sometimes it overwhelms our better judgment. Physicians often have to tamp down this reflex so it doesn’t interfere with their ability to do their job. Whether in trauma surgery or palliative care, emergency medicine or when attending to the quotidian suffering seen in family medicine, doctors have to dial it back. They have to try not to imagine.

But most pain, I think, is invisible or incommunicable. The pain of a mental illness, pain whose source doesn’t show on scans or can’t be explained by a patient. Psychogenic pain. Empathy in these cases requires an effort.

In the extreme, absence of effort is what we call evil.

Consider how Descartes reasoned his way out of the belief that animals could feel pain because, he theorized, they lacked the same mechanisms that powered reason in humans. To him, animals were just fleshy automatons that react as if they feel pain when they are kicked or stabbed but were incapable of actually feeling it. Consider that until the 1980s, Canadian infants undergoing open-heart surgery were given no anesthetics, only paralytics to keep them from moving. Spot the thread in these two barbaric examples, and see if you can follow it all the way up to something like the stigma that still surrounds mental illness. They have one—and perhaps only one—thing in common: The person or thing in pain cannot convince others their pain is real.

Take one further conceptual leap, and you see that even those who can communicate their pain—the kid with a broken arm or the patient with bone cancer—are incapable of closing that gap between what they feel and what you can imagine. We quantify pain with increasingly distressed emojis or numbers on a 10-point scale. We never really understand.

So the question becomes, how hard should we try?

Many doctors will quite reasonably argue that no-one needs to fully inhabit another’s pain. Empathy ought to have reasonable limits. That view is reflected in the current field of pain management, where the powers-that-be have advised doctors to take a more pragmatic approach than in years past. Pharmaceuticals—the most effective and easiest way to alleviate pain—are now to be used more judiciously. The goal, to whatever extent it was possible, is no longer to eliminate pain; that has proven too damaging. The goal is to equip patients to live with it. To make the pain tolerable. That is better medicine for a lot of reasons, not least of which is that it fosters empathy in caregivers; feeling over numbness.

I have an uncle living with MS who regularly talks about his condition as if it were a person, someone he's in an uncomfortably intimate relationship with. The pain is constant and sometimes overwhelming, but he has also accepted it. The way he embraces it makes me feel for him—at least, I try to feel for him.

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