

Original Article

The Interaction of Persistent Pain and Post-Traumatic Re-Experiencing: A Qualitative Study in Torture Survivors

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Abstract

Context. There are limited studies and few theoretical models addressing the interaction between pain and symptoms of post-traumatic stress disorder, with none concerning this interaction in survivors of torture, who frequently report persistent pain.

Objectives. We aimed to explore the relationship between persistent pain and re-experiencing of traumatic events in survivors of torture.

Methods. Nine torture survivors were interviewed about their experiences of pain and re-experiencing, and the results analyzed using interpretative phenomenological analysis. Levels of pain and post-traumatic stress were assessed.

Results. Four superordinate themes emerged, namely “pain is the enemy,” “pain and intrusive memories are connected,” “changed identity,” and “resilience and resources.” These themes showed a complex relationship between torture, pain, re-experiencing, and other aspects of individual experience, such as the multiple losses experienced by torture survivors. Both pain and post-traumatic stress disorder symptoms were shown to have profound impacts on the everyday lives of participants.

Conclusion. The results suggest that the relationship between pain and re-experiencing requires a broad model that considers the impact of a range of individual, social, and environmental factors on the interaction between pain and traumatic stress symptoms in survivors of torture. The study has clinical implications, most notably the need to attempt more integrated treatment of pain and traumatic symptoms where they occur together, and to consider the meaning and impact of pain when treating survivors of torture. Further investigation of the relationship between pain and traumatic stress symptoms in torture survivors is needed, as are studies of combined treatment for pain and trauma. *J Pain Symptom Manage* 2013;46:546–555. © 2013 U.S. Cancer Pain Relief Committee.

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Key Words

PTSD, pain, refugees, torture

Introduction

The development of acute pain into a persistent disabling problem is consistently predicted by pain intensity and distress.^{1,2} This makes it a common outcome of torture,^{3–5} which is the infliction of pain to destroy, dehumanize, and terrorize,^{6,7} with profound effects on physical and psychological health.^{3,8–10}

Persistent pain and post-traumatic stress disorder (PTSD) symptoms co-occur at high rates in civilian, military, and clinical populations,^{11–16} but their relationship is complex and poorly understood. Biases in attention, anxiety, sensitivity to cues, and avoidance are common to both, although topological similarity of behaviors does not imply a common function. Early models of the relationship by Asmundson et al.¹⁷ and Sharp and Harvey¹⁸ described PTSD symptoms triggering or being triggered by pain,^{17,19,20} and were extended by Liedl and Knaevelsrud²¹ and by Beck and Clapp²² as models of behavioral maintenance, particularly of avoidance of cues. Additionally, cognitive components of chronic PTSD, such as beliefs about mental defeat²³ and permanent damage, elaborated by Ehlers and colleagues in survivors of traumatic assault^{24,25} and former political prisoners,²³ also are reported by people with persistent pain.²⁶

Application of the PTSD construct in this field is limited by its Western roots^{27–29} and by reliance on measures developed in nonrefugee populations.³⁰ Alternative models have been proposed for symptoms in non-Western populations.^{31,32} Rather than using the diagnosis, we focused on the central symptom of re-experiencing traumatic events³³ and its relationship to pain. Re-experiencing (included in all the models above) is best explained by the empirically supported dual representation theory of memory and imagery,³⁴ which describes the information processing underlying intrusive memory phenomena. Memories contain autobiographically referenced information that can be accessed voluntarily, or sensory representations of somatic and affective experience, not time referenced and re-experienced

as if in the present. Incompletely processed memories are maintained in the sensory form by attempts to suppress thoughts and avoid cues. Although this model does not incorporate pain, such re-experiencing is commonly reported by torture survivors in association with pain exacerbation. We, therefore, took a qualitative approach to exploring the association between re-experiencing and pain.

Methods

Participants

A purposive sample was interviewed;³⁵ two female and eight male participants responded to an invitation sent to patients attending a specialist traumatic stress clinic who were identified by clinical staff as adult survivors of torture in treatment for PTSD symptoms. Inclusion criteria were that 1) participants currently reported re-experiencing; they did not have to meet full diagnostic criteria for PTSD, as it is not uncommon for torture survivors to report severe symptoms but not in all domains required for diagnosis;³⁶ and 2) they reported moderate-to-severe pain every day for six months, not as a result of cancer or active disease and after torture. Those with a learning disability or in the U.K. for less than three months were excluded. The study was approved by the National Health Service Ethics Committee and ran for six months from October 2008.

Of the 10 participants, one man could not be interviewed in the time frame. All participants had been granted asylum status or indefinite leave to remain in the U.K. All but one participant (P7) had multiple persistent pains, most commonly back pain and headaches (see Results section). Four of the nine interviews were conducted in English, and five used trained and experienced interpreters from the clinic. The interviewer (B. T.) spoke English and was of white British origin. Before the interview, she briefed interpreters on her aims and methods and their role in realizing these.

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