

CHAPTER SIX

Remembered Pain

In this chapter, I want to explore the role of memory in the generation of illness, painful or otherwise. All of us have suffered unpleasant experiences, including pain, that we would like to forget. Most of the time, by the psychologic process known as repression, we are able to do this. Unpleasant memories are placed into subconsciousness where, most of the time, they unobtrusively remain. However, as we all know, they can, under provocation, reappear. This probably occurs most commonly during sleep when the conscious brain is at rest and the subconscious is uninhibited. Our dreams are often expressions of memories, both remote and recent. Another provocation, as many of us surely know, is depression. Unpleasant memories are often returned to consciousness during depressive interludes.

Sometimes, when the unpleasant experience was truly horrific, and I will offer examples such as a life-threatening accident, combat, or sexual trauma, the memory is so unpleasant that it cannot remain permanently in the subconscious. It periodically reappears in the form of the re-creation of the event, a phenomenon known as flashbacks. Flashbacks are hallmarks of post-traumatic stress disorder. They are often generated by exposure to some stimulus or trigger that incites the resurrection of memory. A war movie will incite flashbacks in those who have endured combat, and the sight of an automobile accident will re-create that experience. In those who have suffered sexual abuse, a certain sight, sound, or smell that reminds of the event restores it vividly to consciousness.

There is another disease in which memory plays an important role. Panic disorder, which is characterized by overwhelming, fearful anxiety and a sense of impending death, appears (at least early on) randomly, that

is, without obvious provocation. It quickly becomes a remembered experience and a fearful one at that. The victim will do anything to prevent recurrence of the experience, and this leads to avoidant behavior. Let's offer an example. If a person experiences a panic attack on entering the nave of a church, that person will avoid entering a church's nave again, or perhaps even going near a church out of fear that the panic will recur. This leads to that symptom known as agoraphobia. Literally, it means fear of the marketplace. Figuratively it means fear of leaving the home. A remembered experience dictates our behavior and our symptoms.

Post-traumatic stress disorder and panic disorder derive from profound emotional memory. Now let's look at remembered sensory experiences

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such as touch and pain. I have worn a pager for many years. It is attached to my belt and overlies my right hip. I prefer to keep it in silence rather than sound mode, and when my pager alerts me, it is by vibration. Thus, a small area of my anatomy has been sensory stimulated in the same vibratory manner,

repetitively, for many years. Sometimes, and this is not rare, I feel the vibration and reach for the pager only to discover that I am not wearing it. We can certainly surmise that there is a small area on the surface of my brain that is dedicated to the perception of vibration over my hip, and that small area has been stimulated repeatedly through the years. It has, in a sense, been invigorated by repetition, a phenomenon known as kindling. It has acquired a life of its own, and it sometimes expresses itself even in the absence of any real reason to do so.

It is probably a kindred phenomenon that accounts for the well-known phantom limb syndrome. An amputee sometimes may appreciate the presence of his absent extremity by the appearance of a remembered sensory experience such as an itch, the perception of hot or cold, or pain.

Now let's go back to Bill, introduced in chapter three. Long after his lingual nerve injury had healed and the numbness in his tongue had gone away, he continued to feel a not-unpleasant sensation of tingling in his lips at night. A memory of pain was transmuted into a more pleasant

sensation, a symbol perhaps of love lost and love gained, but nonetheless, certainly a remembered sensory experience. Now, back to Mark of the subarachnoid hemorrhage in chapter four. His was a painful and life-threatening experience and one not easily to be forgotten. For many years his remembered pain would strike him, often under the trigger of some emotional circumstance.

In *Understanding Chronic Pain*, I suggested that remote but remembered pains of different origins may be melded together to create a hybrid pain, particularly if the past pains were in the same area of the body. I gave an example of a lady who, through the course of her life, had suffered trigeminal neuralgia (neuritic pains in the face) and also migraine, which occurred on the same side of the head as her neuralgia. Her neuralgia was cured by surgery, and her migraine went away (as it often does) as she grew older. Then, under the provocation of late-life depression, her pain reappeared. It had some features of neuritic pain and some features of migraine, but it really wasn't quite either. It was a new disease, a hybrid of two old ones, and I believe that is exactly what happened in the case study that follows.

Jack was hurting again, only this time it was different. It was in his neck, arms, low back, and legs. He had certainly known the experience of pain before because, over the span of some twenty years, he had required operations for the repair of four separate spinal discs and also one for a blocked abdominal aorta.

“Jack, you have had a number of operations. Were they successful?”

“Yes, they certainly were. The disc operations were very successful. The one on my artery also, but it took me a longer time to recover. It was two months after that before I was able to go back to work.”

“Tell me about your operations.”

“My first was in 1985. I was having a lot of neck pain, and it would shoot into my left arm down into my hand. It was kind of like being shocked with electricity. The surgeon told me I had a ruptured disc pinching on a nerve, and he operated on me right away. As soon as the surgery was done, my pain went away.”