The Pain Paradox: Embracing and Transcending Unwanted Experience on the Way to Well-Being

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Pain and suffering

- Classic Western approaches to pain
  - Labeling and badness
    - Bad feelings
    - Psychopathology
  - Support for avoidance/fixing/suppressing/numbing
    - Just get over it, put it behind you
    - Take a pill
    - Buy this car
The Pain Paradox

• Suppression Effect
  – Suppression or avoidance of pain = increased suffering and decreases awareness
  – Literature on substance abuse, dissociation, thought suppression
  – Limits to processing, the downside of numbing

• Pain Paradox
  – Nonjudgmental acceptance of pain = decreased suffering and increases awareness
  – Direct experience of pain/distress allows it to be processed, decatastrophized, and gained from (posttraumatic growth)
Dopamine fade and Hedonic adaptation

- Pleasure from behaviors or experiences prominently features dopamine in pleasure center of brain
- Over time, decreased receptor sensitivity, requiring more stimulation
- As effects of dopamine fade, distress increases
  - Especially if pleasure used to combat pain
- Parallel equivalent in psychology:
  - Hedonic adaptation
Buddha’s second arrow

• Consider the person shot with two arrows…
  – “Pain is inevitable, suffering is optional” (except when you don’t have the option)
    • Pain is the direct effects of adverse things, traumas, losses, and unprocessed memories of those things
    • Suffering is when pain is psychologically misinterpreted and is avoided, rejected, suppressed, numbed, or denied
    • Only optional to those who are able to tolerate pain
      – When distress exceeds capacity, avoidance required
Implications for intervention

• Mindfulness as the antithesis of avoidance
  – Intentional, ongoing awareness of the present moment, with acceptance and without judgment
• “Inviting your pain to tea” (exposure interventions)
  – Avoiding avoidance, to the extent possible
    • “Leaning into pain” (Brach)
    • “Invite your pain to tea”
    • Stretching your limits
      – Urge-surfing
Implications for intervention

• Allowing “naked,” non-overwhelming distress in the context of compassionate caretaking
  – Clinician compassion
  • Nonegocentric appreciation of the suffering of others with a desire to relieve that suffering
    – Not a power position (you’re next)
  • Biological role of compassion in attachment circuitry
    – Down-regulation of threat systems = openness
    – Increased “love” neurochemistry

