

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

Suggested readings

- Briere, J., & Scott, C. (2014). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment, 2nd edition, DSM-5 Update*. Thousand Oaks, CA: Sage.
- Briere, J. (2012). Compassion and mindfulness in psychotherapy for trauma survivors. In C.K. Germer and R.D. Siegel (Eds.), *Compassion and wisdom in psychotherapy*. New York: Guilford.
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- Kornfield, J. (2008). *The wise heart: A guide to the universal teachings of Buddhist psychology*. NY: Bantam.