



Dr. David Hanscom

The Family Dynamics of Chronic Pain

An interview with Donald Cohen
on Back in Control Radio with Dr. David Hanscom

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Donald Cohen – The Family Dynamics of Chronic Pain

Tom Masters: Hello, everybody, and welcome back to another episode of Back in Control Radio with Dr. David Hanscom. I'm your host, Tom Masters. Returning today is clinical psychologist Dr. Donald Cohen.

David Hanscom: Donald, welcome. Donald Cohen is a clinical psychologist in Connecticut. I did get that right this time, right, Donald?

Donald Cohen: You got it right, David.

David Hanscom: He's been in private practice for 41 years. We're good friends, we have wives that are good friends, so I guess it means the four of us are good friends. But we have a good time and we had an experience in Mexico where the four of us hung out at a wedding of one of our best friends. We just laughed for about a week. Really it was a remarkable experience for all of us. My wife's knee pain disappeared. Donald and I talked about life at infinitum. We just talked and talked and talked, had a great time. But I wanted to get Donald's perspective. We talked about anxiety and aging on the last show, but one thing we found out with the chronic pain process is that the *family dynamics* are actually critical, because people in chronic pain are angry and frustrated and they tend to take it out on their families, which isn't fair to the family. But also as a family gets upset, it actually triggers a person in pain to have more pain.

The last couple of years we've found out somewhat inadvertently that we do all these different treatments, sleep, stress, exercise, etc., but when people go home and get triggered by their family, everything goes out the window. So we found out that the *family dynamics* can be very powerful keeping people in pain, but also equally as powerful pulling people out of pain. We've had a great time with this. Anyway, I like to welcome Donald to the show. Welcome, Donald, and thanks for being with us again.

Donald Cohen: Always a pleasure to talk to you, David.

David Hanscom: So Donald, the family stuff is actually not in my book, because we just discovered it inadvertently over the last couple of years. We started finding out that people would go home and get triggered. There's a research experiment that put monitors on 105 couples and they found out that if a person in pain started complaining about their pain, they would get a predictably hostile reaction from their partner, and then the pain would go up. Well, what was fascinating is that the person in pain would still keep complaining. So it ended up being this endless feedback loop...someone in pain complaining, getting a hostile response, and hostile response causes increased pain. That was my first clue that the family issues might be an important.

Then we also found out that people are angry when they're in pain because they're trapped, and when you're trapped and angry and frustrated, you're lashing out, and often family is the biggest target. What's disturbing to me ... and I'm not above this either, I'm not to trying to sound like a lecturer here ... is

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that we tend to lash out at people that we really care about. You would probably not lash out at the checker the grocery store in the same way you lash out at your family. You surely wouldn't lash out at your spouse the same way you would on the first date. So I'm just curious about your perspective on family dynamics in general. You do a lot of family therapy, correct?

Donald Cohen: Yes, I do a lot.

David Hanscom: I don't do family therapy, but one of the rules we have that's made a huge impact is that your brain can develop wherever it places attention. One of the rules we have for every patient every time is that when you walk out of the door of my office, you will never discuss your pain ever again to anybody, ever, especially your family. The second thing is no complaining, especially to your family. The third thing is no advice, especially to your family. Then, of course, that includes criticizing also.

Patients looked at me and they think I'm out of my mind, but what happens within two to four weeks is a dramatic change of family dynamics. We've never seen more rapid recovery than when the whole family is engaged in the process. So from your perspective as a family therapist, what are some of the things that you see as far as anger in the family?

Donald Cohen: I think a lot of what you're saying is people get impatient when they see people that they care about unhappy. Sometimes it's because they feel protective and they don't want to see the person that they're closest to being unhappy, but I think that a lot of people feel that being vulnerable is not safe and communicating what they're feeling is not safe, because in some way it's going to get put down, judged, or the other person is going to in some way not be empathetic and allow that person to process whatever else it is they're feeling. So my job is to encourage people to acknowledge one's feelings when they express them, to be empathetic, respectful, communicate in an open, safe way, to allow people to basically feel whatever makes them vulnerable or what's ever hurting them or making them angry and trying not to take it personally and trying to understand that whatever that person is going through, they need to listen, not feel defensive. That's what I think. That's a short version, I think, of your question, in answer to your question, am I right?

David Hanscom: Absolutely. But my question is have you seen chronic pain come into the family dynamics or identified it as such. Does that become an issue that you see frequently or not so much?

Donald Cohen: Well, again, if you go back to our first interview that we had about aging and anxiety, I believe so much is psychosomatic. I believe in the mind-body connection. So if there is stress and anger and the feeling in the family, then the feelings are going to ... it's going to be somaticized. So often if you see chronic pain in a family member, you certainly want to explore what's going on in a family system. I would say it's sometimes, as I said in our last interview, stress

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and anxiety can be created by a disconnection or a dysfunction in a family system so that of course it can create chronic pain.

David Hanscom: Right. Have you seen it the other way around where chronic pain comes in and really disrupts the family? Have you seen much of that or [crosstalk 00:07:10] ...

Donald Cohen: Yeah, yeah, of course it does, because it creates stress. Now would you consider the category of cancer an example of chronic pain?

David Hanscom: Well, it's interesting, because they've done research showing that the impact of chronic pain has the same effect on a person's quality of life as terminal cancer. It's a different chronic pain, obviously, but you talked about the fear of death. Of course, cancer brings that right home and brings a tremendous negative energy into the household. Then in this day and age, we're seeing ... I don't know if you've seen a rise in this, but we're seeing horrible family stresses, lots of kids committing suicide, spouses committing suicide, lots of opioid abuse issues. It seems like families are under more stress now than they were 10 years ago. Have you seen that or is that just something I'm happening to notice more?

Donald Cohen: Oh no, that's definitely true, but then I think that might be jumping ahead. I think let me answer the first part first is that the reason why I brought the cancer piece is that when somebody is suffering any kind of chronic illness in a family system ... let's just use cancer, these ailments, I've worked a lot with families with cancer. That's probably what I've had the most experience with. What we tend to forget is that a family is a personality onto itself, it is an entity. So if one person in the family has cancer, in my opinion, the whole family has cancer. That's a systems theory formulation. There's a whole systems theory on that one piece of a system affects every other part of the system basically.

So whether it's a chronic illness or cancer ... and if you don't want to say cancer, if somebody is carrying any kind of chronic pain, terminal or not terminal, or if they're even feeling suicidal for that matter, everybody is feeling that, and everybody's got the anxiety, so you can't be just treating one part of the system. That's why I'm a big *family systems* person. At that point, you're treating the whole family and you want to encourage everybody in that family to talk about how that chronic pain, illness, whatever you want to call it, is affecting everybody. That is what people don't do.

David Hanscom: Do you bring the family members in individually or do you bring them all in at the same time?

Donald Cohen: Well, that's another interesting question. So this is another interesting thing. People are incredibly ignorant about what family therapy is. Family therapy is not always everybody coming in together at the same time. Sometimes family therapy is everybody in the family coming in at the same time, but sometimes in a system that's complex with many layers, sometimes you might have siblings come in or you might have one parent and one child. So it depends on what

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piece of the family you're working with. If one part of the family's getting stuck, they want to just work with that part of the family first, take the contagion away that is poisoning the rest of the family. So again, very strategic depending on where the energy is being transferred into the family that's creating what I would say is chronic pain in the whole family system.

David Hanscom: Okay. That's a very interesting point about pain in the family being the whole family, really.

Donald Cohen: I look at a family ... sometimes you see it with couples, too ... I've got a family in here and I could diagnose the family as depressed. The way I would say an individual person is depressed, I could say the family is suffering from depression, chronic anxiety. Yeah, it's one personality.

David Hanscom: Okay. Then do you at some point get the whole family in or do you just sometimes bring one person in at a time and just deal with it individually?

Donald Cohen: Oh, I think it depends on the situation, but it's a number of things. Ultimately, I love getting a whole family in. I've even done multigenerational family stuff as well, I've had more than one generation in my room.

David Hanscom: Again, going back to the chronic pain part of it, is it usually one person in a family that sort of starts the ball rolling or does it tend to be a whole family unit that becomes ill at the same time?

Donald Cohen: That's a tough question, because I don't think you can generalize about something like that. But the chances are ... but I would not throw an absolute to this ... that if one person is feeling the pain, it's possible that by invitation, by transference, or by psychic energy, however you want to look at it, it could get transferable now. Lice would be a bad example. My family, just my grandkids brought lice to our house. So certain things are contagious literally just by ... something like lice, which was a disaster by the way in this house. That's how I started my vacation with my children. But no, I mean other things such as anxiety, where somebody is feeling some kind of bodily pain, it's possible that ... I've never really thought about that in terms of on a research level or a statistical level. I don't know what you have found. I could see where there's always a group contagion, so why wouldn't that be possible as well?

David Hanscom: Right. Yeah, it's tricky, because I mean honestly it's fascinating with the work we do individually that when we locked into this family stuff about two and a half years ago, and started looking at the family dynamics and looking at the triggers, it was just fascinating how reactive families were... like group of people that were already in pain. Many years ago before I knew much about family issues I said, "Look, you talk about the person being angry." I said, "Okay, you have Parkinson's disease and that's bad. But think about a day where you're just angry. Forget about the disease, forget about the chronic pain, just think about a day where you're just really angry. What kind of a day is that?" Of course it's

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not very good. Then you add on the disease or the pain and the anger, life is actually almost intolerable. The point being, I realized that when you're trapped by a disease, there's going to be lots of anxiety, frustration around it. But if you add on that layer of anger on top of it, why life becomes absolutely intolerable. That's why I say, "Look, you can ... " because we had lots of people that are very disabled for physical reasons that live an incredibly high quality of life, because they're happy in spite of the disability. So they're either bound by their disability or their disease or they're not, they either separate themselves or not, they either take it out on their family or they don't. So if they take it out on their family, of course their family takes them down, they all take each other down. If they can rise above their disease and keep that positive outlook and buoyancy, that becomes contagious, it actually lifts the whole family.

Donald Cohen: Oh yeah, you see that a lot.

David Hanscom: You see that?

Donald Cohen: Yeah. Well, yeah, you see it in movies, you see it in person, and you see it all over that if a person who's suffering, whether it's Parkinson's or has a healthy attitude towards their mortal reality, their mortal existence, that that's incredibly inspiring to those people that are around them, because what they carry, which is the most important element in this whole discussion and probably should have been brought up in our last interview, is the element of self-love and love. If you have a spiritual attitude of positivity and a sense of acceptance of yourself and love of yourself, then you can love others. People who are not on that level get inspired by that, but people who are not like that can make the others feel very helpless and very frustrated. So the attitude of the person that's carrying the actual literal chronic illness has a tremendous effect in terms of the energy of the rest of the people around them.

David Hanscom: Right. Well, what happens-

Donald Cohen: Once again, humor is also important. I've been struck by people could have the worst things going on with them and they can still have a sense of humor.

David Hanscom: Right. I have a friend of mine who I won't mention on the radio here, but she has a horrible spine, and very disabled, yet she is the most buoyant, joyous person you've ever met. Well, I mean her husband is supportive, but she is so buoyant in the face of very severe physical disabilities. She just cruises, she just trucks right on through it, it doesn't phase her at all. Either with chronic pain or disease, they feel very entitled. I get it, they sort of are justifiably entitled, but the family can often become slaves to that.

Donald Cohen: Yeah, yeah. That's a very good point, by the way. I'm not big on ... So in a case of a person that's not talking about pain and is positive, you're saying that has a positive effect on the family, right?

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- Donald Cohen: Yeah. The negative side is what, Dave? I didn't hear that.
- David Hanscom: Well, the negative side ... I mean, I think this happens more frequently when somebody is disabled and they're frustrated, but they take the whole family down with them. I would not be good psychologist, because as you know, my wife thinks I don't listen, and I don't. But as a surgeon, I'm a surgeon psychologist, I just say, "Look, stop it," and tell them they all decide what you want. What kind of household do you want to live in? Okay, I know you have multiple sclerosis, but you are the head of the household. If you're not going to keep the household going, who is?
- Donald Cohen: Okay, so yeah.
- David Hanscom: Well, I mean, I'm serious. So I am really clear that if you aren't the person to bring your household out of this hole of disability, that who's going to do it?
- Donald Cohen: Okay. So this you've brought up and that's another good thing to bring up. So I'm not big on enabling people even when they're in the worst of conditions. That delivery's important. I'm not sure your delivery ... I don't think I would use your delivery. I think my delivery would be ... the person who's bringing the family down, who's feeling victimized and taking it out on the family, my delivery would be, "Hey, look, I know you're really having a hard time. I can't get into your body to know exactly what you're feeling, because that would be insulting to think that I could. But you need to know ... " And I've done this, this is what I do when I work with families. I do this in groups, too. I think it's very important for that person to get feedback from everybody in the room about how they are being affected by this.
- David Hanscom: Absolutely.
- Donald Cohen: So that person gets some awareness about what they're doing and how ... because they get so self-centered and so victimized in their own universe. They're not thinking. And this is what people do all the time anyway, they're not thinking about how they affect others. So that feedback system to that person who's doing that is a kinder way of not enabling that behavior.
- David Hanscom: Right. No, I agree.
- Donald Cohen: Now, if that doesn't work ... by the way, if that doesn't work, then I might get a little bit tougher.
- David Hanscom: Right. I actually am about that ... I mean, I do have a nurse and psychologist I work with who sort of salvaged me, but there are no shortcuts here. Really honestly, if you're in the victim role and you take it out of your family, everybody's screwed. Everybody's going down.
- Donald Cohen: That's right.

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David Hanscom: I had this one guy, this massive 280 pound muscular guy and I asked him, "Well, do you ever take this out on your family?" He finally admitted that yes he does. He takes it out on his son. I go, "Well, how old is your son?" He goes, "Ten." I honestly just lost it. I said, "Look, who's the adult here? Your son is 10 years old, your goal is to help him feel safe and nurtured, you're acting more immature than your ten year old son. Who's the adult here?" So I feel like I'm like an icebreaker in the Antarctic. I mean, I realize that my approach maybe just barely starts a process if at all, or people get so pissed off they never come back, but honestly-

Donald Cohen: That feels a little aggressive.

David Hanscom: It's aggressive, I agree. But the reality is I do get fired up about this. My mother, as you know, was in chronic pain. She was very abusive to her family. So I tend to probably overreact to those scenarios. But at the end of the day, again none of us have the right to take out our anger on anybody, but especially a family who we really like. I mean, the last people you should ever take your anger out on would be your family, right?

Donald Cohen: Yeah. All right, so this is maybe on the top 10 of the most important things that we've discussed over the last couple of weeks. The key element here ... you've got to remember this. These people have trouble feeling safe. They're not safe, they're not going to feel comfortable being vulnerable. So the key is really to get that person to talk about what's going on inside of them. We're back to that same theme about getting them ... if you talk **at** them rather than **to** them and **with** them, they're going to get defensive and belligerent and react back.

Reactivity creates reactivity. So I would say as my father used to say, "*Tactlessness often masquerades as honesty.*" I would say the tactless thing to do, which goes into the category of being empathetic, is to say like, "Hey, Johnny, when you do that, that doesn't make your son Larry feel really good. But I appreciate this is really hard for you, so why don't you try to tell your son what it feels like to have what you have right now. Talk to him so you can help him understand what it feels like to feel so helpless or whatever else you're feeling inside yourself with your chronic pain." *I always go for the vulnerability card.*

David Hanscom: Right, no, I agree.

Donald Cohen: Yeah, I mean, when somebody is acting out, they're acting out because they're unhappy and they can't have accountability and responsibility for how it makes them feel.

David Hanscom: Right. No, I agree. No, I think that's a wonderful approach. I agree with the approach. I am a surgeon and my whole idea is actually just sort of guide the ship forward. I'm not quite as harsh as I sound, but the reality is that there are

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no shortcuts. You either like your family or you don't. If you like your family, then treat them nicely.

Donald Cohen: But maybe that person can't, that's what I'm saying is that maybe that person is just not in a place to be able to do that. They're so wounded and hurt. I mean, from a logical place, that's correct. But from an irrational feeling place, when somebody is in that kind of place, they can't help themselves. That's not an excuse. Your job as a healer is to make them take some responsibility for their behavior, but the only way that person really is going to take responsibility for their behaviors is them to feel that you're really interested in hearing how miserable they are and having that acknowledged.

David Hanscom: Yeah, and I do agree with that. I mean, I do honor their suffering in a big way. Again, we talked about this before; it's been shown that the impact of chronic pain is equivalent to terminal cancer on a person's life and their family lifestyle. It's a big deal. So patients get labeled, because physicians "Can't find anything wrong," and I'm going, "That's nonsense."

Donald Cohen: What Dave? I didn't hear that, they can't what?

David Hanscom: Well, they call it medically unexplained symptoms where the doctors can't find anything. That's absolutely fine, because your body chemistry is way off, your nervous system is fired up, you're going to feel the pain, you're going to feel the anxiety, frustration. So something's very wrong. It's a neurochemical problem, it's not a bone spur. So that's actually why I quit my practice was because there's so much surgery being done on stressed nervous systems, and it just makes it worse. But I do want to honor the point you made, which I think is the most important point in the whole process, and I do get this, is that when you're in chronic pain and you're reactive, you have lost awareness. Awareness is the essence of relationships. They can't get there often without the help. I agree with you, they're totally trapped.

Donald Cohen: Well, not only that, but the anger is a projection of really what's going on with somebody who's really frustrated and feeling helpless and they're in self-hatred. When I talked about it before, it was Erich Fromm, a guy named Erich Fromm. It was the book that got me into psychology, called the Art of Loving. It was funny, I was a freshman in college. It's amazing. I look back on this very simple concept and I said, "Wow, this is a whole revelation to me. If you love yourself, you can love others." So somebody who's feeling anger and lashing out, it's because they feel so imperfect and such self-hatred, and because they're so ... I mean, I feel miserable when I'm in that place. It's very hard to find a place where you can feel self-love, and then, therefore, be loving to other people.

I find the best thing, again, is if somebody gives me the room to talk about how miserable I am, and how much it makes me feel bad, and what I'm going through when I'm feeling this way. That doesn't mean I'm encouraging somebody to sit there and feel sorry for themselves, but in a sense, you know what? Just if somebody says to me, "I feel like shit," I'm going to say, "I'm going

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to let you feel like shit, because you are feeling like shit, because who wouldn't be like shit if you're suffering in your body, you're a prisoner to your body?"

David Hanscom: Absolutely. No, I 100% agree with that.

Donald Cohen: How can you minimize it? Really the best thing to say to somebody when somebody is really sick is to mirror it and say, "Yeah, that must really feel like shit."

David Hanscom: Right.

Donald Cohen: Not even, "it **must** feel like shit", but "**that feels like shit.**"

David Hanscom: Yeah. As you know, I was in chronic pain myself for 15 years. I had no hope, no end point. One of the hardest problems being in chronic pain is always wondering where the end point is? If nobody's giving you a solution and you're miserable every day without any end in sight, that can be completely demotivating.

Donald Cohen: Wow.

David Hanscom: People are very, very trapped. So Donald, I realize this is going to be the first of many conversations going forward. You touched on some issues in the family I thought were incredibly important, and I want to talk about those more on a future podcast. But I really appreciate your time, this was a wonderful conversation. I think that this audience will really enjoy hearing your insights.

Donald Cohen: Thanks, David. Can I say one more thing to you?

David Hanscom: Yeah, absolutely.

Donald Cohen: When somebody is feeling trapped, just go back to Victor Frankl when he talked about being in prison, or was it a concentration camp? I get confused with Viktor Frankl. But when you're trapped, it's an existential moment with yourself. One has to be able to experience that feeling **with** the person who's feeling trapped, and really explore what it *does* feel like to be trapped. Ask, "where are you?" Use imagery, some kind of behavioral imagery, because being trapped is existentially a sense of nothingness and complete meaninglessness, which is what Victor Frankl wrote about in his book.

David Hanscom: For the audience, Viktor Frankl wrote a book called **Man's Search for Meaning**. He was an Austrian psychiatrist who survived Auschwitz. It's a harrowing tale, describes horrible physical deprivations and insults. But the worst part of the whole experience **was not knowing when it was going to end**. They just didn't know. It blew me away. I mean, how can that be worse? Of course, in chronic pain, you don't know where the end point is either.

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- Donald Cohen: Same thing. Same thing, really.
- David Hanscom: Yeah, it's really frustrating. I think the suffering in chronic pain is extreme. I think people get incredibly frustrated. Again, that's why I actually quit my practice, because the answers are actually right there. I mean, neuroscience has actually told us how to solve this. Right now we're treating symptoms, not really going to the root cause. But yeah, chronic pain is incredibly solvable. Some of the issues we talked about today with family dynamics were very much part of the deal. The theme of Viktor Frankl's book is how he actually found meaning in life in the middle of a concentration camp.
- Donald Cohen: Right. He found meaningfulness, right?
- David Hanscom: Yeah, in the middle of a concentration camp. I mean, the book has sold like 50 million copies. I mean, it's an incredible book.
- Donald Cohen: Well, there's a reason for that, because it's really is what we are all looking for. There you go, this is a great way to end. ***It's about finding meaningfulness.***
- David Hanscom: Yep, absolutely.
- Donald Cohen: Purpose. But you can't find meaningfulness or purposefulness unless you do ... Viktor Frankl's book is so poignant because he was forced into a situation that was similar to what we're talking about tonight. Or The Birdman of Alcatraz, what did he do? Remember The Birdman of Alcatraz?
- David Hanscom: Right, absolutely.
- Donald Cohen: So that's a good place. We could talk about this at another time.
- David Hanscom: Yep. Well, Donald, thank you again much. Enjoy your tennis game and go ahead and some sleep. Let's see how it goes. So let us know.
- Donald Cohen: Good to talk to you.
- Tom Masters: Well, Donald and David, I want to thank you for a really ***stimulating dialogue about family issues and chronic pain.*** I'm sure our listeners found it fascinating. I want to remind everybody to be back next week for another episode of **Back in Control Radio** with Dr. David Hanscom. Be sure to visit the website at www.backincontrol.com .

Note: The original transcript of this episode of Back in Control Radio with Dr. David Hanscom has been edited for readability.