HOW TO THINK ABOUT PAIN WITH THE WHOLE PERSON IN MIND

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Too often, pain is reduced to a simple symptom of illness or injury – a puzzle piece to fit into the differential diagnostic jigsaw. Pain reports that fit the emerging pathoanatomical picture are validated and treated accordingly. But many reports don't fit this picture, and the widespread stigma associated with persistent pain is most commonly directed toward these individuals, whose symptoms aren't well explained by known pain mechanisms. A root problem is not seeing the person in pain or the suffering they experience.

This presentation aims to help participants develop a more comprehensive perspective on pain that better integrates its complexities within clinical practice. Participants will be introduced to the Multi-modal Assessment model of Pain (MAP; Wideman et al, Clinical Journal of Pain 2019; 35(3):212). MAP offers a novel framework to understand the fundamentally subjective natures of pain and suffering and how they can be best addressed within clinical practice. MAP aims to help clinicians view pain, first and foremost, as an experience (like sadness), which may or may not correspond to specific pathology or diagnostic criteria (like clinical depression). MAP aims to facilitate a more compassionate approach to pain management by providing a rationale for why all reported pain should be validated, even when poorly understood. Viewing pain in this manner helps highlight the central importance of listening to patients' narrative reports, trying to

understand the meaning and context for their experiences of pain and using this understanding to help alleviate suffering. ■