

IN *Lost Voices*, Dr Nellie Radomsky offers a powerful analysis of the problems inherent in the doctor-patient relationship in the culture of modern medicine. The book is partially aimed at doctors, yet it succeeds in speaking simultaneously to a much wider audience, particularly women who feel dissatisfied with the medical system. It is written lucidly so that even a layman can easily understand it.

As a physician, Radomsky is an integral part of the medical establishment, but she has a particular empathy with the plight of women patients within the system. Her central claim, which is supported by that of many other doctors, psychiatrists, and medical researchers, is that there is a strong correlation between chronic pain and a feeling of powerlessness, especially the kind of powerlessness that stems from long-term physical, sexual, mental or emotional abuse.

The author was a successful family doctor who after ten years of practising medicine began to see a bias in her own way of thinking about her women patients. One of the main catalysts for this awareness was her encounter with a series of patients who defied her own understanding of disease causality. These women suffered from different types of chronic pain which had no apparent physical cause, but it was so integral to their being that it became almost a way of life.

Radomsky defines chronic pain as any pain that is experienced daily for an extended period of time, usually six months or longer. Chronic pain can be associated with a chronic illness such as arthritis, or it can be the result of an injury, but the pain often far outlasts what doctors would expect as a result of the original injury. Unlike acute pain, which is easily understandable because there is associated tissue

BOOK REVIEW

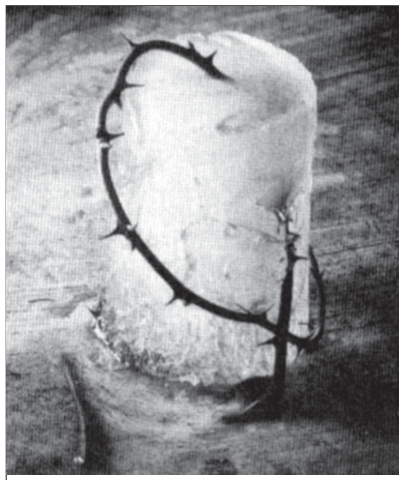
Uncovering Chronic Pain

Lost Voices

Nellie A. Radomsky

Harrington Park Press, 1995

Review: Paige Passano



Pramod Mondhe

damage, chronic pain is frequently much more elusive, and some types have absolutely no biological explanation. Acute pain predictably lessens as healing occurs, but chronic pain often defies this model.

Radomsky hypothesises that chronic pain without any identifiable source may be a key indicator of deep emotional trauma that cannot be undone quickly or easily. Though this is a very prevalent and costly problem, Radomsky argues that many trained doctors lack the expertise to deal with chronic pain, as opposed to their advanced level of competence with acute pain problems. She believes that there is a widespread

misunderstanding of the different methods and conceptualisation required in approaching the two types of pain. *Lost Voices* explores the complexity of the experience of pain, including that of individuals whose pain seems to take on some purpose in their lives, as a method of communication when other lines of communication have been thwarted.

Most research on chronic pain in medical literature discusses this problem without any reference to gender specificity. Yet women and men do not suffer equally from the same types of chronic pain. Women make up a large percentage of the cases of chronic pain where there is no apparent organic pathology. When confronted with a patient who suffers from this mysterious pain, many doctors feel irritated at their inability to pinpoint the problem, and often either doubt the existence of this pain, or dismiss it because it is 'in her head', and therefore not considered substantial.

This distinction is critical if the body and the mind are considered to be separate entities; from this standpoint, pain correlated with injury or disease traceable in the body becomes valid, and anything else is not quite real, although it is still felt in the body by the patient. As the author

herself experienced during the first ten years of her career: "My own view of women as more passive, more demanding, more neurotic, more prone to bodily aches and pains of a minor nature, and thus inferior and somehow lacking, was not an idea I readily acknowledged."

This exasperation that doctors feel around complaints of uncertain origin stems from what is taught in medical schools: that a competent doctor must be able to label the patient's condition with a concrete diagnosis, and then proceed to stamp out the illness with a logical, and preferably quick, treatment plan. Along with this assumption comes the idea that the doctor should be able to act autonomously: a list of the patient's symptoms and medical history, along with a physical examination should provide him with all that is necessary to make a diagnosis.

One of the main blocks among doctors, in Radomsky's opinion, is the strong desire to eliminate their patient's pain *immediately* without taking the time to probe deeper, exploring the patient's emotional history and possible roots of her pain. Increasing evidence reveals that emotional pain can be stored in the body for long periods of time, and eventually wreak havoc on the physical structure, manifesting as physical pain. She emphasises that regardless of the origin of the pain, a health professional's job is to help tap the patients' own resources in helping them to find a way to manage their pain, even if the process takes years to complete.

The advice Radomsky implicitly offers to doctors in *Lost Voices* is sound — based around stepping off the pedestal and humbling oneself a bit in order to be able to hear potentially valuable input from patients. Radomsky makes a call for

Daring to Ask

"Any concern about alcoholism with either of your parents?" I questioned, as I reassured her that I ask everyone this question.

"Oh, no," she quickly responded. "My parents were wonderful. We were a close, Christian family. I never knew anything painful while growing up."

"Is your husband healthy?"

"Oh, yes, he's fine."

"Any concern with either you or your husband's use of alcohol?"

"Oh, no," she continued, "church is important to both of us and we never drink."

(At this point it can seem intrusive and inappropriate to ask about sexual or physical abuse, but experience has taught me to always raise this issue during complete checkups. People who are unable to deal with this issue can still choose to not reveal their problems.)

"Mary, this is a question I ask everyone," I said carefully. "Are you aware of any sexual or physical abuse to yourself or anyone else in the family?"

I watched her face as I talked and noticed her eyes immediately drop. Her hands wringing.

Silence.

I waited.

Mary cleared her throat several times.

"Something hurts?" I questioned.

Mary nodded.

"Take your time, Mary," I said. "I can see it's painful."

And then she looked up.

I really didn't want to talk about this, but since you've asked -- yes, there has been sexual abuse. I'm not sure it has anything to do with my health though -- why are you asking anyway?"

"Mary, I ask this because I've come to understand that sometimes abuse affects us in ways we don't really understand."

An extract from *Lost Voices*

physicians to begin to take the responsibility of asking difficult and even potentially intrusive questions.

She is adamant about her belief that behind every sick body lies a complex set of relevant personal experiences, and by ignoring this, the physician is only seeing part of the picture and is therefore not being fair to his patient by offering the best hope for recovery. Beyond taking the patient's personal medical history, Radomsky emphasises the importance of

including parents' medical background, current relationship issues, drug/alcohol issues, and questions about physical, sexual or emotional abuse.

Viewing violence and abuse as a health issue, Radomsky encourages doctors to approach these delicate issues respectfully but directly as part of the routine collection of a patient's medical history. If doctors can listen carefully and relax their own agendas a bit, even casual comments from their

patients could be useful in determining the origin of the illness.

Radomsky observes that most general physicians are extremely hesitant to approach any condition that falls under the jurisdiction of psychiatry. Opening the Pandora's box of a patient's suspected emotional trouble can create all kinds of difficulties for a doctor — from disrupting a constrained appointment schedule to exposing oneself to the disorderly tangle of the patient's emotional reality. There is also a general tendency to avert one's eyes from things that one doesn't know how to fix easily. The author attributes the medical culture's mishandling and avoidance of emotion to an underlying fear of qualities associated with patienthood — such as vulnerability, fragility and lack of control over one's own body.

Most doctors are already overworked and under stress, which may explain many doctors' tendencies to look for easy solutions through high dosages of pain (and often brain) numbing drugs, or a quick referral to clear a troublesome case off their desks. This is one area where Radomsky's moral conviction as a healer is refreshing. The practice of medicine devoid of compassion is perhaps the most disturbing trend in health care today, and creating addictions in patients by over medicating them is a common consequence of this moral vacuum.

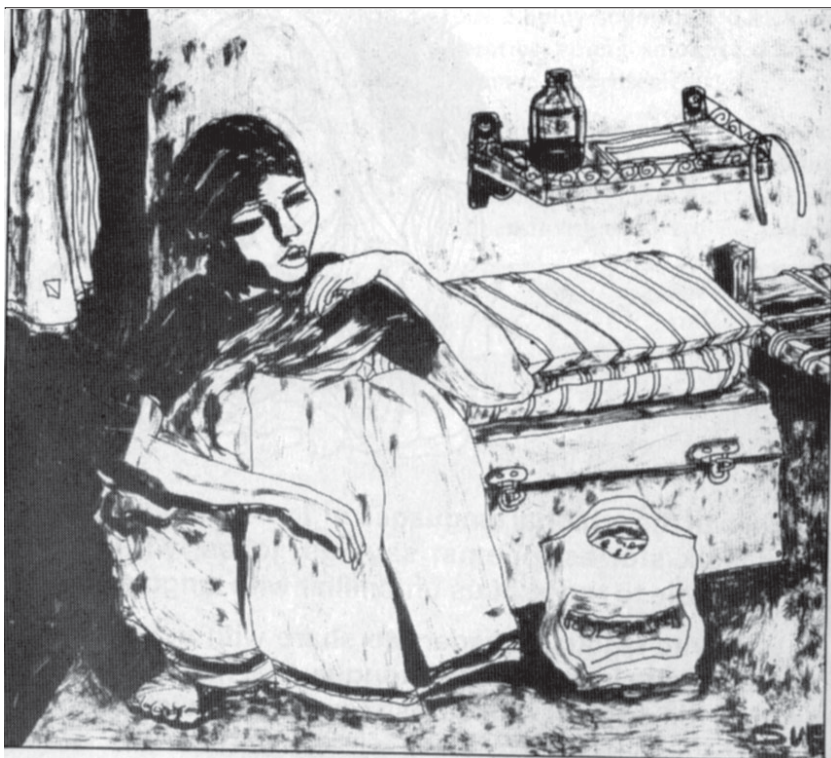
While the author is advocating quite a revolutionary change in medical practice, she doesn't thoroughly discuss the potential dangers of such an approach for both patients and doctors. There is a validity to doctors' hesitation; one would hope that if a doctor feels that a problem falls outside his sphere of knowledge, he would seek a specialist's help or at least refer his

patient to the appropriate expert. Perhaps the greatest danger for both doctors and patients is the risk of inexperienced doctors moving into unfamiliar territory, making the problems worse. Patients may be better off seeing a trained specialist of some kind.

It is also possible, though unlikely, that some doctors could shift to the other end of the spectrum, making an incorrect assumption of an emotional basis of illness while overlooking easily correctable physical causes. Other problems doctors could face with Radomsky's approach is the chance that their patients may become irritated by personal questions which could be perceived as both offensive and inappropriate. Even if personal issues are key to the illness, patients may not be ready to face these, or may not be willing to do the required work to help themselves, looking instead for easy answers. Doctors who seek to involve

their patients in decisions regarding treatment may encounter numerous hurdles if they honestly feel that their patient's views are unenlightened. Similarly, patients may feel equally frustrated with ignorant doctors. Obviously, after giving a doctor a fair chance, it is ultimately up to the patient as a medical consumer to choose a doctor who they can work with and who respects their ideas.

In the second half of *Lost Voices*, Radomsky shifts into a presentation of fictionalised case studies that illustrate what was discussed more scientifically in part one. She includes a good deal of dialogue that is a bit heavy-handed in its presentation (through example) of how she believes a good doctor should respond. This aspect of the book, with its implication of: "This is how you do it, follow my example," may become a bit tedious to those who are already comfortable in dealing with their patients' emotional



Sue Darlow

lives. This second section may annoy the easily annoyed; it reads a bit like a Californian textbook for super-sensitive psychotherapists. Nevertheless, her approach is probably justified because the number of doctors who are skilled in handling this type of chronic pain is probably very low. And generally Radomsky's examples display both a genuine sensitivity and directness that many health professionals will find instructive, especially doctors who are hesitant to tread on this unfamiliar ground.

There are some interesting psychological assumptions which

Radomsky points out are upheld vigorously not only by doctors, but also by patients. This includes the acknowledgment of the patient as dependent on the qualified expertise of the doctor, whose "control" over the situation is reflected by his diagnostic labels, power to authorise tests, and access to powerful drugs. The doctor is considered to have the final word on the patient's condition, even though it is the patient who is living inside that body, subject to its internal workings 24 hours a day. Because of the underlying philosophy of the medical culture, Radomsky concludes that many doctors, herself included, have difficulty

in "combining this expertise with the capacity to be healers."

Due to the wide range of vantage points that Radomsky speaks from, she is able to shed light on both the frustrations of the doctor and the patient. She writes from a very personal and strongly gender-conscious perspective, yet what she has to say moves far beyond solely feminist concerns. It is a book that medical professionals and patients alike will probably find informative and useful. But more importantly, it challenges the notion of a patient as a helpless creature without an instrumental part to play in the healing process.

Tell us a Story



Each of the regional languages of India has a vast and rich repertoire of grandmother's tales, folk stories, poems, sayings, jokes, witticism, etc. Unfortunately, these are inaccessible to those of us unfamiliar with languages other than our own mother tongue.

We invite Manushi readers to share with us what has struck you as significant from this repertoire in your mother tongue, that has not previously appeared in English. Please send us the original with a fresh English translation, identifying its oral or written source.

-Editor