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Let's talk about the term: Catastrophizing!

The US Pain Foundation published an article titled, "[Catastrophizing: A Form of Pain Shaming](#)", discussing how the term stigmatizes those living with painful illnesses and/or conditions. However, what the article fails to disclose is the derivation of this term and even more importantly, the effort led by Stanford University's pain researcher, Beth Darnall, PhD and her effort to re-brand this psychological construct into something more acceptable to those it will be applied to.

Beth Darnall is the Stanford Pain Psychologist who brought the term "*catastrophizing*" to the forefront of the patient community's collective consciousness while simultaneously injecting it into the healthcare delivery system via the biopsychosocial patient profiling mechanism, otherwise known as [CHOIR](#) (Collaborative Health Outcomes Information Registry).

In an attempt to soften the blow from the inevitable backlash rightfully generated by the patient community, Darnall opted to commence a study dedicated to "[renaming. catastrophizing](#)" in an effort to reframe how the word is perceived. Despite this clear attempt at virtue signaling, the newly selected term will still carry the same meaning and context used by researchers and medical providers to dismiss and gaslight a person seeking medical care. This is no different than putting lipstick on a pig; utilizing euphemisms in an attempt to reframe the word does not remove the discriminatory notions that accompany it.

Chief Executive Officer, Kathy Hubble, of Amelio Health proclaimed: I think we need to understand the behaviors associated with chronic pain and how to help people function daily with as little pain exacerbation as possible. Unfortunately, the terminology is not helpful. It has served a purpose in research and is now under review so we can find a better term. The underlying principles are extremely relevant to people who suffer from chronic pain. As health professionals, we need to understand what contributes to it and the consequences of it to help people reduce the effects of it.

Let's examine Ms. Hubble's statement: She asserts that the term *catastrophizing* serves the research community in describing behaviors observed in people suffering from chronic pain; clearly supporting the belief that people with painful conditions and illnesses are exaggerating their situation. Her statement is not indicative of one who wishes to better understand the behaviors of people with chronic pain but rather works to invalidate the self-reported concerns of patients; simultaneously reducing these concerns to nothing more than a mere overreaction.

The underlying assertion that patient feedback cannot be taken seriously as they are catastrophizing the reality of their situation, essentially blaming the patient for their misfortune. This type of narrative is out of line and is nothing more than gaslighting dressed up as medical care; it discounts the patient's lived reality.

The research industry and our medical providers must stop treating people with painful illnesses and conditions like some sort of unknown species that must be studied in order to be understood. It is very simple; we are human beings that deserve to be treated with dignity and respect, to have our concerns taken seriously by those in a position of authority, whether that be the research community, our healthcare providers, or our lawmakers. Academic researchers and lobbying groups are failing to acknowledge that patients are aware of what constitutes substandard or inappropriate care. Whether through inattentive providers, general gaslighting or being subjected to tired, rehashed talking points; the end result is the same, a barrier exists between the patient and their ability to receive proper care.

Sustaining an injury or falling ill does not transform a person into a lesser being; they are still a human being managing a difficult situation. The last thing anyone needs is a group of academics projecting their bias and personal sense of superiority upon them. The research community needs to remember that many of their desired study subjects had thriving careers before becoming sick or injured; our intellect remains intact and we should be respected as such.

A person's degree of pain and suffering is not up for debate with industry professionals who feel entitled to decide who is worthy to receive pain relief. All patients are to be treated with dignity and respect and this includes the ability to access proper treatment. What these researchers want to label as "*catastrophizing*" is the patient reacting to the abuse they are receiving; it is basic cause and effect.

Instead of industry professionals acknowledging that *catastrophizing* is a reasonable reaction to psychological abuse, they seek to rebrand and reframe it into a euphemism that "sounds nicer". Words matter, they are powerful in their meaning. No matter what one attempts to "*rename catastrophizing*" to mean, the outcome will be the same.

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