Persistent pain in refugees, asylum seekers and migrants: the embodiment of suffering... How can we help?

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Abstract:

**Background/rationale:**

“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (*IASP*). Acute pain is a defence mechanism against possible danger of damage to the body, but persistent pain can be a disabling illness. Chronic/persistent pain is a multidimensional problem, a personal experience, determined/influenced by multiple factors: biological, psychological, cultural, economic, social, past experiences. It represents the vivid but unwanted consciousness of one’s body.

Traumatic experiences suffered by refugees, asylum-seekers and migrants may cause prolonged complex disruptions of somatic and mental functions, more persistent if they are the result of trauma inflicted purposely, frequently accompanied by extreme emotional states or physical damage. People who are unable to translate feelings of distress into words, may express the suffering through the body and bodily symptoms, instead. Pain can be seen as a means of communication, the embodiment of suffering.

**Approach**

Persistent pain related to trauma in asylum-seekers, refugees and migrants is very complex. According to several authors, the assessment and therapeutic approach have to be holistic, interdisciplinary, integrative, bio-psycho-social-cultural, in response to specific needs. Empathy and cultural sensitivity are needed to validate suffering, to build trust and facilitate communication.

Education on pain neurobiology, provision of manual therapy and training in self-help techniques are non-invasive therapeutic approaches, which, in addition to pharmacological treatment, can confer relief to the suffering and make sense of the pain, placing emphasis on communication and the active participation of people in the healing process.

*IASP: International Association for the Study of Pain*