

# **Pain, Victimization, and the Mind**

Two women. Two stories. One problem?

Some years ago, I knew two very nice women, both approaching retirement age, and both with seemingly different problems.

The first woman suffered from continuous pain. When I first met her, I felt sorry for her immediately. The pain was persistent and debilitating.

What was most remarkable about the pain was that the source shifted. For days, she would suffer from a bad lower back. Then the pain in her back dissipated, but moved to her foot. Occasionally, she suffered from migraines. The knees, the shoulders, the neck, and other areas took turns as the source of the persistent pain.

She received cortisone shots, prednisone, oxycodone, and other medications to ease her pain. Sometimes they worked briefly, only to have the pain reroute to another part of the body almost immediately. Other times, the medicine did little.

After a while, I began to wonder about her condition. I believed that she experienced pain, however, I did not understand how debilitating back pain one day, could completely disappear the next, as the pain relocated. One day she could not walk; the next day she walked normal.

I once asked her about this, in the most compassionate way possible. She explained that it was God having pity on her. He felt she could not handle too much pain all at once, so that when a new pain appeared, He removed the old pain so she could still function.

The second woman also suffered from illnesses. She had poor general health and also experienced pain. However, more than anything else, she believed that she was a victim of society.

Over the years, she related to me many stories about her life. She seemed not only to be a victim, but an incredibly unlucky person. As with the first woman, I felt sympathy for her.

However, over time the stories became problematic. She began to repeat some of the accounts, only the facts appeared to change. Sometimes she altered pertinent points, while other times the chain of events grew preposterous and unbelievable. Without mentioning it to her, I began to question how true they were.

Then she told me about something that happened a few months earlier.

As she told the story to me, I realized that she was discussing an event of which I was familiar. Her account of that day was completely different from what actually happened. She turned a seemingly forgettable event into yet another occasion where she was an innocent victim of other people's cruelty.

I called her on it, explaining that she was deliberately altering the events to portray herself as a victim. She brushed me aside, and replied, "Well, that's the way I remember it."

I trust that what these women endured was real to them. The first woman felt the pain; the second woman believed that she was a victim. Yet, because I knew these women fairly well, I learned something else about them. Both were very unhappy people, and felt trapped in their lives.

The first woman had a terrible marriage. She was equally unhappy with her job. The children lived in a different state, which meant she seldom saw her grandchildren. I don't believe I ever saw her smile.

The second woman never married but also thoroughly disliked her job, her boss, and some of her coworkers. She had children, but they were dysfunctional, and I believe led her to more grief than joy. She had little money, and felt incapable of changing her situation.

Pain is complex. When you stub your toe, your body sends a signal to the brain, telling you that you are in pain. Is the reverse also true? Can you be in so much emotional and mental anguish that your brain "creates" pain in your body? Most experts agree that you can.

Victimization is a matter of interpretation. The second woman believed that she was a victim in nearly all interaction with others. In her mind, her victimization was real.

Two women. Two stories. But the cure for each of them lies not in a prescription pill, a shot, or anything our current health care system provides. Both the problem and the cure lie largely in the mind.

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