

Pain Experiences in Patients With Chronic Low Back Pain: A Qualitative Study

Nathália Augusta de Almeida¹, Avelino Luiz Rodrigues^{1,2}, Barbara Subtil de Paula Magalhães¹, Elisa Maria Parahyba Campos Rodrigues², Luciano Miler Reis Rodrigues³

¹ University of São Paulo, Institute of Psychology, Department of Clinical Psychology, Sujeito e Corpo Laboratory – SuCor, São Paulo, SP, Brazil

² University of São Paulo, Institute of Psychology, Department of Clinical Psychology, São Paulo, SP, Brazil

³ ABC Medical School, Patologias da Coluna Vertebral Group, Santo André, SP, Brazil

Received: August 18, 2023.

Accepted: April 3, 2025.

Section Editor: Julia Garcia Durand.

Author Note

Nathália Augusta de Almeida  <https://orcid.org/0000-0002-8794-4586>

Avelino Luiz Rodrigues  <https://orcid.org/0000-0002-7989-5980>

Barbara Subtil de Paula Magalhães  <https://orcid.org/0000-0003-0640-7891>

Elisa Maria Parahyba Campos Rodrigues  <https://orcid.org/0000-0002-9508-5558>

Luciano Miler Reis Rodrigues  <https://orcid.org/0000-0001-6891-5395>

Correspondence concerning this article should be addressed to Nathália Augusta de Almeida, Av. Portugal, 1285 – 2º andar – Centro – Santo André, SP, Brazil – Zip Code: 09040-011. Email: nathalia.adealmeida@gmail.com

Conflict of Interest: None declared.

Abstract

Pain and its chronicity are determined by a combination of organic diseases and the psychological suffering of the individual. It is an unpleasant sensory and emotional experience associated with actual or potential damage to a specific region of the body. The objective of this research was to explore the subjective experience of helplessness and pain perception in patients with chronic low back pain. A qualitative clinical study was conducted at a Spine Outpatient Clinic within a highly complex Hospital Service. The study included 10 male volunteer participants diagnosed with herniated discs and experiencing chronic low back pain. Data collection involved anamnesis, semi-structured clinical interviews, administration of the Visual Analogue Scale for Pain (VAS), and a reduced version of the Thematic Apperception Test (TAT). The perception of intense pain, as expressed during the interviews and through the VAS, was found to be related to experiences evoking feelings of helplessness, such as failed medication and surgical treatments, withdrawal from daily routines, and a decline in quality of life. In the TAT, narratives of helplessness were identified in participants' life stories, particularly in their accounts of treatment failures and disease progression. The findings underscore the importance of comprehensive health care that addresses the subjective aspects of the illness process. Furthermore, they highlight the need for psychologists to be integrated into interdisciplinary health care teams, providing psychological interventions for patients and their families with a focus on the emotional and psychosocial dimensions of pain.

Keywords: chronic pain, helplessness, psychoanalysis, psychosomatic medicine, thematic apperception test

VIVÊNCIAS DE DOR EM PACIENTES COM DOR LOMBAR CRÔNICA: UM ESTUDO QUALITATIVO

Resumo

A dor e sua cronicidade são determinadas pela interação entre doenças orgânicas e o sofrimento psíquico do indivíduo. Trata-se de uma experiência sensorial e emocional desagradável, associada a um dano real ou potencial em alguma região específica do corpo. O objetivo desta pesquisa foi compreender a experiência subjetiva de desamparo e a percepção de dor em pacientes com dor lombar crônica. Realizou-se um estudo clínico qualitativo em um Ambulatório de Coluna de um Serviço Hospitalar de alta complexidade, contando com a participação de dez voluntários do sexo masculino, diagnosticados com hérnia de disco e em processo crônico de dor lombar. Foram conduzidos anamnese, entrevista clínica semiestruturada, aplicação da Escala Visual Analógica de Dor (EVA) e uma versão reduzida do Teste de Apercepção Temática (TAT). A percepção de dor intensa, expressa tanto na entrevista quanto na EVA, pôde ser relacionada a experiências que remetem ao desamparo, como insucesso nos tratamentos medicamentoso e cirúrgico, afastamento da rotina e diminuição da qualidade de vida. No TAT, identificaram-se narrativas de desamparo nas histórias de vida dos participantes, evidenciando uma relação de insucesso com o tratamento e a evolução da doença. Os achados reforçam a necessidade de uma abordagem integral à saúde, considerando os aspectos subjetivos no processo de adoecimento. Além disso, destaca-se a importância da presença do psicólogo em equipes interdisciplinares de serviços de saúde e a realização de atividades de intervenção psicológica voltadas ao paciente e seus familiares, com foco nos aspectos emocionais e psicossociais da dor.

Palavras-chave: dor crônica, desamparo, psicanálise, medicina psicossomática, teste de apercepção temática

EXPERIENCIAS DE DOLOR EN PACIENTES CON DOLOR LUMBAR CRÓNICO: UN ESTUDIO CUALITATIVO

Resumen

El dolor y su cronicidad están determinados por la interacción entre enfermedades orgánicas y el sufrimiento psíquico del individuo. Se trata de una experiencia sensorial y emocional desagradable asociada a un daño real o potencial en alguna región específica del cuerpo. Este estudio buscó comprender la experiencia subjetiva de desamparo y la percepción del dolor en pacientes con dolor lumbar crónico. Se realizó un estudio cualitativo en un Ambulatorio de Columna de un hospital de alta complejidad, con 10 participantes masculinos diagnosticados con hernia discal. Se emplearon entrevistas semiestructuradas, la Escala

Visual Analógica de Dolor (EVA) y una versión reducida del Test de Apercepción Temática (TAT). La percepción de dolor intenso, expresada tanto en las entrevistas como en la EVA, se relacionó con experiencias que evocan sentimientos de desamparo, como el fracaso de los tratamientos farmacológicos y quirúrgicos, la separación de la rutina diaria y la disminución de la calidad de vida. En el TAT, se identificaron narrativas de desamparo en las historias de vida de los participantes, particularmente en relación con el fracaso en el tratamiento y la evolución de la enfermedad. Los hallazgos refuerzan la necesidad de una atención integral a la salud que considere los aspectos subjetivos del proceso de enfermedad. Asimismo, subrayan la importancia de la incorporación del psicólogo en equipos interdisciplinarios de servicios de salud, desarrollando actividades de intervención psicológica dirigidas a los pacientes y sus familias, con un enfoque en los aspectos emocionales y psicosociales del dolor.

Palabras-clave: dolor crónico, desamparo, psicoanálisis, medicina psicosomática, test de apercepción temática

The first definition of pain, revised by the International Association for the Study of Pain (IASP) in 1979, described pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (IASP, 1979, p. 250). This definition was widely accepted by researchers in the field and by healthcare professionals, being adopted by governmental and non-governmental organizations, including the World Health Organization (WHO) and various professional entities (DeSantana et al., 2020).

Over the years, significant changes have occurred in the understanding, definition, and classification of pain, allowing for a broader and less dichotomous perspective (DeSantana et al., 2020). In 2016, Williams and Craig proposed a new definition for the phenomenon, characterizing pain as “a distressing experience associated with actual or potential tissue damage,” incorporating its sensory, emotional, cognitive, and social components. Subsequently, in 2019, chronic pain was included in the International Classification of Diseases (ICD), marking a significant advancement regarding its classification and conceptual issues (Treede et al., 2015; DeSantana et al., 2020).

However, researchers and professionals in the field argued that the advances made over the years in the understanding of pain made it possible to revise the most recent definition at that time (Williams & Craig, 2016; Cohen et al., 2018).

In early 2020, following a multinational task force composed of healthcare professionals and led by the IASP (International Association for the Study of Pain), a new revised definition of pain was recommended (DeSantana et al., 2020), which is “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage” (Raja et al., 2020, p. 2). This definition was accompanied by six explanatory notes, which emphasize the following aspects: (1) pain is a subjective experience influenced by biological, psychological, and social factors; (2) pain and nociception are different phenomena, and the experience of pain cannot be reduced solely to activity in the sensory pathways; (3) the concept of pain is learned through life experiences; (4) a person’s narrative about their pain experience should be respected; (5) although pain has an adaptive role, negative impacts on functioning and psychological and social well-being may occur; (6) verbal description is only one of the possible ways to express pain, and the inability to communicate verbally does not negate the possibility that a human or animal can feel pain.

In addition to the explanatory notes, etymological definitions of the word “pain” were presented. According to DeSantana et al. (2020) and Raja et al. (2020), its origin dates back to the Middle English pain, the Anglo-French *peine* (meaning “suffering” or “pain”), the Latin *poena* (meaning “punishment” or “penalty”), and the Greek *poinë* (meaning “recompense,” “penalty,” or “payment”).

From a temporal perspective, pain can be classified as acute or chronic, a distinction of great relevance since each type presents specific characteristics and impacts on the individual. Acute pain has a sudden onset and limited duration, generally lasting up to three months (Williams & Craig, 2016; Lee & Neumeister, 2020). Its duration and manifestations are well

defined and are often associated with identifiable causes, such as injuries or inflammatory processes. On the other hand, chronic pain is characterized by its persistence beyond a limited period. It affects the individual globally, impacting their interpersonal relationships, daily life, and physical and emotional well-being. Among the most common consequences are limitations in daily activities, changes in sleep patterns, reduced energy levels, and increased irritability (Tang et al., 2020; Darlow et al., 2015).

Pain and its chronicity are influenced by both organic conditions and the individual's psychological suffering. The psychological repercussions play a fundamental role in the process of pain chronification, with factors such as catastrophizing, self-efficacy beliefs, depression, emotional distress, and expectations regarding outcomes being determining elements (Darlow et al., 2015). These psychological factors are closely associated with the development and maintenance of chronic pain. The chronic nature of pain involves a complex psychological process that compromises affective, cognitive, interpretative, and motivational aspects. Moreover, this process affects not only the individual but also those around them, such as family members, friends, caregivers, and the healthcare team providing assistance (Angelotti & Sardá, 2005).

Caring for the biological, psychological, and social aspects of patients with low back pain contributes to integrated care from a biopsychosocial perspective (Santos-Silva et al., 2019). Since pain is a subjective and individual experience, it is essential to listen to the person experiencing it in order to understand it in its entirety and comprehend their reactions to both the pain and the proposed treatment (Engel, 1959; Loeser, 2009). This perspective highlights the importance of psychologists' involvement in interdisciplinary healthcare teams. In these teams, professionals assess and plan interventions in a coordinated, complementary, interrelated, and interdependent manner, maintaining their specific technical expertise and professional identity, while expanding their theoretical-practical framework (Santos-Silva et al., 2019), thus moving away from the fragmented view of the biomedical model.

The way an individual deals with their own pain is closely related to how they navigate their life history (Paula, 2015; Almeida, 2018). Physical impairment reflects unique psychological contents that are intrinsically linked to their experiences, demonstrating that physical symptoms are connected to a range of psychosocial characteristics, such as the perception of pain and the consequences it causes in the individual's life, among other factors (Paula, 2015).

An important contribution from Engel (1959) was the conceptualization of the psychic functioning of chronic pain and the mechanisms related to pain. He considered pain as a subjective experience that bears similarities to an affect, since, once it is psychically represented, it does not require peripheral stimulation to be felt again. Moreover, pain can assume a character of pleasure or displeasure, depending on the relationship the individual establishes with it, as well as the benefits or harms that result from it. To understand the patient in pain and plan intervention strategies, it is essential to comprehend the development and function of their psyche.

It is common for healthcare professionals to be unprepared to deal with the patient's subjectivity, leading them to see the disease rather than the individual who is sick and suffering not only physically but also emotionally and socially. This situation highlights not only the need for better preparation of healthcare professionals but also the importance of an interdisciplinary approach to treatment, in which psychology plays a fundamental role (Angelotti & Sardá, 2005).

In an integrative literature review (Paluto et al., 2024), the importance of the psychologist's role in assisting patients with chronic pain was highlighted across different theoretical approaches. This includes individual counseling, online consultations, psychotherapeutic groups aimed at encouraging exchanges, online pain control and management programs, and support for family members, all with the goal of mobilizing resources for coping and adaptation to this health condition, acceptance, and pain management. The importance of the patient's narrative, lived experiences, and emotional aspects, as well as the diagnosis and progression of the disease, were considered in order to improve treatment adherence.

Low back pain, also known as lumbar pain, is a highly prevalent health condition that causes suffering for people worldwide. Additionally, it is responsible for more years lived with disability than any other health condition (Meucci et al., 2015; Kamper et al., 2014).

In a systematic review aimed at estimating the global prevalence of chronic low back pain according to age and sex, Meucci et al. (2015) observed a prevalence of 4.2% in individuals aged between 24 and 39 and 19.6% in those aged between 20 and 59. Among nine studies conducted with individuals aged 18 or older, six reported a prevalence of chronic low back pain ranging from 3.9% to 10.2%, while three showed higher rates, ranging between 13.1% and 20.3%.

In another study aimed at estimating the prevalence of chronic pain in Brazil (Souza et al., 2017), as well as describing and comparing differences between sexes and characteristics of the pain, and identifying the impact of pain on daily life, a prevalence of 39% of chronic pain was identified in the Brazilian population. The sample had an average age of 41, with a higher prevalence of chronic pain in the South and Southeast regions. It was observed that, in the older Brazilian population, the prevalence of chronic low back pain was 25.4%. The results also indicated that the prevalence of chronic low back pain increases from the third decade of life until the age of 60, being more frequent in women.

Regarding the most appropriate type of treatment for this population, a systematic review conducted by Kamper et al. (2014) aimed to evaluate the long-term effects of biopsychosocial and multidisciplinary rehabilitation in patients with chronic low back pain. The results concluded that this approach is the most effective intervention when compared to conservative care and physical treatments in combating pain.

The German word *Hilflosigkeit* (helplessness), used by Sigmund Freud in his writings in the early 20th century, refers to a problem that remained a constant throughout his work. The condition of "absence of help," or helplessness, relates to the internal tension experienced by the infant, with this state being a structuring and foundational element of the psyche. Helplessness

occupies a central position in psychic constitution and is part of the general conditions of psychic functioning in any individual. It refers to the absence of help and protection, evoking a state of deprivation of the necessary means for sustaining life, marked by forgetfulness, loneliness, and the inability to find support, care, or assistance (Freud, 1911; Freud, 1920; Menezes, 2012).

In this sense, psychoanalytic literature understands the experience of birth and early childhood as fundamental to the psychological development of the individual. These experiences can be decisive in the process of establishing subjectivity, exerting significant influence on the psyche and establishing deep connections with the emotional and behavioral dynamics of the subject (Prado, 2012).

In the definitions provided by Laplanche and Pontalis (1992), the term helplessness can be translated as the “powerlessness of the human newborn, incapable of undertaking coordinated and effective action (*motorische Hilflosigkeit*)” – a motor incapacity that prevents the newborn from performing actions capable of satisfying its vital needs. Moreover, “from an economic perspective, such a situation leads to an increase in the tension of needs, which the psychic apparatus is still unable to manage (*psychische Hilflosigkeit*)” (Laplanche & Pontalis, 1992, p. 112). This rise in tension, combined with the inability of the psychic apparatus to cope with the experience, results in displeasure. Displeasure, in turn, becomes the common thread between the danger situation of birth and subsequent situations, serving, for the adult, as a model of the traumatic situation and a source of anxiety (Menezes, 2012).

Helplessness refers to incompleteness, limitation, finitude, and unpredictability. It is essential for the subject to develop affective possibilities to deal with this condition, seeking ways to channel their helplessness (Prado, 2012; Vieira & Vieira, 2005). When relating the experience of pain to the theory of helplessness, it is understood that this affliction can be experienced as an imposition of the environment and an exposure to the world, leading the individual to feel more insecure, defenseless, and lacking the tools to face the situation, forcing them to renounce their omnipotence and connecting them to the initial state of human powerlessness at birth (Freud, 1920; Engel, 1967; Murray, 1995).

The Psychosomatic perspective, which is the basis for this research, emerges as a methodological proposal that seeks to bring together knowledge from different areas of knowledge, such as Psychology, Psychoanalysis and Biomedical Sciences. Its objective is to study the interrelationships between physiological and psychological aspects of normal and abnormal bodily functions, aiming to unite psychotherapy with somatic therapy (Psychosomatic Medicine, 1939). The central interest of this approach is to understand the interrelationship between mind and body, considering the human being and the process of illness in an integral way. Starting from different areas of knowledge, but converging towards a common field of human understanding, this perspective proposes to explore the complex psychosomatic phenomenon of this interrelationship.

The psychosomatic approach focuses on how psychological and somatic factors interact before, during, and after the particular experience of illness. It is also considered that many

diseases represent a way for the organism to adapt to changes in the internal and external environment, with sociocultural, biological, and psychological factors interacting with each other and influencing the etiopathogenesis and course of the disease (Engel, 1967; Rodrigues, 2022).

Rodrigues et al. (2019, p. 2) define psychosomatics as the “systematic study of the relationships between social processes, psychic processes, and disorders of organic or bodily functions.” The authors also describe it as a “purportedly interdisciplinary exercise,” which seeks to overcome fragmentation and transcend disciplinary boundaries. From this perspective, illness is understood as an expression of the organism, revealing not only how an individual deals with themselves but also how they interact with their environment, where physical and psychological responses are intrinsically related.

Based on the biopsychosocial model (Rodrigues, 2022), proposed by Engel (1977) in developing his thoughts on the complex functioning of human beings, this research sought to explore the subjective experience of helplessness — understood as the condition of “absence of help” — and relate it to the perception of pain in patients with chronic low back pain resulting from a herniated disc (Almeida, 2018). The main hypothesis investigated in this research was that individuals in a chronic pain condition tend to experience feelings of helplessness.

Method

This was a qualitative clinical study conducted at a Spine Outpatient Clinic of a high-complexity Hospital Service, located in the State of São Paulo, Brazil. The general objective of the research was to understand the subjective experience of helplessness in individuals with chronic pain resulting from lumbar disc herniation and relate it to the perception of pain (Almeida, 2018).

Participants

The sample consisted of 10 voluntary participants, invited to take part in the study after a medical consultation and confirmation of the main clinical diagnosis of lumbar disc herniation. The inclusion criteria were established to ensure a homogeneous sample and included the following aspects: 1) agreeing to participate in the study; 2) being male; 3) being between 35 and 59 years old; 4) being in a chronic pain process; 5) having a confirmed diagnosis of lumbar disc herniation; and 6) being aware of their medical diagnosis. Patients who did not meet the inclusion criteria or who refused to participate in the study were excluded from the sample.

Materials

Visual Analog Scale for Pain (VAS)

The Visual Analog Scale (VAS) is one of the most widely used tools to assess pain intensity in individuals and serves as an important instrument to verify, with greater precision, the progression and effectiveness of treatment. The VAS consists of a 10 cm strip that features a numerical scale from 0 to 10, with the description “Mild” at one end and “Intense” at the other. The patient is responsible for marking the number that best represents the intensity of their

pain. In this research, the VAS was used with the aim of contributing to the understanding of pain perception, allowing for the investigation of the possible interrelationship between the subjective experience of helplessness and the perception of pain.

Thematic Apperception Test (TAT)

The Thematic Apperception Test (TAT) consists of presenting participants with a series of images, asking them to create a story related to each one. Murray (1995) developed this test based on the assumption that, when faced with the same life situation, each individual experiences a unique response, and this experience guides their attitudes when interacting with reality. In this sense, the images aim to evoke different life situations for the individual, allowing their psychodynamic structure to be revealed in the stories narrated. Through the projection of fantasies onto the images, there is a reduction in the ego's vigilance over the unconscious, facilitating the emergence of conflicts existing at this psychic level (Silva, 1984).

In this research, the reduced application of the TAT aimed to understand relevant components of the psychodynamic functioning and internal world of the studied population, with a focus on the subjective experience of helplessness. From the TAT images, the following were selected to assist in this understanding, in the specific sequence: 1, 3RH, 11, 16, 19, and 20.

Procedures

In compliance with the ethical guidelines established by the National Research Ethics Commission (CONEP) for research involving human beings, as outlined in Resolution 196/96, the research project was approved by the Research Ethics Committee with Human Beings of the Medical School of the ABC Foundation (CEP-FMABC), under process number 1,786,233. Additionally, absolute confidentiality regarding the participants' identities was ensured, and the principles of bioethics were respected: beneficence, non-maleficence, and justice (Calvetti et al., 2008).

Considering the methodological characteristics of this study and aiming to avoid possible biases, clear and standardized procedures were adopted for data collection and analysis. The researcher underwent specific training and maintained an impartial stance throughout the entire process. The collected material was carefully analyzed and evaluated before its final interpretation. The procedures were organized into four stages, described below:

First procedure

The clinical diagnosis of the patients was assessed by an orthopedic physician specializing in the spine, who was a member of the team, on the day dedicated to the spine outpatient clinic. In this diagnosis, it was determined that the patients had the lumbar region as the affected area, with confirmation of a diagnosis of lumbar disc herniation and chronic pain.

Second procedure

After the physician assessed during a consultation that the patient met the inclusion criteria for this study, he or she was invited to participate in the study and instructed to speak with the researcher in charge at the end of the medical consultation. During this initial contact, the aim was to establish a good rapport with the candidate for participation in the study, with the aim of building trust and, consequently, ensuring greater adherence to the project. After the participant's initial acceptance, a convenient day and time were scheduled for both parties, aiming at the continuity of the procedures.

Third procedure

After agreeing to and signing the Free and Informed Consent Form (TCLE), the participant was invited to respond to the Visual Analog Scale (VAS), followed by a semi-structured clinical interview with open-ended questions. Through this tool, both the researcher and the participant had the opportunity to guide the interview, facilitating the achievement of the objectives proposed by the clinical-qualitative method. The goal was to gather data that would allow for an analysis of the subject's life history, including their description (through the researcher's observation and impressions), the onset of pain and its development over time (at what moments the pain began, intensified, and became chronic), as well as their family, occupational, social relationships, and medical history. The aim was to explore the main living conditions experienced by the participant and significant events in their life trajectory.

Fourth procedure

A reduced application of images was chosen, considered sufficient to access psychological contents related to the theme of helplessness. The selection of the images was supervised by three psychologists specializing in the psychoanalytic approach, all experienced in the use of projective tests. Thus, the administration of the TAT plates followed this sequence: 1, 3RH, 11, 16, 19, and 20.

The psychoanalytic assumptions underlying the TAT guided the interpretation and analysis of the collected data, which were organized based on the concepts of the functioning of the id, ego, and superego. The TAT was understood as a reflection of each participant's past and present experiences (conscious, preconscious, or unconscious).

In addition, the analyses of the test and the collected material were submitted to evaluation by a psychologist specializing in the psychoanalytic approach, with experience in projective tests and in treating patients with chronic pain. This professional acted impartially, serving as an arbiter in validating the analyses conducted.

Results and Discussion

The material presented below results from the analysis of data obtained through the semi-structured interview, the interpretation of the TAT application, and the VAS scores. The

data were organized into categories, allowing for an understanding of the subjective experience of helplessness in subjects with chronic low back pain. These results were systematically organized, analyzed, and compared with the literature used.

In the table below, the baseline results are presented.

Table 1

Baseline results of the 10 participants in the research

| Variables | Values | | |
|-----------------------|----------|-----|----------|
| | <i>n</i> | % | <i>M</i> |
| N | 10 | 100 | - |
| Gender | | | |
| Male | 10 | 100 | - |
| Female | 0 | 0 | - |
| Age (in years) | - | - | 45.3 |
| Stable relationship | | | |
| Yes | 8 | 80 | - |
| No | 2 | 20 | - |
| Religion | | | |
| Spiritualist | 1 | 10 | - |
| Catholic | 6 | 60 | - |
| Protestant | 3 | 30 | - |
| Pain time (in years) | - | - | 8.2 |
| Pain perception (EVA) | - | - | 7.2 |

Note. VAS = Visual Analog Scale. M = mean. Data collected by the authors.

All participants were in a chronic pain process, with an average of eight years of symptom progression. The perception of intense pain, expressed both in the semi-structured interview and in the scores obtained from the Visual Analog Scale (VAS) — with high values such as 10, 9, 8, and 7 — can be associated with experiences that evoke helplessness. Among these experiences are the failure of pharmacological and surgical treatments, withdrawal from routine, reduced quality of life, as well as difficulties sleeping and performing basic daily activities. The pain was perceived and described as debilitating, generating feelings of powerlessness and hopelessness regarding improvements in quality of life and pain control.

Helplessness was identified in the life stories of the participants, manifested in aspects such as impaired childhood, early start in work and emotional and material deprivation during childhood. This helplessness was also evident in the unsuccessful relationship with treatment and in the progression of the disease. The lives of the participants were organized and structured according to the illness, and the pain and clinical condition represented divisions that led to

drastic ruptures in the trajectory of their lives. These ruptures resulted in sudden changes, reducing their existential scope. The pain assumed a limiting character and induced impotence, preventing the realization of life projects with quality and, consequently, imposing restrictions on egoic and libidinal functioning.

It was observed that the participants deal with their own pain in a structural way, similar to the way they face other events in their lives. Isolation, pessimistic attitude and difficulty in asking for help were identified. This finding corroborates the study by Paula (2015), which highlights how each individual presents a unique model of psychic functioning, conditioned by the subjective constitution of their life history.

In the sample studied, the association between physical pain and psychological issues was frequent, such as:

Healthy mind, healthy body, and if the mind goes and you stay, we end up giving in. So, we're going to keep going, right? We're not going to let it go, we're going to fight against all of this, for as long as we can, right? You can't get complacent, but you can't abuse of it either, right? (sic). (Participant 1).

I am more afraid of mental balance than of the pain itself or of having to use a crutch, a wheelchair, but here (points to his head), you become anxious, stressed, and things don't happen, you are tied down... You have to have the patience of Job (sic). (Participant 1).

I hate her, the pain won't go away, I'm fed up with this pain... (sic). It gets in the way of everything, because you get irritated, stressed, and have no patience for anything. You become unable to do a lot of things. Nothing is good for you. It's a pain that seems to affect everything about the person. It affects my mood, I get impatient (sic). I believe it's because of this pain, because I wasn't like this before (sic). (Participant 5).

It was common for participants to identify family relationships as their primary source of pleasure, suggesting the impact that the clinical condition had on their lives, subtracting and fragmenting their previous experiences. Both in the TAT and in the semi-structured interview, the importance of the family support network became evident, providing care, support, and assistance. However, despite this support, the participants expressed feelings of helplessness, perceiving themselves in contexts of scarce help, even in the presence of family support. This finding corroborates their experiences of helplessness in the face of pain and of the illness process.

The interpretation of the clinical condition, permeated by the fear of paraplegia and associations between spinal surgery and the risk of worsening, was also a recurring aspect. These data can be understood as a fear (whether fantastical or real) that emerges in the participants, equivalent to the severity of the disease as perceived by them. Additionally, they suggest an ambivalence toward undergoing surgical treatment.

It was horrible again, I was worried, I was terrified... it hurt a lot and I didn't want to have the surgery anymore. I was really scared during the surgery, that I would become paraplegic. My blood pressure went

through the roof, I was really nervous. When the doctor arrived to operate on me, I was desperate, but I had to go, I couldn't take it anymore (sic). (Participant 2).

Faced with the limitations imposed by pain, the participants sought ways to rationalize and justify their experience, attempting to feel supported amidst life's impossibilities and to attribute meaning to this traumatic experience. For example, they mentioned that the pain could be seen as an opportunity for personal growth and learning, or that, through it, they learned to pray, strengthen their faith (as a magical resource), and help others more.

And unfortunately, this happens to me... With the things we like the most, difficulties come and go. But I think it's for us to evolve, learn or value, and start to see life and live the present, each day as if it were the last and live it to the best of our ability. Living well to die well is what every human being deserves (sic). (Participant 1).

Sometimes I feel like I have an iron ball, that you have to drag around with that super heavy ball... I have learned to live with this pain, but I wouldn't wish it on my worst enemy (sic). (Participant 3).

As a consequence of feelings of helplessness, incapacity, frustration, powerlessness, passivity, submission, vulnerability, hopelessness, and loneliness in the face of pain, death emerged as a possibility of relief from suffering.

I wouldn't wish what I went through on anyone (sic); I asked for death, I couldn't suffer like that (sic); Pain is a bad thing. Pain is not good. And you don't go to the doctor if you're not in pain. And hospitals are not good either. Only bad things (sic). (Participant 6).

"Isn't it pain that kills us? So, if you don't feel pain you will never die" (sic), "It's a lot of pain, and how many times have I not cried? I cried like a child. It's a lot of pain" (sic). (Participant 7).

The stories constructed in the TAT helped to highlight how participants perceive themselves in the face of pain and the restrictions imposed by their illness, revealing feelings of helplessness and an inability to overcome these difficulties on their own. As a result, they express the need for external help and the desire to transform their reality and the course of their lives, idealizing an existence free of suffering and limitations, with a better quality of life.

The theme of helplessness, present in the narratives of all the images applied in the TAT, became particularly evident in image 19. This image, which presents the representation of a cabin in the middle of the snow, frequently evokes themes related to the need for projection and protection in the face of an inhospitable environment, mobilizing feelings of danger and fear (Murray, 2005; Werlang, 2000). In the stories constructed, it was common for the participants to express internal contents that were not mentioned during the interview, suggesting that their unconscious did not authorize access to emotional aspects that cause them suffering.

According to Murray's (1995) categorization, the most frequently identified anxieties were depression, sadness, loneliness, incapacity, and guilt. Persecutory anxiety emerges as a consequence of an internal world populated by persecutory objects, which are reinforced by the experience of pain and its repercussions. Furthermore, castration anxiety and annihilation anxiety stand out.

The participants expressed needs for guidance and help, as well as the need to resume important daily activities. However, they felt distressed, threatened, and insecure about their own ability to achieve success in life, showing difficulty in finding solutions. They exhibited feelings of loneliness, sadness, and passivity, which intensified their states of vulnerability and connected them to the experience of helplessness.

Corroborating these findings, the most frequently used defense mechanism was rationalization, indicating difficulty in accessing symbolic content and directly addressing their own suffering. It is important to highlight that a psychic situation characterized by an inability to symbolize may be related to restrictions in ego and libidinal functions, which, in this sample, seem to be exacerbated by the experience of pain. Other defense mechanisms identified in the TAT analyses included repression, denial, regression, isolation, undoing, and reaction formation.

Final Considerations

The present study aimed to understand the subjective experience of helplessness and relate it to the perception of pain in individuals with chronic low back pain resulting from a herniated disc. The analysis of data obtained through the semi-structured interview, the application of the Thematic Apperception Test (TAT), and the scores from the Visual Analog Scale for Pain (VAS) allowed for the identification of key aspects that reinforce the relationship between pain and the psyche.

Based on the initial hypothesis, the results confirmed the presence of helplessness both in the participants' life stories and in their unsuccessful relationship with treatment and the progression of the disease. Feelings of powerlessness, incapacity, and passivity were identified, along with difficulties in finding ways to address their needs and cope with the limitations imposed by their own bodies. At the same time, a desire to fight and seek alternatives to improve their condition was observed. However, mental states marked by helplessness and hopelessness were noted, associated with experiences of castration and the inability to develop strategies to face their problems and transform their reality, which generated feelings of powerlessness and dissatisfaction with their own circumstances. Additionally, it was found that the way participants dealt with pain was closely related to how they faced other situations in life.

By relating the pain experience of the sample to the theory of helplessness, it was confirmed that this condition can be understood as an imposition of the environment and an exposure to the world, leading individuals to feel insecure, defenseless, and lacking the tools to cope with the pain process and the limitations imposed by their illness (Engel, 1967; Murray, 1995).

Considering illness as an expression of the organism, in which physical and psychological responses are intrinsically related (Rodrigues et al., 2019), the psychosomatic perspective allowed, in this research, an understanding of the mind–body interrelation in these individuals. The results confirmed that biopsychosocial factors influence the course of the disease (Engel, 1967; Rodrigues, 2022). Pain was perceived as an element that fragments the life trajectory of individuals, reducing their existential amplitude and imposing significant restrictions on the development of personal projects.

The proposal of the research, as well as the results obtained, aligned with the current definition of pain (DeSantana et al., 2020). According to this definition, pain is a personal experience influenced by biological, psychological, and sociocultural factors; the concept of pain is constructed from experiences lived throughout life; the individual's narrative about their pain experience should be considered; psychological and social well–being is impacted by pain; and the verbal description of the painful experience represents one of the possible behaviors for its expression. These aspects were addressed in the semi–structured interview, the TAT, and the VAS.

The family support network was understood to play a fundamental role in providing support to the participants. However, they reported feelings of helplessness, suggesting that the context of chronic pain can be experienced as a space lacking in help, reflecting the complexity of the emotional and psychological demands associated with pain, which often go beyond the available support possibilities of support, acceptance and assistance.

The defense mechanisms most commonly used by the participants, such as rationalization, denial, and isolation, indicate difficulties in accessing and processing emotional content related to their suffering. These findings reinforce the importance of psychological interventions that promote symbolization and awareness of the emotional aspects underlying the pain experience, contributing to the management of this condition.

Pain can drive social isolation due to the difficulty in expressing oneself and feeling understood. In this context, healthcare professionals, especially psychologists, regardless of their theoretical approach, need to have an in–depth understanding of the theme of pain, considering its high prevalence, its impact on various aspects of life, and its association with mental disorders. Psychological support can be conducted individually or together with family members, aiming at raising awareness, management, and psychoeducation about pain. Furthermore, it should be carried out in collaboration with an interdisciplinary team, enriching care and promoting a broader understanding of the patient, with emphasis on their emotional and psychosocial aspects (Perissinotti & Sardá, 2019; Paluto et al., 2024).

Regarding the limitations of this study, the sample was composed exclusively of male individuals, restricting the analysis to a qualitative study. Despite these limitations, it is considered that the results obtained provide important insights for healthcare professionals, especially psychologists, proposing a deeper exploration of the pain experiences of patients with chronic low back pain.

It is suggested that new research be carried out with the aim of improving clinical practice, developing effective psychological interventions for the management of chronic pain and promoting improvements in the quality of life of patients.

This work contributes to the understanding of the subjective experience of helplessness in individuals with chronic low back pain, highlighting the need for a comprehensive and interdisciplinary approach in caring for this population. By recognizing pain as a subjective experience, the commitment to promoting health practices that value the uniqueness of each individual in their illness process is reaffirmed.

Acknowledgments:

To the *Laboratório Sujeito e Corpo* (SuCor), Department of Clinical Psychology, Institute of Psychology, University of São Paulo.

References

- Almeida, N. A. de. (2018). *Desamparo em pacientes com dor lombar crônica: Um estudo psicanalítico e neurocientífico* [Dissertação de Mestrado, Instituto de Psicologia da Universidade de São Paulo].
- Angelotti, G., & Sardá, J. Jr. (2005). Avaliação psicológica da dor. In J. A. B. Figueiró, G. Angelotti, & C. A. M. Pimenta (Eds.), *Dor e saúde mental*. Atheneu.
- Calvetti, P. U., Figuera, J., & Muller, M. C. (2008). A bioética nas intervenções em psicologia da saúde. *Psic: Revista da Vetor Editora*, 9(1), 115–120.
- Cohen, M., Quintner, J., & van Rysewyk, S. (2018). Reconsidering the International Association for the Study of Pain definition of pain. *Pain Reports*, 3(2), Article e634. <https://doi.org/10.1097/PR9.0000000000000634>
- Darlow, B., Dean, S., Perry, M., Mathieson, F., Baxter, D., & Dowell, A. (2015). Easy to harm, hard to heal—Patient views about the back. *Spine*, 40(11), 842–850. <https://doi.org/10.1097/BRS.0000000000000901>
- DeSantana, J. M., Perissinotti, D. M. N., Oliveira Junior, J. O. de, Correia, L. M. F., Oliveira, C. M. de, & Fonseca, P. R. B. da. (2020). Revised definition of pain after four decades. *BrJP*, 3(3), 197–198. <https://doi.org/10.5935/2595-0118.20200191>
- Engel, G. L. (1959). Psychogenic pain and the pain-prone patient. *American Journal of Medicine*, 26(6), 899–918.
- Engel, G. L. (1967). The concept of psychosomatic disorders. *Journal of Psychosomatic Research*, 11, 3–9.
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129–136. <https://doi.org/10.1126/science.847460>
- Freud, S. (1920). Além do Princípio do Prazer. *Obras Completas* (Vol. XVIII). Standard Edition.
- Freud, S. (1911). Formulas sobre los dos principios del acaecer psíquico. *Obras Completas* (Vol. XII). Standard Edition.
- IASP Subcommittee on Taxonomy. (1979). Pain terms: A list with definitions and notes on usage. Recommended by the IASP Subcommittee on Taxonomy. *Pain*, 6, 249–252.
- Kamper, S. J., Apeldoorn, A. T., Chiarotto, A., Smeets, R. J., Ostelo, R. W., Guzman, J., & van Tulder, M. W. (2014). Multidisciplinary biopsychosocial rehabilitation for chronic low back pain: Cochrane systematic review and meta-analysis. *Cochrane Database of Systematic Reviews*, 2014(9), Article CD000963. <https://doi.org/10.1002/14651858.CD000963.pub3>
- Laplanche, J., & Pontalis, J. B. (1992). *Vocabulário da psicanálise*. Martins Fontes.
- Lee, G. I., & Neumeister, M. W. (2020). Pain: Pathways and physiology. *Clinics in Plastic Surgery*, 47(2), 173–180. <https://doi.org/10.1016/j.cps.2019.11.001>
- Loeser, J. D. (2009). A medicina narrativa e a dor. In O. Neto, C. M. C. Costa, & M. J. Teixeira (Orgs.), *Dor: Princípios e práticas*. Artmed.
- Menezes, L. S. A. (2012). *Desamparar*. Casa do Psicólogo.
- Meucci, R. D., Fassa, A. C. G., & Faria, N. M. X. (2015). Prevalence of chronic low back pain: Systematic review. *Revista de Saúde Pública*, 49, Article 73. <https://doi.org/10.1590/S0034-8910.2015049005874>
- Murray, H. A. (1995). *TAT – Teste de Apercepção Temática*. Casa do Psicólogo.
- Murray, H. A. (2005). *TAT – Teste de Apercepção Temática*. Casa do Psicólogo.
- Paluto, I. C. P., Moré, C. L. O. O., & Inácio, A. das N. (2024). Dor crônica e possibilidade de intervenção no contexto da psicologia: Revisão integrativa. *Estudos e Pesquisas em Psicologia*, 24, Article e77561. <https://doi.org/10.12957/epp.2024.77561>
- Paula, B. S. (2015). *Estudo clínico-qualitativo da dinâmica psíquica de pessoas com lombalgia crônica por artrose facetária* [Dissertação de Mestrado, Instituto de Psicologia da Universidade de São Paulo].
- Perissinotti, D. M. N., & Sardá, J. Jr. S. (2019). *Psicologia e dor – O que você deve saber*. Editora dos Editores.
- Prado, M. A. P. (2012). *Estudo do impacto psicológico na intercorrência cirúrgica: Trauma e seus efeitos pós-traumáticos* [Dissertação de Mestrado, Instituto de Psicologia da Universidade de São Paulo].
- Psychosomatic Medicine. (1939). Introductory statement – The editors. *Psychosomatic Medicine*, 1(1).

- Raja, S. N., Carr, D. B., Cohen, M., Finnerup, N. B., Flor, H., Gibson, S., et al. (2020). The revised International Association for the Study of Pain definition of pain: Concepts, challenges, and compromises. *Pain*, 161(9), 1976–1982. <https://doi.org/10.1097/j.pain.0000000000001939>
- Rodrigues, A. L. (2022). Pensar a psicossomática. Mudanças – *Psicologia da Saúde*, 30(1), 105 –109. <https://doi.org/10.15603/2176-1019/mud.v30n1p%25p>
- Rodrigues, A. L., Campos, E. M. P., & Pardini, F. (2019). Mecanismo de formação dos sintomas em psicossomática. In A. L. Rodrigues (Org.), *Psicologia da saúde-hospitalar: Abordagem psicossomática*. Manole.
- Santos-Silva, C., Almeida, N. A. de, & Wanderley, K. da S. (2019). Psicologia da saúde e psicologia hospitalar. In A. L. Rodrigues (Org.), *Psicologia da Saúde-Hospitalar: Abordagem psicossomática*. Manole.
- Silva, E. F. (1984). *Teste de Apercepção Temática (TAT) na cultura brasileira: Manual de aplicação e interpretação*. Fundação Getúlio Vargas.
- Souza, J. B., Grossmann, E., Perissinotti, D. M. N., Júnior, J. O. O., Fonseca, P. R. B., & Posso, I. P. (2017). Prevalence of chronic pain, treatments, perception, and interference on life activities: Brazilian population-based survey. *Pain Research and Management*, 2017, Article 4643830. <https://doi.org/10.1155/2017/4643830>
- Tang, S. K., YeeTse, M. M., Leung, S. F., & Fotis, T. (2020). Acute and chronic musculoskeletal pain situations among the working population and their pain education needs: An exploratory study. *Family Practice*, 37(5), 1–8. <https://doi.org/10.1093/fampra/cmaa013>
- Treede, R. D., Rief, W., Barke, A., Aziz, Q., Bennett, M. I., Benoliel, R., et al. (2015). A classification of chronic pain for ICD-11. *Pain*, 156(6), 1003–1007. <https://doi.org/10.1097/j.pain.000000000000160>
- Vieira, O. N., & Vieira, C. M. S. (2005). *Transtorno de estresse pós-traumático: Uma neurose de guerra em tempo de paz*. Vetor.
- Werlang, B. G. (2000). TAT conforme modelo de Bellak. In J. A. Cunha (Org.), *Psicodiagnóstico – V. Artes Médicas*.
- Williams, A. C. de C., & Craig, K. D. (2016). Updating the definition of pain. *Pain*, 157(11), 2420–2423. <https://doi.org/10.1097/j.pain.0000000000000613>

Contribution of each author to the work:

Nathália Augusta de Almeida: This research is part of the author's Master's dissertation (Department of Clinical Psychology – Institute of Psychology – University of São Paulo), who holds a Bachelor's degree in Psychology from Mackenzie Presbyterian University.

Avelino Luiz Rodrigues: Contributed to the theoretical framework (Psychosomatics) and methodological design.

Barbara Subtil de Paula Magalhães: Contributed to the analysis of the Thematic Apperception Test (TAT).

Elisa Maria Parahyba Campos Rodrigues: Supervisor of the study.

Luciano Miler Reis Rodrigues: Contributed to the selection of research participants and provided theoretical input on chronic low back pain.

EDITORIAL BOARD**Editor-in-chief**

Alexandre Luiz de Oliveira Serpa

Associated editors

Alessandra Gotuzo Seabra
Ana Alexandra Caldas Osório
Cristiane Silvestre de Paula
Luiz Renato Rodrigues Carreiro
Maria Cristina Triguero Veloz Teixeira

Section editors**"Psychological Assessment"**

André Luiz de Carvalho Braule Pinto
Danielle de Souza Costa
Lisandra Borges Vieira Lima
Luiz Renato Rodrigues Carreiro
Natália Becker
Thatiana Helena de Lima

"Psychology and Education"

Alessandra Gotuzo Seabra
Carlo Schmidt

**"Social Psychology and
Population's Health"**

Fernanda Maria Munhoz Salgado
Gabriel Gaudencio do Rêgo
João Gabriel Maracci Cardoso
Marina Xavier Carpena

"Clinical Psychology"

Cândida Helena Lopes Alves
Julia Garcia Durand
Vinicius Pereira de Sousa

"Human Development"

Ana Alexandra Caldas Osório
Cristiane Silvestre de Paula
João Rodrigo Maciel Portes

Review Articles

Jessica Mayumi Maruyama

Technical support

Maria Gabriela Maglió
Davi Mendes

EDITORIAL PRODUCTION**Publishing Coordination**

Surane Chilian Vellenich

Editorial Intern

Sofia Lustosa de Oliveira da Silva

Language Editor

Daniel Leão

Layout Designer

Acqua Estúdio Gráfico