

The Embodied Pain Scale

Zed Zha, MD

“On a scale of zero to ten, the patient finds her meth addiction to be a six,” says the medical student, presenting a patient to me at the addiction treatment center free clinic.

A six out of ten addiction? What does that mean? Amused and puzzled, I peeked at the paper he was reading from and realized that it was a formatted note. Under the “History of Present Illness” portion, there was a number scale named “severity.” The number 6 was circled.



Source: Wong-Baker, 2022

I imagined him asking, “From zero to ten, how bothersome is your addiction?”

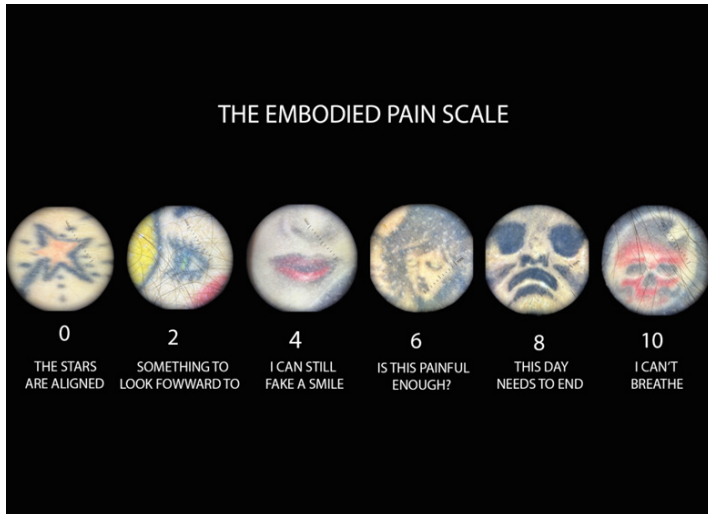
Then I imagined myself as the patient. “You mean the thing that ruined my family, took my career, landed me in jail, and for which I have been mandated by the court to come here and answer these silly questions? Hmm. Maybe a six.”

It’s almost funny.

As a science, medicine is obsessed with quantifying suffering, sometimes blindly so. There are certainly benefits to standardizing pain. For children (Garra, Singer, Taira, Chohan, Cardoz, Chisena, & Thode, Jr., 2010) or people unable to verbalize their pain (Kim, Park, Moon, & Han, 2017), pointing at a face or a number might be what they need for their care, especially in emergency settings. For research data collection, treatment efficacy tracking, and quality measurement, a numeric system can provide clarity (Gordon, 2016). However, as an art, healthcare delivery must look beyond the one-dimensionality of a pain score.

Perhaps the real question is, from zero to ten, how uninviting is the pain scale for patients who embody the multi-dimensionality of pain on a daily basis? To answer this question, in April of 2023, I asked my X (Twitter) #AskThePatient community for their thoughts. Almost 1,200 responded, and an overwhelming 80 percent found pain scores unhelpful in their medical care. Many even said they were harmful.

In this visual art piece, titled *The Embodied Pain Scale*, I hope to return the power of defining pain to the bodies that experience it. Here, the usual categorical faces are replaced by dermoscopic photos of actual patients' tattoos (with their permission). The legends underneath are quotes from people living with chronic pain, shared with me through the social media poll. The message is simple: Pain is more than skin deep, and so should be our interpretation of it.



0: “The stars must be aligned when I don’t feel pain. But I might have just learned not to show the pain and pretend for it to be 0.”

2: “I have had rheumatoid arthritis for 20+ years, and every movement hurts. I look forward to the day when my pain could be only 2. I can’t recall what that even feels like anymore.”

4: “I told the nurse my pain was 8. The nurse told me, ‘You are not an eight because if you were, you wouldn’t still be smiling and polite anymore.’ So, I told her it was a 4.”

6: “I am autistic. For years I couldn’t figure out how to put a number on pain, which was like asking which color tasted better. So, I always said six and hoped it would be ‘painful’ enough.”

8: “I have no idea what number to pick for my phantom pain other than ‘someone had to hold my arm for 20 hours a day so that I wouldn’t scream.’ I said eight so I didn’t get labeled a drug seeker. I just want this day to end.”

10: “I am a woman who had a heart attack but no risk factors. My chest pain was 10 when I went to the ER, and I couldn’t breathe. They sent me home without addressing my pain. Why bother asking if you aren’t going to believe me?”

Disclaimer

The details of the medical conditions in the quotes above have been significantly altered while preserving their essence to protect confidentiality. The dermoscopic tattoo images are a very small portion of larger tattoos, which make them unlikely to be identified. All tattoo images are given to the author voluntarily and with consent to use for artistic purposes. Additionally, the quotes and the tattoos do not match to the same individual in an attempt to further protect confidentiality.

References

- Garra, G., Singer, A. J., Taira B. R., Chohan, J., Cardoz, H., Chisena, E., & Thode Jr, H. C. (2010). Validation of the Wong-Baker FACES Pain Rating Scale in pediatric emergency department patients, *Academic Emergency Medicine*. 17(1), 50–54. doi:10.1111/j.1553-2712.2009.00620.x
- Gordon, E. (2016). Reassessing the assessment of pain: How the numeric scale became so popular in health care. *WHYY*. <https://whyy.org/segments/reassessing-the-assessment-of-pain-how-the-numeric-scale-became-so-popular-in-health-care/>

- Kim, Y.S., Park, J.M., Moon, Y.S., & Han, S.H. (2017). Assessment of pain in the elderly: A literature review. *The National Medical Journal India*, 30(4), 203–207. doi:10.4103/0970-258X.218673
- Wong, D. & Baker, C. M. (1983). Wong-Baker FACES pain rating scale. *Wong-Baker FACES Foundation*. <http://www.WongBakerFACES.org> .

About the Author

Zed Zha, MD, FAAFP, is a physician and a writer. Email: drzedzha@gmail.com; Website: zedzha.com; X (Twitter) @drzedzha; Substack: drzedzha.substack.com