



*How Deep Is the Wound?
— Understanding the
Emotional Dimensions of
Chronic Pain*

A guided reflection to explore possible connections
between pain, stress, and life experience

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A Different Way of Understanding Chronic Pain

Chronic pain is typically approached as a symptom we need to reduce, manage, or eliminate—usually tied to physical issues. Yet, many people continue to experience pain long after tissues have healed or treatments have been exhausted.

This reality invites a different question: *What if the pain isn't signaling damage, but rather a nervous system attempting to protect us?*

Instead of assuming pain only indicates ongoing injury, this perspective considers pain as a meaningful response—one shaped by experience, emotion, and our deep need for safety and stability.

This perspective doesn't replace medical explanations, but to expand them by exploring when pain may be functioning as protection, a container for what we can't yet process, or a boundary we haven't learned to set in other ways.

Understanding what pain is protecting us from can reveal the conditions needed for lasting resolution.

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Before We Begin

Not all emotional pain means trauma—but trauma can certainly cause chronic pain. So can emotional wounds even if they never reach the level of trauma.

Here are the key ideas guiding this work:

- **Pain as protection.** Emotional pain can function as learned protection—a response shaped by past experience, whether traumatic or not.
- **Multiple pathways to chronic pain.** Trauma can generate chronic emotional pain. But so can emotional wounds that formed without life-threatening events. Both can persist when left unprocessed.
- **The cost of healing.** Chronic symptoms often remain because the nervous system perceives integration as too risky, costly, or destabilizing to attempt right now.

How to Use This Booklet

The questions suggested next are designed to open doors. They invite curiosity rather than conclusions.

- **For your own reflection:** Use them privately to wonder: *How is this pain behaving? What might it be protecting?*
- **With clients:** Explore them collaboratively, adapting your language to create safety and support.
- **In clinical conversation:** Bring them into supervision, consultation, or case conceptualization to develop hypotheses and guide your next steps.



How to Use This Questionnaire

This questionnaire is not about diagnosing what is “wrong” or labeling pain as psychological. It is a guided inquiry designed to help us notice patterns together — how pain behaves, what situations affect it, and whether emotions, stress, or life circumstances may be interacting alongside physical factors.

For clinicians:

Use this tool collaboratively to explore how pain functions in this person’s life — what it may be protecting, what contexts influence it, and whether emotional or meaning-related factors may be contributing to its persistence.

For clients or lay readers:

These questions invite you to reflect on your own experience with curiosity rather than judgment. You may notice connections between your pain and certain situations, emotions, relationships, or thoughts that were not previously clear.

There are no right or wrong answers. Pain can have more than one root. Understanding those roots allows us to approach it more thoughtfully and effectively.



Questions to Guide Your Exploration

We suggest here five areas that can help you understand what chronic pain might be protecting—and what conditions might support its resolution.

1. Context Sensitivity of Pain

You can begin by noticing how the pain behaves across different situations.

- *Does the pain fluctuate with relational, emotional, or evaluative contexts?*
- *Does it intensify with visibility, performance, closeness, or vulnerability?*
- *Does it ease when the person feels safe, distracted, or genuinely supported?*

Examples:

- A patient's back pain worsens before difficult conversations but decreases during vacation.
- Headaches intensify during performance reviews or family gatherings but improve during relaxed social time.
- Pelvic pain increases during emotionally charged discussions but softens when the person feels heard and validated.

Clinical insight: Pain that shifts dramatically with context often reflects nervous system modulation rather than ongoing tissue damage.

2. Pain as Boundary

Explore whether pain is restricting access to certain experiences.

- *What does the pain seem to limit or prevent?*
- *Does it reduce exposure to emotionally charged, relational, or identity-threatening situations?*
- *Does it simplify difficult decisions? ("I can't do it because it'll hurt").*

Examples:

- A patient's shoulder pain flares whenever they consider returning to a demanding job they feel unprepared for.
- Migraine episodes increase before social events where the person feels judged or exposed.
- Chronic fatigue intensifies when someone is asked to take on more responsibility or assert a boundary in a relationship.
- Back pain worsens when a patient considers making a life change that feels uncertain or risky.

In these cases, pain may not be consciously chosen — but it can effectively limit exposure, reduce pressure, or postpone emotionally complex decisions.

Clinical insight: Pain may function as a boundary when revisiting meaning or renegotiating identity feels too destabilizing.

3. Emotional Completion

Assess whether emotions linked to the pain have been able to complete their natural cycle.

- *Are there emotions that activate but cannot be safely expressed or resolved?*
- *Would expressing or acting on these emotions risk attachment, belonging, or a stable sense-of-self?*
- *Does emotional activation quickly lead to shutdown, numbness, or physical pain?*

Examples:

- A patient notices neck tension and headaches whenever anger begins to rise, especially in close relationships where conflict feels unsafe.
- Chest pain intensifies when sadness or grief surfaces, particularly if the person feels responsible for staying strong.
- Pain increases during moments of shame, followed by rapid emotional shutdown or distraction.
- A patient reports, “As soon as I start to feel overwhelmed, my body hurts and everything goes blank.”

In these situations, emotion may begin to activate but does not fully move toward expression, integration, or resolution. The nervous system may shift into protection instead.

Clinical insight: When emotions cannot safely complete their regulatory function, the system may recruit pain as a stabilizing response — not to express emotion, but to contain it.

4. Insecurities and Meaning

Reflect on possible injuries to the person's sense of self, belonging, or safety.

- *What beliefs about self, others, or the world feel especially fragile or protected?*
- *Are there insecurities that quietly shape behavior, posture, or expectations?*
- *Does pain seem to help maintain certain limits by preventing exposure, risk, or evaluation?*

Examples:

- A patient with chronic back pain avoids leadership roles while holding a long-standing belief of "I'm not strong enough."
- Pelvic pain intensifies in situations involving intimacy when fears of rejection or inadequacy are present.
- Neck and shoulder tension increase when the person feels responsible for not disappointing others.
- A patient reports feeling physically worse whenever they consider doing something that contradicts how they see themselves.

In these cases, pain may not create insecurity — but it can reinforce patterns that formed around earlier emotional wounds.

Clinical insight: Insecurities often develop in response to unresolved emotional experiences. When those vulnerabilities remain unintegrated, chronic pain may become intertwined with the effort to maintain stability and avoid further emotional injury.

5. Cost of Integration

Consider what integration would require right now.

- *Would integration involve reopening loss, shame, fear, or helplessness?*
- *Would it destabilize identity, relationships, or daily functioning?*
- *Could it temporarily increase emotional intensity or uncertainty?*
- *Does the system currently have enough safety, stability, and support to tolerate that process?*

Examples:

- *A patient's pain decreases during therapy, but they become anxious about returning to full workload and expectations.*
- *Someone notices that when pain improves, old grief begins to surface — and the body quickly tightens again.*
- *A person considers setting a boundary in a relationship, and pain flares before the conversation happens.*
- *Symptoms ease during a calm period, but intensify again when life becomes demanding or unpredictable.*

In these cases, improvement itself may feel destabilizing. The system may tighten or reactivate symptoms not because healing is unwanted, but because change introduces uncertainty.

Clinical insight: *When integration is perceived as threatening or overwhelming, the nervous system may maintain pain as a stabilizing—though costly—form of protection. Increasing safety and flexibility often precedes sustainable symptom change.*

Now It's Your Turn

You've just explored five domains that often shape how chronic pain functions.

The next pages translate those reflections into a structured format you can use for yourself or with clients.

Respond based on your overall experience rather than a single moment.

This is not about scoring. It's about noticing patterns.

Response options:

Not at all · **S**ometimes · **O**ften · **V**ery often

Context & Variability

- My pain changes depending on stress, relationships, or emotionally charged situations.
- There are moments when my pain decreases even though my body or diagnosis has not changed.
- My pain intensifies in situations where I feel evaluated, exposed, pressured, or responsible for others.



Protection & Limitation

- Pain often stops me from activities that feel emotionally demanding, not only physically difficult.
- When pain increases, I tend to withdraw, slow down, or avoid certain situations.
- Pain sometimes feels like my body insisting on limits or safety rather than signaling injury.

Emotion & Expression

- Strong emotions (e.g., fear, sadness, anger, shame) tend to trigger or amplify my pain.
- I notice pain appearing when emotions rise quickly or feel hard to express.
- When emotions intensify, pain often shows up before I fully understand what I'm feeling.



Meaning & Identity

- My pain is connected to fears about who I am, what I can handle, or how others see me.
- Imagining life without this pain feels unfamiliar, uncertain, or even unsettling.
- Pain has become part of how I organize my life, protect myself, or set boundaries.

Cost of Integration

- When my pain improves, I feel uncertain about what will be expected of me.
- Letting go of my symptoms would require changes that feel overwhelming.
- Improvement sometimes feels as unsettling as the pain itself.



What the Patterns May Reveal

If several statements felt strongly familiar, that may suggest your pain is influenced not only by physical factors, but also by how your nervous system responds to context, emotion, and meaning.

When someone frequently identifies with these questions, it often suggests their pain is being modulated by the nervous system—shaped by past experience, current context, and protective needs. This doesn't erase physical contributors. It simply helps us understand how to work with the pain more skillfully: how to pace treatment, build safety, and sequence interventions thoughtfully.

Three common patterns:

Protective Pain

- Pain that's variable, context-sensitive, and closely tied to meaning, identity, or vulnerability. It often shifts based on who's present, what's at stake, or how exposed the person feels.

Emotional Wound

- Pain that coexists with unresolved emotions and lingering insecurities—without a clear survival-level threat in the person's history. The wound may be relational, developmental, or tied to unmet needs.

Trauma-Related Pain

- Pain associated with overwhelming threat, helplessness, and deep survival reorganization. The nervous system remains vigilant, even when danger has passed.



What This Means Clinically

These aren't diagnoses—they're organizing ideas that help guide how we approach treatment and what we prioritize first.

Pain doesn't need to disappear before it can be understood.

We can work with pain while it's still present, learning what it's communicating.

Forcing change can backfire.

Pushing for integration or "letting go" when protection is still needed often increases pain and distrust.

Safety and flexibility come first.

Increasing nervous system capacity, relational safety, and emotional range often precedes—and enables—symptom change.



A Final Thought

Pain is not always asking to be fixed.
Sometimes, it's asking to be understood—to be met
with curiosity instead of urgency, with patience instead
of pressure.

When we listen to what pain is protecting, we often
discover what's needed for healing: safety, time,
permission to feel, or simply being seen without
having to perform recovery.

This work takes courage!

*Thank you for
approaching it with
care.*



About this Booklet

This reflection tool is adapted from concepts developed in *How Deep Is the Wound?*, which explores emotional pain, wounds, and trauma as distinct processes—each with different clinical needs and pathways toward resolution.

**For further reading and clinical frameworks, follow:
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