

Wilbert Fordyce describes the potential influence of social feedback on pain

Oral History Interview with Wilbert E. Fordyce, 10 July 1993 (Ms. Coll. no. 127.1), John C. Liebeskind History of Pain Collection, History & Special Collections Division, Louise M. Darling Biomedical Library, University of California, Los Angeles

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WILBERT FORDYCE: This was how it all started: On a Thursday we had had on our ward a chemist with rheumatoid arthritis, disease in remission, the sed rate was down; but there was a lot of residual immobilization. He had been referred to rehab for reactivation. He had been there for a couple of weeks, whatever. On Thursday he announced with great feeling to the nurses and everyone else that the pain was so great that he could not even tolerate the touch of his sleeve on his arm, and that he could not get out of bed to go exercise. That was on Thursday. I was on the ward at that time, in those days, with Justus Lehmann, the chairman of the department, and Barbara DeLateur, his senior resident [now Professor of Physical Medicine and Rehabilitation at Johns Hopkins]. We'd make walking rounds each day. Friday Jack Michael came, gave his lecture and pointed out what seems so obvious now but didn't seem so obvious then, that social feedback has a lot of influence potentially.

The following Monday -- now our chemist friend had been in bed Thursday and Friday and Saturday and Sunday -- the following Monday we came walking around the ward and came to his room on ward rounds. I don't know where the idea came -- I got this harebrained idea. "What do you say, if he says anything about pain, let's look out the window." It was crass, it was cold, it was whatever. But we did it. We walked into the room --

JOHN LIEBESKIND: You planned this ahead of time with the others?

FORDYCE: We just had a little caucus outside the door and I laid this proposal on my colleagues and they said, okay. They looked at me sort of funny, but why not. So we went in there and began talking with him at the bedside. He was lying in bed and immediately he began to tell us how bad his pain was. So all three of us looked out the window, turned our heads ninety degrees or whatever it was. It was just crude. And he stopped. So then we turned back to him and he stated talking about pain again -- looked out the window again. We went through this little charade two minutes, three minutes, something like that, not long, and then left. The darnedest thing happened. He got up and got dressed. He hadn't been out of bed since Thursday, except to go to the bathroom, I guess. He got up and got dressed and went to PT and OT and did his exercises. He never missed another session of treatment. The second afternoon -- this was a Monday morning we had done this --and Tuesday morning we came around again. On Tuesday afternoon he said to the nurses, "I know what those SOBs are doing. Every time I say anything about pain they look out the window." But it didn't make any difference.

LIEBESKIND: He understood it, but it didn't --

FORDYCE: I was just flabbergasted. As Al Roberts would have said, this was strictly a data-driven -- we didn't set up and think up some theoretical framework for all of this, we weren't testing some hypothesis, it was just a harebrained idea, which had an unexpected effect, we can't even claim cause and effect. We can only say that this was the sequence ...

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