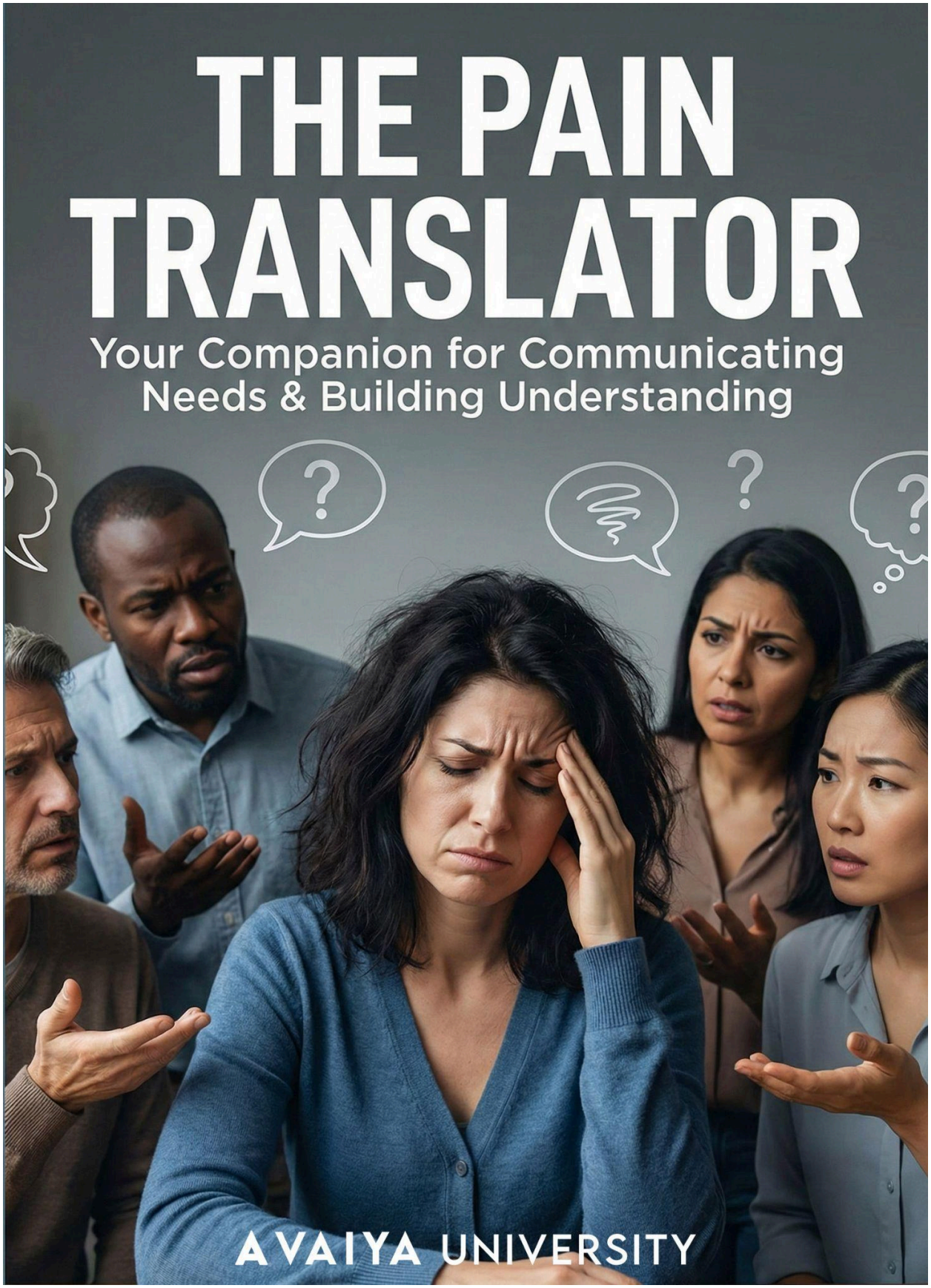

THE PAIN TRANSLATOR
Your Companion for Communicating Needs & Building Understanding
AVAIYA UNIVERSITY

The Pain Translator: Your Companion for Communicating Needs & Building Understanding

How to set boundaries, ask for support, and explain your reality without exhausting your nervous system.

Presented by: AVAIYA University

Introduction:

The Emotional Labor of Being Misunderstood

Living with chronic pain is physically exhausting. But explaining that pain to people who cannot see it? That is **emotionally exhausting.**

When you live with invisible discomfort, you constantly face a difficult choice: Do you push through the pain to make others comfortable, or do you set a boundary and risk being seen as "flaky," "lazy," or "difficult"?

Too often, we choose the first option. We over-explain. We defend our reality. We apologize for our bodies. This puts our nervous system into a state of high alert (sympathetic arousal), which, ironically, increases our pain levels.

The Goal of This Scriptbook: This book is designed to save your energy. It provides you with clear, somatic-informed language for the difficult conversations in your life.

These scripts are not about convincing skeptical people that your pain is real. They are about clearly stating your **capacity** and your **needs** so you can stay regulated.

How to Use These Scripts: You do not need to memorize them word-for-word. They are templates. Adapt them to your voice. The most important element is not the exact words, but the intention behind them: **Protecting your peace.**

Core Principles:

The Somatic Approach to Communication

Before you speak, it helps to understand *how* to speak when your body is hurting.

Principle 1: Check Your "State" Before You Communicate

If your pain is at an 8/10, you are likely in a "fight-or-flight" state. Your tone might come out sharper than you intend, or you might shut down completely.

> **The Rule:** If possible, do not have complex relationship talks during a high-pain flare. Use a "placeholder script" (see Page 4) and return when you are more regulated.

Principle 2: Boundaries Are For You, Not Against Them

A boundary is not a weapon used to punish someone else. It is a protective circle you draw around yourself so you can remain functional.

> **The Shift:** Instead of saying, "You are being too loud," try, "My nervous system is very sensitive to noise right now, so I need to put on noise-canceling headphones."

Principle 3: Explain Capacity, Not Symptoms

You don't need to give a medical report of exactly where it hurts for your "no" to be valid. Focus on what you can *do*, rather than what you *feel*.

> **The Shift:** Instead of saying, "My fibromyalgia is flaring up and my hips are burning," try, "I don't have the physical capacity for a two-hour walk today."

Scenario 1 - Partners & Close Family:

The People Who See You Every Day

These are the hardest conversations because the stakes are highest. You want connection, but you need space.

The Situation: You need to lie down and withdraw, but you fear your partner feels rejected or ignored.

The Script:

> "I need you to know that what is happening in my body right now has nothing to do with my love for you.
>
> Right now, my pain levels are high, and my nervous system is overwhelmed. I am entering a 'shutdown' mode to cope. I need to go lie down in the dark for [amount of time] to let my system reset.
>
> I am not ignoring you; I am taking care of myself so I can come back and connect with you later. Let's check in again at [time]."

The Situation: Your partner wants to help but is hovering or offering anxious suggestions that make you more stressed.

The Script:

> "I love that you want to help me. Right now, the best way you can help is by lowering the sensory input in the

> house. Could you please [turn down the TV / dim the lights / take the kids outside for an hour]? Quiet is the best medicine for me right now."

Scenario 2 - Friends & Social Life:

Navigating FOMO and Flakiness

The fear here is that if you say "no" too many times, the invitations will stop coming.

The Situation: You made plans when you felt okay, but the day has arrived and you are in a flare-up. You need to cancel last minute.

The Script (The Gentle Pivot):

> "I was so looking forward to dinner tonight, but my health has taken a turn today and I won't be able to make it. I'm really disappointed.
>
> I don't have the capacity to be out and social tonight, but I *do* want to connect with you. Could we switch to a FaceTime call for 20 minutes instead? Or could we reschedule for next week?"

The Situation: Explaining why you can do some things but not others (the "selectively disabled" accusation).

The Script:

> "It’s confusing, I know. Think of my energy like a phone battery that is damaged—it only charges to 40%, and it drains very fast.
>
> I used 30% of my battery just getting showered and dressed today. I have enough left to sit and have coffee with you for an hour, but I don't have enough to go for a walk afterward. I have to budget my energy carefully to avoid crashing."

Scenario 3 - The Workplace:

Professional Boundaries & Accommodations

In the workplace, you want to be factual, solution-oriented, and unemotional. Focus on productivity and capacity.

The Situation: You need a physical accommodation (a better chair, the ability to stand during meetings, etc.).

The Script:

> "I want to ensure I’m working at my highest productivity level. Currently, [the standard office chair / sitting for 90-minute meetings] is aggravating a health condition I

manage, which makes it harder for me to focus on my tasks.

To perform my best, I need [an ergonomic assessment / permission to turn my camera off and stretch during long calls]. These small adjustments make a big difference in my output."

The Situation: You are having a high-pain day and need to adjust your workload without sounding like you are slacking.

The Script:

"I am navigating a health flare-up today that is impacting my usual capacity. I need to prioritize my tasks.

I am going to focus my energy on completing [Task A] today, as that is the highest priority. Can [Task B] wait until tomorrow, or should I delegate it to someone else so it doesn't fall behind?"

Scenario 4 - Medical Professionals:

Getting Heard by Doctors

Medical appointments can be incredibly triggering. These scripts help you stay grounded and keep the doctor focused.

The Situation: The doctor is interrupting you or dismissing your experience.

The Script (The Redirect):

> "Doctor, could you pause for a moment? I feel like we are moving away from my primary concern. I need you to hear the full picture of how this is impacting my daily function so we can make the right treatment plan. Please let me finish describing the sensations I've been tracking."

The Situation: The doctor suggests it's "just stress" or "all in your head."

The Script (The Somatic Response):

> "I agree that stress impacts my body—the mind and body are connected. However, the physical sensations I am experiencing—the [burning/stabbing/aching] in my [location]—are very real physical symptoms that need to be addressed physically, alongside stress management. What is our plan for the physical pain?"

Scenario 5 - The Unsolicited Advice Givers**

Handling the "Have You Tried Yoga?" People

Well-meaning (and sometimes judgmental) people love to offer simple solutions to complex problems. You do not owe them a debate.

The Strategy: Don't J.A.D.E. You do not need to **J**ustify, **A**rgue, **D**efend, or **E**xplain your treatment plan to anyone not on your medical team.

The Situation: Someone says, "You should really try this special diet/supplement/exercise; it cured my cousin's neighbor."

The Script (The "Bean Dip"): Acknowledge the comment, then immediately change the subject (pass the bean dip).

> "Thanks for thinking of me. I'm working on a plan with my specialist right now that feels right for me.
>
> Anyway, did you see that movie that just came out...?"

The Situation: Someone implies you aren't trying hard enough to get better.

The Script (The Firm Boundary):

> "I know it's hard to watch me in pain. Trust me, it's harder to live in it. I am doing the best I can with the

resources I have today. I am not open to discussing new treatments right now."

Bonus Tool - "Flare-Up Flash Cards":

For When Talking Is Too Hard

When pain is at a 9 or 10, the language centers of our brain literally go offline. Speaking feels impossible.

For these moments, establish a non-verbal system with the people you live with. You can print these out or just text the emoji to your partner.

🟢 **GREEN LIGHT MODE**

- **What it means:** I am okay. My baseline discomfort is present, but I am functional.
- **Okay to:** Talk to me, touch me, ask me to do chores.

🟡 **YELLOW LIGHT MODE**

- **What it means:** I am struggling. I am "masking" heavily to appear normal. My battery is at 20%.
- **Needs:** Please lower your voice. Don't ask me complex questions. I need to sit down soon.

🔴 **RED LIGHT MODE**

- **What it means:** Emergency state. My nervous system is flooded. I cannot process language or emotion.
- **Action required:** Do not take it personally when I withdraw. Do not try to comfort me with touch unless I ask. Please handle immediate household responsibilities so I can completely go offline.

Conclusion:

Communication is a Practice

Setting these boundaries will feel uncomfortable at first. You might feel guilty. Your voice might shake. That is okay.

Somatic healing isn't just about doing stretches on a mat; it's about how you move through the world and how you protect your own energy. Every time you use one of these scripts, you are telling your own nervous system: *"I am listening to you. I matter enough to speak up."*

Be patient with yourself as you learn this new language.

Continue Your Journey:

Dive deeper into boundary setting and nervous system regulation in the **Somatic Solutions for Chronic Pain Summit.**