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Unveiling the Role of Psychological Pain within Informal Institutions in Addressing Intimate Partner Violence

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Abstract This study redefines the exploration of Intimate Partner Violence (IPV) by emphasizing psychological pain as the pivotal element of trauma, shifting away from focusing solely on aftermath experiences. Psychological pain has been considered as a core area for this research through the lens of biopsychosocial model and unbearable psychache. These theoretical approaches examine psychological pain as the foundational factor in subsequent victim experiences and reactions involved in intimate partner violences (IPV). Utilizing an in-depth case study method, it rigorously analyzes a victim's narrative within the IPV realm, detailing the intricate connection between psychological pain and resulting trauma. The participant of this study is visually impaired and the perceived pain and its intensity in the context of disability have also been analyzed. This pain significantly influences victimization and exacerbates physical suffering. IPV, trauma, and visual impairment intersect, creating complex challenges for individuals and communities. The paper discusses pain and IPV in the context of informal institutions and their complementary or challenging roles. By emphasizing psychological pain as the core of trauma dynamics, this research redefines the understanding of pain involved in IPV. The insights gained can contribute to the crucial implications for interventions among survivors in the realm of intimate partner violence.

Keywords Intimate Partner Violence, Informal Institution, Trauma, Unbearable Pain, Visual Impairment

1. Introduction

Intimate Partner Violence (IPV) is an intricate labyrinth of human suffering, transcending the boundaries of physical and emotional pain, entwining itself within the fabric of personal relationships. Its impact, pervasive and enduring, reverberates through the lives of individuals regardless of gender, age, socioeconomic status, or cultural background. However, within this realm of anguish, the experiences of visually impaired women stand as an often-overlooked yet profoundly significant facet. It encompasses a range of harmful behaviors inflicted by one partner upon another, leading to physical, emotional, or psychological suffering. This form of aggression within intimate relationships transcends boundaries of gender, age, socioeconomic status, and cultural backgrounds, leaving a profound impact on individuals and communities worldwide. Understanding its complexities and effects is crucial in addressing this pressing societal concern. IPV encompasses actions by a current or former partner that result in physical, sexual, or psychological harm. This includes physical aggression, sexual coercion, psychological abuse, and other controlling behaviors [1]. WHO analysis of prevalence data based on survivors from 2000-2018 across 161 countries found that 1 in 3 women has been subjected to IPV [2]. The agony endured by

victims of IPV is not confined to visible scars or immediate wounds; it extends far deeper into the realms of psychological suffering, inflicting wounds that remain unseen yet profoundly felt. For visually impaired women, navigating the complexities of abusive relationships takes on an additional layer of intricacy. The nuances of psychological pain inflicted upon them within the dynamics of intimate partner aggression are profound, insidious, and, oftentimes, incomprehensible to those not immersed in this unique intersection of gender and disability. IPV within the visually impaired female community represents a particularly complex and under-addressed dimension of this pervasive issue. Despite the prevalent societal misconceptions about the capabilities and vulnerabilities of visually impaired individuals, the reality of IPV and the bio psycho social transformations demand urgent attention. Formal institutions, such as laws, regulations, and government agencies, provide a structured framework for addressing societal issues. In the context of IPV, formal institutions enforce protective orders, prosecute offenders, and provide support services for victims. Similarly, for individuals experiencing trauma, formal institutions offer mental health counselling and rehabilitation programs. For those with visual impairment, formal institutions provide assistive technology, vocational training, and accessibility accommodations. Visual impairment introduces a myriad of challenges that intersect with the dynamics of intimate relationships, exacerbating vulnerability and amplifying the anguish experienced in abusive situations. Visual impairment is a broad theme and in the present context it has taken as a dysfunction of visual system which resulted in deprivation of vision and light. These challenges encompass a spectrum of limitations, from reliance on others for essential support and information accessibility barriers to increased isolation stemming from communication and mobility restrictions. The interplay between these challenges and the intricate dynamics of an abusive relationship for visually impaired women forms a crucible wherein the flames of psychological pain burn most fiercely. In such relationships, recognition and interpretation of abuse markers become an arduous task. The absence of visual cues heightens the complexity of identifying signs of abuse, leaving victims grappling with a reality compounded by the inability to rely on conventional indicators. Consequently, seeking help or accessing available resources becomes an uphill battle, with barriers further entrenched due to limited support networks and increased difficulties in navigating aid systems. Informal institutions, though often less visible and codified than formal institutions, can exert a significant influence on individual and community behaviour. In the context of IPV, informal institutions, such as family networks and community leaders, can mediate conflicts, provide emotional support, and encourage reconciliation. For individuals experiencing trauma, informal institutions can offer cultural healing practices, peer support groups, and religious or spiritual guidance. For those with visual impairment, informal institutions can facilitate access to resources, help with daily tasks, and promote social inclusion. While informal institutions can play a positive role in addressing IPV, trauma, and visual impairment, they can also pose challenges. Cultural norms may perpetuate gender inequalities and power imbalances, contributing to IPV. Traditional healing practices may not address the root causes of trauma, and informal support networks may lack the expertise to provide adequate assistance for individuals with visual impairment. Despite these challenges, informal institutions present opportunities for collaboration and integration with formal institutions. By understanding and engaging with informal institutions, policymakers, practitioners, and researchers can develop more effective and culturally sensitive interventions to address IPV, trauma, and visual impairment. The convergence of gender and disability within the context of IPV among visually impaired women represents a conundrum that demands urgent scholarly attention and societal recognition. Despite prevalent misconceptions surrounding the capabilities and vulnerabilities of visually impaired individuals, the stark reality of their experiences with IPV underscores the criticality of a nuanced exploration. This research endeavors to venture into uncharted territories, shedding light on the unspoken narratives and deciphering the layers of psychological pain inflicted upon visually impaired women ensnared within abusive relationships. By immersing into this hitherto underexplored domain, the aim is not only to understand the depth and intricacies of their suffering but also to sculpt bespoke interventions, fortify support structures, and empower these individuals to break free from the suffocating shackles of abuse [3].

2. Review of Literature

Chronic pain among women subjected to IPV has often been relegated to a mere health issue or a natural consequence, thereby underscoring a limited understanding of its complexity and far- reaching implications. IPV, a distressing reality often rooted in early adulthood and entwined within marriage or cohabitation dynamics, encompasses a spectrum of abuses—from physical and sexual to emotional aggression and controlling behaviours. Sexual violence, constituting a pivotal facet of IPV, extends beyond intimate partnerships, spanning across diverse perpetrators, including parents, family members, peers, and acquaintances, impacting women across various stages of life, including childhood [4]. Amidst the disturbing landscape of IPV, women's experiences of persistent pain are starkly evident, yet frequently neglected in both care provision and consideration of their emotional turmoil. Persistent pain, delineated as enduring beyond a three-month threshold, profoundly impairs quality of life and physical functionality, constituting an interchangeable term with

chronic pain [5].

Explorations within clinical populations have unveiled a significant association between IPV history and chronic abdominal or pelvic pain. This correlation underscores the intricate and enduring nature of pain experiences intricately interwoven with abuse histories and their ensuing psychological ramifications [1,2]. IPV, recognized as a prevalent traumatic stressor, manifests in pain experiences that can range from short-term to persistently chronic [6,7]. Consequently, the aftermath of IPV often coerces women into a reliance on pharmaceutical interventions to alleviate both the physical and psychological injuries inflicted upon them. This dependency on medication emerges as a consequence of the multifaceted and enduring nature of the pain, often overlooked within the broader discourse on IPV's ramifications. In summary, the literature underscores the need for a nuanced understanding of chronic pain among women ensnared in IPV. The intersection of trauma, abuse history, and persistent pain highlights the multidimensional nature of their suffering, calling for comprehensive interventions that address not just the physical but also the emotional and psychological dimensions of their distress. Moreover, acknowledging and addressing the nexus between IPV and chronic pain become imperative in crafting holistic support frameworks that mitigate the enduring repercussions of IPV on women's well-being and pave the path towards healing and recovery. The intersection of Intimate Partner Violence (IPV) and chronic abdominal or pelvic pain within clinical populations has surfaced as a critical area of study, unraveling the intricate web of experiences tethered to abuse histories and resultant psychological complexities [2,3]. IPV, acknowledged as a pervasive traumatic stressor, manifests diverse pain experiences that span both short-term and enduring dimensions [6,7]. In response, women ensnared in IPV are often compelled into the usage of pharmaceutical interventions to alleviate the physical and psychological injuries inflicted upon them. Elevating the discussion beyond a mere health concern, IPV emerges as a gendered issue, exemplifying the most prevalent form of violence against women [8]. The global recognition of addressing gender-based violence among women as a human right and public health imperative gains prominence, given its far-reaching consequences, particularly on sexual and reproductive health outcomes. In this context women with visual impairment require more attention as disability can play a role in the experience of IPV.

Central to the aftermath of IPV is the common reaction of pain, yet understanding its nuanced nature and intensity requires a meticulous examination of specific narratives. A profound review of the literature illuminates a distressing reality wherein women's accounts of their pain experiences are frequently dismissed or misattributed by healthcare professionals. Often labeled as hysterical, fabricated, or even non-existent, these reports lead to women being diagnosed predominantly with psychological conditions when presenting with persistent pain. This systematic exploration underscores the urgent need for a paradigm shift in recognizing the gendered nature of IPV's aftermath and the inherent complexities of chronic pain experienced by survivors. It echoes the imperative to empower narratives that reveal the multifaceted dimensions of pain within the context of IPV, challenging the prevailing dismissive attitudes within healthcare towards women's accounts. Furthermore, it substantiates the call for comprehensive interventions that acknowledge the intertwining trauma, pain, and gendered violence, advocating for holistic care that addresses both the physical and psychological facets of women's distress. Ultimately, this review underscores the criticality of reshaping societal and healthcare responses to IPV survivors, fostering environments of empathy, validation, and comprehensive support. The nature of pain associated with IPV is different due to the physiological locations where they experience pain. There are reports on chest pain, abdominal pain [9] and pelvic pain [10]. Beyond the more commonly recognized outcomes like HIV and sexually transmitted infections, it leaves a lasting imprint on the physical, emotional, and psychological well-being of survivors. The trauma associated with such victimization weaves painful memories, casting a shadow over one's sense of safety and self.

Studies delve into the intricate aftermath, revealing distressing connections between IPV and sexual aggression. For those affected, chronic pain becomes more than a physical burden—it becomes a relentless companion, often accompanied by extreme sleep disturbances. This pain, originating from both physiological and psychological roots, is a window into the complexity of the ordeal. It's not just about the pain itself; it's about how it intertwines with a myriad of psychological reactions, leading to behavioral challenges like struggles with mood regulation or compromised decision-making abilities [2]. The aftermath of IPV casts a wide shadow, enveloping survivors in a complex web of physical and psychological struggles. It's not just about the visible scars; it's the silent battles waged within. The physical pain, a constant companion for many, is just the tip of the iceberg. It's the entwining of this pain with a host of psychological challenges that truly reveal the depth of the ordeal. Studies have illuminated a distressing array of psychological outcomes—beyond the commonly recognized anxiety and depression, survivors grapple with the haunting specter of post-traumatic stress disorder (PTSD). The prevalence of smoking and engagement in risky sexual behaviors emerge as coping mechanisms, further complicating their journey toward healing [2]. Perhaps most alarming is the revelation that women who have experienced IPV within the past year are twice as likely to be diagnosed with PTSD [11]. This statistic underscores the deep-seated trauma inflicted by IPV, seeping into the very core of one's mental and emotional well-being. These psychological tribulations, intertwined with the physical pain, create a relentless cycle

of suffering for survivors. It's not just about dealing with wounds that heal; it's about navigating a minefield of emotional turmoil, where each step forward is a triumph over the ghosts of the past. Understanding this intricate interplay between physical pain and psychological distress is pivotal in crafting effective support systems that address the holistic needs of survivors, offering them pathways to not just survive, but truly reclaim their lives. Chronic pain can arise from neuropathic effects related to injuries caused by abuse and prolonged stimulation to stress. The longitudinal literature significantly points towards experiences of pain as an underlying factor for other explicit symptoms and complaints. The pain forms a cognitive schema and they practice existential avoidance to escape from potentially negative and hazardous long-term repercussions. To manage with or to tolerate it, they rely on heavy drinking. This drinking behaviour helps them a lot as it is alleviating the psychological and physiological pain [12].

Indeed, there are research studies arguing that alcohol can act as a means of self-medication and help women to cope with the negative effect of IPV such as sleep disturbance, hyper arousal or depression. The research among female survivors of IPV with disabilities shows that the health problems they experience are voluminous and of higher rates compared to non-disabled women [13]. The research among physical therapists finds it important to understand the pain with respect to the disability they are experiencing. To deal with the IPV related problems the therapists need to have information rich with screening, assessment and trauma-informed practices pertinent to the disabilities [13]. People with disabilities are at greater risk of victimization due to their dependence on partners. Patriarchal domination and male sexual proprietariness should be addressed to tackle problems of partner violence against women. These problems can be broadly classified into relationship factors, victim-related characteristics, and perpetrator-related characteristics [14,15,16,17].

2.1. Pain: A Theoretical Model

Pain is a complex mechanism having an interplay between social, psychological and biological factors as per the biopsychosocial model [18]. The intensity of pain is completely relying on these combinations and can maintain or worsen the experience of having the pain. The advantage of biopsychosocial model of pain is that it can explain pain beyond the scope of pathophysiology. Accordingly, the model explains pain, the remedial measures can be more holistic to attend the complex spectrum of pain narratives. The pain spectrum has its weightage on the psychological dimension and the Psychache Scale [19] defines it. It defines and measures pain through perceived burdensomeness, thwarted belongingness and hopelessness. It has mental pain, psychic pain and emotional pain involved in it. For the same reason, the scale has it's applicability among the global population to identify pain and pain related expressions. Meerwijk and Weiss define psychological pain as an extreme and aversive emotionally based feeling, negative appraisal or deficiency of self [21]. This pain is unstoppable as it has the psychological components (thoughts, beliefs, attitudes, emotions, values and schemas) involved in it [22].

3. Method

This research adopted descriptive case study method based on victim narratives. The purpose of this study is to understand the factors associated with the pain of a woman survivor of IPV who is visually impaired. The focus isn't solely on cataloging her experiences but on comprehending the intricate web of elements that intertwine to create this pain, drawing on theoretical concepts like unbearable psychache and the biopsychosocial model. Unbearable psychache encapsulates the profound emotional and psychological suffering experienced by individuals in distressing situations. In this context, it acts as a lens through which we aim to comprehend the depth of the pain she endures. Beyond just the physical sensations, this theoretical framework allows us to explore the emotional and mental anguish, providing insights into how the trauma of IPV manifests as an overwhelming internal pain. Simultaneously, the biopsychosocial model offers a comprehensive lens, acknowledging that pain isn't merely a physical manifestation but an intricate tapestry woven from biological, psychological, and social threads. These theoretical models help to explain the experiences, biological factors, psychological distress, and social context coalesce to create and perpetuate the pain of victim.

3.1. Research Questions

1. How is the pain experienced by a visually impaired survivor of IPV? How do we understand the characteristics of the pain through the unbearable psychache model?
2. How does the biopsychosocial model of pain contribute to the understanding of pain experienced by a visually impaired survivor of IPV?

3.2. Data Collection Procedure

The data collection process began by identifying workplaces for Visually Impaired individuals to identify a willing participant who had experienced IPV through the NGO's working for people with visual impairment in the Indian state of Tamil Nadu. Upon finding a participant open to sharing her experiences, explicit consent was obtained for the narration and subsequent use of her personal narratives for research purposes. Establishing rapport was prioritized before delving into the sensitive and personal aspects of her life. Once a comfortable

environment was established, an interview was conducted during scheduled hours. The interview strategy involved employing open-ended questions to allow for a comprehensive exploration of the IPV experiences she had encountered. Following the interview, the narratives shared by the participant were carefully transcribed and documented for analysis. Then a separate session was dedicated for administration of the Unbearable Psychache scale. This scale was chosen as a means to quantify and comprehend the profound emotional suffering and psychological distress the participant might be undergoing due to IPV [20]. Throughout this meticulous data collection procedure, utmost sensitivity and ethical considerations were maintained to safeguard the participant's well-being and ensure that her experiences were honored and utilized for research purposes responsibly and respectfully.

4. Case Study

The victim was a 25-year-old woman, accomplished her postgraduate studies and landed a teaching job, an achievement she pursued with unwavering dedication. As per the family decision, she entered into marriage shortly after securing her professional footing. Her husband, was also employed and had an ambition for career growth. They decided to reside near their workplaces as a strategic move to foster their careers, albeit at the cost of limited time together, confined to weekends. The initial six months transpired smoothly, but a shift occurred when her husband began requesting her salary and decreased his visits, citing financial obligations. Slowly the happiness and peace were disrupted as her husband initiated demands for her earnings and reduced his presence in her life. However, she started surrendering her entire income to him. Any resistance she expressed led to instances of both physical and psychological abuse. As time progressed, the situation escalated. Her autonomy over finances diminished, and resistance triggered aggressive behaviors from her husband. The demand for her salary morphed into a coercive tactic, leaving her financially disempowered and emotionally distraught. The abuse encompassed both physical altercations and a persistent barrage of psychological trauma, causing her mental health to deteriorate rapidly. The repercussions of this abusive relationship rippled across various facets of her life. Professionally, her focus and dedication at work waned due to the pervasive distress. Emotionally and psychologically, she experienced heightened anxiety, self-doubt, and a loss of self-worth. Socially isolated and burdened by fear and shame, she withdrew from interactions, concealing her situation from friends and family.

4.1. Presenting Problems

For her, the childhood was joyful and she remembered herself as a resilient person. Despite her visual impairment, she navigated her academic pursuits and budding career with perseverance and determination. Thus, when the marriage proposal came knocking, she welcomed it with the same unbridled optimism that had guided her through life's trials. Little did she anticipate that monumental step, this stride into marital union, would unravel as an alliance driven not by love or companionship but by stark financial motives. The problems started with that phase in her life. There were instances of financial demands and challenging situations, where she felt like that the sole responsibility is in her shoulder. The financial problems were slowly started to affect her dignity and many times her resilience got affected. She remembers that at a stage she had only the white cane to hold on and nothing else to support. She turned to be a disoriented person and further the abusive remarks made her into a self-doubtful person. Then it developed into a physical bullying and abuse where the victim felt like totally devastated and shattered. Now she says that she experiences the pain all over the body. The pain keeps her up all night. She says that it affects her ability to go to work or focus anything. She says that the pain is impacting her severely and getting worse without medications.

5. Results

In Table 1, the severity of pain experienced by participant is indicated using the set of statements in the unbearable psychache scale. These statements provided insights into the emotional and physical distress the participant encountered. The evaluation of these scores, reflected upon a deeper understanding of the impact of psychological pain within informal institutions, particularly when addressing intimate partner violence.

In Table 2, the narratives were evaluated for the underlying themes and categorized them into meaningful sections. The derived themes were explored in the context of biopsychosocial model of pain. The underlying sub-themes were also represented in Table 2. The theoretical framework, rooted in the biopsychosocial model of pain, allowed to comprehensively understand these themes by integrating biological, psychological, and social dimensions of pain.

Table 1. The scores of Unbearable Psychache Scale

Items	Score	Interpretation
I can't take my pain any more	5 (Strongly agree)	Severe Pain
Because of my pain, my situation is impossible	5 (Strongly agree)	Severe Pain
My pain is making me fall apart	5 (Strongly agree)	Severe Pain

Table 2. Biopsychosocial Model of Pain

Categories		Aligned themes from narratives
Biological	a.	Visual Impairment: Visual impairment and Disability can be considered as biological factors that have shaped her experiences and influenced her choices.
	b.	Physical Pain: The experience of pain all over her body, affecting her sleep and daily functioning, is a biological manifestation resulting from the stressand trauma she's endured.
Psychological	a.	Emotional Impact: Victim's feelings of betrayal, disillusionment, and emotional distress due to the realization that her marriage was primarily forfinancial reasons have deeply affected her mental state.
	b.	Psychological Abuse: Enduring hurtful remarks about her visual impairment and experiencing psychological abuse have significantly impacted her psychological well-being.
	c.	Anxiety and Disruption of Daily Life: Her anxiety, loss of confidence, and difficulties concentrating on work are psychological consequences of theongoing emotional turmoil and stress she faces.

6. Discussion

From the unbearable psychache responses, it is evident that the participant pain is indescribable and intense. Like any other women the pain she has from the day of IPV is exceedingly intense and disproportionate [22]. To understand more about the nature of pain she is having the narratives had been explored through the lens of biopsychosocial model. Visual impairment and physical pain are two derived themes associated with the biological aspect of the model. It is repeatedly communicated through her narratives [16,17,23].

"It's been really tough lately. I feel pain all over my body, especially after the altercations with my husband. I can't sleep properly; the pain keeps me up at night. It's affecting my ability to go to work, to focus on anything…… I thought it might go away on its own, but it's only gotten worse. Sometimes it's so intense that I can't even get out of bed."

The psychological aspect is more connected to the emotions with respect to the physical violence she had gone through. Anxiety, aggression and emotional mismanagement were always accompanied with the experience of physical pain.

"I've been hesitant. I didn't want others to know about this, especially my family or friends. I felt ashamed, like I should have seen this coming or handled it differently. I just don't want this to define me or my life. I want to be strong and move past this, but it feels like a heavy weight on my shoulders."

Since there is a strong association between physical pain and IPV, practitioners may often miss or underestimate the psychological pain involved in it. Usually, the diagnoses will be purely based on physical pain and its symptomatology. The psychological pain often hinders the diagnosis process as many times through many ways, for instance, the victims may not like to disclose the details for the fear of being judged, or for the stigma associated with psychological diagnosis and labelling and for the emotional heaviness associated [14,18].

"I can't keep living like this, feeling this constant ache. But what if it interferes with my work even more? I just want to feel better, physically and emotionally. I miss being able to go to work and enjoy what I do."

Social aspects can be found in the details of marital expectation, isolation and work-life balance. Marriage often takes place at a young age in some parts of India and the couple are not familiar enough to know each other prior to marriage. The expectations of marriage might be away from the reality they are into and the sudden traumatic changes create a turmoil for them.

"I am for my family and trusted them like anything. I still couldn't believe that it is happened to me and nobody is there to listen or help me."

Along with an added dimension of economical perspective is also meaningful as the participant felt financial vacuum all of a sudden. From an institutional economics perspective, both formal and informal institutions play a crucial role in shaping and responding to IPV. Formal institutions, such as legal frameworks, law enforcement agencies, and support services, provide a structured framework for preventing and addressing IPV. They establish laws that criminalize abusive behaviour, enforce protective orders, and offer support services for victims. Informal institutions, deeply embedded in social structures and cultural norms, also exert a significant

influence on IPV dynamics. Family networks, community leaders, and cultural norms can shape attitudes towards power and control within relationships, influence perceptions of violence, and impact help-seeking behaviours. Understanding the interplay between psychological pain and IPV from an institutional economics perspective is crucial for developing effective interventions. Formal institutions can play a vital role in preventing IPV through education, public awareness campaigns, and stricter enforcement of legal protections. Additionally, formal institutions can provide comprehensive support services for victims, including counselling, therapy, and advocacy [3,7,19,23,24]. Informal institutions can also contribute to IPV prevention and response by promoting healthy relationship norms, challenging gender stereotypes, and fostering supportive community environments. Collaboration between formal and informal institutions can create a more comprehensive and effective approach to addressing IPV. Thus, the biopsychosocial model can detail the dynamic interaction of biological, psychological and social factors to explain the pain experiences the participant is having.

7. Conclusions

These explanations help to understand the experience of pain in a detailed and comprehensive manner. Understanding pain through the lens of the biopsychosocial model and unbearable psychache proves invaluable for both researchers and therapists in comprehending the complexities faced by women, who grapple with intimate partner violence (IPV) and its profound repercussions. The biopsychosocial model facilitates a comprehensive understanding of pain, acknowledging its multifaceted nature. In the present case study, this model elucidates how her biological factors, such as visual impairment and physical pain resulting from stress, intersect with psychological elements like emotional distress and psychological abuse. Additionally, social factors, such as the disparity between marital expectations and reality, isolation, and the impact on her work and social life, play crucial roles in shaping her experiences. Simultaneously, the concept of unbearable psychache provides a solid framework for comprehending the emotional and psychological agony experienced by individuals enduring IPV. The emotional distress, feelings of betrayal, anxiety, and the traumatic toll of enduring hurtful remarks and abuse align profoundly with this concept, highlighting the depth of her suffering beyond mere physical manifestations. For researchers, employing these frameworks allows for a holistic exploration of the myriad factors contributing to pain experienced by IPV survivors. It facilitates nuanced investigations into the interplay of biological, psychological, and social elements, fostering a deeper understanding of the complexities and nuances within such situations. Therapists benefit greatly as well, as these frameworks provide a roadmap for holistic intervention strategies. By comprehending the intertwined nature of physical pain, emotional distress, and social repercussions, therapists can tailor interventions to address the multifaceted needs of survivors like Sarah. This holistic approach allows for more effective support, guiding therapeutic interventions towards not just alleviating symptoms but also fostering empowerment, healing, and reclaiming agency over one's life. In conclusion, the amalgamation of the biopsychosocial model and the concept of unbearable psychache provide a robust foundation for both research and therapeutic practice. It offers a nuanced understanding of the intricate web of pain and suffering experienced by IPV survivors like Sarah, guiding both inquiry and intervention toward comprehensive support and recovery.

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