New psychotherapy helps people deal with chronic pain

“Acceptance and commitment therapy” helps people with chronic pain manage the pain better and make their everyday lives more fulfilling, new research suggests.

Many people have to live with chronic pain for the rest of their lives but dropping the struggle with pain and focusing on what is important and meaningful in one’s life can reduce depression, anxiety and even physical disability, according to psychologist Dr John Baranoff of Adelaide’s Centre for Treatment of Anxiety and Depression.

“Typically, people in pain feel like they have lost control of their lives and of their bodies; often, things have happened that are unexpected or unwanted,” he says. “Acceptance and commitment therapy doesn’t focus on trying to control the experience of pain, or the emotions associated with it. Instead it focuses on helping the individual bring their attention to the things they do have control over, and the things they want more of in their life.”

Dr Baranoff will speak on ‘Therapeutic psychology and self-efficacy’ on Saturday September 17 at a meeting in Adelaide of the Faculty of Pain Medicine, which is part of the Australian and New Zealand College of Anaesthetists.

Dr Baranoff has been involved in several Australian studies on the effect of acceptance broadly, and in particular acceptance and commitment therapy, on people with chronic pain, including studies conducted at Flinders Medical Centre and the Royal Adelaide Hospital.

The findings of these studies were in line with international studies that found that letting go of the struggle with pain and focusing on what is important to the person often meant people moved from a poor rating in terms of depression, anxiety and physical disability to a more normal one.

“Often, when patients first arrive at a pain clinic, they have already tried to cope with the pain by using ‘control’ strategies like taking pain-killers and resting a lot. I ask them, ‘How are those strategies working for you?’ And often the answer is, ‘Not very well. I don’t have a life.’

“But after therapy, it is not uncommon for the client to be doing many more of the things that are important to them and, in some cases, this might include being able to go back to meaningful work.”
Dr Baranoff says the “acceptance” component involves being willing to experience some pain and the emotions that come with it, without feeling that one has to change them, in order to achieve an important aim.

“The aim of acceptance is to increase the willingness to accept pain because accepting it allows you to do the things you need to do to have a fulfilling life. You might need to exercise, despite pain, to regain strength and conditioning as part of your rehab plan, for example. Yes, there is pain, but there is also a pay-off. Let’s allow an experience of discomfort to get something you want.”

The “commitment” component is about the person committing to goals that they personally value and the steps they need to complete to achieve the goals. “Someone might want to connect with their young child. We would look at other ways of doing that, other than running around the park with them; it might be reading to the child, or still going to the park but pacing themselves by doing a bit of activity and then sitting it out but still being part of what their child is doing.

“Or they might not be able to do some kinds of physical work they used to do. We work out what were the aspects of that work that they valued: contributing, feeling part of a team, interacting with friends? And we ask, ‘How can you still have those things as part of your life?’

“Although that sounds like a simple approach for a complex problem like chronic pain, for some people who have had difficulty making adjustments, those shifts in focus can mean a big difference in their lives. And it also has the side-effect of reducing physical disability, depression, anxiety and ‘catastrophising’ – thinking that pain will be terrible and something they won’t be able to cope with.”

About FPM
The Faculty of Pain Medicine is a world-leading professional organisation for pain specialists that sets standards in pain medicine and is responsible for education and training in the discipline in Australia and New Zealand. Pain medicine is multidisciplinary, recognising that the management of severe pain requires the skills of more than one area of medicine.

Chronic pain affects about one in five people in Australia and New Zealand. Specialists also manage acute pain (post-operative, post-trauma, acute episodes of pain in medical conditions) and cancer pain. For more information, please see here.

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