Associated article to accompany the document

Breathworks Living Well Programmes

Mindfulness approaches to health and well-being

available on research page of www.breathworks-mindfulness.co.uk

Article 3:

The distinction between mindfulness and other psychological therapies for the treatment of chronic pain.

The British Pain Society (BPS) (British Pain Society, 2007) recommend "Pain Management Programmes (PMPs), based on cognitive behavioural principles, [as] the treatment of choice for people with persistent pain which adversely affects their quality of life." (p 1). Cognitive behavioural principles (CBT) are applied in an attempt to change cognitive content and their behavioural consequences. Identifying and confronting dysfunctional thoughts is central to CBT. In the context of chronic pain, CBT programmes are intended to improve the experience of living with chronic pain by effecting changes in thinking patterns that have negative consequences. However, there is little evidence that cognitive change is the causal factor in symptomatic improvements (Longmore and Worrell (2007), p173).
Longmore and Worell's review of the data from studies of CBT acknowledge CBT as an effective treatment for a range of psychological disorders, but their review suggests that the improvements that are seen in people with chronic pain who are treated with CBT aren't due to those people altering the way that they think about things.

The primary mode of people faced with unwanted experiences is of trying to solve the problem and get rid of or control unwanted things. This attempt at control leads to dwelling on the things that have happened, worrying about what might happen, turning things over and over in one's mind (ruminating) and therefore losing track of what's important. In the context of insoluble problems, such as much chronic pain, this behaviour becomes ineffective; thinking becomes entangled and doesn't contribute to

the solution of the problem. People become unable to see a point of view outside of this and it becomes a recipe for suffering, with behaviour that's ineffective in relation to what the person cares about.

Eccleston and Crombez (2007) describe a model of worry in patients with persistent pain. Normal worrying promotes problem solving by maintaining vigilance to an unresolved threat and promotes successful problem solving strategies. If worry functions to promote problem solving, then in the absence of a solution, worry should extinguish. However, despite years of attempted problem solving, persistent pain resists solution, and yet worry appears to persist in patients with chronic pain. Eccleston and Crombez suggest that if patients have positioned pain as the primary cause of negative outcomes, it is framed as a biomedical problem for which a biomedical solution is sought. Worrying about the possible biomedical causes of pain and potential biomedical solutions maintains patients in a "perseverance loop" in which failure to achieve a solution amplifies worry which in turn strengthens motivation to continue to solve the problem. As perseverance continues, the problem formulation becomes narrower and less flexible and greater effort is applied, repeating the same attempted solutions. Eccleston and Crombez suggest reframing the problem such that pain relief is not the central focus of action. If patients can learn to disengage from pursuing unachievable goals of pain relief they can begin to aspire to appreciate and take pleasure in living in the presence of pain. Eccleston and Crombez suggest that interventions that change the patient's framing of the problem in such a way may be more effective than interventions that reinforce the view that the problem can be solved only by pain relief.

Mindfulness-based approaches differ from change-based approaches such as CBT in that they provide radically different ways of responding to unwanted events and experiences. Rather than attempting to change or avoid unpleasant experience and the negative emotional reactions to these, mindfulness-based approaches encourage acceptance of the situation or experience as it is, without judgement or analytical reflection. This is not a passive acceptance or resignation, but rather a non-judgmental observation of one's own reactions to unpleasant experiences. This has the potential to lead to an awareness of how one's reactions – such as persistent, but ineffectual

attempts at problem solving – can compound the existing difficult experiences by adding "secondary suffering" to the experience. Mindfulness training in increased awareness offers a person opportunities to reduce or eliminate the additional suffering of one's automatic reactions.

British Pain Society (2007) Recommended guidelines for Pain Management Programmes for adults
A consensus statement prepared on behalf of the British Pain Society

Eccleston C, Crombez G. (2007) Worry and chronic pain: a misdirected problem solving model. *Pain* **132**:233-236

Longmore, R. J., & Worrell, M. (2007). Do we need to challenge thoughts in cognitive behavior therapy? *Clinical Psychology Review*, **27**(2), 173-187.