

Acceptance and Commitment Therapy for Chronic Pain: is it Possible?

Opinion

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Abbreviations: IASP: The International Association for the Study of Pain; CDC : Center of Disease Control and Prevention; APA : The American Psychological Association; CBT: Cognitive-Behavioral Therapy; ACT: Acceptance And Commitment Therapy; RCT: Randomized Controlled Trials.

Opinion

The International Association for the Study of Pain (IASP) has revised its definition of pain and states that pain is “an aversive sensory and emotional experience typically caused by, or resembling that cause by, actual or potential tissue injury” (p. 7) and has six key notes: “a. pain is always subjective and influenced by biological, psychological and social factors; b. the experience of pain cannot be reduced to activity in sensory pathways; c. through their life experiences, individuals learn the concept of pain and its application; d. a person’s report of an experience as pain should be accepted as such and respected; e. although pain usually serves an adaptative role, it may have adverse effects on function and social and psychological well-being; f. verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or non-human animal experiences pain” (p.7) [1].

According to a recently published paper, more than 50 million adults reported pain almost every day in the US. Most of them reported back and hip, knee or foot pain and the most common form of treatment was physical therapy or massage [2]. When pain persists for more than three months it is characterized as chronic pain, and affects 19% of European adults and 20.4% of US adults [3]. There are many treatments for chronic pain such as medical, physical and psychological. Medication for pain is one the first treatment options. Non-opioid

analgesics are the first step and from there it builds up until strong opioids are needed [4]. There are also other types of drugs and treatments. The indiscriminate use of opioids is a serious public health problem and the US and Canada are living an opioid crisis [5,6]. The opioid prescriptions quadrupled in almost 20 years in the US and the Center of Disease Control and Prevention (CDC) organized a nationwide public health program to deal with it [5]. This abuse is known to happen in the field of chronic pain [7]. Fortunately there are other forms of treatments for chronic pain, specifically non-drug treatments that can have a positive effect and improve quality of life.

The American Psychological Association (APA) published in 2018 an article about the rise of non-drug treatments. Among the evidence-based treatments they highlighted cognitive-behavioral therapy (CBT) as the most common, and opened up space for other behavioral treatments such as acceptance and commitment therapy (ACT) [8].

ACT is a third wave behavioral therapy based on relational frame theory and functional contextualism. ACT interventions seeks to develop psychological flexibility and is based on six processes: a. acceptance; b. defusion; c. self as context; d. values; e. committed action and f. present moment [9]. When it comes to ACT and pain there are already results from many randomized controlled trials (RCT), listed by The Association for Contextual Behavioral Science. In an overview of the last four years, there were over 30 RCTs that reported ACT intervention and pain in many scenarios such as fibromyalgia, osteoarthritis pain, pain during intercourse, chronic pain and others [10].

Furthermore, the division 12 of the American Psychological Association (Clinical Psychology) advocates that there is strong research support for Acceptance and Commitment Therapy for chronic pain. It also suggests manuals, books, apps, worksheets and even clinical trials to get for professionals and the general public [11]. Most ACT protocols focus on making life worth living according to values, despite of



pain. Instead of focusing on diminishing pain itself, many protocols focus on amplifying life around pain. Making “life bigger” puts pain into another perspective. By not focusing on pain, but rather amplifying life, people are able to make choices and act based on values and enlarge psychological flexibility. Based on the growing body of evidence over the last few years it is safe to say that ACT is a well established psychological course of treatment for pain and chronic pain. Also, in my professional experience as a psychologist in a large teaching hospital, ACT has been truly helpful to people suffering with chronic pain and should be considered as a viable choice of treatment.

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