

A heartfelt thank you to all of my participants, who had helped my dissertation become possible. This project has shown me how supportive the chronic pain community is. It was an honor to be able to receive your kind support. I understand that there is much more for me to learn about chronic pain. Before starting the report, please know that I understand the phrase “pain catastrophizing” can be unpleasant for some people and it was not my intention to offend anyone. In fact, the study was conducted to find different ways to support mental health for people with chronic pain. However, the issues with the term have been flagged with my supervisor. Once again, thank you for your help.

A Cross-Sectional Study Exploring the Relationships Among Self-compassion, Emotional Distress, Pain Catastrophizing and Pain Coping in Chronic Pain.

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Chronic pain (CP) is defined as pain that lasts longer than 3 months or longer than the expected healing time despite medication or treatment. In the UK alone, it is estimated that around 43% of the population suffer from CP, which causes tremendous impact on the socio-economy due to absenteeism, reduced productivity and early retirement. CP also imposes various struggles at an individual level such as unpleasantness, reduced functioning, loss of identity, etc.. Hence, it is understandable for people to try to alleviate or prevent pain. However, paying too much attention to that might inadvertently make pain become more central and dominant in one’s life. Consequently, this negatively affects one’s cognitive and emotional functioning.

One of the most common cognitive sufferings experienced by CP sufferers is pain catastrophizing. It refers to expectations or worries about major negative consequences during actual or anticipated painful experiences. To an extent, pain catastrophizing can be helpful by accentuating one’s distress and motivating them to seek treatment or support from others. Nevertheless, when pain catastrophizing exacerbates without appropriate alleviation, it can be associated with negative pain experiences such as pain severity, reduced functioning ability and high emotional distress. Emotional distress is a common mental health suffering that many people with CP encounter. It commonly consists of depression and anxiety. Emotional distress has a huge impact on the development and maintenance of pain, for instance, avoiding daily activities due to anxiety of setting off pain might affect functioning and quality of life. Because of the impact of cognitive and emotional sufferings, it is crucial to ease pain catastrophizing and emotional distress for people with CP to support their mental health, quality of life and pain management.

Psychological interventions alone or combined with other treatments have been proven to effectively reduce mental/physical struggles and encourage active engagement with life. One of the emerging concepts in psychological interventions for CP is self-compassion. Self-compassion is defined as being empathetic, kind and loving towards the self, especially during difficult situations. To be able to feel compassionate, one needs to acknowledge their difficult situations, be mindful about how they perceive the circumstances, and recognise that everyone has their own struggles. Most people are capable of feeling compassionate towards others’ sufferings. However, sometimes they forget to show themselves the compassion they deserve. Having self-compassion is important because it helps individuals to attenuate their

reactions to unpleasant events without feeling overwhelmed . Self-compassion effectively enhances stress management skills, well-being, and quality of life. Additionally, a common psychological intervention for CP is Acceptance and Commitment therapy (ACT) and self-compassion has been found to share many similarities with the core construct of ACT. Furthermore, self-compassion might be easier to cultivate independently as people might be more familiar with it and experience compassion more often on a regular basis. Therefore, emphasis on self-compassion could be a new and effective direction for interventions. Although existing studies have provided helpful suggestions about implementing self-compassion into the CP domain, it is still a relatively new topic and needs further exploration.

Recognising the potential benefits self-compassion has in CP and realising the lack of literature on self-compassion in CP, this study investigates the relationship among self-compassion, psychological process (Emotional Distress - ED), cognitive process (Pain Catastrophizing - PC) and behaviour (pain coping). These are the variables that psychological interventions in CP normally focus on.

Findings

A total of 213 people participated in this study. Participants' age ranged from 18 to 79 (females: 88.7%). Ninety-three percent of the participants were Caucasian and 94% had a diagnosis while the rest have yet received their formal diagnoses. The duration of conditions ranged from less than a year to 64 years.

Various diagnoses were reported such as Complex Regional Pain Syndrome (CRPS) (26.8%), Interstitial Cystitis (4.7%), Lipoedema (4.2%), Fibromyalgia (3.8%), Scleroderma (3.8%), Fowler's Syndrome (2.8%), etc.. Twenty-four percent of respondents reported to have more than 1 pain diagnosis. Participants demonstrated medium to high levels of pain intensity and pain unpleasantness. High levels of anxiety and sense of helplessness were also shown via the responses.

Data analysis revealed that people with higher self-compassion had lower levels of pain catastrophizing, depression and anxiety. Moreover, higher self-compassion could predict more frequent behavioural and acceptance coping strategies. Results also showed that high self-compassion predicted low pain catastrophizing and better acceptance coping through its association with low depression and anxiety. However, similar effects were not found between self-compassion and behavioural coping. Lastly, the study found that self-compassion could also explain the relationship between pain catastrophizing and behavioural coping.

Discussion on the current study

The current study provided a deeper understanding about self-compassion. It also emphasised the importance of assessing frequency of coping behaviour and not just the action on its own that many studies overlooked. The research had a good sample size and covered a variety of pain conditions with a wide range of duration. Although there were previous studies examining self-compassion in ACT and self-compassion association with pain variables , this is the first study examining these pain variables in considerations of ACT goals (relieving mental sufferings and encouraging commitment to actions). Various studies found that self-compassion significantly enhances after ACT interventions. However, this still needs further exploration and hopefully this study has attracted some attention to this matter.

Since this was a cross-sectional study, the conclusion about the causation or direction of the effects were inconclusive. More research is needed in the future to further analyse the effectiveness of self-compassion in supporting pain coping and people's quality of life when dealing with CP. Secondly, the majority of the sample were females and Caucasian. Therefore, the results may not be generalizable to the CP population as a whole. Lastly, the research was conducted during the outbreak of the COVID-19 pandemic, which likely accounts, at least in part, for participants reporting higher emotional distress levels and more negativity in their thoughts than normally. This might have affected the findings about the relationship between emotional distress and other variables. Additionally, although not intended, this study explored an interesting aspect in usage of the term "pain catastrophizing". It has been noted that the term should be used with caution in relation to patients and future participants, as some participants reported they found the term unpleasant.

This study can be implicated in different aspects of CP. As CP sufferers have to experience much physical, mental and social unpleasantness in their daily life, the research highlighted the importance of them being compassionate towards themselves in order to improve adaptive coping. Moreover, the findings can also be useful for healthcare professionals to encourage self-compassion in their patients. Since health professionals' beliefs and attitudes towards CP may affect the procedures and behaviour during evaluation and treatment processes, it is recommended that they should focus on patients' attitudes towards themselves and allow people to cope at their own pace. Studies have shown that family members can also help enhance self-compassion through an increase in perceived support, which in turn will help with emotional distress and pain coping.

Conclusion

Overall this study has found that self-compassion is related to psychological, cognitive and behavioural factors in CP. Highly self-compassionate participants were found to have lower emotional distress, pain catastrophizing, and higher engagement in active coping. Emotional distress could be an underlying mechanism in how self-compassion influences pain perception and pain. Hopefully, the study has highlighted the benefits of being compassionate towards one's self during difficult times especially in the CP context. Furthermore, since self-compassion is a familiar concept and possible to practice independently, it might be beneficial to try during waiting periods or before/in-between therapies, or whenever access to mental health support is affected by the pandemic.