

# **Los Angeles County Psychological Association**

## **Newsletter**

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### **Integrating Culture in Psychotherapy with Chronic Pain Populations**

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Pain is ubiquitous. And for those suffering from chronic pain—its' impact is far-reaching. Diminished sense of autonomy, role strain, relational changes, financial stress, job loss and even death are but a few of the common fears and experiences of chronic pain patients. Such disruptions, along with unremitting pain often evoke intense emotional distress and suffering.

The International Association for the Study of Pain defines pain as “an unpleasant sensory and **emotional experience** associated with actual or potential tissue damage, or described in terms of such damage.” There are approximately 116 million adults affected with chronic pain in the United States alone, with more than \$560 billion in associated costs incurred annually, according to a report on pain from the Institute of Medicine.

The sequelae and treatment of chronic pain is complex and many factors militate against patients achieving optimal treatment outcomes. Policy makers, researchers, and clinicians have called for chronic pain to be viewed as a public health challenge whose treatment requires an interdisciplinary approach. For example, a panel of experts representing varying health care agencies along with chronic pain patients formed IMMPACT (Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials); a committee to determine which domains should be included in the standard assessment of pain outcomes. Drawing upon the burgeoning empirical evidence that confirms the interface between physical and emotional states, the committee recommended that the following domains be included: pain (intensity), **emotional functioning**, physical functioning, symptoms and side effects, and patient satisfaction with treatment. Psychotherapy is recognized as an effective and vital component in providing comprehensive assessment and treatment of pain. Thus, mental health professionals have much to offer chronic pain patients.

An individual's pain experience is shaped by a myriad of factors—biological, psychosocial, behavioral and cultural factors. Of these, the psychosocial, behavioral and cultural factors account for a considerable amount of variance in the experience of pain. As such, it is not surprising that vast discrepancies exist in how individuals with similar medical profiles experience pain. Moreover, psychotherapeutic and medical treatment approaches and their outcomes differ for patients based on gender, socio-economic status, and ethnicity. Complicating the treatment paradigm is that patients from some groups are also at heightened risk for particularly debilitating emotional and physical health, independent of their pain condition, which can cause pain disorders. These aspects contribute to how chronic pain is experienced and treated, as well as communicated for both patient and provider.

Unfortunately, issues related to the role of culture in how pain is experienced and expressed have been largely neglected in psychotherapy discussions related to pain management. Hence, while psychotherapeutic treatment has much to offer in the area of pain management, there continues to be limited knowledge among patients and practitioners alike regarding how treatments can contribute to improving outcomes by including patients not traditionally exposed to mental health care. If psychotherapy in the 21<sup>st</sup> century is to evolve to address the current demands of health, such efforts must be grounded in a thorough understanding of the unique health schemas that are shaped by culture in pain populations. Addressing culture in treatment requires the therapist to possess an awareness of how it can impede and facilitate the therapeutic process and the skills to address and utilize culture.

This talk will inform participants on how cultural perspectives on pain can be utilized to facilitate treatment, including increased self-efficacy, improved patient-provider communication, and enhanced coping skills. The presentation will be structured by a constructionist perspective that will include an appreciation for how cultural factors contribute to the meaning of symptoms and the socio-cultural milieu of the therapeutic relationship. Also, the need to redefine certain biopsychosocial constructs and the consequences of psychic structural erosion that accompanies marginalization will be addressed. The presenters will assert that the most innovative and efficient approach to treating chronic pain patients requires an integration of various theoretical orientations. More specifically, the primary objectives of this panel presentation on non-cancer pain will be to synthesize and disseminate recent research delineating socio-cultural factors associated with outcomes and how to incorporate this knowledge. With the indisputable proof of psychotherapeutic efficacy for a growing range of pain-related disorders—this area of practice is one which we must not ignore.

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