Beyond Therapy Types: Mindful Self-Compassion and the Future of Process-Based Therapy for Chronic Pain

Article *in* European journal of pain (London, England) · February 2021

DOI: 10.1002/ejp.1739

CITATION
1

READS
316

1 author:

Lance McCracken
Uppsala University
339 PUBLICATIONS **19,371** CITATIONS

SEE PROFILE

DOI: 10.1002/ejp.1739

COMMENTARY

EJP European Journal of Pain

Beyond therapy types: Mindful self-compassion and the future of process-based therapy for chronic pain

Lance M. McCracken

Uppsala University, Uppsala, Sweden

Correspondence: Lance M McCracken, Uppsala University, Uppsala, Sweden.
Email: Lance.McCracken@psyk.uu.se

This journal recently published a paper by Torrijos-Zarcero et al., (2021) entitled 'Mindful Self-Compassion Program for Chronic Pain Patients: A Randomized Controlled Trial'. In their study the authors compare a treatment including mindfulness and self-compassion methods (MSC) with conventional cognitive behavioural therapy (CBT). They recruited people with long-standing chronic pain plus significant anxiety or depression ($N = 123$). They achieve good treatment completion and retention in trial and document no adverse events. In the end, MSC appeared superior to CBT with respect to improvements in self-compassion, pain-acceptance, pain interference, and anxiety. None of the analyses of nine outcomes favoured CBT. The authors boldly go where previous approaches within CBT have only rarely gone before, into aspects of human behaviour such as self, kindness, caring, love, compassion, dignity, forgiveness, and gratitude. A few comments might help clarify what this means for the field, and where this might lead next.

The authors choose a head-to-head comparison between MSC and CBT. It is a high bar to surpass CBT, even setting aside the potential for overlapping methods and therapeutic mechanisms. One additional difficulty with this is that analysing treatment at a level of therapy type is a coarse level of analysis (McCracken, 2020). When one type surpasses the other, it does not answer for whom, under what circumstances or how. Within each treatment package there will be component parts that worked for some people and not for others, some that delivered impact for many and some that delivered impact for few. Future studies that include component analyses, or moderation and mediation analyses, will be needed to answer these additional questions.

A by-product of the development of distinct therapy types for chronic pain, and for other conditions, is that it can cultivate allegiance, division and competition. It is basic to how we are as humans, we want to be included, appreciated, right, and superior. This can waste time and energy.

The authors here choose self-compassion as their primary outcome. In a sense this worked out ok for them. From a wider point of view, their choice might not be ideal. It might be better to maintain a distinction between a common set of outcomes on the one hand, and a more varied, growing, set of processes of change variables on the other. Self-compassion, or variables like it, may one day populate a list of empirically supported processes of change. At the same time, it is unlikely to become an outcome that treatment developers from varying theoretical backgrounds will endorse as a common currency. A list of empirically supported processes of change may one day help us to select empirically supported methods for driving these processes of change, and to apply these serially, in a highly individualized way, customized for each presenting person and occasion during the course of treatment (Hayes et al., 2019).

It is worth noting that the MSC treatment was delivered in a group setting, continuing a long tradition within interdisciplinary pain management. An extended discussion of relative merits of group versus individual treatment delivery is beyond the space limits of this commentary. It is just to say, however, that the vision of truly individualized treatment will not be something we can achieve with our current knowledge. In order to deliver best fitting sets of methods, potentially varying for each person, we will first need to employ research methods sensitive to the outcomes and processes of change in the individual cases. This means we will need to supplement

what we know from aggregated group data, and groups treatment settings, with additional knowledge gained from finer grained, longitudinal, idiographic, data collection over time (Hayes et al., 2019).

Finally, there is something missing in the authors' report that would have been easy to do and could have significantly increased the understanding of their results, and it is related to the previous points. This missing piece is an analysis at the level of individuals, an analysis of how many people on a given outcome surpassed a threshold for minimally important, reliable, or clinically significant change. Although standardized mean differences are useful, underneath them are people who improve a lot, improve a little, stay the same, or worsen to one degree or another. Looking at these data is important, and it is a step towards understanding the question of 'for whom'.

To summarize, we ought to do more bold new things. Mindful self-compassion deserves further study. At the same time we might want to proceed from here in a different way. This way could be more focused on (a) identifying processes of change, mediators and moderators of outcomes, (b) growing a set of empirically supported processes that cut across therapy types, (c) employing a uniform consensus view of key outcomes and (d) developing the knowledge and technical means to individualize treatment. A vision for the future is to set aside distinctions like MSC versus CBT and instead to develop the means to apply for each person the optimal processes and methods without regard to their origin, only based on evidence and fit.

REFERENCES

Hayes, S. C., Hofmann, S. G., Stanton, C. E., Carpenter, J. K., Sanford, B. T., Curtiss, J. E., & Ciarrochi, J. (2019). The role of the individual in the coming era of process-based therapy. *Behaviour Research and Therapy*, *117*, 40–53. https://doi.org/10.1016/j.brat.2018.10.005

McCracken, L. M. (2020). Necessary components of psychological treatment for chronic pain: More packages for groups or process-based therapy for individuals? *European Journal of Pain*, *24*, 1001–1002. https://doi.org/10.1002/ejp.1568

Torrijos-Zarcero, M., Mediavilla, R., Rodríguez-Vega, B., Del Río-Diéguez, M., López-Álvarez, I., Rocamora-González, C., & Palao-Tarrero, A. (2021). Mindful self-compassion program for chronic pain patients: A randomized controlled trial. *European Journal of Pain*. https://doi.org/10.1002/ejp.1734

How to cite this article: McCracken LM. Beyond therapy types: Mindful self-compassion and the future of process-based therapy for chronic pain. *Eur J Pain*. 2021;00:1–2. https://doi.org/10.1002/ejp.1739