



Editorial: Pain Management in Clinical and Health Psychology

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Editorial on the Research Topic

Pain Management in Clinical and Health Psychology

According to a recent perspective article (Castelnuovo, 2017), the exclusive medical approach in clinical field would be considered “a soul without psychology” (TIME magazine—Dec. 24, 1956). Clinical and health psychology have improved the biopsychosocial framework (Engel, 1977, 1997) ensuring a deep attention to the psychosocial issues in treating different organic and psychosomatic disorders and counterbalancing the evidence based approach with the etiquette based one in the clinician-patient relationship and communication (Kahn, 2008; Castelnuovo, 2013). Nowadays clinical and health psychology has found solutions (protocols, treatments, evidences, etc.) in any medical area: psycho-cardiology, psycho-oncology, psycho-geriatrics, psycho-pneumology, psycho-endocrinology, neuropsychology, and psychology in pain management too. “No health without mental health” (Prince et al., 2007) and “No medicine without psychology” (Castelnuovo, 2010) are two messages still effective in the daily clinical practice.

About pain management, it is important to underline that chronic pain is a relevant health problem frequently associated with psychological distress, dysfunctions in physical and social functioning, reductions in quality of life and elevated direct and indirect costs. Medical approach is useful for treating chronic pain, but effects on pain are modest (Turk et al., 2011). Psychological contributions play an important role in pain management (Castelnuovo et al.; Williams et al., 2012; Veehof et al., 2016). In fact psychological treatments are recognized as generally effective for pain (Castelnuovo et al.).

Psychological approaches in managing pain have evolved considerably and now understanding and managing the cognitions, emotions, and behaviors that accompany the situation of discomfort can actually reduce the pain intensity and the interference of pain with daily life. Psychological therapies are highly indicated both for the treatment of painful conditions and for the treatment of pain related to several neurological diseases. Similar positive results about psychotherapy efficacy were reported in specific pain disorders such as low back pain, fibromyalgia, tension-type headache and migraine, pain associated with rheumatoid arthritis, chronic abdominal pain in adolescents, chronic orofacial pain, etc. (Castelnuovo et al.).

Another important contribution of clinical health psychology in pain management is the delivery of guidelines and best practices for more integrated clinical and impactful applications. One example to replicate is the Italian Consensus Conference on Pain in Neurorehabilitation that tried to fill in the gap between theory and practice providing practical recommendations for clinicians (Castelnuovo et al.; Aloisi et al., 2016; Tamburin et al., 2016; Castelnuovo et al., 2018).

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Clinical health psychology focuses also on the study of the psychological determinants in pain patients such as the role of depression, anxiety, pain-related disability, catastrophic thinking, psychological inflexibility, coping skills, beliefs, attitudes, expectations, self-efficacy, placebo, and nocebo effects, etc. Different psychological models of pain and disability (such as Fear-avoidance, Acceptance and commitment, Misdirected problem solving, Self-efficacy and Stress-diathesis models) have tried to highlight the psychological processes behind pain (McCracken and Morley, 2014).

A recent area of investigation is the study of attributions: how could comorbid symptoms worsen or improve each other? The central cognitive components of chronic pain are under investigation and could significantly influence the recovery process (Blågestad et al.).

Also measuring correctly and finely the pain phenomenon is relevant to understand the subjective experience in each patient (Boonstra et al.).

Moreover, to study the patient's life beyond pain is necessary: individuals with high perceived meaningfulness of life despite pain experienced less necessity to achieve pain control goals. Controlling pain is not necessary in order to be able to achieve non-pain goals (Crombez et al.).

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Another key issue is the study of co-occurring disorders related to chronic pain, such as the sleep difficulties. ACT-based treatments for chronic pain, improving psychological flexibility, could reduce not only the level of pain, but the sleep disorders too (Daly-Eichenhardt et al.). Other ACT based protocols have been developed for pain management, for example in chronic debilitating pain for young patients (Kemani et al.) and delivering web-based psychosocial interventions (Trompetter et al.).

A typical psychological topic is the study of expectancies in pain management: optimism or pain catastrophizing can significantly shape pain experiences (Peerdeman et al.).

Further research is needed in the clinical health psychology and pain management area, also studying the role of mediators to understand the relationship between different variables, such as pain and functioning (Wicksell et al.) and the role of moderators to change in clinical psychology and psychotherapy (Holmbeck, 1997; Labus, 2007; Perz et al., 2011).

A focus on cost-analysis and cost-saving is also mandatory in the future clinical research (Giusti et al.).

AUTHOR CONTRIBUTIONS

GC and KS conceived of the presented idea and contributed to the final manuscript.

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