CAN SELF-DISCLOSURE INCREASE QUALITY OF LIFE AND CHANGE THE PAIN EXPERIENCE IN PEOPLE LIVING WITH CHRONIC PAIN?

Mandy Bouchard, PhD Candidate
Dalhousie University

Student/Trainee

INTRODUCTION / AIM

A recent pilot study demonstrated that a self-disclosure component within a chronic pain peer environment, can potentially help to decrease the perceived intensity of chronic pain. A large scale review published in 2012 concludes that emotional disclosure (written and oral) does show evidence of improving health. Also, brain imaging and circuitry patterns research suggests that psychological interventions may have effects on different pain-related cortical areas in the brain and may improve pain. However, there is currently a lack of pragmatic approaches to research that attempt to reveal the outcomes of interventions in real-world settings, as opposed to a controlled lab experiment. Moreover, there is a lack of interpretation of clinical importance of treatment outcomes in chronic pain research. Given the beneficial results found in the literature review and the pilot trial, it would be worthwhile to explore self-disclosure further while attempting to address the limitations found in previous studies. This study will attempt to translate the most recent findings of written self-disclosure research to clinical practice using a pragmatic approach in the chronic pain population. The main goal of this study is to improve the quality of life and decrease the perceived pain experience of the chronic pain patient through the implementation of a written self-disclosure element as an additional component to participants’ routine medical care. The secondary goal is to assess whether the participants will find importance in the journal writing. The third goal, is to determine whether the outcomes assessed differ by the participants’ pain chronicity.

METHODS

This will be a randomized-control trial using a sample from a community-based chronic pain management program from the Halifax Regional Municipality community. The study population will consist of adults who have been diagnosed with a chronic non-cancer pain condition. There will be 60 participants randomly assigned to a control or treatment group. Participants that are assigned to the control group will have the option to be part of a delayed intervention group at the completion of the initial controlled phase.

Participants will be assessed at 3 time points (baseline, 6 weeks post-intervention and 3 month follow-up) on measures of pain intensity, mental and physical health, mood, the impression of change after the intervention and qualitative open-ended questions on the perceived importance of the intervention. Moreover, a telephone interview to discuss the overall experience will be conducted at the 3-month follow-up.

RESULTS
The study will begin collecting data this Winter.

CONCLUSIONS

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OTHER AUTHORS

Dr. Jana Sawynok