



Simple Bodily Pain



This study undertook preliminary investigations into:

1) the degree to which CBT and Shared Reading offer alternative psychological treatment methods for alleviating the symptoms of chronic pain

2) how far Shared Reading might complement CBT by providing a less programmatic approach in which there is room for longer-term follow-up to the recommendations given in CBT.

Sadness

6



What is Chronic Pain?

The official definition of chronic pain produced by the International Association for the Study of Pain in 1960s describes it as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. It is pain which persists for more than six months.

What patients really have is suffering.

They do not have a localised symptom. Their whole life is experienced as awful. Defining pain as an 'emotional' experience is crucial.

Usually pain is picked up by specialised cells in your body, and impulses are sent through the nervous system to the brain. What happens in people with chronic pain, however, is that other nerves are recruited into this 'pain' pathway which start to fire off messages to the brain when there is no physical stimulus or damage. But the body can 'unjoin' again. Nerve blockers (drugs) are one way; CBT is another – by getting the brain to send new messages back to the body.

Pain is a complex experience that affects thought, mood, and behaviour and often leads to isolation, immobility, and drug dependence. In that respect chronic pain resembles depression, and the relationship is intimate. Pain is depressing, and depression causes and intensifies pain. People with chronic pain have three times the average risk of developing psychiatric symptoms — usually mood or anxiety disorders — and depressed patients have three times the average risk of developing chronic pain.

Cognitive Behavioural Therapy

The current evidence base supports the use of standard psychological interventions, CBT in particular: CBT's benefits, while useful, are shown by recent research to be both limited and short-term.

In the study this was a group CBT model, targeting relaxation training, stress and behavioural management, and coping skills which try to manage the factors which may influence or exacerbate chronic pain suffering. CBT rests on the premise that a person's thoughts determine his or her feelings and behavior; and thus a sustained attempt to change and inhibit negative and unhelpful thought patterns is the key to overcoming psychological distress.

Shared Reading

Shared Reading is used in a range of environments that have similarities with chronic pain, in that the conditions involved can often be chronic and unsolvable, as in the case of dementia; include prisons (people locked in, life halted and future inevitably affected by baggage of past); and reach those with severe mental illness (with recurring episodes).

The model is based on small groups (2–12 people) coming together weekly, to read short stories, novels and poetry together aloud. The reading material ranges across genres and period, and is chosen for its intrinsic interest, not pre-selected with a particular 'condition' in mind.

Regular pauses are taken to encourage participants to reflect on what is being read, on the thoughts or memories the book or poem has stirred, or on how the reading matter relates to their own lives.

Group members participate voluntarily, usually in relation to what is happening in the text itself, and what may be happening within themselves as individuals (personal feelings and thoughts, memories and experiences), responding to the shared presence of the text within social group discussion.

Previous findings about Shared Reading in relation to Chronic Pain

The mental challenge of SR created a state consistent with the concept of 'flow', whereby people can relinquish awareness of their physical needs and bodily state, 'becoming more fully themselves – more fulfilled and absorbed, more vitally alive – in forgetting the self, whilst engaged in meaningful activity'.

Participants universally showed a preference for intellectually and emotionally demanding literary pieces, which produced closer concentration and absorbed attention, reducing awareness of pain – 'as though the extra mental effort helped shift immersion to another level and blocked out the pain more successfully'.

Results of present study

Pain rating after the session is lower than the mean and lower than at two days before and two days after the reading group session. Pain rating two days after is also lower than two days before the reading group, suggesting the possibility of some prolonged effect, beyond the duration of the group itself.

The overall emotion rating is also higher on the evening following the reading group than at two days before or two days after. Both of these findings correlate with the evidence from qualitative interviews, where participants frequently stated that they enjoyed a better night's sleep on a Tuesday evening, and suggested there were additional effects on mood:

“It can feel, for a while, maybe a few days, like an injection of enthusiasm”

PAIN AND EMOTION RATING AFTER SR

	Pain rating 0–10	Emotion (+/- scale, 1–9)
Overall	Mean: 6.00	Mean: 3.96
Sunday PM	Mean: 6.51	Mean: 4.07
Tuesday PM	Mean: 5.69	Mean: 4.69
Thursday PM	Mean: 6.31	Mean: 3.99

While this data demonstrates a strong correlation between pain and emotion, there were also instances when shared reading produced effects which CBT seeks to achieve: i.e. feeling of positive emotion *despite* a very high pain rating.

Why Shared Reading has these effects...

“Recovery – not *from* the pain but *of* a life”

CBT allowed participants to exchange personal histories of living with chronic pain in ways which validated their experience. However, in CBT, participants focused exclusively on their pain with 'no thematic deviation'.

In SR, by contrast, the literature was a trigger to recall and expression of diverse life experiences – of work, childhood, family members, relationships – related to the entire life-span, not merely the time-period affected by pain, or the time-period pre-pain as contrasted with life in the present. This in itself has a potentially therapeutic effect in helping to recover a whole person, not just an ill one.

As one consultant put it:

“When people are in CBT, they are people with pain. When they're in the reading group, they're people with lives.”

Responsiveness to Change

In SR distraction or relaxation 'techniques' were individually and involuntarily remembered, without ever being offered, as in CBT, as a specific learning task. Change is permitted rather than demanded, allowing a person to change in his or her own time and at points of personal readiness for change.

Buried Pain

The stories elicited in SR were not 'familiar' to participants in the way the pain narratives offered in CBT often were. Stories told in SR were often previously untold, or to do with forgotten, buried or inarticulate pain (emotional and psychological) rather than 'known' or formally diagnosed pain. Where the stories were the familiar ones which cropped up in CBT also, they tended to be understood and told from a new perspective – thus helping to achieve one of CBT's own principal aims of helping pain sufferers to shift their perception in relation to a physical condition which is in itself unchangeable or incurable. It is notable how often even difficult emotional material was described as a 'distraction' from physical pain – as though the more the forgotten pain returns, the more the familiar pain recedes into the background.

Emotional Range

Fiction and poetry articulately find pain at its personal-emotional sources – as an involuntary rather than intended outcome. Joy and sadness are more intense as the literature is a stimulus to forgotten emotional pleasure and pain. Personal trouble, re-located in connection with the literature and the group, is found to be more normally human than a sign of something wrong or being ill.

Not Therapy, but Therapeutic

One key aspect of SR – and this was agreed upon by all participants and facilitators in both interventions – is that the facilitator is not the didactic expert in SR as he or she is in CBT. While the facilitator's approachability and friendliness in CBT was crucial to the relaxed atmosphere, the role was always that of an instructor. In SR, says one group member – 'You are not asked to relate personally to it: you just do.'

The study was conducted through a partnership between researchers from the Centre for Research into Reading, Literature and Society at the University of Liverpool (CRILS, The Royal Liverpool and Broadgreen NHS Hospital Trust, and The Reader; a nationally recognised centre for the promotion of reading and positive mental health. The project was approved by the Liverpool Central Research Ethics Committee.

The full report can be viewed here:
<http://www.thereader.org.uk/media/93146/ReadingandChronicPainFinalReport.pdf>

'Simple Bodily Pain' and 'Sadness', engraving c.1760 after C. Le Brun; © Pain, Wellcome Trust.

Conclusions and Recommendations

Shared Reading has strong potential as an alternative to CBT in bringing into conscious awareness areas of emotional pain otherwise passively suffered by chronic pain patients.

Shared Reading's encouragement of greater confrontation and tolerance of emotional difficulty makes it valuable as a longer-term follow-up or adjunct to CBT's concentration on short-term management of emotion.

The involuntary outcomes of Shared Reading make it an important complement to CBT's top-down procedure of mind over matter.

The
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