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ADAPTING FOCUSING ORIENTED THERAPY FOR INDIVIDUALS EXPERIENCING CHRONIC PAIN IN PAKISTAN

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Abstract

Background: The current study aimed to adapt a manual of Focusing Oriented Therapy (FOT) for the patients of chronic pain. Chronic pain impact individuals in diverse ways, including their mental health. Therefore, relying on temporary pain relief through medication falls short of addressing the comprehensive needs of individuals. A process-based psychological treatment, addressing both the physical and psychological aspects of chronic pain, is crucial for improving the overall quality of life for individuals.

Method: With this perspective in mind, a manual based on FOT was developed specifically for patients dealing with chronic pain. An existing base manual for community wellness, grounded in Focusing principles, was selected and adapted to suit the needs of individuals facing chronic pain. To carry out these modifications, two clinical psychologists, certified in Focusing by recognized international institutions and possessing at least 5 years of clinical experience, were enlisted. Following the modifications, the manual underwent a thorough assessment by two independent raters to evaluate the effectiveness of the adaptations. Subsequently, the modified manual was pilot-tested on five individuals experiencing chronic pain.

Results: Cohen's kappa statistic was calculated for interrater reliability of the manual and it turned out to be .75 for the modifications suggesting substantial to almost perfect interrater agreement. Further, pilot testing revealed its efficacy in reducing the impairment caused by chronic pain, as well as alleviating symptoms of depression and anxiety.

Conclusion: It was concluded that FOT is effective for the treatment of chronic pain and comorbid psychological symptoms.

Keywords: chronic pain; anxiety; depression; focusing; process-based therapy

INTRODUCTION

Chronic pain, as defined by the World Health Organization in the International Classification of Diseases (ICD-11), persists or recurs for a duration exceeding three months (World Health

Organization [WHO], 2019). This temporal criterion distinguishes chronic pain from acute pain, extending beyond the average healing period typically observed following an injury. The longevity of chronic pain positions it as a significant contributor to disability, casting a substantial burden on societal, healthcare, and economic systems (Cohen et al., 2021).

While conditions such as cardiac infarction, stroke, infectious diseases, cancers, and diabetes exhibit higher mortality rates, chronic pain emerges as a primary source of human suffering and disability (Goldberg & McGee, 2011). Recognized as a common yet intricate issue, chronic pain is acknowledged for its complexity and its potential to be profoundly distressing for those affected (Mills et al., 2019). Its impact extends far beyond the physical sensations, intricately influencing various aspects of daily life for individuals experiencing it. In essence, chronic pain, characterized by its persistence beyond the typical healing timeframe, stands as a substantial public health concern. The impacts of chronic pain, extending to both personal well-being and larger societal frameworks, emphasize the importance of adopting comprehensive strategies in research, healthcare, and societal support systems. These holistic approaches are essential for tackling and mitigating the intricate challenges linked to chronic pain.

Focusing is a method of self-awareness and problem-solving that entails directing attention towards bodily sensations, emotions, and feelings to tap into implicit knowledge and gain a deeper understanding of personal experiences. The Focusing process typically involves establishing a calm and receptive space for inner exploration, connecting with the felt sense (subtle bodily sensations associated with a specific issue or concern), and engaging in a gentle and open-ended dialogue with the felt sense to facilitate the emergence of insights. Widely employed as a tool for self-reflection, personal development, and addressing challenges, Focusing finds application in both individual and therapeutic settings (Vanhooren et al., 2022).

In the 1960s, Eugene Gendlin, a philosopher and psychotherapist, formulated this approach as a means to assist individuals in exploring their inner experiences and attaining insights into unresolved issues or emotional challenges.

Conventional approaches to addressing chronic pain predominantly rely on the application of pharmacological treatments. It is widely acknowledged that various analgesic medications can be employed to alleviate pain in individuals grappling with chronic pain conditions. These medications may include nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, and other pharmaceuticals designed to modulate pain pathways. The use of pharmacological interventions remains a firmly established and frequently utilized strategy within the comprehensive framework of chronic pain management. This approach aims to provide relief by targeting pain mechanisms and alleviating the overall impact of persistent discomfort (Tauben & Stacey, 2023).

Numerous therapeutic methodologies have garnered acclaim for their effectiveness in addressing chronic pain. These encompass operant behavioral therapies, cognitive behavior therapy (CBT), acceptance and commitment therapy (ACT), and mindfulness-based stress reduction.

These diverse therapeutic modalities provide a spectrum of strategies to confront the intricate nature of chronic pain. They underscore behavioral modifications, cognitive restructuring, the acceptance of pain, and the integration of mindfulness techniques. Tailored to bolster overall well-being, these approaches equip individuals with practical tools to navigate and alleviate the enduring impact of persistent pain conditions. The widespread adoption of these methodologies emphasizes the necessity of a comprehensive, multidimensional approach to chronic pain management that takes into account both physical and psychological factors.

(Sturgeon, 2014).

In the realm of healthcare, various methodologies, as previously mentioned, have been employed to address a spectrum of conditions, including psychological disorders and pain management. However, there is a noticeable shift towards the adoption of process-oriented research modalities, with a particular focus on methods such as focusing, to tackle physical illnesses and pain. What sets this approach apart from traditional methods is its increased emphasis on an individual's internal experiences and psychological responses to physical symptoms.

Precision Behavioral Therapy (PBT) takes what therapists already inherently attempt to do and organizes it more systematically, ensuring that the choices made in delivering components or methods are both personalized and guided by evidence. In essence, PBT involves the contextually specific utilization of evidence-based therapeutic processes linked to evidence-based therapeutic procedures to address issues and enhance the well-being of an individual (Hayes et al., 2019, p. 41). In this context, 'therapeutic processes' refers to underlying mechanisms that lead to positive treatment outcomes. These processes are further characterized within the PBT approach as theory-based, dynamic, progressive, and modifiable (Hayes et al., 2020; Hofmann & Hayes, 2019). This implies that they are associated with testable and falsifiable models and predictions, may exhibit bidirectional and nonlinear patterns, unfold in a step-by-step sequence over time, and can guide therapists toward methods they can use to modify them. On the other hand, 'therapeutic procedures' refers to methods or kernels.

A key point is that PBT allows, and essentially requires, that one (a) produces a model of the process elements in an individual case, (b) intervenes with potentially promising elements in a way that is evidence-based, by (c) selecting and applying evidence-based methods associated with the process of interest, and then (d) reassesses the model in preparation for the next step in treatment. PBT is an approach that includes dynamic ongoing customizing.

Focusing, as a method, empowers individuals to delve into their bodily sensations and emotions, facilitating more effective processing and management of symptoms. Its gentle and patient nature renders it suitable for individuals of diverse ages and backgrounds. The establishment of a supportive and secure environment becomes pivotal in encouraging individuals to attune to their internal experiences, allowing them to take charge of their healing journey.

Unlike certain traditional therapeutic approaches, focusing places primary importance on initially attending to bodily sensations, pausing with them, and subsequently following the unfolding change steps. This unique methodology taps into the meaningful cues held in the body by paying attention to somatic experiences (Gendlin, 1991). Developed in 1966 by Eugene Gendlin, Focusing was shaped by his close professional collaboration with Carl Rogers. While involved in a project with Rogers, Gendlin observed that successful therapy clients naturally paid attention to subtle inner cues in a body-oriented process. This observation led to the formulation of the practice of focusing, aligning with the belief that the body holds implicit knowledge and serves as a guide in the therapeutic journey.

METHOD

In this study, we employed ADAPT guidelines, developed by Moore et al. (2021) to adapt interventions to new contexts. The foundational manual subjected to modifications is "Reaching Resilience" by Dr. Patricia Omidian (2017), initially designed for enhancing community wellness using the techniques of focusing. However, in the current study, we adapted it to make it more effective for individuals dealing with chronic pain. Subsequently, the manual underwent translation into Urdu, aiming to enhance its effectiveness and appropriateness for the Pakistani population.

Study Design

The study was designed in three steps in accordance with the ADAPT guidance (Moore et al., 2021) in addition to an initial phase of preparation and planning. Step 1 was to assess the rationale for intervention; step 2 was to plan and undertake adaptations and step 3 was to undertake piloting and evaluation. Step 4 of ADAPT guidelines (implementing and maintaining the adapted intervention at scale) was beyond the scope of this study.

Table 1: Stages of Adaptation

Stage	Task	Key Reference	How
Preparation and Planning	Form an adaptation team of diverse stake holders	ADAPT guidance (Moore et al., 2021)	Adaptation team consisted of intervention experts (2 members) and mental health professionals (3 members) was formulated. Team comprised of members from USA and Pakistan.
Step 1	Assess rationale for intervention and identify Intervention	ADAPT guidance (Moore et al., 2021)	Candidate interventions identified through stakeholder consultation (intervention experts) Literature reviewed for each candidate intervention. Context in which candidate interventions were effective examined in relation to our own. Most appropriate intervention for our context selected, informed by stakeholder priorities.
Step 2	Plan and undertake adaptations	ADAPT guidance (Moore et al., 2021) Coding System for Modification (Stirman et al., 2013)	Original intervention developer was kept it loop throughout the process of adaptation. Contextual adaptation required were identified. Techniques were collaboratively adapted for the patients of chronic pain. Exercises of Focusing from another source (Focusing Resources, 2017) were selected and added in the adapted manual. Adapted manual was evaluated by 2 experts. Manual was translated into Urdu language to make it more suitable for Pakistani population. Translation was done by 2 experts and evaluated by another independent expert (seasoned clinical psychologist, trained in Focusing, and expertise in Urdu Language).
Step 3	Piloting and evaluation	ADAPT guidance (Moore et al., 2021)	Adapted manual was pilot tested on 3 individuals dealing with chronic pain. Patients were evaluated at three stages i.e. before and after Focusing sessions and at one month follow up.

Preparation and Planning

In the planning phase of the study, an adaptation team of key stakeholders was formulated. The team consisted of experts of intervention, clinical psychologists, and researchers. For interventions those experts were included who are certified trainers of Focusing, and researchers and clinical psychologists were with at least 5 years of experience. One of the experts of Focusing was from USA and the rest of the members were from Pakistan.

Step 1: Assess rationale for intervention and identify intervention

Desk reviews play a crucial role in informing the contextual adaptation of psychological interventions, as highlighted by Greene et al. (2017). In this process, literature is pragmatically gathered without employing systematic review methods. To gain a comprehensive understanding of the specific setting, researcher (clinical psychologist) conducted a desk review.

This review focused on gathering verified information related to chronic pain, its psychosocial consequences, prevalence and its manifestation in developing countries of Asian region. All of these factors were carefully considered during this desk review, contributing to a nuanced understanding of the context in which Focusing can be implemented for the patients of chronic pain.

Before initiating the process of adaptation, permission was taken from the author for adaptation and translation of the manual for Pakistani population of chronic pain. Original author was included in the adaptation team keeping in view her expertise and experience in the field.

Step 2: Plan and Undertake adaptations

In this step Reaching Resilience was thoroughly reviewed and underwent careful adaptations by the adaptation team. The process of adaptation is outlined in figure 2.

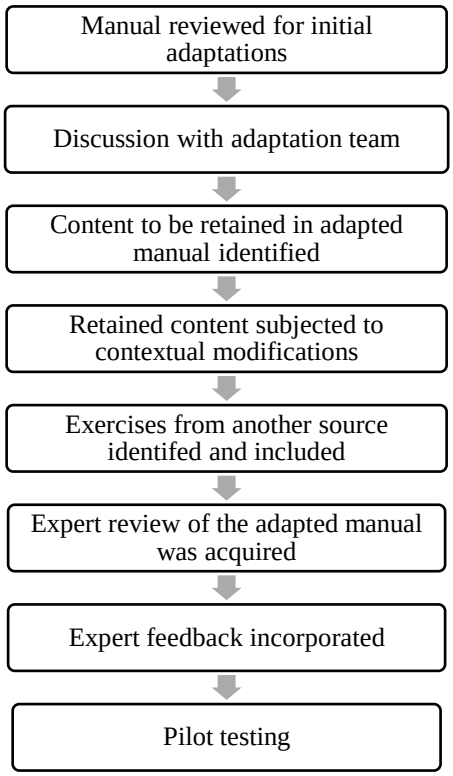

Figure 1. Additional actions within step 2: plan and undertake adaptations

Focusing is flexible, process oriented, and idiosyncratic approach of change likewise the session structure is not defined in the manual. It covers all the key concepts of focusing leaving the sequence at the discretion of facilitator/therapist based on the need of the client. So, in the present study, the first step for adaptation was to identify the components which are to be retained in the adapted manual. This was done by adaptation team of three members including a doctoral student of clinical psychology (researcher, practitioner and certified trainer of Focusing), a PhD in clinical psychology (co-researcher and practitioner), and original author (Master trainer of Focusing and community wellness consultant).

After finalizing the content which is to be retained, contextual modifications were made because the base manual was developed for community wellness in group format and the adapted one is designed for the patients of chronic pain in one-to-one sessions. Further, based on Coding System for Modification (Stirman et al., 2013) addition of few exercises of Focusing was made in the revised manual from Ann Weiser Cornel's course viz "Gifts of Pain" (Focusing Resources, 2017).

The revised manual was then subjected to expert review for evaluation and feedback. For this purpose, two experts were chosen who had more than 20 years of experience and are trained in focusing. The feedback from the reviewers was incorporated and manual was finalized for pilot testing.

Piloting

The last phase was to pilot test the revised manual on patients of chronic pain. For this purpose, a sample of 3 individuals were taken who were experiencing chronic primary pain for at least 6 months and who did not have any significant change in their medication for the past three months.

Results

Desk Review

During desk review it was revealed that chronic pain is prevalent, complex and enormously burdensome (Mills et al., 2019). Almost all of the time, it is not a stand-alone condition or symptom but is accompanied by diverse psychological and emotional consequences. There is now developing

interest around an approach much discussed in the wider field of psychotherapy currently, an approach brings with it a different way to conceive tailoring. It is called Process- Based Therapy (PBT, Hayes et al., 2019). Therefore, Focusing was chosen to be adapted for the patients of chronic pain. There was not much choice available for the selection of Focusing manual as RCTs on Focusing was never in trend. However, there are numerous case studies published manifesting its efficacy (Klagsbrun et al., 2010; McGrath, 2013; Klagsbrun et al., 2005). With the growing interest on PBT, the key concept of Focusing that is the communication between body and mind has also started gaining attention. Keeping that in view, 2 manuals were short listed and "Reaching Resilience" by Omidian (2017) was found to be more comprehensive and closer to our context therefore, it was selected after consultation with our team.

Step 2: Adaptations

After which the process of adaptation begun outlined in figure 2. Major concepts of Focusing outlined in Reaching Resilience includes a calm place; positive deviance; guest house; presence and gratitude; good listening; stress and emotions; and finding inner balance along with other introductory components and additional details. From the above-mentioned components, calm place, guest house, presence and gratitude are retained with modifications in the adapted manual. The first and foremost reason of retained these components is that these are the core concepts of Focusing. Two components i.e., positive deviance and stress and emotions are not retained because they are closer to refugee community for which this manual was initially developed. Secondly, good listening was included in the adapted manual with regard to tuning into one's own body in almost all of the components, though not as a distinct element. It holds particular significance in reaching resilience, as it has been incorporated in terms of listening to others. Finding inner balance is incorporated with an additional component given by Ann Weiser Cornel that is life energy and unquenchable spirit.

All the elements that are retained have gone through contextual and content modifications. Contextual modifications included change of format from group setting to individual therapy sessions and change of few words to match the context of individual sessions for example group to client etc. Among the different types of content modifications, one that is employed in this study was addition of intervention modules and activities (Stirman et al., 2013) from "Gifts of Pain" by Ann Weiser Cornel (Focusing Resources, 2017). This course is based on Focusing Oriented Therapy and particularly designed for the patients of chronic pain. As it was a course and not a manual therefore, few exercises from this course were included in the adapted manual in session no. 5, 6, 7, and 8.

Then the manual was given to two experts who were master level trainers of Focusing with more than 20 years of experience for evaluation of the manual. They both gave valuable feedback to further improve the manual and enhance its efficacy. Cohen's kappa statistic was was calculated for interrater reliability of the manual and it turned out to be .75 for the modifications suggesting substantial to almost perfect interrater agreement (Landis & Koch, 1977).

Piloting and Evaluation

After this the manual was pilot tested on 5 individuals, the rationale of pilot testing was to evaluate how much time will it take for each session on average to be completed, how easy was the language of the manual for the patients to comprehend. Further, the individuals were rated on impairment caused by pain, depression, and anxiety at baseline, post-treatment, and at one month follow up. Table 1 indicates significant improvements as evidenced by statistically significant p-values. In the baseline, post, and follow-up assessments, participants experienced substantial reductions in impairment levels, from a mean of 17.14 (SD=4.55) to 12.57 (SD=3.99) post-intervention, and further to 11.37 (SD=2.53) in the follow-up phase ($F=31.72$, $p<.001$). Furthermore, substantial reductions were observed in depression and anxiety scores, indicating the beneficial impact of the intervention on psychological well-being.

Table 2. Comparative analysis between baseline, post-treatment and follow-up

	Baseline	**Post**	**Follow-up**		
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	***F***	***p-value***
Impairment	17.14 (4.55)	12.57 (3.99)	11.37 (2.53)	31.72	**<.001**
Depression	35.74 (9.41)	19.52 (5.98)	15.87 (4.99)	84.69	**<.001**
Anxiety	43.29 (11.17)	33.25 (6.78)	29.33 (5.39)	31.44	**<.001**

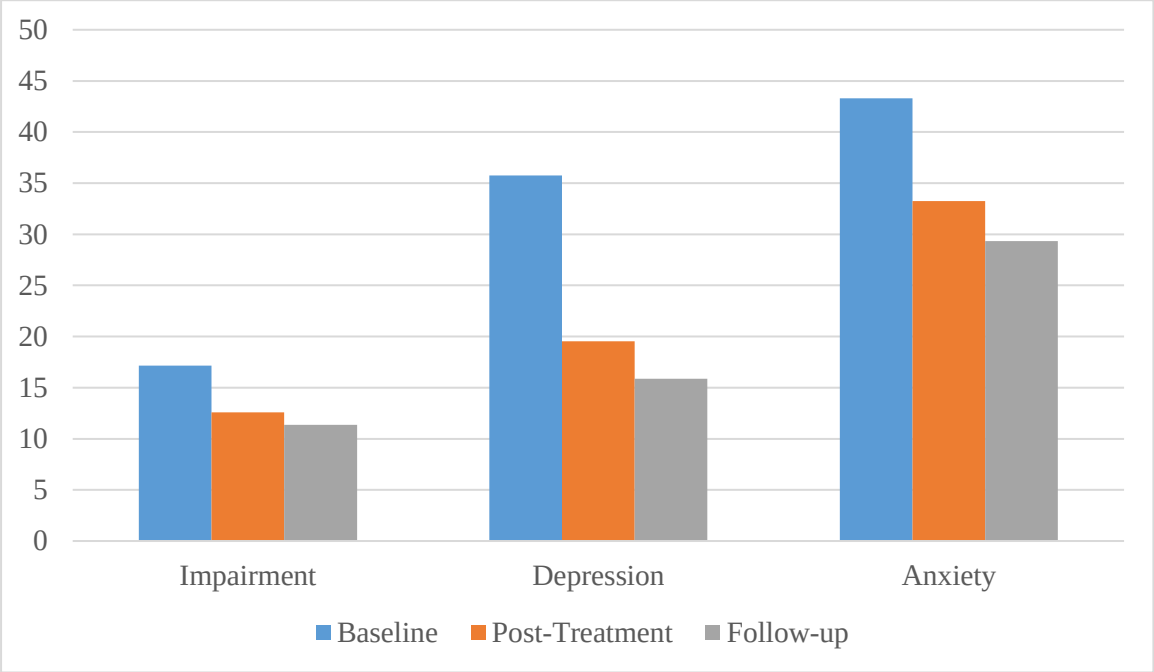

Figure 2. Comparative analysis between baseline, post-treatment and follow-up

Discussion

Many have found substantial relief from psychological treatments like CBT for chronic pain. While Randomized Controlled Trials (RCTs) are widely considered the 'gold standard' for testing treatment benefits, it's essential to recognize their limitations. Group mean effect sizes might not accurately reflect individual experiences (Fisher et al., 2018). In psychology, reliance on aggregated group data may be more restricted than assumed, as psychological data likely do not meet the requirements for ergodicity, making it challenging to apply group results to individuals (Molenaar, 2004). Hence, it establishes the need for process-based therapy that is personalized, customized, individualized or idiographic (McCracken, 2023).

The need of process based psychological interventions for pain management is gaining attention rapidly (McCracken, 2023). However, certainly, the application of treatment protocols in real-world therapeutic settings is far from uniform, as highlighted by a comprehensive study involving 756 practicing therapists in the United States (Becker et al., 2013). The findings revealed that fewer than 10% of these professionals adhered to treatment manuals as a consistent guide in their therapeutic interventions. In essence, the established protocols, designed for specific and standardized delivery, do not align with the diverse and dynamic nature of actual therapeutic practices.

In practice, psychologists bring their unique perspectives, judgments, and beliefs into play when administering treatment (Waller & Turner, 2016). They engage in a process of selecting, modifying, and emphasizing or de-emphasizing treatment components based on their assessment of the individual or group before them. This personalized approach aims to tailor interventions to better suit the unique needs of the clients. Consequently, the notion of a 'one-size-fits-all' quality inherent in treatment protocols not only contradicts empirical evidence and common sense but also deviates significantly from the reality of how psychologists operate.

The study by Becker et al. (2013) underscores the limited utility of treatment manuals as effective tools for dissemination. The divergence between prescribed protocols and actual therapeutic practices further emphasizes the need for a more flexible and individualized approach in the field of psychology.

Keeping all in view, the protocol for chronic pain based on Focusing Oriented Therapy was designed. It outlines the main concepts of FOT that are helpful for patients suffering from chronic pain and related psychological symptoms. Yet, it is flexible and gives margin to the therapist to adjust it according to the therapeutic process and need of the client.

Conclusion

Chronic pain and depression are both major causes of disability worldwide. When pain persists, it is often accompanied by depression and anxiety, exacerbating the suffering of individuals and placing an additional burden on healthcare systems. This issue is particularly challenging in developing countries like Pakistan, where the healthcare system is not well-established. Focusing Oriented Therapy (FOT) for Chronic Pain has proven effective in alleviating symptoms of depression and anxiety, as well as reducing the overall impairment caused by chronic pain.

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Conflict of Interest

Authors declared no conflict of interest.

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