



The (new) P&H lecture series

(Nr. 61)

As of 2008, the Research Institute for Psychology & Health has introduced a new format for its lecture series with internationally renowned researchers in the field of psychology and health as guest lecturers. A master class format allows for (even) more interaction between guest lecturers and participants! Each master class will start with a keynote lecture of approximately 1 hour by the guest lecturer, followed by a maximum of 6 presentations by Ph.D.-students and, potentially, other members of the Research Institute who would like to get the keynote's (and other attendees') ideas or opinions about their own (related) research. Each Ph.D. student of P&H is required to present at least once within the lecture series as part of the P&H-training.

Prof. Dr. Chris Eccleston

Bath University, UK

May 10, 2010, 14:00 hours

**Ghent University, Fac. of Psychology, Henri Dunantlaan 2, Ghent
Room nr 130.047, 3rd floor**

Attention to pain and its disabling consequences: a misdirected problem solving model

Abstract: Many chronic pain patients presenting to treatment centres report widespread disability in social, relational, and physical domains of functioning. Patient attempts to cope with the problems of chronic pain are many and varied. In this presentation the concept of 'coping' will be re-drawn within a 'goal specific problem solving model'. Attempting to solve the often insoluble problem of chronic pain can lead to increased vigilance to potential signals of pain. Having the insoluble problems of pain and disability leads to high levels of worry. Worry is very common in the general population, and normally functions to promote effective problem solving. When we worry about potential problems the worry helps us to act to stop the problem happening, or to avoid or attenuate its negative consequences. In chronic pain, however, there is evidence that extensive worry paradoxically leads to further disability and distress, and does not appear to be adaptive. Many patients with chronic pain persevere with unsuccessful strategies, even when there is clear evidence of their ineffectiveness and when there are negative effects of these strategies. This model is further developed for the implications it has on modern psychological concepts in chronic pain. In particular, the audience will be asked to consider how this view 1) changes our view of coping, 2) challenges the dominant concept of catastrophizing cognitions, and 3) has implications for how we therapeutically approach behavioural management.

Aldrich, S, Eccleston, C., & Crombez, G. (2000). Worrying about chronic pain: Vigilance to threat and misdirected problem solving. *Behaviour Research and Therapy*, 38, 457-470.
Eccleston, C., & Crombez, G. (2007). Worry and chronic pain: A misdirected problem solving model. *Pain*, 132, 233-236.

All attendees need to indicate their presence by e-mail (l.hoekert@uu.nl).

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Presentations by P&H members:

14.45-15.15: Coping with chronic pain: a matter of holding on or letting go? An empirical investigation of the processes of goal pursuit and flexible goal adjustment

Emelien Lauwerier

Ghent University, Department of Experimental-Clinical and Health Psychology, Belgium

Abstract: Confronted with chronic pain, patients can either be motivated to diminish the impact of pain by controlling or solving pain or to disengage from attempts to control pain and adjust to the pain problem. In situations of low actual control over (chronic) pain, adjustment to a life with pain and to the restrictions brought about by pain has already been shown beneficial. Still, many patients suffering from chronic pain seem to be engaged in repetitive but unsuccessful attempts at controlling or solving pain. These patients are often seen as being stuck in problem solving attempts that are essentially 'misdirected' (Eccleston & Crombez, 2007). Problem solving becomes narrowed and great effort is put into trying to 'solve' the problem of pain, despite unsuccessful attempts in the past. At present, it is unknown what guides "misdirected" problem solving attempts. And what does flexible goal adjustment mean? In the present lecture, I will talk about self-regulatory mechanisms and relate these with the processes of goal-striving and goal-disengagement in chronic pain. I will present the outline of different already executed and planned research studies in this respect.

15.15-15.45: Distraction in children: The role of pain catastrophizing and executive functioning

Katrien Verhoeven

Ghent University, Department of Experimental-Clinical and Health Psychology, Belgium

Abstract: Pain is a common experience in children and adolescents. Distraction is often used to cope with pain and is also part of many pain treatment programs. Several reviews on the effectiveness of distraction in children exist. Although they generally report small positive effects of distraction, results are heterogeneous across outcome measurements, source and settings. Inconsistent findings may be the result of methodological problems in distraction research designs (see Eccleston, 1995 for a review). They may also point at the importance of examining moderating variables of distraction effectiveness (Eccleston & Crombez, 1999). In this presentation two studies in children (age 9-19) are discussed in which the moderating role of pain catastrophizing and executive functioning in distraction task engagement and distraction effectiveness in terms of pain reduction is investigated.

15.45-16.15: The role of spatial location and perceptual modality in the efficacy of attentional distraction

Dimitri Vanryckeghem

Ghent University, Department of Experimental-Clinical and Health Psychology, Belgium

Abstract: In recent research distraction is often seen as directing attention towards another modality (e.g. visual) than the pain modality. Nevertheless, in previous research the location of distractive stimuli has also been found to influence the pain experience. In two subsequent studies it is aimed to investigate if both attentional components (spatial and perceptual) have an additive effect on the experience of pain, or if the effect of both components depends on the fact that “pain” is not in a persons’ attentional set. It seems plausible that distraction effects, due to one of both attentional components, depend on the fact that during distraction the “location” or “perceptual modality” of the pain is not present in the persons’ attentional set. In the first experiment (N=30) participants’ attention was manipulated to an auditory or a pain stimulus (perceptual attention). Stimuli of each modality could then be presented at the same location or at a different location. In the second study (N=39) we specifically manipulated the stimulus modality and stimulus locations that were present in participants’ attentional set. In specific we adapted instructions and used cues that were predictive for a concrete location (left/right) and specific modality (pain/auditory). Results will be discussed.