

## **Existential Therapy & Chronic Pain**

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Pain is a universal condition associated with negative sensory, emotional, cognitive, or social experiences (Williams & Craig, 2016). Pain lasting over three months is typically defined as chronic (Arinze, 2021; Sheppard, 2020). Chronic pain usually involves persistent pain that threatens a variety of functions ranging from daily living to a sense of identity (Eccleston, 2018; Borsook et al., 2018). Recent research indicates that chronic pain impacts between 10 to 35% of the world's population, yet efficient treatment approaches are lacking (Rhodes et al., 2021; Bäckryd et al., 2018). In a world suffering from an ongoing pandemic, rates of chronic pain have risen, along with complications for existing chronic pain sufferers (Attal et al., 2021; Burns et al., 2021; Dassieu et al., 2021; Khoja et al., 2022).

After three months, acute pain is usually no longer centred in a physical place (Linton et al., 2018; Melzack, 1999). At this point, the drivers of pain experience shift from physiological to psychosocial. Techniques typically used, such as cognitive behavioural therapy (CBT), recognize that an approach beyond the physical is necessary; however, they do not consistently achieve satisfactory results (Turner et al., 2016). In a review of 59 studies using CBT for chronic pain, Williams et al. (2020) concluded that reductions in pain, disability, and discomfort were small at most. Other approaches, such as mindfulness-based stress reduction (MBSR) and acceptance and commitment therapy (ACT), produce similar results to CBT, casting doubt on the ability of these modalities to treat chronic pain effectively (A-tjak et al., 2015; Powers et al., 2009; Jiménez et al., 2012). Given the limitations of current treatment modalities, ways to increase treatment efficacy should be pursued. This could include exploring how to modify or adapt existing approaches or investigating other treatment modalities, such as existential therapy (ET), which is the focus of this paper.

ET covers topics such as death, freedom, meaning, and isolation (Heidenreich et al., 2021; Binswanger, 1963; Yalom, 1980; van Deurzen, 2010). Specific approaches to ET include daseinsanalysis, existential analytic, existential-humanistic, and existential-phenomenological

(Correia et al., 2018). Each approach explores common existential themes of death, freedom, meaning, and isolation within a therapeutic context. This paper explores how ET can help chronic pain sufferers and address gaps in current treatments.

There is a lack of existing research on applying ET to chronic pain. This leads to the focus of this capstone paper, specifically, how ET can benefit individuals suffering from chronic pain. Research on ET for chronic pain will benefit both the practice and profession of counselling psychology. This paper will provide practitioners with a clear framework to conceptualize the chronic pain experience from an ET perspective. Inferences made by connecting these bodies of research can provide future research opportunities.

I used a hermeneutic phenomenological approach in this paper to integrate existing literature and draw connections between ET and the chronic pain experience. This topic is meaningful to me as I have an ongoing chronic pain condition. Conducting a literature review using hermeneutic phenomenology allows the researcher/writer's perspectives and those in the literature to be combined (Sharpe, 2015). New ways of viewing the phenomenon of chronic pain can arise as a result- in this case, how ET can be helpful for chronic pain sufferers. Towards this end, I have included excerpts from my memoir on living with chronic pain to supplement specific themes and understandings.

ET fits particularly well with the phenomenological perspective used in hermeneutic phenomenology. The phenomenological attitude is defined partially by an openness to inner and outer experiences (Längle & Klaassen, 2021). ET draws on a phenomenological approach due to the intermingling roots of phenomenology and existentialism (Bauer, 2016). Längle and Klaassen (2021) outline some requirements of the phenomenological mindset, including describing details and facts, freedom via observation, the openness to be affected by perceptions, and suspending assumptions. A final requirement is a reliance on initial impressions while simultaneously letting them go. This is also the mindset existential therapists assume.

Having identified the importance of a phenomenological attitude leads to the question of how to maintain this attitude. One recommended way to maintain a phenomenological mindset is to ask three fundamental questions: What shows itself, what is it, and is this really so (Längle & Klaassen, 2021)? From a psychotherapy perspective, these phenomenological questions can be used to understand a client's subjective experience. To answer these questions for example, the existential analytic approach uses personal existential analysis (PEA). PEA is similar to other ET approaches, but uniquely focuses on a phenomenological perspective to explore the client's existential issues and experiences (Launeanu et al., 2019; Stankovskaya, 2014; Längle, 2003; 2018; 2019; Görtz, 2020)

PEA is used to explore the willingness to be, to have worth, and to be authentic (Kwee & Längle, 2013). Existential themes such as death, freedom, and isolation are associated with these three categories. Logotherapy, a subcategory of existential analysis, focuses on the fourth category, meaning (Längle, 2015). Existential-phenomenological therapy explores these categories through the four worlds: physical, social, psychological, and spiritual. The physical world is associated with death, the social world with isolation, psychological with freedom, and spiritual with meaning (Binswanger, 1963; Längle, 2015; Liersch & Maher-Edwards, 2017; van Deurzen, 2010; Yalom, 1980). Chronic pain connects to the physical and social dimensions through relationships (Liersch & Maher-Edwards, 2017). These relationships are our physical relationship with the world and our social relationships with others. Both are impacted by chronic pain's reminder of mortality, fragility, and othering of the individual from their body.

The othering experience of being misunderstood particularly impacts social relationships. Psychologically, loss of control heightens existing depression and anxiety, and a feeling of losing control over one's life (Liersch & Maher-Edwards, 2017). Chronic pain's impact on social relationships is illustrated in this excerpt from my memoir, which highlights an early stage in my chronic pain journey when I was focused on explaining my experience to others: "to justify my situation... explaining why I was currently in pain, or why I needed them to help me

with something as a result of that pain. Worse still [was] how others responded" (Eggen, 2018, p. 43). Spirituality is challenged by chronic pain and the meaning of suffering caused by it to the individual (Liersch & Maher-Edwards, 2017). ET, as an extension of phenomenology, is a natural, but underexplored part of the literature on chronic pain that supports the rationale for conducting a novel literature review. Furthermore, hermeneutics is, at its core, the study and interpretation of texts (Muratovna & Kazakbaevich, 2021). This is also the process used in this paper.

### **Self Positioning**

To control for my biases in the research process, first, I reflected on my beliefs toward existential counselling and chronic pain. I have chosen to use ET as a research topic because it is something that I believe is effective. My bias towards the effectiveness of ET for chronic pain is partially mitigated by the fact that my recovery from chronic pain did not involve ET. Furthermore, as I completed the research and writing process, I asked my supervisor to help ensure my claims were not exaggerated or overly optimistic. I also took care to link claims back to the literature and had a continued awareness of my biases and preconceptions.

One item that helps to control for bias is defining a clear purpose. The goal was to explore the potential impact of ET in the context of chronic pain. Setting the scope and expectations for research helped to prevent bias by focusing on interpreting existing literature rather than introducing personal opinions. A second item was acknowledging both a research gap and the need for future work. The effectiveness of ET for chronic pain is a gap in the current research. The purpose of this paper is not to comment on the effectiveness of ET. As the use of ET on chronic pain is a current gap in the research, my colleagues in the future will be tasked with measuring and quantifying effectiveness. My role was to interpret the existing literature, and my own experience, to give others a starting place for further exploration. Stating this demonstrates transparency. Once again, this avoids drawing conclusions that lack support from the literature and acknowledges potential limitations. Furthermore, emphasizing my role as an

interpreter of existing literature rather than an evaluator of effectiveness adds subjectivity. This acknowledges that my perspective could influence my interpretation of the literature, but not the assessment of effectiveness.

Beyond the formal research required for this project, I discovered a podcast called The Existentialists and listened to their episode on pain (Drisner et al., 2021). The podcast is based in Western Canada, with one member living in Edmonton. I reached out to them for guidance at the outset in the hopes of accelerating the research process and helping to control for bias. This introduces an additional source of information and indicates my seeking diverse perspectives beyond formal academic research. This helped broaden my understanding and reduce potential bias stemming from using a limited number of sources. Furthermore, reaching out to the podcast hosts for guidance demonstrates an effort to engage with experts in the field. This helped me to gain insight, clarification, and guidance to navigate potential biases or assumptions in my research. One example was discussing the limitations and benefits of ET for chronic pain with one of the hosts (J. Drisner, personal communication, February 8, 2023). This helped to avoid misinterpretations, clarify points, and align my perspective with established knowledge in the field, reducing potential biases.

A secondary area of bias for me relates to my chronic pain experience. My journey included injury, chronic pain, and recovery. Part of my strategy for controlling this bias is to focus on the arc of my experience. Some individuals suffering from chronic pain have no apparent instigating event for their pain or never recover. This concept appeared when I wrote, "boiling this problem down to its simplest components in order to solve this issue, I needed to accept what these limitations were" (Eggen, 2018, p.61). In order to control bias, I focused on finding a number of qualitative research studies that describe individuals whose chronic pain experiences differed from mine.

Another aspect of my chronic pain experience was blaming myself for the accident that led to my chronic pain. As I wrote, "part of what had kept my motto of "no regrets"

possible...was the idea that I would make a full recovery... Unfortunately, it appeared that such a philosophy was built on a faulty foundation" (Eggen, 2018, p. 37). From an ethical perspective, this is relevant as my experiences with the deterministic concept of free will and the Buddhist principle of no ego were crucial to my recovery. I stated that "the tough part about letting go of the ego is not so much letting go of one's mistakes, which although difficult, is not quite as tough as letting go of one's accomplishments" (Eggen, 2018, p.159). As I went on to say, I continue to play with the nature of free will as a determining factor in my life, which may introduce bias within my findings and conclusions. Using a field journal has helped me understand and articulate several biases. A field journal is an accepted way of managing bias in hermeneutic phenomenological projects to foster awareness of potential biases and preconceptions (Sharpe, personal communication, April 23, 2023).

### **Hermeneutic Phenomenology**

A hermeneutic phenomenological approach can leverage the personal experience of chronic pain. The roots of hermeneutic phenomenology are partially in existentialism (Dreyfus, 1996). For example, Martin Heidegger used existential philosophy to marry hermeneutics and phenomenology. Phenomenology is closely linked to existentialism, especially in exploring freedom and the meaning of existence (Sartre, 1956; Heidegger, 1996). Other concepts include consciousness, intentionality, and the experience of phenomena and perception (Heidegger, 1996; Husserl, 1970; Merleau-Ponty, 1962; Sartre, 1956).

The particular style of hermeneutic phenomenology employed in this paper connects to Hans-Georg Gadamer and Maurice Merleau-Ponty's application of the theory. Gadamer embraced the benefit of a researcher's transformation during the research process (Moules, 2002). Merleau-Ponty (1962) argued for the value of a person's bodily experiences to inform our understanding of phenomena. The transformation I underwent during my period of chronic pain, including bodily experience, was integrated into this paper based on the precedent set by Gadamer and Merleau-Ponty. Furthermore, as this literature review used a hermeneutic

phenomenological approach, my experience was also used to deepen this understanding. Chronic pain should be considered within an individual's specific understanding of their chronic pain. Individualized meaning is considered crucial to the efficacy of treatment outcomes (Ferreira-Valente, 2021; la Cour & Schnell, 2020). Considering a hermeneutic phenomenological approach to pain highlights how individual experience is essential. Decades of academic writing on existential phenomenology and chronic pain have stressed the importance of analyzing pain beyond physical experience (Leder, 1990; Baron, 1985; Madjar, 2001). Lima et al. (2014) summarize chronic pain as affecting an individual's whole being and existence.

An individualized pain experience is congruent with intentionality (Lima et al., 2014). Husserl (considered the father of phenomenology) and Merleau-Ponty stressed that for consciousness to be present, it must be conscious of something (van Manen & van Manen, 2021). The relationship between this conscious observer and the observed phenomenon is intentionality. Merleau-Ponty (1962) acknowledged intentionality as a framework, but rejected earlier hermeneutic phenomenological ideas that espoused subjectivity needing to be removed from the equation. To understand the reality of chronic pain, phenomenology is critical, but a phenomenology that embraces the subjective and individual experience of pain. Phenomenology in this context is the exploration of the nature of human existence. The nature being explored is the chronic pain experience.

Merleau-Ponty (1962) believed that phenomenology's purpose was to reconnect with the fundamental experience of being in the world. One interpretation is a direct subjective description of an experience that achieves more than reporting it objectively (van Manen & van Manen, 2021). Eschewing scientific, historical, or sociological subtext, formal reports rely on providing a more accurate depiction of experience. The direct connection between phenomenology and chronic pain is both view the individual as more than the physical body. Under the concept of intentionality, phenomenologically, an individual is an entity that carries

out its intention through the mind, body, and environment (Lima et al., 2014). The interaction between these factors determines the nature of an individual's experience, making a phenomenological lens important for chronic pain. As connections to the academic research on chronic pain and existentialism are outlined, further links to the profession of counselling psychology are highlighted. This process aims to inform current and future practitioners of best practices when utilizing an ET approach for chronic pain.

### **Literature Review**

The literature review focused on two phases of chronic pain: injury and recovery. Recovery is not defined as a terminal point, but the state where the client is recovering psychologically or physically (Coren, 2016; Klaassen, 2020). Often, the recovery phase involves management and acceptance of chronic pain despite its continued existence. This analysis will map out the phenomenological experience of chronic pain, ET techniques, and the overlap between the two. As this intersectionality is explored, it will provide a framework for the remainder of the paper including implications for counselling psychology, the next steps for research, and applications to clinical practice.

### **Meaning**

There are many papers relating chronic pain to existentialism as a philosophy. There are relatively few scholarly articles, however, on ET specifically. Ferreira-Valente (2021) applied a meaning-making model (MMM) to chronic pain. The MMM is based on logotherapy, an ET approach focused on creating meaning. An extension of this concept is the "Sources of Meaning Card Method (SoMeCam)" (La Cour & Schnell, 2020). The SoMeCam involves translating 26 of the questions on the SoMe (Sources of Meaning) questionnaire onto paper cards. Once translated the participant prioritizes the cards according to how much they agree or disagree with each of the 26 statements. For example, "I intervene when I see injustice being done" or "I try to make the world a better place to live in" (La Cour & Schnell, 2020, p. 28). The

activity of reflecting and prioritizing sources of meaning has been shown to have therapeutic value for chronic pain sufferers Böhmer, 2022).

Both approaches, the meaning card method, and the meaning-making model, focus on meaning as a therapeutic factor (Ferreira-Valente, 2021; la Cour & Schnell, 2020). A shared focus on meaning is exemplified in my own experience: "there is an essential realization that people have before becoming nihilistic that existence is essentially pain...therefore life is meaningless...this fact requires an individual to aim for a goal that makes this pain worthwhile and in doing so find meaning" (Eggen, 2018, p. 165).

### **Communication**

Describing the lived experience of pain, Johnson (2019) elucidated its varied and often paradoxical nature. The experience of pain is combined with sensory feedback, cognitive feedback, and emotional reactions. These factors fluctuate depending on the awareness of the individual (Edwards et al., 2016; Johnson, 2019). Due to the inherently negative nature of pain, attention is demanded constantly and often requires understanding and response to mitigate perceived or actual damage to one's physical body. Biological, social, and psychological factors impact chronic pain type, intensity, nature, and (Clauw et al., 2019; Ferreira-Valente et al., 2021; Johnson, 2019; Nakamura & Kawase, 2021). Factors impacting the nature of the chronic pain experience are underscored by unpredictability. The stimuli that lead to pain can be benign or harmful (Woolf, 2011; Johnson, 2019). Phenomenologically, pain can exist in the past, present, or future (Leder, 2016). From a physical perspective, pain can be everywhere or in only a single location (Johnson, 2019). The ambiguous nature of pain can allow it to provide meaning or take it away.

It is difficult for many chronic pain sufferers to understand their condition based on the factors noted above. Nonetheless, individuals are required to communicate the nature of their pain to others (Edwards et al., 2016; Johnson, 2019; Nakamura & Kawase, 2021; Ferreira-Valente et al., 2021; Clauw et al., 2019; Woolf, 2011; Leder, 2016). The difficulty in personal

understanding creates additional complications in describing the needs created by chronic pain to others (Hülsebusch et al., 2016; Dees et al., 2011; Rodríguez-Prat et al., 2017). One example is health care professionals who are not always educated in the biopsychosocial (BPS) model of chronic pain (Engel, 1977; Thompson et al., 2018, n.d.; Toye et al., 2013a, 2013b; Wideman, 2019). The BPS model is differentiated by including biological, psychological, and social factors in a coordinated fashion for diagnosis and treatment (Adler, 2009).

Conveying the pain experience is a multifaceted process where a failure in any of the required areas can lead to alienation, mistrust, and often misdiagnosis (Johnson, 2019; Munday et al., 2021). Language and behaviour play a dual role in conveying the inner experiences of individuals enduring chronic pain, simultaneously convincing those around them of the presence of this hidden experience. Conversely, the listener must have an open mind to the nature of the speaker's experience and be able to interpret the verbal and behavioural messages being sent correctly. Health professionals can also be limited by the subjective nature of chronic pain, contrasting with the objective nature of modern medicine (Toye et al., 2013; 2014; Wideman, 2019). This was also my experience: "one example...was with my sports medicine doctor who continually probed... for anything...leading to the pain I was experiencing. When the pain got so bad that I was using crutches, rather than take this as a sign that something was seriously wrong, [the doctor] expressed his displeasure with my continued use of them" (Eggen, 2018, p.192). Communicating chronic pain requires effective language and behaviour of the sufferer, but also necessitates an open-minded listener. The challenge of effective communication is further complicated by the subjective nature of chronic pain, often leading to misdiagnosis and mistrust among healthcare professionals.

Communication issues can lead to isolation created by being unable to explain one's experience to others (Madjar, 2001; Crombez et al., 2012; Nicola, 2021). The feeling of suffering alone exacerbates this.

Testimonies of chronic pain sufferers from Munday et al.'s research illustrate this:

"it feels like you're carrying it alone... it's something you can't pass on to anybody," "Other people... don't want to know about your pain," "I am the only one carrying it, and... people don't really understand it or want to know," "...they might feel disgusted with you, and they may try and keep away from that topic. They don't want to understand you..."(2021, p. 3).

This concept is also referred to as existential isolation, defined as the difference in individual experience and the ability of others to fully understand that experience (Helm et al., 2022).

Existential isolation is a fundamental separation between oneself and the world (Yalom, 1980; Pinel et al., 2017). Awareness of this isolation can lead to feeling alone in one's subjective experience. Cultural factors, such as individualism-collectivism, influence the likelihood of experiencing existential isolation. Variations in levels of existential isolation are noted across cultures (Helm et al., 2018; Park & Pinel, 2020). One study stressed the importance of an existential approach for patients with chronic pain suffering from existential isolation (Strang et al., 2004).

Existential isolation can be depicted as a sense of aloneness in interpreting reality (Pinel et al., 2004). Chronic illness can create or exacerbate an awareness of existential isolation (Helm et al., 2022; Sand & Strang, 2006). An awareness of existential isolation can lead to negative affect and unconscious defense mechanisms (Sullivan et al., 2012; Yalom, 1980). Research by Vazire (2010) suggests that people learn about themselves primarily from others. A focus on shared belief systems addressing core human concerns within terror management theory (TMT) supports this research (Becker, 1971; Greenberg et al., 1986; Kesebir & Pyszczynski, 2011; Routledge & Vess, 2019). TMT connects to existentialism through its examination of fear of death and existential dread. TMT explores how cultural worldviews and self-esteem can be used to defend against existential anxiety (Hart, 2014; Kernis, 2005).

According to Spinelli (2019), individuality and belonging are conflicting existential needs. Tension between being unique and merging with others is evident among individuals, groups, societies, and cultures (Kretschmer & Storm, 2018). Some entities emphasize the distinct and individual aspects of relatedness, while others prioritize the interconnected and merging aspects. Similarly, responsibility is viewed as a spectrum negotiated between two individuals. Much of the literature on chronic pain is written from an individualistic perspective (Spinelli, 2019). Tillich (1959) hypothesized that people in collectivistic cultures would be less susceptible to existential unease. Half a century later, terror management theory (TMT) helped to support this claim. TMT posits that de-emphasizing personal identity, in favour of cultural identity, can reduce existential anxiety (Kesebir & Pyszczynski, 2011). According to Spinelli (2019), Western cultures view the individual as more distinct than Eastern cultures (Blum-Yazdi, 2013). This is a crucial concept for using ET to aid individuals suffering from chronic pain.

Considering chronic pain sufferers' isolation and difficulty communicating their experiences, the concepts of relatedness and responsibility offer insight into how changing an individual's understanding of these concepts could aid them (Spinelli, 2019). Regarding relatedness, chronic pain sufferers often feel isolated and unable to convey their experiences to others (Johnson, 2019; Munday et al., 2021). Clients could be encouraged to connect with others experiencing chronic pain, emphasizing the interconnected aspects of relatedness rather than individuality. Recognition that they are not alone in their struggle may provide chronic pain sufferers solace through shared experiences and community. Reducing isolation may help them realize that others can empathize with their situation.

While it may seem contradictory at first, another approach to reducing existential isolation is to reduce the need to be understood (Vos & Vitali, 2018). Responsibility can be considered a negotiated spectrum between two individuals. This concept of responsibility can be applied to chronic pain sufferers' interactions with medical professionals, caregivers, and loved ones (Spinelli, 2019). A shift in perspective on responsibility could lead to being more

proactive in communicating their needs and self-advocacy. Furthermore, encouraging open conversations about expectations and roles in managing the pain could lead to better mutual understanding and more effective support.

Altering the perception of responsibility is common to meaning-centred therapies like ET (Vos & Vitali, 2018). Recentering an individual's view of their isolation is less about allowing them to communicate more effectively and more about destigmatizing the fact that others fail to understand their experience. The end goal of increasing connectedness despite individual misunderstanding is represented by increasing responsibility. Within meaning-centred therapies, chronic pain sufferers are encouraged to engage with their experience more deeply. This involves redefining their sense of responsibility, addressing feelings of isolation, and working toward increased connectedness and understanding.

Communicating about the chronic pain experience within a clinical or biomedical system often relies on rating scales, which have been criticized for reducing the subjective experience of chronic pain to a unitary phenomenon. Furthermore, these scales introduce biases that undercut their objectivity (Johnson, 2019; Royal & Brosh, 2013; Billington et al., 2017; Linden et al., 2014; Broderick et al., 2016; Burns et al., 2015). It is important to widen the scope of measurement when it comes to quantifying and exploring chronic pain. While rating scales can and should be improved to better reflect the nuances of the chronic pain experience, clinicians and medical professionals should also strive to listen to the voices of their patients/clients to better understand the subjective experience of chronic pain.

### **Therapeutic Alliance**

Both ET and CBT place value on the use of the therapeutic alliance. CBT emphasizes actively promoting therapeutic change (Gebler & Maercker, 2014). ET may succeed compared to approaches like CBT based on its approach to the therapeutic alliance. Eschewing specific goal orientation or directive behaviour, existential therapists attempt to be radically present instead. Empowering clients to take responsibility for their situation and become self-directed

creates change (Gebler & Maercker, 2014). Pain acceptance as a foundational part of chronic pain treatment has received recent focus (Varallo, 2021). The less active approach employed by ET is in line with this evolution (J. Drisner, personal communication, February 8, 2023).

One method within ET of developing the therapeutic alliance is known as accompaniment, which overlaps with the common factors outlined by Rogers (1957), including empathy, positive regard, and congruence (Görtz, 2020; Hasenbring et al., 2014; Kapoor et al., 2016; Launeanu et al., 2019; Längle, 2019; Martin, 2007; Stankovskaya, 2014). Accompaniment in this context means that the therapist engages with the client in a way to explore existential themes and challenges. A specific factor of accompaniment that can aid social distress in chronic pain illness sufferers is altering patterns of relating with others to become more flexible (Sullivan, 1950; Scott et al., 2019). It stands to reason that this would be true for chronic pain.

While there is a lack of research on the applications of accompaniment to chronic pain, some inferences can be made from research concerning individuals who deal with traumatic brain injury (TBI) (Klaassen, 2020). A specific example is the chronic headaches endured by TBI sufferers (Horn et al., 2013). Accompaniment has been shown to aid in uncovering personal-existential challenges that often go unnoticed in TBI victims (Zasler et al., 2013). Based on the above analysis, accompaniment could present the same benefits for chronic pain sufferers. Furthermore, chronic pain's unavoidable and unchanging nature is congruent with the aims of accompaniment to create internal shifts in attitude by using personal competencies (Längle, 2018).

### **Anxiety**

Anxiety regarding pain and the limitations it presents are common themes amongst chronic pain sufferers, and focusing on this anxiety can lead to further pain and disability (Lerman et al., 2015). Limitations can span a number of different areas ranging from functional limitations to social and psychological limitations. For instance, the fear of rejection and the loss of preferred identities are significant barriers to overcoming chronic pain (Goll et al., 2015;

Ferreira-Valente et al., 2021; Reed, 2020; Conrad & Johnson, 2020; Andersen et al., 2021). Historical research has connected anxiety and social exclusion, revealing that individuals with physical disabilities may experience increased anxiety due to concerns about potential social rejection (Baumeister & Tice, 1990). As noted, long-term fear of pain, pain catastrophizing, and avoidance create and perpetuate chronic pain (Crombez et al., 2012; Zale et al., 2013; Hasenbring, 2014). Long-term chronification of pain leads to further disability and maintains the cycle of pain. There are also acute pain impacts from anxiety, such as decreased pain tolerance and increased pain intensity (James & Hardardottir, 2002; Kapoor et al., 2016). In my therapy experience, it was "hypothesized ... I had learned emotions were unsafe... when I felt a particularly strong emotion, anxiety would rise, leading to physical tension... [and] might exacerbate existing chronic pain in my body" (Eggen, 2018, p. 151). In terms of pain management, treating anxiety using ET could be beneficial both from an acute and chronic perspective.

Lonely individuals often exhibit a range of social cognitions and attitudes that contribute to their isolation. These include hypervigilance for social threats, biased interpretations of social cues, and the development of maladaptive internal models of the world (McHugh et al., 2018). Internal models of the world, or schemas, such as 'social isolation/alienation,' 'dependence/incompetence,' and 'approval-seeking,' can perpetuate loneliness by reinforcing negative beliefs about oneself and others (Cacioppo et al., 2015). Loneliness has health implications, as it is associated with higher levels of stress (Christiansen et al., 2016; Segrin et al., 2018). Lonely individuals exhibit lower self-esteem and increased rates of anxiety (Vanhalst et al., 2013; Richardson et al., 2017; McClelland et al., 2020; Schinka et al., 2012). A related condition, social anxiety disorder, contributes to loneliness through avoidance of social situations and withdrawal from social interactions (Lim et al., 2016). Fear of negative evaluation and embarrassment often characterizes social anxiety disorder, leading to isolation and hindering opportunities to alleviate loneliness.

## **Pain Chronification**

In the long-term chronic pain often causes fear, catastrophizing, and avoidance of normal activities (Crombez et al., 2012; Zale et al., 2013). Long-term chronification of pain can also lead to further disability and maintenance of the pain cycle. There is also the uncertain nature of chronic pain, that may lead sufferers to ask questions such as "How long will this last? Will this be the rest of my life? What if the pain gets worse?" And during pain-free times: "How much longer do I have before the pain comes back?" (Sharpe, 2023, personal communication).

Pain chronification involves persistent pain and resisting help (Borsook et al., 2018). Often, chronic pain sufferers believe activity will lead to the onset of pain, and hence become fearful of certain actions/activities. Pain chronification has been shown to create cognitive distortions that increase the threat value of pain (Timmers et al., 2019, p.8; Lovibond et al., 2009; van Vliet et al., 2018). Fear, avoidance, and pain become a familiar cycle to chronic pain sufferers. The cycle of chronic pain is illustrated in a passage from my memoir where I write

"after about a month of treatment however, the pain began to flair again...From this point forward the pain in my glute began to reappear on a three to four-month cycle with reduced activity level and use of walking implements such as crutches or cane helping to alleviate pain" (Eggen, 2018, p. 30).

Pain chronification, and associated discomfort, resistance to help, and heightened fear forms a distressing cycle for chronic pain sufferers.

Safety-seeking behaviours and pain avoidance can initially be adaptive responses to help manage pain. Unfortunately, these behaviours can limit one's ability to function over time and may worsen pain (Crombez et al., 2012; Zale et al., 2013). Terming a behaviour maladaptive depends on the extent to which functioning and treatment are limited (Volders et al., 2012; Vlaeyen et al., 2016). These maladaptive behaviours can lead to a trade-off between pain control and life goals (Howe et al., 2015; Burke et al., 2015; Volders et al., 2012; Vlaeyen

et al., 2016). The anxiety related to the reappearance of pain is a key factor in perpetuating chronic pain.

Individuals with chronic pain often appraise the consequences of pain as catastrophic (Crombez, 2012). The fear-avoidance model focuses on what clients believe about their pain. Seminal research by Malec (1977) summarized problematic beliefs held by many chronic pain sufferers. Two primary beliefs are that pain will lead to further disability and that pain suffering can only be treated using physical intervention. The following anecdote highlights this second belief: "I was still convinced that the pain that I was feeling was entirely physical" (Eggen, 2018, p.77). Pain becomes equated with disaster erroneously (Crombez et al., 2012). At the feeling of pain, a pathology takes over, which overrides more adaptive responses response and removes agency from the individual. There is a theory that this misaligned response creates an oversized fear of pain and injury (Lovibond et al., 2009; van Vliet et al., 2018). Avoidance of physical activity develops due to the assumption that movement will exacerbate the pain (Crombez et al., 2012).

Normalization is an established technique for managing catastrophization in chronic pain sufferers (Lazaridou et al., 2017). Part of the effectiveness of this approach has been hypothesized in its ability to help localize pain and properly ascribe magnitude to it. For most chronic pain sufferers, reminders in therapy that their pain is real, but the perceived bodily damage is not, apply a level of normalization (Sharpe, 2023, personal communication). From an ET perspective, normalization is a common approach (Ferreira-Valente et al., 2021; Grech & Marks, 2017; Wong, 2015).

Avoidance can also lead to a lack of direct experience testing physical limits (Crombez et al., 2012). Reduced interaction with the environment often results from fear of the amount and consequences of future pain. Hypervigilance is a term used to describe an increased focus on pain (Crombez et al., 2012). The transformation of natural pain management systems into

long-term avoidance and hypervigilance typically increases symptoms (Vlaeyen, 2016; Schoth & Lioffi, 2016). An excerpt from my psychiatrist during my chronic pain journey highlights this:

"the pain remains in his left gluteus... [and] is very dependent on his level of physical activity. For example, if he exerts himself on any given day, then he can have significant pain for the next 2 or 3 days... The pain never quite disappears, but if he is very careful with pacing, he can avoid getting into trouble with pain the next day." (Eggen, 2018, p.50)

Avoidance behaviours in chronic pain sufferers often result in hypervigilance towards pain, which can ultimately exacerbate symptoms. For me, the belief that the appearance of pain was unacceptable left little room for nuance in managing my pain experience. As time progressed, the ability to notice my pain without judging it was necessary. The balance between what makes such behaviours adaptive and maladaptive is tenuous. Individuals seeking treatment for chronic pain through psychotherapy have often slipped into the maladaptive category (Volders et al., 2012; Vlaeyen et al., 2016). Prioritizing pain minimization through immobilization is detrimental. Daily living requirements begin to be lowered, and there is a deterioration of physical and mental status. Overall, positive experiences are limited through both inability and unwillingness to carry out typically valued activities. Social isolation is common (Crombez et al., 2012). One observed phenomenon is disuse syndrome, which is believed to be caused by low activity levels, which can in turn lower pain thresholds (van Wilgen et al., 2009; Johnson, 2019). It is essential to balance chronic pain management and adjustment to its limitations. ET provides a framework for individuals to confront their pain while exploring ways to accept it within the constraints imposed (Launeanu et al., 2019; Stankovskaya, 2014). Techniques such as acknowledging the pain without judgment and seeking meaning and purpose in life despite its presence are explored later in this paper.

## Suffering

The reaction of an individual experiencing chronic pain partially determines their level of suffering. Suffering is an essential part of understanding and integrating the chronic pain experience. Suffering can be defined as "a threatening and alienating mood that involves the person's entire lifeworld" (Wijngaarden, 2021, p. 326). The concept of suffering transcends pain and physical symptoms (Dees et al., 2011; Rodríguez-Prat et al., 2017). Suffering contains elements of both the biopsychosocial model and existential factors. Wijngaarden (2021) stresses considering suffering beyond symptoms. Determining the meaning of the pain to a sufferer is an element that ET is well equipped to handle (den Hartogh, 2017; Yalom, 1980). A specific question is how biopsychosocial factors relate to an individual's life existentially (den Hartogh, 2017; Schneider, 2019). This can be explored through the four-worlds model containing physical, social, psychological, and spiritual dimensions.

Another approach to this concept is experiential modalities, explored within existential-integrative psychotherapy (Schneider, 2019, p.251). Experiential modalities are categorized as *immediate* and focused on the present, *kinesthetic* in terms of physical and sensory components, *affective* relating to emotions and feeling, or *profound* as in deeper or more reflective. *Immediate* refers to the aspects of experience focused on the present moment or direct sensory perception. Full engagement in the current moment and a lack of influence by past or future considerations is commensurate with this concept. *Kinesthetic* refers to sensory and physical aspects of experience, including bodily sensations, movement, and the awareness of responses to stimuli. There is an emphasis on sensory and felt experiences within the body. *Affective* experience contains the emotional and feeling dimensions of existence, including moods and affective states that influence perception and interaction with the world. Finally, *profound* points to a deeper level of experience that involves insights, contemplation, or a sense of meaning that transcends the other aspects of existence. It often is concerned with existential or philosophical considerations.

The interplay of experiential modalities accentuates the variable nature of the human experience. Understanding these modalities holds promise for tailoring existential treatment approaches that resonate with individuals' diverse experiences within the context of chronic pain. Focusing on the polarized conditions created by chronic pain can make chronic pain sufferers feel limited (Lovibond et al., 2009; van Vliet et al., 2018). One way to combat avoidance is an existential exploration of chronic pain's role in their restrictive patterns (den Hartogh, 2017; Schneider, 2019). Expansion of the individual's existence is a goal through illuminating what givens of existence are being avoided. The goal is to go beyond insight into an expanded sense of self by increasing meaning and spiritual connection (Bugental, 1978).

### **Recovery**

The literature on chronic pain and existentialism discusses the grieving process as a function of lost identity (Ferreira-Valente et al., 2021; Reed, 2020; Conrad & Johnson, 2020; Andersen et al., 2021). Soren Kierkegaard, an existential thinker, described despairing over life and existing with an identity one could not bear to inhabit (Kierkegaard, 1849/1962). This concept comes up in qualitative interviews with individuals discussing existential concerns. Chronic pain is described as a stroke of fate, struggling to relate to oneself, and becoming oneself as an existential process (Jackson, 2005; Anderson et al., 2021). The discrepancy between an individual's assumed and appraised understanding of chronic pain is a transformation process and a source of suffering that can last months or years.

Confrontation with chronic pain leading to hopelessness and despair resonates with many chronic pain sufferers (Rodríguez-Prat et al., 2017; Ferreira-Valente et al., 2021; Coren, 2016). Specific phrases, such as experiencing themselves "as a reduced version" of themselves or that they "can do nothing. I'm nicely and easily being eroded as a human being" (Anderson et al., 2021, p. 11). Specific trains of thought also appear, linking identity to existential despair: "many of the things I once thought I was able to do, have been able to do, I can simply not handle anymore. And physically, the pain is there, but the psychological part I feel even more"

(Anderson, 2021, p. 11). This last sentence fits with chronic pain's impact on my psychological being and self-experience. Understanding an individual's journey is vital to recovery, something ET is well suited to handle.

My recovery process included periods of recovery and relapse influenced by a struggle to grieve the loss of my former identity. Earlier, I had mentioned a personal motto of "no regrets" that assumed I would fully recover. Denial of the reality of the situation partially obscured my grief. My grief was also limited by my lack of knowledge of the forms grief and loss can take: "I had been grieving the loss of my former self... The physical handicap I had been dealing with... was a very real impediment to this identity... part of the reason I had been unable to properly heal was that I had been unable to accept that I was grieving the loss of my identity". (Eggen, 2018, p. 61)

Grief in response to injury and chronic pain is common (Crosby, 2019; Finlay et al., 2021; Cole & Ratcliffe, 2022). Themes include overcoming disrupted biography through identity adjustment after health changes, navigating the journey of grief amid adapting to new health statuses and lost possibilities, and expanding the concept of grief beyond bereavement to encompass diverse experiences of loss in the context of illness and injury.

An interesting phenomenon emerged within the qualitative results of multiple research studies. This phenomenon was a discrepancy in how individuals perceived their chronic pain's appraised and global meaning. This discrepancy facilitated a growth process related to the individual's identity (Andersen et al., 2021; Ferreira-Valente et al., 2021). This growth process was not immediate or linear, however, as it contained a variety of existential factors. To elaborate further, numerous studies, including Ferreira-Valente et al. (2021) and Andersen et al. (2021), delved into the perception gap and its potential to generate distress or despair concerning one's identity. Identity is a fundamental existential concern that can prompt individuals to question who they truly are (Reed, 2020).

In line with Moules' (2002) and Merleau-Ponty's (1962) work, the intervening factor of time and the individual's subjective perception of it has crucial implications. One such association between freedom, and the limiting nature of time, has a subsequent impact on an individual's perception of themselves from an existential point of view (Reed, 2020). An individual's perception of time affects their existential perception of themselves. This is because, as a limited resource, time impacts their sense of freedom. This interrelationship provides an opportunity to apply an ET approach to explore and address these complex questions.

### **Hope**

ET can increase hope in recovery or chronic illness (Ziaee et al., 2022; Nakamura & Kawase, 2021). A related psychological construct, optimism, is linked to individuals' ability to cope with pain experiences (Goodin & Bulls, 2013). Essential concepts in defining hope include goal orientation, emotions, relationships, behaviour, and spirituality (Redlich-Amirav et al., 2018; Popovich et al., 2003; Arnaert et al., 2006). These concepts overlap with the physical, social, psychological, and spiritual worlds (Liersch & Maher-Edwards, 2017; Binswanger, 1963; Yalom, 1980; van Deurzen, 2010). Additional overlap can be seen in Vos's five types of meaning (materialistic-hedonic, self-oriented, social, larger, and existential-philosophical; 2018, Ch 3.1). The intersection of hope, ET, and meaning-based therapy approaches can be seen in "experiencing meaning in resilience" with a specific focus on a hopeful perspective (Vos, 2018, Ch 3.3).

Hope as a therapeutic variable leads to various interrelated outcomes, such as self-efficacy, self-esteem, and motivation (Ziaee et al., 2022). In a meta-analysis, Tunks et al. (2008) provide evidence that a patient's depression and chronic pain are linked. Hope correlates to decreased depression and stress and a better quality of life (Waynor et al., 2012; Warber et al., 2011). For me, losing hope led to a period of what I believe was depression. From a physical perspective, little changed about my situation when I lost hope. What changed was my hope that I would return to a normal life one day:

The psychological dam I had built post-accident, refusing to regret the events that led to me breaking my femur, broke...the psychological impact of such a potentially drastic setback also made me start to question what hope I had of a normal recovery in this type of area. This snowballed with the depression I was already feeling. (Eggen, 2018, p. 37)

Ziaee et al. (2022) acknowledged the power of hope and its benefits against irrational beliefs. In my case I irrationally believed I had no regrets and was guaranteed to get better.

The task of instilling hope is manageable if the therapist can align their goals with the client's concerns (Vanhooren, 2019). A therapeutic goal that resonates with a client's values can naturally align with what matters most to the client. In doing so, it becomes more than just a part of the therapeutic process and becomes integrated into their larger life project. Empowering a client to become responsible in their life through ET creates a level of self-direction (Varallo, 2021). The reduced focus on pain elimination and increased attention on pain acceptance within ET is critical to instilling hope (J. Drisner, personal communication, February 8, 2023; Vanhooren, 2019; Varallo, 2021). One client's experience can be described as having a "level of energy higher during the sessions compared to daily life... and he experienced a spark of hope. The therapeutic relationship also functioned as a safe haven from where Thomas was able to explore his darkness" (Vanhooren, 2019, p.7).

### **Acceptance**

Acceptance as a chronic pain management strategy is well supported. Not only is acceptance seen as foundational to treating chronic pain, but it is also noted as a significantly diminishing distress and disability (Varallo et al., 2021; Wright et al., 2011). Further connection to pain acceptance is that psychosocial processes better explain the pain relationship than physiological variables. Differentiating pain sufferers based on their level of acceptance is therefore reasonable because acceptance helps determine their coping ability (Linton et al., 2018). Specific benefits of pain acceptance relate to pain outcomes, depression, anxiety, and quality of life (Veehof et al., 2016).

Subjective meaning is a way to help individuals accept the constraints of life-limiting situations (Vos, 2019). Within the context of ET, the following are seen as key to decreasing life-limiting situations: the reason for doing or creating something, the intention behind an action, individual principles or standards, understanding of self and world, a sense of one's worth as a person, goals directed toward achieving desired outcomes, and the ability to control and manage thoughts, emotions, and behaviour in order to achieve goals (e.g., MacKenzie & Baumeister, 2014; George & Park, 2014; Wong, 2012). The search for meaning has further been shown to increase quality-of-life outcomes and physical well-being while simultaneously lowering depression and anxiety (Steger, 2012; Brandstätter et al., 2012; Roepke et al., 2014; Ryff et al., 2006). Quality of life outcomes and physical well-being are common areas of suffering for individuals with chronic pain who are often afflicted with depression and anxiety (Branstetter-Rost et al., 2009)

The stages of change model (Katz et al., 2019; Prochaska & DiClemente, 1984) is one way to conceptualize acceptance of chronic pain. The stages of change model is divided into pre-contemplation, contemplation, action, and maintenance (Katz et al., 2019; Prochaska & DiClemente, 1984). In pre-contemplation, acceptance may involve acknowledging the existence of chronic pain. In contemplation, acceptance could centre on acknowledging the need to explore ways to manage their pain, but not necessarily eliminate it. Action might mean embracing chronic pain as a part of their life, including management and coping. Kerns (1997) already attempted this with the Pain Stages of Change Questionnaire (PSOCQ). Research on stages of change and chronic pain has found that strategies in the pre-contemplation and contemplation stages generally require a decreased emphasis on behavioural activation compared to the action and maintenance stage (Katz et al., 2019). One potential implication for ET is matching the client's stage of change with the therapeutic approach.

High attrition levels in interdisciplinary treatment programs are considered proof of the need to consider a stages of change perspective for chronic pain (Katz et al., 2019; Kerns et al.,

1997). Contrasting the contemplative and pre-contemplative stages against initial steps within ET reveals opportunities to match the client's stage of change to particular steps in the ET process. An initial step in ET, defining the individual's physical, social, psychological, and spiritual worlds, is followed by an exploration of daily life under these lenses (Binswanger, 1963; Yalom, 1980; van Deurzen-Smith, 1984). Within the context of a pre-contemplative stage of change, exploration is one way to increase awareness and insight (Raihan & Cogburn, 2021; Prochaska & DiClemente, 1984). Exploration of existential moods such as death anxiety, existential guilt, or isolation is the third general step in ET (Vos, 2019, p. 605). In the PSOCQ, pre-contemplation includes expecting a medical solution and passive coping strategies (Kerns et al., 2019). The contrast between pre-contemplative and contemplative is an increased belief that other solutions may exist and a search for more active coping strategies. Within ET, the fourth step generally includes the therapist's exploration of the difference between action and inaction (Vos, 2019). In the fourth step, developing flexibility in coping styles is seen as necessary, which matches the search for active coping strategies in the contemplative stage (Kashdan & Rottenberg, 2010).

ET may only match some clients depending on their stage of change. In this case, it may be wise to focus on other modes of therapy or consider if another therapist may be better suited to treat the client at that time (Katz et al., 2019). My experience was that medical doctors and therapists did not understand my situation and were unwilling to listen. When I finally found a psychiatrist who could adequately convey the messages I needed to hear, a large part of my receptiveness was environmental and outside his control. An initial inability to accept my circumstances related to my inability to understand the true nature of my situation: "I was still convinced that the pain that I was feeling was entirely physical [if] the pain was all in my head... shouldn't I have been able to think my way past the pain?" (Eggen, 2018, p.77).

Chronic pain is not a unitary phenomenon. A second noteworthy model is the hierarchical clustering analysis (HCA) performed on 4665 patients at the Pain and Rehabilitation

Centre in Sweden (Bäckryd et al., 2018). These revealed four groups arranged based on psychological strain levels, pain intensity, and social distress. Group 1 had low psychological strain and pain, Group 2 had high psychological strain and high pain characteristics, Group 3 had high social distress and pain duration, and Group 4 had high psychological strain and pain intensity, but low social distress. Comparing this model to a stages of change approach reveals similarities between several groups and stages. For example, in the pre-contemplation stage of change, there is a lack of interest in changing behaviour (Prochaska & DiClemente, 1984). In the PSOCQ, pre-contemplation includes continued expectation of a medical solution and relying on less active coping strategies (Kerns et al., 2019). Suggestions made on a per-group basis include the initial focus for Group 2 on treating depression or anxiety. Future research directions in this area are suggested, including pain definition, the impact of social support, and mediating gender factors (Burns et al., 2018; Nijs et al., 2011; Bernardes et al., 2017; Yarnitsky et al., 2012; Bäckryd, 2017a; 2017b).

### **Chronic Pain: Past, Present and Future**

This literature review has highlighted what ET has to offer chronic pain sufferers. Meaning-centered therapies encourage individuals coping with chronic pain to delve deeper into their experience. Redefining a sense of accountability, addressing feelings of isolation, and striving for greater interconnectedness and comprehension are all examples of delving deeper into experience. The goal of the review was to explore existing applications of ET to chronic pain. Due to a lack of existing research, areas of intersection between the two bodies of work were explored. The remainder of the paper will expand on implications of the literature review for counselling psychology, next steps for research, recommendations for practice, and a personal reflection.

As I completed this literature review, I found myself coming back to two essential questions. Firstly, what has limited ET's historical use for chronic pain? Looking at the literature, one hindrance to using ET is strict adherence to existing approaches to chronic pain such as

CBT. The second question that emerged from the literature review was what makes ET uniquely suited to treat chronic pain? The answer to this question, exposes one reason why ET has not historically been used for chronic pain, the Western bias of current therapy approaches.

Between the limited use of ET and justification for its use is the measurement bias in current approaches to, and literature on, chronic pain. Therefore, this will be the first topic touched on. The research section also takes a hybrid approach to exploring research that would support the increased use of ET on chronic pain and what makes ET suited to treat it. Having outlined historical reasons limiting the use of ET for chronic pain, and current conditions supporting the application of ET on chronic pain, leads to the final section on recommendations for practice in the future.

### **Measurement**

A trend identified by the literature is to focus on pain quality and intensity to reduce subjective experience to objective fact (Johnson, 2019; Royal & Brosh, 2013; Billington et al., 2017; Linden et al., 2014; Broderick et al., 2016; Burns et al., 2015). To expand, the measurement scales typically used have biases limiting their objectivity (Johnson, 2019). For example, this might mean assuming pain is a linear experience or using minimum and maximum values that fail to capture the experience appropriately. Terms such as "the worst pain ever" or "the worst pain I can imagine" are cited as examples (Johnson, 2019, p.4). The requirement to introduce scale ends can lead respondents to report pain less than they can imagine, but greater than they have experienced (Royal & Brosh, 2013). Overall, this represents a lack of confidence in the objectivity of these scales. A focus on objectivity links measurement scales to other chronic pain and ET themes, such as evidence-based treatment, empiricism, and empathetic questioning.

One explanation for a bias towards measurement scales is their objective nature makes it easier to justify their continued use (Loewenthal & House, 2010; Postle, 2007; Parker & Revelli, 2008; Lees & Freshwater, 2008). Lees and Freshwater (2008) believe that in an

increasingly data-driven world, evidence-based practices are heavily biased towards. When measurement is effective, there is basis for evidence-based practices as a gold standard. However, when measurement is not able to be objective, potentially in the case of pain scales, using them is less rational (Royal & Brosh, 2013). What is deemed an evidence-based practice or not, and what leads to the acceptance of treatments, is a further concern (Loewenthal & House, 2010). Historically, ET's popularity has been limited by its ability to be objectively measured (Cooper & McLeod, 2011). It stands to reason that this has been the case in its applications to chronic pain. If the above bias could be controlled for it could be beneficial for chronic pain sufferers in getting more appropriate treatment such as ET.

When considering the current situation of measuring the suffering of a chronic pain patient, introducing a more subjective approach may be necessary. Wideman (2019) suggested pain assessment using quantitative and qualitative elements to narratively incorporate the patient's verbal expression and behaviours. The subjectivity of pain can be captured by including individual pain experiences. Part of the insight made possible by this approach is the assessment of the underlying processes contributing to the pain. For example, if the measurement system could be more qualitative, this would place less of a burden on the chronic pain sufferer to explain their condition to others. If this could be accomplished, there would be a cascading effect. A significant reason chronic pain sufferers struggle with interpersonal communication is feeling they need to be understood by others (Madjar, 2001; Crombez et al., 2012; Nicola, 2021). Aiding their ability to communicate would be beneficial. ET is a way for chronic pain sufferers to understand their own subjective experience better in order to be able to communicate it to others more effectively.

### **ET Approach**

Another theme in the literature review was the negative consequences of an individualistic point of view on the experience and treatment of chronic pain (Spinelli, 2019). A typically Western approach of seeing the individual as separate and distinct contrasts with

Eastern notions of fundamental interconnection (Hofstede, 1980; Lomas et al., 2023; Spinelli, 2019). Another term used to describe interconnection is relatedness. The ET conceptualization of relatedness is valuable in shifting thinking for a client. Absolute thinking patterns can keep people stuck in an unhelpful perspective. Either-or-thought patterns leave no room for alternative points of view. For example, a client may not believe they can simultaneously be sick and healthy. Black-and-white thought patterns are insufficient when dealing with the complexity of chronic pain. Shifting an individual's view of their state presents an opportunity to redefine what sick or healthy means to them. When they feel more pain, rather than viewing it as a failure, it can be seen as a move along this scale. Fear of pain and pain catastrophizing are significant contributors to chronic pain (Zale et al., 2013; Hasenbring et al., 2014). Altering an individual's point of view through the ET concept of relatedness is unique. Physical and psychological pain can be lessened by reducing resistance to the pain.

Another theme experienced by people living with chronic pain is a lack of empathy from others (Coren, 2016), which can lead to feelings of isolation. Frustration that others fail to understand the emotions resulting from a chronic pain condition is common. Furthermore, cultural norms can limit socialization. For example, comments that emphasize traditional notions of masculinity may discourage individuals with chronic pain from openly expressing feelings of vulnerability, dependency, or sadness (Coren, 2016). Excess worry from concerned family members can also lead to alienation. Despite being well-meaning, support and concern by loved ones can lead chronic pain sufferers to feel guilty about the burden their illness places on others. A collectivist lens is an alternative way of viewing the world as compared to an individualistic lens. In this context, a collectivist lens emphasizes collective or group-oriented values and interconnectedness among individuals, as opposed to an individualistic lens that prioritizes individual autonomy and self-reliance (Helm et al., 2022; Heu et al., 2019). ET is a therapy method well suited to apply a collectivist lens to pain, understanding, and empathy through relatedness.

The chronic pain experience creates tremendous isolation, sometimes called pain- invalidation (Nicola, 2021). As mentioned, altering an individual's viewpoint on chronic pain- related isolation can be accomplished in multiple ways with ET. Individuals with chronic pain and a sense of loneliness can shift to existential isolation (Strang et al., 2004). Destigmatizing others' inability to comprehend the chronic pain experience, rather than focusing on enhancing the chronic pain sufferer's capacity to articulate that experience, is often more effective (Vos & Vitali, 2018). As noted previously, the physical symptoms felt by those dealing with chronic pain are only one part of the condition. If chronic pain leads to existential isolation, an ET approach would likely be well-suited to address it.

A shift in relatedness has further implications for communication. As described in the literature review, a chronic pain sufferer's inability to communicate their experience to others is exacerbated by a lack of understanding of their condition (Tsai et al., 2018; Crombez et al., 2012; Munday et al., 2021; Hülsebusch et al., 2016; Rodríguez-Prat et al., 2017). One way of increasing an individual's awareness of their situation is shifting from an individualistic to a more collectivist point of view. A collectivist point of view requires considering one's relationship with oneself, others, and the world as more interconnected than an individualistic one (Spinelli, 2019; Schleiermacher, 1990). Phrases such as "my responsibility versus your responsibility" (Spinelli, 2019, p.64), typically associated with an individualistic point of view, are illogical using an existential relatedness point of view (Joshanloo & Weijers, 2019). It is not a question of who is responsible, but rather how responsible each of us is. In the context of chronic pain, responsibility appears in the need to be understood by others. An individualistic point of view would ask, is it my responsibility to explain my pain to others, or is it their responsibility to understand my pain? A shift to a more collectivist perspective opens the possibility that being understood is both a personal responsibility and a responsibility of others. In this context ET can

allow the chronic pain sufferer to both accept their inability to be understood while simultaneously giving them the motivation to still try.

Regardless of how adept one becomes at explaining their condition to others, there is the potential for misunderstanding. One of the most effective ways of shifting a chronic pain sufferer's struggle to be understood is by helping them step back from that struggle (Vos & Vitali, 2018). Letting go of the need to be understood can allow clients to explore the nature of their existence and relationships, outside of chronic pain. Use of the existential view of relatedness can be used to create a shift in perspective for chronic pain sufferers. This shift opens various possibilities, including greater acceptance of their situation, increased meaning in their life, and an increased desire to relate to others.

### **Historical Limitations**

In existing chronic pain approaches such as CBT, using 10-point scales is common for eligibility and measurement criteria (Billington et al., 2017; Linden et al., 2014; Broderick et al., 2016; Burns et al., 2015). Although techniques such as CBT acknowledge the need for an approach focused beyond physical symptoms, results are not always satisfactory (Turner et al., 2016; Williams et al., 2020; A-jak et al., 2015; Powers et al., 2009; Jiménez et al., 2012). Specific therapies are inherently better suited to empirical measurement methods. For example, CBT focuses more directly on symptoms than other psychotherapies (Tolin, 2010). Using primary symptom severity as a standard measure of effectiveness may create bias in favour of CBT over other approaches such as ET. The implication for counselling psychology is that when weighing therapy options such as ET against CBT this bias should be considered.

Within Western society, there is a greater tendency to assign binary valuations to experience, such as good or bad, compared to Eastern (Spinelli, 2019; Blum-Yazdi, 2013). Said another way, a binary approach is one that oversimplifies complex experiences and overlooks the nuances and subtleties that might exist within those experiences. In Western societies, there often exists a strong emphasis on categorizing experiences into clear-cut moral or emotional

judgments (Joshani, 2014). This same concept can be applied to the current bias in chronic pain research and the acceptance or non-acceptance of specific counselling psychology approaches such as ET. Arbitrarily dismissing ET as ineffective due to lack of empirical evidence may be limiting its effective use for chronic pain.

Black and white thinking prevalent in Western societies also influences the study of chronic pain. Researchers might oversimplify the multifaceted nature of pain, disregarding the factors that contribute to an individual's pain experience (Wideman, 2019). Similarly, the acceptance or rejection of counselling psychology approaches like ET could be driven by the desire to label them as definitively effective or ineffective, rather than acknowledging the context-dependent and individualized outcomes they might offer. There is a tendency to measure chronic pain as high or low (Billington et al., 2017; Linden et al., 2014; Broderick et al., 2016; Burns et al., 2015). The practice of quantifying pain may overlook aspects that contribute to pain perception. Pain is a subjective experience influenced by physical, emotional, and psychological factors, which a single numerical value cannot adequately capture (Toye et al., 2013a; 2013b; Wideman, 2019). This approach might hinder a comprehensive understanding of a patient's pain experience. ET provides an avenue to explore these details and create a more comprehensive picture.

One of the most impactful social conditions in recent memory is the COVID-19 pandemic. As mentioned in the literature review, rates of chronic pain and complications to chronic pain sufferers have risen during the pandemic (Dassieu et al., 2021; Khoja et al., 2022; Carrillo-de-la-Peña et al., 2021; Attal et al., 2021). An oft-cited impact of the pandemic has been isolation, which is arguably more impactful for those already contending with feelings of disconnection and isolation, like many chronic pain sufferers (Dassieu et al., 2021; Carrillo-de-la-Peña et al., 2021). Existential isolation is one example of a resulting condition that ET has the basis for addressing.

While the pandemic has had a negative impact on many people living with chronic pain, it has also created other avenues of treatment and connection, such as accelerated workplace digitization (Almeida et al., 2020; Soto-Acosta, 2020; Priyono et al., 2020). In the context of therapy, online therapy has become more ubiquitous (Burgoyne & Cohn, 2020; Weinberg, 2020; Feijt et al., 2020). A survey of more than 2,000 members of the American Psychological Association (APA) responded that 76% of them practiced teletherapy (APA, 2020). The increasing popularity of online therapy has implications for chronic pain and ET that will be discussed in the research section.

There is a lack of general research on the use of ET for chronic pain. There is also a lack of research on existential online therapy. Studies identified using existential online therapy focused on symptoms such as anxiety, defense mechanisms, intolerance of uncertainty, accepting death, and feeling empty (Alizadeh et al., 2021; 2022; Irani et al., 2022). Based on the sample reviewed, online therapy effectively manages the symptoms listed. The findings also suggest that ET can improve psychological outcomes, such as intolerance of uncertainty, accepting death, feeling empty, death anxiety, and meaning in life. Exploring intolerance of uncertainty (Woolf, 2011; Johnson, 2019), and meaning (Liersch & Maher-Edwards, 2017; Ferreira-Valente, 2021; la Cour & Schnell, 2020), are valuable factors in treating chronic pain. These findings support online group therapy using an existential approach for chronic pain sufferers.

### **Implementation: Application of Existential Therapy**

As previously mentioned, each type of ET is flexible enough to manage a range of chronic pain themes, stages of change, and scenarios. For instance, existential analysis (EA) may be particularly helpful for chronic pain sufferers with primary symptoms relating to social distress. A unique concept within EA is existential analytical accompaniment (Längle, 2018).

EA accompaniment is helpful for those suffering from long-term psychological disorders (Klaassen, 2020), such as chronic pain. Research demonstrates that chronic pain sufferers with

the highest social distress also tend to have longer pain duration (Bäckryd et al, 2018).

Accompaniment has high compatibility with this group. Accompaniment overlaps with the common factors outlined by Rogers (1957), including empathy, positive regard, and congruence (Coren, 2016). A specific factor of accompaniment that can aid social distress in chronic pain sufferers is the altering patterns of relation to become more flexible (Sullivan, 1950; Scott et al., 2019).

The unavoidable and unchanging nature of chronic pain is congruent with the aims of EA accompaniment, using personal competencies to evoke internal shifts in attitude (Längle, 2018). To elaborate, this would involve leveraging a chronic pain sufferer's inherent strengths and skills to bring about positive changes in emotional and cognitive responses, ultimately influencing their relationship with chronic pain. Self-reflection may help someone with chronic pain shift their attitude toward pain and increase flexibility (James & Hardardottir, 2002; Kapoor et al., 2016; Längle, 2018). They might learn to view pain as a signal for self-care, adjusting their mindset from frustration to acceptance. ET can be used to help develop this mindset (Adams, 2019; Conrad & Johnson, 2020).

Creative talents such as art, music, and writing can evoke internal shifts in attitude (Gavin, 2019; Rezendes, 2023). Creative expression can help to externalize pain, encourage communication and self-discovery, and alter the pain relationship. Various forms of creative expression can be enabled through ET, including creative ET and existential art therapy (Gavin, 2019; Rezendes, 2023).

ET has also been shown to aid individuals in seeking and utilizing social support, which can lead to internal shifts in attitude (Asgari & Bozorgi, 2023). Engaging with others who understand the chronic pain experience may help foster a sense of belonging and minimize feelings of isolation (Johnson, 2019; Munday et al., 2021; Vos & Vitali, 2018). Self-reflection and creative expression can help individuals with chronic pain shift their attitude from frustration to acceptance, while ET plays a crucial role in developing this mindset.

According to Wharne (2023), ET fosters adaptive coping strategies, leading to reduced distress among individuals dealing with chronic pain (Kaye, 2020). Combined with a strengths-based approach, ET has a precedent for encouraging engagement with others (Williams, 2020). Setting achievable goals despite chronic pain challenges can invoke internal shifts in perspective (Roux et al., 2022). Individuals can regain control and achievement by focusing on accomplishments, positively influencing their overall attitude.

### **Personal Existential Analysis**

An ET method that may be particularly helpful for individuals living with chronic pain is (PEA). PEA is part of the existential analytic approach to ET and uses a phenomenological perspective to explore the client's existential issues and experiences (Launeanu et al., 2019; Stankovskaya, 2014; Längle, 2003; 2018; 2019; Görtz, 2020). Four main steps to PEA outlined by Längle (2003) include: entering a relation, increasing awareness, self-distancing, and response improvement (Görtz, 2020). Consider an individual who suffers from chronic pain with maladaptive tendencies resulting from the pervasive nature of their condition. Their pain is a daily reality that affects both their physical and emotional well-being. It may take them a long time to openly discuss their challenges due to their chronic pain. The following describes how this process of PEA would unfold.

#### ***Relation: Development of Therapeutic Rapport***

In working with a chronic pain sufferer, the first step, entering a relation, has two purposes: to gather relevant facts to increase understanding for both the client and therapist, and the development of the therapeutic relationship (Längle, 2003). The use of the therapeutic alliance is common to many therapies (Gebler & Maercker, 2014). One advantage that ET has is less of a focus on goal orientation or directive behaviour. Within ET, clients are encouraged to assume responsibility, fostering increased self-direction and personal transformation (Gebler & Maercker, 2014; Varallo et al., 2021).

Methods such as empathetic questioning are rooted in finding the objective truth of the clients' reality. Challenges in articulating the intensity and impact of their condition may result in individuals making general statements, such as expressing a constant experience of pain or describing their pain as overwhelming. Therapists who use empathetic questioning and clarifying contradictions can help clients come to a more realistic description of the data and facts (Görtz, 2020). Communication issues outlined earlier add increased complication for chronic pain sufferers (Edwards et al., 2016; Johnson, 2019; Nakamura & Kawase, 2021; Ferreira-Valente et al., 2021; Clauw et al., 2019; Woolf, 2011; Leder, 2016). Failure to respond appropriately to chronic pain experiences can lead to alienation and mistrust (Johnson, 2019; Munday et al., 2021). When treating chronic pain, regardless of approach, it is important to strike an appropriate balance between detailed questions while avoiding disrupting protective patterns the patient may have developed (Wideman, 2019; Gortz, 2020). One recommended technique is maintaining an open mind while collecting necessary details.

It is important to consider that chronic pain can be deeply personal and overwhelming. Expressing struggle despite ongoing suffering demonstrates strength and resilience (Gortz, 2020). The clients journey exemplifies the courage and self-assurance it takes to communicate chronic pain's profound and enduring effects (Hülsebusch et al., 2016; Dees et al., 2011; Rodríguez-Prat et al., 2017; Längle, 2003). Individuals face difficulty articulating chronic pain's profound impact on their lives. Doing so requires trust, support, and perseverance to express their struggles fully (Tsai et al., 2018; Crombez et al., 2012; Munday et al., 2021; Hülsebusch et al., 2016; Längle, 2023). Suggested questions include: What happened to cause your chronic pain? What is continuing to cause the pain? Who is causing the pain? What does the pain stop you from doing? Where would you be in life if the pain did not exist? Why does the pain stop you from doing this thing? How long has the pain persisted? When did it first start? How often do you notice the pain? What is it about the pain that makes socializing difficult? What would

you say about the pain? Chronic pain is deeply personal and challenging to express, requiring courage, trust, and perseverance.

PEA is beneficial for individuals with long-lasting chronic pain, as it helps uncover hidden personal-existential challenges. PEA requires building trust over a series of sessions to facilitate richer communication and transition to the next stage of therapy. Factors such as accompaniment, increased flexibility, and efficacy in uncovering unnoticed personal-existential challenges make PEA specifically attractive for clients with high social distress and long pain duration (Längle, 2003;2018; Scott et al., 2019; Zasler et al., 2013). In the example described, it can take weeks to build client trust and confidence in themselves and the therapist (Längle, 2003). This is key to enabling them to divulge a richer experience and transitioning to the next stage, impression.

### ***Impression: Deepening of Internal Awareness***

Within the PEA process, stage two involves increasing awareness of initial impressions and sensations contained within details (Längle, 2003). Often referred to as phenomenological condensation, the therapist is required to explore their subjective reaction to the client's experience. Phenomenological condensation within the context of chronic pain exploration aligns with broader existential concepts, including subjective experience, isolation, and the pursuit of authenticity. When treating chronic pain, therapists need to engage with their reactions to clients' chronic pain narratives; they tap into the existential notion of authenticity-being faithful to one's emotions and experiences (Görtz, 2020; Strang et al., 2004). The struggle to express the nuanced nature of pain and the resulting social isolation aligns with the concepts of existential isolation (Madjar, 2001; Crombez et al., 2012; Nicola, 2021; Helm et al., 2022; Yalom, 1980; Pinel et al., 2017; Strang et al., 2004; Sand & Strang, 2006). The first half of the process focuses on building therapist authenticity, followed by a focus on client awareness.

To focus on client awareness the therapist can ask themselves: How does the patients' suffering from chronic pain affect me? How does it feel to me to know that? What does that tell

me? (Görtz, 2020). Creating client awareness aims to create responses from the therapist to the patient that will feel authentic. The experience of feeling misunderstood is a common contributing factor to social isolation for chronic pain sufferers (Tsai et al., 2018; Madjar, 2001; Crombez et al., 2012; Munday et al., 2021; Hülsebusch et al., 2016; Dees et al., 2011; Rodríguez-Prat et al., 2017). Specific complaints include others lacking an understanding of the nuance of the chronic pain experience (Martin, 2007; Tse et al., 2011). The PEA approach of impression, aimed at deepening a client's awareness, starts with convincing the client that the therapist is a reliable source of feedback. Regardless of the therapy approach used, client trust is a key component of treating chronic pain.

Asking a client to describe the impact of their chronic pain on their social interactions may lead to responses such as "often people close to us do not know what to say ... or they say or do the "wrong" things ... we may feel we have to put a mask on and fake feeling okay." (Tsai et al., 2018, p.5). People with chronic pain monitor its impact on their social interactions. When a clinician or therapist asks a client with chronic pain to describe how their pain affects their social interactions, the client might say that their close friends or family might not know how to respond. This highlights one challenge people with chronic pain face in expressing their emotions. The use of the PEA approach as part of EA and ET aims to lessen the pressure of social relationships to broaden the range of emotions that the chronic pain sufferer feels.

Chronic pain sufferers' difficulty in expressing their feelings is relevant to the PEA and ET process. When a client is in a significantly heightened emotional state, their emotions can influence how they rate the therapist's empathy after the session (Chiu et al., 2022). There is a mediating effect if the therapist can better match the client's emotional state. Therefore, it is essential for a therapist to correctly judge the client's emotional state. If the therapist judges appropriately it is an opportunity for them to demonstrate empathy. Phenomenological condensation, described earlier as the shaping of therapist's subjective reaction to the client's

experience (Görtz, 2020), may help chronic pain sufferers feel empathy despite the therapist being unable to understand their experience fully.

Step two aims to restore the use of emotions, including accessing, feeling, and accepting them (Launeanu et al., 2019; Stankovskaya, 2014). Consider a young woman who grapples with chronic pain. To cope with her condition, she maintains an outer appearance of cheer, but silently battles physical discomfort. She has supportive relationships, but feels isolated and conceals her inner unhappiness. Her chronic pain emerged around age 14, causing her to retreat from discussing her experiences. Only when she feels a sense of trust and safety can she share her journey. She reveals that her pain has significantly impacted her life, hindering her ability to participate in activities she once enjoyed. Expressing the emotional toll of her chronic pain remains a challenge, as she struggles to convey the depth of her suffering fully. Her ability to convey her story is an important step, but the total weight of her pain and its implications on her life has not been fully explored (Längle, 2003). These are the struggles from a client point of view that hinders them from completing this impression phase.

From a client's perspective, there are three main steps to complete in the impression phase: accessing the primary emotion, recognizing the impulse, and phenomenological content (Launeanu et al., 2019; Stankovskaya, 2014). Inward and outward questions are both important, starting with the former, such as what feelings arise considering your chronic pain? What does chronic pain do to you? How do you feel about that? How do your feelings affect you? (Launeanu et al., 2019). Inward exploration might involve reflecting on the emotions that surface when contemplating her situation surrounding her physical discomfort and interpersonal isolation. Then, looking outward, some questions include: What does the feeling tell you? What is the message that comes along with your chronic pain? What does the message mean to you? (Launeanu et al., 2019). While accessing primary emotions, the client begins to recognize the distortions in their perception (Launeanu et al., 2019; Stankovskaya, 2014). Often, as perceptual distortions are cleared, space is created for repressed emotions to finally be expressed.

Awareness of the situation's facts is critical to feeling the associated emotions such as anger or sadness (Längle, 2003). Being able to notice the inner unhappiness that she represses is one example in the provided client scenario.

Amidst recognizing the impulse, which is stage three, the client differentiates between outcomes and actions. An example of an outcome would be wanting the pain to stop or to feel normal again as the client's primary focus (Launeanu et al., 2019). An action may be to ask her family to stop asking her when she will be better. The difference between outcomes and actions can be misunderstood (Stankovskaya, 2014; Launeanu et al., 2019). This is an expected result of recognizing the impulse. The process of inward questioning can create an emotional connection, redirecting the questioning outward (Längle, 2003; Stankovskaya, 2014; Launeanu et al., 2019). The responses that are then generated can lead to deeper emotional or spiritual understanding as opposed to a more surface-level focus on sensations of pain and hurt. This is a benefit of an ET approach.

The final consideration of step three, phenomenological content, can start with questions like: What do the circumstances tell you? Does it have meaning to you? When lingering on the feeling, what clarity does it provide? (Stankovskaya, 2014). The impressions phase of PEA often creates fear and resulting defensiveness (Längle, 2003). Indications of defensiveness can appear in emotional blockage and forgetting earlier sensations. Fear may appear as the client's desire to slow down the therapy process or to disengage. The impression phase introduces the client to underlying emotions they struggle with. Its ultimate goal is encouraging them to move beyond their emotions by accepting them.

In the context of chronic pain, fear and avoidance are associated with creating and perpetuating pain (Crombez et al., 2012; Zale et al., 2013). As noted, defensiveness often signals three different responses (Görtz, 2020; Stankovskaya, 2014; Längle, 2003; Launeanu et al., 2019). The first is to move slower through the impression stage. The second is to return to

the relation phase and increase clinician and client awareness. Sometimes, the most appropriate response is to proceed to the third stage, positioning.

***Positioning: Acceptance of Emotions and Desire for Change***

The beginning of the positioning phase has a continued focus on emotions. Ultimately, the client may start to accept their emotions, being able to sit with them long enough to want to change their relationship with chronic pain (Launeanu et al., 2019). This is the task of the third stage of PEA, deepening understanding to take a position (Launeanu et al., 2019).

Conceptually, the emotions initially provided by the clinician in the early stages of the process create a level of awareness on behalf of the client (Längle, 2003). For chronic pain sufferers, experiences of social exclusion leading to isolation limit access to emotional resources (Kostova et al., 2015). The demonstration of the benefits of emotion provided by the therapist is aimed at reawakening a desire for emotions on behalf of the client. Längle (2003, pg. 48) described the sensation as emotions of being "integrated into the entire system of existing personal values, and is no more the only decisive factor".

***Expression: Needs Analysis and Action***

Once positioning this has been accomplished, the action stage of PEA can be enacted, also known as expression. This includes preparation, action, and transcendence (Görtz, 2020; Stankovskaya, 2014; Längle, 2003; Launeanu et al., 2019). Preparation is an essential part of the expression stage of PEA (Längle, 2003). It is a process of readying the client to take action and helping them to navigate the gap between what should be done and knowing how. The action further guides the client in determining what they wish to accomplish, how they will accomplish it, and what may get in the way of success (Stankovskaya, 2014; Längle, 2003). Finally, transcendence requires reflecting on the results of the previous two steps to analyze if they represent the authentic will of the client (Stankovskaya, 2014). A client's feeling of "I can do it" is a practical gauge if this has been successful (Längle, 2000).

An essential aspect of the expression stage is the use of four filters to clarify the strategic procedure of the planned action, including a modesty filter, reason filter, means filter, and timing filter (Launeanu et al., 2019, p.364; Längle, 2003, p. 51). The modesty filter determines how much the client will disclose their thoughts and intentions to others. It encompasses questions such as: What can be realistically shared regarding my chronic pain? To what extent should I disclose my thoughts and feelings? What aspects of my experience should I keep private? The reason filter focuses on the purpose or objective behind taking the course of action. It prompts considerations like: Who will benefit from the actions I take to manage my chronic pain? Is my primary goal self-improvement, or does it also involve helping others? Who can assist with my chronic pain management efforts? Should I handle these actions independently, seek a friend's support, or consult a therapist? The means filter directs attention to the resources and methods needed for the chosen action. The following inquiries can be useful: How can I best accomplish this? What strategies can I employ to manage my chronic pain effectively? Which tools or approaches should I utilize in managing my chronic pain? Lastly, the timing filter addresses when the action should be performed by exploring factors such as: When is the most appropriate moment to carry this out? When can I initiate actions to enhance my chronic pain management?

At the beginning of the PEA process, the hypothetical client has undergone a significant transformation in managing her chronic pain. The clarity gained about her condition has provided relief and increased motivation. She feels more comfortable discussing her experience with others, including where there is room for her to take more responsibility in managing her condition. Elaborating on the challenging aspects of the experience, including her own mistakes, brings her far less embarrassment. She tries to embrace these opportunities and considers it her responsibility to do so. At the same time, she is willing to rehearse difficult conversations to ensure she will not get overwhelmed when it comes time to have them. Although unsure of how to involve friends and family in managing her pain, she hopes that increased communication will

lead to meaningful answers. As she completes therapy, she actively seeks volunteer opportunities and hopes this is a stepping stone to something greater.

### **Research: Future Directions**

Given the dearth of research into ET as a treatment for chronic pain, more exploration in this area is the primary call for action. Qualitative, quantitative, and mixed methods studies can help to provide answers as to how and when ET can be most effective for people living with chronic pain. Initial questions exploring the experience of undergoing ET for the treatment of chronic pain can help to elucidate other areas of potential research.

Given the variable nature of chronic pain, it may also be helpful to look at cultural and systemic factors that influence the chronic pain experience, along with how these may interact with an ET approach. Suggestions for exploration include the following questions: What characteristic may make someone more or less amenable to an ET approach when managing chronic pain? What differences exist in the chronic pain experience according to age, gender, ethnicity, ability, and other cultural factors, and how might these factor into ET? What components of ET align best with different stages of change or different phases in a client's journey of navigating chronic pain? How do factors such as pain location, severity, and duration impact an ET approach to managing chronic pain? It would also be helpful to explore longitudinal studies that follow-up with clients on longer-term outcomes such as acceptance.

Papers focusing on the intersection of ET and chronic pain in the literature review suggested applying logotherapy-based MMM to chronic pain (Ferreira-Valente, 2021; la Cour & Schnell, 2020). A common suggestion from the studies was the need to conduct further studies. Therefore, in applying MMM to chronic pain, the limitations of current studies are a common area of struggle. For example, current measures assessing beliefs about the self and the world are imprecise. They confound core beliefs with meaning created in specific situations (Ferreira-Valente, 2019). Therefore, current measures are lacking in the ability to assess global beliefs.

The need for more exact measures in the context of MMM is divided into two categories. The first is to aim for more encompassing measures of meaning regarding chronic pain, such as the Meaning in Life Questionnaire (Steger et al., 2006). A simultaneous suggestion is to use more focused attention on situational meanings. Doing so would reduce how they are currently being confounded with global meanings. The Survey of Pain Attitudes scale is a potential means to accomplish this (Tait & Chibnall, 1997). As a final check over confounded meanings, the Global Meaning Violation Scale could be used to determine the existence of differences in appraised meaning and individual global meaning (Park et al., 2016). Each of these suggestions is bounded within an existing call for more research to determine the efficacy of existential approaches on chronic pain.

Another potential avenue for future research on chronic pain is to use biomarkers to map pain pathophysiology better (Yarnitsky et al., 2012; Bäckryd, 2017a; 2017b; 2018). Biomarkers are expected to create more individualized approaches. Findings by Bäckryd et al. (2018) regarding the bio-psycho-social model urged further research into the social component of chronic pain experience. As discussed in the implications and implementation sections, ET approaches such as PEA have benefits for social symptoms relating to chronic pain. Research has shown that women, as well as those higher in depressive symptoms, are more likely to have an exacerbation of symptoms from negative social feedback (Burns et al., 2018; Bäckryd, 2018). Future research may reveal the extent that gender contributes to perceived levels of social support, and furthermore, guide implementation.

## **Measurement**

The implications section promoted a pain assessment approach utilizing quantitative and qualitative elements. Both objective measures for mechanism-based pain management and subjective measures are considered key to creating patient autonomy and feedback-informed care (Wideman, 2019). For example, a failure to identify underlying pain mechanisms can lead to ineffective or harmful treatments. Conversely, when patient distress is not validated, hope for

success diminishes, distress intensifies, and therapeutic alliance ruptures become more likely. Validation of underlying distress and creation of hope are two benefits of applying and ET to chronic pain (Ziaee et al., 2022; Anderson, 2021; Dowek, 2023). Current assessment models lack guidance on balancing objective and subjective treatment needs (Wideman, 2019). Therefore, one suggested research need in chronic pain is more illuminating assessment frameworks.

A second call to action presented by Wideman (2019) is an overall increase in pain research in areas suited to qualitative methodologies or representing the chance to advance the broader field. The argument made in this paper is that ET represents such an opportunity. A further question is what role ET can play in this process. Of note is The Multimodal Assessment Model of Pain (MAP) components of pain experience, pain expression, and pain measures, specifically the pain experience component, which is said to be hidden from the observer (Wideman, 2019, p. 214).

### **Suffering**

Although suffering is considered central to many pain models, current empirical research on this interaction is lacking. Like pain research, the existing models tend to rely on numeric scales to measure intensity (Fishbain et al., 2015). The phenomenon of suffering is multidimensional and relates to physical ramifications and the impact on identity and relationship with the environment (Rodríguez-Prat et al., 2017). Beyond physical distress such as pain, suffering can also refer to psychological, social, or existential aspects. Therefore, unless these factors are considered, a measurement of an individual's suffering will likely be incomplete. Existing means to measure suffering share similar limitations with those measuring pain regarding proper representation (Wideman, 2019). To improve support for those with chronic illness, enhancing clinical understanding of the sources of suffering is essential (Rodríguez-Prat et al., 2017).

## **Pain-invalidation**

As discussed, one of the risks of not exploring subjective pain experiences is alienating the individual. Some of the felt senses of isolation described in the literature review included the inability to communicate with others, leading to pain-invalidation (Nicola et al., 2021). Although pain-invalidation is not a broadly defined construct, there is room for further establishment. Certain areas in the literature point to increasing overall research on this construct, including broadening sample sizes to include a better balance of cultures. Identifying the various forms of pain-invalidation is also considered an important aspect of implementing effective therapy such as ET.

## **Existential Therapy**

Although the treatment of chronic pain is the primary focus of this paper, some consideration toward future directions in ET is warranted. Within ET, three current directions for future research are methodological pluralism, validating core assumptions, and determining a tailored approach. Methodological pluralism speaks to the benefits of adopting a more pluralistic perspective in research (Vos, 2019, p. 603). Fundamental assumptions and beliefs about how knowledge in the field is gained should be questioned. What is considered valid and reliable information gleaned from research on existential psychotherapy should be pursued. Combining different research perspectives could give researchers a more comprehensive understanding of lived experiences and the therapeutic relationship. This would involve exploring qualitative and quantitative methods and multidisciplinary research approaches to validate and improve the foundations of ET.

Validation of core assumptions will be important as, despite the reasoning underpinning ET's, more robust empirical evidence is needed. Systematic research focused on validating the therapeutic approach's core assumptions and principles should include studies involving real-life clients and outcome monitoring. Critical assessment and confirmation are essential for establishing ET as a therapeutic approach. Finally, a tailored approach points to research

indicating that ET's effectiveness can vary depending on the therapist, the client's needs, and the therapy context. Therefore, future research should acknowledge these differences to provide a better understanding of how the therapeutic approach can be tailored to individual clients based on their unique experiences. Continuing to emphasize the importance of the therapeutic relationship, using a pragmatic phenomenological approach and analyzing different worlds and relationships can enhance the therapeutic process and aid chronic pain sufferers.

### **Self- Reflection**

My initial attempt at writing this self-reflection failed. For my second try, I was asked to go beyond simply exploring my biases and explore how I changed, grew, and learned about both the literature and myself. This request gave me pause to consider what was lacking in my current approach. For the first time during this writing process, I found myself experiencing emotions like frustration and sadness. This led me to ponder my decade-long journey with chronic pain and my eight-month experience of writing this capstone paper. As I reflected, significant themes emerged, primarily acceptance and hope. These themes manifested in an ongoing struggle between my idealized and realistic future for this paper, a struggle that both chronic pain and the writing process share. In this self-reflection, I will delve into these concepts in more detail.

At the beginning of the writing process, I aimed to teach others how to apply ET to chronic pain. I intended to complement my research by incorporating a memoir that provided an in-depth account of my encounters with chronic pain. However, as the writing process progressed, I was forced to accept changes to my original vision. For instance, I had to limit the inclusion of my personal experiences in order to mitigate bias. This was a change I had to accept. Another deviation I had to accept was changes to my original plan for the paper's second half. Initially, I had hoped to apply various ET approaches to different types of chronic pain, but I had to narrow this scope significantly. Embracing these changes meant acknowledging that I did not have complete control over the content of the final paper.

The literature on chronic pain had a few insights to offer on the concept of acceptance. It highlighted that acceptance is a necessary step toward recovery but is not a means to an end. Another essential factor in the recovery process is hope. This was also my experience with chronic pain. Continuously accepting a diminished quality of life to manage my pain inevitably limited my hopes for the future. In fact, I still feel confined by acceptance. When challenged by my supervisor to articulate my hopes and dreams for the future of chronic pain treatment, my initial reaction was that I did not have any. It was only through the process of writing this self-reflection that I could articulate the intricate connection between acceptance and hope.

The interplay between acceptance and hope can be likened to a dance. Sometimes acceptance is leading, other times hope. Ultimately, goal alignment necessitates which of the two is leading the dance. During my chronic pain experience, there were periods when hope surged ahead of acceptance. Other times, it was hope that receded too far into the background and needed to rejoin the dance to motivate forward progress. To illustrate my evolving perspective, I have included two poems. The first is "Fairly Tale" (Appendix A, 2022), which was written two months prior to writing this capstone. The second is "The Path" (Appendix B, 2023), which was penned ten months later during the final month of the capstone writing process. The poems seem to have a serendipitous ability to display a shift in my perspective, a shift I was unaware of until writing this reflection. Furthermore, it reflects the hermeneutic phenomenological process I have completed.

A central theme of "Fairly Tale" (2022) is acceptance as illustrated by this stanza: "Chronic pain can't be ignored, only bargained with. So first, I had to learn its language. But instead of hearing, you use your acceptance". In "The Path" (2023), the situation is described differently: "As I learned to listen to my pain, It began to speak. And thus began, our conversation". The earlier poem describes the interaction between my pain and me, requiring me to accept its demands. In the second poem, communication between the pain and I is framed as a conversation.

Accepting the limitations of this paper was reminiscent of my chronic pain experience. During the writing process, I was forced to change the goal of my paper so frequently that I gave up on hope as a motivating factor and instead focused on simply completing it. As stated in "Fairly Tale" (2022): "Paper cuts bleed, when they tear the scars open," for me, my inability to break free from a cycle of chronic pain was paradoxically maintained by hope. My hope that I would achieve a certain level of function would lead me to overextend myself, resulting in a decline in function. Letting go of these idealistic hopes allowed me to set my sights on a more realistic future. Both my chronic pain recovery and the process of completing this paper followed similar journeys. Their path began with hope, turned to frustration and sadness, faded into acceptance, and finally ended with a renewal of hope.

This message of hope appears in my second poem when I write, "Where there's hope there's fire, the saying goes. So I'm often tempted, to burn it all down. Instead, look at my past for lessons learned" (The Path, 2023). The chronic pain, as well as ET literature, supports hope and acceptance as essential in the process of recovery. As described in this self-reflection, this is also true of my experience. I failed to appreciate their interconnected nature until I wrote this self-reflection. Continuously accepting a diminished standard of existence to manage my pain necessarily limited my hopes for the future. I was able to recognize this pattern because it also played out while writing this paper. My initial hopes for an ideal paper faded into acceptance of what a realistic one would look like. As I reached the end of the writing process, however, acceptance had become an anchor that limited my ability to speak freely about my hopes for the paper and those dealing with chronic pain.

### **Conclusion**

Chronic pain is a poorly understood condition with rising rates of occurrence. Contemporary approaches to treating it are lacking. ET has been identified as an underutilized method for counselling chronic pain sufferers. This paper utilized a hermeneutic phenomenological approach and a formal literature review. Areas of synergy were identified

between chronic pain suffering and ET approaches. Specific ET approaches include daseinsanalysis, existential analytic, existential-humanistic, and existential-phenomenological. It explores topics such as death, freedom, meaning, and isolation. Existential-phenomenological therapy explores these categories through the physical, social, psychological, and spiritual worlds.

The literature review highlighted a lack of existing research on applications of ET to chronic pain. One theme identified was communication. Chronic pain sufferers struggle to both understand and explain their condition to others. ET provides tools to increase awareness and redefine the client's relationship with the pain and others. A specified result is a sense of existential isolation that can develop because of chronic pain. Relatedness as an existential concept can be used to reframe this struggle in the client's mind and give them the willingness to take responsibility for their own life. A larger cultural factor of individualism versus collectivism was identified. Collectivist points of view are seen as beneficial for individuals who have had their agency taken by chronic pain. A shift to a more collectivist approach is possible using ET. The popularity of empirical therapy approaches was explored in the context of how ET can succeed where they have not.

The latter half of the literature review focused on recovery as a process. Loss of identity, regaining identity, and transcending identity were explored. Hope and acceptance were critical factors in improving the well-being of chronic pain sufferers. ET is a meaning-based approach to therapy uniquely suited to defining and achieving hope for an individual. This paper sheds light on ET's potential to help individuals grappling with chronic pain. It uncovered the lack of historical usage, challenged conventional approaches, and highlighted the alignment between ET and the unique aspects of chronic pain. This approach was complemented by existential concepts raised in the original literature review to enhance accessibility. Having outlined the historical limitations inhibiting the use of ET for chronic pain and the current factors supporting

its application, the paper concluded with recommendations for future practice and a personal reflection.

This paper aimed to highlight how counseling psychologists can effectively use ET for treating chronic pain. The self-reflection claimed that this paper fell short in that regard. While true, this statement does not capture what was accomplished. Instead, this paper serves as a guide for future clinicians who seek to assist individuals enduring chronic pain. Although it may not definitively answer the question of “how,” it offers valuable information, poses pertinent questions, and outlines directions for future exploration. I believe existentially focused counselling represents the best chance of aiding those with chronic pain. People who live with chronic pain deserve a treatment approach that views them as more than their symptoms and pain levels. They deserve a treatment approach that acknowledges their suffering and helps them make sense of it to find a path forward.

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**Appendix A**

*Keith Eggen*

**Fairly Tale**

Pleasure

Fleeting

Pain

Lies ahead

Always a story

To bookend

The tale of life

My journey

Mental disorder

Is the wear and tear

Of ripping off a guise

Years of hiding

Behind a masculine mantra

Turns out what didn't kill me

Couldn't make me stronger

Paper cuts bleed

When they tear the scars open

Doctor said

It's all in your head

Challenge accepted

Took it to mean

I wasn't trying hard enough

But

All the kings doctors

And all the kings men

Failed to raise my broken body

Off of my bed

Chronic pain

Can't be ignored

Only bargained with

So first

I had to learn its language

Pain speaks in morse

Taps out a pattern

Must be translated

But instead of hearing  
You use your acceptance

Pain sings out  
This may hurt  
For a little while

Okay I accept that  
But also I'm curious  
Can you turn down the signal?

Why is it every time I get anxious  
I feel my legs clench  
And that clenching cranks the pain to maddening

Had to give up seeking refuge  
In false cures  
And empty promises

In this moment  
I am here  
The next moment  
I will be gone

Not all stories have happy ending

Success of a lifetime

Tallied what I've lost and won

But in this accounting

I credit mindfulness

Checks and balances

(Fairly Tale, 2022)

**Appendix B**

*Keith Eggen*

**The Path**

Preamble step

Let the rhythm unfold

Feeling overly medicated

By the circumstances of my past

Reminded of a comedian

Trapped by their routine

Knits a tapestry of trauma

Poking at the holes

Everyone laughs

Until the comedian can't

The longer they present this history

The more it holds them back

From moving on

Learning to laugh at yourself

Can be a double edged sword

Where there's hope there's fire

the saying goes

So I'm often tempted

To burn it all down

Instead

Look at my past

For lessons learned

Continuing to wonder

Will I ever graduate

Lesson 1- chronic pain

No pain no gain

Turns to a chronic condition

Taken to its extreme

Years of resisting

Only made the pain worse

Strength turns suffering

When you fail

To give your pain a voice

As I learned to listen to my pain

It began to speak

And thus began  
Our conversation

Now I try to honour its words  
Whether syllables sharp  
Or those dull droning diatribes

Lesson two  
Drugs are bad  
Mmkay  
Moving on

Unless

ADHD  
Psychotic break  
Manic bipolarism

Lesson learned  
When medication is doctor proscribed  
Best obey

In the years since my indoctrination  
Pills swallowed  
Down my throat

Lately I've been wondering  
If I'd be better off  
Flushing them down the toilet

Side effects and new contexts  
Provide perspective  
Meanwhile my GP highly recommends  
ADHD medication

Possible complications?  
Drug induced psychosis  
Now how does that make sense

Fingers leap hungrily  
Trying to translate  
Thoughts from my brain

Should I rush towards them  
Or try to escape

Knowledge flows like a torrent  
Experience past  
And changed perspective

Tempted to trespass  
To the troubles of my teens

Grade school

Quite cruel

So who's to blame

The production or the actors

Picked on mercilessly

By friend and foe

Seemed no what I said or did

Wasn't good enough

In the eyes of myself

My defensive reactions

Bred negative attraction

Cause no matter what others said

Wasn't enough

To stop me from lashing out

Lesson learned?

I'm not quite sure

Feels like the college of human interaction

And self attraction

Teaches classes

That never seem to end  
Consider the path i'm on  
Lessons earned

Plateaus gained  
Setbacks accepted  
Take nothing for granted

Continue on my path  
Waiting for the piper to play  
My perfect melody

(The Path, 2023)