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EDITORIAL

We often say that all key outcomes in Pain Management are ultimately behavioural. After all, effective treatment for pain will lead patients to say their circumstances are better and to participate more in their life as they want it to be. By extension Psychology, as the science of behaviour, would be considered not a peripheral issue in Pain Management but a central one. Carrying on this theme, the five articles in this issue of Reviews in Pain usefully summarize some of both the breadth and depth that Psychology has to offer to Pain Management.

The paper on qualitative methods reminds us that a range of research methods may be required to look deeply into the experience of chronic pain. With qualitative methods we can make contact with pain's complexities, with the meanings humans attach to the experience, and an appreciation for the potent feelings, such as neglect and hopelessness, these conditions can entail. The paper on anxiety and depression picks up on the theme of pain's emotional impact, casting its focus on the prevalent feelings, symptoms, and behaviour patterns of emotional suffering that additionally burden those with chronic pain. The paper on parenting nicely summarizes the problem of chronic pain in adolescents and places this in a family context. Here the reader will learn to better appreciate that impacts of pain generalize beyond the individual sufferer, suggesting a need to design treatments that can better integrate social context. Next, the paper on mindfulness and relaxation addresses a matter of perennial confusion: the differences and similarities between these methods and processes. Readers may be surprised to find that the evidence for the effectiveness of relaxation is not as strong as one might assume while the generally newer evidence base for mindfulness is possibly more promising. And finally, is there any topic in Psychology that seems more basic or more central than the self? The paper on self presented in this issue examines qualities of conflict and discrepancy that arise in the interaction between senses of self and pain. With the suffering these processes entail it is fortunate there are newly emerging treatment technologies to address them.

Taken together I believe these papers suggest we must look below the surface of the experience of pain, get closer to the suffering present there, examine it in context, and with precision. From here we ought to be better able to help patients say and do what the life they want is asking them to say and do.

Lance M. McCracken, PhD

Consultant Clinical Psychologist, Centre for Pain Services, Royal National Hospital for Rheumatic Diseases, Bath

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