Attitudes Toward Mindfulness & Adherence in Chronic Pain Management

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What is Mindfulness & How Does it Relate to Chronic Pain? Do Attitudes Toward Mindfulness Affect Adherence?

Chronic Pain
- Lasts > 3+ months
- Affects 10-25% of population; 15-20% of doctor visits.
- A global health problem
  (Goldberg & McGee 2011)

Mindfulness
- Metacognitive process of continuously returning attention to the present.
  (Lacaille et al., 2018)
- An effective pain treatment
  (Goleman & Davidson, 2018; Davis et al., 2015).

Adherence
How closely a patient follows prescribed treatment

- Affected By
  - Culture, perceptions of doctor’s authority
    (Chia et al. 2006)
  - Complexity or duration of treatment, ability, support
    (Brannon et al., 2018)
  - Need for patient education, even among those familiar with mindfulness
    (Russell et al., 2018; Wahbeh & Oken, 2012)

Hypothesis
Negative and ambivalent perceptions of, and attitudes toward, mindfulness will be related to lower patient adherence to mindfulness interventions.
An Online Correlational Study Using a Self-Report Survey

707 participants recruited from chronic pain groups on social media.

- **M age = 34.0, SD = 9.4, range 16 - 62; 328 Females, 379 Males, 1 Trans F, 1 Trans M; 75.5% White, 5.2% Black, 6.0% Hispanic, 1.5% Asian, 4.5% AI or AK Native, 9% HI or Pac Islander, 1.7% multiracial**

**MEASURED**

- Mindfulness
- Pain levels
- Adherence to mindfulness practices
- Attitudes towards mindfulness
- Potential confounds (big five personality traits, need for cognitive closure)

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![Participants Needed](image-url)
Positive attitudes towards mindfulness predicted attempting *less than* the prescribed amount, but also predict *more* attempts

<table>
<thead>
<tr>
<th>Attitude:</th>
<th>Prescribed</th>
<th>Attempted</th>
<th>Attempted Less Than Prescribed</th>
<th>Δ Prescribed - Attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mindfulness Efficacy</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e.g., “Mindfulness is a legitimate medical practice.” (1- strongly disagree to 7-strongly agree)</td>
<td>-.051</td>
<td>-.008</td>
<td>.102**</td>
<td>.052</td>
</tr>
<tr>
<td><strong>Mindfulness Social Acceptability</strong></td>
<td></td>
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<tr>
<td>e.g., “Others are accepting of my mindfulness practice.”</td>
<td>-.062</td>
<td>-.055</td>
<td>.130**</td>
<td>.009</td>
</tr>
<tr>
<td><strong>Overall Attitudes Towards Mindfulness</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>-.064</td>
<td>-.035</td>
<td>.132**</td>
<td>.034</td>
</tr>
<tr>
<td><strong>Self-Rated Feeling Toward Mindfulness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(0 negative to 100 positive)</td>
<td>.027</td>
<td>.106**</td>
<td>.654**</td>
<td>.097**</td>
</tr>
</tbody>
</table>

* Indicates $p < .05$; ** $p < .01$; numbers represent correlations (Pearson’s $r$)
More positive attitude among upper and middle class, but lower adherence; More positive attitudes, but less positive “feelings” among racial minorities, more adherence

<table>
<thead>
<tr>
<th>Attitude:</th>
<th>Lower Class</th>
<th>Middle Class</th>
<th>Upper Class</th>
<th>White</th>
<th>Racial Minority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness Efficacy</td>
<td>4.27</td>
<td>4.35</td>
<td>4.51</td>
<td>4.32_a</td>
<td>4.48_b</td>
</tr>
<tr>
<td>Mindfulness Social Acceptability</td>
<td>4.11_a</td>
<td>4.28_b</td>
<td>4.35_b</td>
<td>4.23</td>
<td>4.37</td>
</tr>
<tr>
<td>Overall Attitude Toward Mindfulness</td>
<td>4.20_a</td>
<td>4.32</td>
<td>4.45_b</td>
<td>4.29_a</td>
<td>4.44_b</td>
</tr>
<tr>
<td>Self-Rated Feeling Toward Mindfulness</td>
<td>58.12_a</td>
<td>61.08_a</td>
<td>67.04_b</td>
<td>62.51_a</td>
<td>57.76_b</td>
</tr>
<tr>
<td>Attempted Less Than Prescribed</td>
<td>51.56_a</td>
<td>57.59_b</td>
<td>67.22_c</td>
<td>59.26_a</td>
<td>52.65_b</td>
</tr>
</tbody>
</table>

Numbers represent means; Subscripts that differ among rows indicate a significant difference at $p < .05$
Discussion & Recommendations

Global Connection

World Systems Theory; Core-Periphery
As ideas move to the western core, they become commodified and decontextualized from spiritual/cultural/social foundations
(Kirmayer, 2015; Wallerstein, n.d.)

Globalized Culture; Transnational Capitalist Class
TCC luxury/consumption lifestyle
(Sklair, 2014)

Has mindfulness gone the way of yoga via pop-culture / self-care?

Does this make it seem less accessible to those with less association to the TCC?

Contextualized Interventions

- Hyper-localized pain treatment programs that focus on peers in the same community could create social acceptance; decouple from pop-culture; and increase adherence.

- Development within unique communities will foster innovation in methodology.

- Methodological innovations can be verified through research and spread to similar communities.
References


