

*Editorial Comment*

**Importance for patients of feeling accepted and understood by  
physicians before and after multimodal pain rehabilitation**

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In this issue of *Scandinavian Journal of Pain*, Sara Edlund and her colleagues explore pain patient's perceptions of validation and invalidation from their physicians pre- and post-treatment [1]. Validation/invalidation is a promising area of research in pain management, focusing on the importance of feeling accepted and understood. Whilst *validating responses* communicate understanding and acceptance to another, (i.e. that their thoughts, feelings and/or behaviours are understandable and legitimate), *invalidation* communicates non-understanding and non-acceptance; (i.e. that the individual's experiences are somehow wrong or illegitimate) [2,3,4].

This study explores several important questions in validation research which have not yet been investigated; Can pain patients be clustered in terms of their perceptions of validation/invalidation from their physician? Are patient's perceptions of validation/invalidation from their physician stable over time? How do perceptions of feeling understood and accepted (or not) by the physician affect patients' experiences of pain (in terms of pain intensity and severity ratings, mood, pain catastrophizing, anxiety sensitivity and treatment outcome)?

### **High validation and low invalidation important for outcome of pain rehabilitation**

Findings from this research suggest that most patients in this study felt understood by their physician pre- and post- treatment. However, a small group of patients did not, rating their encounter with the physician as low in validation and heightened in invalidation. No link was observed between patients' perceived validation/invalidation of their physician pre- and post-treatment, and treatment outcome. However, the heightened invalidation cluster reported greater negative affectivity post treatment (anxiety, anxiety sensitivity and negative affect) compared with the other two identified clusters ("moderate validation and invalidation" cluster, and "high validation and low invalidation" cluster) and reported greater levels of depression, pain interference and pain catastrophizing post treatment than the high validation cluster. Moreover, although patient perceptions of validation/invalidation were generally stable over time, some patients changed cluster. Interestingly, results suggested that patients scoring high on negative affectivity and pain interference ended up in the heightened invalidation cluster after treatment.

This study adds to the growing body of literature which implicates the value of validation in the context of chronic pain; validating feedback (or at least lack of invalidating feedback) has been found to increase emotional wellbeing [4], reduce physiological arousal [5,6], increase pain tolerance and adherence [7], reduce ratings of pain intensity and frustration [8] and counteract the interference caused by pain catastrophizing on individuals' ability to recall information [9] compared with invalidating feedback. Thus, communicating understanding and acceptance in the context of pain, may have worthwhile and far-reaching consequences.

### **Importance of the patient's own perception of invalidation**

Whilst much of the research to date has been experimental, a strength of Edlund and colleagues' study is in its ecological validity, situated within the clinical setting. Moreover, Edlund and her coworkers focus on patients' perceptions of validation and invalidation rather than objective ratings of patient-provider interactions. The researchers emphasize that given that invalidation is "in the eye of the beholder" (p.1654) [10], it is important to consider how communication is received and interpreted by the patient. Regardless of whether a physician's intention is to understand, or an interaction is objectively rated as "validating", if the patient does not *perceive* that their thoughts, feelings, behaviours or experiences are being accepted and understood, it is likely that the potential benefits of validation will be lost.

Moreover, although ideas about the transactional model within validation research exist, there is still little clinically-based research exploring the links between perceived validation and the emotional experiences of patients in pain. Fruzzetti and Worrall's transactional model [11] proposes that within a couple's interaction, heightened emotional arousal is likely to lead to inaccurate expression of emotion, which in turn, leads to misunderstanding and invalidation from the other. Such invalidating feedback is expected to heighten emotional arousal further, feeding a cycle of unhealthy expression and misunderstanding. Moreover, one study suggests that feelings of invalidation can be felt by both parties [12]; within a pain consultation, both patients and providers can be left feeling that the other is not listening, understanding or accepting their responses, resulting in feelings of hopelessness, anger and/or withdrawal.

### **The negative power of the feeling of not being understood**

Edlund and coworkers take important first steps in understanding this link between perceived validation/invalidation from the physician and the patient's experiences of pain and negative emotion, in identifying a small cluster of patients who do not feel understood, and observing some significant differences in the ratings of this subgroup in terms of negative affectivity and pain interference. Whilst it is still unclear what the direction of this effect is, this work

raises important ideas for future research looking at the effects of validating and invalidating transactional patterns in the pain setting. The researchers, in acknowledging the study's limitations, suggest useful ways to extend upon this work; triangulating findings from objective ratings of interactions and patient ratings would be a helpful step in understanding the mechanisms through which validation/invalidation may be influencing pain patients' experiences. Overall, this study, in exploring validation/invalidation from the patient's perspective, emphasizes the importance of considering not just the value of validation, but for whom, and under what circumstances.

**Conflict of interest:**

None declared

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