The Clinical Pain Acceptance Q-sort
13 small cards with statements of pain acceptance on the one side, score numbers on the other side
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The pain acceptance q-sort is a simple tool with a threefold outcome:
1) the topic of pain acceptance is presented for the pain patient
2) assessment of the level of pain acceptance is given to the clinician
3) initiating points for a therapeutic discussion on pain acceptance are made available.

Introduction
The topic of pain acceptance can be clinically difficult to raise in a respectful way. Manualized techniques of introducing the topic are not always possible or advisable.
The Pain Acceptance q-sort is a newly developed, simple method of respectfully managing the topic of pain acceptance respectfully in a daily clinical practice.

Method
The patient is shown 13 cards with statements and asked to place them in a prioritized order. Statements, in which they disagree strongly are placed far left, and statements in which they agree to the right. All cards are then flipped and q-sort scored. The odd placed cards are turned upwards again and therapeutic conversation on the specific statement is initiated.

Outcomes
1. The topic of pain acceptance is presented for the patient in an frictionless way. Pain acceptance is quite often a very sensitive subject for patients, often connected with loss of hope and lcontrol, therefore difficult to talk about.

2. The q-sort pain acceptance score is simply computed and available immediately. The score range from – 42 to +42. Mean accept score for Danish chronic pain patients is 13,7 (SD 18,6). Factor analysis revealed 5 clustered types of worries: 1. Personal incompleteness. 2. Worrying of the future 3. Possibilities of future pain acceptance 4. Possibilities of new life-orientation 5. The daily limitations.

3. Turning upward the most significant single statements one after one provides a constructive and natural initiation of a therapeutic conversation. The patients feelings and reflections about the chosen, odd placed statement represents very often the core issues blocking the patient’s acceptance process.

Peter la Cour has worked with q-methodology for some years. His main research interests are the links between existential orientations and health. He is co-founder of the Danish network for Research in Faith and Health: www.tro-helbred.org

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