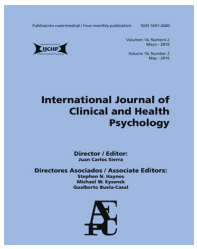
International Journal of Clinical and Health Psychology (2016) **16,** 137–146

International Journal of Clinical and Health Psychology

www.elsevier.es/ijchp



ORIGINAL ARTICLE

Temperament traits, social support, and trauma symptoms among HIV/AIDS and chronic pain patients

Marcin Rzeszutek[a,e,*], **Włodzimierz Oniszczenko**[b,f], **Katarzyna Schier**[b,f], **Edyta Biernat-Kałuża**[c], **Robert Gasik**[d]

[a] *University of Finance and Management, Poland*
[b] *University of Warsaw, Poland*
[c] *ORLIK Outpatient Clinic, Poland*
[d] *Institute of Rheumatology, Poland*
[e] *Faculty of Management and Finance, University of Finance and Management, Poland*
[f] *Faculty of Psychology, University of Warsaw, Poland*

Received 19 June 2015; accepted 14 October 2015
Available online 1 December 2015

KEYWORDS
HIV;
AIDS;
Chronic pain;
Trauma;
Descriptive survey study

Abstract The main goal of our study was to investigate and compare the relationship between temperament traits postulated by the Regulative Theory of Temperament (RTT) and social support dimensions with the level of trauma symptoms, as appear in posttraumatic stress disorder (PTSD), in an HIV/AIDS patient sample [HIV+ (*n*=182) and AIDS (*n*=128)] and in patients suffering from chronic pain (rheumatoid arthritis; *n*=150). The level of trauma symptoms was assessed with the PTSD Factorial Version Inventory (PTSD-F), temperament was measured with the Formal Characteristics of Behaviour–Temperament Inventory (FCB-TI), and social support was tested with the Berlin Social Support Scales (BSSS). Significant predictors of trauma symptoms among participants were temperament traits (emotional reactivity, perseveration, and sensory sensitivity), and social support dimensions (perceived support, need for support, support seeking, and actually received support). We also noticed significant differences between the levels of trauma symptoms, temperament, and social support between HIV/AIDS and chronic pain patients. The importance of trauma symptoms, as well as temperament traits and social support, should be taken into account in planning the forms of psychological support that should accompany pharmacotherapy for HIV/AIDS and chronic pain patients.

* Corresponding author: Faculty of Management and Finance, University of Finance and Management, Pawia 55, 01-030, Warsaw, Poland.
E-mail address: rzeszutek@vizja.pl (M. Rzeszutek).

http://dx.doi.org/10.1016/j.ijchp.2015.10.001

PALABRAS CLAVE
VIH;
SIDA;
dolor crónico;
trauma;
estudio descriptivo mediante encuestas

Rasgos del temperamento, apoyo social, y síntomas de trauma entre el VIH/SIDA y pacientes con dolor crónico

Resumen El objetivo fue investigar la relación entre rasgos de temperamento postulados por la *Regulative Theory of Temperament* (RTT) y dimensiones de apoyo social con el nivel de síntomas de trauma, como aparecen en el trastorno de estrés postraumático (TEPT), en pacientes VIH+ (n = 182) y SIDA (n = 128)] y en pacientes que sufren dolor crónico (artritis reumatoide; n = 150). El nivel de los síntomas de trauma se evaluó con el Inventario TEPT-F, el temperamento se midió con Inventario FCB-TI y el apoyo social con las Escalas BSSS. Los predictores significativos de síntomas de trauma fueron los rasgos de temperamento (reactividad emocional, perseverancia y sensibilidad sensorial) y las dimensiones de apoyo social (apoyo percibido, necesidad de apoyo, búsqueda de apoyo y apoyo real recibido). También destacan las diferencias significativas entre los niveles de síntomas de trauma, el temperamento y el apoyo social entre el grupo VIH/SIDA y pacientes con dolor crónico. La importancia de los síntomas de trauma, así como los rasgos de temperamento y el apoyo social, se deben tomar en cuenta en la planificación de las formas de apoyo psicológico que deben acompañar a la farmacoterapia para el VIH/SIDA y pacientes con dolor crónico.

There is increasing evidence of the association between trauma symptoms, as appear in posttraumatic stress disorder (PTSD; symptoms of recurring flashbacks, avoidance of memories of the traumatic event, hyperarousal) and experiencing various medical conditions (Moye & Rouse, 2014; Tedstone & Tarrier, 2003). The prevalence of medical illness-related trauma symptoms has been observed in cancer patients (Kangas, Henry, & Bryant, 2005), patients with cardiovascular diseases (Coughlin, 2011), HIV+ people (Rzeszutek, Oniszczenko, & Firląg–Burkacka, 2012), and individuals suffering from chronic pain (Asmundson, 2014; Britvić et al., 2015; Rzeszutek, Oniszczenko, Schier, Biernat-Kałuża, & Gasik, 2015). Trauma symptoms in these patient groups are usually related to receiving a medical diagnosis of a life-threatening illness, but they may also be linked to painful treatment and the stressful course of the disease (Norman, Stein, Dimsdale, & Hoyt, 2008). Medical illness-related trauma symptoms are often underdiagnosed and, when untreated, may increase medical and psychiatric morbidity, impact patients' use of healthcare resources and create added burden for the individual, family, and health care system for the patient's recovery (French-Rosas, Moye, & Naik, 2011).

Trauma symptoms among HIV+ individuals are mainly associated with being diagnosed with a potentially life-threatening disease (Beckerman & Auerbach, 2010), but they are also attributed to the unpredictability of the progression of HIV (Theuninck, Lake, & Gibson, 2010) and social stigmatization (Breet, Kagee, & Seedat, 2014). Trauma symptoms in HIV+ people are usually linked to poor medication adherence (Machtinger, Wilson, Haberer, & Weiss, 2012), greater substance abuse (Nugent, Lally, Brown, Knopik, & McGeary, 2012), and deterioration in immune functioning by lowering CD4 cell counts and increasing the level of physical HIV symptoms (Boarts, Sledjeski, Bogart, & Delahanty, 2006).

The relationship between chronic pain and PTSD was first described by Sharp and Harvey (2001) in their mutual maintenance model, in which these authors proved that chronic pain and PTSD share a few similar intrapsychic mechanisms, such as an increased level of arousal, attentional biases, and avoidance coping style, which are responsible for mutual maintenance of these two disorders. Several other studies have indicated that trauma symptoms in individuals suffering from chronic pain may be particularly linked to overwhelming, chronic pain, precluding normal social functioning, substantially reducing quality of life, and causing significant disability and functional limitations (Beck & Clapp, 2011; Rzeszutek et al., 2015) as well as a risk of premature mortality, which was especially observed among patients with rheumatoid arthritis (Benka, Nagyova, & Rosenberger, 2014). Conversely, other authors found that chronic pain is one of the most often reported physical health complaints among people who have experienced traumatic experiences and developed PTSD (Kendall-Tackett, 2009), which was especially observed among war veterans (Irwin, Konnert, Wong, & O'Neill, 2014) and survivors of natural disasters (Leythan & Powel, 2012).

Some data suggests that personality traits play a significant role in responding to trauma, being either a risk or a protective factor against PTSD (Lauterbach & Vrana, 2001). In particular, neuroticism (LaFauci, Schutt, & Marotta, 2011) and temperament traits identified by Cloninger, such as harm avoidance (the tendency to excessive worrying, shyness, being fearful and easily fatigued; Cloninger, Svrakic, & Przybeck, 1993) are thought to contribute to the exacerbation of trauma symptoms. Alternately, extraversion and conscientiousness from the NEO-FFI model of personality (Lauterbach & Vrana, 2001) increase trauma symptoms resilience. All of the personality traits mentioned above correlate with the temperament traits from the Regulative