

Original Article

Self-Compassion in Patients With Persistent Musculoskeletal Pain: Relationship of Self-Compassion to Adjustment to Persistent Pain

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Abstract

Context. Self-compassion entails qualities such as kindness and understanding toward oneself in difficult circumstances and may influence adjustment to persistent pain. Self-compassion may be a particularly influential factor in pain adjustment for obese individuals who suffer from persistent pain, as they often experience heightened levels of pain and lower levels of psychological functioning.

Objectives. The purpose of the present study was to examine the relationship of self-compassion to pain, psychological functioning, pain coping, and disability among patients who have persistent musculoskeletal pain and who are obese.

Methods. Eighty-eight obese patients with persistent pain completed a paper-and-pencil self-report assessment measure before or after their appointment with their anesthesiologist.

Results. Hierarchical linear regression analyses demonstrated that even after controlling for important demographic variables, self-compassion was a significant predictor of negative affect ($\beta = -0.48$, $P < 0.001$), positive affect ($\beta = 0.29$, $P = 0.01$), pain catastrophizing ($\beta = -0.32$, $P = 0.003$), and pain disability ($\beta = -0.24$, $P < 0.05$).

Conclusion. The results of this study indicate that self-compassion may be important in explaining the variability in pain adjustment among patients who have persistent musculoskeletal pain and are obese. *J Pain Symptom Manage* 2012;43:759–770. © 2012 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Self-compassion, pain, obese, persistent musculoskeletal pain, pain adjustment, pain catastrophizing, self-efficacy

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Accepted for publication: May 5, 2011.

Introduction

Over the past 30 years, numerous studies have focused on the role of negative psychological variables in patients' experiences with chronic illness (e.g., rheumatoid arthritis,

AIDS, cardiovascular disease, musculoskeletal pain).¹⁻⁶ Work within this field has continually reemphasized the detrimental role that negative psychological variables (e.g., negative affect, catastrophizing) can play in adjustment to symptom distress and disability, including persistent pain.⁷⁻¹⁵ Although such research has continued, there has been a growing interest in the role of positive aspects of psychological adjustment that might influence one's ability to adjust to chronic illnesses and cope with symptoms such as persistent pain.^{12,16-21} Research has shown that among patients with chronic illnesses (e.g., cancer, arthritis), constructs such as self-efficacy, acceptance, and optimism are related to important outcomes including pain, psychological distress, and disability.^{16,22-26}

A potentially important positive construct that has just begun to receive attention in relation to chronic illness is self-compassion. Self-compassion has been defined as the quality of being touched by one's own suffering and feeling compelled to help alleviate one's own difficulties.²⁷ Self-compassion within this context is composed of three components: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. overidentification.²⁸ Self-kindness refers to the ability to be caring and supportive to oneself when dealing with a difficult aspect of one's personality or life circumstance and avoiding being overly self-critical. Embodying a sense of common humanity involves recognizing that one's difficulties are universal and part of a larger human experience. Lastly, the quality of mindfulness refers to the ability to be in the present moment with one's experiences, so as not to ignore or overidentify with difficult thoughts or feelings.

To date, only one study has evaluated self-compassion in a population with chronic illness. In a sample of patients with mixed persistent pain conditions, self-compassion was associated with increased acceptance of pain.²⁹ Although this study is important in showing that self-compassion is related to pain acceptance, it did not examine how self-compassion relates to other important indices of adjustment to persistent pain, including pain, affect, pain catastrophizing, pain self-efficacy, and pain disability. Research in healthy populations suggests that

individuals who have high self-compassion report less negative affect, more positive affect, and higher levels of overall well-being.^{28,30,31} In patients with mood disorders, self-compassion also has been associated with psychological well-being and better quality of life.³² In sum, research is needed to establish how self-compassion relates to adjustment in persons having persistent pain and chronic illness.

In this study, we examined the relationship of self-compassion to measures of pain and pain adjustment in patients with persistent musculoskeletal pain who were obese. Persons who have persistent pain and who are obese represent a particularly appropriate group in which to study self-compassion. Persistent pain and obesity are common in many chronic illnesses (e.g., arthritis, diabetes, heart condition).³³⁻³⁵ Obese persons who live with persistent pain may face multiple challenges, including dissatisfaction with their bodies,^{36,37} difficulties maintaining involvement in meaningful daily activities,³⁸⁻⁴¹ increased pain,^{41,42} and psychological distress.^{7,43-45} Interestingly, clinical observations suggest that there are substantial variations in how obese individuals adjust to persistent pain. Some obese individuals experiencing persistent pain lack confidence that they can manage pain, seem prone to catastrophizing, and report high levels of disability and negative mood.^{13,39,44} Other obese individuals with persistent pain report fewer confidence problems with regard to their pain coping skills, mood, and activity levels.²⁶ Self-compassion is potentially a useful construct for understanding these variations in how obese individuals adjust to persistent pain.

However, to date, no studies have examined how self-compassion relates to adjustment to persistent pain in patients who are obese. To examine the role of self-compassion in this population, several basic questions must be addressed. First, it is important to determine whether self-compassion can be reliably assessed in obese patients with persistent pain. Second, it is necessary to examine how self-compassion relates to obese patients' reports of the intensity of their persistent pain. Third, it is important to assess how reports of self-compassion relate to measures of psychological functioning (e.g., negative affect, positive affect) and pain coping (e.g., self-efficacy, pain catastrophizing). Finally,

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