



Topical review

New evidence for a pain personality? A critical review of the last 120 years of pain and personality



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H I G H L I G H T S

- Personality factors are important for understanding chronic pain development and maintenance.
- Different chronic pain types share a profile of higher harm avoidance and lower self-directedness.
- This profile helps explain complex presentations and may improve treatment.
- The past 120 years of research into chronic pain and personality are summarised.

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A B S T R A C T

Background: Personality traits may influence development and adjustment to ongoing pain. Over the past 120 years, there has been considerable research into the relationship between pain and personality. This paper presents new evidence for common personality traits found amongst chronic pain sufferers. In particular, it evaluates evidence for Cloninger's biopsychosocial model of personality in distinguishing typical personality features of chronic pain sufferers. It evaluates this evidence in the context of the past 120 years of research including psychodynamic formulations, MMPI studies, personality disorder investigations, and the influence of neuroticism on chronic pain.

Methods: A literature search was conducted using PubMed, Medline, PsycINFO, SCOPUS and Cochrane library. Search terms included chronic pain, pain, personality, neuroticism, harm avoidance, self-directedness, attachment, Temperament and Character Inventory (TCI-R), MMPI, MMPI-2, NEO-PI, EPI, Millon Clinical Multiaxial Inventory, Millon Behavioral Health Inventory, Millon Behavioral Medicine Diagnostic, the Personality Assessment Inventory, the Locus of Control Construct and different combinations of these terms.

Conclusions: Recent descriptive studies using Cloninger's Temperament and Character Inventory (TCI-R) suggest that higher harm avoidance and lower self-directedness may be the most distinguishing personality features of chronic pain sufferers. High harm avoidance refers to a tendency to be fearful, pessimistic, sensitive to criticism, and requiring high levels of re-assurance. Low self-directedness often manifests as difficulty with defining and setting meaningful goals, low motivation, and problems with adaptive coping. Evidence for this personality profile is found across a wide variety of chronic pain conditions including fibromyalgia, headache and migraine, temporomandibular disorder, trigeminal neuropathy, musculo-skeletal disorders and heterogeneous pain groups. Limitations are also discussed. For example, high harm avoidance is also found in those suffering anxiety and depression. While many studies control for such factors, some do not and thus future research should address such confounds carefully. The evidence is also evaluated within the context of past research into the existence of 'a pain personality'. Psychodynamic formulations are found to be deficient in objective scientific methods. MMPI studies lack sufficient evidence to support 'a pain personality' and may be confounded by somatic items in the instrument. More recent neuroticism studies suggest a relationship between neuroticism and pain, particularly for adjustment to chronic pain. Personality disorders are more prevalent in chronic pain populations than non-pain samples.

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Clinical implications: Because harm avoidance reflects a tendency to developed conditioned fear responses, we suggest that higher harm avoidance may create more vulnerability to developing a fear-avoidance response to chronic pain. Furthermore, lower self-directedness may contribute to keeping a sufferer within this vicious cycle of fear, avoidance and suffering. Moreover, we suggest that harm avoidance and self-directedness are broader and more complex constructs than current clinical targets of CBT such as fear-avoidance and self-efficacy. Thus, assessing such personality traits may help to address the complexity of chronic pain presentations. For example, it may help to identify and treat sufferers more resistant to treatment, more prone to comorbidity and more vulnerable to entering the vicious cycle of chronic pain, suffering and disability.

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Contents

1. Introduction.....	59
2. Purpose and overview.....	59
3. Methods.....	60
4. History of the relationship between pain and personality.....	60
4.1. The psychodynamic approach.....	60
4.2. The trait theoretical approach.....	60
4.2.1. MMPI descriptive studies.....	60
4.2.2. MMPI prospective studies.....	61
4.2.3. Neuroticism and descriptive studies.....	61
4.2.4. Neuroticism and prospective studies.....	61
4.2.5. Neuroticism and adjustment to chronic pain.....	61
4.2.6. Neuroticism and the fear avoidance model of chronic pain.....	62
4.2.7. Summary.....	62
4.3. Studies investigating personality disorders and attachment.....	62
5. New evidence for a pain personality.....	63
5.1. The Temperament and Character Inventory (TCI-R).....	63
5.2. A personality profile of higher harm avoidance and lower self-directedness.....	63
5.3. Summary.....	64
5.4. Clinical implications of higher harm avoidance and lower self-directedness.....	64
5.5. Recent developments in personality and neuroscience.....	65
Funding.....	65
Ethical issues.....	65
Conflicts of interest.....	65
References.....	65

1. Introduction

Reflections from Karen,¹ a chronic pain sufferer:

“I often get told that I’ve changed since I developed chronic pain. It makes me really sad. I’m afraid that the pain will never go away. I don’t want to visit my friends anymore. It’s so depressing when you visit friends with so much pain – I can’t laugh when they’re all laughing. Yes, I think my friends are right. I’m a different person to who I was before I had pain. My husband says that I might even have developed it because I’ve always been such a fearful person. I wonder if it might actually be part of my personality, and I’m afraid that it will never go away”.

Chronic pain is a complex phenomenon, generally recognised as involving psychological as well as physical dimensions. Specifically, it is conceptualised as multidimensional with not only sensory but also cognitive, affective, and social components [1]. Evidence is arising that people with different chronic pain types (neuropathic, nociceptive and inflammatory) share similar pain experiences of affective-motivational, cognitive-evaluative and social components, despite sensory-discriminative differences [2–4]. Therefore, if there are common psychosocial states associated with chronic pain, independent of chronic pain type, could there also be typical personality traits underlying chronic pain? Indeed, many clinicians

note anecdotally that chronic pain sufferers often present with personality and interpersonal issues [5]. Research findings also suggest that chronic pain sufferers display elevated levels of anxiety and depression [6] and personality disorders [7].

Personality traits are ‘enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are displayed in a wide range of social and personal contexts’ [8]. Personality traits may be important to the understanding and treatment of chronic pain, as they may be implicated in the development and adjustment to chronic pain [9,10]. While older studies could not confirm a typical pain personality, new evidence suggests that a pain personality independent of chronic pain type may exist.

2. Purpose and overview

This paper presents new evidence for common personality traits found amongst chronic pain sufferers. In particular, it evaluates Cloninger’s model of higher harm avoidance and lower self-directedness as distinguishing personality features of chronic pain. It evaluates this new evidence in the context of the past 120 years of research into the question of the relationship between personality and pain. Moreover, potential clinical implications of these personality traits for chronic pain development and maintenance will be suggested.

¹ This name has been changed.

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