PRACTITIONER PERCEPTIONS OF EMOTIONS ASSOCIATED WITH PAIN: A SURVEY

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ABSTRACT

Objective: To discover whether chiropractors consider that emotional factors are associated with pain presentations in their patients and if so, what methods they use to investigate these factors and what strategies they use to manage them.

Design: A telephone survey of chiropractors in Australasia (Australia and New Zealand) and North America (America and Canada). A database of practitioners was obtained for each region. A phoning protocol was established in each region to standardize the survey approach.

Setting: Private practice of chiropractic.

Method: Chiropractic centers were telephoned and the attending chiropractor(s) were asked to complete a phone survey. The survey consisted of a series of short questions designed to establish the main techniques used in the practice. Questions focused on whether emotional factors of the patient were recognized and addressed and what role emotional factors play in the management of the patient.

Sample: Subjects were registered/licensed chiropractors listed in a publication of the largest association of practitioners in their region.

Results: In Australasia and North America just under half of practitioners surveyed (45.8% and 50.5% respectively) used a technique to evaluate any impacting emotions on the presenting condition. Additionally, 36.3% of Australasia and 33.3% of North America practitioners had a technique to treat emotional factors in the patient. The study also suggests that over 90% of Australasian chiropractors and 80% of North America chiropractors consider emotional factors important in pain presentations.

Conclusion: This study found that a substantial number (80–90%) of the chiropractors surveyed believe that emotional factors influence pain syndromes. However, less than half of these practitioners report that they are able to evaluate emotional factors and approximately only a third report that they are able to treat them. This study shows there is a need for further research of chiropractors to be able to evaluate emotional factors and techniques that can be used to rectify emotional components of their patients' pain syndromes. (J Chiropr Med 2005;4:11–18)

Key Indexing Terms: Chiropractic; Psychology; Emotion; Biopsychosocial Model

INTRODUCTION

Patients often ask the chiropractor "what is causing my pain?" According to the biomedical model of disease, only physical factors can produce physical conditions.[1] However, according to the biopsychosocial model of disease, first postulated by Engel, both physical and psychosocial factors can manifest as physical symptoms.[1,2] According to Hemingway,[3] *"a psychosocial factor may be defined as a measurement that potentially relates psychological phenomena to the social environment and to pathophysiological changes."*

The biopsychosocial model is increasingly accepted in medicine to explain the role psychology and social interaction have on organic conditions such as myocardial infarction and gastrointestinal conditions.[2,4–7] The model has also been shown to be effective in describing chronic pain syndromes,[8] the transition from acute to chronic low back pain[9] and the recovery rates after surgical procedures.[10] Of these psychosocial factors, emotions and their effect

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on the psyche are a large component of how the individual is affected.[11] It has been postulated that emotions can play a large role in the laying down of memory and its modification, thereby possibly distorting the recollections of the very events that are said to cause the pain.

In an unpublished study, myself and colleagues recently examined new patients presenting to chiropractic clinics with spinal pain syndrome. Despite its low statistical power and methodological shortcomings, we found that new patients had more psychosocial factors when compared to age and sex matched controls. While the generalizability of the results is limited, they do support the observation that emotion is a commonly associated feature of patients presenting to chiropractors. It was the purpose of this study to follow up on this observation by investigating whether practitioners view emotion as a compounding factor in their patients' pain presentations, and secondly, to determine whether chiropractors perceive that they possess tools that are viable or efficacious to effectively deal with emotional factors.

METHODS

Design

A telephone survey of practicing chiropractors in North America (United States and Canada) and Australasia (Australia and New Zealand) was conducted by trained telephonists. The telephonists were unfamiliar with the background of the practitioners they were calling. The practitioners were selected on the basis that they were located in their respective national association directory. The largest association directory that was available was used for participation in the survey. The directory was chosen as it represented a large mix of practitioners in a list that could be accessed easily by the trained telephonists. The list did not contain data on the type of practitioner and thus represented a list of practitioners with unknown backgrounds to the telephonists. In Australasia, every 5th practitioner was called. The first name on the directory was contacted followed by the 6th one and so on. This continued down the directory until the bottom was reached. The telephonist then returned to the top of the list and started with the second person and then every fifth person thereafter.

In the United States (US), as the practitioner numbers are much larger, a pragmatic decision was taken to control the cost of the study by dividing the alphabetical directory into 5 sections and one trained telephonist made calls from each section. Every 5th person on the list was contacted in a method similar to that described above. The Canadian directory was treated as one booklet and one caller contacted every 5th person on the list.

In the US, due to the time differences between states and varied times of the practitioner being in attendance, there were a large number phone calls that went unanswered and as such were not included in the number of people contacted, only those who either consented to the survey or refused to participate were included to determine the response rate. Practitioners were not selected on the basis of any preconceived characteristic other than their order of appearance on the list. While this is not a random stratified sample and exists as a limitation of the study, it is likely that this sampling procedure adequately randomized the sample.

Study Sample

In Australia and New Zealand, 1072 people were approached out of a potential 1984. There were 496 respondents, which correlated to a response rate of 46.3%. In the United States and Canada, 1170 people were approached out of a potential 44,030. There were 549 respondents, which correlates to a response rate of 46.9%. These response rates only included those practitioners who: 1) answered the phone and 2) provided either consent to or a decline to participate in the survey. In order to expedite the compliance and response rate, office managers were asked to query their practitioners for the answers to the questions. When such responses could not be quickly given, the office managers were given the option to provide the answers via a written version of the same questions (after practitioner consent to do so) that could be sent back to the telephonists via facsimile at the practitioner's convenience. Those that failed to respond after consenting to do so were included in the response rate as non-respondents.

Data Collection

Consent to participate in the survey was sought from the practitioner prior to any further involvement. For those who participated, a response was sought for 5 questions: 1. How long has the chiropractor in your office been in practice? 2. What are the top 3 techniques the chiropractor in your office uses in practice? 3. Does the chiropractor in your