



Chronic Illness Patients Seeking Pain Relief: Are Those Who Seek Psychological Care More Distressed and Less Psychologically Flexible?

Caroline Kelley, M.A.¹ & Abbie Beacham, Ph.D.¹

¹ Xavier University, Cincinnati, OH

INTRODUCTION

Worldwide, chronic illnesses (CI) represent the most frequently diagnosed illnesses and account for substantial healthcare costs. In fact, it is estimated that CIs will cost over \$30 trillion US dollars over the next 20 years (WHO, 2011). Almost 1 in every two adults in the United States has one or more CIs (Wu & Green, 2000). Pain is another prevalent condition that frequently co-occurs with CI, with approximately 30% of all adults experiencing chronic pain (Elzahaf, Tashani, Unsworth, & Johnson, 2012). Thus, these conditions are not only common but they also account for considerable health care utilization and cost.

Those who suffer with comorbid CI and pain are often dissatisfied with relief achieved with treatments and medications (Eriksen, Jensen, Sjogren, Ekholm, & Rasmussen, 2003; Muller-Schwefe, 2011). Individuals with chronic pain report feeling a loss of control over their pain and the effect it has on their lives, resulting in reduced enjoyment of life, depression, trouble concentrating, fatigue, and sleep difficulties (American Pain Foundation, 2006). Greater desire to control pain may reduce quality of life and drive up healthcare utilization, including seeking psychological/psychiatric services for relief of pain and suffering. It is possible that this dissatisfaction with individuals' varied efforts to eradicate pain and suffering bears some relation to psychological inflexibility.

The purpose of this study was to investigate whether those who saw psychologists or psychiatrists for pain differed from other individuals who did not seek out such services for pain relief on measures of psychological flexibility, affect, and health care utilization.

METHOD

Participants and Procedure:

We recruited participants via online support groups for chronic illnesses. The sample (N=380; mean age=52.8, SD=12.5) was primarily Caucasian (91.5%), female (81%), married (59%), and well educated (mean years=15.4, SD=2.7), with a median household income between \$40K and \$50K. Mean number of chronic illnesses was 2.6 (SD=1.5). For those experiencing pain (n=256), mean level of pain intensity at time of survey completion was 5/10 (SD=2.2).

Measures:

Acceptance and Action Questionnaire- II (AAQ-II): The AAQ-II (Bond et al., 2011) is a shortened, seven-item measure of psychological inflexibility and experiential avoidance designed to measure the same constructs as the Acceptance and Action Questionnaire (AAQ; Hayes et al., 2004). Items are rated from 1 ("never true") to 7 ("always true") scale for statements like "Emotions cause problems in my life" and "I worry about not being able to control my worries and feelings."

Chronic Illness Acceptance Questionnaire (CIAQ): The CIAQ (Beacham, Linfield, Kinman, & Payne-Murphy, Revision under review) was adapted from the Chronic Pain Acceptance Questionnaire (CPAQ; McCracken et al., 2004). Twenty items are rated on a 0 ("Never true") to 6 ("Always true") scale to produce a two-factor structure: Activity Engagement and Pain Willingness. All CPAQ items were retained in the development of the CIAQ, and analyses revealed item loadings on the same two-factor structure as the CPAQ.

Mindful Attention Awareness Scale (MAAS): The MAAS consists of 15 items designed to measure of a single-factor construct of mindfulness (Brown & Ryan, 2003). Each of the items is rated on a 6-point scale from 1 ("almost always") to 6 ("almost never").

Positive and Negative Affect Scale (PANAS): The PANAS is a 20-item self-report measure of positive and negative affect (Watson, Clark, & Tellegen, 1988). Each item is a mood state adjective (e.g., "distressed" or "enthusiastic") and is rated on a scale of 1 ("very slightly or not at all") to 5 ("extremely"). The negative items are summed to provide a NA result for negative affect, and the positive items are summed to provide a PA result for positive affect.

Table 1. Selected item means of those who did versus who did not see psychologist for their pain

Item	Yes	No	t-statistic (df) Value	p-value
Mindfulness				
<i>I could be experiencing some emotion and not be conscious of it until sometime later.</i>	4.10	4.66	(417) -3.58	<.001
<i>I find myself doing things without paying attention</i>	3.77	4.21	(417) -2.69	.008
Acceptance – Activity Engagement				
<i>I am getting on with the business of living no matter how bad my illness is.</i>	4.10	4.50	(409) -2.69	.007
<i>I can lead a full life despite having an illness.</i>	2.62	3.55	(406) -4.26	<.001
<i>Despite my illness, I am now sticking to a certain course in my life.</i>	3.43	3.85	(407) -2.24	.026
Acceptance – Willingness				
<i>I need to concentrate on getting rid of symptoms of my illness.</i>	3.35	2.90	(404) 2.18	.030
<i>My thoughts and feelings about my illness must change before I can take important steps in my life.</i>	2.38	1.72	(408) 3.24	.001
<i>I have to struggle to do things when I experience symptoms of my illness.</i>	4.66	4.22	(177.16) 2.59	.010
Experiential Avoidance				
<i>My painful experiences and memories make it difficult for me to live a life that I would value.</i>	3.49	2.78	(412) 3.48	.001
<i>It seems like most people are handling their lives better than I am.</i>	3.84	2.99	(411) 3.96	<.001

Table 2. Selected item means of those who did versus who did not see psychiatrist for their pain

Item	Yes	No	t-statistic (df) Value	p-value
Mindfulness				
<i>I find it difficult to stay focused on what's happening in the present.</i>	3.32	4.22	(417) -4.89	<.001
<i>It seems I am "running on automatic" without much awareness of what I'm doing.</i>	3.58	4.07	(412) -2.69	.007
Acceptance – Activity Engagement				
<i>My life is going well, even though I have my illness.</i>	3.14	4.05	(410) -5.15	<.001
<i>Although things have changed, I am living a normal life despite my illness.</i>	2.52	3.50	(405) -4.45	<.001
<i>I lead a full life despite having an illness.</i>	2.43	3.55	(406) -4.77	<.001
Acceptance – Willingness				
<i>Before I can make any serious plans, I have to get some control over my illness.</i>	3.50	2.93	(405) 2.45	.015
<i>I will have better control over my life if I can control my negative thoughts about my illness.</i>	3.32	2.78	(401) 2.16	.031
Experiential Avoidance				
<i>My painful memories prevent me from having a fulfilling life.</i>	3.10	2.20	(98.98) 4.09	<.001
<i>I'm afraid of my feelings.</i>	2.91	2.18	(100.71) 3.41	<.001

RESULTS & DISCUSSION

- Our sample of online support group CI sufferers for whom pain was a "primary concern", reported average pain relief of 45.8% (Mode=30%) from treatments/medications.
- Those who saw a psychologist for pain had greater experiential avoidance (p<.001) and health care utilization (p=.005), and lower mindfulness (p=.028) and Acceptance-activity engagement (p=.033) than those who did not.
- Those who saw a psychiatrist for pain had greater experiential avoidance (p<.001), negative affect (p<.001), and health care utilization (p=.001), and lower positive affect (p=.012), mindfulness (p=.001), and Acceptance-activity engagement/willingness (p's<.05) than those who did not.
- Items endorsed by those who have seen a psychologist or psychiatrist for pain reveal trends that these groups do not want to feel things and are waiting for pain and discomfort to go away before pursuing valued life activities (see Tables 1 and 2).
- These results suggest that individuals who see a psychologist and/or psychiatrist may be more "distressed" and actively seek relief.
- When these individuals seek help for pain relief, they may be especially distressed/fused and focused on making their pain go away, rather than living daily life in a manner consistent with their values. They could benefit from ACT-based treatments targeting functional enhancement.
- Interventions designed to increase psychological flexibility may result in reduced health care utilization and associated costs. Such interventions, therefore, may have added economic benefits.

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