Editorial comment

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Considering the interpersonal context of pain catastrophizing

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In this issue of the Scandinavian Journal of Pain, Dr. Ryum and colleagues report on interpersonal problems as a predictor of pain catastrophizing in patients with chronic pain [1]. Using the baseline measurement of a return-to-work trial for chronic pain patients on long term sick leave, they hypothesize that pain catastrophizing – in line with the Communal Coping Model (CCM; [2]) – may be conceptualized as an interpersonal strategy, and not (only) as an intrapersonal cognitive-emotional style. They seek to relate interpersonal problems, as measured by the Interpersonal Problems circumplex model, to pain catastrophizing while controlling for a range of possible confounders. They find that variance in pain catastrophizing is uniquely explained by the pain itself but also by an interpersonal style characterized by hostility and distrust. As this paper is clearly theoretically driven, it adds to our conceptual understanding of the important phenomenon of pain catastrophizing. Not in the least it stimulates our thinking as to why patients with chronic pain may catastrophize.

1 Importance of pain catastrophizing

Pain catastrophizing is arguably one of the most powerful psychological constructs in the pain literature. The empirical evidence supporting the relevance of this construct can hardly be overstated. Whether trying to predict outcome after a visit to the dentist [3], an invasive operation [4], activity intolerance [5], recovery after childbirth [6], or chronic back pain disability [7] a simple score quantifying the cognitive-emotional style with which one usually responds to pain (i.e. catastrophizing) is a sure predictor of more adverse outcome.

2 Social context strongly influences pain catastrophizing

As Ryum et al.’s paper brings forward, pain catastrophizing is not only an isolated intrapersonal phenomenon. Instead, the social context is of utmost importance for how pain is experienced and expressed and pain catastrophizing appears to fulfill a key communicative function. For example, while pain catastrophizing is consistently correlated to pain expressions such as grimacing or verbal utterances, this connection has been found to be stronger when other people are present [8]. However, the function of communicating pain distress is complex and communication is a two way street (goes two ways). For example, it has been shown that punitive and invalidating responses from close relatives and caregivers are associated with increased emotional distress in pain sufferers [9]. Adding to this complexity, we found that we could influence the degree of pain catastrophizing in the laboratory by manipulating the degree of empathetic and validating responding to expressed pain experience [10]. Specifically, subjects performing a painful task who were met by invalidation (i.e. the experimenter communicated that their experience was exaggerated and illogical) showed a steady increase in situational pain catastrophizing as compared to those who were met by validation (i.e. the experimenter communicated that their experience was true and understandable). This indicates that pain catastrophizing is dynamic and dependent on social responses to expressed distress.

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3 Why are pain patients not taken seriously by health care providers

Indeed, a recurring observation in the context of a chronic pain problem is how challenging it is for patients to satisfactorily convey their pain experience and distress to their surroundings. This is not strange, as pain is a subjective experience and predominantly reliant on self-report and the ability to communicate it to others. It is however not uncommon for patients to feel that they are not taken seriously. Consequently, pain catastrophizing has been related to reports of invalidating health care experiences, perceived injustice and anger [11–14]. There are several contexts in which interpersonal interactions can be relevant to the development of pain problems. While health care providers, managers, coworkers, insurance officers and close relatives can be important sources of empathy and validation they can also be experienced as punitive due to their questioning of legitimacy, or their inability to live up to expectations for help and assistance.

4 Importance of positive empathetic validation of pain and pain patients

The function of pain communication is complex but its role as an “emotion regulator” has been highlighted in recent years [15]. Not in the least it has been emphasized that empathetic validation of the pain experience may function to down-regulate negative emotion, promote relational trust and open the way to concrete support and problem solving. Ryum et al. show in their study that patients who report more negative and demanding interpersonal behaviors also reported higher levels of pain catastrophizing. Their study is one example of an effort to explicate the function of pain catastrophizing and highlights its interpersonal context. Possibly then, the association between pain catastrophizing and a hostile and distrusting interpersonal style could partly be a reflection of a pain patient’s trajectory of unsatisfactory social interactions and problem solving around an inherently distressing phenomenon.

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References