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ANGER IN CHRONIC PAIN: INVESTIGATIONS OF ANGER TARGETS AND INTENSITY

AKIKO OKIFUJI,* DENNIS C. TURK* and SHELLY L. CURRAN†

Abstract—The study was designed to assess the frequency and intensity of patients' anger directed toward various potential targets and how intensity of anger toward different targets was related to the chronic pain experience. Ninety-six chronic pain patients who were referred for a comprehensive evaluation completed questionnaires to assess their levels of anger, pain, distress, and disability. Approximately 70% of the participants reported to have angry feelings. Most commonly, patients reported to be angry with themselves (74%) and health care professionals (62%). The relevance of anger to chronic pain experience seemed to vary across targets. Anger toward oneself was significantly associated with pain and depression, whereas only overall anger was significantly related to perceived disability. The results suggest that anger should be conceptualized as a multifactorial construct. In addition to presence, intensity, and expression of anger, targets of anger may be important to better understand psychological adaptation to chronic pain. © 1999 Elsevier Science Inc.

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INTRODUCTION

The role of affective factors in the experience of pain has received a great deal of attention over the past few decades. The significance of affect has been incorporated within the definition of pain formulated by the International Association for the Study of Pain [1] in which pain is defined as a sensory and emotional experience. In research evaluating emotion in chronic pain, the greatest amount of attention has been devoted to depression and anxiety. Anger as an emotional feature in chronic pain has received relatively little empirical investigation, although anecdotally chronic pain patients are observed to exhibit high levels of anger and hostility [2–4].

Several empirical studies provide preliminary support for the association between anger and pain intensity [5, 6], unpleasantness of pain [7], affective component of pain [8], and emotional distress in chronic pain patients [3, 9, 10] as well as families of chronic pain patients [4]. Kerns and associates [11] found that the suppressed feelings of anger accounted for a significant portion of the variance in pain intensity, perceived interference, and frequency of pain behaviors. These preliminary investigations have focused primarily on the intensity and expression of anger in chronic pain patients.

*Department of Anesthesiology, University of Washington, Seattle, Washington, USA.

†Hennepin Pain Clinic & Research Center, Minneapolis, Minnesota, USA.

Address correspondence to: Akiko Okifuji, Ph.D., Department of Anesthesiology, 1959 NE Pacific Street, Room BB1415B/HSB, Box 356540, University of Washington, Seattle, WA 98195. Phone: (206)-616-2629; Fax: 206-543-2958; E-mail: okifuja@u.washington.edu

There seems to be a growing consensus that a substantial majority of chronic pain patients experience a significant level of anger. Anger in chronic pain has been considered by some to be attributable to enduring personality dispositions associated with unconscious conflicts [12], whereas others have suggested that anger may be a reaction to the presence of recalcitrant symptoms that have been unsubstantiated by objective medical findings and unrelieved by medical treatments [2]. There is some evidence supporting the latter hypothesis. For example, a laboratory study [13] demonstrated that mere anticipation of pain was sufficient to provoke angry behavioral responses in healthy individuals. Using the crosslagged design with a clinical sample, Arena *et al.* [14] found that an increase in pain tends to precede anger, directly contradicting the anger–somatization association.

The relatively fruitless debate over the cause–effect relationship between anger and pain is reminiscent of the arguments on the associations between pain and depression (see ref. 15). To refine our understanding of the association between anger and pain beyond this debate, several investigators have begun to examine individual differences in how anger is expressed. In an early study, Pilowsky and Spence [16] found that chronic pain patients are less willing to express anger compared with outpatient medical patients. Similarly, individuals with chronic pain problems appear to inhibit their anger compared to pain-free, healthy individuals [17, 18]. Furthermore, inhibition of anger seems to contribute to aversiveness of the chronic pain experience. Inhibition of anger has been found to be related to pain severity and overt pain behaviors [11] as well as to increased emotional distress [10, 19].

Denial of anger also seems to be common among chronic pain patients. However, awareness of anger should not be confused with anger expression. For example, Corbishely *et al.* [20] observed that chronic pain patients tend to show strong reservation about expressing socially undesirable emotions that could create interpersonal conflict. For these individuals, it appears that expression of the emotion is under conscious control. They are aware of their anger but choose not to express it. On the other hand, some chronic pain patients may lack awareness of their angry feelings and have increased difficulties in recognizing and reporting these feelings [21].

Fernandez and Turk [2] recently proposed that the specificity of targets toward which patients experience angry feelings may be important in understanding of the relationship between pain and anger. When a pain sufferer is angry, there are a range of possible targets (e.g., employer, insurance company, health care providers). The presence of intensity of anger toward different targets may be differentially related to the chronic pain experience. That is, there may be some targets of anger that are more relevant to the chronic pain experience than others. Thus, one of the purposes of the present study was to delineate the prevalence and intensity of anger toward a set of specific targets. In addition, the relationship between pain and anger directed toward various targets was evaluated.

Another important issue regarding anger concerns gender differences. There is growing literature suggesting the presence of important differences in the ways that men and women respond to pain [22]. Moreover, in Western cultures, there appear to be social conventions regarding the expression of anger. In general, it seems acceptable for men to display angry feelings, whereas women are socialized to avoid overt expression of anger. However, research investigating gender differences in anger expression has revealed equivocal results. Some studies report that women

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