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Pain catastrophizing mediates the relationship between worry and pain suffering in patients with irritable bowel syndrome

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Abstract

Although separate lines of behaviorally oriented pain research have drawn attention to the importance of pain catastrophizing and trait worry, little is known about how they work together to influence aspects of chronic pain. Integrating pain research with the broader anxiety, cognitive science, and learning literature, we hypothesized that the process (vs. content) of worry influences pain through catastrophizing. One hundred and eighty-six consecutive patients diagnosed (Rome II) with irritable bowel syndrome completed measures of three dimensions of pain (sensory pain, affective pain, long-term suffering), pain intensity, trait anxiety, worry, catastrophizing, and somatization during baseline assessment of an NIH-funded clinical trial of two psychological treatments. Worry was most strongly associated with the emotionally unpleasant aspects of pain, particularly suffering. Multivariate mediational analyses showed that catastrophizing mediated the link between worry and suffering. Worry, catastrophizing and control variables accounted for 46% of the variance in suffering. Chronic pain patients who worry excessively engage in more catastrophic thinking and through this cognitive process experience more intensely the suffering component of pain. Data are consistent with the notion that worry functions as an “experiential avoidance” strategy for aversive features of pain. Findings are discussed with respect to their relevance to behavioral models for understanding and treating anxiety-related chronic pain disorders.

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Keywords: Pain; Irritable bowel syndrome; Catastrophizing; Worry; Anxiety; Emotion

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1. Introduction

Irritable bowel syndrome (IBS) is a painful, often disabling gastrointestinal disorder with a worldwide prevalence of 10–20% (Camilleri & Choi, 1997). Its primary symptoms include abdominal pain associated with altered bowel function (e.g., diarrhea, constipation, or both). Because IBS symptoms occur in the absence of organic disease, it is currently conceptualized as arising from a combination of disordered gut motility, visceral sensitivity (i.e., heightened awareness of and sensitivity to normal intestinal activity), and psychological dysfunction (Drossman, Corazziari, Talley, Thompson, & Whitehead, 2000a). Psychological factors exert a particularly strong influence on symptom onset, expression of and course of the disorder for more severely affected patients (Drossman et al., 2000b). Research showing that IBS patients are characterized by biases in central processing of visceral sensation highlight the importance of cognitive factors. Cognitive biases include enhanced perceptual response to normal visceral events; selective attention to and fear of visceral stimuli; and mislabeling of internal sensations that healthy controls construe as benign (Naliboff, 1999). Of cognitive processes, increased attention has been paid to the construct of pain catastrophizing which (Keefe et al., 2000, p. 2) define as “the tendency to focus on and exaggerate the threat value of painful stimuli and negatively evaluate one’s ability to deal with pain”. Substantial evidence across multiple pain disorders implicates pain catastrophizing in the intensification of pain and related problems (Sullivan et al., 2001). While its importance is established, little is known about the psychological processes that render individuals vulnerable to and that precipitate pain catastrophizing.

For this reason, Turner and Aaron (2001) call for research investigating the relationship between pain catastrophizing and anxiety-related constructs such as somatization, worry, and trait anxiety. Somatization refers to complaints arising from multiple, medically benign symptoms whose expression is influenced by psychological factors, including stress reactivity, illness beliefs, negative emotionality, and maladaptive conditioning (White & Moorey, 1997). Trait anxiety denotes relatively stable individual differences in anxiety proneness such as predisposition to respond anxiously to stressors in general (Spielberger, Gorsuch, & Lushene, 1970, p. 44). Trait anxiety is conceptually and empirically distinct from worry (Meyer, Miller, Metzger, & Borkovec, 1990), which Borkovec, Robinson, Pruzinsky, and DePree (1983) describe as a relatively uncontrollable, negatively valenced stream of thoughts and images regarding a future event that holds potential for negative consequences. In the absence of direct empirical research differentiating worry and pain catastrophizing, there are reasons to believe these two negative cognitions differ conceptually on multiple dimensions. Worry is distinguished from pain catastrophizing on the basis of its uncontrollability, narrative quality, inherent future orientation, chronicity, and pervasiveness (i.e., problem topics are not specific to a single situation or stimuli). Whereas the focal problem underlying pain catastrophizing is by definition relatively well defined, worry is abstract, conceptual, and non-concrete (Kindt, Brosschot, & Boiten, 1999; Stober, 1998). Unlike pain catastrophizing, worry functions as a way of avoiding perceived threat (Borkovec & Hu, 1990) that does not physically exist in the “here and now” and for which there is no available behavioral response (e.g., escape). Worrying distracts from emotional distress and suppresses unpleasant somatic sensations in a manner that is negatively reinforcing and lends uncontrollability to the worry process. This process fuels a spiraling pattern of interaction among affective,

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