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The relationship of attachment style to depression, catastrophizing and health care utilization in patients with chronic pain

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Abstract

Attachment theory and research suggest that patterns of interpersonal relationships may be important determinants of illness behavior, care seeking, and treatment response in individuals with chronic health problems, including chronic pain. Attachment styles have been shown to be associated with psychological adjustment in the context of chronic illness, but little research has been conducted so far examining these relationships in patients with chronic pain. We assessed 111 patients with chronic pain participating in a multidisciplinary pain treatment program to determine if attachment style is associated with pain, depression, catastrophizing and physical disability at pre-treatment and 12-month follow-up, and with change in health care utilization pre-treatment to follow-up. At both pre-treatment and follow-up, fearful attachment style was associated with significantly greater depression and catastrophizing, and secure attachment was associated with significantly lower levels of depression. Preoccupied attachment style was associated with greater than weekly pain-related visits at 12 months follow-up, even after controlling for depression, catastrophizing and pre-treatment pain-related health care utilization. The findings suggest that attachment style may be a useful construct for examining factors affecting adjustment and treatment response of patients with chronic pain.

Keywords: Attachment; Chronic pain; Depression; Catastrophizing; Health care utilization

1. Introduction

Cognitive-behavioral theory and research have provided an empirical basis for understanding factors affecting illness behavior and treatment response among patients with chronic pain (Turk and Gatchel, 1999). However, this model has tended to de-emphasize developmental processes that may influence cognitive appraisals, coping responses, and pain and illness behaviors. The role that these processes may play in affecting patients' ability to engage in treatments remains unclear. However, in those treatments requiring active patient involvement and self-management, such as cognitive-behavioral therapy, such developmental processes may be a crucial determinant of treatment response. Attachment theory (Bowlby, 1973) provides a theoretical model of how interpersonal developmental process may affect care seeking and response to illness. This model has recently been used to study interpersonal aspects of health problems and care seeking (Ciechanowski et al., 2002a,b; Feeney and Ryan, 1994), including chronic pain (Mikulincer and Florian, 1998; McWilliams et al., 2000).

Bowlby proposed that individuals psychologically internalize early experiences with caregivers, forming enduring cognitive schemas of relationships that influence whether they perceive themselves as worthy of care (view of self) and whether others can be trusted to provide care (view of other) (Bowlby, 1973; Bartholomew and Horowitz, 1991). These cognitive schemas or 'internal working models' influence the kinds of interactions individuals have with others and their interpretations of these interactions throughout life (Bowlby, 1973). Based on Bowlby's work and subsequent empirical research in infants, children and

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adults, attachment researchers (Bartholomew and Horowitz, 1991) have identified four main attachment styles in adults: secure attachment (viewed as healthy and adaptive), and three insecure attachment styles – dismissing, preoccupied, and fearful (Fig. 1). Attachment styles are considered to be conceptually distinct dimensions, so that individuals may be characterized interpersonally by varying degrees of each. Analytically, it may be useful to determine how each of the four dimensional attachment styles correlates with other characteristics. Clinically and descriptively, however, it is often useful to conceptualize individuals in terms of a predominant attachment style so as to better understand the developmental and behavioral characteristics of each.

Each attachment style is seen as the product of early interpersonal experience. Adults who have a predominantly secure attachment style likely experienced consistently responsive early caregiving (Ainsworth et al., 1978), and they are comfortable depending on, and are readily comforted by others. They have a positive view of themselves as worthy of care and of others as trustworthy to provide care when needed. Adults with a predominantly dismissing attachment style are believed to have experienced early caregiving that was consistently unresponsive, and as a result they develop strategies in which they become 'compulsively self-reliant' (Bowlby, 1977). While they are uncomfortable trusting others, they nevertheless have a positive view of themselves, resulting in self-reliance. Adults with a predominantly preoccupied attachment style likely experienced caregiving that was inconsistently responsive (Bartholomew, 1990). As a result, they become excessively vigilant in attachment relationships and emotionally dependent on others, seeking support to the point of being 'clingy,' especially when distressed. Preoccupied attachment style is associated with poor self-esteem, increased subjective distress and increased focus on

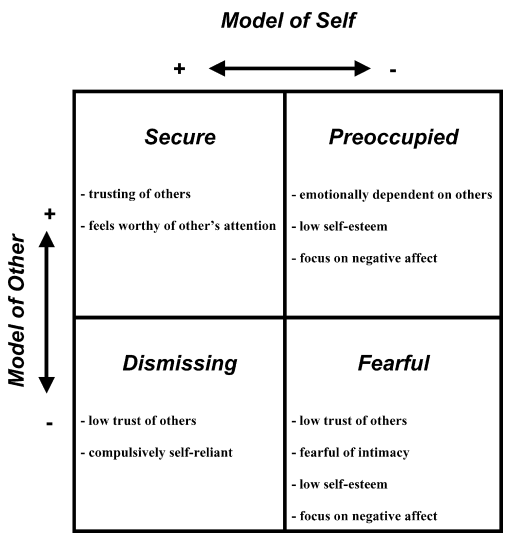

Fig. 1. Attachment style categories and model of self and other. Adapted from Bartholomew and Horowitz (1991).

negative affect (Bartholomew, 1993, Feeney and Ryan, 1994, McGrady et al., 1999). Adults with a predominantly fearful attachment style share many of the characteristics of those with a predominantly preoccupied attachment style in that they may desire social contact when distressed, but this desire is ultimately inhibited by fear of rejection. Individuals with predominantly fearful attachment are proposed to have had overly rejecting or harsh caregiving in early life, and as adults they are more likely to demonstrate interpersonal patterns in which they flee upon achieving a certain level of closeness, i.e. exhibit approach-avoidance behavior stemming from a fear of intimacy. They may not see themselves as worthy of care or others as trustworthy to provide needed care. Fearful attachment style is also associated with poor self-esteem, more subjective distress and increased vigilance of negative affect (Bartholomew, 1993).

The preoccupied and fearful attachment styles, which share a negative view of the self, have characteristics in common that may be important determinants of adjustment in persons with chronic pain. For example, individuals with predominantly preoccupied or fearful attachment may be more likely to report somatic symptoms due to their tendency to experience higher levels of negative affect (Bartholomew, 1993, Feeney and Ryan, 1994, McGrady et al., 1999). Multiple studies have suggested that a focus on negative affect is correlated with subjective health complaints even in the absence of objective evidence of disease (Russo et al., 1997, Costa and McCrae, 1987, Watson and Pennebaker, 1989). Furthermore, Mikulincer and Florian (1998) have reported that similar maladaptive attachment styles may affect coping with and adjustment to chronic back pain in adult males. They found that patients with predominantly ambivalent and avoidant attachment (corresponding to preoccupied and fearful attachment styles, respectively; see Bartholomew, 1997) appraised their back pain in more threatening terms, appraised themselves as being less able to deal with their pain, and relied more on emotion-focused strategies and less on problem-focused strategies, as compared to patients with predominantly secure attachment. These findings suggest the possibility that patients with preoccupied and fearful attachment styles may find treatments that emphasize patients' self-management of pain to be less acceptable, since their negative views of self may result in their feeling less competent or able to cope by themselves.

The preoccupied and fearful styles differ, however, in the propensity to seek care from others. The positive view of others that characterizes the preoccupied attachment style would be expected to result in greater tendencies to seek care and in higher rates of health care utilization, while the negative view of others associated with fearful attachment might be expected to result in the avoidance of health care under most circumstances. Among patients with chronic pain, it has been suggested that a preoccupied style of attachment may be associated with high levels of seeking