



Original Article

# Identifying pain management in chronic pain patients with secure attachment style: A qualitative study

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## Abstract

**Introduction:** Chronic pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage which persists for a minimum of six months. Attachment theory has been used to explain how individuals relate to each other during moments of pain. The purpose of this research is to identify pain management in people with chronic pain and secure attachment style.

**Materials and Methods:** This study was conducted at the Pain and Neurology Clinic of the University Kebangsaan Malaysia Medical Centre from August 2009 to February 2010. 22 female patients with chronic pain were interviewed, using open-ended semi-structured interview guide in English language. Data were analyzed using Interpretative Phenomenological Analysis (IPA).

**Results:** Through IPA technique, ideal support themes were identified with five subthemes; emotional dependence on family, emotional closeness to friends, independence and self-sufficiency, preference to be with family, and need for support.

**Conclusion:** Chronic pain patients reported that they needed to be emotionally close with their families during moments of pain as a coping style to soothe their pain through increased intimacy and closeness. Prolonged duration of pain led them to change their everyday life activities and increased the need for close relationships. Patients with chronic pain may have different forms of coping style. Chronic pain suppressed close relationship which may arise between patients and their family during moments of pain.

**Keywords:** Attachment, Chronic pain, Pain management

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## Introduction

Chronic pain is a major health problem throughout the world, nowadays many psychological and medical treatments are applied to control and improve the pain (1). Chronic pain is a complex problem with both clinical and psychological connotations. In other word, psychological factor has significant role the same physical factor to affect on pain; therefore, evaluation and treatment of this problem requires a comprehensive approach (2,3). One of the challenges facing healthcare providers is managing chronic, non-cancer pain effectively (1).

Chronic pain affects different aspects of people's lives and may relate to a low quality of life such as feelings of frustration, angry moods, sleep changes, and decreased interest in daily living activities (4-7).

Psychological factors have a negative impact on pain. One of these negative impact is family relationship which psychological research has made important contributions to the knowledge and information on chronic pain (3,8,9). Psychological factors identified how that patient with inflexible pain shared certain personality characteristics which predisposed patients to pain (8).

Most of these difficulties are related to patients attachment style with family members; hence, Meredith, Strong, and Feeney (10) mentioned that chronic pain may cause discomfort in patients' close relationship with others and increase anxiety in their

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relationship. Mikail et al. (11) noted that, this kind of phenomena can be observed in the patients' behaviour, perception, and affective experience related to physical illness and disability. Therefore, Mikail et al. (11) suggested that adult attachment theory can explain the etiology of chronic pain within an interpersonal behaviour. Furthermore, Ciechanowski et al. mentioned that the attachment theory, when incorporated into clinical models, provides a better approach to chronic pain management (12). According to Bowlby (13), attachment theory seems to support the theory of social and emotional development. According to the findings by Meredith et al. knowledge of attachment styles may help clinicians in teaching patients better ways of seeking treatment (14). Understanding chronic pain and attachment theory may have the advantage of determining early intervention to alleviate chronic pain following episodes of acute pain (15). Therefore, attachment theory may be incorporated in clinical models as a way of determining a better match between chronic pain treatments with patients' requirements (16).

**Chronic Pain:** Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or is described with such damage for six months or longer (17). Many experiences of chronic pain showed that chronic pain may not respond to medical treatment (18,5). Additionally, patients with chronic pain frequently reported nervous mood and feeling of depression (19). On the other hand, family relationship in an emotional disorder can lead chronic pain to mood disorders (5, 20). Several studies (21,22) were performed to determine the relationship between attachment style and chronic pain on adult patient. However, the causes and treatment of chronic pain has controversial proposed. Despite the progress that has been achieved in the field of adult attachment and chronic pain, still has limited knowledge about family relationships in affective disorder.

**Attachment Style:** It provides a systematic investigation of differences in emotional reactions to a partner's positive behaviour (23). According to Bowlby's opinion (21), the adult attachment is a psychological representation of self and others, determined by early childhood experiences of the relationship with the primary caregiver. According to Sperling and Berman (24), research on adult attachment has addressed various aspects of Bowlby's theory. Therefore, the techniques of measurement and nature of conclusion depend on

which aspect of the theory was deemed being suitable. The three subtypes of attachment style proposed by Hazan and Shaver (25) are secure, insecure avoidant, and insecure anxious-ambivalent.

*a) Secure Attachment:* The first dimension of attachment style is attachment security which supplies an individual with a structure for existence security, a device for effective emotion regulation (25). People who have the secure attachment style develop positive models of the self and others, and engage in investigation, attachment, and care-giving activities. Moreover, Hazan and Shaver (25) reported that securely attached individuals easily get close to others. Securely attached people indicate themselves as relatively easy to have close relationships with others without worrying about being ignored or getting too close to them.

*b) Insecure avoidant attachment:* The second dimension of attachment style, known as insecure avoidance, reflects maintenance of an emotional distance and continuously being independent of a partner relationship (26). Hazan and Shaver (25) noted that insecure avoidance adults feel that they cannot trust the people around them. Insecure avoidant adults tend to view their relationships as unsatisfying, giving themselves an excuse to move away if a relationship becomes too close and demanding (26).

*c) Insecure anxious-ambivalent attachment:* The third dimension of attachment style referred to as insecure anxious-ambivalence, refers to the degree in which people worry about a partner who might not be available or caring when needed (27). Insecure anxious-ambivalent adults sometimes desire to get completely intimate with people and this strong need, from time to time tends to scare people off. Moreover, Mikulincer and Shaver demonstrated that insecure anxious-ambivalent persons have negative response to their partners such as a complex combination of displeasure behaviour, hostility, anger, fear, unhappiness, and depression.

## Materials and Methods

This study is a qualitative study. The purpose of this study is to identify pain management on people who has chronic pain with secure attachment style. Qualitative methods have much to offer researchers studying health and health care settings, and are increasingly being used in health services research (29). In fact researchers

are paying attention to how people make sense of the world and how they experience events.

For data collection was used “Semi Structure” interview, due to flexible special for qualitative research. To confirm the number of samples that is appropriate for this study, the Mason saturation theory (2010) was used. It means, sample size is justified by interviewing participants until “data saturation” is reached. The interview guide was based on literature reviews with the aim of study to identify secure attachment style chronic pain among adult patients was most experienced by the patients. The interviews were administrated in the meeting-room at the Pain Clinic and Neurology Clinic, in University Kebangsaan Malaysia, where the location was very private and quiet.

In this regards, Smith’s Interpretative Phenomenological Analysis y Smith, Jerman, & Osborn, (31), and Smith & Osborn (32) in 2008 was considered as an appropriate method of data analysis to be used in this study. Interpretative phenomenological analysis (IPA) is a particular qualitative approach that has created noticeable interests among health psychologists (33).

In this study, all interviews were recorded and transcribed verbatim. The first step in the analysis involved repeated reading of the transcripts and annotated descriptions on each transcript regarding key phrases and processes. These descriptions included summaries of contents, connections between different aspects of the transcript and initial interpretations. Within each transcript, the notes were condensed to produce initial themes, with care being taken to ensure that these themes were consistent with the data. When this process had been repeated with each transcript, the resulting sets of initial themes were examined to identify recurrent patterns across the transcripts producing a final set of super ordinate themes at the end of the process. The links between the themes and data set were rechecked at this stage. Finally, the themes were reorganised in such a way as to produce a logical and coherent research narrative

## Results

The participants consist of 22 female chronic pain patients in mean age of participant is 43.68. The interpretative process conducted on the raw data resulted in the construction of a major “ideal support” theme.

### Ideal Support

The experience of chronic pain needs to be understood in the context of the patient’s family.

In this theme, patients reported their feelings of security and closeness to their families during moments of pain and in their daily life. This theme seems to be supported by another study by Mikulincer and Shaver (34), which reported that secure attachments focus on emotional reaction to a partner’s positive behaviour. They also noted that secure attachment style transforms manner to be maintained stable, reliable, satisfactory, and intimate relationships as well as the feeling of comfort. The results of the present study reveal five subthemes from secure attachment theme, namely “emotional dependence on family”, “emotional closeness to friends”, “independence and self-sufficiency”, “preference to be with family” and “need for support”.

*a) Emotional dependence on family:* Most of the patients reported emotional closeness to family members in daily life. Close relationships with members of the family is also associated with the feeling of satisfaction and comfort. This subtheme seems to be supported by the idea from Hazan and Shever (25), that secure attachment style involves a partner in a relationship showing positive behaviour by being available, responsible, and supportive. This makes the person feel protected. For some patients, emotional closeness with members of the family gives a strong sense of security. As an example, a 44-year-old female patient claimed that she needed to be close to someone in her family such as her mother and children. She seemed to be in great need to be emotionally close to the family members to feel much more secure:

In my life, I have to be close to someone [ ] close to family like my kid... my mom ... I have to be close to them.

It seems certain that patients with chronic pain, particularly female patients are emotionally close to their families. In all cases interviewed, both men and women patients tried to explain that they coped better with their pain by emotionally attaching themselves closely to their parents, siblings, and spouses. They found comfort and security within the realm of their immediate members of the family. This positive perception about being supported and cared for emotionally by members of the family perhaps qualifies as an aspect of secure attachment style. As Altin and Terzi (35) noted, secure attachment in the form of intimate relationship generates comfort and feeling of security because closeness to family

members reduces the worry of being rejected. The latter would be possible in relationships with friends and acquaintances.

*b) Emotional closeness to friends:* Some patients replied positively that they were emotional closeness to friends. The analysis in the current study shows that being emotional closeness to friends or being in love with someone gave them comfort. Patients reported that spending time with close friends provides satisfaction in relationships and made them feel happy. This subtheme seems to be supported by other researchers (36) who noted that relationships between peers are associated with health and happiness. This subtheme presented by a 28-year-old female, also reported having an intense relationship with a female friend. She had great affection for her and looked after her friend. She added that any break or gap in the relationship would contribute to her unhappiness. She said:

She (her friend) is very good. I love her [ ] I care for her. I will be very sad if she goes far away from me.

In summary, patients found that being emotional closeness to friends gave them a feeling of security and well-being. In addition to this, the patients explained that their emotions towards their friends were characterized by happiness, satisfaction, and positive behaviour in receiving help. As noted by Hazan and Shaver (25), secure attachment described their love experiences as friendly, happy, and trusting. Additionally, some patients reported that sadness and loneliness with their close friends may occur when there is a distance in their relationship. The result of the current study is also supported by some other studies (25,26).

*c) Independent and self-sufficient:* Instead of feeling emotionally close to family and friend in previous subtheme, the results mentioned earlier show that some chronic patients felt they were independence and self-sufficiency. They reported that they did not need their families or other people by their side, except when they were experiencing pain, particularly prolonged pain. Indeed, patients emphasized that they wanted to be independent, but it got to the point where they just could not endure the pain anymore. . For instance, a 40-year-old female patient reported that being independent was important to her. She refused to rely on other people except when she fell pain. She continued that she was satisfied with her personality that drove her to sustain her independence:

... important for me to be independent [ ] I don't see the problem in that way [ ] I am not dependent on anybody unless I feel sick, people can get me to the hospital ... otherwise I can manage myself.

In summary, patients claimed that being independent and self-sufficient was important for them. They reported that putting efforts to avoid being a burden and providing assistance to family members are important in their lives. Nevertheless, pain is the common factor that could breach the state of independence in some patients. Indeed, the feeling of independence is highly valued among chronic pain patients. The result of this study shows that patients with such a character may face the difficult challenge of asking for and accepting help from others during moments of pain. Thus, chronic pain has a role in the loss of independence.

*d) Preference to be with family:* Some patients reported that they were emotionally bonded to their families during moments of pain. This is because chronic pain prompts some patients to be with their families as an effective way to soothe the pain through increased intimacy and closeness. Indeed they reported that they expected high connection and closeness to family members during pain. For instance, two female patients aged 32 and 52 years old, and one male patient aged 47 years preferred either their spouse or other family members to be with them when they were in pain. These patients expressed that the families would help them to feel comfortable and contented when they were in need. The explanations from the patients mentioned earlier have shown respectively, as follows:

When I have pain, I prefer my husband be around me. He knows my pain and can help me, after that I feel ok. I don't like thinking I am alone.

During that time (during pain) I want to be with them (family). I prefer to stay with family and be close to them.

When I have pain, I prefer my wife be beside me...care me...my children beside me. I like them with me.

In summary, some patients, regardless of their gender, reported that family brings positive influence and plays an important role in soothing and comforting them during their moments of pain. As noted by Simpson et al. (37), attachment relationships are thought to incorporate into mental functioning in a way that influences the overall sense of safety and well-being. Mikulincer and Shaver (38) also reported that securely

attached people are more related to self-reporting of intimacy, happiness, interest in others, and affection than do insecurely attached people.

*e)Need for support:* Some patients explained that they needed support from their families or other people during moments of pain. Results from this study show that patients with chronic pain expressed needed emotional and physical support. This is similar to the findings by Meredith et al. (15) that chronic patients with secure attachment showed high levels of comfort with closeness to other people or more support-seeking behaviour relationships compared with than their secure counterparts. Within this theme, a female patient aged 52 mentioned that she had to be under other people's attention whenever pain strikes. She added that during moments of pain, she was unable to handle herself physically or emotionally. She said:

When headache comes, I really need others [ ] because at that time, I cannot do anything such as to control myself physically or my emotion.

In summary, some patients, particularly female patients, reported that they needed support during their course of pain. Patients also said that they needed more emotional support when they could not do their daily activities. In other words, pain contributed to the tendency for being dependent on others or family members. Therefore, support from family members during pain can help patients manage their pain better. These findings was supported Meredith et al. (10) who found that highly significant relationship between pain self-efficacy and disability highlights the protective nature of high comfort with closeness in facing chronic pain.

## Discussion

The patients distinguished between two types of support: emotional and physical support. Some patients reported that they needed support from family members when pain reduced their ability to function in their daily activities. This sort of perception explained that patients may regard an emotional or physical support from a family member as a support in managing their pain. The current study suggests that adequate support that is available from family members has been consistently found to be predictive of closeness, comfort, ability to cope with pain, and well-being of chronic pain patients.

Patients with secure attachment have been shown to experience more close relationships with family members, as well as needing support,

comfort, and emotional dependence during times of pain. The finding of current study shows that some of the patients reported as being emotionally close to their families, particularly among the female patients. Chronic pain patients tried to explain that they cope better with their pain by emotionally attaching themselves closely to their parents, siblings, and spouses. They found comfort and closeness within their family members. This positive perception about being supported and cared for emotionally by members of the family perhaps qualifies as an aspect of secure attachment style during moments of pain. In contrast to the finding of present study, Meredith et al. (10) found that fearful attachment and comfort with closeness in patients with pain self-efficacy were more strongly related with males rather than females.

Having prolonged pain seemed to be associated with a change in the feeling of being dependent on family member. Patients also expressed that they preferred to be independent except in circumstances when they could not handle the pain anymore. This indicates that independence is highly valued among chronic pain patients. Patients with chronic pain may face the challenge of being independent.

The feelings dependent seemed to capture the essence of their needs and how pain leads to closeness and intimacy. This study suggests that feeling dependent is explained by the connectedness of pain to generate a close relationship with family or others to support and promote comfort. Patients may feel incompetent in managing their pain and that they require care from family members during their episodes of pain. These patients may not be able to cope with pain and need to accept support from family members.

According to Kerns and Otis (39), persons experiencing pain have imbedded concepts of illness, disability, emotional response, and beliefs about the significant role family members in responding to the experience of pain. In present study some patients expressed their feeling of being independent from family members during the moment of pain which contributed towards feelings of alienation. The current study suggests that inadequate emotional support from the family can lead to self-imposed isolation and depression.

The findings of this research highlighted, some chronic pain patients were able to retain a positive attitude towards family members, and they were more able to cope with pain by being with family members and friends (39). Although, few of

participant reported; however, more attention to secure attachment style will be required for emotional feeling during moment of pain and help pain management (40).

Based on the findings of this study, support from family members in crisis situations may help patients who suffering from pain to reach relief. Attention to secure attachment styles may be one of the most effective ways to cope with stressful situations and discomfort during moment of pain. The finding of this research recommends to be considered by health care organization, pain clinic, and neurology clinics in managing patients with chronic pain.

Eventually, further studies need to be done to find out the effectiveness of the intervention programs related to the chronic pain and psychological aspect. These efforts can better understand the needs and different ways to help manage chronic pain.

Family therapy may useful to understanding change in relationship and expect from family members; therefore, in response to the changing roles in accordance with the requirements will be

helpful (5,6). Despite persisting pain, the empowerment with knowledge and self-management experience can improve patients' conditions towards normal living (1). Additionally, management of chronic pain includes process which contributes to physician and non-physician to improve function, reduce pain, and develop self-management among chronic patients (3,16).

### Conclusion

A patient who has experienced pain often physically and mentally dependent to their family members and this has caused the change in family relationships. Therefore, chronic pain, and the results could affect the health, social mobility and leads to the loss of quality of life. At the end, the findings of this research could lead to new extraction techniques to help patients who suffer from chronic pain. These results can help to increase the success rate of treatment and health promotion.

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