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Editorial comment

Is the search for a "pain personality" of added value to the Fear-Avoidance-Model (FAM) of chronic pain?

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In this issue of the *Scandinavian Journal of Pain*, Brooke Naylor, Simon Boag and Sylvia Maria Gustin present a thought provoking narrative review of 120 years of research on the relationship between chronic pain and personality [1]. The study of personality is a branch within psychology that aims to identify traits and mechanisms within individuals that are organized and relatively enduring and that influence interactions with, and adaptations to, the environment (including the intrapsychic, physical, and social environment) [2]. Needless to say, chronic pain and its associated suffering has sparked a longstanding and varied research effort to try and capture individual characteristics and mechanisms relevant to understanding the occurrence and maintenance of pain problems. Throughout the 20th century this effort has taken many shapes and forms, historically mostly following the flow of research with the field of personality research at large. In their account of this research, Naylor et al. touch upon for example early psychodynamic formulations, MMPI profiling studies, trait studies focused on neuroticism, anxiety sensitivity and injury/illness sensitivity, and attachment studies. However, these accounts provide a backdrop of the review, as the focus and aim is on presenting and making a case for the potential added value of the concepts 'harm avoidance' and 'self-directedness', two aspects of Cloninger's comprehensive personality model [3].

In a range of (predominantly case control) studies, high levels of harm avoidance (being worrying and fearful, sensitive to criticism and punishment, and pessimistic) and low levels of self-directedness (being blaming, destructive, fragile and lacking an internal locus of control) have shown to be associated to the presence of chronic pain problems. Given their resemblance to concepts like pain-related fear, catastrophizing, self-efficacy and passive or avoidant coping, a potential advantage of these personality concepts is that they converge onto established cognitive and behavioural models of pain, not in the least the fear and avoidance model [4]. However, given the overlap, an important remaining empirical question is whether the broader concepts of harm avoidance and low self-directedness have explanatory power above and beyond these more specific concepts.

In their section on clinical implications, Naylor et al. propose that harm avoidance and self-directedness may have this increased explanatory power and may inform case formulation in clinical practice. Specifically, they propose that addressing harm avoidance and self-directedness may have a broader and wider reach than addressing common CBT treatment targets. Indeed chronic pain patients often present with a range of difficulties that have proven difficult to address parsimoniously and effectively with available treatment options. For example, the marked co-occurrence between chronic pain and emotional problems (specifically anxiety- and depressive disorders) may lead to difficulties where many pain patients with emotional problems do not fit the treatment template of traditional pain rehabilitation, or that of psychiatry. Also, even state-of-the-art pain treatments based on cognitive behaviour therapy (CBT) principles are poorly tailored to the needs of patients with comorbid problems. For pain patients with high levels of emotional problems, CBT oriented pain treatments are generally less effective [5]. Thus, research efforts that outline transdiagnostic factors that may explain comorbid emotional and pain problems and give new directions for treatment are highly needed. Indeed high harm avoidance and low self-directedness have been linked to a range of mental- and somatic health problems and may provide such a transdiagnostic reach. On the other hand, there is reason for caution in claiming or aiming to describe a profile 'common to all chronic pain sufferers'. Pain patients and pathways to chronicity vary. Indeed, there have been calls to move beyond the general cyclical description of fear and avoidance and rather deconstruct and reframe this model to further explore the specifics as well as the multiple pathways to the development and maintenance of chronic pain [6].

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Conflict of interest

None declared

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