Personality Disorders and Response to Outpatient Treatment of Chronic Pain

Timothy R. Elliott, Warren T. Jackson, Molly Layfield, and Debra Kendall

As part of a comprehensive interdisciplinary evaluation conducted prior to participation in an outpatient chronic pain treatment program, the psychological status of 101 persons was assessed. The majority of participants was found to have a form of personality disorder, determined by conservative cutoff scores applied to their Millon Clinical Multiaxial Inventory (MCMI) profiles. DSM-III-R Cluster C disorders (i.e., Avoidant, Dependent, Obsessive-Compulsive, and Passive-Aggressive) were overrepresented in this sample. Subsequent analyses revealed that personality disorders were related to higher levels of self-reported distress and pain at both the beginning and the end of outpatient treatment. Differential responses to treatment were observed on self-report measures; however, few relations were found between personality disorder and physical therapist ratings of impairment and improvement. Implications for the assessment of personality disorders in outpatient pain treatment programs are discussed and appropriate intervention strategies are considered.

KEY WORDS: chronic pain; health psychology; Millon Clinical Multiaxial Inventory; personality disorder; ambulatory care.

INTRODUCTION

Personality mechanisms have been recognized for some time as important factors in the development and maintenance of chronic pain

1Department of Physical Medicine and Rehabilitation, University of Alabama at Birmingham, Birmingham, Alabama 35233.
2Richmond, Virginia.
3Presently with the Department of Psychiatry and Behavioral Neurobiology, University of Alabama at Birmingham, Birmingham, Alabama.
syndromes. Generally, research has focused on the correlates of commonplace individual difference variables either from a trait perspective [e.g., neuroticism, extroversion (Harkins, Price, & Braith, 1989; Wade, Dougherty, Hart, & Rafii, 1992)] or from contemporary social learning theories [e.g., locus of control (Wallston, Stein, & Smith, 1994)]. Clinicians have been inclined to infer personality tendencies from instruments that lack linkage with theoretical models of personality [e.g., MMPI (Armentrout, Moore, Parker, Hewitt, & Feltz, 1982; Fordyce, 1976)]. Unfortunately, few studies have examined personality disorders among persons seeking treatment for chronic pain syndromes.

In the updated DSM-IV (1994), a personality disorder is defined as "an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment" (p. 629). This definition is consistent with the definition found in DSM-III-R (1987, p. 335); however, the concept of deviation from cultural expectations is more strongly emphasized in the later version. Overall, the definition of personality disorder translates quite well from DSM-III-R to DSM-IV. For the purposes of this paper, personality disorder is discussed according to the DSM-III-R framework that groups 11 personality disorders into three clusters. Cluster A includes Paranoic, Schizoid, and Schizotypal Personality Disorders. People with Cluster A disorders often appear "odd or eccentric." Cluster B personality disorders are characterized by "dramatic, emotional, or erratic" behavior. Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders comprise Cluster B. Finally, Cluster C consists of Avoidant, Dependent, Obsessive-Compulsive, and Passive-Aggressive Personality Disorders. People with Cluster C disorders often appear "anxious or fearful."

Available research suggests that a significant number of persons seeking treatment for chronic pain syndromes may in fact meet DSM diagnostic criteria for a personality disorder. In one of the few descriptive studies utilizing rigorous criteria, Kinney et al. (1993) found that 60% of their sample of persons with chronic pain met the diagnostic criteria for a personality disorder. The most prevalent characterological conditions were Paranoic, Passive-Aggressive, Avoidant, and Borderline personality disorders. In contrast, only 21% of patients with acute low back pain were found to have a personality disorder. Typically, personality disorders are considered to predate the onset of injury and complicate the course of a pain syndrome (Katon, Egan, & Miller, 1985; Lustman, Velozo, Eubanks, Montag, & Cole, 1991; Polatin, Kinney, Gatchel, Lillo, & Mayer, 1993).

Personality disorders can potentially influence patients' responses to chronic pain rehabilitation. For example, Large (1986) noted that a signifi-