

The influence of attachment on pain and depression in two different pain groups

Attachment style which can be categorized into secure and insecure can be associated with the development and perception of pain. A secure attachment style is related to people that are able to build a support system by forming stable and protective relationships with others. As for the insecure attachment, people are less able to build a sufficient support system. The aim of the study was to look at the influence of secure and insecure attachment on pain perception and depression of two patient groups: patients with medically unexplained pain with no organic cause and patients with joint pain from osteoarthritis with a clear diagnosis.

Fig. 1. Attachment Model

It was found that nearly 2/3 of patients suffering from musculoskeletal pain with no evident organic reason were reporting an insecure attachment style, whereas, only 1/3 of the osteoarthritis group were having an insecure style. This equals the frequency of occurrence of a healthy, representative sample. This shows that people who suffer from psychosomatic pain are more likely to be insecurely attached compared to people who suffer from pain that is physiologically explained. There was no difference between patients with osteoarthritis and patients with medically unexplained pain in the attachment style which is more related to romantic relationships. However, patients with higher pain intensity scores seemed to report higher levels of attachment anxiety in romantic relationships. This was especially the case for osteoarthritis patients who suffered from joint hip pain. This shows that social support given by romantic partners is important for the perception of pain experience. Attachment related to romantic relationships seemed to be less relevant for patients who suffered from psychosomatic pain as for those the general attachment

style was more important. This means that patients with medically unexplained pain showed high attachment insecurity in more interactional contexts such as a doctor-patient-relationship for instance but this did not affect the insecure attachment in romantic relationships. Hence, attachment insecurity was overrepresented in patients with psychosomatic pain but this was not the case for attachment insecurity in intimate relationships.

It was also found that patients regardless of the pain group that were more insecure in terms of intimate or romantic relationships, reached higher scores of distress. In other words, patients that were less able to find the necessary support and confidence in their significant other were more likely to reach higher levels of depression. The more generally attachment insecurity was also linked to depression which indicates that attachment insecurity regardless of more general or romantic can be linked to depression levels in chronic pain patients. Furthermore, patients who suffered from pain that was not medically explained generally reached higher depression scores compared to osteoarthritis patients.

Conclusively, patients who suffer from psychosomatic pain with no physiological reason are more likely to be insecurely attached compared to people who are having a clear diagnosis of osteoarthritis. The attachment style of all patients could be linked to severity of depression symptoms. Those findings suggest that implementing a relationship-focused therapy approach into pain rehabilitation programs should be considered.

Publication

[Attachment, symptom severity, and depression in medically unexplained musculoskeletal pain and osteoarthritis: a cross-sectional study.](#)

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