

# Comparison of characteristics between neurosis and sense of self-efficacy, coping with chronic pain patients and healthy individuals

Fahimeh Nazarzadeh\* and Abdullah Adieneh Vand

PhD Student of Psychology, Shahid Chamran Beranch University, Ahvaz, Iran

*Corresponding author:* Fahimeh Nazarzadeh

**ABSTRACT:** The present study examines the impact of neurosis and sense of self-efficacy, coping characteristics between patients with chronic pain and healthy subjects. Methods the study population included all patients with chronic pain events and Milad Hospital in Tehran was 2014. 133 chronic pain patients and 123 healthy controls were included in the form of multi-stage random. Questionnaire NEO 5 - Factor Inventory and deal with problems of self-efficacy questionnaire and demographic questionnaire was used. The results of this study showed that the average healthy and mentally ill neuroses there are significant differences. The difference between the mean scores of the 3 components of the circuit, stopping the thoughts and emotions negative and support of family and friends at the same time significantly between healthy and sick people. Between healthy and sick people in the two components of the orientation and support of family and friends there is a significant difference. Based on the findings, that the study of personality traits such as neurosis and coping self-efficacy scales to a share of the possibility of chronic pain can be explained, it is possible ( $P < 0.01$ ).

**Keywords:** neurosis, feelings of self-efficacy, coping, chronic pain, personality traits.

## INTRODUCTION

The distant past "pain" As part of the human experience that can be considered be the protection aspect, a The Supplier, or destroyed Manufacturer Take it. It is also clear threat to our existence or to hide to inform the body. The following variables are treated in the clinical, social psychology, and culture is. The task of these methods involves the use of pain medications and surgical methods and this is the behavior of the methods.

According to statistics of the World Health 80% of the sum of the countries of the world Third, even access to drugs is also not by itself a reason for the high cost of medicines may Purchasing and use of them. If granted Simple ways more affordable and healthier Pain is available for this task (Shaban, Rasoulzadeh, Mehran, MoradAlizadeh, 2006).

Self-concept, closely related to the feeling of having control over the disagreeable stimuli. According to research done in this structure, due to major changes were considered treatment (Gatchel, Turk, 2007).

It seems that the evaluation methods of coping and personality disorders, such neurosis both components are important. What is surprising is that, to date, almost no studies have directly examined the relationship between the agents it is not. Therefore, further studies are needed to eliminate the current deficit.

The present study attempted to clarify the relationship and interaction between psychological categories such as; Efficacy and neurosis and its impact on chronic pain.

The term chronic pain, intractable pain used to describe the period beyond which recovery is expected to be taking a while. Physical and psychological pain and disability associated with it, the resources of the country imposes significant costs. The economic cost of chronic pain, the loneliness of the total cost of heart disease, cancer and AIDS more (Asghari, Golak, 2005).

Many patients have side effects on physical and mental pain medication. Housing in addition to the risk of addiction and drug dependency, causing hypotension, weakening functions, drowsiness, nausea, vomiting and even

shock, and also due to the time consuming process of nurses, imposes high costs on the healthcare system them. Another problem is the lack of medicine and its relationship to economic issues (Shaban, Rasoulza deh, Mehran, MoradAlizadeh, 2006).

A case study was conducted in America showed how specific strategies and cognitive behavioral therapy can be useful in chronic pain. In this study, improve self-efficacy increased activity, and beliefs to avoid activities associated with increased disability (Rundell, Davenport TE, 2010).

"Character" and "against" the psychological theory of the dynamics of the concept of defense mechanisms and considered a constant feature that continuously adaptive and maladaptive responses dictated, by the perception of events (Werner, 2005).

The bio-psychological perspective of chronic pain and disability, experience pain because of the interaction between factors, physiological, psychological and social. This article has been cited evidence indicating that the neurosis, anxiety, chronic pain by increasing the vulnerability of in response to a physical threat alone helps.

The results of another study the potential role of three factors contributing to resilience include optimism, hope and self-efficacy that individual against maladaptive cognitive behavioral expression in acute and chronic pain, respectively (Szil agyi, Bloor, Orosz, etal, 2006).

The results of this study, the role of personality traits such as neurosis less than other psychological factors and the need for further research in this area is pointed out. As the low in this case can be caused by relatively small number of documentation weakness technical In the process of carrying out these studies.

Many studies of the relationship between chronic pain Leaders inadequate coping were examined. Although there is evidence to suggest that, when patients need to learn coping techniques, we can find more effective coping with their pain, but Most of these studies are correlational in nature. Hence, it appears that the evaluation methods of coping and neurosis both are important. Therefore, further studies are needed to the current deficit destroy (Gatchel, Turk, 1996).

According to the research, the huge economic cost and widespread chronic pain and the ineffectiveness of treatment, the role of other risk factors and treatment of chronic pain, including psychological factors become more prominent. Given the vacuum Research in this regard, the present study is to examine the same neurosis and self-pay patients with chronic pain, thereby; the extent of the contribution of these factors to the development of chronic pain is studied.

Studying and focusing on these areas, it may be more cost-effective and practical ways to help patients with chronic pain achieved.

## MATERIALS AND METHODS

### **Methods**

Fundamental research is applied. After the implementation of the event and a questionnaire was used for data collection. The population consisted of all patients hospitalized in 2014 Millad Tehran referred to expert diagnosis and the clinical trials, had been diagnosed with chronic pain. In this study, a group of 140 subjects with chronic pain referred to pain clinics is available and a group of 140 people healthy people (no pain) in Tehran was randomly studied. A number of samples were excluded for various reasons. The sample consisted of 133 Chronic pain patients and 123 healthy individuals who multistage random Have been selected. With the wide range and variety of chronic pain conditions in this study, chronic pain is unique to skeletal pain - Muscle (back and extremities) is recommended. Methods the study was conducted in the first questionnaire. NEO Five - Factor Inventory And deal with problems of self-efficacy questionnaire and a questionnaire that included demographic questions about age, gender, marital status, and duration of chronic pain patients was available. Before the questionnaires description of the questionnaire was given. In the They were assured that their responses would be confidential. Criteria In this study include:

- Age between 20 to 65 years
- Having a third degree or higher
- Having chronic pain (the pain for more than 6 months and in the last three months every day or almost every day carry).
- Having severe psychological disorders (Psychosis and dementia)

Control group that includes healthy people who are in the age range 20 to 65 years and have a minimum qualification junior living in Tehran.

Table 1. Table of frequency and percentage of healthy individuals and patients and the percentage of women and men in the sample group

Group		Percent		frequency	
Healthy	Man	123	55	48%	44.7%
	Female		68		55.3%
Patient	Man	133	71	52%	53.4%
	Female		62		47.6

**Tools**

In this study, a questionnaire to measure neurosis NEO-FFI was used. This test is an A personality test is made because of factor analysis. The newest tool in the field of personality by Costa and McCrea Designed in 1985. Reliability and validity in different countries including Iran, Tabatabai, 2000) (Garosi Credit access, and the results are Similar results are obtained in the native language of the test. A short form of the name of the FFI-NEO a questionnaire with 60 questions that were used in this study. Results Costa and McCrea (1992) found that the correlation between the scale of the short form and long form 5 of the 77% to 92% is also the internal consistency of its subscales, the range 68% To 86% b is the Word.

Self-dealing with problems Self-year deal with the problems 2006 by Chessney Was designed to evaluate the efficacy of the coping strategies of the problems has been made. This is a test of 26 words in which the subject is asked to determine the level 11 that in the face of the Likert scale how any of the problems of work to do can. Retest reliability of the scale solutions to the problem based on a three-month period, 61%. To stop the thoughts and negative emotions subscale, 80%, and the scale for support from friends, was 49%. Concurrent and discriminant validity of self-dealing by its significant association with other measures of mental health has been demonstrated. The results of the factor analysis and the loss of three sub-scales, construct validity tests confirm (Chessney 2006).

**RESULTS AND DISCUSSION**

**Result**

In this paper, according to the variables studied and the type of data collected, in order to describe them Index Of central tendency, dispersion and distribution of scores was used. In the statistical analysis, given the nature of the research hypotheses to measure variables and data analysis the case of multivariate analysis of variance (MANOVA) was used.

Table 1-1. Summary of descriptive indicators of healthy participants in test scores NEO and 3 components of coping efficacy (n =123)

Variables	mean	Standard deviation	curvature	elongation	K-S	IP
Neurosis	19.97	6.74	0.155	-0.008	0.930	0.353
The circuit	39.55	8.78	-0.271	-0.484	0.685	0.737
Stop negative thoughts and emotions	34.24	9.28	-0.166	-0.860	0.775	0.586
Support of family and friends	20.77	6.12	-0.513	-0.407	1.195	0.115

P<0.05

Various indicators, including a description of the mean, standard deviation, tilt and strain indices and normal test results Kolmogorov - Smirnov shows the distribution of the sample in the measured variables are normally distributed desire.

Table 2-1. Summary of descriptive indicators of participants' scores on the test case NEO and 3 components of coping efficacy (n =133)

Variables	mean	Standard deviation	curvature	elongation	K-S	IP
Neurosis	21.93	6.79	-0.523	0.546	0.890	0.407
The circuit	34.72	9.75	-0.082	0.516	0.881	0.420
Stop negative thoughts and emotions	222.2	8.30	0.120	-0.274	0.716	0.684
Support of family and friends	77.17	5.42	-0.072	0.118	0.757	0.615

P<0.05

Various indicators, including a description of the mean, standard deviation, tilt and strain indices and normal test results Kolmogorov - Smirnov shows the distribution of the sample in the measured variables are normally distributed desire.

Table 3-1. Summary of the test subjects

Resources	Dependent variable	SS	Df1	Df2	MS	F	V
patient	Neurosis	0.993 245	1	254	245.993	5.363	0.021

P<0.05

According to the test results, it can be concluded that between healthy and sick people there are significant differences in terms of neurosis. Tracking test results show that the mean score of the patient's neurosis is lower in healthy individuals.

Table 4-1. Summary of test tracking Benferoni

Group	Non Pain	patient neurosis
Non Pain	-	-1.962
patient	-	-

P<0.05

Table 5-1. Summary of multivariate tests

Effects	Test	Values	F	df	P	V
	Wilks lambda	0.914	7.947	3	0.000	0.086

With respect to F Calculated from (7.947), the difference between the mean scores of the 3 components of the circuit, stop negative thoughts and emotions and win the support of family and friends simultaneously between healthy subjects and patients is significant and can be based on the 3 components of the circuit, stop negative thoughts and emotions and support of family and friends healthy and sick people to be separated.

Table 6-1. Summary of the test subjects

Effects	Dependent variable	ss	Df1	Df2	MS	F	V
patient	The circuit	1491.173	1	254	1491	7.224	0.064
	Stop negative thoughts and emotions	259.836	1	254	259.836	3.365	0.013
	Support of family and friends	575.931	1	254	575.931	17.290	0.064

P<0.01

According to the test results of the subjects and the indices F And It can be concluded that significant levels between healthy and sick people in the 2 components of the orientation and support of family and friends there is a significant difference (p<0.01).

Table 7-1. Summary of test tracking Benferoni

Patient	Non pain	groups	patient	Non pain	groups
Support of family and friends			The circuit		
3.002	-	Non pain	4.831	-	Non pain
-	-	patient	-	-	patient

Results of the normal component of the orientation and tracking tests show that the average gain the support of family and friends from the mean score in patients will be higher.

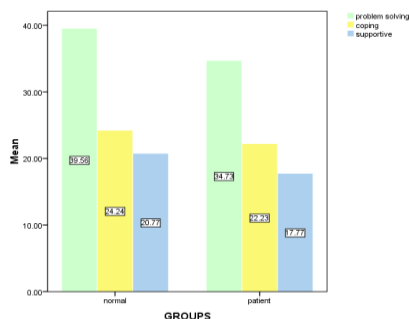


Figure 1-1. Distribution of compound graphs out of healthy and sick people in the scale of the circuit, stop negative thoughts and emotions and win the support of family and friends

### Discussion

According to the results of the test subjects and the indices F and significant levels it can be a result of which the average healthy subjects and patients with a significant difference in terms of neurotic ( $p < 0.01$  and  $p < 0.01$ ). On the other (Croy, Springborn, Lotsch, Johnston, Hummel, 2011) Earn up to neurosis with increased sensitivity to pain of the nation's top conscience with reduced sensitivity to pain, is pain threshold was higher.

Neurosis, the architect of many psychological disorders and negative emotions can cause a person's mental and physical Catastrophizing unpleasant events. The results showed that the mean of normal subjects and patients with the terms of the components of the circuit and gain support from the family and friends, there are significant differences ( $p < 0.01$ ).

The mean scores of the normal components of the circuit to gain support from the family and friends of the average of the scores of the above provision of the serpent.

The study was conducted in patients with chronic pain and increase function and self-focused coping was associated with lower (Wayne, Smith, Strachan, Buchwald, 2009).

According to a study Devilly Yap and in 2004, received social support had a great impact on the wellbeing of the people who have been exposed to unpleasant events. They protect against depression and anxiety, and in opposition to it, individuals with social support are less susceptible to high levels of frustration.

In this study, the scale stop negative thoughts and emotions are not significant and are not consistent with the other studies, which can be caused by differences in sample of this study. The other hand, the differences of cultural and geographic also cannot be ignored.

In a study Van cleef, Peters, De Jong References are to the 2009 indicating that the process characteristics of chronic pain by increasing the vulnerability of anxiety and isolation in response to physical threats and also helps the evidence on the potential role of the three factors resiliency, includes Welcome nose, hope and self-reflection of the individual against maladaptive cognitive behavioral or lie in the hands of acute and chronic pain.

In a study by Simon, Craig, Gosselin, Belin, Rainville In 2008. A factor affecting the efficacy of pain was identified; the concept of self-efficacy is related to the deal. As the efficacy may potentially is dealing thought patterns that encourage the behavior that affect.

In this study, Keogh, Cochrane In 2002 it was shown that personality characteristics and mechanisms of psychosomatic patients Chronic pain, which makes them less susceptible to stress and ability to cope with pain.

Turk, Gatchel (1996), Freud's theory of developmental trauma in early childhood and personality traits associated with it, a person's risk of suffering from the disease or injury.

Chessney, Neilands, Chambers, Folkman, Taylor In 2006 concluded that, cognitive-behavioral interventions such as education, social cognitions deal effectively based on theory (Bandura, 1997), such as stress and coping theory, using adaptive coping rather than encourages you to do it, reduce psychological distress and well-being will be developed.

Atkinson (2008), support and respect other people's emotional, mental stress makes it tolerable. Faced with only single events such as divorce, Death or serious illness of a loved person usually does more damage. Support from friends and family can be done in several ways. When regardless of personal problems, others will love to her self-esteem, he will increase. Information and guidance to people, and to divert the mind from worries or provide financial assistance to support one of them. This support can reduce feelings of helplessness and strengthen confidence in the ability to resolve the issue.

Based on research Turk, Gatchel 1996. A conceptual model of the transition from acute to chronic pain, it is assumed that patients with features of personality / psychological carry a certain risk that is different from a patient to another. It may be are faced with the pressure of trying to deal with chronic pain become worse.

The extensive studies by the International Association for the Study of Pain (2003) in Europe, North America, Australia and other regions have been conducted have shown that a relationship of 4 patients with pain, and to perform with friends and family limited occupational and general housekeeping duties or unable to be low.

#### Limitations

Given the nature of this research paper pencil people suffering from Twist practical limitations that create obstacles for researchers. In addition, since this is a retrospective study, there is no possibility of causal inference. This is based on your report is therefore possible to distort reality or lack of understanding of the questions there. With respect to the cross-sectional nature of the study, the variables of transposition are not clear. Since the participants in this study are a group of chronic pain and amount of attention focused on them, they may be less responsive to questions.

As recommended in the study, a sample of chronic pain patients attending public health facilities is limited. This study can be replicated in a larger sample findings provide a more complete and more accurate. The use of qualitative and quantitative research methods could be leading to more results that are reliable. Taking into account other variables such as demographic characteristics, chronic pain can be reduced by interfering role. The chronic pain of musculoskeletal pain is limited. It is suggested that such research may also be performed on other types of chronic pain.

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