

Glossary Of Terms Related To The Psychological Evaluation Pain

Excerpted From The BHI 2 Manual

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Addiction: A chronic condition that is characterized by a craving for and compulsive seeking of a drug or an intoxicating substance and involves a pattern of self-destructive overuse. Addiction is influenced by physical, psychological, and environmental factors and is associated with but distinct from tolerance and physical dependence.

Alexithymia: A clinical syndrome in which an individual is unable to express or even identify affective states. Alexithymic individuals are only aware of the physical correlates of their emotions, such as vegetative depression, autonomic anxiety, and the perception of pain, unwellness, and disability. Alexithymic patients may thus confuse emotional pain with physical pain. This condition is thought to originate in childhood.

Autonomic arousal: A general state of physiological arousal associated with what is commonly referred to as the “fight or flight syndrome.” Autonomic arousal is known to be related to anxiety, emotional distress, and the increase of pain perception through several mechanisms including alterations in gate control.

Biopsychosocial: A term used to refer to conditions whose etiology includes organic disease or injury, psychological conditions (e.g., depression) or processes (e.g., pain perception), and societal influences (e.g., secondary gain or medicalization). This term is commonly used in association with pain disorders.

Disability: A state arising when a physical impairment limits an individual’s capacity for work and independent living.

Faking: A motivated attempt to manipulate the results of a psychological test. There are several types:

faking bad (simulation): attempting to intentionally manipulate psychological test results in a pathological direction

faking good (dissimulation): attempting to intentionally manipulate psychological test results in a nonpathological direction

double faking (parasimulation): attempting to fake bad on one part of a psychological test and fake good on another part (e.g., a patient may try to fake bad physically while trying to fake good psychologically)

Gate control theory: A theory that cognitive and emotional factors regulate the level of peripheral pain sensations recognized by the brain.

Handicap: A state that arises when a physical impairment interferes with an individual's ability to function in a particular social role, such as worker or spouse.

Hypochondriasis: An obsessive preoccupation that an individual has a particular medical infirmity despite compelling objective evidence to the contrary.

Hysteria: One of the oldest of all psychological diagnoses, first identified 4,000 years ago and having many different definitions, all related to somatoform phenomena. Its definition has become vague and pejorative, and it is regarded as an archaic term. Hysteria is a somatoform syndrome in which psychological distress or conflict is likely to be repressed, focusing conscious awareness on the physical manifestations of depression (vegetative depression) or anxiety (autonomic anxiety) and on the perception of pain, unwellness, and disability. Any emotional distress that is recognized tends to be regarded as an effect, rather than a cause, of the physical symptoms. Hysterical symptoms offer the primary gain of allowing the patient to experience and express emotions by misattributing them to a physical condition, thereby avoiding the underlying and threatening thoughts or feelings.

Impairment: An objective limitation to normal physical functioning, such as strength, sensation, or range of motion. Impairment does not necessarily result in disability or handicap. For example, an impaired ability to lift heavy objects is not disabling if it does not undermine a person's ability to function independently.

La belle indifference: A syndrome whereby an individual complains of extreme pain or other physical symptoms but has a marked lack of emotional distress. This syndrome has been associated with somatoform disorders.

Medicalization: The process by which societal or familial influences encourage patients to somatize their symptoms. Examples include television commercials that imply that depression is exclusively a chemical imbalance rather than an emotional problem and encourage patients to seek medical treatment. Similarly, an insurance policy that has extensive medical coverage for chronic fatigue, but very limited psychotherapy benefits, may motivate patients to label their depressive symptoms as a medical problem.

Muscular bracing: A psychophysiological response whereby a patient reacts to stress with a reflexive tightening of the skeletal muscles. Bracing is often associated with the “fight or flight” response to a real or perceived threat. Bracing may arise out of a desire for self-protection, with the intent of guarding against further pain or injury. It is typically a psychophysiological response to anxiety (flight) or anger (fight), which may be a conscious or unconscious process.

Nociception: The perception of pain; sensation resulting from noxious stimuli associated with potential tissue damage.

Nociceptor: A sensory receptor responding to noxious stimuli, such as heat or pressure, that are potentially damaging to tissues.

Organic psychological disorders: Disorders in which medical conditions directly produce a psychological disorder. For example, a brain injury or a thyroid disorder may directly produce a mood disturbance.

Pain: According to the IASP (International Association of the Study of Pain), pain is both a sensation and an emotion. The meaning of the word *pain* is learned in childhood and is associated with injury, illness, and emotional distress. Although pain is generally associated with nociception, it may occur without any physical cause. The perception of pain involves both cognitive judgments and affective reactions, and it is shaped by the psychosocial context in which it occurs.

Pain disorder: A condition that may originate with organic or psychophysiological causes but with time becomes closely associated with psychological and social factors.

Pain report: The verbal description of the level and quality of experienced pain. Because pain is a subjective experience that cannot be measured objectively, treating professionals are dependent on a patient's pain reports for guidance. Pain reports are not to be equated with sensation or nociception because the way a patient reports pain is shaped by the psychological and social context in which it occurs.

Physical dependence: A physiological state of adaptation to a drug or intoxicating substance characterized by the manifestation of a withdrawal syndrome if the substance is suddenly discontinued.

Physiogenic condition: A psychomedical disorder that has its origin in physical processes. These processes produce psychological symptoms by a physical process (e.g., anxiety secondary to hyperthyroidism) or through a psychological process (e.g., reactive depression).

Psychogenic condition: A psychomedical disorder that has its origin in psychological processes. These processes produce actual physical symptoms through a physical process (e.g., tension headaches) or produce the perception or report of physical symptoms through a psychological process (e.g., somatization).

Psychogenic pain: Pain that does not originate physiologically but is believed to be caused by psychological factors instead.

Psychological fallacy: As used in this manual, the mistaken assumption that physical symptoms are attributable to a psychological disorder. This fallacy is committed by many psychological test authors, who assume that physical symptoms are signs of depression, anxiety, or somatoform disorders.

Psychomedical disorders: A broad category that includes all disorders that have interrelated medical and psychological components. This includes psychogenic and physiogenic disorders, which are further subdivided into psychophysiological, somatizing, organic, and reactive psychological disorders.

Psychophysiological disorders: Disorders in which psychological problems give rise to measurable organic problems. For example, an individual who is experiencing emotional distress may develop muscular bracing, gastrointestinal distress, hypertension, headaches, or other medical disorders.

Psychosocial: A term used to refer to a broad class of factors that may influence behavior, including psychopathology, psychological processes, and societal influences. Regarding pain disorders, examples of psychosocial factors are depression, pain preoccupation, and monetary rewards for disability.

Reactive psychological disorders: Psychological disorders in which a psychological reaction occurs as a result of some event, such as the onset of a medical condition. For example, an individual who is diagnosed with terminal cancer may react psychologically with a panic attack, anger, or severe depression.

Secondary gain: External incentives that influence an individual psychologically or behaviorally. For example, behavior may be influenced when there is a monetary incentive for functioning poorly.

Somatization: A long history of a variety of somatic complaints, all of which lack an organic explanation. By definition, somatization includes pain symptoms. A process through which psychological distress or conflict is reduced to a set of physical complaints. This may involve alexithymic or hysteric mechanisms, both of which involve an inability to identify the underlying nature of the distress. Somatizing may be motivated by primary gain or medicalization.

Somatizing disorders: Psychomedical disorders that, like psychophysiological disorders, have their origin in psychological processes. However, they differ in that there are no detectable organic changes to the body. This group of disorders includes somatoform disorders, factitious disorders, and malingering.

Somatoform disorders: Psychomedical disorders in which psychological factors give rise to the experience and report of medical symptoms in the absence of an organic explanation. For example, hypochondriasis is a condition in which an individual is convinced that he/she is suffering from a particular disease despite objective medical information to the contrary.

Suffering: The sum of physical and emotional pain. When asked about pain, many patients report their suffering.

Symptom magnification: The complaint of physical symptoms that are clearly in excess of what would be expected given the objective medical findings.

Tolerance: A physiological state of adaptation to a drug or intoxicating substance characterized by an

increased resistance to the effects of the drug or substance.

Vegetative depression: Physical symptoms commonly associated with depression, such as fatigue, weight change, loss of libido, and insomnia.