

Prior Physical and Sexual Abuse in Women with Chronic Headache: Clinical Correlates

Julia V. Domino* and Joel D. Haber**

SYNOPSIS

Physical and/or sexual abuse in women with chronic headache has never been addressed. This pilot study addressed differences in women with chronic headache who reported such a history, compared to a control group of women with chronic headache without a traumatic history. Thirty women were divided into two groups, based on self-report of abuse, and all women given an MMPI as part of their assessment. Sixty-six percent of women reported significant traumatic histories, with a mean of 8 years of abuse; headache pain developed after trauma in 100% of these cases. Abused women had shorter chronicity of headache but reported greater psycho-social distress and significantly more headaches. Results lend support to a model of life stress etiologically involved in the development of headache. Variables related to personality prior to headache development may be more important than the chronicity determinant. Assessment and identification of abuse early in the cycle may prevent long-term adjustment problems.

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Researchers in the area of headache have long been interested in the psychological functioning and personality characteristics of headache sufferers. Several studies examining personality and chronic headache have found headache subjects and control groups to vary significantly on a number of psychometric measures. Kudrow and Sutkus,¹ Andrasik, et al², and Sternback, et al³ were able to correlate different types of headaches with specific response patterns of the Minnesota Multiphasic Personality Inventory (MMPI). For example, migraine headache profiles were found to be essentially normal, while individuals with combined migraine and muscle contraction headaches appeared to exhibit the greatest degree of psychopathology.³ Investigation into the personality correlates of headache subjects suggests that characterological personality factors are implicated in headache pain onset and maintenance. Such a personality theory of headache proposes that specific emotional traits predispose

*University of Alabama, Birmingham, Department of Psychology, Birmingham, Alabama.

**Director, Pain Center, New York Medical College, Valhalla, New York.

Reprint requests to: Joel D. Haber, Director, Pain Center, Munger Pavilion, Division of Neurosurgery, New York Medical College, Valhalla, New York 10595.

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some individuals to specific psychosomatic disorders.⁴

The causal inference for headache pain suggested by Adams et al,⁴ has met with one major limitation, namely, that it is difficult to determine whether a neurotic personality is the antecedent to, or consequence of living with, chronic pain. Some investigators have discussed the notion that the experience of chronic pain could easily increase anxiety, depression, and social isolation, which in turn would be reflected in higher elevations of clinical scales of psychological tests.^{5,6} Hence, several indirect lines of research have ensued in order to refute or support the theory that certain personality characteristics are etiologically involved in headache.

Sovak et al⁷ attempted to assess changes in personality as a function of biofeedback versus drug treatment in women with migraine headaches. They hypothesized that if patients' MMPI profiles improved following biofeedback, but not drug therapy, then the neurotic characteristics seen in migraines were etiologically involved in headache onset, rather than a consequence of chronic headache pain. Although results tended to confirm the hypothesis, several conceptual and methodological errors have been identified.⁸

Another line of investigation sought to correlate the degree of psychopathology with the percentage of life spent with headache pain.⁸ These researchers proposed that if no differences were found in clinical tests of psychopathology as a function of length of time of headaches, then personality maladjustment cannot be due exclusively to a "life with pain." The results indicated no significant differences among the percent-life groups suggesting that the percentage of life that one spends with headache pain has no differential effect on personality. From these results the authors suggest that characterological personality traits found in headache patients are not the result of the experience with pain, but rather were present before the onset of headaches. This research contradicts Bakal's work which reports the chronicity factor as a major determinant of headache.⁵

One line of research that has not been addressed in the headache literature involves the relationship