

The reluctance to generalize corrective experiences in chronic low back pain patients: a questionnaire study of dysfunctional cognitions

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Abstract

The present study investigated whether pain catastrophizing and pain-related fear is related to a reluctance to generalize an experience of lesser pain than expected to other similar situations. Eighty-five patients with chronic low back pain (40 males; 45 females; age range = 21–63 years) completed a series of vignettes assessing catastrophizing, overgeneralization, personalization and selective abstraction related to general life experiences and to low back pain (LBP) experiences. Three vignettes also assessed the lack of generalization of corrective experiences related to LBP. Our results showed that dysfunctional cognitions related to general life experiences were the strongest predictor of the self-denigration subscale of the Beck Depression Inventory (BDI), whereas only dysfunctional cognitions related to LBP had a unique contribution in the prediction of the somatic and physical function subscale of the BDI. Furthermore, dysfunctional cognitions related to LBP were significantly correlated with interference with daily life due to pain. As predicted, pain catastrophizing and pain-related fear had a unique contribution in predicting the

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lack of generalization of corrective experiences, over and above sociodemographic variables, pain severity and pain duration.

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1. Introduction

Catastrophizing about pain and pain-related fear are amongst the most important psychosocial variables that account for avoidance behaviour and disability in chronic pain patients (Crombez, Vlaeyen, Heuts, & Lysens, 1999; Sullivan et al., 2001; Vlaeyen & Linton, 2000). Specific cognitive-behavioural techniques have been tailored to extinguish catastrophic thinking and pain-related fear (Thorn, Boothby, & Sullivan, 2002). A particular promising technique to extinguish pain-related fear and avoidance behaviour in patients with chronic low back pain (CLBP) is graded exposure to fear-relevant stimuli. This technique consists of gradually and systematically exposing patients to movements and physical activities that they fear and avoid. There is preliminary evidence from single-case series studies that graded exposure is an effective treatment of pain-related fear and disability in CLBP (Vlaeyen, de Jong, Geilen, Heuts, & van Breukelen, 2001, 2002a).

An important aspect of cognitive-behavioural techniques is the extent to which what has been learned in one particular situation generalizes to other similar situations (Turk & Meichenbaum, 1991). This also applies to the effects of exposure. In two experimental studies (Crombez et al., 2002; Goubert, Francken, Crombez, Vansteenwegen, & Lysens, 2002), we observed that exposing CLBP patients to one particular physical movement was indeed effective in extinguishing an overprediction of pain, but this correction remained limited to that particular movement and did not extend to another, dissimilar movement. This pattern of results was most pronounced in those patients with catastrophic thoughts about pain. It seems that these patients are reluctant to change their general belief that all back-stressing movements cause pain and are dangerous. This process can be considered a human correlate of current theorizing about how animals learn to correct previously acquired knowledge (Bouton & Swartzentruber, 1991; Bouton, 2000). Bouton (1994) argued that, in line with the results of a series of animal learning experiments, exposure in humans will easily result in learning an exception to the rule, rather than in a fundamental change of the rule itself. Support for this idea has also been found in studies investigating phobia (e.g., Rowe & Craske, 1998). Extending this line of reasoning to exposure in CLBP, it is reasonable to assume that patients learn that one movement is not as dangerous as predicted, but still believe that other movements are hazardous and painful. The correction of the belief only affects one movement, and is not generalized to other back-stressing movements.

In this study, we further examine the reluctance to generalize an experience of lesser pain than expected to other similar situations in LBP patients by means of a vignette methodology. The vignettes were based upon the Cognitive Errors Questionnaire (CEQ; Lefebvre, 1981) and measured the dysfunctional cognitions catastrophizing, overgeneralization, personalization and selective abstraction, related to both general life experiences and LBP experiences. In addition, three vignettes measuring the reluctance to generalize corrective experiences related to LBP were

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