

CATASTROPHIZING, LOCUS OF CONTROL, PAIN, AND DISABILITY IN CHINESE CHRONIC LOW BACK PAIN PATIENTS

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The present study examined the associations of locus of control (LOC) and catastrophizing with pain intensity and disability in Chinese chronic low back pain (CLBP) patients. In the study, 56 respondents (21 men and 35 women) with a mean age of 36.98 years ($SD = 12.22$) completed measures assessing locus of control, catastrophizing tendency, pain intensity, disability, and psychological distress. Results showed that after partialling out the effects of gender, duration of pain, and psychological distress, internal LOC significantly explained the variance of disability. For pain intensity, only catastrophizing accounted for a large portion of the variance. Limitations of the study and suggestions for future work were discussed.

Chronic low back pain (CLBP) is one of the most expensive benign debilitating health problems among developed countries. In Western countries, CLBP cases constitute 10% of all back pain patients and consume about 80% of the money in a variety of industries such as insurance and medical care (Mayer and Gatchel, 1988). In Hong Kong, the prevalence of low back pain is as high as 21%, and CLBP has a heavy financial burden to the society (Lau *et al.*, 1995; Chen, 1996). CLBP does not always have a clear organic pathology (Mayer and Gatchel, 1988). Surgical treatment and other conservative interventions for CLBP tend to yield poor or unreliable treatment outcomes (Love and Peck, 1987).

The heavy financial cost and unsatisfactory medical treatment outcomes of CLBP have stimulated alternative treatment perspectives in which non-medical elements are considered (Turk, 1996). In the past decade, a lot of research has tried to identify psychological variables that may affect pain perception and levels of disability among CLBP patients (Jensen, Turner, Romano and Karoly, 1991). These variables may be useful in guiding clinicians to design effective treatment programs for CLBP patients. Specifically, health locus of control (LOC) beliefs and catastrophizing are considered important variables in explaining differences in adjustment among chronic pain patients (Harkapaa, Jarvikoski, Mellin, Hurri and Luoma, 1991; Sullivan, Stanish, Waite, Sullivan and Tripp, 1998; Vlaeyen, Kole-Snijders, Boeren and Van-Eek, 1995).

Health LOC beliefs refer to a person's belief in his or her own control over illness. Rotter (1966) described the LOC beliefs as basically two general attributional styles. The internal LOC was defined as a generalized expectancy that reinforcing events were contingent upon

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