

# A little adversity bodes well for those with chronic back pain

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Research conducted by University at Buffalo psychologist Mark Seery has found that for people with chronic back pain, having a little adversity in life can be protective and beneficial. Credit: University at Buffalo

A new study by researchers at the University at Buffalo and the University of California, Irvine, to be published in the September issue of the journal *Pain*, reveals that, for people with chronic back pain, having a little adversity in your life can be protective and beneficial.

These individuals experience less physical impairment and spend less time in doctor's offices or health clinics, says the study's author Mark Seery, PhD, assistant professor of psychology at UB, who emphasizes

that the key to the benefit is the experience of "some" prior adverse events as opposed to many or none at all.

"This study of 396 adults with [chronic back pain](#) (CBP) found that those with some lifetime adversity reported less physical impairment, disability and heavy utilization of health care than those who had experienced either no adversity or a high level of adversity," Seery explains.

"The data suggest that adversity-exposure also may protect against psychiatric disturbances that occur with CBP," Seery says, "and additional analyses found no alternative explanations of our findings."

In addition to Seery, the research team included Raphael J. Leo, MD, associate professor of [clinical psychiatry](#), UB School of Medicine and Biomedical Sciences; E. Alison Holman, PhD, assistant professor of nursing sciences, UC Irvine; and Roxane Cohen Silver, PhD, professor of psychology and social behavior and medicine, UC Irvine.

The study sample was drawn from a nationally representative web-enabled, population-based panel created through traditional probability sampling techniques such as random-digit dialing by Knowledge Networks, Inc. From 2001 to 2003, assessments were administered to subjects by KN online or by mail.

The subjects had previously acknowledged a history of CBP when reporting their physical health status in an online survey. They completed a survey of lifetime exposure to 37 adverse events, including one's own or a loved one's illness/injury, sexual and non-sexual violence, bereavement, social or environmental stress, disaster and various relationship stresses.

Subjects subsequently reported self-rated functional impairment,

disabled employment status, frequency of back pain treatment, prescription painkiller use and whether they currently sought treatment for comorbid psychiatric disorders.

The researchers speculate that observed patterns of relationships between adversity and CBP-related outcomes may reflect the possibility that resilience, a phenomenon largely ignored in previous CBP research, is occurring.

"It appears," says Seery, "that adversity may promote the development of psychological and social resources that help one tolerate adversity, which in this case leads to better CBP-related outcomes. It may be that the experience of prior, low-levels of adversity may cause sufferers to reappraise stressful and potentially debilitating symptoms of CBP as minor annoyances that do not substantially interfere with life."

Seery says that previous attempts to understand the persistence, refractoriness and disability associated with CBP have underscored the importance of psychosocial variables and demonstrated an association between CBP and lifetime exposure to adverse events.

"Previous research suggests that exposure to adverse life events correlates with greater CBP severity," he says. "This implies that the optimal situation would be one in which individuals have not been exposed to any adverse lifetime events."

"It appears, however, that the relationship between adversity and chronic pain is not so simple, in that experiencing some prior adversity is actually most beneficial," Seery says.

Provided by University at Buffalo

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