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Cross-cultural Research in Psychological Adjustment to Chronic Pain: Challenges of a Novel Research Agenda

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Summary

Chronic pain is a significant health problem estimated to affect about 20% of the adult world population. It is now considered a multidimensional and subjective experience influenced by psychological and social factors (e.g. mood, beliefs, coping responses). Based on preliminary results it can be hypothesized that culture influence pain experience and the association between psychosocial factors and adjustment to pain. Although the role of cultural factors in pain experience is thought to be important, research in this topic remains in its infancy. Understanding the association between culture, psychosocial factors and adjustment to pain will enable researchers and clinicians to adapt intervention guidelines, create new intervention programs and adapt those already in use to fit cultural specificities of different populations with chronic pain, contributing to improve treatment programs' effectiveness.

Chronic pain is a significant health problem estimated to affect about 1 in each 5 adults, many of whom report to be dissatisfied with the pain treatments offered to them [1,2]. Researchers and clinicians worldwide recognize the multidimensional and subjective character of chronic pain [3-6]. The experience and impact of pain is influenced by psychological and social factors, among which can be distinguished beliefs and attributions, coping responses, mood, and environmental responses [7-9].

Since the 1940s, scientists have developed biopsychosocial models that explain how and why psychosocial variables influence pain and its impact [10-13]. These models have informed the development of multidisciplinary intervention programs that, while demonstrating greater efficacy than interventions focused only on biological factors, have shown limited efficacy [14].

Although cultural factors are thought to play an important role in pain experience, the research on the specific impact of cultural factors on pain remains in its infancy [7,8]. Based on preliminary results, it can be hypothesized that culture (set of social norms, attitudes, values, beliefs and meaning of a given group, usually reflected in one's country of origin and socioeconomic group) influence pain and adjustment to pain via its effects on pain beliefs and coping [8,15]. Thus it can be hypothesized a moderation effect of culture on adjustment to pain that can be mediated by pain beliefs. As more is understood regarding the roles that these factors play in adjustment to pain, this knowledge will inform the adaptation of multidisciplinary pain treatment programs

to fit the cultural specificities of each population, improving their effectiveness. Understanding the association between culture, coping and adjustment to pain will enable us to adapt intervention guidelines, to create new intervention programs and adapt traditional ones. If findings would provide support for such mediation-moderation model, multidisciplinary pain treatment programs developed primarily in the USA and other Anglo-Saxon countries should be adapted in ways consistent with the cultural particularities of each population, improving their effectiveness. Such improvements would contribute to the reduction of patients' dysfunction and public healthcare services' costs, as such programs are effective in reducing the intake of analgesic medications and the number of medical consultations.

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