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**CHRONIC BACK PAIN AND DEPRESSION: A COGNITIVE-
BEHAVIOURAL APPROACH**

**DELLA MARIE STEEN
B.A. (Hons), Adelaide**

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**Department of Psychology
School of Medicine, Faculty of Health Sciences
University of Adelaide
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The aim of this thesis was to investigate the relationship between chronic pain and depression and examine the role of possible mediating variables within a cognitive-behavioural framework. The latter is the focus of this research, although it is acknowledged that it is a subsection of a broader biopsychosocial perspective. Given the number of complex variables involved, and the relative lack of literature examining their interactions, this work must be considered to be an exploratory project. The participants were people with chronic back pain who had not been involved in clinical treatment and results from both cross-sectional and longitudinal studies were reported.

In Study 1 (N=30), pain severity and depression were not significantly correlated, but were mediated by cognitive-behavioural variables, perceived interference and pain self-efficacy. In Study 2, (N=105: 41M; 64F), 34% of the participants reported clinical levels of depression. Those participants who were depressed reported significantly more pain severity, interference and state anger and significantly less control, pain self-efficacy and general self-efficacy, than those who were not. Pain duration was not significantly related to increased risk of depression, as had been predicted. The chronic pain participants scored more highly than 66 matched controls on depression, but they did not differ significantly on other relevant variables. In contrast to Study 1, pain severity was significantly and positively correlated to depression and also mediated by interference, pain self-efficacy and state anger, mostly via the latter. It was found that response to chronic pain differed between males and females. For the males, there was not a significant relationship between pain severity and depression and most of the influence on depression occurred via mediating variables, perceived interference and general self-efficacy. In contrast, for females, depression was more likely to be a direct result of pain severity.

Study 3, a 5-year longitudinal follow-up, involved 44 of the original 105 respondents (16M; 28F). Analyses showed that, in contrast to Time 1, depression at Time 2 was more related to how much control the responders perceived they had over their lives indirectly as a result of chronic pain, with little direct effect from pain severity. Gender analyses found that for both males and females, pain severity and depression were not significantly related but mediated by pain self-efficacy and life control, respectively. Study 3 failed to provide

support for the hypothesis that chronic pain precedes depression as analyses showed that depression predicted pain severity over time slightly better than the reverse.

Although results need to be viewed with caution, they support the theory that depression is a significant correlate of chronic pain and that the relationship may be complicated by mediating factors and by gender differences. Results failed to provide clear evidence that chronic pain consistently precedes depression. Findings were consistent with a cognitive-behavioural approach to the study of chronic pain, supporting the premise that chronic pain is fundamentally a sensory, cognitive, behavioural and affective experience.