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Acceptance of pain in neurological disorders: associations with functioning and psychosocial well-being.

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Abstract

OBJECTIVE: Chronic pain acceptance has been shown to be related to positive adjustment to chronic pain in patients presenting with pain as a primary problem. However, the role of pain acceptance in adjustment to chronic pain secondary to a neurological disorder that is often associated with physical disability has not been determined. The purpose of this study was to examine whether two domains of chronic pain acceptance--activity engagement and pain willingness--predict adjustment to pain, controlling for pain intensity and key demographic and clinical variables in individuals with muscular dystrophy (MD), multiple sclerosis (MS), post-polio syndrome (PPS), or spinal cord injury (SCI).

METHOD: Participants were 508 community-dwelling adults with a diagnosis of MD, MS, PPS, or SCI who also endorsed a chronic pain problem. Participants completed self-report measures of pain acceptance, quality of life, pain interference, pain intensity, depression, and social role satisfaction.

RESULTS: Hierarchical linear regressions indicated that activity engagement predicted lower pain interference and depression, and greater quality of life and social role satisfaction. Pain willingness predicted less pain interference and depression. Together, the two pain acceptance subscales accounted for more variance in outcomes than did self-reported pain intensity.

CONCLUSIONS: Findings correspond with the broader pain acceptance literature, although activity engagement appears to be a more robust predictor of adjustment than does pain willingness. This research supports the need for future studies to determine the extent to which treatments that increase acceptance result in positive outcomes in persons with chronic pain secondary to neurological disorders.

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