Ida Flink is a licensed clinical psychologist and researcher at the Center for Health and Medical Psychology (CHAMP) at Örebro University. She graduated from the clinical psychology program at Örebro University in 2007 and received her license as a clinical psychologist in 2009. Her main research interests are in the area of health psychology. So far, the main focus has been on the role of psychological mechanisms in the development, maintenance and treatment of pain problems, and cognitive-behavioral interventions for people suffering from disabling pain.

Psychological factors are today viewed as integrated features of the pain experience. Pain catastrophizing has been identified as one of the most important psychological determinants for pain and pain-related disability. Links between catastrophizing, pain, and negative outcomes have been found in people with acute pain as well as in patients suffering from chronic conditions. However, despite decades of research confirming the impact of catastrophizing, there are still areas that remain unexplored or in which the surface has only been scratched. One such area is childbirth. What role might catastrophizing play when pain clearly is not harmful but rather signals that the labor is proceeding? Another area is exposure in vivo. In other treatment approaches for pain problems, catastrophizing has been associated with poor treatment outcome. However, exposure in vivo was specifically developed for patients with high levels of fear, who often have salient catastrophic thoughts. What impact catastrophizing might have in this context has remained unclear. A third area is catastrophizing as a problem solving attempt. Recent theoretical models have proposed that catastrophizing is linked to the beliefs that patients have about their pain, and medically oriented problem solving attempts. However, these links have not been supported by data. To find out whether catastrophizing might be framed within a problem solving perspective is relevant for our theoretical understanding, but also to provide help for pain patients who are stuck in a vicious circle of catastrophizing and misdirected attempts to handle the situation. This dissertation aims to expand our current knowledge about pain catastrophizing and to advance the theoretical framework around the concept.