"Being" in pain: the role of self-discrepancies in explaining emotional well-being and activity patterns in chronic pain

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Summary
In chapter 1 a general introduction is provided on the role of psychosocial factors as important outcomes and predictors in chronic pain. Chapter 1 introduces the study of the self in chronic pain and presents the theoretical and empirical framework for the study of emotional and behavioural consequences of self-discrepancies in chronic pain. With regard to the behavioural consequences, three activity patterns, namely avoidance, persistence, and pacing behaviour, are discussed which are believed to play a pivotal role in the development and perpetuation of chronic pain.

In chapter 2 the content of the self-guides (ideal, ought, and feared self) and its associations with disability and depression were investigated in eighty patients with chronic non-specific low back pain. It was hypothesized that the self-guides of patients would be characterized by pain and health-related selves. Content analyses led to a classification of the content of the self-guides in eight domains: interpersonal attributes, personal abilities, well-being (physical, emotional, and psychological), close interpersonal relationships, self-expression abilities, achievement-related attributes, physical appearance, and religion. Across all self-guides, interpersonal attributes were most frequently mentioned, followed by well-being related attributes. Comparisons between self-guides demonstrated that the ideal self was characterized by intrapersonal attributes in contrast to ought and feared self-guides, which were more focused on interpersonal attributes. Since the hypothesized pain and health-related attributes were part of the more general well-being category, relations between specific pain and health related attributes and disability could no be tested. Yet, patients with higher levels of disability did mention more well-being related attributes as part of the person they felt they ought to be while controlling for gender, age, pain duration and intensity. The content of the self-guides was not related to depressive symptomatology.

In chapter 3 relationships between self-discrepancies (ought and feared) and emotional well-being were studied in eighty-nine participants with Work Related Upper Extremity Pain. It was hypothesized that feeling distant from the ought self would be related with anxious mood and feeling close to the feared self to both depressed and anxious mood. Furthermore, these relationships were expected to be moderated by the extent to which participants were able to flexibly adjust their goals. Hierarchical regression analyses (controlling for demographic and pain-related variables) indicated that ought-other and feared-own self-discrepancies were associated with depressed and anxious mood. Furthermore, the relationship between ought other self-discrepancies and depressed mood was moderated by flexible goal adjustment. More specifically, for participants who were less flexible, ought other self-discrepancies were related with depressed mood, whereas for those who
were highly flexible, this was not the case. There were no interactions between flexible goal adjustment and the other self-discrepancies or for the prediction of anxious mood.

Chapter 4 presents a study in which the role of self-discrepancies in emotional well-being and activity patterns was studied in eighty-three patients with chronic non-specific low back pain. A U-shaped relationship was predicted between ideal and ought self-discrepancies on the one hand and persistence behaviour on the other hand. Regarding the feared self, it was expected that feeling close to the feared self would be associated with avoidance behaviour. Also, persistence and avoidance behaviour were expected to be associated with disability and diminished quality of life. Multiple regression analyses demonstrated that feeling close to as well as distant from the ideal-other was associated with persistence behaviour. Furthermore, feeling close to the feared-self was related to higher levels of avoidance behaviour. No other relationships between self-discrepancies and activity patterns in patients with chronic pain were found. In addition, multiple regression analyses, controlling for socio-demographic and pain-related variables, showed that avoidance behaviour but not persistence behaviour was associated with higher levels of disability and lower mental and physical quality of life.

In chapter 5 activity patterns were extensively studied. Participants with chronic pain completed several questionnaires measuring avoidance, persistence, and pacing. In addition, pain intensity, depressive symptomatology and disability were administered. First, separate factor analyses were run across all items measuring similar activity patterns. Six factors underlying the activity patterns were identified: pain avoidance and activity avoidance (based on all avoidance-related items), task-contingent, pain-contingent, and excessive persistence (based on all persistence-related items), and pacing. Subsequent regression analyses demonstrated that, while controlling for pain intensity and the other activity patterns, only excessive persistence and activity avoidance were related to depressed mood and disability. Task-contingent persistence was associated with lower levels of disability.

In chapter 6 predictions concerning the effects of self-discrepancies on persistence behaviour, were experimentally studied in a sample of healthy participants. A between subjects design was employed with three conditions (Ideal versus Ought versus Feared). Persistence was measured by the performance (time spend and number of responses) on an anagrams task. It was expected that participants primed with ideal or ought selves would persist longer on an anagrams task than those primed with their feared self. Yet, results did not show any differences between the conditions on task persistence. There were, however, associations
between ought and feared self-discrepancies at the trait level with task persistence. More specifically, the more distant participants felt from the ought self or the closer to the feared self, the less time they spend on an unsolvable anagram, reflecting a vigilant approach. Also, feeling distant from the ought self was associated with completing more blocks of anagrams.

In chapter 7 the results from the studies presented in the current thesis were integrated and discussed. The hypothesized model as presented in chapter 1 was discussed with respect to current findings and extended with newly formulated hypotheses. Future directions, limitations and possible clinical implications are discussed.