

Goal conflict, distress, and pain in women with fibromyalgia: A daily diary study

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Abstract

Objectives: A chronic illness such as fibromyalgia can interfere with daily activities and goals by limiting available resources, including time and energy. This leads to competition between goals, known as goal conflict. The purpose of this study was to determine if goal conflict increases symptoms in women with fibromyalgia and whether symptoms lead to perceptions of goal conflict. **Methods:** Women with fibromyalgia ($N=27$) recorded their pain, emotional distress, and fatigue each morning and evening for five consecutive days. Each evening, they listed that day's goals, rating goals on their level of conflict. Goal conflict was also rated by independent raters, and a difference score reflected goal conflict discrepancy. **Results:** On days with higher goal conflict, pain increased more from morning to evening

($\gamma=1.71$, 95% confidence interval=0.32–3.09, $P<.05$). On days with higher morning emotional distress, goal conflict was overestimated ($\gamma=0.075$, 95% confidence interval=0.035–0.116, $P<.05$). Women who had a higher symptom burden also typically overestimated their goal conflict relative to those with fewer symptoms ($P<.05$ for all). **Conclusions:** Goal pursuit may deplete psychological and physical resources in this vulnerable population, resulting in higher pain. Conversely, emotional distress may affect perception of goal conflict, resulting in less ambitious goal pursuit. Understanding the dynamic relationship between goal conflict and fibromyalgia symptoms may lead to more effective management of limited resources and pursuit of daily goals with fibromyalgia.

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Introduction

Fibromyalgia is characterized by chronic, widespread musculoskeletal pain. Most people with fibromyalgia also report fatigue, sleep disruption, and distress [1]. Chronic pain, including fibromyalgia, interferes with daily activities and goals, such as physical activity, work, household chores, social activity, and recreation [2,3]. For fibromyalgia patients, “the physical and cognitive effort required for voluntary goal-directed activities may not be available when pain or fatigue mounts” (Ref. [4], p. 41). Consequently, they may need to negotiate competition among their goals for limited physical and cognitive resources. Success in this

negotiation is important, as goals not only make demands but also provide psychological benefit [5]. People with fibromyalgia rated 80% of daily activities as meaningful or very meaningful despite the strain associated with performing them [2].

Goal conflict and its correlates

When two goals compete for the same resources, particularly time and energy, *goal conflict* results [6]. Goal conflict arises when an individual has typical resources but a large number of goals (dividing resources available to any one goal) or demanding goals that use disproportionate resources. It can also arise from having or perceiving fewer resources, a situation particularly relevant to fibromyalgia.

In undergraduates and working adults, self-reported goal conflict correlated with worse affect, less life satisfaction, poor self-rated physical health, and higher pain [3,7–9]. One

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interpretation of these data is that distress results from goal conflict. However, distress may also affect appraisals of goal conflict, which can be “subjective and perceptual” (Ref. [10], p. 196). Self-reported goal conflict could increase when distressed people make negative appraisals of their competencies and energies or when the high self-awareness that accompanies distress increases awareness of the amount of effort being expended in goal pursuit [11]. Supporting this interpretation, goal conflict assessed by independent raters was not associated with psychological or physical health in undergraduates [6]. The relationship between goal conflict and distress may arise because people who are distressed or depressed overestimate their goal conflict, rather than goal conflict leading to an increase in distress.

Fibromyalgia symptoms and goal conflict

Fibromyalgia symptoms, such as distress, may increase self-awareness and resource appraisals, and fatigue reflects the idiographic lack of an important resource, energy. However, high resource conflict may also have detrimental effects on pain and fatigue in fibromyalgia. In healthy young adults, pursuit of multiple, demanding goals is not detrimental to well-being and may lead to success at goal pursuit [6]. However, healthy young adults are likely to draw on normal restorative processes and reserves. Goal-directed exertion in fibromyalgia may more easily cross over into overexertion and result in symptom exacerbation. Likewise, sleep disturbance may prevent normal restoration of energy to meet daily goals.

A major question regarding the relationship of symptoms to goal conflict is therefore the temporal precedence. Do symptoms precede goal conflict? Does goal conflict precede symptoms? An affirmative answer to one or both of these questions would affect the view of how fibromyalgia patients pursue their goals. This view could then guide regulation of daily goals and effort to maximize benefit while minimizing symptom cost.

We used a daily diary to assess pain, distress, fatigue, and goal conflict in women who self-identified as fibromyalgia patients (cf., Ref. [4]). This within-person design permitted tests of the relationship between symptoms and goal conflict net of person-level predictors of symptom reporting and negative affect, such as neuroticism. Whereas other studies have typically examined the relationship of pain and symptoms to a restricted number of long-range goals, we did not restrict either number or quality. Goal number may be an important contributor to total goal conflict, and restricting or designating goal number could yield misleading information about goal conflict. Furthermore, “minor” daily goals, such as completing housework and running errands, are experienced as both demanding and important in the context of chronic pain [2,12]. Finally, we assessed both self-rated or “subjective” goal conflict and independently rated or “objective” goal conflict. Subjective goal conflict reflects subjective evaluation of the conflict among goals and idiographic circumstances (e.g., availability of transporta-

tion). Objective goal conflict reflects a dispassionate and decontextualized or nomothetic view of the overlap between two goals in their resource demand.

The present study therefore represents the first examination of daily symptoms and goal conflict from comprehensive goal lists in fibromyalgia.

We predicted the following relationships between symptoms and goal conflict:

1. Morning distress will predict higher same-day, subjective/idiographic goal conflict above and beyond objective goal conflict.
2. Goal conflict will predict higher evening symptoms above and beyond morning symptoms.

Finally, we tested a third hypothesis regarding the source of differences in morning distress and symptoms. Because sleep is both disturbed in fibromyalgia and associated with poorer morning mood [13], we tested the relationships between sleep quality and morning symptoms and goal conflict, with the following prediction:

3. Poorer sleep will predict higher morning symptoms and higher subjective goal conflict.

Method

Participants

All patients referred for fibromyalgia to an outpatient rheumatology clinic were offered the opportunity to participate in an educational workshop. There were no exclusions for participation in the workshop. Female participants who had home internet access and self-reported a physician diagnosis of fibromyalgia were recruited for the study. Most patients with fibromyalgia are women [14]. Of 58 eligible women, 28 participants enrolled. One woman completed only one diary and was dropped from analysis.

Procedure

Participants completed diaries online, in the morning and in the evening for five consecutive days, as well as a baseline questionnaire. The morning questionnaire asked the participant to rate sleep and symptoms and took about 5 min to be completed. The evening questionnaire asked the participant to rate symptoms and to list and rate goals for that day and took approximately 20 min to be completed.

Measures

Demographic data collected at baseline included age, ethnicity, education, fibromyalgia symptom duration, diagnosis date, medications, and current work status (see Table 1).

Morning and evening symptoms and sleep were measured with the Fibromyalgia Rating Scale, a 33-item self-report measure of global function in fibromyalgia [15]. The present

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