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CRITICAL REVIEW

Chronic Pain in a Couples Context: A Review and Integration of Theoretical Models and Empirical Evidence

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Abstract: Researchers have become increasingly interested in the social context of chronic pain conditions. The purpose of this article is to provide an integrated review of the evidence linking marital functioning with chronic pain outcomes including pain severity, physical disability, pain behaviors, and psychological distress. We first present an overview of existing models that identify an association between marital functioning and pain variables. We then review the empirical evidence for a relationship between pain variables and several marital functioning variables including marital satisfaction, spousal support, spouse responses to pain, and marital interaction. On the basis of the evidence, we present a working model of marital and pain variables, identify gaps in the literature, and offer recommendations for research and clinical work.

***Perspective:** The authors provide a comprehensive review of the relationships between marital functioning and chronic pain variables to advance future research and help treatment providers understand marital processes in chronic pain.*

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***Key words:** Chronic pain, couples, spouse responses, depression, marital satisfaction, pain severity, disability.*

Researchers have become increasingly interested in the interpersonal nature of chronic illnesses including chronic pain.[9,47] For instance, the existing literature indicates that couples' reports of sexual and marital satisfaction often decline after the onset of a pain condition.[28,54] Studies have also shown that relationship variables, such as marital satisfaction and spousal support, are associated with pain severity, physical disability, and depression in individuals with chronic pain (ICPs).[11,14,46,60] In their review of the literature, Burman and Margolin[9] found some evidence that marital status, satisfaction, and couples' interactions related to chronic medical problems such as chronic pain, cardiovascular disease, and poor immune functioning. Another review by Kiecolt-Glaser and Newton[47] focused on the physiologic effects of marital functioning that might relate to health outcomes including pain. Although both reviews are important works in the study of couples and health, the authors did not focus on theories specific to chronic pain, psychological comorbidity, or special issues involved in conducting chronic pain research. Furthermore, several studies have since been conducted in the pain field. In fact, no systematic review of the literature has focused solely on the associations between marital processes, pain severity, physical disability, and psychological distress experienced by ICPs or their spouses. Therefore, it is unclear whether consistent associations among these variables exist across studies. For instance, differences might exist depending on the measures used or chronic pain populations recruited. Also unclear is the degree to which existing models of pain including a focus on significant others are supported by the empirical evidence.

In this article, we provide an overview of existing models that explain the relationships between marital functioning and chronic pain outcomes. We also critically re-

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view the empirical literature to determine the extent to which the evidence does or does not support these models. We conclude by presenting an integrative model of marriage, pain, and depression that is supported or fully explored in the current literature. In addition, we identify the paths that have been suggested by models but have not yet been supported by the evidence. We expect that this review will provide new directions for research and clinical practice. We chose a qualitative review of the literature as opposed to a quantitative meta-analytic review, because the latter would necessitate that all studies use similar research designs, constructs, and statistical analyses.[49] Furthermore, the studies would also need to focus on specific combinations of variables that would not allow a more comprehensive perspective that could be used to guide future research. Because these goals have not yet been achieved, we take a different approach in which we rate the quality of each study as well as the strength of support for various relationships. Throughout this review, we use the terms *marriage* or *marital* because the vast majority of articles reviewed here focused on heterosexual married couples. It is likely that similar findings will be found for heterosexual unmarried couples and same-sex couples; however, research is needed to support this hypothesis.

Couples Functioning in Models of Pain and Depression

Several theories suggest that marital and other romantic relationships might be important to consider when examining pain and disability in ICPs. Specifically, the operant model of pain suggests that pain behavior of ICPs might be rewarded or punished by persons with whom they have frequent interactions.[31] Spouses or significant others might have the most opportunities for reinforcing pain behaviors because of the frequency of contact and intimacy of the relationship. Positive reinforcement behaviors could include attention or support provision when ICPs express pain. Well behaviors and activity might also be positively reinforced. Alternatively, ignoring or reacting negatively to the pain behavior might lead to a decrease or extinction of that behavior.

Cognitive-behavioral models of pain[94] focus on ICPs' appraisals of their pain and disability as contributors to the reduction or maintenance of the pain. For instance, ICPs who believe that they are unable to escape from the pain might become hopeless about the potential for recovery. Spouses' own attitudes and beliefs about pain might influence their behaviors toward ICPs or the treatment itself, hence influencing ICPs' cognitions, emotions, and behaviors. For instance, a significant other might not fully support or engage in treatment because they perceive that the pain is not a real problem. In turn, expressions of pain behavior by the ICP might escalate in an effort to convince the spouse that the pain is real. Couples might also engage in a "conspiracy of silence" in which ICPs might not verbally express pain, and the spouses might not verbally express that they can see the nonverbal pain responses.[94] Although both spouses try not to upset the other, each might become distressed because of the lack of open communication about the interactions or changes that have taken place within the relationship.

Cognitive-behavioral models of pain emphasize the evaluation or interpretation of the pain experience. The Communal Coping Hypothesis[92,93] is a recent attempt to clarify particular cognitions that are important in the pain process. Specifically, pain catastrophizing is a cognitive style in which there is an exaggerated and negative focus on the pain experience. According to the Communal Coping Hypothesis, some ICPs might catastrophize to elicit support and intimacy from significant others. An alternative interpretation is that ICPs' appraisals about the threat value of pain (eg, catastrophizing) enable ICPs to cope in particular ways.[89] This appraisal model might account for why catastrophizing might lead to the avoidance of activities.[89,99] Whether pain catastrophizing cognitions are simply fear-related appraisals of pain or are also vehicles for ICPs to garner intimacy from others, several studies have shown that catastrophizing thoughts and related behaviors are associated with exacerbated pain and psychological distress.[34,90,91,97,98]

Researchers have begun to incorporate the various theories of chronic illness and interpersonal experience into integrative models of health. For instance, Turk and Kerns[95] proposed a Transactional Model of Health. Although this model was initially developed for use with families suffering from general medical conditions, it is easily applicable to the study of couples and chronic pain. The Transactional Model is an integration of concepts from family systems, cognitive-behavioral models, and coping theories. Borrowing from the work of Lazarus and Folkman,[48] this theory maintains that couples' appraisals of any given situation and their available resources determine whether a situation is perceived as stressful. The couples' reactions or coping efforts are also important in this model because they can improve or exacerbate stressors. Furthermore, emphasis is placed not only on ICPs or the relationship but also on each member's influence on the other.

Other integrative models have also explained links between close relationships and chronic medical illnesses. Burman and Margolin[9] suggested marital interactions might be beneficial (eg, support provision) or detrimental (eg, stressful interactions) for couple members. Together with other variables such as personal characteristics, stress and support might influence an individual's psychological responses to any given situation. Similarly, Kiecolt-Glaser and Newton[47] put forth a model that suggested that positive and negative marital functioning might relate to health outcomes such as functional status and pathophysiology through the effects of health habits, individual difference variables, and changes in cardiovascular, neurophysiologic, and other biologic systems.

Any review of theories concerning chronic pain would be incomplete without also addressing psychological distress, because depressive symptoms and disorders are highly comorbid with chronic pain and marital dis-

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