

Couples' Relationship Satisfaction and Its Association with Depression and Spouse Responses Within the Context of Chronic Pain Adjustment

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■ ABSTRACT:

Chronic pain is one specific health condition where couple relationships have been directly linked to physical and psychological outcomes. Understanding how relationship satisfaction, couple dynamics, and pain adjustment interrelate is crucial for nurses who provide patient-centered care for patients with pain. The current study was aimed at examining the associations of depressive symptoms and spouse response styles with relationship satisfaction in the context of West Haven-Yale Multidimensional Pain Inventory classifications. Seventy-eight middle-aged outpatients with chronic pain (average pain duration of 8.98 years (SD = 9.51)) were recruited from a pain clinic in southeastern Michigan. Participants completed the Multidimensional Pain Inventory, from which pain adjustment classifications (adaptive, dysfunctional, interpersonally distressed) and spouse response styles were derived, the Dyadic Adjustment Scale to assess relationship satisfaction, and the Mood and Anxiety Symptom Questionnaire to assess depressive symptoms. Interpersonally distressed patients scored lower on relationship satisfaction than those classified as either adaptive or dysfunctional, $F(2,66) = 6.38, p < .01$. Significant inverse associations were found between punishing spouse response styles and relationship satisfaction for both interpersonally distressed and dysfunctional adjustment classifications: $r = -.53, p < .05$; $r = -.57, p < .01$, respectively. Overall, findings indicate that relationship satisfaction may be an area of concern among interpersonally distressed pain patients and that spouse response style may be a particularly important area of clinical attention.

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Chronic musculoskeletal pain is one of the most common and costly of medical problems (Gaskin & Richard, 2012; Verra et al., 2011). Those who work in the nursing field are often involved in the direct care of patients with chronic pain, either as a standalone provider or as a member of a multidisciplinary team. Richardson and Poole (2001) have outlined the crucial role that nurses play in patient coping and adjustment to their chronic pain conditions. Although the provision of patient-centered care by nurses allows for a unique opportunity to assess patient pain adjustment from a broad psychosocial standpoint (Pellico, Gilliam, Lee, & Kerns, 2014), the role of relationship satisfaction and couple dynamics in the assessment and treatment of the chronic pain experience tends to receive relatively little clinical attention.

Theoretical models of pain, such as the behavioral model of pain (Fordyce, 1976) and the Transactional Model of Health (McLoyd, Cauce, Takeuchi, & Leon, 2000; Turk, Kerns, & Rosenberg, 1992), stress the importance of couples' relationships as a mechanism that could act to buffer/reduce or exacerbate the pain experience. More recently, Rohrbaugh and Shoham (2011) have described the reciprocal association between couples' relationships and health using a "social cybernetic" approach, which highlights the cyclical nature of couple dynamics and health. With this approach, specific relationship behavioral exchanges in the context of illness can ultimately worsen the problems between couple members and physical functioning.

There is theoretical and empirical support for understanding relationship dynamics as both an outcome and a predictor of poor pain adjustment. Research provides support for both the buffering role of supportive social relationships in pain adjustment (Jensen, Moore, Bockow, Ehde, & Engel, 2011) and, reciprocally, the association of poor adjustment to pain with more negative relationship outcomes (Nielson & Jensen, 2004), yet in the current literature, relationship satisfaction is often included as only a peripheral research variable. Although couples-based interventions have been identified as an effective vehicle of treatment for chronic pain (Martire, Schulz, Keefe, Rudy, & Starz, 2008), relationship satisfaction has not been fully integrated into more classic frameworks of pain adjustment such as the styles of adjusting to pain (i.e., adaptive, dysfunctional, and interpersonally distressed), as described by Turk (1990); Turk and Rudy (1988).

Although pain adjustment classifications can be clinically useful in conceptualizing how to describe patients with pain and associated differences in pain-related variables, the Multidimensional Pain Inventory

(MPDI)-derived classifications have not been fully explored in the literature. The ways in which these classifications interact with other aspects of chronic pain contributing to relationship distress, in particular, needs further investigation. We know of only one study that has examined how the classifications and relationship satisfaction are associated (Junghaenel, Keefe, & Broderick, 2010). That study, however, was a multimodel validation of the clusters and not an examination of how this classification system relates to relationship satisfaction.

Given the complex biopsychosocial processes involved in chronic pain, it has been suggested that understanding the pain experience from a relationship-oriented perspective may enhance both theory and practice in the area of chronic pain (Leonard & Geisser, 2014). Thus, the relations and interactions between pain variables, relationship functioning, and pain adjustment may be particularly relevant. With a more solid understanding of the association between adjustment to pain and relationship satisfaction, couples-based treatments for pain could potentially be more targeted or enhanced.

Pain-Specific Correlates of Relationship Functioning

The literature on pain and relationships identifies psychological distress and perceived spouse response to pain as two pain-specific variables that stand out due to their robust associations with relationship functioning. With respect to psychological distress, patients with chronic pain experience symptoms of both depression and anxiety at alarmingly high levels (Bair, Robinson, Katon, & Kroenke, 2003; Banks & Kerns, 1996; Cano, Gillis, Heinz, Geisser, & Foran, 2004). Depressive symptoms, in particular, relate independently to couples' distress above and beyond the influence of other pain-specific factors (Cano et al., 2004). Furthermore, the literature has indicated that depressive symptoms are strongly and consistently related to relationship satisfaction both in the general population (Beach, Sandeen, & O'Leary, 1990) and within the context of chronic pain (Cano et al., 2004). Consistent with the social cybernetic model, depression experienced within the context of chronic pain may influence relationship dynamics and ultimately lead to a decrease in relationship satisfaction.

Perceived spouse responses to pain have exhibited a direct association to couples' relationship satisfaction (Kerns, Haythornthwaite, Southwick, & Giller, 1990). There is disagreement about how spouse responses relate to pain-specific outcomes; however, numerous studies have found that solicitous (e.g., offering to take over the patient's chores or prompting

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