



Topical review

Couples coping with chronic pain: How do intercouple interactions relate to pain coping?



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HIGHLIGHTS

- Couple interactions can influence how pain patients cope with chronic pain.
- Reinforcement processes do take place in pain couple interactions.
- Other mechanisms include validation/invalidation processes and negotiation of meaning.
- Several approaches can be integrated in a dyadic understanding of pain coping.

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ABSTRACT

Background and aims: Pain is not merely an isolated experience occurring within the person. It takes place in a wider social context, including the immediate social relationships that the person is a part of. The aim of this paper is to provide an overview of how intercouple interactions might influence pain coping in couples coping with chronic pain.

Methods: Four different approaches to understanding the influence of intercouple interactions have been proposed in the literature. In this review, we present and discuss the empirical support for each of these models. A literature search on all studies published up until May 2017 (PubMed and PsycINFO) was performed. The search string consisted of 3 steps: Chronic pain AND couple interaction*/partner validation/marital interaction/chronic pain couple*/spouse response* AND coping/adjustment/disability/function/work participation/sick leave/sickness absence/work disability.

Results: The operant model views partner responses from the perspective of conditioned learning and focuses on how such responses might increase or decrease the occurrence of pain behaviour. The notion that partner responses can reinforce pain behaviour generally finds support in the literature. However, when it comes to negative partner responses results are mixed, and the model paints a limited picture of the range of interactions that takes place in a couple. The communal coping model focuses on one specific type of coping (i.e. catastrophizing), and emphasizes the interpersonal aspect of pain coping. There is some evidence that a tendency to catastrophize is related both to couple interactions and pain coping, but it has proved difficult to test this model empirically. The interpersonal process model of intimacy is concerned with patient disclosures of distress and subsequent validating and invalidating partner responses. There is some preliminary support that such mechanisms of validation and invalidation can be linked to pain coping. A dyadic approach focuses on processes where the couple negotiates a shared meaning of events and participates in mutual coping of a shared stressor. This approach has not been investigated explicitly, but preliminary support can be derived from studies conducted within other frameworks.

Conclusions: Each of the four approaches find some support in the research literature, yet none of them can explain the full range of couple interactions. We argue that the different approaches are complementary and that several of the approaches can be integrated in a dyadic understanding of pain coping.

Implications: All the models indicate that couple interactions can affect pain coping and that this should be taken into account when developing treatment programmes for chronic pain patients.

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Contents

1. Introduction	151
1.1. Scope and definitions	151
1.2. Methods	151
1.2.1. Search strategy	151
1.2.2. Inclusion and exclusion of studies	151
2. Approaches to understand couple interactions in chronic pain	151
2.1. The operant model	151
2.1.1. Research findings	152
2.2. The communal coping model	153
2.2.1. Research findings	153
2.3. The interpersonal process model of intimacy	154
2.3.1. Research findings	154
2.4. Illness beliefs and dyadic coping	154
2.4.1. Research findings	155
3. Discussion	155
3.1. Limitations	156
4. Conclusion	156
Ethical issues	156
Conflicts of interest	156
References	156

1. Introduction

In the literature, a biopsychosocial model is often used as a starting point for understanding chronic pain. According to this model pain is the result of a complex process involving biological, psychological and social factors. Much progress has been made towards an understanding of the biological and psychological underpinnings of the pain experience. However, the social aspects have received somewhat less attention [1]. Pain is not merely an isolated experience occurring within the person. It takes place in a wider social context, including the immediate social relationships that the person is a part of. The social context of pain is important because it can provide information about the source of the pain and contribute to pain coping. Several aspects of pain behaviour are inherently social, as they communicate pain, and possibly fear and danger, to people surrounding the person in pain. In many cases of chronic pain a biological cause of the pain cannot be found, which make the social and psychological aspects even more salient. This paper will focus on the daily interactions chronic pain patients have with their partners, and the role these interactions play for the patient living with pain.

By focusing on one specific aspect of the immediate social environment of chronic pain patients, this paper aims to contribute to a greater understanding of the coping processes involved in the lives of people with chronic pain. Understanding the role of interactions in close relationships is also important when it comes to developing effective pain treatments. Including the partner in treatment programmes has been suggested, for instance by having partners attend a validation training programme [2]. Such programmes could be more successful if we understood how specific aspects of intercouple interactions relate to the patient's pain experience and coping.

1.1. Scope and definitions

The current paper offers a review of the literature structured around four approaches to understand couple interactions in coping with chronic pain. Some approaches have received more research attention than others, and particularly the operant model has been investigated by numerous research teams. The goal of this paper is to compare existing approaches to the topic, and investigate whether these find support in the research literature. As the paper focuses on couples, studies on other relevant constructs (e.g. more general social support) have for the most part been excluded.

The interaction that takes place within a couple can be understood in many ways, and different research traditions have focused on different aspects of such interactions. As the goal of the current paper is to compare traditions, a rather wide definition of couple interaction is used, which includes patient pain behaviours and other expressions of pain, as well as spouse responses to these expressions (e.g. solicitous, negative, validating or invalidating). Similarly, a wide definition of pain coping is used that involves outcome variables such as pain adjustment, pain disability, work participation and negotiation of meaning. Such a wide definition allows for the comparison of findings from various traditions using different outcome measures. Some studies have indicated that intercouple interactions also affect other pain variables such as pain intensity [3]. However, in order to limit our scope, we will primarily focus on variables associated with pain coping.

1.2. Methods

1.2.1. Search strategy

The literature search was conducted on all studies published up until May 2017 through the search engine PubMed and the PsycINFO database. Additional articles were also identified through other sources such as reference lists and personal communication. See Fig. 1 for a flow chart of the article selection process.

The search string consisted of 3 steps: Chronic pain AND couple interaction*/partner validation/marital interaction/chronic pain couple*/spouse response* AND coping/adjustment/disability/function/work participation/sick leave/sickness absence/work disability. The search included only papers (original articles) written in English.

1.2.2. Inclusion and exclusion of studies

The main reasons for exclusion were lack of relevance, not relating to any of the four models targeted in the review, and irrelevant patient groups. See Fig. 1 for details.

2. Approaches to understand couple interactions in chronic pain

2.1. The operant model

Fordyce's application of the operant model to the understanding of chronic pain in the 1970s brought a shift in focus from purely biological sources of pain to learning mechanisms

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