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Re-thinking dyadic coping in the context of chronic illness

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In the past two decades scholars have increasingly recognized the importance of viewing chronic illness in a relationship context. However, questions remain regarding how couples make sense of illness, how they negotiate and coordinate coping, and the extent to which viewing the illness as a shared problem is beneficial for individual and relationship outcomes. This article seeks to clarify the role that couple relationships play in chronic illness adaptation by first describing major theoretical frameworks that have guided research in this area. Next, we propose a new model that emphasizes cognitive processes occurring before appraisal begins and throughout the coping process. We conclude by positing future research directions and implications for couple-based psychosocial interventions.

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Chronic illnesses such as heart disease, cancer, and diabetes are among the leading causes of death and disability in the United States [1]. The diagnosis of a chronic illness can be a life-altering experience that signals profound changes in an individual's life. However, most people do not get sick in isolation or cope alone. For those who are married or in a committed relationship, their relationship with their partner (spouse or significant other) is their primary coping resource [2]. Partners often take an active role in medical decisions and provide emotional support [3,4]. As the primary setting for care has shifted from hospital to home, many have replaced skilled healthcare workers in the delivery of everyday care [5]. Partners often assume their caregiving role with little or no preparation or training [6]. They must also cope with feelings of loss and sadness associated with changes in life plans and watching their loved one suffer [7]. Although traditional approaches for addressing coping and adjustment to chronic illness have focused on the individual, both members of the couple and their relationship are profoundly affected [8•,9–11]. Illness challenges couples' established communication patterns, roles, and responsibilities [12,13]. Thus, it is not surprising that some report chronic illness brought them closer together and others report significant adjustment problems that fuel interpersonal conflict and result in divorce [14•,15•].

Over the last two decades, scholars have recognized the importance of viewing chronic illness in a relationship context and a burgeoning literature involving psychosocial interventions to improve couples' coping and adjustment has emerged [16•,17–19,20•,21]. However, questions remain regarding how couples make sense of illness, how coping is negotiated between partners, and to what extent viewing the illness as a shared problem is beneficial. Here, we seek to advance our understanding of the role that couple relationships play in chronic illness adaptation by first describing major theoretical frameworks that have guided research in this area. Next, we propose a new model that we believe holds promise for future dyadic coping research. We conclude by positing future directions and clinical implications.

Models of dyadic coping

Various terms have been used to describe how couples cope with chronic illness including: relationship-focused coping [22], communal coping [23,24], collaborative coping [25], 'we talk' [9,26], coping congruence [27], and dyadic coping [10,11]. Although these terms are often used interchangeably, we use the term dyadic coping to refer to the different ways that couples can interact (e.g. uninvolvement, support, collaboration, control, protective buffering, overprotection) as they manage illness-related stressors [10,11].

Berg and Upchurch [10] proposed a developmental-contextual model (DCM) of stress and coping in which couples' appraisal of and coping with chronic illness are processes that occur over time and are bidirectional in influence. Appraisals are defined as subjective interpretations of an event as harmful or beneficial and include assessments of the coping strategies and resources needed to deal with the situation [28]. According to the DCM, contextual factors such as culture, age, gender, type or stage of illness, and marital quality can influence illness appraisals, appraisals inform coping, and coping informs outcomes. Although the DCM acknowledges that people

can appraise a stressor as either an individual or shared problem, shared appraisals are the starting point for dyadic coping. Recent studies provide partial support for the DCM through their examination of dyadic appraisals of intrusive thoughts about prostate cancer [29], dyadic coping strategies of posttraumatic stress disorder victims and their spouses [30], and associations between contextual factors, dyadic appraisals, and dyadic coping in a mixed sample of couples coping with chronic illness [31•]. Although these studies support the notion that couples can respond to stress as a unit, research has also shown that patients and partners have their own unique stressors in addition to their shared stressors as a couple [32,33]. Patients and spouses may also benefit differently from individual and dyadic coping strategies [32,34•,35,36•]. However, the DCM does not directly address the interplay between individual and dyadic coping.

Bodenmann's [11] Systemic Transactional Model (STM) of couples coping with stress requires that stress be experienced by at least one partner and emphasizes the transactional nature of the coping process. Dyadic coping is comprised of the stress signals of one partner, the verbal or nonverbal coping responses of the other partner, and the couple's joint coping efforts. It can be problem-focused or emotion-focused and take on positive and negative forms. Examples include common dyadic coping (both partners engage in joint problem solving or the sharing of feelings), supportive dyadic coping (one partner provides support to assist the other with his/her coping efforts), and delegated dyadic coping (one partner explicitly asks the other to provide support).

Bodenmann further describes a stress-cascade process whereby individual and dyadic coping efforts come into play and are applied in sequence [11]. Following the onset of stress, people start coping on their own; however, in cases of prolonged stress, individuals seek out social resources and engage in dyadic coping. Even if an individual is engaging in dyadic coping, he or she will continue to engage in individual coping efforts, suggesting that individual and dyadic coping occur simultaneously under conditions of prolonged stress. Research supporting Bodenmann's model has shown that couples in stable relationships demonstrated more individual and more dyadic coping strategies over a 5-year period compared to distressed couples [37]. Likewise, dyadic coping has been shown to be a stronger predictor of relationship functioning than individual coping strategies [38].

Studies examining the link between dyadic coping and individual well-being suggest promising areas for new research. Interestingly, such studies have not found substantive, direct associations between these constructs [39]. Thus, it is possible that dyadic coping may be more closely related to relationship outcomes (e.g. relationship satisfaction) and individual coping may be more closely related to individual outcomes (e.g. psychological adjustment and behaviors). An alternate possibility is that dyadic coping is indirectly associated with individual outcomes. Supporting this idea, a cross-sectional study of couples in which one partner was diagnosed with type 2 diabetes found that dyadic coping was related to better patient dietary and exercise adherence via the mechanism of diabetes self-efficacy [40•]. Extending this idea, researchers studying how couples cope with incontinence after prostate cancer found that individual planning was more important for the initial uptake of a new health behavior (i.e. pelvic floor exercises), but that dyadic planning played a role in the maintenance of that behavior [41•].

A new model of dyadic coping

Although existing models focus on different aspects of dyadic coping, no comprehensive model exists to describe how couples make sense of and negotiate coping with chronic illness. We propose the Cognitive-Transactional Model (CTM) of couples' adaptation to chronic illness (see Figure 1). While the CTM builds upon existing models of dyadic coping, it extends them in a number of important ways. First, it is specific to the illness context and acknowledges that illness-related contextual factors (e.g. health literacy, disease stage, functional disability, length of time since diagnosis) can influence each aspect of the model. Second, it synthesizes the DCM and STM by describing the circumstances under which relational partners may engage in individual or dyadic coping as well as the process by which couples negotiate coping. Third, it articulates processes that occur in the illness context before appraisal that deserve more research attention. Finally, it introduces the concepts of self-efficacy [40•] and dyadic efficacy (i.e. confidence in the ability to work together as a team) [42], to explain how individual and dyadic coping affect psychological, behavioral, and relational outcomes.

To illustrate the different components of the model, imagine a couple in which both members are relatively healthy, and after 10 years together, one partner is diagnosed with a chronic illness. At first, the partners may be in shock and not understand the implications of the diagnosis [43]. Never having experienced chronic illness before, they may expect it to be a temporary interruption [44,45]. Soon, but maybe not simultaneously, both partners observe that the ill partner has to adapt to accomplish everyday tasks. The well partner may offer to help or not know what to do. Each partner, perhaps at different times, comes to realize that 'chronic' means the disease is something one may deal with every day and does not disappear [46]. The illness might be relapsing and remitting, introducing uncertainty into the couple's daily routine. What may have been perceived as a temporary interruption is now the new normal. What seemed to be an individual stressor which necessitated an individual