

Dyadic Coping with Rheumatoid Arthritis

Spouse Responses Moderate the Effect of
Patient Coping on Pain

David B. King, Anita DeLongis, & Ellen Stephenson

The University of British Columbia, Canada

Social Support and RA

Research has indicated an association between social support and well-being in individuals with chronic pain.

Including an impact on disease activity...

Lower pain severity (Feldman et al., 1999)

Lower functional disability (Weinberger et al., 1990)

Both positive & negative outcomes (Jang et al., 2003) ?

Measuring Social Support

Aggregating data across multiple sources and types of social support (even within subscales of measures).

Ample evidence that not all support is positive.

Perspective: perceived support vs. support provided.

Keefe & Porter (2007): overreliance on target perceptions of support.

Ignoring spouse interactions – the dyadic level.

The Current Study

Aimed to overcome some of these limitations...

Focus on specific manifestations of social support.

Examined spouse reports of support provided.

Employed an intensive longitudinal design.

We were interested in understanding how spouse responses might moderate the impact of patient coping on pain.

Dyadic: Considering an individual's response within the context of his/her spouse's response.

The Current Study

Examined the influence of specific **approach-oriented spouse support variables** on the effect of **RA patients' catastrophizing**.

How is the impact of patient catastrophizing on pain mitigated or exacerbated by daily spouse responses?

Previously confirmed a significant association between patient catastrophizing and reports of pain in the current sample of RA patients (Holtzman & DeLongis, 2007).

The Current Study

3 Support Variables of Interest:

1. Love and Acceptance
2. Comforting the Patient
3. Helping the Patient



Methods

27 couples comprising 1 RA patient and 1 spouse.

*RA patients largely female (70%) with mean age of 62 years (SD = 14).
Together for average of 32 years (SD = 16).*

Responses collected twice daily for 7 consecutive days:

Patient pain intensity (NRS scale of 0-10).

Patient coping (helplessness subscale of Pain Catastrophizing Scale).

Spouse support provision (Berlin Social Support Scales).

Analyses

Hierarchical linear modeling (HLM), with daily measures nested within couples over time.

Associated AM interaction between spouse support/patient coping with PM patient pain intensity, controlling for AM pain intensity.

Level-1 predictors person-centered.

Random intercepts & random slopes models.

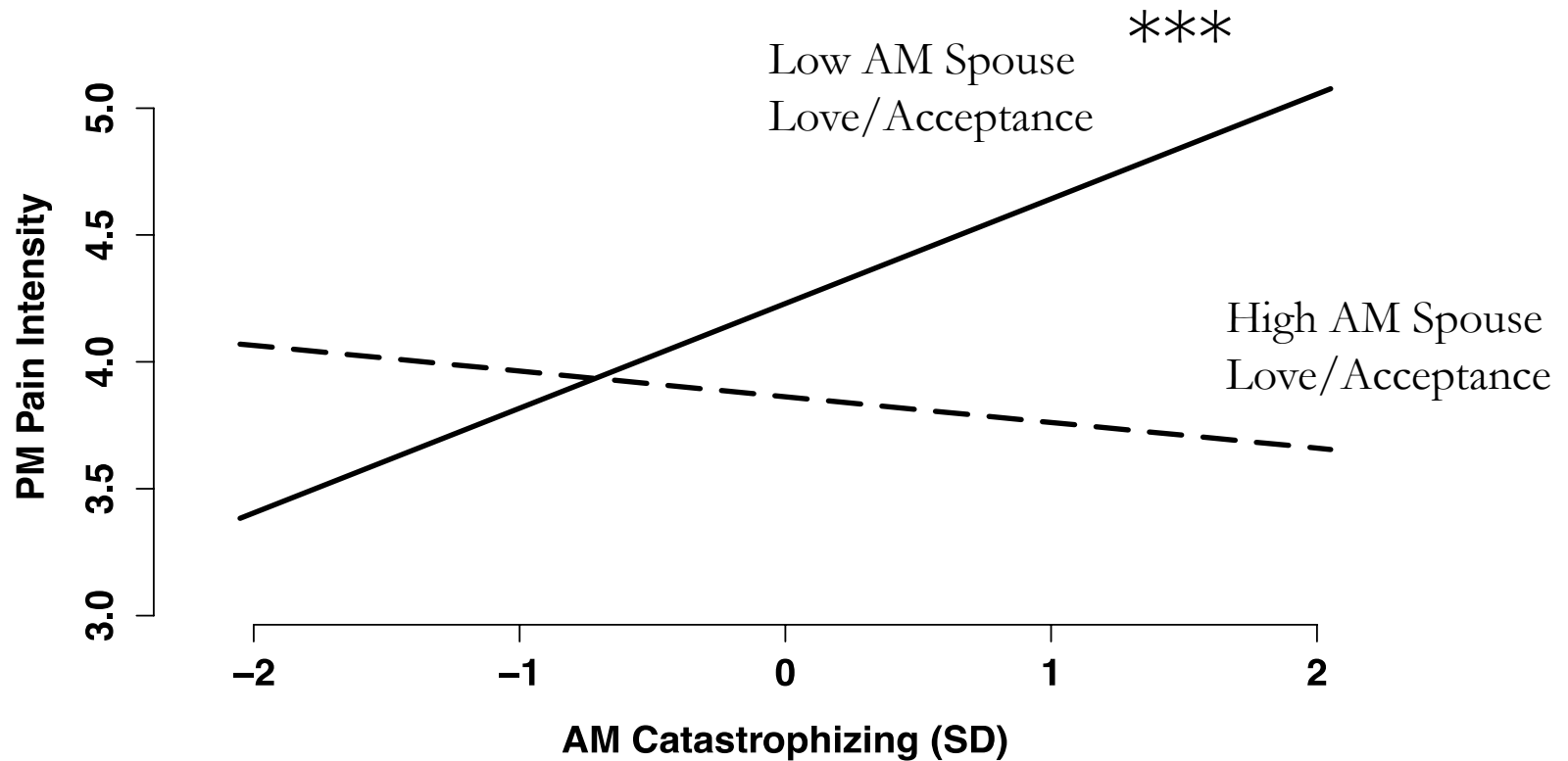
Results: Love/Acceptance

	Coefficient	SE
Intercept	4.04***	.35
AM Pain (p)	.51***	.08
AM Catastrophizing (p)	.40***	.14
AM Love/Acceptance (s)	-.32*	.13
AM Catastrophizing (p) x AM Love/Acceptance (s)	-1.14**	.36

p = patient report / s = spouse report

* $p < .05$; ** $p < .01$; *** $p < .001$

Results: Love/Acceptance



Conclusions: Love/Acceptance

When spouses expressed less love and acceptance to patients, the impact of patient catastrophizing on subsequent pain worsened.

Suggestive of the potential for spouse love and acceptance to mitigate the impact of patient catastrophizing on pain.

Consistent with broader literature on dyadic coping → more adaptive outcomes of active, emotion-focused response in couples (Berg et al., 2008).

Results: Comfort

	Coefficient	SE
Intercept	4.02***	.36
AM Pain (p)	.49***	.09
AM Catastrophizing (p)	.20	.14
AM Comfort (s)	.26*	.12
AM Catastrophizing (p) x AM Comfort (s)	-.13	.22

p = patient report / s = spouse report

* $p < .05$; *** $p < .001$

Conclusions: Comfort

Interaction is non-significant, but...

Main effect revealed that a comforting response was associated with an increase in patient pain across the day.

Comforting patient may be reinforcing/magnifying feelings of pain (Sullivan et al., 2001) – solicitous response.

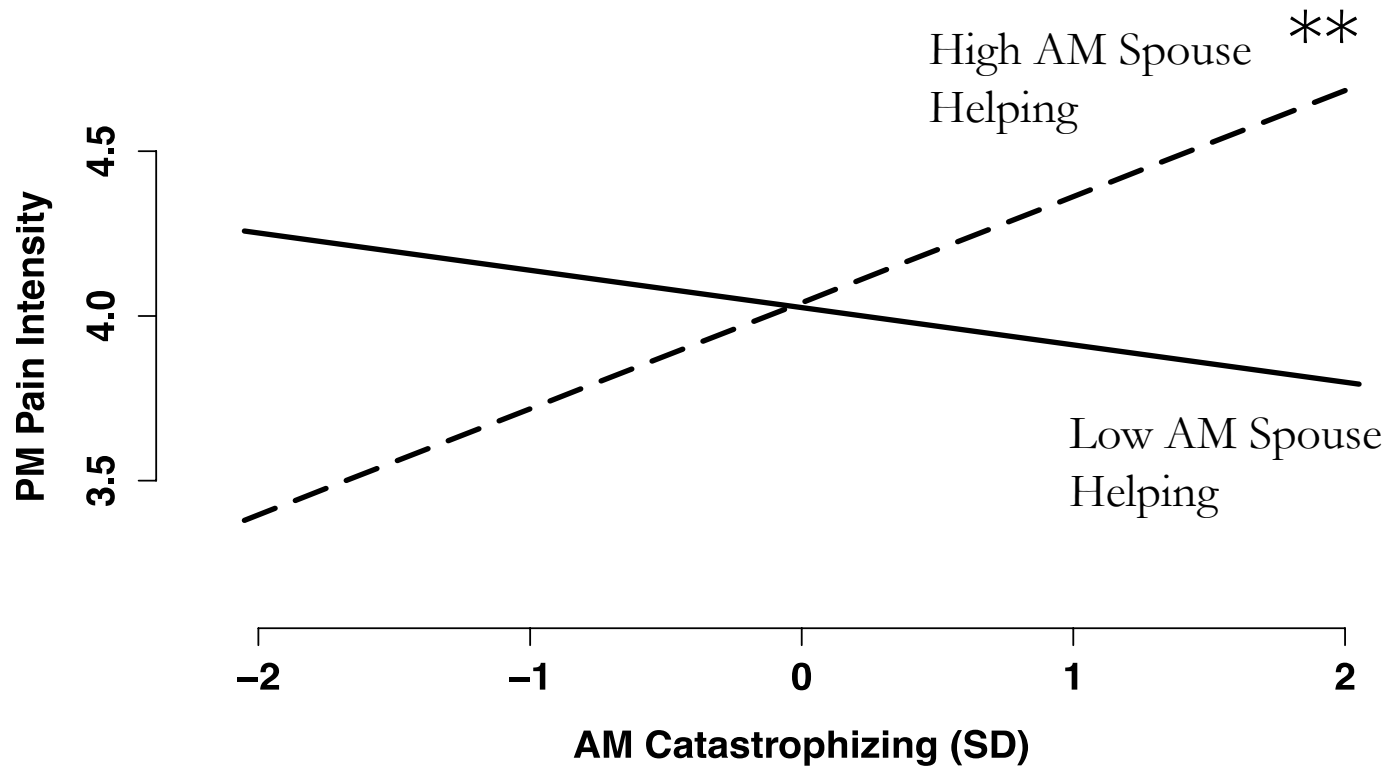
Results: Helping

	Coefficient	SE
Intercept	4.03***	.36
AM Pain (p)	.51***	.09
AM Catastrophizing (p)	.27 ⁺	.13
AM Helping (s)	.01	.16
AM Catastrophizing (p) x AM Helping (s)	.83**	.26

p = patient report / s = spouse report

⁺p < .10; **p < .01; ***p < .001

Results: Helping

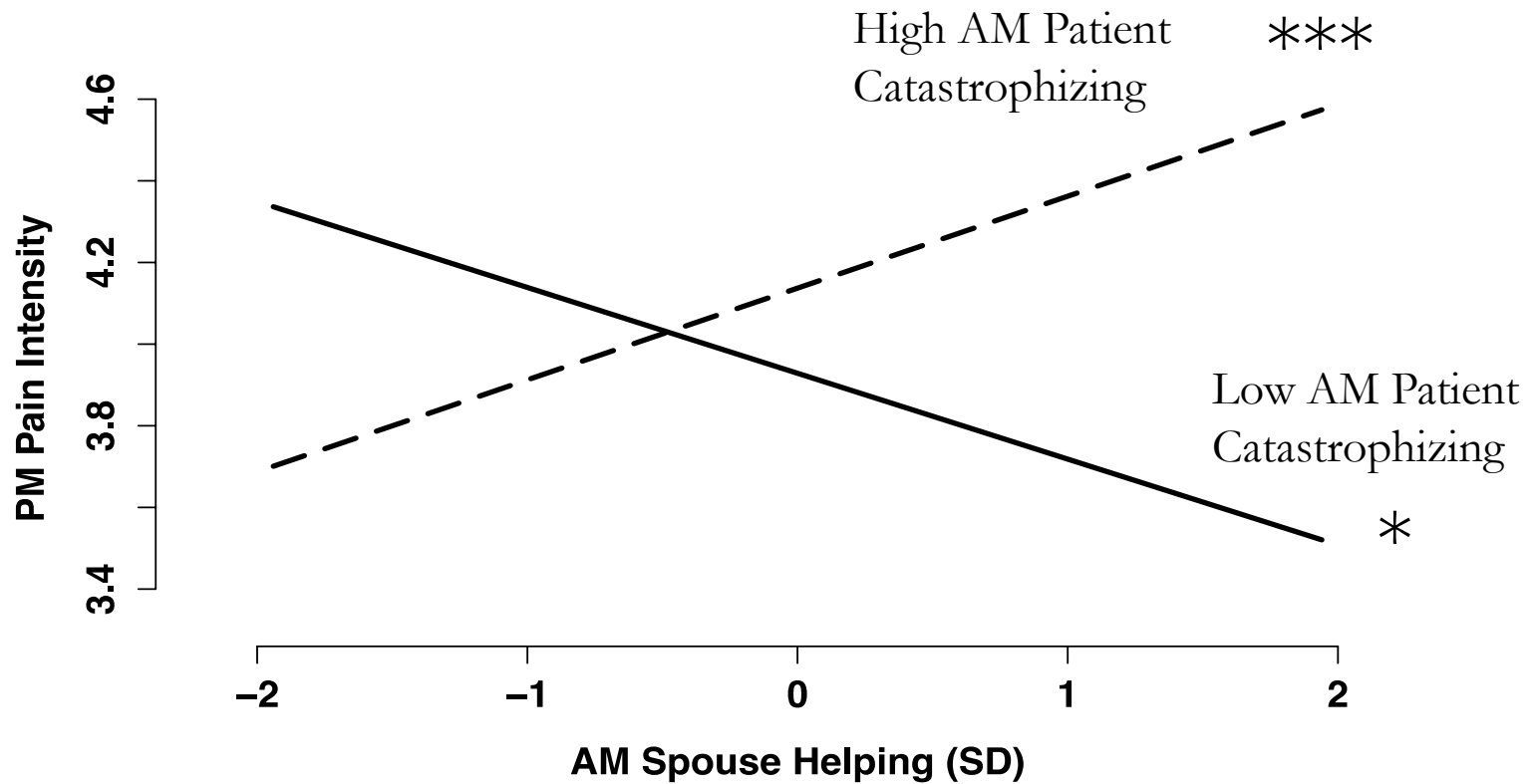


Conclusions: Helping

Higher engagement in helping behaviors on the part of the spouse exacerbated the relationship between patient catastrophizing and subsequent pain.

So, is helping bad??

Results: Helping



Conclusions: Helping

Higher engagement in helping behaviors on the part of the spouse exacerbated the relationship between patient catastrophizing and subsequent pain.

Helping the patient is associated with greater pain ONLY when patient is feeling helpless/catastrophizing.

Discussion

Complexities of support – all support not equally beneficial.

We need to examine the finer manifestations of social support.



Discussion

Complexities of support – all support not equally beneficial.

We need to examine the finer manifestations of social support.

Previously, both perceived support and satisfaction with support associated with less catastrophizing.

Add to this the importance of spouse reports of support.

Findings encourage examination of individual responses to chronic illness within a larger social context – not in isolation.

Limitations: sample size, other types of support, etc.