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Key Points

1. Study examined the differences in how chronic pain patients and their spouses rate the pain and disability of the patient
2. 110 couples where one spouse suffered from chronic musculoskeletal pain answered several questionnaires and an interview
3. Study found that spouses rated their partner's pain as more severe than the patients themselves did
4. Conversely, patients rated their physical, psychosocial, and recreational disability higher than their spouses rated it
5. There were greater levels of disagreement in the ratings of disability in couples where the patient was clinically depressed
6. There were greater levels of disagreement in the disability ratings in couples where the patient was female as opposed to male
7. In general couples agreed on how spouses responded to the patient's pain

Spouses Disagree On Pain & Disability

Spouses disagree about many things - money and kids for example - and now research has shown that among couples where one partner is in chronic pain, spouses even disagree about how much pain that person is in.

Research over the past decade has shown that caregivers consistently overestimate how much pain cancer patients are in. Surprisingly, however, this effect was not found in cases of rheumatoid arthritis or osteoarthritis. Studies involving these conditions have found that some spouses overestimate the amount of pain and disability the patients are have while others underestimate it.

Dr. Annmarie Cano, Director of the Relationships and Health Lab at Wayne State University, and her colleagues there, decided to study the differences in how spouses report pain and disability levels among couples where one partner suffers from chronic musculoskeletal pain. They published their findings in the June, 2004 issue of the journal PAIN.

Based on prior research, Dr. Cano hypothesized that spouses would report higher levels of pain and disability than the patients themselves. She also suspected that depression might play a role in how differently spouses viewed the pain/disability situation. Most psychologists believe that depression has an effect on interpersonal relationships and often results in the social withdrawal of the depressed person. In addition, the spouse of a depressed person may distance themselves as a defense mechanism. Dr. Cano posited that this withdrawal and distancing would adversely effect communication about the patient's pain and disability and result in a larger difference among couples with a depressed spouse than among couples where no one is depressed.

Dr. Cano also hypothesized that gender would play a role in the results she obtained. Research has shown that in general wives are more accurate in judging their husbands' pain than vice versa. Other research has shown that wives are better at identifying their husbands' personality traits and non-verbal behaviors than husbands are at judging their wives. Based on these results, Dr. Cano expected that couples where the wife is in pain would have a larger discrepancy in their reporting of pain and disability than couples where the husband was the one in pain.

To test her theories, Dr. Cano recruited 110 couples from a multidisciplinary pain management clinic. All the patients had suffered for at least six months from chronic neck or back pain. Common causes of the pain included disc problems, osteoarthritis and surgical complications. About 75% of the patients also reported pain in other places, such as their arms and legs. As a group, the couples were predominantly white and had been married an average of 18 years. In 62 of the couples, the wife was the partner in chronic pain, whereas the husband was the sufferer in 48 couples.

Each couple was given a series of forms and surveys (see Table 1, sidebar) to assess how they rated the patients' levels of pain and disability. The surveys also measured how the spouses tended to respond to the pain (helpful, distracting, negative). To identify clinical levels of depression, the patients underwent structured interviews with trained assessors.

As Dr. Cano suspected, on average spouses rated their partners' pain levels significantly higher than the patients did themselves (see Table 2). However, when it came to levels of disability, while the couples still disagreed, the patients rated their levels of physical, psychosocial, and recreation disability higher than their spouses did. There were no significant differences in how the couples rated household or work disability, and there was close agreement on how often spouses responded positively and negatively to their partners' pain.

Table 2
Patient & Spouse Ratings of Disease & Disability

	Patient Avg Score	Spouse Avg Score	Significant Difference
Pain	110.54	12.56	Y
Physical Disability	12.59	9.59	Y
Psychosocial Disability	19.03	13.88	Y
Recreation	13.43	10.96	Y
Household Mgmt	16.18	13.28	N
Work	8.49	5.06	N
Negative Spouse Responses	1.72	1.77	N
Solicitous Spouse Responses	3.24	3.41	N

Table 1
Summary of Measures Used In Study

Pain -

- Multidimensional Pain Inventory (MPI)
- Different versions for patient and spouse
- 52 questions
- Assesses pain severity and spousal response to pain
- Response types include negative or punishing, solicitous or helpful, and distracting

Disability -

- Sickness Impact Profile (SIP)
- Different versions for patient and spouse
- Assesses physical disability, psychosocial disability (communication, alertness, emotion), recreation, household management, and work

Patient Depression -

- Structured Clinical Interview
- Trained interviewers assessed patients for clinical depressive disorders
- Looked for symptoms such as depressed mood, appetite problems, sleep problems, fatigue, hopelessness, difficulty concentrating, etc.

Spouse Depression -

- Mood and Anxiety Symptom Questionnaire (MASQ)
- Assesses how often someone has experienced certain symptoms in the past week

Source

Cano A, Johansen AB, Geisser M. Spousal congruence on disability, pain, and spouse responses to pain.Pain. 2004 Jun;109(3):258-65.

Note: *Significant difference refers to whether the difference in scores between the two groups was statistically significant to the level where there was less than a 1% probability the difference was due to chance.*

In support of her hypothesis, Dr. Cano found that depression did play a role in whether spouses agreed on the amount of pain and disability. Specifically, couples where the patient was clinically depressed showed greater amounts of disagreement in how they rated both physical and psychosocial disability than couples with no depression. Interestingly, depression did not play a role in the reporting of pain level, other types of disability, or spousal responses to pain.

The data also revealed that gender plays an important role in this dynamic. As expected, there was more of a difference between the spouse ratings of physical disability when the patient was female than when the patient was male. Dr. Cano speculates that this effect could be because women tend to exaggerate how much pain they are in to their husbands; or alternately, that men are not as good at perceiving pain and disability as women are.

Despite the fact that not all the findings were what she expected, Dr. Cano believes that the results support - at least in part - the idea that spouses often distance themselves as a defense mechanism against their partners' distress. Pain is overestimated by spouses because when a partner talks about their pain, it can distress the spouse. This distress then increases their belief about how much pain their partner is in. Conversely, because of the defensive distancing, spouses may not observe the full extent to which their partner is affected by their pain. This in turn results in spouses reporting lower levels of disability than their patients.

Continued research will likely shed light on the underlying reasons behind the difference in how spouses perceive pain and disability. Until then, it would appear that couples dealing with the burden of chronic pain should work hard to communicate as effectively as possible about this difficult subject.

For More Information About Dr. Cano And Her Research, Visit:
http://sun.science.wayne.edu/~ acano/

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