Published in final edited form as:

Pain. 2018 January ; 159(1): 1–2. doi:10.1097/j.pain.0000000000001045.

Spousal criticism and hostility in response to pain: What is the alternative?

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Burns and colleagues [1] address important questions with respect to the role of spousal criticism and hostility in affecting pain adjustment. Not only do their findings show that perceived spouse criticism/hostility is related to pain, but that pain behaviors were most frequently observed among members of certain sub-groups (i.e., women, people with depressive symptoms) when their spouses engaged in greater criticism/hostility. The use of an observational paradigm also advances the science in this field and raises the bar for researchers interested in both interpersonal and pain behaviors.

The constructs of criticism and hostility are part of a long line of research on negative emotion expressed to people with pain. “Punishing spouse responses” was first incorporated into a pain measure by Kern, Turk, and Rudy [18], in which respondents are asked to report the extent to which their partners responded to their pain with irritation, anger, or frustration. Punishing responses have also been assessed observationally by Romano and colleagues [24] and others, and have been shown to relate to greater relationship distress, pain, and depressive symptoms among people with pain [6]. The research has expanded to include more nuanced and specific negative emotions toward people including hostile solicitousness [22] and emotional invalidation [2,5,7,10,19], both which are known to negatively impact intrapersonal and interpersonal well-being [5,19,22]. The work of Burns et al. [1] further elucidates the role of negative emotional reactions to people with pain from an expressed emotion perspective [14]. Work such as this is important in providing a clear understanding of different aspects of social communications that play significant roles in the lives of people with pain. In particular, the Burns et al. study more pointedly examines not just diffuse or general hostility or criticism that might occur in a relationship, but hostility and criticism that occurs when discussing one’s pain coping attempts.

Burns and colleagues are also to be commended for attempting to understand for whom critical and hostile responses are especially detrimental; in this case, women and people reporting higher levels of depressive symptoms. The fact that women in this study reported more depressive symptoms than men suggests that an intriguing question for future study is to identify intersecting characteristics that might better explain vulnerability (e.g., women

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There are no conflicts of interest to report.

Disclosures: Annmarie Cano was supported by the National Center for Complementary & Integrative Health of the National Institutes of Health under Award Number R21AT007939 while working on this manuscript. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

with depression may be most vulnerable to criticism/hostility). It is also important to remember that spouses remained in the room for the pain behavior task. As the authors note in their discussion of the results, it is possible that spousal presence increased the frequency of pain behaviors. It is also possible that people who experience a great deal of hostility and criticism during the coping with pain discussion task may engage in greater pain displays as a way to communicate that their pain is serious and real. Some couples may get caught in a vicious cycle of criticism and pain behavior, as well as general relationship distress. The interactional model of depression [8], which posits that excessive reassurance-seeking may relate to interpersonal rejection in people with depression, may explain this interaction cycle. Indeed, evidence from the pain and interpersonal relationships literature suggest that excessive reassurance-seeking may in turn foster rejecting and isolating reactions from loved ones [5,26]. To test these hypotheses further, verbal expressions of people with pain, including emotional disclosures [4] to which spouses are hostile or critical, must also be assessed. Finally, a dyadic approach in which relationship distress is assessed may also shed light on the interpersonal dynamics in which spousal criticism and hostility to pain occur. It is not clear if the couples who participated in this study were, on average, distressed or, as is common in many pain studies, relatively satisfied in their relationships.

The authors note that spousal hostility and criticism should be addressed in interventions by teaching more constructive methods to manage conflict. Conflict negotiation is not typically a part of interventions to improve quality of life for people with pain. The most well-known approach engages the partner as a coach who assists the patient to maintain healthy coping strategies [16,17,20]. There is also some evidence that encouraging well behaviors is associated with lower patient disability [25]. Yet, these coaching approaches may work well only for couples who are handling the illness well but not as well for couples who experience relationship distress [20], including negative emotional interactions including hostility, criticism, and emotional invalidation. For instance, encouragement of well behaviors may be perceived as nagging or criticism in the context of relationship distress. Recent work incorporating intimacy and interpersonal models into the pain experience suggests that empathy and acceptance or validation of disclosures about pain-related distress may prevent or deescalate conflict with respect to pain and promote health [4,7,11,21,23]. Indeed, partner responsiveness, including empathic responses to a partner's pain expression, is associated with better longstanding physical function among people with pain [27].

Another option for clinical researchers interested is to approach pain coping as a dyadic task in which both partners bring their own experiences and coping strategies to pain and stressful experiences. From this perspective, both partners are active targets of treatment and both must learn how to attend to, accept, and respond to their own emotional reactions when confronted with pain, other stressors, and the emotional reactions of their partners. This perspective was used to develop an intervention for couples with pain and relationship distress [3]. In this intervention, both partners learn constructive communication skills together including mindful listening and empathic responding, borrowing from existing interventions [9,12,13,15], so that each partner in the couple is supported in their pursuit of valued health and relationship goals.

The study by Burns et al. [1] shows that spousal criticism and hostility are powerful responses that adversely affect the well-being and behavior of people with pain. Their work provides further evidence for the need to identify the specific behaviors that can be targeted in treatment to improve the lives of the most vulnerable people. It is hoped that this work promotes continued study of the context, antecedents, and consequences of these behaviors so that interventions can be developed and further refined to assist people with pain and their loved ones.

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