

COMMUNAL COPING BY CONGESTIVE HEART FAILURE PATIENTS AND THEIR SPOUSES

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Abstract

Observers' ratings of communal coping (cooperative problem solving) based on interviews with 20 heart-failure patients and their spouses predicted the patient's survival 4 years later. Although the measure was not highly stable across patient-spouse roles and two stressful situations, a communal orientation by women (both patients and spouses) had prognostic significance in this exploratory study.

A growing body of empirical research highlights the key role of close relationships in successful coping with chronic heart disease. In a recent study of congestive heart failure (CHF) patients and their spouses, a composite measure of marital quality predicted 4-year survival independent of illness severity, especially for female patients (Coyne, Rohrbaugh et al., 2001; Rohrbaugh, Shoham et al., in press). The marital component predicting best was frequency of useful illness discussions, a variable reminiscent of what Lyons et al. (1998) call "communal coping" (CC).

To examine the contribution of the communal coping construct more specifically, we rated interview responses from a sub-sample of participants in the earlier study on dimensions of collective appraisal and action suggested by Lyons et al. The aims were (a) to assess the stability of communal coping across partners and across two stressful situations; (b) to examine concurrent associations of communal coping with illness severity, marital quality, and psychological distress; and most important (c) to test the prognostic significance of communal coping for patient survival.

Method

In individual audiotaped interviews, 20 CHF patients and their spouses described reactions to two stressful situations, one related to the patient's health and the other involving a marital disagreement. Tapes for these participants (4 per couple) were randomly selected from the full sample such that half of the patients were female and half were alive 4 years after the baseline assessment (a 2 x 2 factorial design).

Mean age of sub-sample patients was 51.2 years, with 89% white and 35% college graduates. Mean CHF severity (functional impairment) was 3.0 on the 1-4 scale of the New York Heart Association (NYHA).

Interview tapes were rated in random order by trained undergraduates who showed acceptable agreement for 4 scales based on the appraisal and action dimensions from Lyons et al.'s CC framework. Scores for the 4 correlated dimensions were then summed to yield separate CC scores for patients and spouses in each stressful situation.

Other measures assessed concurrently with CC included psychological distress reported by both patients and spouses (HSCL-25; Rohrbaugh, Cranford et al., 2002) and the composite index of marital quality used by Coyne et al. (2001).

Results

Stability of Communal Coping

CC scores correlated across the two stressful situations for patients but not spouses:

	Patients	Spouses
Male-patient couples	.74*	.10
Female-patient couples	.44	.15
All couples	.54*	.09

* $p < .05$

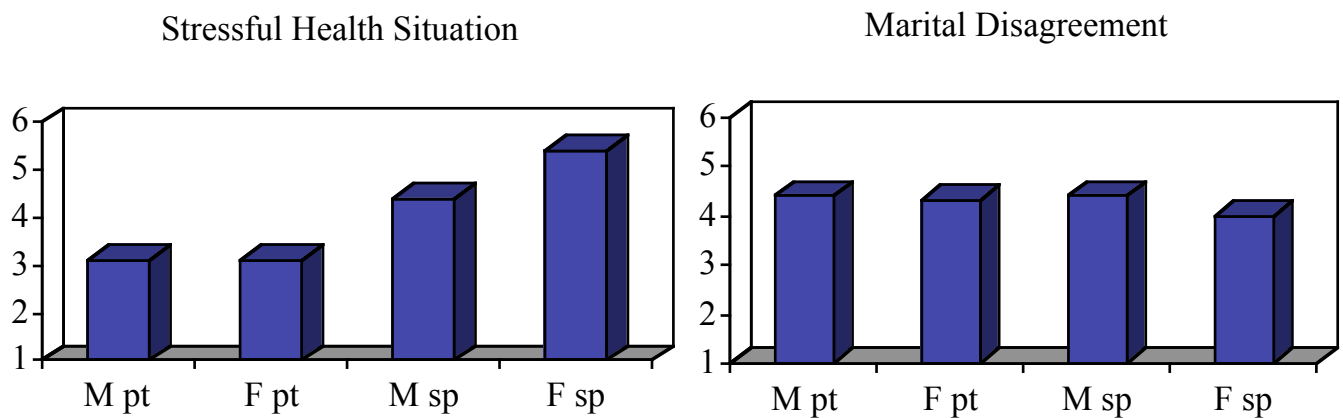
Patient and spouse scores were correlated when the patient was female but not male:

	Stressful health situation	Marital disagreement
Male-patient couples	-.08	.45
Female-patient couples	.89*	.74*
All couples	.34	.62*

* $p < .05$

Spouses exhibited more CC than patients when discussing a stressful health situation but not when discussing a marital disagreement:

Mean Communal Coping Scores for Patients and Spouses



[Role x situation interaction significant in mixed-model ANOVA, $F(1,17) = 27.35, p < .01$.]

Concurrent Correlates of Communal Coping

Correlations of CC with couple-level marital quality appeared stronger when participants discussed a marital disagreement v. a stressful situation, especially when the patient was female. CC was not consistently related to patient or spouse distress and unrelated to illness severity.

Stressful Health Situation

	Marital quality		Patient distress		Spouse distress	
	Pt	Sp	Pt	Sp	Pt	Sp
Male-pt cpls	.11	.39	.11	-.59	.08	-.16
Female-pt cpls	.27	-.11	-.19	.10	.14	.16
All couples	.18	.06	-.06	-.29	.12	.03

Marital Disagreement

	Marital quality		Patient distress		Spouse distress	
	Pt	Sp	Pt	Sp	Pt	Sp
Male-pt cpls	.55	-.37	.17	.49*	.51	.45
Female-pt cpls	.84*	.67*	-.21	-.51	.15	.45
All couples	.65*	.32	-.05	-.01	.27	.45

* $p < .05$

Communal Coping and 4-year Survival

Point-biserial correlations between CC and patient survival were generally in the expected (positive) direction, with strong associations noted for female patients discussing a marital disagreement and wives of male patients discussing a stressful health situation. Controlling illness severity (NYHA class) did not affect significant associations between CC and patient survival.

	Stressful health situation		Marital disagreement	
	Patient	Spouse	Patient	Spouse
Male-pt cpls	.01	.71*	.41	.28
Female-pt cpls	.07	-.18	.75*	.42
All couples	.05	.36	.59*	.35

* $p < .05$. Italics indicate female participants.

Conclusions

Results from this exploratory study suggest that communal coping may be an important factor in coping with chronic heart disease, with implications for long-term prognosis. CC represents a task-focused, instrumental dimension of adaptive coping that complements the prevailing emphasis on socio-emotional support in literature on relationships and health.

Although mean CC levels of male and female patients did not differ overall, the strongest associations between CC and 4-year survival involved female participants (both patients and spouses). In addition, female-patient couples showed stronger associations between CC and marital quality, at least when discussing a marital disagreement, and more concordance of spousal CC.

The study has obvious limitations due to its small sample size, and leaves open questions about measurement of the CC construct. For example, because CC in this study was inferred only from how participants talked about stressful situations, we do not know how this observational measure would correspond with direct participant self-report. Nevertheless, these preliminary results highlight the need for more extensive, systematic investigations of communal coping by chronically ill patients and their spouses.

References

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