



“Who would want to date me?”

The impact of chronic pain on new romantic relationships

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Introduction

- Chronic pain (CP) affects one in five adults and is directly related to many serious secondary consequences including depression, anxiety, family stress, and work limitations/loss (Breivik et al., 2006; McWilliams et al., 2003; Ohayon et al., 2003; Schopflocher et al., 2011).
- Supportive romantic partners can help buffer the impact of CP by improving perceived social support, helping to reduce levels of depression and anxiety, and facilitating adaptive coping (Holtzman et al., 2007).
- Unfortunately, CP often causes significant strain on romantic relationships and consequently persons with CP are more likely to be without a partner (Wolfe et al., 2004).
- Thus far, research exploring how CP impacts romantic relationships has focused exclusively on couples who are committed and cohabitating (*Relationship Maintenance* phase; Knapp, 1983). No research has examined the impact of CP on partner-seeking and early relationship development (*Coming Together* phase; Knapp, 1983).
- Coming Together* begins when individuals attempt to show their interest in a potential partner by making contact and demonstrating their eligibility. Gradually, conversation becomes more purposeful as both individuals try to determine whether to pursue the relationship. During this phase the amount of personal disclosure increases and intimacy builds. Disclosure may, however, be costly as it increases the individual’s vulnerability (Guerrero et al., 2007).

Purpose & Method

- Analysis of the data sought to identify barriers to developing a long-term supportive relationship as well as factors that promote successful relationship initiation and development.
- 26 partner-seeking or newly partnered (less than six months, non-cohabitating) individuals ($M_{age} = 32.9 [SD = 8.4]$ yrs) whose CP met IASP (1986) definitional criteria were recruited online.
- Participants completed a brief questionnaire assessing demographic, pain, and dating variables followed by a semi-structured interview either in person or by telephone. The interview focused on how CP has affected their approach to dating and the progression/development of their new romantic relationships.
- Verbatim transcripts were analyzed using the six phases of thematic analysis (Braun & Clarke, 2006).
- Themes described by participants were extracted and categorized in order to develop a framework for understanding the impact of CP on approach, initiation, and development strategies for new romantic relationships.

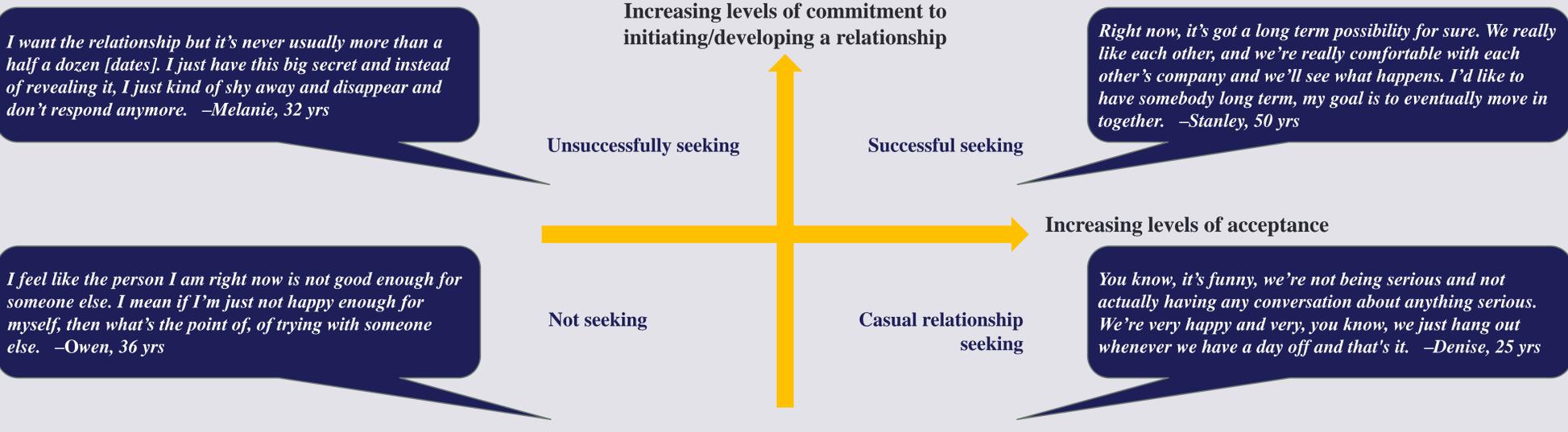


Results

Figure 1. Significant barriers to relationship initiation/development for persons with CP



Figure 2. Classification of partner-seeking approaches



Conclusions

- Participants who experienced multiple barriers described more difficulties developing their existing relationships, or less willingness to engage in partner-seeking activities.
- Not seeking* and *unsuccessfully seeking* participants were reluctant to integrate CP into their identity (consistent with low-acceptance). They also had the poorest self-perceptions, negative expectations pertaining to their dating prospects, and utilized maladaptive ways of coping with their CP in the context of dating (e.g., hiding their CP).
- Not seeking* participants often had several preconditions to dating (e.g., better management/control of their symptoms, improving self-perceptions) that caused them to defer attempts to find a partner despite wanting a relationship. Notably, those who described the lowest acceptance and poorest self-perceptions were among those *not seeking*.
- Reluctance to share information about their CP (nondisclosure) universally led to more difficulty building intimacy and communicating with a new partner. Nondisclosure was especially prominent among the *unsuccessfully seeking* participants, who also described sabotaging potential relationships or testing new partners in an effort to confirm their own negative expectations about a partners’ ability to cope with and accept their CP.
- Most participants recognized the thoughts and behaviors that hindered their chances of establishing a romantic relationship, but were unable or unwilling to change them.
- Given lack of pain acceptance was the most prominent barrier to seeking new relationships and the fact that pain acceptance is strongly linked with the other identified barriers (i.e., mental and physical health, self-perception, coping efforts), Acceptance and Commitment Therapy (Hayes et al., 2006) is likely to help facilitate relationship building activities for those seeking new relationships (i.e. increase social support).
- Helping patients improve their sense of self-worth and approach pain disclosure in a way that minimizes stigmatization or other negative responses may facilitate more successful partner-seeking and relationship development.