PROTECTIVE BUFFERING AMONG COUPLES COPING WITH CANCER: Motivations and Consequences
Relationship-focused coping

- Protective buffering (PB)
  (Coyne & Smith, 1991)
Protective buffering as applied to cancer (Hagedoorn et al., 2000)

- hiding one’s concerns
- denying one’s worries
- concealing discouraging information
- preventing the partner from thinking about the cancer
- yielding in order to avoid disagreement
What are the consequences of protective buffering (PB)?
Dyad

ACTOR

PARTNER
Intrapersonal effects

ACTOR  PARTNER
Interpersonal effects
Why buffer?

- Motivations
  - Other-protective
    - To protect one’s partner from distress
  - Self-protective
    - To protect oneself from distress
Aim

• Examine affective consequences of buffering and motivations for such
  – Among hematopoietic stem cell transplant survivors and their spousal caregivers
Patient sequelae

**MEDICAL**
- infection
- graft-versus-host disease
- pulmonary complications
- infertility
- relapse
- secondary malignancy
- mortality

**PSYCHOSOCIAL**
- depression
- anxiety
- sexual dysfunction
- cognitive impairment
- occupational disability
POMS anxiety $\times$ time and role

Langer et al., 2003, *Psycho-Oncology*
Participants and procedure

- 94 hematopoietic stem cell transplant survivors and their caregivers
- Self-report assessments
  - Protective Buffering
  - Center for Epidemiologic Studies Depression Scale (CESD)
Protective Buffering Scale
(Suls et al., 1997)

- Denied or hid my anger
- Denied or hid my worries
- Avoided disagreeing with my partner
- Gave in more during arguments with my partner
- Acted more positive than I felt
- Avoided talking about things
- Withheld potentially upsetting information
Protective Buffering Scale: Motivations to protect (Trost, 2005)

• In doing these things...
  – To what extent have you wanted to protect your partner from feeling bad or distressed?
  – To what extent have you wanted to protect yourself from feeling bad or distressed?
Received buffering

- Denied or hid my anger
- Denied or hid my worries
- Avoided disagreeing with my partner
- Gave in more during arguments with my partner
- Acted more positive than I felt
- Avoided talking about things
- Withheld potentially upsetting information
# Pre-transplant sample characteristics (n = 94 dyads)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Patient</th>
<th>Caregiver</th>
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</thead>
<tbody>
<tr>
<td>Age, M (SD)</td>
<td>54 (11)</td>
<td>52 (12)</td>
</tr>
<tr>
<td>Age, range</td>
<td>24-78</td>
<td>24-78</td>
</tr>
<tr>
<td>Gender, % female</td>
<td>30</td>
<td>71</td>
</tr>
<tr>
<td>Ethnicity, % Hispanic</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Race, % Caucasian</td>
<td>92</td>
<td>92</td>
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<tr>
<td>Education, % college</td>
<td>65</td>
<td>62</td>
</tr>
<tr>
<td>Total income, % $60k+</td>
<td>---</td>
<td>67</td>
</tr>
<tr>
<td>Marital status, % married</td>
<td>---</td>
<td>96</td>
</tr>
<tr>
<td>Years in relationship, M (SD)</td>
<td>---</td>
<td>22 (15)</td>
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<tr>
<td>Length of relationship, range</td>
<td>---</td>
<td>5 mos – 53 yrs</td>
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</table>
### Patient clinical characteristics

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>%</th>
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<tbody>
<tr>
<td>Acute Leukemia</td>
<td>48</td>
</tr>
<tr>
<td>Myelodysplasia</td>
<td>30</td>
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<tr>
<td>Chronic Leukemia</td>
<td>8</td>
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<tr>
<td>Lymphoma</td>
<td>5</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regimen intensity, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myeloablative</td>
</tr>
<tr>
<td>Non-myeloablative</td>
</tr>
</tbody>
</table>
Actor Partner Interdependence Model
(Kenny, Kashy & Cook, 2006)

• Dependent variable
  – Depression (CESD)

• Predictor
  – Buffering
  – Received buffering
  – Motivation to protect self
  – Motivation to protect other
**Actor Partner Interdependence Model**

Main effect of actor
Intrapersonal
Effect of actor’s behavior on actor

Main effect of partner
Interpersonal
Effect of partner’s behavior on actor
Buffering

• Main effect of actor ($p < .001$)
  – The more participants buffered their partner, the higher their own depression
Received buffering

- Main effect of actor \( (p < .001) \)
  - The more participants felt buffered, the higher their own depression
Motivation to protect self

- Main effect of actor
  - The more participants buffered to protect themselves, the higher their own depression ($p = .024$)
- Actor x role interaction ($p = .036$)
Patients highly motivated to protect themselves were more depressed than patients less motivated to protect themselves.
Motivation to protect other

• Main effect of partner
  – The more an individual’s partner buffered him/her for altruistic reasons, the higher the individual’s depression ($p = .044$)

• Partner x role interaction ($p = .033$)
Caregivers whose patients were highly motivated to protect them were more depressed than caregivers whose patients were less motivated to protect them.
Conclusions

• Buffering is deleterious
• Buffering enacted by patients may paradoxically hurt the very object of their protection
  – Themselves
  – Their partner
Limitations

- Associational study
- Observational and experimental designs needed
Implications

• Self-protection – avoidant coping
• Is buffering amenable to intervention
  – Couples-based coping training
    (Baucom et al., 2009; Porter et al., 2009; Scott et al., 2004)
• Provide opportunities to express