The Role of Blame in Psychosocial Adjustment in Couples Coping with Lung Cancer

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Blame in Lung Cancer

• Smoking is the primary risk factor for developing lung cancer (LC).

• Consequently, patients may experience attributions of self-blame for their illness.

• Attributions of self-blame are problematic because they are associated with poor cancer adjustment. (Else-Quest, et al., 2009; Gulyan & Youssef, 2010)
Couples Coping with Lung Cancer

- Not only patients but also their spouses/partners are vulnerable to psychological distress. (Carmack et al., 2008)
- Distress in spouses is a concern because it may compromise their ability to care for and support the patient.
- Possibly, spouses’ distress is related to patient-blame.
The blame and distress association may be particularly pronounced for couples with poor dyadic adjustment (DA).
Current Study
Hypotheses

Hypothesis 1:
• Patients with a history of smoking are more likely to blame themselves and are more likely to be blamed by their partners for developing cancer compared to patients who never smoked.

Hypothesis 2:
Hypothesis 3:

- The DA buffers against distress at baseline and 6-month follow-up.
Eligibility Criteria

Patient:

- Had a ECOG Performance Status ≤ 2
- Initiated treatment ≤ 1 month
- Had a spouse or significant other with whom they have resided for at least 1 year

Both Members:

- Could read and speak English
- Were able to provide informed consent
- Were over age 18
Study Design and Procedures

- Recruited during appointments at the Thoracic Clinic at MDACC.
- Couples completed questionnaires at baseline and 6-months follow-up.
- Patients and partners were asked to complete the questionnaires separately.
- Reminder phone calls were made.
- Upon return of each completed packet, participants received a small gift worth $10 for each assessment (or $40 per couple).
# Measures

## Psychological Distress
- Global severity index (GSI) of the 53-item Brief Symptom Inventory (BSI)
- $T$ scores of $\geq 63$ denote “distressed”
- Measured at baseline and 6-month follow-up

## Dyadic Adjustment
- 32-item Dyadic Adjustment Scale (DAS)
- Scores of $\geq 97$ identify “relationship distress”

## Blame
- 2 items assessing behavioral and characterological self-blame in patients and patient-blame in partners.
Demographic Characteristics

Couples (N=179)
- **Ethnicity**: White (90%)
- **Martial status**: Married (98%)
- **Age**: $M = 61.7$ yrs ($SD = 10.1$; $30-87$ yrs)
- **College educated**: (60%)

Patients
- **Gender**
  - Advanced disease (69%)
  - Mean time since dx: $2.3$ mo ($1.7$ SD)
Smoking History

**Patients**

- Current: 48.8%
- Recent: 9.8%
- Former: 26.8%
- Never: 14.6%

**Partners**

- Current: 32.1%
- Recent: 19.1%
- Former: 2.5%

Recent: quit ≤ 6 month; Former: quit ≥ 6 month
Descriptive Results

• There were no significant differences between patients and spouses regarding their levels of distress and DA.

• But, patients engaged in attributions of blame significantly more compared to partners (paired t-test = 14.17, p < .0001)
Hypothesis 1: Smoking history and blame

- For patients \( F_{(3,158)} = 13.95, p < .001 \)
  - Post-hoc comparison analyses revealed that never smokers blamed themselves less compared to patients with any smoking history.

- For partners \( F_{(3,259)} = 2.30, p < .08 \)
  - Partners’ own smoking history was also not significantly associated with patient-blame.
  - Primary predictor of patient-blame was poor DA (beta = .23, p < .01).
Results: Distress

Hypothesis 2: Blame and Distress

• Significant positive association for both patients (beta = .18, p < .05) and partners (beta = .32, p < .0001)
Hypothesis 3: Dyadic Adjustment Interaction

- Significant Blame x DA interaction for patients ($F_{(3,154)} = 6.27, p < .05$) but not partners.
Follow-up Results

At 6-month Follow-up:

• This buffering effect for patients disappeared with baseline distress in the model.
  – Main effects of:
    1. baseline distress (beta = .66, p < .0001)
    2. self-blame (beta = .18, p < .05)

• For partners, only baseline distress was significantly associated with follow-up distress levels (beta = .64, p < .0001).
Summary of Findings

Hypothesis 1:

■ Patients with a history of smoking were vulnerable to blaming themselves for their disease.
■ For partners, patient-blame was not significantly linked to patients’ smoking history but their DA.

Hypothesis 2:

■ Attributions of blame were positively associated with psychological distress for both patient and partners.
Summary of Findings

Hypothesis 3:

- Yet, if patients’ relationships were characterized by greater satisfaction, blame did not appear to be associated with distress.

- This buffering effect did not persist at follow-up so that self-blame was associated with later distress even when controlling for initial distress.
For partners, DA did not protect against distress and the constructs of patient-blame, DA, and distress were difficult to tease apart because they were more strongly interrelated for partners compared to patients.

Yet, there was clear evidence that partners were no less distressed than patients.
Implications and Future Directions

- Blame is harmful and has lasting effects.
- The initial treatment period may be a crucial time to intervene because alleviating couples’ initial distress associated with attributions of blame may protect them from long-term distress.
- Particularly, patients may benefit from interventions that focus on self-forgiveness and relinquish of self-condemnation for their smoking history.
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