Protective Withholding in Couples Living in Mortal Time

Eunjin Lee, Ed.M. Linda J. Roberts, PhD, Sabeena Cheema, B.S.
Human Development and Family Studies, University of Wisconsin

INTRODUCTION

"Mortal time" is the psychological state one enters when directly or vicariously confronted with the prospect of death, for example when one partner in a couple has advanced cancer. However, the difficulty of facing mortality and loss is often accompanied by ongoing denial and avoidance processes and partners may engage in interactional processes in which they hide or withhold their thoughts and feelings from each other.

The purpose of the "Couples Facing Advanced Cancer" (C-FACT) Project is to understand the dynamics that occur when partners are living in mortal time. Initial analyses of C-FACT couples (Lee & Roberts, 2014) indicated that some partners engage in what has been termed "protective buffering" (Manne, 2007). Although multiple studies have used self-report measures to examine "protective buffering," findings have been inconsistent, suggesting that different types of withholding patterns may function differently.

Using in-depth descriptions of partners' individual and dyadic coping, the purpose of the present study is to discover, describe and analyze the individual and dyadic processes of "withholding" (denial, avoidance, hiding, or covering up information, thoughts or feelings) in couples facing advanced cancer.

RESEARCH QUESTIONS

RQ1: How do couples facing a cancer death experience the withholding of information, thoughts, or feelings? What motivations, topics, strategies, and dyadic patterns are related to withholding behaviors?

1-a) What motivates withholding?
1-b) Who engages in withholding behaviors? Is withholding more common for men vs. women or patients vs. carepartners?
1-c) What types of information, thoughts or feelings do partners keep to themselves?
1-d) What types of strategies do people use to withhold?
1-e) What dyadic patterns occur when a partner withholds?

METHODS

Participants: The sample includes 16 (15 different-gender and 1 same-gender) couples in which one partner has a limited life expectancy due to advanced cancer and who are in a marital or cohabiting relationship for at least the past year. Participants ranged from 28 to 75 years of age.

Qualitative data collection: In-depth coping interviews were conducted with each partner separately; interviews were recorded and transcribed. Two couple conversations focusing on coping were video recorded, thus providing a rich multi-method qualitative dataset.

METHODS continued

Data analysis: Data analysis is guided by principles of interpretive phenomenological analysis (IPA) as outlined by Smith and colleagues (Smith & Osborn, 2003). NVIVO was used to aid in the coding and analysis of the data. The study team gained deep familiarity with the 16 couples through repeated review of tapes and "free" coding of the data. Consistencies and inconsistencies between the two partners' descriptions and experiences were explored and discrete patterns of withholding were systematically identified within and across couples. In an iterative procedure, categories were developed, both independently and collectively, and examined for connections and patterns across the focal research questions.

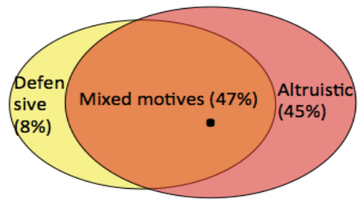
"There's times I don't talk about what I'm feeling because I don't want to bring her down, and make her feel bad.. I'm not trying to burden her with anything extra. I try to make it so she don't have to worry, so she don't feel I'm having a hard time" Nick, carepartner

RESULTS

Withholding was common in this sample of couples facing a death. Almost 50 discrete protective withholding patterns were identified among the 32 respondents.

Protective buffering is often regarded as altruistic, but we found evidence that protective buffering may occur because of self concern, or for motivations involving both protection for self and partner. Thus, we identified 3 motivational types: defensive withholding, altruistic withholding, and mixed motive withholding.

Contrary to the literature focusing only on carepartners protecting the patient, we found patients protecting their carepartners by withholding also to be common. Further, both men and women engaged in withholding behaviors. There were only 2 couples in which neither partner reported any withholding behavior; 10 of the 32 respondents evidenced no withholding. (See Table 1).



Withholding has been studied as a behavior designed to protect the partner, however we found that a majority of instances were not motivated purely altruistically and often involved self concern. We identified 3 motivational types: defensive withholding, altruistic withholding, and mixed motive withholding.

RESULTS Continued

	Defensive (Self only)	Altruistic (Partner only)	Mixed motive	Total
Patient				
Men	3	5	4	
Women	0	4	4	
Sub total	3	9	8	20
Carepartner				
Men	1	7	9	
Women	0	6	6	
Sub total	1	13	15	29
Total	4	22	23	49

Table 1. Instances of withholding by gender, roles and types.

What is being withheld? Categories Idenified and Examples

SEX: Does not talk about sex. Does not talk about wanting to have sex. Does not talk about sex being lost in their relationship. Hides pain during sex.

NEGATIVE THOUGHTS ABOUT PARTNER: Does not tell partner about the negative thoughts she had about him while undergoing chemotherapy. Does not tell partner she was going to divorce him prior to cancer diagnosis. Negative feelings about her withdrawal and TV use.

PHYSICAL PAIN: Does not talk about her own physical pain. Does not tell partner full extent of his physical pain. Only talks to friends about her physical pain.

CRITICAL HEALTH INFORMATION: Does not tell partner about 1 year prognosis. Does not tell partner about his previous heart attacks.

PRACTICAL CONSEQUENCES OF THE ILLNESS/ IMPENDING LOSS: Makes plans to sell house and obtain senior living. Makes financial arrangements without consulting partner. Does not talk about the house being messy. Does not tell his partner that he needs to be cared for.

DEATH, DYING, AND ILLNESS: Does not talk to partner about the fear he had when partner was in treatment. Does not talk to partner about a negative cancer outcome in close friend. Does not talk about fear of living without her partner. Will only talk to friends about stress that his partner's illness causes him.

WITHHOLDING BEHAVIOR: Does not tell partner that she knows that he is withholding from her that he is in pain.

How is it being withheld? Categories Identified and Examples

HOLDING BACK PARTICULAR DISCLOSURES: Avoids talking about his behaviors that he knows bother partner. Does not talk about wanting to have sex. Does not talk to partner about his son. Simply listens when he talks about his illness, doesn't respond. Avoids talking about fears.

DOES NOT INVOLVE PARTNER IN DECISION MAKING: Makes plans to sell house and obtain senior living. Shares plans for end of life with daughter. Arranges end of life care by herself. Handles finances without consulting partner.

AVOIDS OPENING UP TO PARTNER BY TALKING TO OTHERS: Talks to friends about stress. Talks about life stress with co-workers. Talks to friends about all life and illness stress.

HIDES THAT OWN BEHAVIOR IS A SACRIFICE: Although she wants support, encourages partner to continue his schedule. Quits his job to be closer to home. Engages in activities even though he doesn't feel up to it to assure partner that he is healthy. Sacrifices his own comfort for partner's comfort

GIVES IN TO PARTNER'S DISENGAGEMENT: No longer converses with his withdrawn partner. Uses computer when partner disengages through TV. Gives up and tells partner to talk to friends or others for support, not her.

DISENGAGE: Watches TV instead of handling partner's illness by talking to him. Because withdrawn and closed; does not talk to partner about any feelings.

INVISIBLE SUPPORT: Finishes tasks for business or home life without letting him know she's doing it for him. Works to widen partner's circle of support for after her death without him knowing.

HUMOR: Sublimates feelings by making jokes.

RESULTS Continued

Different types of withholding were associated with different dyadic processes and outcomes for couples. Dyadic patterns identified included:

Meta-withholding: Each knows that the other is engaging in withholding and each withholds that they know that. Example: Julie and Nick both report knowing that the other is engaging in altruistic withholding and withhold that their knowledge. Nick wants to protect Julie from his feelings and thinks that it works "sometimes." He knows that she will worry about him and he worries about her worrying about him. She reports knowing he is holding back but "I understand why he's doing that, and I accept it. I try to read him if he's having a headache, I'll suggest, oh why don't you take the afternoon off, just lay in the chair. Not letting him know that I know he has a headache."

Reciprocal Disengagement: One partner's withholding of their feelings and "presence" leads to a reciprocation of disengagement, spirally into a state of mutual withdrawal. Example: Bonnie protects Cliff from her "pessimistic" feelings about his situation, by turning to TV and other distractions. However, Cliff is very pained by Bonnie's disengagement from him and feeling abandoned in turn, withholds information as well as attention from her.

Successful protective withholding. Each does not know that the other is engaging in withholding, withholding behavior does not cause relationship dissatisfaction. Example: Brett, a carepartner, uses protective withholding on a regular basis so that Lisa does not know that he is struggling or feeling bad. He feels that her feelings need to take precedence and that he cannot burden her with his own. She is unaware that he is holding back his feelings and feels very supported.

DISCUSSION

Protective withholding is common in couples living in mortal time. However we found that partners were often motivated not only to protect their partners but to protect themselves. For most partners, withholding was limited to specific information or feelings and was not pervasive in the relationship. Different types of withholding were associated with different dyadic processes and outcomes for couples, suggesting a complex phenomenon. Some partners appreciated and others resented being "protected" by their partner. Successful protective buffering was uncommon in our sample, underscoring the importance of further study of the dynamics and outcomes of protective withholding for couples facing a significant stress such as advanced cancer. Grounding our understandings of dyadic coping in the rich descriptive experiences of patients and their carepartners enables scholars and professional helpers to better understand the varying effects of advanced cancer on individuals and couples.

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Eunjin Lee: elee73@wisc.edu