

***Cardiovascular Reactivity in Response to Perceived Suffering in a Spouse***  
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Scores of published studies support the general conclusion that illness and disability have negative effects on the emotional and physical well-being of family caregivers, and while the notion of suffering may be implicit in existing conceptualizations of illness and disability, the empirical research has not focused on care recipients' suffering as a unique and independent contributor to caregivers' outcomes (Schulz et al., 2007). The proposed research will focus on the manifestation of suffering in others and ways it impacts on the perceiver. We operationalize suffering as expressed pain by a spouse with osteoarthritis (OA), while also taking into account reports of physical, psychological, and spiritual aspects of suffering of the spouse with OA.

Detection of suffering in a loved one is adaptive and initiates provision of emotional support and assistance (Martire et al., 2006). However, such perceived suffering may take a physical toll on the perceiver. Perception of pain in others involves many of the same affective neural pathways that are activated by personal experience of pain (Singer et al., 2004), and is likely to coincide with proximal changes in perceivers' blood pressure (BP) and heart rate (HR). Furthermore, changes in cardiovascular reactivity in response to perceived suffering in a loved one may impact perceivers' health (e.g., cardiovascular health; Kaplan, Manuck, Clarkson, Lusso, & Taub, 1982; Manuck, Marsland, Kaplan, & Williams, 1995) as well as impact the quality of care the perceiver provides to the spouse with OA (Dovidio et al., 1991).

In the proposed study, we will measure the caregiver's cardiovascular reactivity (BP and HR) and continuous perceived pain ratings (as reported by the caregiver and spouse with OA) during observation of the spouse with OA performing a household task with which s/he has difficulty. We will also measure the caregiver's BP and HR while preparing to give a speech about the spouse's generalized suffering vs. a speech about an affectively neutral interaction with the spouse, e.g., a meal together. This will help us understand if there are unique effects of thinking about the partner's suffering vs. thinking about the spouse in general on the caregiver's cardiovascular reactivity.

This research has implications for the mental and physical health of both caregivers (family and professional caregivers) and care recipients. It also has implications for the quality of support provided to care recipients.