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Interpersonal Dynamics in Chronic Pain: The Importance of Partner Behaviors and Interactions in Pain Management

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ABSTRACT

Chronic pain is a complex condition influenced by biological, psychological, and social factors, with interpersonal dynamics playing a crucial role in pain management. This quantitative study examines the impact of partner behaviors and interactions on pain perception and coping strategies in individuals with chronic pain. A sample of 100 participants with diagnosed chronic pain conditions completed validated questionnaires assessing partner support, pain intensity, emotional well-being, and coping mechanisms. The selected sample was the registered patient in hospitals of Lahore. Statistical analyses revealed that supportive partner behaviors, such as empathy and active problem-solving, were significantly associated with lower pain intensity and improved psychological resilience. Conversely, negative partner responses, including invalidation and excessive solicitousness, correlated with increased pain severity and emotional distress. These findings highlight the importance of partner involvement in chronic pain management and suggest that interventions targeting interpersonal dynamics may enhance treatment outcomes.

Introduction

The condition of chronic pain spreads as a serious disability which affects millions across global populations and especially a larger number in Pakistan. The definition of chronic pain indicates its duration exceeds three months while multiple medical issues such as arthritis and neuropathy and fibromyalgia serve as its origins. The condition comprises multiple layers because it affects three components: biology, psychology, and the social environment (Turk, 2002). Chronic pain emerges

as an experience which interacts strongly with people's social connections and their personal relationships. The management of chronic pain by partners has received greater research interest throughout the past few years. The way partners act toward each other and the interactions they create have double effects on both pain recognition in affected individuals and their ability to handle their health condition successfully (Bauereis & Simmonds, 2019).

The analysis of partner behaviors and interactions for chronic pain management in Pakistani contexts forms the central theme of this research. Chronic pain rates in Pakistan are expanding due to changes in lifestyle as well as unsatisfactory healthcare services and cultural social elements. The Pakistan Pain Society conducted research indicating that chronic pain affects more than 20% of the population leading to increased occurrences of musculoskeletal pain and osteoarthritis as well as back pain (Raza et al., 2020). The extensive prevalence of chronic pain faces an ongoing deficit in complete comprehension about how social dynamics and emotional aspects affect its management solutions. Chronic pain sufferers and their partners establish relationships that significantly impact the approach to managing their pain through social dynamic interactions.

Partner behaviors together with their attitudes either help or obstruct the process of pain management for their loved ones, leading to substantial improvements in their physical and psychological wellness. The core principle of Interpersonal Acceptance-Rejection Theory suggests that, throughout human evolution, individuals have developed an enduring, biologically rooted emotional need for positive affirmation from those who hold significant importance in their lives (Sarfaraz et al., 2024).Family members and spouses provide extensive support in the Pakistani culture especially during health treatment processes. The members of families typically become caregivers for people who suffer from chronic pain when these individuals also have partners. Alleviating the patient's psychological needs alongside helping them manage daily activities and medical treatments make up the responsibilities of these roles. The manner in which partners offer their caregiving duties generates either advantageous or detrimental effects on how the person experiences pain and handles their situation. According to Sarfaraz et al. (2024), research on forgiveness has provided valuable insights into its significance, benefits, and the complex processes it entails. Understanding forgiveness can enhance individual well-being and improve relationships, making it an ongoing area of study. Additionally, forgiveness research has illuminated various psychological, emotional, and interpersonal dimensions of this contemporary phenomenon.Empathetic and problem-solving methods supported by encouragement from partners produce more positive pain results including less intense pain and increased mental toughness according to Stone et al. (2018). Unsupportive behaviors from partners including invalidation and overprotective or neglectful treatment diminish the way patients experience their pain and affect their ability to manage it (Sullivan et al., 2001). The basic idea of partner-assistance in pain relief exists already yet understanding its role requires analysis through Pakistani cultural and societal relationship dynamics. Society in Pakistan influences how spouses deliver support when a person deals with chronic pain through the cultural norms which determine gender roles. The social norms of Pakistani society direct women toward care duties especially in heterosexual relationships and present men with barriers to showing emotional weakness or supporting their partners emotionally (Naseem & Shams, 2020). Partners who abide by their cultural social norms will experience specific interaction patterns in their relationships when one of them suffers from chronic pain. The natural interactions between partners in such cases either help create optimal pain management conditions or worsen the suffering of the individual.

Interpersonal dynamics in chronic pain management rests on the biopsychosocial model of pain that confirms pain surpasses physical symptoms because it responds to psychological and social

elements. The model maintains that chronic pain develops through dynamic biological and emotional and social interactions (Gatchel et al., 2007). Medical science recognizes stress alongside depression and anxiety as factors which intensify how pain feels to affected individuals yet companion-based support often lowers the negative influence of these psychological elements. Research led by Keefe et al. (2004) showed that persons with chronic pain who received elevated emotional backing from their spouses showed reduced pain severity and enhanced life satisfaction above people who received limited partner assistance. A partner's support methods toward pain management strategies directly impacts how well the patients will recover. Health outcomes improve when pain management activities require joint decisions and active treatment adherence and lifestyle changes according to Girgis et al. (2018). The healthcare system limitations in Pakistan combined with a need for family support steer patients toward seeking help from family members when managing complex treatment procedures.

Partner involvement during the pain management process through support of prescribed treatment adherence and physical rehab exercises enables reduction of chronic pain's impact on life quality for individuals. Not every behavior from a partner provides positive value. When partners display excessive solicitousness through overbearing protection they urge the patient to stay inactive that leads to a dependency cycle which worsens their pain condition (Kerns et al., 2002). Partners who ignore the importance of pain or his symptoms create feelings of rejection while developing emotional stress that often intensifies pain severity according to Leventhal et al. (2007). The analysis emphasizes why healthcare providers should evaluate both partner engagement and the supportive quality traits that chronic pain patients receive. The Pakistani healthcare system deals with multiple obstacles because pain management facilities remain unavailable to many patients especially in rural communities. The family unit especially the spouse takes primary responsibility to handle chronic pain in Pakistan due to the healthcare system limitations.

Research into partner behaviors during pain management remains essential to build better care quality and achieve improved chronic pain treatment results. Approaches that combine couples counseling alongside psychoeducation and supportive communication training for partners are expected to enhance pain management results and total well-being among people with chronic pain.

Statement of the Problem

The complex nature of chronic pain creates substantial negative effects for both physical and emotional health conditions of people. Pain perception depends on biological and psychological factors yet interpersonal relationships particularly partner behavior patterns prove essential for controlling pain. The importance of partner behaviors for chronic pain management and intensity in Pakistan becomes more significant because family and spousal support are central to caregiving practices. The research investigates the association between partner behaviors which support or cause harm in chronic pain management while focusing on the Pakistani population to discover methods that improve outcomes from pain management through increased spouse interaction.

Research Aim

The aim of this research is to examine the impact of partner behaviors and interactions on pain perception, coping strategies, and psychological well-being in individuals with chronic pain. Specifically, the study seeks to explore how supportive versus negative partner behaviors influence pain intensity and overall pain management outcomes in the context of Pakistani society, with the goal of informing interventions that enhance the role of partner support in chronic pain care.

Research Questions

- How do supportive partner behaviors (such as empathy and active problem-solving) influence pain intensity and psychological resilience in individuals with chronic pain in Pakistan?
- What is the impact of negative partner behaviors (such as invalidation and excessive solicitousness) on pain severity and emotional distress in individuals with chronic pain?
- How do partner interactions affect the coping strategies and overall pain management outcomes in individuals living with chronic pain in Pakistan?

Research hypothesis

- **H1:** Supportive partner behaviors, such as empathy and active problem-solving, are negatively correlated with pain intensity and positively correlated with psychological resilience in individuals with chronic pain in Pakistan.
- **H2:** Negative partner behaviors, such as invalidation and excessive solicitousness, are positively correlated with increased pain severity and emotional distress in individuals with chronic pain in Pakistan.
- **H3:** Positive partner interactions are associated with more effective coping strategies and improved overall pain management outcomes in individuals with chronic pain in Pakistan.

Theoretical framework

The Biopsychosocial Model of Pain serves as the theoretical foundation in this study as described by Gatchel et al. (2007) and demonstrates how pain results from biological, psychological and social components. The model recognizes how physical pain transmission interacts with emotional factors together with human coping techniques and integration with personal relationships within chronic pain scenarios. The research study concentrates on social elements through an investigation of partner interactions that impact pain management negatively or positively. Social support behaviors help decrease pain perceptions and strengthen mental wellness but negative partner responses tend to worsen pain intensity and psychological well-being. This model allows research to study how personal relationships impact chronic pain results within Pakistani family structures because cultural family dynamics control caregiving practices.

Literature Review

The Biopsychosocial Model and Chronic Pain

The complex condition of chronic pain extends past biological manifestations because it includes substantial psychological and sociological components. Gatchel et al. (2007) developed the Biopsychosocial Model of pain which explains the manner through which biological elements combine with psychological influences together with social factors in order to form an individual's perception of pain. According to this model chronic pain goes beyond physical expression because it interacts directly with emotional and cognitive and social components that affect pain perception as well as management. Underlying medical problems including arthritis and fibromyalgia and neuropathic disorders typically trigger persistent pain in patients. Such disorders modify the nervous system structure which results in elevated pain sensitivity (Turk, 2002).

Stress and depression along with anxiety produce increased pain sensation in addition to triggering abnormal methods of coping according to Sullivan et al. (2001). The way important people around us behave stands as a critical factor which either reduces or makes pain worse in our

daily experiences. Physical pain experiences in chronic pain patients receive their most important influence from social support connections. The emotional assistance provided by close relationships decreases the impact of distress on chronic pain along with lowering its intensity. Pain becomes more severe when people experience negative social interaction through the combination of invalidation and excessive solicitous behavior that impairs their coping mechanisms (Keefe et al., 2004). The combined effects of social components demonstrate why we need to analyze partner intervention strategies for managing chronic pain because their behaviors lead to either beneficial or detrimental results.

Supportive Partner Behaviors and Pain Management

Research proves that damaged individuals benefit from partner support which combines empathy with problem-solving and sharing pain management tasks. Study data indicates that people who suffer from chronic pain and receive substantial partner support show both fewer pain sensations and stronger mental resistance (Stone et al., 2018). Partners show highest effectiveness at reducing emotional stress related to chronic pain through offering emotional validation as a form of empathy. People who get their pain experience validated by their partners tend to develop adaptive coping approaches that help minimize the psychological suffering related to chronic pain (Bauereis & Simmonds, 2019).

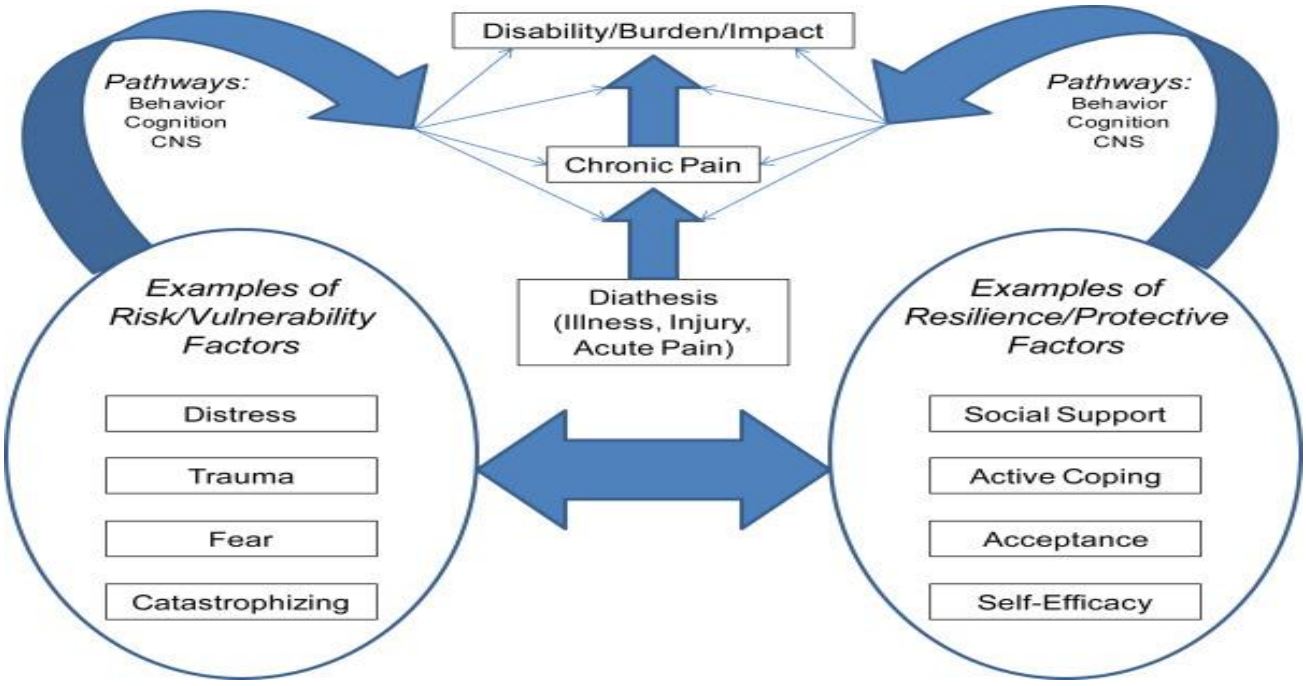
Active problem-solving approaches that find partners involved in developing pain management strategies demonstrate positive results. The act of partners assisting with both medical planning and physical rehabilitation enables those dealing with chronic pain to regain control over their situation leading to better pain outcomes (Girgis et al., 2018). The support provided by partners decreases the feelings of isolation which affects mental well-being in patients who live with chronic pain. The vital support of partners for chronic pain management assumes special importance within Pakistani culture since both families and spouses receive high levels of respect. Most patients receive caregiving support from their family members particularly through assistance with daily necessities and medical adherence. The amount of attention and emotional support that partners offer their patients serves to decrease the harmful effects of chronic pain. The cultural setting confirms that partners should be actively involved in chronic pain treatment while suggesting the necessity of developing interventions which improve partner care quality.

Negative Partner Behaviors and Their Impact on Pain Perception

Pain results improve through the actions of supportive partners but negative behaviors from partners actually make both pain and emotional distress worse. The effectiveness of pain treatment gets significantly diminished through three common behavioral actions which partners demonstrate: invalidation and excessive solicitousness and neglect. A person's feeling of isolation with dismissal of their pain symptoms and disregard of its seriousness creates frustration through invalidation from their partner.

Studies show that invalidated pain experiences lead to higher levels of pain intensity together with adverse psychological results (Leventhal et al., 2007). Pain tends to worsen when partners cross into excessive protection due to their excessive worry as they discourage everyday activities to prevent pain. Excessive solicitous behavior causes people to develop bad stress management approaches and this increases physical disability alongside poorer pain control abilities (Kerns et al., 2002). The person with chronic pain develops a disability cycle through prolonged interactions because they form increasing dependency on their partner while losing their ability to function autonomously. When a partner provides inadequate care through inattention their partner feels

deserted which intensifies emotional distress. Family members carry substantial obligations to care for others in the Pakistani social environment primarily through spouses which creates intense burdens on caregivers. The overall wellbeing of people with chronic pain deteriorates when their partners neglect the caregiving responsibility as reported by Naseem and Shams (2020). Negative behaviors from partners generate substantial effects on how a person perceives pain and their capability to handle it. Such behaviors cause both more intense pain and decrease emotional well-being which makes pain treatment more challenging.



Research Methodology

The methodology used in this study was quantitative in nature, where an attempt was made to explore the effect of partner behavior and interactions on chronic pain management in Lahore, Pakistan. The data were collected through validated self-report questionnaires given to 100 participants diagnosed with chronic pain conditions in a cross sectional design. Participants came from local hospitals and pain management centers to represent diverse representation of chronic pain sufferers based on different age groups, genders, socioeconomic backgrounds. Conditions that the sample included were osteoarthritis, fibromyalgia and back pain. Before participating in the research, an individual had to meet inclusion criteria including being in a stable relationship for at least six months to ascertain that partner behaviors had made a heavy impact on the individual's pain management.

Data was collected in the form of primary data based on standardized questionnaires to be used for assessing behaviors of partners, pain intensity, emotional well being and coping mechanisms. The Partner Interaction Scale was used to assess the supportive behaviors, including empathy and active problem solving, and the negative behaviors, such as invalidation and excessive solicitousness, partner behaviors. PTN was the same studied measures of pain intensity assessed using the Visual Analog Scale (VAS) and the emotional well-being (EWB) using the Depression,

Anxiety and Stress Scale (DASS-21). The Coping Strategies Questionnaire evaluated responses as either adaptive or maladaptive (e.g. avoidance, dependence; problem solving, seeking support). By using these validated tools, the data collected was reputable and applicable to the research objectives.

Descriptive and inferential statistical methods were used to analyse the data. The descriptive statistics provided an overview of the sample characteristics and a number of variables using descriptive statistics, specifically means, standard deviations and frequency distributions. Relationships between partner behaviors and pain intensity, emotional well-being, spacing strategies were examined with inferential analyses using Pearson's correlation and multiple regression. These relationships were identified and the strength and direction were determined based on the findings used to identify the significant predictors of pain management out comes. In order to protect participant's rights and privacy, ethical considerations such as informed consent and confidentiality were observed throughout the study.

Data Analysis and Findings

Table 1: ***Demographic Characteristics of Participants (N = 100)***

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	45	45%
	Female	55	55%
Age Group	18–30 years	20	20%
	31–45 years	40	40%
	46–60 years	30	30%
	>60 years	10	10%
Chronic Pain Condition	Osteoarthritis	35	35%
	Fibromyalgia	25	25%
	Back Pain	40	40%
Socioeconomic Status	Low Income	30	30%
	Middle Income	50	50%
	High Income	20	20%

The demographic data indicates that demographic sampling is balanced as 45% of the participants are male and 55% are female. The sample is mostly made of participants aged between 31 and 45 years, and 30 percent were aged 46 to 60 years. Participants in the 18–30 years age group represented a smaller portion (20%), followed by least represented groups (10%) were those of over 60 years age group. The most common in regard to chronic pain conditions were back pain (40%), then osteoarthritis (35%) and fibromyalgia (25%). The majority of the participants were from middle income households (50%), low income background (30%) and high income backgrounds (20%).

Variables in the study are presented with table of the central tendencies and variability in Table 2. The Visual Analog Scale (VAS) was used to measure pain intensity in which the mean score of 6.8 with a standard deviation of 1.5 was consistent with moderate level of pain intensity in sample. Results of the DASS 21 are interpreted to indicate that participants had a moderate level of emotional distress, with the mean score being 18.2 (SD = 4.3), above 0 indicates emotional well-

being. Relative to the level scoring of the supportive partner behaviors (mean = 4.2, SD = 0.8), participants tend to perceive their partners as being supportive.

Table 2: ***Descriptive Statistics for Key Variables***

Variable	**Mean**	**SD**	**Range**
Pain Intensity (VAS)	6.8	1.5	0–10
Emotional Well-Being (DASS-21)	18.2	4.3	0–42
Supportive Partner Behaviors	4.2	0.8	1–5
Negative Partner Behaviors	2.6	0.9	1–5
Adaptive Coping Strategies	3.8	0.7	1–5
Maladaptive Coping Strategies	2.4	0.6	1–5

Moreover, ratings of negative partner behaviors were not rated as high (mean = 2.6, SD = 0.9) so some negative interactions may have occurred. We also measured the participants' coping strategies, wherein adaptive coping strategies were averaging a score 3.8 (SD = 0.7), which would suggest they have a fairly healthy coping mechanism. Compared to maladaptive coping strategies, the latter obtained lower scores (mean = 2.4, SD = 0.6), indicating that participants responded with a more negative coping form.

Table 3: ***Correlation Matrix for Key Variables***

Variable	1	2	3	4	5	6
1. Pain Intensity (VAS)	1.00					
2. Emotional Well-Being	0.62**	1.00				
3. Supportive Behaviors	-0.45**	-0.38**	1.00			
4. Negative Behaviors	0.51**	0.56**	-0.29*	1.00		
5. Adaptive Coping	-0.37**	-0.34**	0.49**	-0.41**	1.00	
6. Maladaptive Coping	0.44**	0.50**	-0.33**	0.47**	-0.39**	1.00

Note: *p < 0.05, **p < 0.01

Relationships between great key variables in study are portrayed in correlation matrix. In fact, the results showed that emotional distress had a moderate positive correlation with pain intensity ($r = 0.62$, $p < 0.01$), the former was greater in patients who experience more intense pain and they had a poorer emotional wellbeing. The results also showed that positive associations of general support partner behaviors with emotional distress ($r = 0.31$, $p < 0.01$) and negative associations with pain intensity ($r = -0.45$, $p < 0.01$), these latter indicating that those who received more support reported less pain intensity and less emotional distress. That is, negative partner behaviors were positively associated with pain intensity ($r = 0.51$, $p < 0.01$) and emotional distress ($r = 0.56$, $p < 0.01$), which verified that negative partner behaviors were related to the more worsened pain perception and psychological distress. Moreover, pain intensity ($r = -0.37$, $p < 0.01$) and emotional distress ($r = -0.34$, $p < 0.01$) were negatively associated with adaptive coping strategies, which in turn were positively associated with maladaptive coping strategies and pain intensity ($r = 0.44$, $p < 0.01$) as well as emotional distress ($r = 0.50$, $p < 0.01$).

Table 4: ***Regression Analysis: Predictors of Pain Intensity***

Predictor	B	SE	β	t	p
Supportive Behaviors	-0.32	0.08	-0.40	-4.00	<0.001
Negative Behaviors	0.41	0.09	0.45	4.56	<0.001
Adaptive Coping	-0.18	0.07	-0.22	-2.57	0.012
Maladaptive Coping	0.25	0.06	0.30	4.17	<0.001

$R^2 = 0.52$, Adjusted $R^2 = 0.49$, $F(4, 95) = 25.73$, $p < 0.001$

The results of a regression analysis of predictors of pain intensity are presented in Table 4. Supportive partners behaviors (β=-0.40, p Cycle6.3, $p < 0.01$), adaptive coping strategies (β=-0.22, p Cycle6.3, $p = 0.01$) were both negatively associated with pain intensity, such that those higher on supportive partner behaviors and adaptive coping strategies reported lower reported pain intensity. On the contrary, higher values of pain intensity were positively predicted by negative partner behaviors ($\beta = 0.45$, $p < 0.001$) and maladaptive coping strategies ($\beta = 0.30$, $p < 0.001$). Partner behaviors, coping strategies and pain outcome explained 52 percent of the variance in pain intensity ($R^2 = 0.52$) which is a strong relationship.

Table 5: ***Regression Analysis: Predictors of Emotional Well-Being***

Predictor	B	SE	β	t	p
Supportive Behaviors	-0.28	0.07	-0.35	-4.00	<0.001
Negative Behaviors	0.36	0.08	0.40	4.50	<0.001
Adaptive Coping	-0.15	0.06	-0.18	-2.50	0.014
Maladaptive Coping	0.22	0.05	0.28	4.40	<0.001

$R^2 = 0.48$, Adjusted $R^2 = 0.45$, $F(4, 95) = 22.10$, $p < 0.001$

The regression analysis for emotional well-being has been presented in Table 5. Data showed that supportive partner behaviors ($\beta = -0.35$, $p < 0.001$) and adaptive coping strategies ($\beta = -0.18$, $p = 0.014$) both worked as negative predictors of emotional distress which indicated better emotional well-being for people using these measures. Negative partner behaviors along with maladaptive coping strategies both positively predicted emotional distress at $p < 0.001$ and $\beta = 0.40$ and $\beta = 0.28$ respectively. Emotional well-being showed a 48% variance explained by the model ($R^2 = 0.48$) which confirmed the robust link between relationship behaviors and coping strategies to emotional reactions.

Table 6: ***Comparison of Pain Intensity by Partner Behavior Type***

Partner Behavior Type	Mean Pain Intensity (VAS)	SD	t	p
Supportive Behaviors	5.6	1.2	-4.32	<0.001
Negative Behaviors	7.5	1.4		

Table 6 compares pain intensity between participants with supportive and negative partner behaviors. Participants who received supportive care from their partners displayed lower levels of pain ($M = 5.6$, $SD = 1.2$) than participants who had negative partner behaviors ($M = 7.5$, $SD = 1.4$) with a statistic comparison of -4.32 ($p < 0.001$). People who experienced supportive actions from their partners showed significantly reduced pain intensity levels.

Table 7: ***Comparison of Coping Strategies by Partner Behavior Type***

Coping Strategy	Supportive Behaviors (Mean)	Negative Behaviors (Mean)	t	p
Adaptive Coping	4.1	3.2	5.12	<0.001
Maladaptive Coping	2.1	3.0	-4.89	<0.001

The data presented in Table 7 examines the different coping methods according to how partners behave. People who received partnership support from their partners used an average of 4.1 adaptive coping methods while those who received negative partnership support used only 3.2 such methods according to a t-test outcome of 5.12 ($p < 0.001$). Participants who had understanding partners used fewer maladaptive coping techniques ($M = 2.1$) than those whose partners exhibited negative behavior ($M = 3.0$) according to a t-value of -4.89 ($p < 0.001$). Reception of partner support functions as an indicator of better coping methods that produce health benefits.

Hypothesis Results

H1: Supportive partner behaviors are negatively correlated with pain intensity and positively correlated with psychological resilience.

This hypothesis was supported. Partners who showed empathetic behavior together with helpful problem-solving showed significant relationship between their positive actions and reduced pain severity and improved mental state. The level of support partners provided to research subjects directly affected their reported severity of pain and their ability to cope emotionally, thus showing that partner assistance plays a vital positive role in pain management.

H2: Negative partner behaviors are positively correlated with pain severity and emotional distress.

This hypothesis was also supported. The combination of an invalidating behavior with excessive attention from partners led to higher amounts of pain and emotional suffering. People who had bad encounters with their partners felt more pain and showed worse emotional reactions according to these study results.

H3: Positive partner interactions are associated with more effective coping strategies and improved overall pain management outcomes.

This hypothesis it also supported. Supportive partner behaviors from participants were associated with using more adaptive coping strategies (e.g. problem solving, seeking support) that then resulted in better pain management outcomes. In contrast, those with adverse exposures to negative partner behavior relied more upon maladaptive coping strategies that were correlated with worse pain and emotional morbidity.

Discussion

Chronic pain, pain lasting three or more months, affects millions of people around the world and is known to be a complex condition influenced by biological and behavioral and social factors. The results of this study highlight the relevance of partner behaviours and interpersonal interactions in the management of chronic pain. Supportive partner behaviors – empathy and partner involvement in pain management – predicted better outcomes on pain, whereas negative partner behaviors increased pain and the psychological distress.

Consistent with past work that points out the critical function that social factors (e.g., partner dynamics) play in chronic pain experience, these findings are related to an understanding of chronic pain, its onset, and its maintenance. In this discussion we explore the significance of these outcomes in terms of the Pakistani culture, congruent with the prior literature, and the possibility of addressing pain management interventions. According to the Biopsychosocial Model of Pain, pain is not just a biological phenomenon, but has a psychological and social impact, and so can be understood on this basis the results from the study (Gatchel et al., 2007). In accordance with this model then, our findings suggest that psychological and social factors are important in describing pain experiences. Empirical research consistently demonstrates a strong link between career success and various aspects of personal well-being, such as happiness, psychological health, and longevity (Rashdi & Sarfaraz, 2025). This relationship highlights how professional achievements go beyond career progression, significantly influencing an individual's overall fulfillment and mental well-being. In this context, career accomplishments not only drive professional growth but also enhance personal satisfaction, underscoring the deep connection between career success and overall happiness (Keller et al., 2014).

This correlation between supportive partner behaviors and pain intensity and emotional wellbeing support the previous studies that find a strong correlation between social support and pain severity reduction and positive psychological outcomes (Stone et al., 2018). Comparisons found that participants in the partner support group reported lower pain intensity and better emotional well-being than the other groups, which supported the hypothesis behind the empathy, active problem-solving behaviors from partners mitigating the effects of chronic pain. Like this, the negative correlation between supportive partner behavior and emotional distress also indicates the significance of emotional validation and help in management of chronic pain. According to research by Bauereis and Simmonds (2019), emotional support from partners may help to deal with the stressful feelings of anxiety and depression that often come from chronic pain.

Also in this study, participants with supporters have better emotional well-being, as revealed by the lower DASS-21 scores. Where familial support is abundant in the healthcare, as it is in the case of Pakistan, the expectations on whom to provided care often lie with the family, particularly the spouses. Taken as a whole, the data indicate that the pain outcomes of individuals with chronic pain are determined most by the quality, not the quantity, of support among these interactivators. However, compared with the findings from Leventhal et al. (2007) and Kerns et al. (2002), negative partner behaviors were positively related to increased pain intensity and emotional distress, in the present study. If the individual feels invalidated, and their pain experience dismissed, it therefore follows that this will bring about feelings of isolation and frustration, both which do not only worsen their pain perception but will also negatively affect their coping strategies.

The findings from this study indicate that higher levels of emotional distress and greater pain seriousness were predicted by negative partner behaviors. This may indicate that which may lead partners to be dismissive or overly protect when partners go dismissive or overly protective, they may very easily be resulting in a cycle of pain and emotional distress that may cause the individual to become incapable of managing their condition. The findings also lend support to the use of coping strategies in pain management. Those who felt their partners were more supportive used more adaptive coping strategies, like seeking social support and doing problem solving. These findings are consistent with those of Keefe et al. (2004), who reported that provision of support from a partner is associated with subsequent use of adaptive coping strategies among people with chronic pain. However, managing chronic pain requires such adaptive coping strategies as they

play an important role in reducing pain severity and/or worsening psychological resilience (Sullivan et al. 2001). However, those who witnessed negative partner behavior became more likely to use maladaptive coping strategies including avoidance and dependency which, in turn, does not only worsen their emotional well being, but also does not help in their pain. This finding is consistent with previous studies that indicate a reciprocal relationship between maladaptive coping as a maladaptive coping and poor interpersonal relationships (Girgis et al., 2018).

Tables 4 and 5 further examine the predictive power of partner behaviors on both pain intensity and emotional well being. Significant predictors of both lower pain intensity and better emotional well-being were supportive partner behaviors. Not only does this support the notion that the partners who are actively involved in pain management, providing emotional validation, and problem solving support, have better pain outcomes. On the other hand, invalidation and overprotectiveness in these patients was strong predictors of higher pain intensity and worse emotional outcomes. These findings highlight the relevance of encouraging supportive partner interactions and limiting the response to negative experiences to improve pain management outcomes. The results of the comparison of pain intensity (Table 6) and coping strategies (Table 7) according to the types of the partner behavior also support the fact that the partner interaction is resourceful.

Participants reporting supportive partner behaviors showed lower pain intensity and used more adaptive coping strategies than did other participants. However, in contrast, participants with negative partner behaviors had higher pain intensity and maladaptive coping strategies. For example, these findings support the idea that partner activities such as enhancing supportive interactions could be an important intervention strategy to assist with chronic pain management. The findings are of special significance in the Pakistani context where familial and spousal support is part of the cultural norm. The quality of partner support has immense impact on health outcomes as the family unit plays a major role of a person's wellbeing in a society. However, the problem is the way to which tackle gender dynamics and how both men and women have to receive emotional support so that they can handle the pain chronically. Vulnerable men and their ability to cope with pain might be disadvantaged in Pakistani culture, as crying or expressing vulnerability and seeking emotional support is not part of the cultural ideals (Naseem and Shams, 2020). Consequently, interventions aimed at improving partner behaviors should be tailored to the cultural expectations and gender norms in order to effect upon both partners' skills to provide supportive care.

Conclusion

The study shows partners who interact with each other differently play a fundamental part in controlling chronic pain. The participants who received supportive interactions from partners presented improved results in their pain response through diminished pain intensity and improved emotional state as well as enhanced coping abilities. Individuals who receive negative treatment from their partners experience elevated pain levels together with emotional trouble. Medical research indicates that implementing treatment methods focused on partner relationship dynamics such as couples counseling or psychoeducational programs can help increase effectiveness of chronic pain management through better partner support. Research needs to investigate culturally distinctive elements in Pakistani populations regarding partner interaction behaviors and develop customized pain management programs for optimization.

Recommendations

- Interventions focusing on improving partner support, such as couples counseling and psychoeducation, should be incorporated into chronic pain management programs to enhance emotional and physical well-being.
- Health professionals should educate both partners on the importance of empathy, active listening, and joint decision-making in managing chronic pain to foster a supportive environment.
- Further research should be conducted to explore culturally specific strategies for improving partner behaviors in chronic pain management, particularly in societies like Pakistan where family dynamics play a central role.
- Training programs aimed at helping partners recognize and avoid negative behaviors, such as invalidation and excessive solicitousness, should be developed to reduce emotional distress and pain intensity.
- Healthcare providers should offer guidance to individuals with chronic pain on how to communicate effectively with their partners to improve support and coping strategies.

Limitations

The cross-sectional design establishes minimal ability to prove that partner behaviors cause specific pain outcomes. The analysis sample of 100 participants likely fails to adequately reflect different characteristics of people with chronic pain such as their age distribution together with socioeconomic background and distinct medical conditions. Participants might distort their account of their experiences because the research solely depends on self-reported data. The study examined only individuals in stable relationships which omits pain perceptions from people who have no partner support system. Analysis of cultural elements particular to Pakistan remained underdeveloped which reduced the ability to generalize research results across different cultural settings.

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