11u - 11u10: Introduction by Liesbet Goubert

11u10 - 11u45: Annmarie Cano (Social interaction in couples)

Explanations of pain-related social interaction have been dominated by the operant model, which has influenced treatment development for couples. However, other models from the close relationships literature provide interesting new avenues for research in pain-related interaction. I will discuss two future projects aimed at integrating these models into research on chronic pain couples. One project is aimed at distinguishing between types of interaction behaviors in chronic pain couples that may be differentially related to pain, disability, and mood disturbance. The other project is aimed at developing an intervention to promote validating responses in couples.

11u45-12u15: Tine Vervoort (Pain demands attention from others: Parental detection, interpretation and responses to their child's pain)

12u15-12u45: Line Caes (Parental reactions to the pain of their child: an affective-motivational analysis)

Although pain is often studied from a biopsychosocial point of view, the social factors influencing pain and disability, as opposed to the physical and psychological influences, are underinvestigated. However, especially in pediatric pain, parental behaviour in reaction to their child in pain is important for the way in which children cope with their pain. The behaviour of parents is often investigated from operant and coping perspectives, but to our knowledge the reasons why parents behave the way they do haven't received much research attention. I want to focus on the experience of parents when their child is in pain and the impact on their behaviour towards their child. Specifically, we will examine the influence of catastrophic thinking by parents on their experience of distress and the behaviours they engage in. Based on affective-motivational theories, we expect that parents with a high frequency of catastrophic thoughts about their child’s pain will experience more distress and will show more behaviour directed at reducing their child's pain at the cost of other goal-related behaviour. We will investigate those hypotheses in an experimental study with schoolchildren and their parents, a longitudinal study in children with leukaemia, a vignette study with parents of schoolchildren and a diary study in parents and children with chronic pain. To test the hypotheses in experimental studies we have developed a new in vivo pain observation paradigm which we already have examined in study with students.

12u45-13u15: Lies De Ruddere (Why pain is not taken seriously by others: an experimental analysis)

Pain is one of the most common health complaints in clinical practice. However, research has shown that pain is often undertreated. One of the possible causes of undertreatment may be underestimation of pain by others. Evidence is available that pain is indeed often underestimated by others. However, systematic research on the determinants of underestimation is lacking. In my research project, I want to investigate factors related to the patient in pain and related to the observer which might account for underestimation of pain. Videos of patients with chronic pain will be presented to both healthy volunteers as well as professional caregivers. Information about the patients will be manipulated. From an evolutionary perspective, we expect that observers will underestimate the pain to a greater extent when contextual information is present about possible (secondary) benefits of the pain behaviour. Second, from the theory of cognitive conservatism, we expect that observers underestimate pain in others to a greater extent when more information is available that the pain does not fit within a traditional biomedical perspective, and particularly in observers who adhere to a strict biomedical view of pain.

13u15-13u45: BREAK
13u45-14u15: Kim Helsen (Can pain-related fear be vicariously conditioned?)

Increasing evidence has indicated the important role of negative emotions in the individual’s experience and response to pain. Recently, the focus of scientific attention shifted to the reciprocal relationship between negative emotion and pain, and to pain and anxiety/fear in particular. Etiology of this fear is still unclear. One possible pathway is observational learning (Gerull & Rapee, 2002; Askew & Field, 2007).

With this research program we want to investigate whether pain-related fear can be conditioned observationally. First, we want to work on observational learning processes in ambiguous situations while checking for the threat value of the stimulus. Subsequently we will investigate which features of the (model’s) pain expression are sufficient and/ or necessary to provoke observational learning. Finally we want to examine putative moderating variables of the observer.

14u15-14u45: Karoline Vangronsveld (The effects of validation and invalidation on pain outcomes)

Validation and invalidation are concepts in Dialectical Behavioural Therapy that have great potential to be used in different areas of pain research. In this study we investigated whether validating and invalidating communication was of influence on task performance and pain cognitions during an acute pain experience. It is hypothesized that validating communication increases task performance and decreases pain catastrophizing and attention to pain and that these effects will be opposite for invalidating communication.

Only pilot data is available at present. We asked 11 students to undergo a Cold Pressor test (CPT) for 1 minute. After this first test, they were interviewed in one of three conditions: neutral – validation – invalidation. (semi-structured interview, conditions based on the validation-invalidating coding scale). After the interview, they were asked to perform a second CPT for as long as possible. Before and after each CPT pain, mood, pain catastrophizing and hypervigilance was assessed.

The validation and neutral group did not differ from each other with regards to task performance (time CPT2), but both groups performed significantly better than the invalidation group. No effect was found on pain, mood, pain catastrophizing or hypervigilance.

Validating communication does not seem to have additional benefits over neutral communication about an acute pain experience. On the contrast, invalidating communication decreases task performance when confronted with additional similar pain experiences.

14u45 - 15u15: Lesley Verhofstadt (“Will you be there for me? A Multi-Method analysis of the determinants of support provision in couples)

Social support in couple relationships refers to the way spouses help each other cope with personal difficulties, stress and other life burdens and tasks (Reis & Collins, 2000). How spouses provide everyday support to one another is an important domain for understanding how marriages succeed and fail (Bradbury, Fincham, & Beach, 2000). Despite the recent surge of interest in how support operates in marriage, little is currently known about the determinants of support provision in marriage (Verhofstadt, Buysse, Ickes, Davis, & Devoldre, 2008; Verhofstadt, Buysse, & Decorte, 2007). Nevertheless, investigating the antecedents of support provision is important because a lack of support leads to marital and personal distress (Gleason, Iida, Bolger, & Shrout, 2003) and unskilled support is ineffective and even harmful to the support recipient (Rafaeli & Gleason, 2009). The present project aims to examine the differential relevance of various determinants of spousal support by building on the broad conceptual analysis of support processes described by Dunkel-Schetter and Kokan (1990). They classified the determinants of support provision in marriage into four categories: recipient factors, provider factors, relationship factors, and stressor factors. In this project, we aim to conduct a series of studies that allow a comprehensive examination of these multiple influences on support provision within couples. A combination of self-report questionnaires, behavioral observation in controlled settings, naturalistic diaries, and vignettes will be used.

15u15 - 15u30: BREAK
15u30-16u: Stefaan Van Damme (Attention to pain: a question of goals?)

Attention is a key concept in many theories of pain perception. A clinically popular idea is that pain is more intense in persons who are hypervigilant for pain-related information. So far, evidence for such bias in pain patients as compared to healthy persons is inconclusive. Furthermore, studies investigating the effects of distracting attention away from pain have shown contradictory results. In this talk, I will present a motivational view on attentional processing of pain that accounts for these inconclusive research findings. I will argue that pain has to be considered within a context of goal pursuit. From this perspective, two largely unexplored theoretical assumptions are introduced: (1) Attention to pain-related information is enhanced by the goal to control pain or solve the pain problem; (2) Attention to pain is reduced when competing information is related to a valuable personal goal. New experimental data that support these assumptions will be presented. This motivational perspective offers a powerful framework to explain inter- and intra-individual differences in the deployment of attention to pain-related information.

16u-16u30: Annabelle Casier (The role of acceptance in well-being of adolescents with cystic fibrosis: a self-regulation perspective)

This study examines the relationship between acceptance, goals, and well-being in adolescents with cystic fibrosis (CF). Previous research in healthy individuals consistently supports the association between successful goal pursuit and higher well-being. In case of chronic illness (e.g., CF) successful goal pursuit can be complex. Living with CF inevitably implies limitations in goal pursuit. Furthermore, CF generates additional health-related goals (e.g., treatment). This complexity in multiple goal pursuit may seriously affect the adolescents’ well-being. We expect (a) that higher levels of acceptance will be related to a better balance between the pursuit of illness-related and non-illness-related goals, (b) that higher levels of acceptance will be related to higher levels of well-being, and (c) that the relation between acceptance and well-being will be mediated by goal processes, such as goal frustration, perceived goal progress, and effort.