Patient Methods on Coping with Chronic Pain: A Survey of Scholarship

Introduction

Since the 1970s, scholars in the nursing field have not been able to define chronic pain, yet are still trying to find a solution to the pain. The difficulty in defining chronic pain arises from chronic pain being self-reported. Research notes chronic pain behaviors, length and severity of pain, and the language associated with chronic pain are all factors associated with the definition, thus leading to a complicated understanding of what chronic pain means. The purpose of this literature review is to synthesize the studies on how patients can cope with chronic pain concerning physical, social, and psychological methods. While past research has shown that medicine, surgery, and alternative treatments improve chronic pain, current research (1996-2009) indicates that physical, social, and psychological methods are more noticeably effective factors in improving chronic pain, suggesting that the effectiveness of coping behaviors may lessen the side effects of chronic pain.

Current Research with Regards to Ineffective Early Treatment Methods

While past methods of treatment have focused on surgeries and excessive medication in hopes of curing chronic pain, current research has provided evidence against those methods. However, current research shows that old methods are still being implemented unsuccessfully. For example, Gudrun Nilsen and Ingunn Elstad’s research
and Jan Walker et. al’s research collectively discuss patient defiance and dissatisfaction with the medical system when dealing with chronic pain. Nilsen and Elstad’s research expresses how communication barriers and useless prescribed treatments were common themes between patients who were seeking help from health-care providers. Nilsen and Elstad’s study also explains how doctors focused only on pain at the time of appointment instead of focusing on previous or future pain thus leading to ineffective treatment (55-57). Like Nilsen and Elstad’s study, Walker’s study reveals patient assertions that the medical treatment process did not work and that doctors were inefficient with time in regards to meeting and following up with patients. Walker also describes patients feeling insignificant, lost hope, anger, and frustration because of little to none results from the health-care providers (622-624). Nilsen and Elstad’s and Walker’s studies show accounts of patients seeking help from health-care providers, from which both convey the powerlessness of medical treatments. Because of previous ineffective “cure-all” treatment methods, current research has transitioned to managing and coping methods to decrease the effects of chronic pain.

**Physical Methods**

Current research regarding physical coping methods focuses on exercise, goal setting, and relaxation as a significant means of managing chronic pain. Janice Breen, Kathryn Clarke and Ron Iphofen, and Katie Seers and Karin Friedli’s all find that keeping the body active helps reduce stress, therefore improving overall quality of life. Breen’s and Clarke and Iphofen’s studies take a similar approach when talking about the literal movement of the body. Breen’s research relates that either exercise or monitored activity produce effective coping results, while Clarke and Iphofen explain how patients
who set goals for themselves such as, “household tasks, going to work, or just going to the local coffee shop to buy newspaper,” aid in controlling pain as well (55, 105). Compared to Breen’s studies and Clarke and Iphofen’s studies, Seers and Friedli take a different approach by focusing on relaxation training. The relaxation training evaluated in Seers and Friedli’s report, unlike other authors (Kugelmann’s, specifically), serves as a physical coping method due to the actual physical movement of the muscles. The training in Seers and Friedli’s article involved “one half hour session once a week for 4 weeks,” with activities including “tensing and relaxing … relaxing without tensing, and … apply[ing] relaxation to everyday life” (1161). According to Seers and Friedli’s research, patients showed vast improvements after completing the training with regards to pain, anxiety, and quality of life (1161). As a result, although Seers and Friedli resolve that relaxation methods have a positive impact on managing pain rather than exercise, Seers and Friedli agree with Breen, Clarke and Iphofen that physical coping methods are an effective way in which patients can manage chronic pain. Thus, despite differing concentrations, the authors agree physical movements allow patients to manage pain effectively.

**Social Methods**

Current research also indicates social coping methods are advantageous to patients when trying to continue on with life in a normal way. Breen’s study, Clarke and Iphofen’s study, and Sofaer et. al’s study describe patients who regularly socialized were distracted from the pain more easily. Sofaer et. al explains that most of the patients found ways to help other people; for example, patients found relief through helping churches or charities, which gave them a sense of purpose and a belief that someone was worse off
than himself or herself (464). Sofaer relates that patient experiences of helping other people all express a calming and self-satisfying feeling when knowing they contributed to someone else in need. Additionally, Sofaer et. al, like Breen, asserts how getting involved in committee work and social activities help patients adapt to life with pain. Breen explains how it serves as a distraction technique for patients, while Sofaer denotes how patients believe it’s a way of showing other people that they can still lead a normal life even despite chronic pain (55, 464). In addition, Clarke expresses the importance of being able to socialize normally due to the effects it has on family, friends, and colleagues, when saying, “‘Pain is an isolating phenomenon,’ and as the patient’s ability to work and/or socialize normally decreases with the continuation of chronic pain, isolation develops.’ This isolation can serve to cut off patients from these important support groups” (Clarke and Iphofen 107). Sofaer et. al and Breen give actual methods of interacting socially, while Clarke and Iphofen strictly show the effects of non-socialization, however, all authors recognize continuing to socialize regularly is an important factor when managing chronic pain.

**Psychological Methods**

Research agrees that, in addition to physical coping methods, psychological methods are beneficial in managing chronic pain. Robert Kugelmann investigates a relaxation method, different from Seers and Friedli’s, focusing more on quieting the mind of patients who experience chronic pain. Kugelmann relates how patients were able to counter stress via relaxation techniques such as listening to music or natural sounds, prayer, meditation, and guided imagery. These techniques, according to patients, helped relieve stress by reducing felt tension in their body, thus leading to a decrease in pain.
Kugelmann also talks about the polarity of positive and negative thinking, stating that positive thinking leads to self-assertion that “I” can do something against pain, thus leading to overcoming the pain (1665-1666). Similar to Kugelmann, Breen finds positive thinking and meditation as effective psychological coping strategies, also mentioning distraction and counseling (55). Although Breen finds difficulty in defining chronic pain, she explains the need for effective psychological strategies because of life-altering problems related to chronic pain. Despite some differences in their research, both Breen and Kugelmann relate similar effective psychological strategies such as positive thinking and meditation for patients when coping with chronic pain.

Apart from Kugelmann and Breen, Sofaer et al’s research relates that prayer was frequently seen as a psychological source of comfort to patients. Sofaer et. al comment on the effects of prayer by saying, “although prayer does not simply remove the pain, patients sought it as a way to relieve loneliness”(464). According to Sofaer et. al’s research, prayer helps put patients’ minds at ease by allowing them to feel that they have someone to talk to (Sofaer et. al 464). Although Sofaer et. al’s research focuses mainly on elderly patients, their article provides a good point of discussion regarding methods of managing chronic pain. Mary H. Wilde’s article conveys some methods similar to Kugelmann’s, but the overall concept of Wilde’s method is different. Wilde portrays the importance of really understanding the body when trying to manage chronic pain. Wilde explains an intervention done by two Norwegian researchers who conducted and designed a yearlong study that tested comprehensive and individualized coping skills for pain such as connecting inner body perceptions like muscular tension, movement, and posture to the outer world through vision, hearing, smelling, touching, and exercises
Like Kugelmann’s research, Wilde also explains the use of guided imagery and drawing as a method to “stimulate creative and intuitive bodily understandings” (175). Wilde relates after one year of intervention, participants reported less pain, better coping ability, and more control over their body (175). Wilde’s study, like the rest of the authors, show patients have the ability to take an active role in managing pain. Sofaer et al and Wilde take very different approaches from Kugelmann, Breen, and even each other, but all convey result-oriented psychological methods when coping with chronic pain.

**Conclusion**

Current research regarding patient methods in dealing with chronic pain indicate that psychological techniques are the most effective means of coping because of abundant patient tests coupled with positive results in this area. While other variables could have been considered such as acupuncture, massages, and physical therapy, this paper focuses on self-conducting methods such as physical activity, relaxation, and socialization. More research is necessary in order to further understand why some patients suffering from chronic pain still chose to seek “cure-all” treatments, and why some patients can accept pain management. However, these studies have enabled researchers to think not only about patient coping methods, but also learn more about how these methods affect the patient’s over-all quality of life. Understanding physical, social, and psychological methods, and studying the impact on chronic pain, will thus help improve suffering and ultimately lead to a better life despite chronic pain.


