

Coping is defined as constantly changing cognitive and behavioral efforts to manage specific stressful events (Lazarus & Folkman, 1984). Coping assists an individual in both managing the stressful situation and regulating the emotional distress accompanying the situation. Because coping efforts may be critical to patient outcomes, assessment of individuals' coping skills, as well as support of adaptive coping strategies, are important elements of pain management.

**As part of the ongoing pain assessment, ask patients and families about:**

- Their beliefs about the meaning of pain (e.g., There is a tumor the doctor hasn't found yet), what it denotes (e.g. I'm dying!), and their ability to control it/self-efficacy (e.g. I am helpless and hopeless).
- Fear or beliefs about re-injury e.g. "The pain I have means I must be doing something to re-injure myself." Educate patients on how to distinguish between "hurt versus harm" pain concepts. All pain hurts; however not all pain is harmful. Pain can be a very frightening experience. Help lower patients' anxiety and help them cope with pain by understanding that not all pain is sign of tissue damage.
- The level (0-10 scale) of fear and anxiety caused by the pain itself or beliefs about the pain (e.g. it will only get worse).
- Current and past coping strategies (See "Approach" and "Avoidance" coping strategies in the box below)
- Other pre-existing or concurrent stressors that are impacting the individual now

**Examples of Coping Strategies**

There are no good or bad coping strategies per se, but certain strategies are more helpful at different points in a process or with different types of problems. Coping is generally considered adaptive when distress is kept at a manageable level, hope is generated, self-worth is maintained or restored, relationships with others are maintained, and a sense of well-being is enhanced (Burckhardt, 1987). Coping strategies can be categorized into those that rely on confronting the stressor (Approach), and those that avoid it (Avoidance):

<u>Approach</u> includes;	<u>Avoidance</u> includes;
Seeking information	Denial
Strength through spirituality	Minimizing symptoms
Diversion of attention	Withdrawal
Maintaining control	Passive acceptance
Setting goals	Sleeping
Relaxation exercises	Delayed decision making
Verbalizing concerns	Blaming others
Positive thinking and humor	Refusing treatment
Seeking help	Excessive dependence
Maintaining realistic independence	Unrealistic goals
Maintaining social activities	Use of drugs or alcohol

A growing body of literature in chronic pain suggests an "accommodating" coping approach. Evidence suggest that acceptance of pain plays an important role in coping with chronic pain. Pain acceptance consists of a *willingness* to

experience pain without efforts to avoid it or manage it and *activity engagement* referring to maintaining life activities even with pain. A person’s well-being is closely tied to maintenance of life activities and an accepting attitude toward pain.

**Measures can be taken to teach and strengthen coping skills.**

- Accurate identification of the problem during the assessment is crucial in selecting an appropriate strategy.
- Encourage “Approach” strategies listed above. Emphasize realistic goal-setting and acceptance of small successes.
- Offer Cognitive-Behavioral strategies (e.g. relaxation techniques, guided imagery, meditation, etc.). Enlist assistance of a Health-Psychologist for cognitive-behavioral techniques training.
- Utilize Health Facts For You #5298 (Coping with Chronic Pain)

*\*NOTE: Nonpharmacologic techniques are used to augment pharmacologic approaches to pain control and should not be used to replace appropriate analgesic therapy*

*References:*

- Lazarus RS, Folkman S. Stress, appraisal, and coping. New York, NY: Springer;1984.
- Burckhardt C. Coping strategies of the chronically ill. Nursing Clinics of North America 1987;22(3):543-549.
- Salmond SW. Psychosocial Care of Patients and Their Families in Orthopaedic Nursing 2<sup>nd</sup> Ed. (Eds Maher AB, Salmond SW, Pellino TA) 1998;WB Saunders, New York, pp14-64.
- Kranz E, Bollinger A, Nilges P. Chronic pain acceptance and affective well-being: a coping perspective. European Journal of Pain 2010, doi:10.1016/j.ejpain.2010.03.010