

## **Families Coping With Chronic Pain: A Brief Summary of the Research Study**

**Purpose:** The purpose of this research study was to explore coping, including religious coping, from the perspective of the family as it relates to family functioning when another adult in the family has been diagnosed with chronic pain.

**Survey Method:** Adult family members were recruited through national Internet websites and through the distribution of flyers at waiting room locations. A secure, anonymous, Internet website survey provided quantitative data concerning the demographics of family members and adult family members diagnosed with chronic pain, family functioning in chronic pain families using the Family Environment Scale (Moos & Moos, 2002), and religious/spiritual coping in chronic pain families using the Brief RCOPE (Pargament, Smith, Koenig, & Perez, 1998). Four qualitative questions solicited specific coping strategies, including religious coping, that families have found helpful or not helpful in managing the stress of being in close contact with the family member diagnosed with chronic pain.

**Family Member Participants:** The adult family member sample (73) was gender balanced with a mean age of 45, and most family members were Caucasian, well educated, employed full-time, living with their chronic pain family member, and had never participated in a chronic pain management program. In addition, the majority of family members were in a first marriage without children, and almost a third had children 18 years old and younger.

**Family Members Diagnosed With Chronic Pain:** Chronic pain family members were mostly female with a mean age of 48. The majority were Caucasian, well educated, not employed full-time, had not been involved in a pain management program, and were diagnosed with chronic pain for a mean of eight years.

### **Coping Methods, Including Religious Coping:**

Universal themes of acceptance and change emerged from eight helpful coping methods listed (in descending order) by family members: Building Relationships; Accepting Realities and Managing Changes; Using Religious and/or Spiritual Coping; Focusing on Family Health; Seeking Therapeutic Alternatives; Having a Family Focus; Accessing Support Systems; and Seeking Knowledge. Three helpful religious and/or spiritual coping methods contributed to the universal themes of acceptance and change: Having a Faith or Belief; Accessing Support Systems; and Seeking Knowledge.

Universal themes of denial and ignoring change emerged from seven coping methods (in descending order) that family members listed as not helpful: Not Building Relationships; Denying Realities and Ignoring Changes; Seeking Therapeutic Alternatives; Exceeding the Limits; Accessing Support Systems; Ignoring Family Health; and Seeking Knowledge. Three religious and/or spiritual coping methods were not helpful and contributed to the universal themes of denial and ignoring change: Feeling Conflicted; Having a Faith or Belief; and Blaming.

### **Conclusions From Quantitative And Qualitative Data Analysis:**

1. Family functioning is not necessarily affected adversely by the presence of stress caused by chronic pain in the family. A majority of families who reported the experience of moderate to severe family stress during the last month also reported

- managing their family stress the same or better than when the chronic pain was first diagnosed.
2. Although some chronic pain families seem to have trouble coping with the stress of chronic pain, nearly all of the families have found beneficial ways in which to cope and many do not appear to be adversely affected.
  3. Religious coping, such as, having a faith or a belief, praying and meditating, and accessing support, helps chronic pain families manage the stress of chronic pain.
  4. Some families try religious coping methods, such as, having a faith or a belief, praying, trying to get support from clergy and congregations, and find religious methods fail to help them manage the stress of chronic pain.
  5. Specific forms of religious coping strategies have a direct effect on family functioning. Families with high cohesion, a marker of more resilient chronic pain families, have less of a religious and/or spiritual struggle.
  6. Positive religious coping is a specific form of religious coping linked to better family functioning in chronic pain families. Families, who place a high emphasis on ethical and religious issues and values, access a greater number of positive religious coping strategies.
  7. Chronic pain families with certain family functioning and religious coping profiles could be at risk for using more negative coping strategies. Chronic pain families, in which the family member diagnosed with chronic pain is disabled and who also have low cohesion, low expressiveness, and low organization, were an identifiable profile in this study. In addition, chronic pain families, who report very stressful family environments, low cohesion, and the need for more organization, could be at risk for using more negative religious coping strategies.
  8. The responsibility of full-time and part-time household duties could be a factor to identify at risk family functioning. Low cohesion and high control were both factors related to the responsibility of household duties.

Therefore, the results of this research study indicate there are identifiable coping methods, including positive and negative religious coping strategies, which can help or hinder family management of the stress from being in close contact with an adult chronic pain family member and can contribute to either resilient or disruptive family functioning.

**References:**

- Moos, R.H., & Moos, B.S. (2002). *Family Environment Scale manual: Development, applications, research* (3rd ed.). Redwood City, CA: Mind Garden.
- Pargament, K.I., Smith, B.W., Koenig, H.G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 37, 710-724.

Copyright© Barbara Kirk Jackson, Ph.D., 2005  
All Rights Reserved