Results

Religious Coping with Chronic Pain

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Chaplains often have contact with patients and their family members who are profoundly impacted by chronic pain. How patients manage their painful lives is central. The literature describes two constructs as part of this management – mental appraisals concerning the cause/meaning of the pain and specific coping activities, both of which can involve religious faith and practice. Patients may interpret their pain as a lesson or punishment from God, a reflection of God's inability to intervene, a lack of God's love, or part of a divine plan. Patients may cope by pleading with God for relief, expressing anger at God, engaging in religious rituals, and seeking support from clergy. The central question here is how their use of religious faith and practice influences outcomes.

The study described here suggests some responses. The authors asked whether religious and non-religious coping strategies relate to outcomes after controlling for the influence of demographic variables. They also asked whether different forms of religious coping were associated with different outcomes.

The authors gathered information from 61 patients seeking treatment at a pain management center. Most patients were Caucasian women with fibromyalgia, arthritis, post surgical or carpal tunnel pain. Patients provided a wide array of demographic data, 51 percent indicating that they were "moderately religious" and 30 percent reporting being "very religious." They also completed questionnaires concerning how pain affected their lives, how they coped with the pain, the role and function of religious faith and practice in their lives, their general mood, and outcomes related to their coping processes.

Of particular interest here, the religious appraisal and coping survey contained three sets of items. The first set was called *positive religious coping* and contained such statements as, "I look to God for strength and support." The second set was titled *negative religious coping (punishing God)* and included such items as, "I thought that God was punishing me for the past." The third set was called *negative religious coping (absent God)* and sample items were, "I felt angry with God for deserting me." Data concerning nonreligious coping were gathered by responses to 24 items, examples of which are, "I try to think of something pleasant."

What were the results? As regards the first question, religious and nonreligious coping were moderately related to pain outcomes after accounting for the influence of demographic variables. More specifically, the positive religious coping items were correlated with increased positive affects and a strengthening of religious faith and practice. Religious coping efforts were more helpful than nonreligious coping.

What are the implications of these findings? First, they highlight the importance of examining the role that religious assumptions and coping styles play in chronic pain management. Giving attention to these religious processes may improve treatment outcomes.

Second, it is clear that the religious coping process is complex; it can be both helpful and unhelpful. Although this study did not find significant statistical relationships between negative religious coping and outcomes, other studies have produced such results. The relatively small sample size and/or religious characteristics of these patients may account for this.

Third, the findings provide support for the treatment approach that maintains that cognitive-behavioral coping methods, whether religious or nonreligious, are significantly related to outcomes. They support the observations of others that the adjustment to chronic pain can be predicted from the manner in which patients appraise their difficulties and try to cope with them.

In summary, these authors believe that religious coping processes are important for chronic pain patients because the influence of pain is pervasive and not immediately controllable. Religious faith that "tends to emphasize changes in perspective or collaboration with a higher power may be particularly compelling." Some additional references are listed below for interested chaplains.

Reference:

Ellen G. Bush, Mark S. Rye, Curtis Brant, Erin Emergy, Kenneth Pargament & Camala Riessinger. 1999. Religious coping with chronic pain. *Applied Psychophysiology and Biofeedback*, 24(4), 249-260.

Other references of interest:

R.M. Heiligman, L.R. Lee, D. Kramer, 1983. Pain relief associated with a religious visitation: A case report. *Journal of Family Practice* 16(2), 299-302.

S. P. Chalmers. 2000. "My God, my God, why have you forsaken me?" The Christian in the face of pain. *Scottish Journal of Healthcare Chaplaincy*, 3(1), 3-8.