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PAIN AND SUFFERING IN GENERAL PRACTICE – A DIFFERENT APPROACH

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ABSTRACT

INTRODUCTION: We present the role of GP in solving problems associated with pain and suffering of the patient. On the one hand "The pain leads to suffering, so it should be treated" - prof. I. Smilov. On the other hand the suffering leads to pain so we must treat the cause of suffering.

OBJECTIVE: To justify the place and role of the spiritual (as a possible element of psychological) care for patients with pain and suffering in general practice

MATERIALS AND METHODS: Analysis of scientific literature

RESULTS: When searching PubMed-NCBI we have found 18 articles, in 7 of them the authors stressed the importance of spiritual care, in 10 the authors offered a variety of strategies for coping with pain such as religious strategies : spiritual support, prayer, discovering the meaning of suffering through self-knowledge; social strategies : improving of labour and economic relations; psychological strategies : distraction, relaxation, acceptance, alternative cognitive and behavioural strategies.

CONCLUSION: Patients with prolonged pain need strategies for managing pain and its impact. Coping (deal) is not confined to one dimension of functioning, it includes almost all dimensions of human functioning: physical, psychological, spiritual, social and economic.

INTRODUCTION

We present the role of GP in solving problems associated with pain and suffering of the patient. On the one hand "The pain leads to suffering, so it should be treated" - prof. I. Smilov. On the other hand the suffering leads to pain so we must treat the cause of suffering. Suffering through a conditional-reflex mechanisms increases the intensity of sensation of pain.

OBJECTIVE: to justify the place and role of the spiritual (as a possible element of psychological) care for patients with pain and suffering in general practice, and to present opportunities for provisioning of this care.

MATERIALS AND METHODS

Analysis of scientific literature discovered by searching the Web using keywords "chronic pain"; "pain"; "coping"; "strategies"; "suffer"; "spirituality"; "spiritual"; "suffering".

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RESULTS

When searching PubMed-NCBI under different combinations of keywords we have found 581 results. Of the 18 articles reviewed we have found that in 7 of them the authors stressed the importance of spiritual care, in 10 the authors offered a variety of strategies for coping with pain such as religious strategies : spiritual support, prayer, discovering the meaning of suffering through self-knowledge; social strategies : improving of labour and economic relations; psychological strategies: distraction, relaxation, acceptance, alternative cognitive and behavioural strategies. In 16 of these articles the authors offered resources to tackle such as questionnaires, scientific approach to the relationship between religion, spirituality and pain, meeting the spiritual needs of hospitalized children and adults, undergraduate courses on spiritual tools affecting the suffering, mourning and pain; releasing health costs through coping with depression.

By reviewing literature on strategies, types of coping and questionnaires about coping with chronic pain and through religious, social, psychological techniques, Peres MF and Lucchetti G. (2010) sees options for pain management in almost all dimensions of human functioning: cognitive, affective, behavioural and physiological (1).

Wachholtz AB and Pearce MJ consider empirical studies that illustrate how religion / spirituality may affect pain perception and may help or hinder the process of coping and make practical suggestions for health professionals to support research on spiritual tools (such as prayer and spiritual support) that can modulate pain-experience (2).

Wachholtz AB, Pearce MJ and Koenig H present the relationship between the experience of pain and religion / spirituality to understand not only why some people rely on their faith to cope with the pain; how religion / spirituality may affect pain perception and help or hinder the process of coping and authors delineate priorities for future research that may provide fruitful findings to clarify the relationship between religion / spirituality and pain (3).

(4) Here the authors argue that religion and spiritual practices are part of the resources used by patients in their coping with chronic pain, they present concepts of Hinduism and view their ways of coping with pain and suffering, in conclusion the authors offer a potentially useful conceptions even for patients, who are not followers of Hinduism.

(5) The authors carried out qualitative study of people with chronic pain in their search for the meaning of their presence, and found that those who achieved through spirituality to a deeper understanding of themselves, understood the relationship between pain, emotion and infatuation by medicaments and they found the meaning in life despite their limited physical capacity,and succeed to reintegrate into society.

(6) The writers examined the existing health care system barriers that detains improving of quality of spiritual care for hospitalized children and their parents in children's hospitals.

(7) The authors described a unique course for student nurses which acquainted them with spiritual tools according to Jewish beliefs in the approach to suffering, grieving and feeling a pain patients which they will be able to apply later in their practice.

(8) This article is about the emotional aspect of pain and suffering, that in the presence of the appropriate spiritual care help the patient to find meaning in an acceptable way of life.

(9) The authors reported a higher incidence of depression among those who suffer from rheumatoid arthritis leading to increased costs in health, directly proportional to the intensity of pain, passive coping strategies and degree of disability. We believe that spiritual care in these patients contributes to building active coping strategies that modulate the sensation of pain and help the patient to find meaning in an acceptable way of life in a state of disability, that opens opportunities to find socially useful activity for such kind of patients and offsets the burden of increased health costs to the community.

(10) The writers explored strategies for coping with stress, which the members of medical teams caring for patients with acute and chronic pain are subjected to. We believe that spiritual care training for medical teams firstly, will reduce stress in their communication with suffering patients due to a change in psychological attitude towards the spiritual view of such situations, which enhances the ability of a reasonable self-control and secondly they will be able with empathy to cultivate equanimity in their patients.

Seeking an explanation of chronic muscle pain according to the psycho-neuro-immunology, the authors analyzed the relationships between the subjective experience, emotions and cognitive functions of the nervous system and physiological stress responses in the process of restoring balance in the body.They examined distress as a consequence of the interaction between body, mind and life circumstances which provoks spinal sensitization, which leads to an increase in chronic muscle pain. As a result, the authors concluded that understanding the experiences of patients doctors can allay their concerns by directing their attention to finding an acceptable to them and the community solution to their health problem. We believe that spiritually enlightened psychological knowledge of doctors will help them find the correct individual approach to each patient (11).

(12) The authors conducted a controlled study of eurythmy (EYT) = mind-body therapy (derived from anthroposophic medicine) on stress-coping strategies (SCS) and "health-related quality of life" (HRQoL) in moderately stressed participants and established an improvement of the qualityof life (QoL) in healthy subjects and suggested the application of mind-body therapy in patients with dozens of diseases including chronic, promising effects on heart rate variability (HRV) and "health-related quality of life" (HRQoL).

(13) The authors identified active strategies for coping with pain: <distraction> <rethinking> <ignoring the feelings of pain> <relax> and <adopting> as cognitive behavioral interventions reducing collision and avoidance of pain and breaking the vicious circle: collision with the pain - fear of pain - avoiding pain - pain and depression. We believe that spiritual tools can assist in <rethinking> - by <spiritual understanding> in <Adoption> together with the prevention of depression through <hope> and <ignoring the feelings of pain> by <Faith>.

The authors (14) disclose vulnerable personal extroversity profile in patients with chronic neuropathic pain consisting of <high neuroticism> <Low > <openness to experience and responsibility>. We believe that spiritual care can influence in a positive direction on <high neuroticism> and <lower extroversity > by <confession> and on <openness to experience and responsibility> by <spiritual enlightenment>.

To the authors (15) to make thoughts aggravating sense of morbidity ,which affect cognitive evaluations, emotional processing and pain-conditioned behaviour, positive it is essential to improve self-monitoring and self-control in regard to not conducive to adaptation to the situation thoughts, feelings and behaviour. Therefore they offer functional coping strategies and strategies increasing personal success based on research on teaching techniques in a group setting.They concluded that the development of alternative cognitive and behavioral strategies improve the patient's ability to cope with internal and external stressors and offer individual therapy for the treatment of accompanying diseases.We think that universal psychological analogue of such techniques in a group setting is the presence of public prayer in temples.

The writers (16) examine the strong influence of depression and psychological stress on passive coping and the inhibitory effect of psychological distress on active coping despite the positives from the existing level of activity in patients with chronic pain.In this case to help deal with depression, psichological stress , prevent distress through adequate spiritual attitude of the suffering patient we offer spiritual tools in the hands of doctors and patients seeking such assistance.

(17) The authors make a critical review of the literature and summarize the need for a scientific approach to establish causal links between stress, beliefs, coping and adaptation to chronic pain.

(18) The authors pay attention to individual differences in the ability of emotional adjustment to pain and other stressors and their importance in the selection of appropriate interventions to improve the welfare of the chronically ill. We think that these individual differences would be fully known by the doctor if he/she takes into account the spiritual values available in the patient.

(19) The authors review significant volume of literature dedicated to understand the role of race and ethnicity in the experience of pain and concluded that not race or ethnicity but the social staus of groups with lower income, low education and unemployment worsen the prognosis of pain disability.We believe that nurture the spiritual values in the patient and the physician adequate response to them will motivate them through faith and patience and perseverance generate through hope in such patients in their search for decision and final outcome - dealing anyway.

MAIN CONCLUSIONS

Patients with prolonged pain need strategies for managing pain and its impact. Coping (deal) is not confined to one dimension of functioning, it includes almost all dimensions of human functioning: physical, psychological, spiritual, social and economic. Medical students and doctors should be trained on spiritual methods which are able to modulate pain-experience , they should be able to offer spiritual support as the best psychologically reasonable option for their religious patients

personally or through appropriate spiritual person as religion and spiritual practices are in a possible range of additional resources to primary in patients managing with persistent pain.

REFERENCES

1. Peres MF, Lucchetti G. Coping strategies in chronic pain. Curr Pain Headache Rep. 2010;14(5):331-8. Epub 2010/08/04.
2. Wachholtz AB, Pearce MJ. Does spirituality as a coping mechanism help or hinder coping with chronic pain? Curr Pain Headache Rep. 2009;13(2):127-32. Epub 2009/03/11.
3. Wachholtz AB, Pearce MJ, Koenig H. Exploring the relationship between spirituality, coping, and pain. J Behav Med. 2007;30(4):311-8. Epub 2007/06/02.
4. Whitman SM. Pain and suffering as viewed by the Hindu religion. J Pain. 2007;8(8):607-13. Epub 2007/04/28.
5. Sorajjakool S, Thompson KM, Aveling L, Earl A. Chronic pain, meaning, and spirituality: A qualitative study of the healing process in relation to the role of meaning and spirituality. J Pastoral Care Counsel. 2006;60(4):369-78. Epub 2007/02/03.
6. Feudtner C, Haney J, Dimmers MA. Spiritual care needs of hospitalized children and their families: a national survey of pastoral care providers' perceptions. Pediatrics. 2003;111(1):e67-72. Epub 2003/01/02.
7. Glick LH. Nurturing nursing students' sensitivity to spiritual care in a Jewish Israeli nursing program. Holist Nurs Pract. 2012;26(2):74-8. Epub 2012/02/22.
8. Minton ME, Antonen K. Carrying the Pain: The Journey from Suffering to Transformation-Perspectives from Shakespearean Tragedy and Pastoral Care. J Relig Health. 2011. Epub 2011/04/28.
9. Moll LT, Gormsen L, Pfeiffer-Jensen M. [Higher prevalence of depression in patients with rheumatoid arthritis--a systematic review]. Ugeskr Laeger. 2011;173(41):2564-8. Epub 2011/10/12. Oget forekomst af depression hos patienter med reumatoid artritis.
10. Negromonte MR, de Araujo TC. Impact of the clinical management of pain: evaluation of stress and coping among health professionals. Rev Lat Am Enfermagem. 2011;19(2):238-44. Epub 2011/05/18.
11. Malterud K. [Chronic muscular pain is not unexplainable]. Tidsskr Nor Laegeforen. 2010;130(23):2356-9. Epub 2010/12/09. Kroniske muskelsmerter kan forklares pa mange mater.
12. Kanitz JL, Pretzer K, Reif M, Voss A, Brand R, Warschburger P, et al. The impact of eurythmy therapy on stress coping strategies and health-related quality of life in healthy, moderately stressed adults. Complement Ther Med. 2011;19(5):247-55. Epub 2011/09/29.
13. Radat F, Koleck M. [Pain and depression: cognitive and behavioural mediators of a frequent association]. Encephale. 2011;37(3):172-9. Epub 2011/06/28. Douleur et depression : les mediateurs cognitifs et comportementa-ux d'une association tres frequente.
14. Soriano Pastor JF, Monsalve Dolz V, Ibanez Guerra E, Gomez Carretero P. [Personality and coping in neuropathic chronic pain: a predictable divorce]. Psicothema. 2010;22(4):537-42. Epub 2010/11/04. Personalidad y afrontamiento en dolor cronico neuropatico: un divorcio previsible.
15. Heinrich M, Monstadt D, Michel C. [Psychological therapy as part of an interdisciplinary treatment of chronic back pain].Orthopade. 2009;38(10):937-42. Epub 2009/10/09. Psychologische Interventionen in der Behandlung chronischer Ruckenschmerzen.
16. Snow-Turek AL, Norris MP, Tan G. Active and passive coping strategies in chronic pain patients. Pain. 1996;64(3):455-62. Epub 1996/03/01.
17. Jensen MP, Turner JA, Romano JM, Karoly P. Coping with chronic pain: a critical review of the literature. Pain. 1991;47(3):249-83. Epub 1991/12/01.
18. Davis MC, Zautra AJ, Smith BW. Chronic pain, stress, and the dynamics of affective differentiation. J Pers. 2004;72(6):1133-59. Epub 2004/10/29.
19. Poleshuck EL, Green CR. Socioeconomic disadvantage and pain. Pain.2008;136(3):235-8. Epub 2008/04/29.