

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

The Spontaneous Coping Strategies of Children who live with Chronic Pain

*A thesis presented in partial
fulfilment of the requirements for the degree
of Master of Arts in Psychology
at Massey University*

KAREN ELAINE RAMSAY

1994

Abstract

The spontaneous coping strategies of children who experience chronic disease-related pain have received little research attention. Ten children aged between 7 and 13 years were interviewed. The interview data was analysed using the grounded theory method of qualitative data analysis. The participant children described using a variety of cognitive and behavioural coping strategies in order to manage their pain. The children also described changes over time in the types of coping strategies that they utilized. Most children also described subjective habituation to pain. A local theory was generated from the data which describes the changing process over time of the children's getting used to living with pain. Children's ways of being changed over time, along with their appraisals of pain and their use of coping strategies. Similarities between this process and strategies that have been found to be adaptive in the adult chronic pain literature were noted. Strategies that were pervasively described were cognitive-behavioural distractions and behavioural interventions. Coping strategies that have not been previously documented among children were also found. "Keeping going" was a purposefully used coping strategy, as was seeking social support and minimizing pain. The implications of these findings including the contexts which impact on use and effectiveness of the children's coping strategies are discussed.

Acknowledgements

I would like to express my gratitude to those who have made this research project possible:

My thesis supervisors, Ms. Cheryl Woolley and Mr. Malcolm Johnson of the Psychology Department, Massey University, who were encouraging of my ideas and whose knowledge and wisdom guided the research process and helped to refine the final presentation.

Dr. Mandy Morgan, Psychology Department, Massey University, for her guidance on qualitative methods of research and data analysis, during the planning stages of the project.

Ms. Jo Walton of the Nursing Department, Massey University, for her valuable comments towards the end of the data analysis.

Dr. Mike Corkhill, Paediatric Rheumatologist, Hutt Hospital, for his support in finding research participants. The nursing staff and paediatric consultants in the paediatric outpatients and paediatric wards of Hutt and Wellington Hospitals for their support.

The children who participated in the research, and who taught me far more than I expected to find. I am especially grateful for their willingness to talk about themselves and their pain. The parents of participating children for their support and interest in the research project.

Bob Ramsay, for his support and belief in my abilities. Sarah and Sam, who were very understanding of the time that I spent away from parenting them. Leigh Tierney for always being there for us.

Table of Contents

	Page
Abstract	ii
Acknowledgements	iii
Table of Contents	iv
List of Tables and Figures	v
PART ONE: Introduction	
Overview of Introduction	1
Chapter One: Children's Experience of Pain	2
Chapter Two: Children's Spontaneous Strategies for Coping with Pain	11
Chapter Three: Factors that Influence the Use of Coping Strategies When Children Experience Pain	18
Chapter Four: Chronic Pain in Children and Use of Coping Strategies	26
Chapter Five: Rationale for Using a Qualitative Approach	32
Chapter Six: The Present Study	38
Method	39
PART TWO: The Results	
Chapter Seven: Profiles and Pain Histories of Children	45
Chapter Eight: The Core Category – Getting Used to Living With Pain	49
Chapter Nine: Behavioural Strategies that Address Pain	58
Chapter Ten: Cognitive Strategies that Address Pain and Self in Relation to Pain	69
Chapter Eleven: Cognitive and Behavioural Strategies that Divert Attention from Pain	76
Chapter Twelve: Ways of Being	86
Chapter Thirteen: Integration	98
PART THREE: Discussion, Summary and Recommendations	
Chapter Fourteen: Discussion	103
Conclusion	115
Chapter Fifteen: Summary and Recommendations	117
References	121
Appendices	126

List of Tables and Figures

	Page
Table One: Results of Assessment of Pain in Different Instances	47
Figure One: The Basic Social Process of Getting Used to Living With Pain	50

PART ONE

Introduction

Overview of Introduction

Children's experience of chronic pain is a relatively uninvestigated area, and there is a dearth of literature on the coping strategies that children may utilize in response to chronic pain. There exist however, a variety of bodies of literature that bear relevance to the topic, and a broad review is undertaken in the introduction to this study in order to cover multiple aspects of children's likely responses to chronic pain. The body of literature which describes children's experience of pain is discussed, and also literature that describes children's use of coping strategies in response to acute pain. Relevant concepts of coping that arise from the adult coping literature as well as factors that have been suggested to influence the use of coping strategies in children are reviewed. Literature which describes psychosocial aspects of chronic pain in children is surveyed, along with salient literature which is relevant to the use of coping strategies in children's chronic pain. Lastly, the reasons for choosing qualitative methodology are reviewed, and some advantages and disadvantages of the grounded theory method of data analysis discussed.

It is necessary to define the different categories of pain. Varni(1983) has identified four primary categories of pediatric pain, and the category of relevance to the present report is pain associated with a disease state (e.g. arthritis, haemophilia or malignant processes). In addition to these categories, pain in children is classified as either acute, chronic, or recurrent (P.A.McGrath,1990). Acute pain is defined as relatively brief, caused by a well-defined noxious stimulus, and usually with sudden onset. Chronic pain has been defined as pain that has a less well defined stimulus, and persists beyond the usual time period required for healing (P.A.McGrath,1990). Recurrent pain is similar to chronic pain, but with no obvious physical stimulus, and children otherwise appear healthy. In keeping with the adult literature, chronic pain in the present report is pain that has persisted for a minimum of six months. The participant children all experienced disease-related pain, as in the category provided by Varni(1983), and the terms long-term disease-related pain, and chronic disease-related pain are used interchangeably.