

# Psychological Approaches to Coping with Pain in Later Life

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## KEYWORDS

• Psychology • Cognitive behavioral therapy • Evidence • Older adults • Coping

## KEY POINTS

- Normal aging involves a balance between assimilative and accommodative coping. Knowing when to adjust and when to endure is crucial to healthy aging.
- Psychological therapies are promising in general, but only a few trials have been reported with older people, which show limited effect.
- Psychological therapies for chronic pain in older age will need to be based on a theory of fractured aging, and include innovations in cognitive therapy.

## INTRODUCTION

Dramatic changes to life expectancy have occurred in the last century, a progression accompanied by a changing pattern of disease and morbidity.<sup>1</sup> Understanding a normal process of aging and the experience of pain in this older patient group, for whom multimorbidity is the norm rather than the exception, presents a critical challenge to psychological approaches in health care.

Pain is a common feature of later life,<sup>2</sup> and people expect to hurt more as they age.<sup>3</sup> What is more surprising, however, is that it is not inevitable that pain will lead to suffering. There is enormous variety in how people attempt to adjust to the challenge of pain, what strategies inoculate against further pain and suffering, and how far one can intervene in successfully improving adjustment. For example, the prevalence of back pain does not increase with age, but the prevalence of disabling back pain does.<sup>4</sup> Additionally, those at greater risk of disability are more likely to have experienced primary depression<sup>5,6</sup> and loneliness.<sup>6</sup> Similar associations have been reported in other primary pain disorders such as fibromyalgia.<sup>7</sup> How one adapts to the challenge of pain is crucial to whether suffering dominates later life.

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This article presents an overview of normal aging from a psychological perspective, ending with a consideration of how one attempts to age optimally by promoting growth and reducing suffering. Using this model as a framework for treatment, the authors review the evidence for the efficacy and safety of psychological interventions for the management of chronic pain. Finally, the article summarizes the implications for future research and practice, and suggests areas for profitable development.

## NORMAL AGING AND ADJUSTMENT

The most successful model of normal human aging in later life, known as the dual-process model, focuses on motivation to protect, change, or achieve, valued goals.<sup>8,9</sup> It is a model of need, of striving, of motivation, and one that uses a language of goal pursuit and of the self-regulation of behavior.

At the heart of this motivational view of human development is the idea that one is always moving toward or away from desired goals. Although the goals may vary depending on one's phase of life, people are always gaining or losing. People attempt to put resources into ensuring that their goals are reached, or are alternatively working to mitigate the impact of their losses. From a coping perspective, one can classify all attempts at managing the discrepancy between what is striven for and what is achievable in 2 broad categories known as assimilative and accommodative modes.

Assimilative coping is when all efforts are made to alter the world to fit the goal, to alter one's own behavior and the behavior of others, and to change structural influences. It is all about making it happen. Accommodative coping is when the importance of an unachievable goal is reduced and replaced with an achievable one. When faced with any goal one has a simple choice: work hard to achieve it, or work hard to make the consequences of not achieving it less damaging. Imagine, for example, a concert pianist assimilating to pain on playing by learning to perform standing, altering hand positions, avoiding Chopin. But ultimately, accommodating to the loss of function by changing from a goal of playing to a goal of listening, critiquing, or teaching. These broadly defined dual processes, and how easily one can employ them, are not personality characteristics, and are not inherently fixed to particular problem presentations; they are context-dependent modes of problem solving. Central to this model of coping is the recognition that the needs, wants, and desires that define who we are change over time.

The challenge of coping is knowing when to assimilate and when to accommodate, whether to single-mindedly and tenaciously pursue a goal without concern for consequence (tenacious goal pursuit) or whether instead to flexibly disengage from any emotional investment in the goal (flexible goal adjustment). Typically people are able to use both modes of coping. For example, one investigation of how people react to negative life events in older age investigated the challenge of potentially competing modes of coping. Questionnaires were completed by 670 adults with a mean age of 74 years. People reported the negative stressful life events they had experienced, how they had attempted to cope, and their current affective state (depression). The results showed that older adults were able to use both modes effectively. However, less effort placed in these attempts to adjust—described as low tenacity and low flexibility—was associated with greater depression. Accommodative coping—being able to flexibly adjust away from the unachievable—appeared to protect against depression, especially when people had experienced multiple negative life events.<sup>10</sup>

Tenacious goal pursuit is a popular idea. It has been recently investigated in the study of achievement as grit, defined more subjectively as a desire and willingness to persevere in achieving a long-term goal.<sup>11</sup> Largely, what one thinks of as coping

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