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The relation between pain, support and family on the process of facing the chronic sickness

La relación entre el dolor, el apoyo y la familia en el proceso de enfrentar el adoece crónico

A relação entre dor, apoio e família no processo de enfrentamento do adoecimento crônico

ABSTRACT

Objective: So, this work presentes as objective to identify the perceptions related to pain in pacientes with chronic disease in a health service offered by a school clinic from a institution of University education, as well to understand the psychologic process conected to chronic disease, to verity the meaning of pain for the patients and to detect the relation between support and Family on chronic pain patients care. **Method:** This study show itself as a field research, with qualitative and quantitative characters. It was used as instruments the sociodemographic questionnaire, the Pain Beliefs and Perceptions Inventory and the free assotiation. **Results:** of this reasearch proves the hipotesis that not always people with chronic pain understand the pain that they feel. **Conclusion:** This study makes it possible the construction of new research, verifying the meaning of the familiar support presence on sickness process, as well proper therapeutic for the disease treatment.

DESCRIPTORS: Chronic disease. Psychology. Familiar support.

RESUMEN

Objetivo: este trabajo tiene como objetivo identificar las percepciones relacionadas con el dolor en pacientes con enfermedades crónicas en un servicio de salud ofrecido por una clínica escolar de una Institución de Educación Superior, así como comprender los procesos psicológicos vinculados a la enfermedad crónica, para verificar el significado de dolor para los pacientes y detectar la relación entre el apoyo y la familia en el cuidado de los pacientes con dolor crónico. **Método:** Este estudio es una investigación de campo cualitativa y cuantitativa. Se utilizaron como instrumentos el cuestionario sociodemográfico, el Inventario de Creencias y Percepciones sobre el Dolor y la asociación libre. **Resultado:** prueba la hipótesis de que las personas afectadas por una enfermedad no siempre comprenden el dolor que sienten. **Conclusión:** Este estudio permite la construcción de nuevas investigaciones, cubriendo el campo de posibilidades sobre el tema, notando la importancia de la presencia del apoyo familiar en el proceso de la enfermedad, así como de las terapias adecuadas para el tratamiento de las enfermedades.

DESCRIPTORES: Enfermedades crónicas; Psicología; Apoyo Familiar.

RESUMO

Objetivo: Este trabalho apresentou como objetivo identificar as percepções relacionadas a dor em pacientes com doenças crônicas em um serviço de saúde oferecido por uma clínica escola de uma Instituição de Ensino Superior, bem como compreender os processos psicológicos interligados à doença crônica, verificar o significado da dor para os pacientes e detectar a relação entre apoio e família nos cuidados com pacientes com dor crônica. **Método:** trata-se de uma pesquisa de campo de caráter quali-quantitativo. Utilizou-se como instrumentos o questionário sócio-demográfico, o Inventário de Convicções e Percepções Relacionadas com a Dor e a associação livre. **Resultado:** comprovou-se a hipótese de que nem sempre as pessoas acometidas pelo adoecimento, compreendem a dor que sentem. **Conclusão:** Este estudo possibilitou a construção de novas pesquisas, da temática, constatando a importância da presença do suporte familiar no processo do adoecimento, bem como terapêuticas adequadas para o tratamento das doenças.

DESCRITORES: Doenças crônicas; Psicologia; Apoio familiar.

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INTRODUCTION

When analyzing chronic illness, we must take into account the biopsychosocial context, since it is associated with the biological factor, where organic dysfunctions are observed; the subjective perspective, which takes into account the subject's experience in the face of the disease; and the social aspect, which represents the meaning given by other people to illness.¹

The emergence of chronic diseases, considerably, becomes a situation of loss of freedom, in view of the need to adapt individuals to the related physical conditions. In these cases, the perception that life is around the disease becomes common, and it is considered the focus of attention of the subject and the family members around him.² The chronicity of the problem results in the persistence of symptoms, contributing to the alteration of social roles in society³, thus becoming a psychosomatic phenomenon, that is, an illness that alters mental, emotional and physical functioning.

The recognition of illness as a psychosomatic phenomenon encompasses the context of individuals and refers to pathologies of an organic and/or mental character, the origin of which comes from the subjects' interpersonal relationships and the way they perceive situations. Therefore, it is from the subjective experience that people react to adversity, with chronic illness being a form of expression of this relationship between mind and body.

It is in this sense that Vandenberghe⁴ points out that the relationship between emotion, the cognitive and dynamic aspects of interpersonal relationships and the organic construction of individuals create psychological variables that can facilitate the development of chronic illness.

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ral context inserted, means that there is more than a physical disturbance. Therefore, it is possible to observe that, according to Silva^{5,6}, people with chronic pain suffer influences from their social relationships, since they build the way these people feel, experience and express suffering.

Understanding the cultural factors and the treatments carried out, this study raised the following problem: "Can people who suffer with chronic pain understand the pain they feel?" With the objective of identifying the perceptions related to pain in patients with chronic diseases in a health service offered by a school clinic of a Higher Education Institution, as well as understanding the psychological processes linked to chronic disease, verifying the meaning of pain for patients and to detect the relationship between support and family in the care of patients with chronic pain.

METHOD

This study is a descriptive research through a qualitative and quantitative approach and was carried out in a school service offered by a Higher Education Institution in the city of João Pessoa, PB, with the participation of 20 patients from the physiotherapy service, among them 13 women and 7 men who use the services of traumatology, geriatrics and postural education, chosen for accessibility.

As inclusion criteria for carrying out this study, men and women between 50 and 80 years old, patients at the physiotherapy school-clinic of a Higher Education Institution. Incomplete questionnaires, patients on discharge, and people who had cognitive difficulties due to worsening neurological health were not part of this study.

The approach to conduct the study with patients occurred before the physiothera-

py session, on Tuesdays and Fridays in the afternoon, for 15 days, with due authorization from the direction of the health school clinic and the supervising professors of the previously mentioned services.

The instruments used were a Sociodemographic Questionnaire, an Inventory of Beliefs and Perceptions Related to Pain (Pain Beliefs and Perceptions Inventory - PBAPI), which was validated for the Portuguese language⁷, and a free association of words. The research participant was asked, individually, what comes to mind when he thinks of 1) pain, 2) support and 3) family. After responding immediately, a thematic categorization was carried out in order to understand which phenomena are brought to your awareness.

After applying the socio-demographic questionnaire, the variables involved in the study were analyzed according to the SPSS Version 20.0.0.0 database. The analysis of the Inventory of Convictions and Perceptions Related to Pain was carried out using the SPSS Version 20.0 program, where the study variables were

placed to remove the averages and standard deviations within the categories of mystery, culpability, constancy and permanence.

The analysis of free association was performed based on thematic categorization, where the spoken words were grouped according to their similarity. This study was applied in compliance with Resolution No. 466/2012, which emphasizes secrecy, respect for human dignity and the secrecy due to participants in research conducted with human beings. The information collected was only used with the signature of the Free and Informed Consent Form (ICF) to the participants, as well as assistance in case of damages caused by the research.⁸ This study was approved by the Ethics Committee, CAAE number 61012116.0.0000.5193 and was applied after the positive opinion of the Brazil platform.

RESULTS

As a survey carried out with a sample by accessibility, 20 physiothera-

py patients who suffer with pain and are being treated at Clínica Escola de Saúde participated in the study. The participants were submitted to the questions of the Inventory of Convictions and Perceptions Related to Pain (PBAPI) and the Free Word Association test. This analysis will be divided into two moments. In this first moment, the analysis of what was answered in the PBAPI, carried out in the SPSS 2.0 program, will be performed.

The Pain and Beliefs Inventory (PBAPI) seeks to understand how people perceive the pain they feel, as well as their beliefs about it. Women were the majority in the study, counting 13 inventories answered, in contrast to men, who added up to 7. Participants in the study, people between 22 and 87 years old, resulting in an average age of 58,8 years old (SD=21). Regarding the level of education, 30% had completed elementary school, that is, most of the participants. 35% of participants were married at the time of the survey, while 30% were single, 20% widowed and 15% separated or divorced. 85% of the sample had an average of 2,5 children (SD=2,7). 50% of the sample earns an income between R\$ 501,00 and R\$ 1.000.

The Inventory of Convictions and Perceptions Related to Pain contains 16 items arranged on a likert scale ranging from -2 (strongly disagree) to 2 (strongly agree). Its analysis is subdivided into 4 categories: Constancy, Permanence, Mystery and Culpability.

The constance category refers to the frequency in which people feel pain, while the permanence category is linked to their persistence. In Table 1, it can be seen that the item of greatest agreement was the one that indicates that the pain varies in intensity, but it is always with me. For this item, there was an agreement index of 1,35 (SD= 0,489).

DISCUSSION

The constancy category refers to the frequency in which people feel pain,

Table 1. Mean values of categories related to pain

	MEAN	STANDARD DEVIATION
Constance	0,70	0,52
Permanence	0,37	0,46
Mystery	0,16	0,77
Culpability	-0,65	1,18

Source: The author

Chart 1: Free association of words related to pain, support and family

CATEGORIES	SUBCATEGORIES	N	THEMATIC UNITS
PAIN	Suffering	11	"Sadness", "anguish", "discouragement".
	Incapacity	8	"Impotence", "paralysis".
	Cure	10	"Get well", "restoration", "medicine".
SUPPORT	Absence	10	"Does not exist", "weak", "almost nothing".
	Treatment	6	"Doctor", "massage", "getting well".
	Support	11	"Conversation", "help", "family".
FAMILY	Care	15	"Help", "support", "approximation".
	Loved ones	5	"Wife", "children", "brothers".
	Isolation	9	"Loneliness", "don't have", "live far away".

Source: From the author.

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The results evaluated for the permanence category, which refers to the persistence of pain, obtained an average degree of agreement of 0,65 (SD=0,65), whose item refers to “there is a cure for my pain”. Meanwhile, the mystery factor is related to the knowledge that the person has in the face of his pain, that is, if he understands what he feels. According to a study by Duarte ⁹, people do not know the reason or cause of their pain. Thus, this pain becomes a mystery, a reason for incomprehension.

Guilt feelings often appear in people who are in pain. However, this study demonstrates that participants are inclined to disagree that they are the cause of their pain (mean -0,85, SD= 1,182). ¹⁰

The average values of the categories mentioned above, indicate that there was greater agreement in the constancy category, with an average value of 0,7 (SD= 0,5). This means that people agree that their pain is constant. The permanence category had an average agreement value of 0,37 (SD= 0,46). The mystery factor also showed agreement (mean= 0,16, SD= 0,77), which indicates that people do not fully understand the reasons for which they feel pain. The culpability category presented a degree of disagreement, with an average value of 0,65 (SD= 1,18), thus indicating that the study participants do not blame themselves for the pain they feel.

Thus, the results of this research are related to the validating study of the Inventory of Perceptions and Convictions Related to Pain, carried out by Azevedo. ⁷ With the validation of this instrument, it was observed that the greater the constancy of pain, the less the guilt. That is, the more constant the pain, the less they blame themselves for feeling it.

This analysis was based on the divi-

sion into categories about what comes to people's minds when they think of pain. When looking at chart 1, it can be seen that 3 categories were found to better

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organize the words brought: suffering, disability and healing.

The suffering category is composed of words such as sadness, anguish, discouragement, stress, etc. According to Ribeiro ¹¹, chronic pain is not just another symptom, but a disease that brings social damage to the individual and disables it, and it is common for stress to be a two-way vector, considering that it affects immunity, leaving the body more vulnerable to pain; the mind, compromising cognitive functioning; and existential, because it imposes on the subjects reflections around themselves.

Thus, as stated by Borges, Luiz and Domingos ¹², changing daily habits can strengthen chronic pain. Thus, it is necessary to control the present stress that is related to suffering, as the patient will be able to face the disease more effectively.

The disability category was linked to impotence, paralysis and feelings that your pain is the end. Because it has a disabling potential, depressive symptoms and that “there is no way”, they tend to appear frequently. Therefore, there is a relationship between the two categories mentioned so far, where suffering causes incapacity and feelings of helplessness.

The third category refers to healing. Even with the problem presented, people are able to associate their pain with healing, either by divine healing or by medications. According to Araújo, Tanaka, Gehardt and Machado ¹³, the increase in life expectancy on the part of the population, brought with it an increase in chronic diseases and, consequently, an increase in drug therapies around them. Thus, the elderly population becomes the most affected by this industry, whose treatments are not always explained in a concise and appropriate way, which feeds the mystery surrounding the illness.

With regard to feelings around the family, in large part, people relate to protection. This category is related to positive feelings towards the family. As explained by Amaral ¹⁴, having some chronic pain triggers effects in the context of the

family. The fact that they need support to carry out their daily activities, as well as understanding, the family becomes essential in overcoming the disease.

This factor is interconnected with the categories related to pain and suffering. The subject feels unable to carry out his activities regularly and withdraw from social life, isolating himself. Feeling helpless in the face of the situation and incapable is also present. Usually, these are demotivating factors of the individual and contribute, negatively, to resist the treatments offered.¹⁵

CONCLUSION

Illness brings with it numerous meanings, as it alters different contexts in the lives of individuals, whether biological, psychological, social or even existential. Understanding the health-disease process, as well as its singularities, enables an expanded understanding around the therapeutic possibilities and promotes the praxis of health professionals.

In this study, it was possible to observe the importance of family support in the face of chronic illness, in view of its persistent and constant characteristic, which har-

ms the individual when carrying out their daily activities. The mystery surrounding the origin of the illness is something present in the perception of the participants of this study, which indicates the need for the existence of booklets, articles and conversation circles around the theme, thus facilitating health education focused on the subjective process of individuals.

Thus, it was understood that chronic diseases, although they do not have an evident possibility of cure, can be treated from the social reception to the patient, considering their individual needs and the possibilities of coping. ■

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