

## Support patients coping with medical illness

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Determine if your patient can find meaning in the illness by asking, 'Has this illness taught you anything or changed you?'

Psychiatrists often are consulted when patients are struggling with the slings and arrows of outrageous medical fortune, to paraphrase Shakespeare. The goal of coping is to bring about relief, reward, quiescence, and equilibrium.<sup>1</sup> This definition focuses on the process and does not assume that all of life's problems can be solved. If your patient seems to be coping poorly, you can help by first identifying the patient's main coping mode and then increasing his or her repertoire of coping skills.

### Emotion-based coping

Are painful psychological experiences such as anxiety or despair interfering with your patient's ability to cope? Managing emotions with medications, cognitive therapy, or relaxation does not directly address the causes of distress, but it can mitigate psychological paralysis, prevent secondary problems such as alcoholism or demoralization, and allow patients to use executive brain function.

Humor can be effective for managing emotions, but be careful because not all patients can find humor in a painful situation.

### Problem-based coping

How well is your patient dealing with the practical aspects of treatment such as keeping doctors' appointments or going to work when fatigued from chemotherapy? Thinking rationally is difficult when one is overwhelmed by lack of social support or uncontrolled emotions. Ask what your patient sees as the main problem so you can discuss specific, tangible interventions

such as child care, transportation, financial assistance, support groups, or informational materials.

### Attitudinal-based coping

Adopting an attitude of accepting unavoidable circumstances—which is not the same as passivity—can come from wrestling with the ideas of secular and religious philosophers or spiritual leaders. Show great sensitivity when recommending bibliotherapy or bringing up philosophical ideas, however, so you don't make your patient feel inadequate or poorly educated. Emotional growth in times of crisis cannot be accelerated. Determine if your patient can find meaning in the illness by asking "Has this illness taught you anything or changed you?"

Successful adaptation to medical adversity and disability requires that a patient use various coping strategies, shifting flexibly between them. Although these 3 coping modes are not necessarily hierarchical, patients who show only emotion-based coping might benefit from being nudged toward problem-based coping. Start by this process by examining practical implications of the illness.

### Reference

- Schlozman SC, Groves JE, Weisman AD. Coping with illness and psychotherapy of the medically ill. In: Stern TA, Fricchi-one GL, Cassem NH, et al. eds. *Massachusetts General Hospital handbook of general hospital psychiatry*. 5th ed. Philadelphia, PA: Mosby; 2004.

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