

Abstract

The aim of this phenomenological study was to add to the body of knowledge and to get an understanding of how women with chronic nonmalignant pain cope in everyday life and how it affects their well-being and daily activities. Chronic nonmalignant pain has been defined as a pain that has lasted 6 months or longer, is ongoing, is due to non-life-threatening causes, has not responded to current available treatment methods, and may continue for the remainder of the patient's life. Coping refers to anything the person does or thinks to manage demands so it either modifies the environment, or changes the meaning of the situation. Semi-structured, in-depth, tape-recorded interviews were used to collect data after an informed consent had been obtained from five women with chronic nonmalignant pain in different sites of the body. Their ages ranged from 36 to 53 years. Analysis of data followed a method adapted from the Vancouver School of doing Phenomenology.

An overriding theme, with three major themes and 14 subthemes emerged from the data. The overriding theme *'Keeping the pain tolerable'* can be described as the main goal for the women. In order to be able to keep the pain tolerable the women feel they must *'Learn to live with the pain'* which is the first major theme which focuses on searching for pain relief, its causes, and cure, if that exists. *'Feeling one is not alone'* is another major theme and describes the necessary support both provided by others and by themselves to others in a similar situation. *'No-one can see that something is wrong'* is the last major theme and is centred on the pain's effect on the self-image and self-esteem, and the importance of an understanding from others and a positive self-image.

To be able to live a good and fulfilling life with chronic nonmalignant pain and cope with it, the women described how they had to build a new pattern where the pain no longer controls. In reality this pain is very much a part of the sufferer's life at the same time as it is bound to affect other members of his or her family. In all likelihood it has to be accepted as an incurable one. Intermittent reliefs may help but when the pain recurs; one must know how to respond.

The result of this study can be helpful for health care professionals to increase the quality of care for chronic pain sufferers and be a guide for further research focusing on coping with pain.