2 Coping and Psychosocial Adjustment to Amputation

Deirdre Desmond and Pamela Gallagher

Overview

Limb amputation confronts the individual with numerous physical and psychosocial threats and challenges including alterations in body image and self-concept, changes in employment status/occupation and lifestyle, impairments in physical functioning, disruptions to valued activities, prosthesis use, and pain. For many people the amputation of a limb may thus be considered a major stressful life event, characterized by evolving and recurrent stressors, which may pose significant challenges to physical, psychological, and social adjustment. Although limb amputation can lead to significant psychosocial dysfunction among some individuals, many others adjust and function well. Models describing influential factors in such variation implicate a complex interplay among risk factors, including disease/disability parameters, functional limitation, and psychosocial stressors; resistance or resource factors, including stress processing factors; intrapersonal factors; and social-ecological factors, such as social support and family environment.

Among these various factors contributing to variation in psychosocial adjustment to disability, a critical mediating role has been attributed to stress processing factors and the coping strategies individuals adopt to manage experiences associated with illness or injury. The stress-coping paradigm offers a framework for understanding how individuals manage their amputation and its consequences and may be useful in explaining adjustment differences among individuals with amputations. Using the stress-coping framework as a base, a number of researchers have investigated how individuals manage their amputation and its consequences. This chapter reviews this relatively limited but growing body of literature. The chapter begins with a brief, general introduction to concepts important in the stress-coping model. We then summarize critical issues in coping assessment, before reviewing amputation coping research.

Stress and Cognition

The basic premise of the stress-coping model is that people who are confronted with a potential stressor (in this case various aspects and consequences of amputation) evaluate the stressor, and this appraisal determines their emotional and behavioral reactions or coping responses. Thus, the stress process begins with awareness of change or the threat of change in the status of current goals and concerns. “Psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing his or her resources and endangering his or her well being” (18, p. 19). Cognitive variables, that is, an individual’s beliefs and appraisals regarding a stressor, are critical mediators of person–environment relations. Beliefs and expectations about the controllability and consequences
of a stressor may have a direct influence on mood, while appraisals may influence adjustment indirectly through their impact on coping efforts.

**Coping and Coping Strategies**

Although there is no universally accepted definition of coping, it has broadly been defined as “cognitive and behavioral efforts to manage specific external or internal demands (and conflicts between them) that are appraised as taxing the resources of a person” (19, p. 112). The dimensionality of coping responses has stimulated substantial theoretical and empirical enquiry (12,20). A classic bipartite classification proposed by Lazarus and Folkman (18) discriminates between problem-focused and emotion-focused coping. The former is action centered in that the person–environment relationship is altered by instrumental actions. The latter is mainly composed of cognitive coping strategies that do not directly change the situation but rather allow new meaning to be assigned, thereby changing the emotions associated with the stressful event (18,21,22). Emotion-focused coping includes engaging in distracting activities, using alcohol or drugs, or seeking emotional support, whereas making a plan of action and taking assertive action to solve the problem are forms of problem-focused coping (23). Within this framework coping is conceptualized as a fluid and dynamic process such that different coping strategies are employed in response to varying situational demands. The relationship between the person and environment evolves as a result of a dynamic interplay between coping strategies, changes in the environment, and changes in the individual (18).

In an extension of the classic Lazarus and Folkman (18) framework, Folkman (24,25) suggests that when a problem cannot be resolved satisfactorily, meaning-based coping, a form of coping that specifically helps to develop and maintain a sense of psychological well-being in spite of difficult circumstances, may ensue. Positive psychosocial adjustment outcomes may result from four meaning-based coping mechanisms: cognitive reframing, goal-directed problem-focused coping, using spiritual or religious beliefs to seek comfort, and the infusion of meaning into ordinary events of daily life (24). As an alternative to the dichotomy between problem-focused and emotion-focused coping, coping researchers in the area of chronic pain have categorized coping responses in terms of active and passive dimensions (26). Active coping strategies include requiring the person to take responsibility for pain management and to initiate attempts to control the pain or to function in spite of it. In contrast, passive strategies involve giving responsibility for pain management to an external force or allowing other areas of life to be adversely affected by pain (26). These coping dimensions have been associated with measures of behavioral and emotional adjustment to pain, functional disability, and pain ratings among individuals experiencing a variety of chronic pain syndromes (10,27–30).

Although these broad categorical descriptors are used extensively in the coping literature and provide a useful way of talking about many kinds of coping in general terms, Folkman and Moskowitz (23) caution that such categorization may also obscure important differences within categories. They contrast distancing (a form of coping in which the person recognizes a problem but intentionally attempts to put it out of mind) with escape-avoidance (an escapist flight that can include behaviors such as increasing alcohol consumption) noting that both strategies are avoidant forms of coping, typically grouped under the emotion-focused coping category. Distancing, however, is often adaptive in situations where individual control is limited, whereas escape-avoidance is usually a maladaptive approach to coping with the same situation. Clearly, this type of distinction is important to retain (23).

**Conceptualizing Psychosocial Adjustment to Amputation**

The terms adjustment and adaptation are often used interchangeably in the literature, and although they overlap, conceptually distinguishing features have also been highlighted (31). Livneh and Antonak (31) view adjustment as the final phase in the evolving process of adaptation and suggest it is characterized by reaching and maintaining