

## Illness Roles and Coping Strategies in Aged Patients on Hemodialysis in Lahore

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**Abstract :** There has been a lot of quantitative research on end-stage renal disease (ESRD), its implications, psychological effects and so on across the world, however little qualitative information is available on coping strategies and illness role adaptations specific to renal failure. This article attempts to learn about illness roles and coping strategies specific to aged ESRD patients on hemodialysis in Lahore. The patients were interviewed on a structured schedule and were asked questions on tasks and coping related to physical, psychological, and social consequences of renal failure. Standardised techniques and methods of grounded theory were used to analyse and code the information in this small-scale, in-depth study. An analysis of tasks faced by the ESRD patients and coping they employ to fulfill or overcome those tasks were done. This analysis was based on three different types of data: experiential accounts of ESRD patients with respect to tasks and strategies for coping, coping styles and illness roles typologies, and monographs of coping styles. In the information gathered using interviews with respondents, three styles of problem focused coping, and two styles of emotion focused coping could be identified. Problem focused coping included making physical adjustments to suit the requirements of the health condition, including dialysis and medical regime as integral part of patients' lives, and altering future plans according to the course of the disease. Emotion focused coping included seeking help to manage stress/anxiety and resenting the disease condition and giving up. These coping styles are linked to the illness roles assigned to the respondents. In conclusion, there is no single formula to deal with the disease, however, some typologies can be established. In most of the cases discussed in the paper, adjustment to a regular dialysis routine, restriction in bodily function, inability to work and negative impacts on family life, especially spousal relationships have come to fore as common problems. A large part of coping with these problems had to do with mentally accepting the disease and carrying on despite. These cannot be seen as deviant adaptations to the depressive situation arising from renal failure, but more of patterned ways in which patients can approximate a close to normal lifestyle despite the terminal disease.

**Keywords :** coping strategies, ESRD patients, hemodialysis, illness roles

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