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Scandinavian Journal of Pain

journal homepage: www.ScandinavianJournalPain.com



Clinical pain research

Narratives of life with long-term low back pain: A follow up interview study

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HIGHLIGHTS

- Living with long-term low back pain implies not to allow the pain to dominate life.
- Narration can support a well-functioning everyday life with low back pain.
- Health professionals support to patients' narratives are important.
- Low back pain narratives can create new personal meaning and control.
- Narratives show different ways of living with long-term low back pain.

ARTICLE INFO

Article history:

Received 18 September 2017

Accepted 21 September 2017

Available online xxx

Keywords:

Chronic disease

Illness behaviour

Intervention studies

Low back pain

Narration

Rehabilitation

ABSTRACT

Background: Long-term low back pain is associated with multiple challenges to a person's identity and social position. Despite efforts to understand the challenges of low back pain, recovery remains a major problem both personally and socially. This indicates a need for a different approach. Although personal stories have been used to extend knowledge of issues that relate to low back pain, they also make it possible to learn about how people understand themselves and their lives. As such, analysis of narratives may provide further insights into people's coping processes and novel insights about how best to support them.

Objective: The aim of the study was to analyse personal recovery narratives to gain an insight into how people understand themselves and cope with long-term low back pain 2–4 years after a bio-psycho-social counselling intervention.

Study design: Using a Ricoeurian phenomenological-hermeneutic perspective, qualitative in-depth interviews were undertaken and interpreted to explore people's narratives of long-term recovery after an intervention.

Methods: We interviewed 25 informants 2–4 years after participating in a counselling intervention for low back pain where they were advised to exercise regularly; they were part of the intervention group in a randomised clinical trial. The sample included both informants who had benefited from the intervention and some who had not. Analysis was informed by Ricoeur's interpretation theory.

Findings: The informants' stories revealed two main narratives regarding themselves and their lives: (1) getting on with life without pain, (2) life with continual pain and variations of the employment. The first included *Recovering from low back pain and returning to prior lifestyle if possible*, *Keeping low back pain in check by strict regimes*, or *Developing strategies when low back pain recurs*. The second related to *Finding a way to a functioning everyday life with continual pain* while narratives of *being stuck with low back pain and finding no way out* highlight the significance of being able to configure a narrative that can support an understanding of the pain and how to deal with it to have a functioning life. Furthermore, the health professional has a significant role to play in the configuration of narratives.

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<http://dx.doi.org/10.1016/j.sjpain.2017.09.018>

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Conclusions: The challenge for people with low back pain was to find ways of getting on with life, and this included their ability to configure an understandable narrative that opened up for a future, implying new understandings of the self and how life could be lived. When healthcare professionals offered personal and realistic suggestions to the informants' configuration of narratives of life with low back pain, they supported a positive change in the informants' ways of coping with their situation.

Implications: Health professionals can play an important role in low back pain sufferers' configuration of meaningful narratives that help in coping with pain and learning about the relationship between pain and everyday life.

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1. Introduction

Fortunately, low back pain may resolve spontaneously. However, in some cases, low back pain persists despite lay and professional interventions, and causes physical as well as psychosocial impairment. It may become a chronic condition despite treatment and prevention efforts by the patient, the healthcare system and sometimes the labour market [1]. Research in this area unfolds heartrending stories of suffering, loss, and isolation [1–4].

Froud et al. [5] wrote a review of 49 qualitative papers on the impact of low back pain on people's lives where some live with the pain, some manage, and of those who withdraw socially some find their way over time. From these and other studies, we know that people have major challenges related to low back pain in their family and social life [6–10], as well as employment [6,11]. The inability to manage everyday tasks generates psychosocial distress with respect to social roles, relationships, independence, self-esteem and personal finances [6–10]. In addition, Corbett et al. [12] found that low back pain sufferers typically balance emotionally between hope and despair. Despair may lead to a feeling of hopelessness where the sufferer experiences that life is not worth living when pain totally dominates [12].

The unpredictable nature of pain is a challenge in itself. Crowe et al. [13] showed that unpredictability was the most pronounced factor to influence lifestyle and self-image. It made patients constantly aware of their body and ready to make adjustments to avoid further pain. Dealing with low back pain where symptoms often vary considerably over time made this especially challenging. Crowe et al. [13] emphasised that some patients allow bodily symptoms to take control of their lives. The active lives of patients were discontinued because of an understanding of pain as a sign to stop activities the patients believed were causing the pain [12]. A study by Griffiths et al. [14] indicated that low back pain could totally dominate one's life, but after a while it could also disappear or stop having the same dominating role. Knowledge that patients with low back pain struggle to maintain control in their lives, employment, family roles and social activities despite unpredictable pain indicates that living with low back pain is very complex [5].

A meta-ethnographic synthesis by Troy et al. [15] showed that coming to terms with low back pain called for the informants' ability to "move forward alongside pain". "Realising that there is no cure", the informants integrated the painful body and redefined a "normal I" that legitimised connection to people and community [15]. However, Larsen et al. [10] found that most reject the common message to patients with continual low back pain that it may be necessary to learn to live with the condition. The findings of Troy et al. [15] and Larsen et al. [10] regarding the need to learn to live with low back pain underlines the value of narratives of life with low back pain.

The narratives of those who have low back pain are recognised as an important source of knowledge. Narratives are primarily ascertained by encouraging personal stories during interviews. Among good examples are Corbett et al. [12] which shows the role of narrative as searching for a means of finding a way out of despair

and giving voice to worries. They found that narration was the means of finding oneself as a person, no matter the course of the pain [12]. From a sociological perspective, Ong et al. [16] showed how people used narratives in their struggle for moral legitimisation. This included stories of being trustworthy and fulfilling social and economic obligations despite pain. Thus, narratives used as data reveal thematic characteristics of low back pain that provide understanding of the patient's situation. However, exploring these characteristics may involve a theoretical-methodological distance that does not capture the meaning-creating ability of the narratives if the analysis does connect characteristics into a coherent story. This is supported by the fact that personal stories can be a source of profound insight into the illness narrative as seen in the work of Blair [3]. Still, analysis of different narratives can provide further knowledge of the different illness narrative of life with low back pain. This can be achieved by combining the revealed meanings and variations into master narratives. These master-narratives are valuable as they make coherent characteristics that otherwise would appear fragmented. Therefore, our focus in this paper is on different meta-narratives of how patients deal with long-term low back pain after receiving an intervention.

1.1. Theoretical perspective

Ricoeur [17] is known for his thorough documentation of the relationship between people's existence and the narratives they configure. He argues that people understand their lives and themselves through their narratives. This happens when new events are narrated and meaning is achieved by being related to prior events. Furthermore, narrative configuration creates meaning of the events and experiences and provide the basis for living a future life. The search for understanding means that a person tells and retells a narrative until its configuration is satisfying. Satisfaction lies in coherence between the past, present and future that makes the story understandable. Also, the story must open up for the good life, building on Ricoeur's [18] readings of the work of Aristotle on the good life. Ricoeur does not, to our knowledge, elaborate on this point further. Thus, the pending stories that people have to tell [19] come from lack of understanding of and satisfaction with their present situation and the future it may lead to.

Personal narratives express people's interpretation of what has happened. The significance of interpretation is derived from the fact that previous events are the starting point for subsequent actions and experiences, and thereby one's future life. Thus, Ricoeur [19,20] relate two immediate separate events: that life is lived and stories are narrated. Serving both as documentation of the situation from the narrator's perspective as well as how the situation is understood, the existential foundation of narratives is evident. Thus, personal narratives have a central role to play in the life-world and are a fruitful way of gaining insight into the lives of people with low back pain.

The aim of the study was to gain insight from personal recovery narratives into how people understand themselves and cope 2–4 years after an extensive bio-psycho-social counselling intervention.

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