

**“I haven’t got a back problem I’ve got back pain,
I’m living with back pain but it’s not a problem”
- A Qualitative Study Exploring Mindfulness-Based
Self-Management Approaches to Living with Back Pain.**

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Introduction:

This study looked at the processes of adjustment to living with long-term pain and explored how exposure to mindfulness-based techniques related to participants perceptions and management of their pain.

Method - A qualitative longitudinal study using participant observation, in-depth interviews and group discussions was carried out between 2002 and 2006 with 25 volunteer participants with persistent back pain who were randomly selected from two sites, of which 16 had attended the Breathworks Mindfulness-Based Pain Management Programme in Manchester and 9 were recruited through a hospital based Spinal unit in Liverpool. This study was informed by interpretative and embodiment theories and used constructivist grounded theory in the analysis (Charmaz 2003; 2006). All interview transcripts were read and reviewed using line-by-line coding in accordance with the constant comparative method (Strauss and Corbin 1990) in order to identify themes which were then used to inform further data collection and analysis. Results presented here are based on the Manchester sample as these volunteers were exposed to mindfulness-based techniques over time.

Qualitative methods were chosen in order to explore participants’ subjective experience and changing processes over time.

Role of qualitative longitudinal research:

- Identifying needs and priorities
- To generalise meaningfully from the specific
- Exploring changing processes and experience in context

Participants from Breathworks

Age range:

- 33 - 66 years

Gender distribution:

- Male 5
- Female 11

Socio-economic background:

- Mixed class distribution

Length of time living with pain:

- 4 – 28 years

Varying diagnoses/explanations:

- Osteoarthritis and Arthritis
- Spondylolisthesis
- Sciatic pain
- Prolapsed or damaged disc
- Degeneration or wear and tear
- Chronic lower back pain

Self-care management:

The courses taught a series of Self-management techniques:

Key tools:

Pacing, Diary keeping, Body Scan Relaxation and other Meditative Awareness techniques.

Key concepts:

Mindfulness - to focus on the present with non-judgemental awareness, enabling an opportunity to bring choice to ones circumstances.

Awareness of pain/tension distinction – ‘respond’ rather than ‘react’ to pain.

Awareness of pain/suffering distinction - Participants were taught that through moment-by-moment awareness and non-resistance towards one’s circumstances, additional suffering could be reduced.

“I looked at things in a very absolute way, so my pain was solid...my pain was everlasting...with the perception that I got through the course, I see that everything is always changing and that includes my pain. That helps me... It gives me a life that’s liveable.”

“It’s only now that I’m actually learning to breathe into the pain rather than tighten around it...living with pain means learning this difference.”

“[Now] I try not to get too hooked on the diagnosis; I just think, well, “What is my experience in this moment?” I don’t think, “What’s it called? What’s the label?”... I think there comes a point where it can be very liberating, to get away from the labels.”

“Before I went to the [pain management] course, I was just fighting it, fighting the condition in my back all along the line.”

“I’ve learnt that much of my tension is unconscious...it’s been an unconscious response to my pain.”

“I found if you give pain space it’s a lot better, rather than trying to get rid of it, cos then you build emotions up and things tense and this brings more pain on.”

Results

A number of themes were identified from interview transcripts:

‘Unpacking’ the pain experience - Rather than experiencing pain as ‘all consuming’, participants began to ‘unpack’ their pain experience. Through techniques such as breathing into their pain and learning to respond rather than react to pain, they became aware of the differences between pain, tension, stress and the suffering this could induce. This understanding led to more overall acceptance of their condition.

Embodied awareness - Participants reported a change in their bodily-awareness as well as in their self-awareness. By practising pacing and mindfulness-based techniques, they were more able to pre-empt early warning signs which could proceed a flare-up of their symptoms.

De-medicalisation of pain - Following completion of the Breathworks courses, participants reported a shift towards more self-reliance and self-responsibility and a change in self perception away from over identification with their illness identity.

Discussion – This research shows the benefits of using qualitative enquiry methods for the study of pain and its perception, within the context of a mindfulness pain management group. Over the course of this study, participants reported positive changes to their quality of life, which were related to factors such as pacing, learning to ‘respond’ rather than ‘react’ to pain; ‘moment by moment’ awareness and becoming familiarised with bodily changes in sensation. This in turn enabled participants to replace a personal cycle of suffering with one of acceptance and to find a sense of ‘wellness’ within their ongoing pain experience. These findings are in accordance with recent research into the use of mindfulness techniques for chronic pain (Morone, Lynch et al. 2008).



Conclusion -This qualitative research was carried out on a relatively small sample, however the longitudinal aspect of the study (4 years) was able to show changing perceptions and experiences over time. This study found that participants to the Breathworks programme were able to bring more acceptance to their experience and to break a temporal cycle of suffering - where memory of past pain becomes projected into a fear of future pain. Rather than feeling ‘stuck’ or ‘trapped’ in a body in pain, participants reported a change in their self and body-awareness, which was found to decrease their suffering and increase their self-reported quality of life.