

Perceptions of Korean Women with Chronic Lower Back Pain on Medical Intervention: A Narrative Approach

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Abstract

Background: This paper purports to conduct an in-depth analysis of chronic LBP patients' opinions about their medical services and their efforts to understand chronic LBP patients' need for comprehensive medical help through narrative approach.

Methods: Study subjects were drawn from the patients with chronic LBP for at least 10 years. After identifying a group of patterned themes by coding and categorizing, we examined the stories to get general knowledge; coded a group of themes that reflect various aspects of the patients' experiences; generalized the meanings and themes according to the coded groups; and summarized the description of each code group to reflect the lived experiences of the women.

Results: The expressions of the study subjects regarding chronic LBP indirectly show how chronic LBP influences their lives. All participants described their chronic LBP in negative ways and showed emotional submission to LBP in their lives. Even though they showed negative, passive attitudes toward their LBP, they also tended to have active attitudes toward their medical services-rather from their desire to obtain psychological comfort than from the expectation to overcome the pain. Besides the medical services, they actively pursued other methods such as yoga, stretching, bath therapy, herb cure, and massage to relieve their pain and symptoms of chronic LBP.

Conclusion: Study subjects strived to gain a psychological stability, and most patients wanted better individualized medical service. For chronic LBP patients, improved individualized medical services are needed to offer better quality of medical treatment, as well as psychological and emotional comfort.

Keywords: Chronic low back pain; Narrative approach; Korean woman

Introduction

Chronic lower back pain (LBP) is one of the most common symptoms in modern society [1]. Chronic LBP tends to be elusive in complete cure [2] and causes restrictions on various activities in daily lives [3]. It is often observed to be accompanied with musculoskeletal pain and psychological symptoms such as anxiety, depression, and somatization [3,4]. Therefore, various methods of research are necessary to better understand chronic LBP [5,6]. The term 'Middle-aged' mostly refers to the ages from 30 to 64. Sometimes the term refers to the ages from 40 to 64 depending on the researchers [7]. Women in their middle-aged years can be greatly influenced by several biological changes, and those who suffer from chronic LBP have a hard time with household chores, unstable psychological and emotional status, and depression [8]. Particularly, the incidence of anxiety and depression is higher in Korean middle-aged women (11.8%) than in Korean men (2.2%) [9]. Therefore, there arises a need for a more differentiated approach to better understand and treat the middle-aged women with chronic LBP.

Medical treatment plays an important role for middle-aged women with chronic LBP. However, most of these patients are not fully satisfied with their medical service according to previous research. This dissatisfaction is usually known to be caused by the care provider's and/or doctor's unfriendliness and neglect [10-13]. This paper conducts an in-depth analysis of chronic LBP patients' opinions about medical services and their efforts to overcome their pain through narrative approach.

Patients' stories can be interpreted either thematically or structurally, and are known to capture the patients' lived experience most powerfully [14]. The thematic approach focuses on "the told" or "what is told" (based on the dominant story themes) [15,16]. The structural approach examines "the telling" or "how it is told" (based on the arrangement and discourse function) [17,18]. In this study, we used the thematic approach that focuses on the points, beliefs, and interpretations of patients' experience of chronic LBP that emerged during the interviews.

Methods

Study subjects were drawn from middle-aged women, aged 30 to 60, who have suffered from chronic LBP for at least 10 years. Fourteen subjects that fit into this condition were chosen. The researchers

informed the patients of the method and purpose of this research by documents and verbal explanation. Also, the researchers informed the patients that participation in this research is voluntarily by informed consent, and that they have the right to quit at any time during the interview. Among the 14 study subjects, 4 quit as they were shown the research method, and one more quit during the interview process (Figure 1). One of the remaining study subjects was omitted due to the incongruent interview contents, so 8 study subjects' interviews were analyzed for this research (Figure 1).

The interviews were conducted from May, 2014 to September, 2014. All interviews were conducted and recorded by the first author of this research paper, and the recorded interviews were transcribed by the first author for the future analysis. The interview questions were semi-structured and in-depth, based on Kvale's (1996) principles [19]. These are the common questions given to the study subjects.

- What do you think about your physical status and illness?
- What kind of effort do you put in to overcoming the illness?
- What is your opinion of your medical services?

The questions above were given to the study subjects with other topics in order to create a peaceful conversation atmosphere. The interviews took place in the hospital where the subjects get their medical services and other quiet places like in a café.

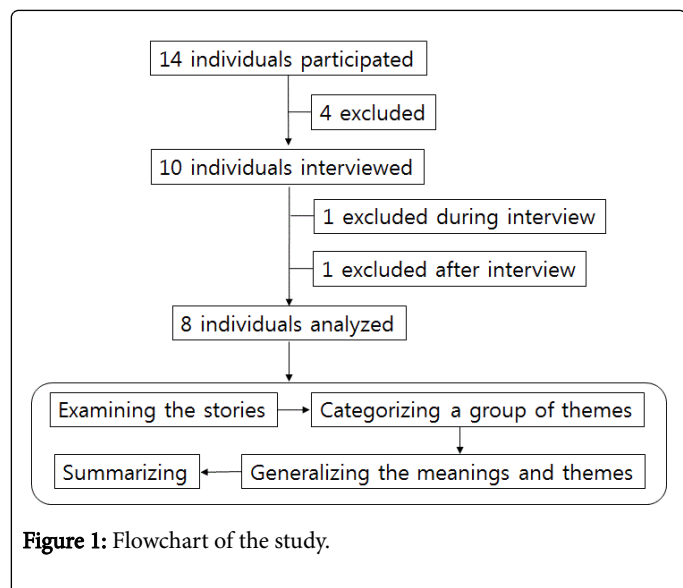


Figure 1: Flowchart of the study.

We first identified and analyzed a group of patterned themes by coding and categorizing. It included four stages: (a) examining the stories to get general knowledge; (b) identifying and categorizing a group of themes that reflect various aspects of the patients' experiences; (c) generalizing the meanings and themes according to the coded groups; and (d) summarizing the description of each code group to reflect the lived experiences of the women [20] (Figure 1). Then, we obtained representative stories based on the important themes and patterns found in the stories of the 8 patients.

Results

Every participant suffered from chronic LBP for over 10 years or more, and they are still suffering from chronic LBP (Table 1). Therefore, it can be said that chronic LBP is a part of their lives. The expressions of the study subjects regarding chronic LBP indirectly

show how the pain influences their lives. All participants described their chronic LBP in negative ways. They consider chronic LBP to be a tiresome misery, and think of it as something that they cannot get over. Also, the participants showed emotional submission to chronic LBP in their lives. Representative remarks are given below:

"Well...I think this pain will last long. I have been sick for so long and I gave birth twice while I suffered from this illness. Since I didn't get any special treatment so far, I don't even expect to get well soon." (D)

"It's okay. I know I should go through this back pain for the rest of my life and I know how to handle this. I've already looked up so much about my back pain." (E)

"This makes me going crazy. As I'm getting older, all the illness doesn't let me go. If I were young...Oh well! No more words are needed. I don't want to talk about this more." (H)

Participants	Age	Years with LBP*	Current job	Marital status
A	33	17	Physical therapist	Single
B	36	12	Computer engineer	Married
C	39	11	House wife	Married
D	40	20	Bank clerk	Married
E	42	17	Public official	Married
F	46	18	Dance instructor	Married
G	47	28	Skin professional care	Married
H	58	20	House wife	Bereavement
		*answer by participants		

Table 1: Characteristics of participants.

Even though the study subjects showed negative, passive attitudes toward their chronic LBP, they tended to have active attitudes toward their medical services. Mostly, the patients visit the hospital even when they feel mild forms of pain, and get regular checkups regardless of their physical status. However, these active attitudes of the patients come from their desire to obtain psychological comfort, not from the expectation to overcome chronic LBP. Representative remarks are given below:

"I visit the hospital even when I feel a mild form of back pain. I'm afraid if I can't get up again. Even if I don't have any big problems, checking up at the hospital makes me more relax." (C)

"I did everything that people told me to do for my chronic back pain... Now I want to get proper medical service and care even if I should get an excuse from my husband and children. I can't bare this chronic pain anymore." (D)

"I go to hospital right away when I feel pain. I would think of this as a care for my health for the future." (E)

Also, the study subjects want a better quality of medical service in terms of time, knowledge and psychological status. Representative answers are given below:

"I want a better and longer medical treatment." (B)

"It would be better if the doctors listen and explain about the illness to us more carefully."(D)

"I want to get a medical service just like this. I can talk about my symptoms with my doctor whenever I want to. I know it is hard to expect all this careful concern from the hospital system, but I feel much better when I get better care like this. (laughed.)"(E)

Besides the medical services, the study subjects showed active pursuit of other methods to relieve their pain and symptoms of chronic LBP. These methods include yoga, stretching, bath therapy, herb cure, massage, etc. Furthermore, some study subjects visited unofficial cure centers they heard about through rumors. Some also purchased expensive massage chairs or functional beds. Representative answers are given below:

"When I go to sauna, I can get scrubbed off and massaged by the people who work there. I use it often because it is hard to scrub myself off and I love getting massage there."(A)

"Since I don't have any time for getting the medical treatment, I stretched myself by watching TV or the Internet. I also bought yoga video promoted by famous celebrity. I quitte yoga because of the pain, but I do stretching constantly."(B)

"There is a famous oriental clinic at Young-Cheon. (In oriental clinic) It is so famous that reservation is necessary for having the acupuncture. I went there for two month with for the care...I knew those treatments were not verified, but I should have done something for my back pain. (laughed) I even got a treatment from the mock. It's embarrassing... (laughed)"(C)

"I've done everything that I could do. Stretching makes me feel better. When my back pain is getting worse, I ask my husband to massage me or I hang on the stretching equipment ('Gwo-gu-ri') at the park. (laughed)."(D)

Discussion

This research is conducted with middle-aged female patients with chronic LBP for at least 10 years to understand the opinions of their pain, medical services, and their efforts to cope with the situation. This research used narrative approach by recording conversations with the patients. Following is the discussion on the major research findings.

Participants of this research consider chronic LBP to be an unescapable despair, and tend to show a submissive emotional attitude. The study subjects are middle-aged women who have suffered from chronic LBP for at least 10 years or more, which means the patients experienced continuous physical restriction and emotional problems due to chronic LBP. Research shows that chronic LBP patients experience emotional distress and a decline in their quality of life [21]. This emotional distress originates from unattained aspirations in the past, despair in losing social relationships and professional careers, and fear of the future [21,22]. Also, they have unpleasant feelings in terms of satisfied self, or willing self influencing their self-identity in a negative way [23,24]. This research shows that the middle-aged female patients' emotional submission also comes from the loss of social, professional and self-satisfaction. The patients' self-ego and identity also suffer from the negative influence of this emotional submission.

The study subjects actively accept and participate in medical services and various methods to relieve the symptoms of chronic LBP. This active attitude comes rather from the willingness to obtain psychological comfort than from the expectation for a physical cure.

Also, the study subjects are not satisfied with their current medical services, and they want a better quality of medical service particularly in terms of time, information, and emotional stability. Therefore, most female patients who suffer from chronic LBP use medical services as a medium of psychological comfort. This result implies that the study subjects experienced the feelings of incomplete cure-though also with the sense of effectiveness of medical services to some degree-despite their valiant effort to relieve their pain. Or it may be understood as referring to their sense of difficulty to completely rely on medical service as a sole source of relief after experiencing some recurrence after temporary recovery. Long term exposure to chronic LBP with medical treatment, subsequent relief, and recurrence may lead to feelings of discouragement and scepticism about complete cure through medical services. In other words, while recognizing the effectiveness of medical services, the subjects also experienced the sense of incomplete or temporary cure and relief-leading to the contradictory state where medical treatment ironically served as a means for psychological comfort.

According to some previous researches [22], chronic LBP patients wander between the emotional states of hope and despair. Expectation of healing from a medical cure leads to the feeling of uncertainty regarding medical services and social restrictions. This despair further brings concern for, and fear of, the future. The despair of patients worsens when doctors or care providers treat them in inappropriate ways [11]. Research shows chronic LBP patients experienced stigmatization when a care provider does not give enough explanation to the patient [13], or shows an ignorant attitude [10].

In summary, this research clearly states that the middle-aged female chronic LBP patients have a negative image of the pain, and show a submissive emotional attitude toward it. They put a lot of effort into overcoming chronic LBP to gain a psychological stability. Furthermore, most patients wanted better individualized medical service. Consequently, there should be improvements in individualized medical services for chronic LBP patients that can offer better quality of medical treatment, as well as psychological and emotional comfort. The results of this research will help understand chronic LBP patient's emotional states and may offer some insights for non-medical approach as a strategy to deal with these patients.

This research comes with a few limitations. First, this research is based on patients' conversations, so there will be various individual, social, and cultural circumstances depending on each patient's background. This variety of circumstances could be omitted or ignored during the process of generalization. Secondly, there remains the possibility that the subjects' experience of chronic LBP may be affected by other chronic diseases or health related issues, as a couple of subjects suffered from diabetes and hypertension, in addition to chronic LBP. Third, results of this research are an interpretation, not a solution. Various collections of stories from chronic LBP patients can be interpreted from different perspectives. By these limitations, the results of this research cannot be applied or generalized to all other patients and circumstances.

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References

1. Guzmán J, Esmail R, Karjalainen K, Malmivaara A, Irvin E, et al. (2001) Multidisciplinary rehabilitation for chronic low back pain: systematic review. *BMJ* 322: 1511-1516.
2. da C Menezes Costa L, Maher CG, Hancock MJ, McAuley JH, Herbert RD, et al. (2012) The prognosis of acute and persistent low-back pain: a meta-analysis. *CMAJ* 184: E613-624.
3. Andersson GB (1999) Epidemiological features of chronic low-back pain. *Lancet* 354: 581-585.
4. Ramond-Roquin A, Pecquenard F, Schers H, Van Weel C, Oskam S, et al. (2015) Psychosocial, musculoskeletal and somatoform comorbidity in patients with chronic low back pain: original results from the Dutch Transition Project. *Fam pract* 32: 297-304.
5. Pincus T, Burton AK, Vogel S, Field AP (2002) A systematic review of psychological factors as predictors of chronicity/disability in prospective cohorts of low back pain. *Spine (Phila Pa 1976)* 27: E109-120.
6. Katz JN (2006) Lumbar disc disorders and low-back pain: socioeconomic factors and consequences. *J Bone Joint Surg Am* 88 Suppl 2: 21-24.
7. Willis SL, Reid JB (1998) *Life in the middle: Psychological and social development in middle age*. Academic Press.
8. Vroman K, Warner R, Chamberlain K (2009) Now let me tell you in my own words: narratives of acute and chronic low back pain. *Disabil Rehabil* 31: 976-987.
9. Chon, JS, Kim SW, Kim SS, Kim YG, Choi HJ, et al. (2000) Risk factors of low back pain in a general population. *J Korean Acad Rehabil Med* 24: 981-987.
10. Lillrank A (2003) Back pain and the resolution of diagnostic uncertainty in illness narratives. *Soc Sci Med* 57: 1045-1054.
11. Holloway I, Sofaer-Bennett B, Walker J (2007) The stigmatisation of people with chronic back pain. *Disabil Rehabil* 29: 1456-1464.
12. May CR, Rose MJ, Johnstone FC (2000) Dealing with doubt. How patients account for non-specific chronic low back pain. *J Psychosom Res* 49: 223-225.
13. Slade SC, Molloy E, Keating JL (2009) 'Listen to me, tell me': a qualitative study of partnership in care for people with non-specific chronic low back pain. *Clin Rehabil* 23: 270-280.
14. Park J, Ryu YU (2014) Online Discourse on Fibromyalgia: Text-Mining to Identify Clinical Distinction and Patient Concerns. *Med Sci Monit* 20: 1858-1864.
15. Cain C (1991) *Personal stories: Identity acquisition and self-understanding*. Psychology: Expanding perspectives in methodology and design. American Psychological Association, Washington DC, USA.
16. Williams G (2004) *Narratives of health inequality: Interpreting the determinants of health*. American Sociological Association, San Francisco, USA.
17. Gee J (1991) A linguistic approach to narrative. *Journal of Narrative and Life History* 1: 15-39.
18. Labov W (1972) *Language in the inner city: Studies in Black English Vernacular*. University of Pennsylvania Press, Philadelphia, USA.
19. Kvale S (1996) *Interviews. An introduction to qualitative research interviewing*. Saga Publications, Thousand Oaks, USA.
20. Giorgi A (1985) Sketch of a psychological phenomenological method. In A. Giorgi (Edn.). *Phenomenology and psychological research*. Duquesne University Press, Pittsburgh, USA, 8-22.
21. Holloway I, Sofaer B, Walker J (2000) The transition from well person to "pain afflicted" patient: the career of people with chronic back pain. *Illness, Crisis & Loss* 8: 373-387.
22. Corbett M, Foster NE, Ong BN (2007) Living with low back pain-Stories of hope and despair. *Soc Sci Med* 65: 1584-1594.
23. Osborn M, Smith JA (2006) Living with a body separate from the self. The experience of the body in chronic benign low back pain: an interpretative phenomenological analysis. *Scand j caring sci* 20: 216-222.
24. Smith JA, Osborn M (2007) Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology & Health* 22: 517-534.

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