



**Rural Health and Research Congress** #RHRC2019

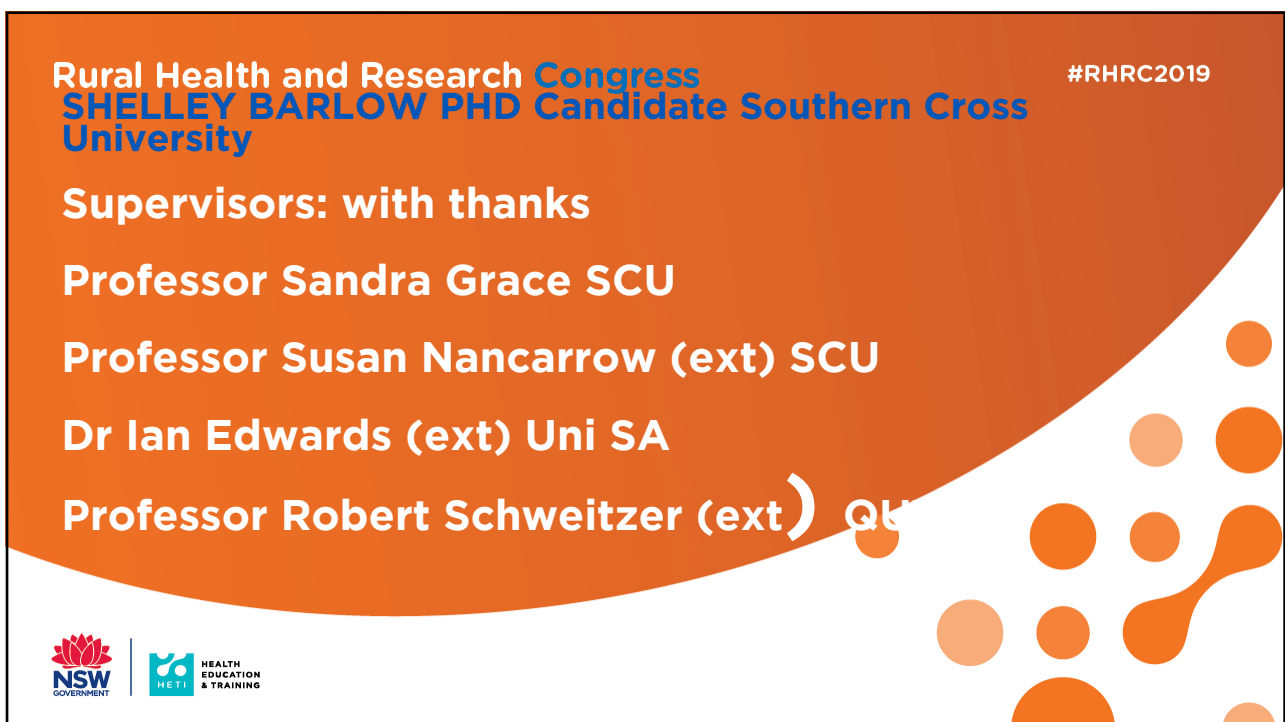
**It's a Love/Hate Relationship:  
Physiotherapists and Their  
encounters with People with  
Chronic Pain.**

**Connecting Communities**

NSW GOVERNMENT | HETI HEALTH EDUCATION & TRAINING

16-18 OCTOBER 2019 LISMORE, NSW

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**Rural Health and Research Congress** #RHRC2019  
**SHELLEY BARLOW PHD Candidate Southern Cross University**

**Supervisors: with thanks**

**Professor Sandra Grace SCU**

**Professor Susan Nancarrow (ext) SCU**

**Dr Ian Edwards (ext) Uni SA**

**Professor Robert Schweitzer (ext) QUT**

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## This presentation is about...


How an inter-subjective approach provides opportunities to share in the experience of chronic pain without being absorbed into the suffering.

Thereby, meeting the PWCP and providing a deep sense of 'being-with'

How inter-embodied experience provides a level of intimacy, understanding and recognition that abandoning the PWCP and yourself within the experience does as much harm as anything else.



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## Chronic Pain

**Chronic pain is a widespread, multi-dimensional human experience that has a profound impact on the person with chronic pain and the health professional who is working with them.**



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## Background: Chronic Pain has its own National Strategic Plan, 2019

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WITH THE TRUE COST OF PAIN IN AUSTRALIA EXPOSED, **ACTION IS URGENT** **painaustralia**

**Millions of Aussies in chronic pain are overlooked as they fall through the gaps of our health system, and struggle day-to-day, while costing the nation billions.**

Chronic pain impacts the physical, mental & emotional wellbeing of millions:

2018 > **1.45M**  
Australians

2050 > **2.33M**  
Australians



In 2018, approximately 3.24 million Australians lived with chronic pain; this is set to rise to 5.23 million by 2050. 68.3% are of working age.



As the population ages, the burden of chronic pain only increases as will the billion dollar hit to an individual's back pocket and the economy:

**\$73.2b**  
in 2018  
comprising of:



equating to  
**\$22,588**  
per person



**\$12.2b**  
Health System costs



**\$48.3b**  
Productivity losses



**\$12.7b**  
Informal care, aids,  
deadweight losses

If action is not taken, the annual cost of chronic pain in Australia will rise from \$139.3 billion in 2018 to an estimated \$215.6 billion by 2050\*.

**\$66.1b**  
Reduction in quality of life



**\$2.7b**  
Out of their own pocket

\*In real 2018 dollars, and in the absence of changes to treatment or prevalence rates, and assuming that costs remain constant in real terms.

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## Topic:

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**What are the lived experiences of physiotherapists in their encounters with people with chronic pain?**

**This qualitative research has comprised of:**  
**three sequential rounds of interviews**  
**phenomenological inquiry**  
**first-person perspectives given primacy**  
**experience of the phenomena explicated over time**



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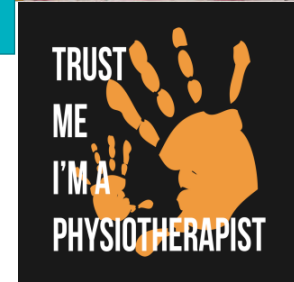
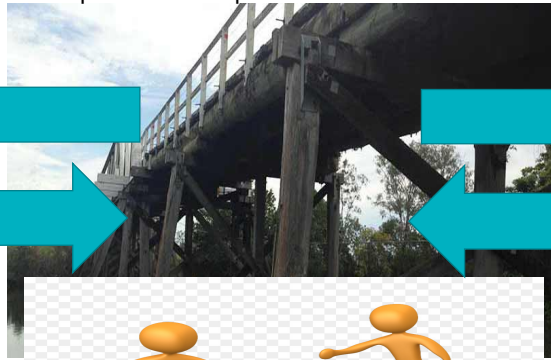


## To start: Ontological gap-lack of understanding between researcher-participants, participants-people with chronic pain

Phenomenology as a Bridge between Researcher and Participants and People with Chronic Pain



Toombs, 1987



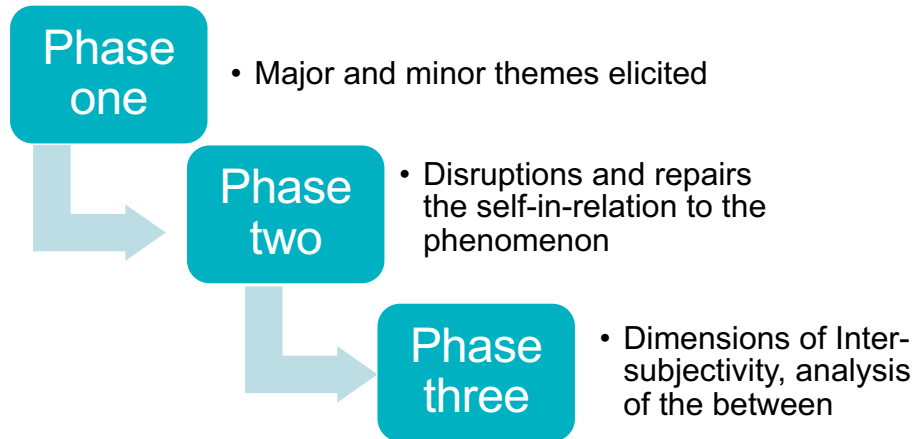
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## Participants

| Participants | Gender | Age   | Experience |
|--------------|--------|-------|------------|
| 1            | female | 25-30 | 5 years    |
| 2            | female | 45    | >15 years  |
| 3            | male   | 35-40 | >10 years  |
| 4            | male   | 30-35 | >5 years   |
| 5            | male   | 45    | >15 years  |
| 6            | female | 55    | >25 years  |
| 7            | female | 55-60 | >30 years  |
| 8            | female | 55    | >30 years  |

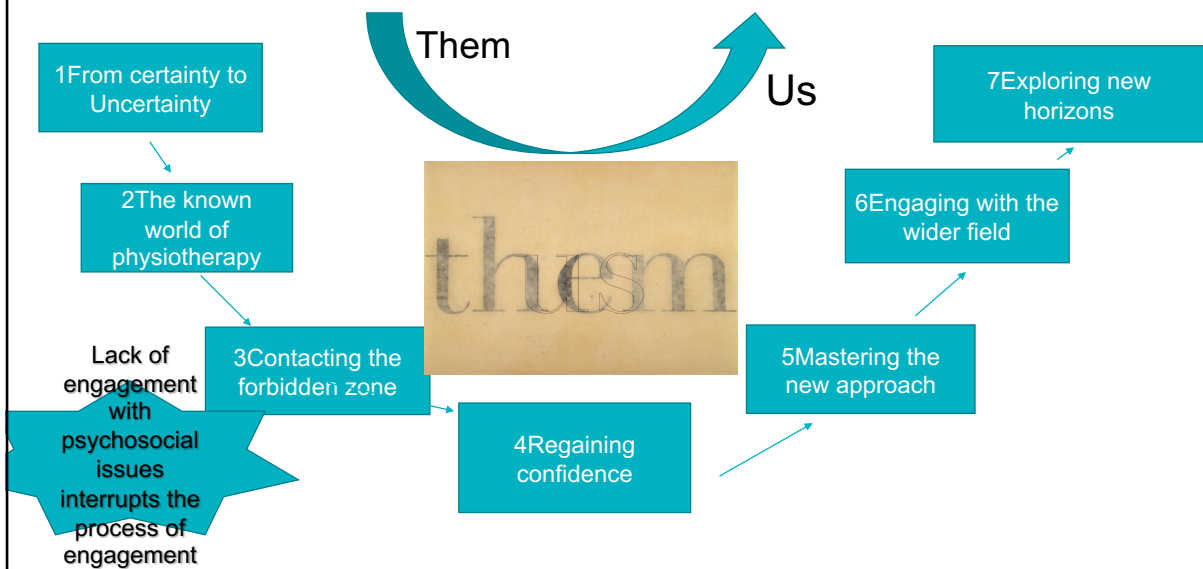
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## Process of eliciting deepening awareness: through sequential interviews



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## Findings from the first phase: Major themes



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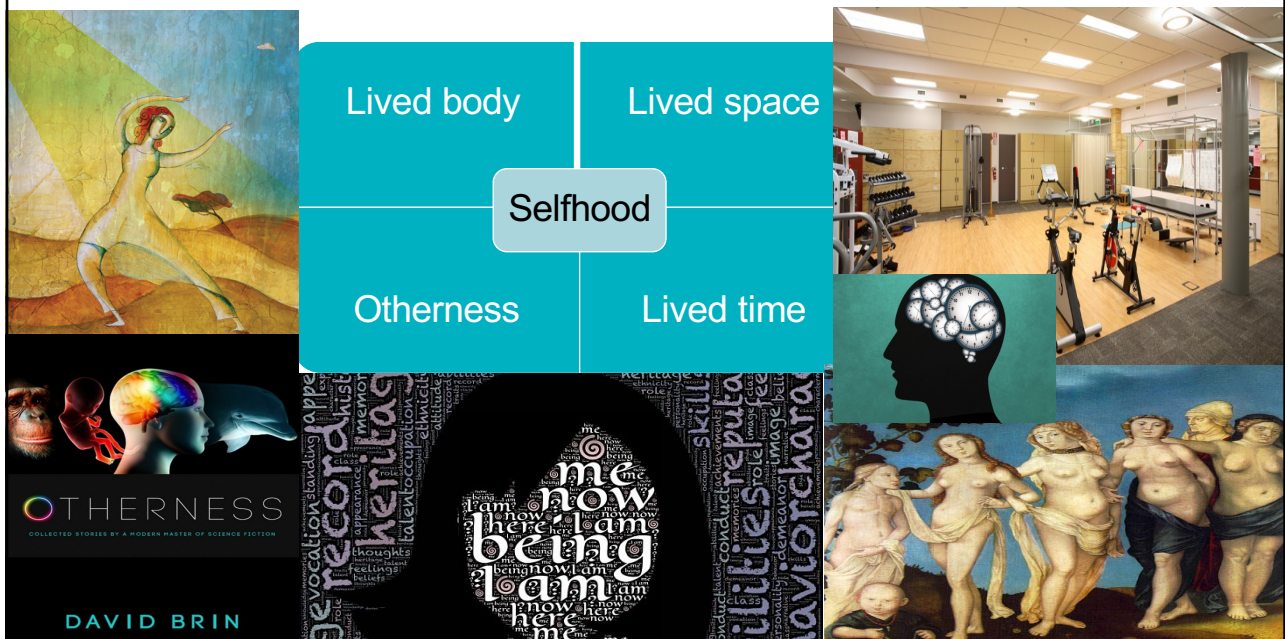
*We do have people skills, do talk to them, could be an area we can get up-skilled it P1R1*

*they would like us to understand their pain, [main difficulty is] not being understood, if they got that there is no cure working [our] relationship would be better P1R1*

*sometimes just talking with [PWCP] helps, don't ignore what is going on, patient felt better from just being heard and I felt better by addressing her concerns, we created safe space to talk P1R1*

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## Findings from Second phase



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## Life-world constituents: self in relation to

| Disruptions                  | Expressed in each major theme  |
|------------------------------|--|
| <b>Self with Body</b>        | Body expresses level of perceived threat from freeze to calm   |
| <b>Self with Self</b>        | Self-identity shifts from being a physio to being a pain-oriented physio, shift in worldview and sense of who I am   |
| <b>Self with Other</b>       | Shift in the relationship from subject to object to subject with subject, towards shared experience of both working towards modulating pain away from fixing |
| <b>Self with Environment</b> | From isolation to inclusion, reaching out for support, shared understanding and conceptual shift through many avenues  |
| <b>Self with time</b>        | Time stretches or condenses, contracts or expands  |

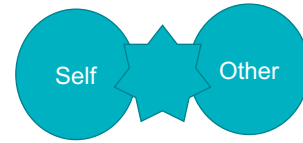
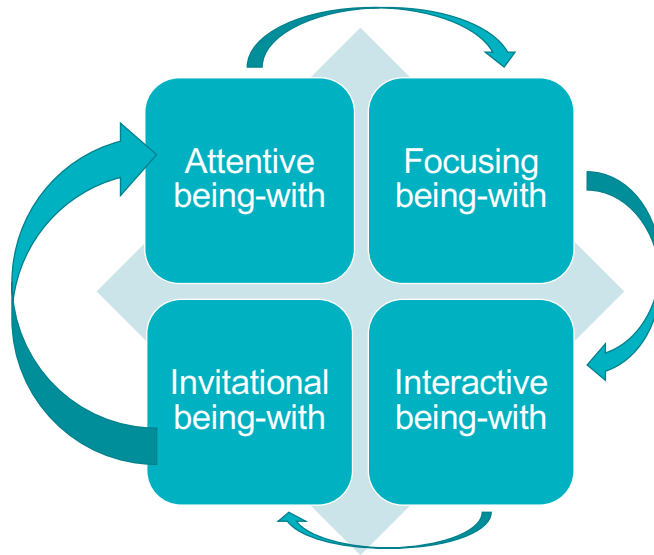
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*I guess not feeling confident is that being unsure, not knowing, uneasy, whereas confident is knowing you are sure knowing you are on the right path and knowing what you are doing is right it's not double guessing yourself. P1R2 [self with self]*

*Look if you know I guess it is frustrating with the clients that feel that nothing can be done and you know these groups are just crap and I don't want to do it P1R2[self with other]*

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## Findings third phase: inter-subjectivity



We can only know ourselves in relation to the other, our responses, the dynamic that exists between us, inhibits or supports growth, healing and development.

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| Categories                                      |  |
|---|--|
| <b>Attentive being-with</b>                     | <b>Making contact</b><br>Researcher pays attention to the moments of the participants' experiences where participants are absorbed in phenomenological world of the other (p77)  |
| <b>Focusing being-with</b>                      | <b>Exploring the others needs and stresses</b><br>Allows the participants to elicit and clarify their descriptions of their world as the attention is on what is being revealed moment-by-moment and the researcher tracks and records this moment-by-moment clarification (p81) |
| <b>Interactive being-with</b>                   | <b>Sharing knowledge and understanding</b><br>brings attention to the space between the participant and the phenomenon. (p83)  |
| <b>Invitational being-with</b><br>(Todres,2007) | <b>Co-created commitment towards growth and development, future possibilities</b><br>allows the researcher to listen for those moments that take the encounter into what is possibly the direction the overall encounter will take (p83)   |

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## Responses by health professionals and patients to this experience

Shared responses are on a:

Bodily level: tight muscles, shallow breathing, restricted movement, all the symptoms of threat activation

Emotional level: anger, sadness, fear, anxiety, becomes avoidance of working with PWCP, Physiotherapists doubt themselves

Cognitive level: beliefs about themselves and PWCP, assumptions about themselves and PWCP, attitudes about themselves and PWCP

(Geniusas, S. 2016, Barlow, S. 2019)

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## Participant Checking



*I am going to say love/hate I think because in truth I love it and I enjoy it, it challenges me, it engages me, its unsettles me and I have talked about confidence and calmness and those things but it unsettles me in terms of making me think, reflectively, am I doing this right and that's what I like, I hate things, I don't enjoy things certainly not long term that I can do, I like things that feel like it is a challenge but like most people there are times where I also like the path of least resistance and rarely is this the path of least resistance so the hate only comes from wouldn't it be nice sometimes if I was just working in a checkout and just sweeping things past and I didn't have to take on all of this and I didn't have the stress of dealing with my own life as well as them P1R3*

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## References

- Cohen, M., Quintner, J., Buchanan, D., Nielsen, M., Guy, L. (2012). Stigmatisation of patients with pain: the extinction of empathy. *Pain medicine*, 13(8) 1637-43.
- Geniusas, S (2017). "Phenomenology of Chronic Pain: De-Personalization and Re-Personalization," in Simon van Rysewyk (ed.), *Meanings of Pain*. Dordrecht/New York: Springer, 147-166, 2017.
- Todres, I. (2006). Embodied Inquiry: Some touchstones and openings for qualitative research. *International Journal of Qualitative Studies on Health and Well-being*, 1, 12.
- Todres, L. (2007). *Embodied Enquiry: Phenomenological touchstones for research, psychotherapy and Spirituality*. Hampshire & New York: Palgrave Macmillan
- Toombs, S. K. (1987). The meaning of illness: A phenomenological approach to the patient-physician relationship. *The Journal of medicine and philosophy*, 12(3), 219-240
- Vranken, M. A. E. (1989). Schools of thought on Pain. *Social science and medicine*, 29(3), 435-44

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