An interpretative phenomenological analysis of the experience of injustice in chronic pain

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Introduction/Aim

There is a literature on the impact of specific pain-related beliefs on coping and adjustment. However, less is known about the role of more generally held beliefs that may exist in the context. Specifically, when considering the role of generic social and cultural beliefs, there is a gap in the literature on the impact of injustice and inequality on the everyday experience of chronic pain. This is a critical omission given the potential impact of perceiving unfairness on physical health (Jackson et al., 2006). There were two aims to our study, which were to explore the nature and constructions of justice and injustice in the context of chronic pain; (1) from the perspective of the chronic pain sufferer and (2) from the perspective of the spouse/partner living with someone who has chronic pain. The chronic pain sufferers perspective is presented here.

Method

Participants and procedure

Participants were recruited through six General Practices from different socioeconomic areas in Glasgow, Scotland. Specific medication criteria were used to identify eligible chronic pain sufferers (Smith et al., 2009). Of the 44 treated chronic pain sufferers who expressed an interest in the study (36% response rate), five, four and six individuals from upper, middle and lower socioeconomic areas respectively participated in three separate focus group discussions at the university where the principal investigator (JM) was based. Eight (53.3%) of the participants were female (mean age ± 54 ± 4 yrs; SDS = 12.6; mean pain duration ± 15 ± 3 yrs; mean current pain intensity ± 5.2 ± SDS 2.04). Participants reported upper (n = 3.206%), middle (n = 53.3%). Lower (n = 53.3%) and all body pain n = 2.33 SD ±.40. A summary of the demographic information of the participants can be found in Table 1. Qualitative data analysis was conducted according to the procedure recommended by the principal investigator (JM). Data were transcribed and then coded using Nvivo qualitative data analysis software.

Findings

Theme one: Battle for quality of life

The largest injustice is that the chronic pain sufferer is treated in a way which is unjust. The negative experience of unfairness impacts on the individual’s ability to cope with and adapt to their chronic pain. The just world hypothesis (JWH) (Slovic, 1970) posits that people who perceive the world as fair and just are more likely to suffer from psychological distress (Sutton et al., 2006). However, individuals who do not have the opportunity to experience injustice are less likely to suffer from psychological distress (Sutton et al., 2006). Recent research suggests that perceiving injustice in one’s own life, but particularly in the world in general is important for psychological well-being in chronic pain (McParland and Eccleston, 2009). Pain is a subjective experience that can result in social isolation and inequality. However, the medico and financial systems (which can provide support) are largely unfavourable with this, forcing the individual to solicit or engage assistance to improve quality of life. Engagement with this process can essentially bring new injustice.

Discussion/Conclusion

The findings of the present study suggest that chronic pain and injustice are interlinked. The literature on the impact of specific pain-related beliefs on coping and adjustment suggests that the role of generic social and cultural beliefs in the everyday experience of chronic pain has been overlooked. However, the impact of injustice in the context of chronic pain has been largely ignored. This study indicates that clinical and social justice should be implicated in future research and practice in the management of chronic pain.

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References