The lived-through experience of persistent spinally referred leg pain: A phenomenological descriptive study

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Purpose
To explore the lived experience of spinally referred persistent leg pain, attempting to clarify the phenomenon of interest from a physiotherapeutic perspective.

Methods
The method used in this qualitative study is based on the phenomenological philosophy of Edmund Husserl, and Giorgi’s (2009) modification of his phenomenological method. The purpose is to describe the essence of the phenomenon as a general structure, by adopting the phenomenological attitude and reduction, including bracketing, and the use of specific conscious acts. Data were obtained through individual, face to face, in-depth interviews. Four participants were asked to describe their concrete experience of spinally referred leg pain, in as much detail as possible.

Findings

Diagram 1: Interrelated key constituents of the lived through experience of spinally referred leg pain

“Presence of Pain”
“Preservation of resilience”
“Sense of diagnostic uncertainty”
“Treatment hope and expectation”
“Trust in others”
“Emotional engagement”
“Interference with life”
“Resignation”

Presence of Pain

“Presence of pain is depressing and has ruined my life” P1

“Interference with life”

“The pain limits my walking and gardening” P2

“Sense of diagnostic uncertainty”

“I can’t believe it’s the back. They keep referring to the back but to me it’s the leg” P3

“Treatment hope and expectation”

“I am really looking forward to the fact that hopefully after this I will be able to walk without any pain” P2

“Trust in others”

“I’m leaving myself in the doctor’s hands” P3

“Emotional engagement”

“I just had to try and keep going even if it was difficult” P4

“Interference with life”

“The pain is always at the forefront of your mind” P2

“Resignation”

“I just had to try and keep going even if it was difficult” P4

“Sense of diagnostic uncertainty”

“I guess you just learn to live with it basically” P2

“Trust in others”

“I’m leaving myself in the doctor’s hands” P3

“Emotional engagement”

“I just had to try and keep going even if it was difficult” P4

“Interference with life”

“The pain limits my walking and gardening” P2

“Presence of Pain”

“The leg pain is depressing and has ruined my life” P1

Discussion
The phenomenological analysis showed that the most essential aspect of lived-through experience is the overriding presence of pain. The other key constituents, which are all interrelated, were: interference with life, emotional engagement, sense of resilience, sense of diagnostic uncertainty, treatment hope and expectation, trust in others and resignation.

Implications
This study contributed to the field of descriptive phenomenology, providing insights into spinally referred leg pain experiences, and has significant implications to understanding the phenomenon from a physiotherapy disciplinary perspective. Clinicians may gain an appreciation of the complex factors which are meaningful to the patient and how these factors interrelate. Acknowledging these factors may help them understand that having persistent spinally referred leg pain is more than just pain.

Contact details
Ethical approval for the study was granted by Brighton University, Research Ethics and Governance Committee
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