



Introduction and Purpose

The lifetime prevalence of low back pain (LBP) has been estimated at around 84% and around 20% will become chronic or persistent (PLBP). This can influence significantly a person's entire lifeworld. Gaining a better understanding of the experience of coping may provide useful insights for therapists working with PLBP sufferers, enabling them to better enter authentic and empathic feelings towards the care-seeker. Receiving empathy is important in enabling sufferers to tell their story and therefore for person-centred care. So the purpose of this study is to explore the lived experience of people who self-identify as coping with PLBP.

Method and participants

Six semi-structured interviews were conducted either by face to face, video call or phone call. All participants had to be based in the UK, over 18 years of age, experienced LBP >2 years and self-identify as coping with PLBP. Interviews were audio recorded, transcribed verbatim and anonymised. A hermeneutic analysis was implemented on each individuals account and later used to cross examine the collective whole. Poetic language was used to evoke a deeper understanding of the phenomenon. In order to adopt a phenomenological attitude, bracketing assumptions and fore-understanding of the phenomenon was applied. The applied reflexivity as well as the intense discussions between the first and second author, by challenging each other's interpretations and pre-understanding should help to verify the findings in this enquiry.

Characteristics of study participants				
Pseudonym / gender	Age	Years of pain	Distribution of pain	work
Abigail (F)	69	35	LBP	Retired
Ben (M)	59	12	Previously LBP, now mainly radiating leg pain (RLP)	Full-time
Caroline (F)	57	43	LBP	Part-time
Danielle (F)	57	7	LBP and RLP	Full-time
Evelyn (F)	50	10	LBP	Full-time
Frank (M)	55	7	Now mainly LBP, before also RLP	Retired

Findings



Participants' descriptions conveyed the sense of a journey towards coping. On their travels three master-themes were illuminated: **the loss of sense of self, the pain battle and the new normal**. These stages are not clearly defined and regression into a previous stage appeared possible. Additionally, not all participants appeared to reach the last stage but still identify as coping with PLBP.

Loss of sense of self:
I withdrew socially, people didn't acknowledge me, but others have also withdrawn from me as I wasn't dynamic enough
 (Abigail)

I've always been very fit, very able, it was a blow to my sense of self. My body let me down hugely. That whole sense of disability hit me very, very hard, I was not ready for it.
 (Danielle)

The pain battle
I do a few more things, pushing myself a bit more. When I run I feel high, when I play table tennis I feel high. I enjoy physical activity, the well-being feeling, the power in my body.
 (Ben)

But pain is always in the back of my mind, I am traumatised by it. I am afraid of doing too much. I don't know if I'll do another run, I also put the brakes on table tennis now, I just don't want to take that risk.

I'm scared

I'm a bit more adventures

Acceptance together with trust in your body and intuition and time occurred to move participants forwards towards *the new normal*.

The new normal
Rather than fight pain the solution was acceptance, So, I got out more, doing things I used to love and it started to work.
 (Frank)

Accept letting go that old normal, he said, look at a new normal. Five years later I get what he meant. It's not worse it's just different and it has gradually become normal for me.
 (Evelyn)

Discussion and conclusion

Biographical disruption caused by the described loss of the sense of self may have forced sufferers to mobilise resources to find solutions which was experienced as a battle with pain and personal beliefs of the cause of pain. There was that sense of chaos, a trial and error of strategies. The development in participants' understanding reflects the paradigm shift that has occurred in healthcare, whereby understanding has evolved from a biomedical to biopsychosocial and towards a more holistic understanding. Acceptance, self-trust and confidence to explore different strategies independently together with time appeared important on the journey towards the new normal. So therapists may want to give sufferers the required confidence for those lacking it. Different strategies were perceived as helpful but required to address the person's entire lifeworld. Therefore, empathetic and acknowledging clinicians seemed important to understand the individual's lifeworld. The experienced significance of others in persons' journey towards coping suggests that health care professionals may help persons to explore the impact of their families and society in the healthcare encounter. Lastly the medical profession might consider mechanisms for educating the wider healthy population about the complexity of pain to make it more socially understood and accepted.

