



Building a Phenomenological Bridge in Pain Care Between Patients and Healthcare Providers

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Overview

- Understanding pain
- Challenges posed by pain
- Phenomenology
- Phenomenology of pain
- Bridging the pain gap

Understanding Pain

What is Pain?

Pain is defined by the *International Association for the Study of Pain* as “**An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage**” (Raja et al., 2020, p. 2)

Two key takeaways from this definition:

1. Pain has an *affective dimension*
2. Tissue damage is *sufficient*, but not *necessary* for pain to occur

Challenges Posed By Pain

- As of 2019, an estimated 20.4% of U.S. adults live with chronic pain (Zelaya et al., 2020)
- Economic costs in the US related to chronic pain were estimated to be as high as \$635 billion dollars in 2010 alone (Gaskin & Richard, 2012)

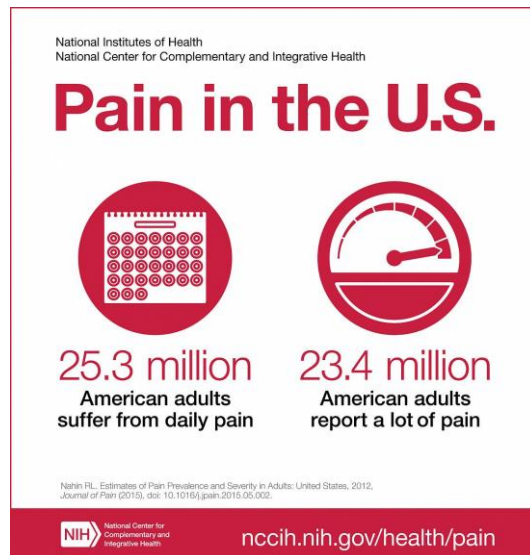
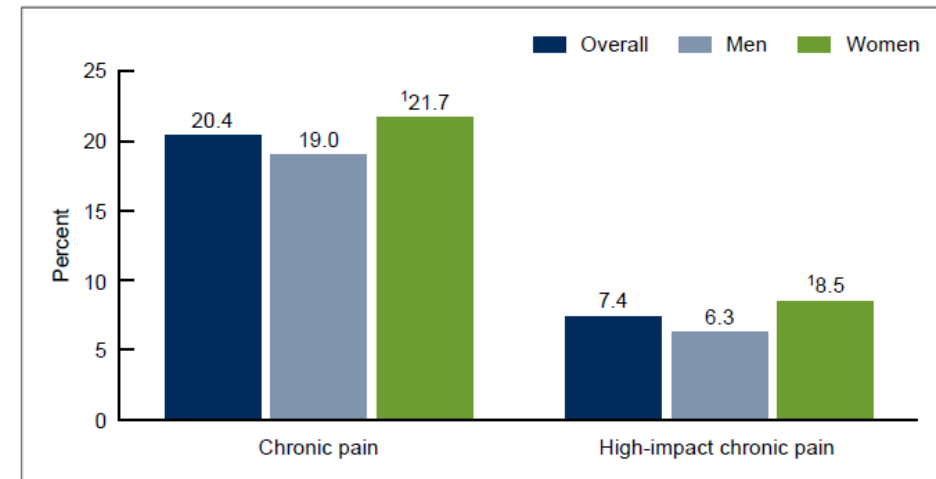


Figure 1. Percentage of adults aged 18 and over with chronic pain and high-impact chronic pain in the past 3 months, overall and by sex: United States, 2019



Challenges Posed By Pain

Pain is Frequently Underestimated Clinically

- Healthcare providers consistently underestimate patient pain levels when compared to patients' self-assessments (Seers et al., 2018)
- Patients also report a perceived lack of concern for their pain from providers
- Additionally, significant racial and ethnic disparities exist in pain recognition (Mossey, 2011)

Study size	Professional pain score compared with that of patients		
	Underestimation	No direction	Overestimation
All studies			
>500	6	3	0
200-500	10	1	0
<200	46	13	1
All studies	62	17	1

Challenges Posed By Pain

Why the disconnect?

1. Pain is Subjective

- Pain qualitatively affects the sufferer alone and is inaccessible to anyone else
- Providers are wholly dependent on patient reports when assessing for pain



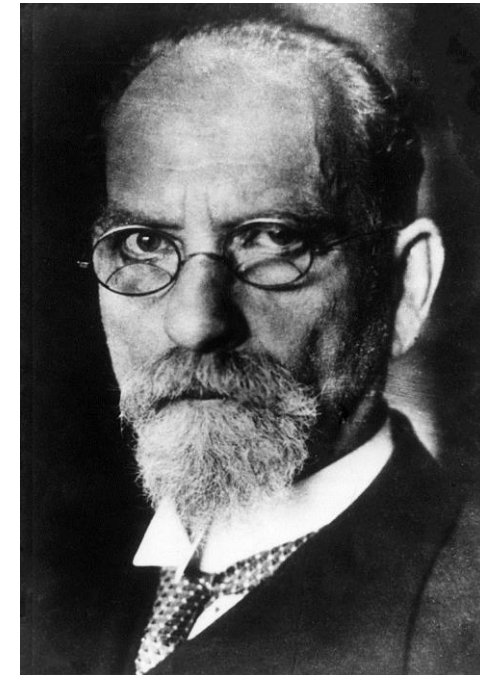
2. Medicine relies on objectivity

- Disease is conceived of as a biological process that can be measured, quantified, or tested for
- There are no objective measures or tests for evaluating the presence or severity of pain

"I think one of the hardest things about pain is that it's so subjective. And we can't feel what our patients are feeling, and we have scales where we measure pain, but we don't really have a way of knowing.... how do I know what pain they're in? [And] we really don't know how to test [pain]. We can't do a blood work level and know exactly what we should do to treat it." (Rice et al., 2018, p. 777)

Phenomenology

- A philosophical movement originated by Edmund Husserl in the early 20th century
- Concerned with **studying the essential structures of subjective conscious experience**
- Conscious experience is **intentional**—always directed meaningfully towards some object
- Key concepts:
 - Being-in-the-world
 - Lived Body



Edmund Husserl

1859-1938

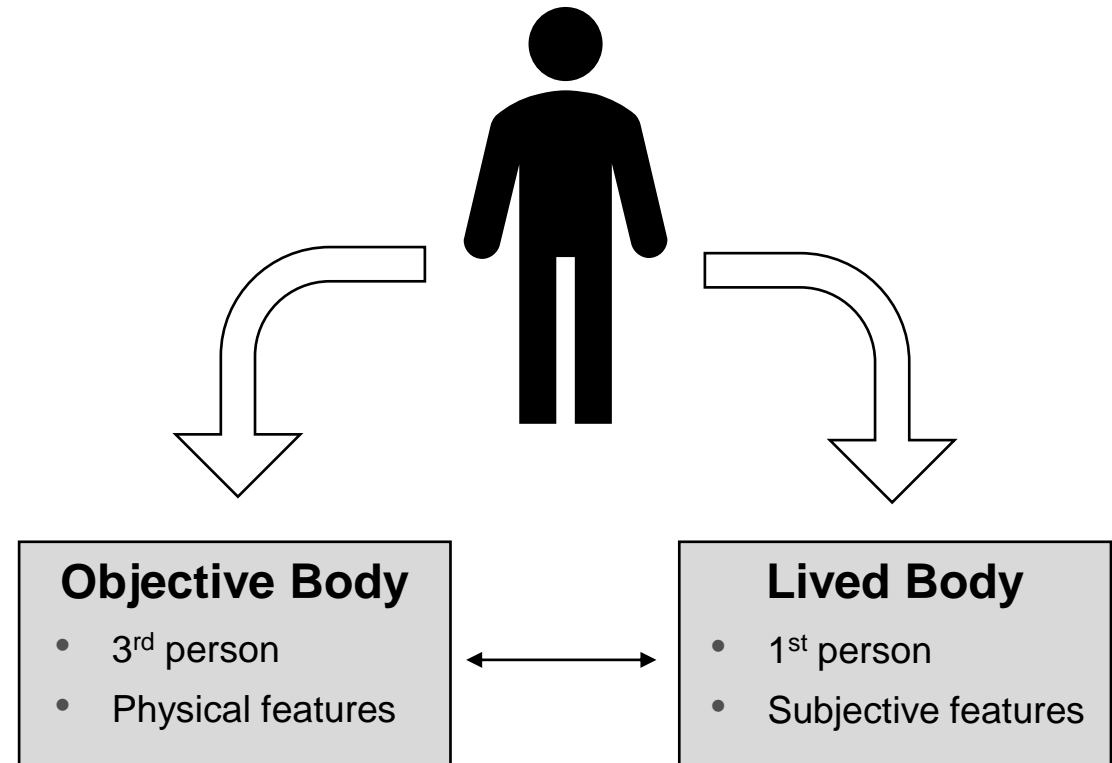
Phenomenology: Being-in-the-world

- Associated with Martin Heidegger (1927/2010)
- **Dasein**—a being concerned with its own being and who understands its being in a certain way
- Dasein possesses a particular being-in-the-world
 - A **familiarity** with the world
 - World is presented as transparent and open to engagement



Phenomenology: The Lived Body

- Associated with Maurice Merleau-Ponty (1945/2012)
- Accounts for body as subjectively experienced
- Characterized by **bodily intentionality**—bodily actions are always directed towards some aim
 - Pre-reflective, intuitive



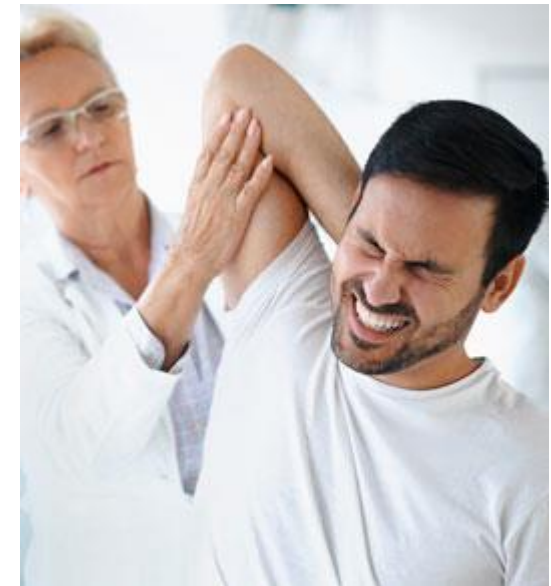
Phenomenology of Pain

- Pain frustrates attempts at conveying its experience:
 - Impossible to directly share the experience of pain, isolating the sufferer and leaving open the possibility of doubt from others
 - Communication is often dependent on analogy (e.g., “burning” or “needle-like”), which at best may only approximate painful experience to others
- Self becomes **alienated from the lived body**
 - “the person in great pain experiences his own body as the agent of his agony” (Scarry, 1987, p. 47)
- Being-in-the-world may become foreign or “**unhomelike**” (Svenaeus, 2011)
 - World becomes experienced as an obstacle to be overcome
 - A person may need to adopt alternative ways of interacting with the world



Bridging the Pain Gap

- Phenomenologically-informed pain care:
 - Focuses on “[approaching] pain as something quintessentially lived and experienced in the body” (Jackson, 1994, p. 201), rather than a disease to be immediately investigated and diagnosed
 - Privileges **cultivating a rich understanding of a patient’s unique illness experience** (Smith, 2021)
 - Empowers patients to express their pain experience and concerns
 - Addresses challenges to daily life and everyday activities, working to render the world **homelike** again
 - Expands opportunities for the **lived body** to be involved with the world



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Questions and comments are welcome.

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