
Developing Social Policy And Practice Responses To Chronic Pain



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What is chronic pain?

- Pain that persists longer than expected (3 – 6 months)
- My focus: Pain with little/no identifiable pathology – ‘idiopathic’: eg. chronic low back pain



Setting the scene: the silent epidemic

- **Prevalence:**
 - 1 in 5 Australians
 - 3.2 million people in 2007; 5 million by 2050
- **Economic impact:**
 - Estimated \$34.3 billion in 2007
- **Comparison with other conditions:**
 - Comparable/higher than National Health Priority Areas eg. cardiovascular, cancer, asthma, diabetes
 - Also a component of NHPA conditions

(Access Economics, 'The High Price of Pain', 2007)

Chronic pain is a public health issue

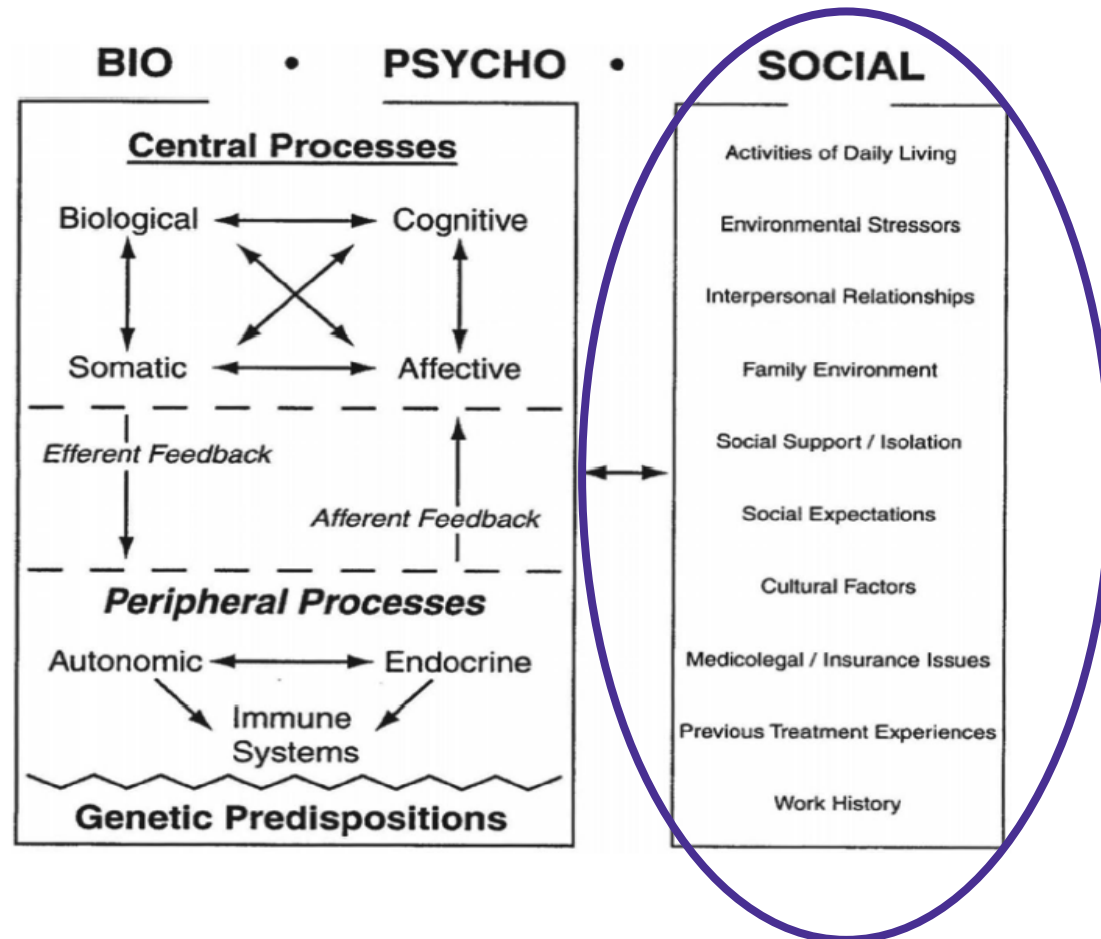
- It is not well understood or managed
- It can have an impact on all life domains
 - “An intruder or thief that takes away the most precious things in life.”
(Honkasalo, 2001:5)
- People with medically unexplained pain may experience additional social disadvantage – eg. stigma, discrimination in workplace



Managing chronic pain

- Biopsychosocial model the 'gold standard'
 - seen as more holistic and effective than biomedical
 - gaining in acceptance since 1970's
 - Pain medicine has become a specialty
 - usually incorporates CBT in some form
- Multidisciplinary approach:
 - 'Pain clinics" - Can include:
 - medical practitioners
 - psychologists
 - physiotherapists
 - occupational therapists
 - exercise physiologist

BIOPSYCHOSOCIAL APPROACH TO CHRONIC PAIN



Source: Gatchel et. al. 2007. The biopsychosocial approach to chronic pain: Scientific advances and future directions. *Psychological Bulletin*, 133 (4): 583.

Research starting points

- The 'social' in the biopsychosocial is under-developed
 - Focus of research and practice is on the individual
 - Negative consequences for the person with pain and their family
- A need for the sociological imagination - connecting personal troubles with public issues [sociocultural structures]
(C. Wright Mills, 1959)



Research: Stories of Pain

- Participants:
 - Recruitment through the media
 - Sample size -20
 - Gender distribution – 13 female, 7 male
 - Geographical distribution – 9 on metropolitan Brisbane, 8 in regional Queensland, 3 in other states
 - Duration of pain – range = 3 - 65 yrs; median of 14 yrs

Conceptual & Methodological Approach

- **Critical realism as a guiding conceptual framework** (Bhaskar, 1998; Archer, 1995)
 - Social environment and the individual “interdependent but essentially distinct” (Bhaskar, 1989:92)
- **Narrative interview design - BNIM** (Wengraf, 2001)
 - Begin with those who have experienced the phenomena being researched
- **Interpretive analysis framework** (Smith & Osborn, 2003)
 - Move from description to critique and action to address identified disadvantage

Study findings – Explicating the social

Table of Principal Themes

The Unmapped Journey

1. The Elusive Search for Restoration
 - 1.1. Treading the biomedical path
 - 1.2. Wandering the psyche
 - 1.3. The cultural matrix
 2. Social Suffering – The Unacknowledged Companion
 - 2.1. Loss along the way
 - 2.2. Acquiring stigma
 3. Mapping Your Own Journey
 - 3.1. Charting unknown territory
 - 3.2. A mapping toolkit
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Policy and Practice Responses

1. A multi-focus educational strategy
2. Consumer-based support and advocacy strategy
3. Clarification of care pathways
4. Assessment of unmet need – pain management
5. Strategies to address unemployment and income support issues

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