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PAIN AS EMBODIED EXPERIENCE:
A PHENOMENOLOGICAL STUDY OF CLINICALLY INFLICTED PAIN
IN ADULT PATIENTS

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ABSTRACT

This phenomenological study describes the lived experience of pain inflicted in the context of medically prescribed treatment, explores the meanings of such pain for patients who endured it and for nurses whose actions contributed to its generation, and presents a thematic description of the phenomenon of clinically inflicted pain. The study is informed by phenomenology, both in terms of its premises and orientation, and its research design and method.

The participants in the study were 14 adult patients, admitted to hospital following burn injuries, or receiving intravenous chemotherapy upon diagnosis of cancer, and 20 nurses involved in their care. Data collection took place over a period of five months and included participant observation and compilation of field notes, and a total of 89 tape-recorded interviews (48 with patients and 41 with nurses). Through the process of hermeneutic interpretation a number of themes were identified and used to describe the phenomenon of clinically inflicted pain and the structure of the lived experience of the patients and nurses concerned.

The phenomenon of clinically inflicted pain is described in terms of four related themes: 1) *the hurt and painfulness of inflicted pain*; 2) *handing one's body over to others*; 3) *the expectation and experience of being wounded*, and 4) *restraining the body and the voice*. These themes point to the embodied nature of pain experience and the extent to which the person is involved not only in the enduring of pain but also in its generation. The broader lifeworld of clinically inflicted pain involves patients in the experience of constituting such pain, often as *punishment* and almost always as something *unavoidable*, and in turn being constituted by their experiences in terms of *losing and seeking to regain a sense of embodied self* and of *personal situation*, and by changed experiences of *lived space* and *lived time*.

Nurses who themselves helped to generate pain, frequently overlooked the patient's lived experience and thus the essential nature of inflicted pain as painful, wounding,

and demanding cooperation and composure from the patient. Instead, the pain frequently became *invisible* to nurses involved in its infliction, or when it could not be overlooked or ignored, it was perceived as *inevitable, non-harmful*, and even as *beneficial* to patients' recovery. The strategic responses that nurses adopted to pain infliction included *detachment* from the perceived impact and consequences of their own actions and *objectification* of the person in pain as a body-object on whom certain tasks had to be performed. An alternative to the strategy of *detachment and objectification* was *involvement in a therapeutic partnership* between the nurse and the patient, where shared control over pain infliction and relief helped to sustain trust in the relationship and preserve personal integrity of the patient and the nurse.

The study points to dangers for both patients and nurses when clinically inflicted pain is ignored, overlooked, or treated with detachment. It also points a way toward nursing practice that is guided by thoughtfulness and sensitivity to patients' lived experience, and awareness of freedom and responsibility inherent in nursing actions, including those involved in inflicting and relieving pain. The study raises questions about nurses' knowledge, attitudes, and actions in relation to clinically inflicted pain, and highlights the need for nursing education and practice to consider the contribution of a phenomenological perspective to the understanding of human experience of pain, and the nursing role in its generation, prevention, and relief.

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A handwritten signature in cursive script that reads "Frenci Madjar". The signature is written in black ink and has a decorative flourish at the end.

Palmerston North
11 November 1991

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KEY TO TRANSCRIPTS

In the presentation of research findings, and particularly in relation to excerpts from research interviews and field notes, the following abbreviations and conventions have been used:

BN	burn nurse
BPt	burn patient
ChN	chemotherapy nurse
ChPt	chemotherapy patient
Int	interview
<i>italics</i>	conceptual categories and themes identified through textual analysis
names	all names used to refer to study participants are pseudonyms
p (pp)	page (pages)
(parentheses)	researcher's questions or comments contained in the original interviews or field notes;
[square brackets]	researcher's comments, added to provide clarity or explanation;
<u>underlining</u>	unless otherwise indicated, words or phrases emphasized in the original material
....	pause, contained in the original material;
..//..	material edited out