I, Corinne E Bridges, hereby submit this original work as part of the requirements for the degree of Doctor of Education in Counselor Education.

It is entitled:
The Impact of Gender, Employment and Class on Perceptions of Chronic Pain: An Ecological Perspective

Student's name: Corinne E Bridges

This work and its defense approved by:

Committee chair: Ellen Piel Cook, Ph.D.
Committee member: Vicki Stieha, Ph.D.
Committee member: Laura Nabors, Ph.D.
The Impact of Gender, Employment and Class on Perceptions of Chronic Pain:

An Ecological Perspective

A dissertation submitted to the

Graduate School

of the University of Cincinnati

in partial fulfillment of the

requirements for the degree of

Doctor of Education

in the Counseling Program

of the School of Human Services

College of Education, Criminal Justice, and Human Services

by

Corinne Wehby Bridges

Committee Chair: Ellen Cook
Abstract

This research explored the lived experiences of working class, unemployed men who experienced chronic pain and their meaning making process. Using qualitative in-depth phenomenological interviewing this research examined how employment, class and gender affected perceptions of life for clients who are unable to work due to a chronic pain condition. Previous literature related to the chronic pain experience suggested that multiple variables should be addressed in counseling for healing to take place.

Six unemployed working class men with chronic pain participated in two ninety minute in-depth interviews. As relevant themes emerged, data were analyzed through an ecological lens in order to conceptualize the intricate contextual and personal factors interacting in these men’s lives, subjective differences in how life with chronic pain is experienced, and the characteristics and life challenges faced by those experiencing chronic pain. This research can assist counselors and clients in the development of strategies to change client attitudes and/or behaviors by understanding how men may perceive and experience their lives in the context of chronic pain.
Copyright 2013

Corinne Wehby Bridges
Dedicated to my children

Christopher Kelly, Edward, Virginia, & Gabriel
Acknowledgements

I would like to thank my chair, Dr. Ellen Cook and my committee members Dr. Laura Nabors and Dr. Vicki Stieha for their support and guidance throughout this process. Dr. Stieha is responsible for my introduction to the world of qualitative research; her knowledge and expertise proved invaluable to my understanding of the chosen methodology. A special thanks to Dr. Nabors for her unwavering commitment to student success, without which I might not have achieved my doctoral goals. I am forever grateful to have been afforded the opportunity to work with Dr. Ellen Cook, whose expertise in the Ecological Perspective, gender and chronic pain is awe inspiring. Ellen, thank you for stimulating and engaging in academic discussion, encouraging me to move beyond my comfort zone, pushing me to be a better writer and scholar and most importantly, for providing me with a new mantra when I truly needed it.

I would also like to thank Michael T. Farrell, PhD. & Associates as well as ForPsych for allowing me to utilize their patient population for recruitment purposes. Specifically, Dr. Stephen Halmi of MTF & Associates and Dr. Christopher Ward of ForPsych, thank you for all of your efforts on my behalf.

I would like to pay tribute to the six brave men who were willing to commit themselves to this project. Thank you for sharing and trusting me with your very personal experiences; you were open and honest and I am grateful. I am honored to have worked with you and truly believe this project will lead to greater acceptance, understanding and advocacy.

I want to express my utmost appreciation for my mother in-law, Vickie Bridges, for caring for me as she would one of her own. I will always be grateful for your thoughtfulness, consideration and willingness to help in any way possible. Thank you!
To my parents, whose love and support is endless, thank you for helping make this dream a reality (and I’m not just talking about the babysitting). You gave me the courage to know that I could see this through. Mom, thank you so much for our daily talks and your encouragement throughout this process. They strengthened my resolve and truly meant the world to me. Pop, thank you for always telling me just how smart you think I am. This constant refrain instilled a belief in me that enabled me to undertake this doctoral adventure despite my learning disability and any obstacles that presented themselves along the way. I love you both.

Finally, to my husband Christopher, my biggest fan, who believes I can achieve anything, and constantly shows me that I am truly loved. You supported me (and our family) through the addition of not one but two doctoral babies in a three year period, allowed me to talk incessantly about my work, share ideas and ask for advice (even if I didn’t always take it) and were always willing to give me time. I am forever grateful for your understanding of this process and of me. I look forward to our next great adventure and of course, for the ability to refer to ourselves as “Drs. Bridges”. Thank you, I couldn’t love you more.
# Table of Contents

Abstract ................................................................. ii  
Dedication ................................................................. iv  
Acknowledgements ....................................................... v  
Chapter 1: Introduction ............................................... 1  
  
  Statement of the Problem .......................................... 3  
  Purpose of the Study ................................................. 4  
  Significance of the Study .......................................... 4  
  Assumptions ............................................................. 5  
  Methodology ............................................................ 5  
  Definitions ............................................................. 6  

Chapter 2: Scholarly Review of the Literature .................. 9  
  
  Chronic Pain ......................................................... 9  
  Overview of the Ecological Perspective ......................... 11  
  Behavior is Personal and Contextual ............................ 14  
  Behavior is Interactional .......................................... 14  
  Behavior is Meaningful ............................................ 15  
  Ecological Counseling ............................................. 16  
  Gender and Men’s Pain Experience ............................... 17  
  Socioeconomic Status, Work, and the Pain Experience .... 20  
  Summary ............................................................... 23
# Chapter 3: Methodology

- Research Methods 25
- Research Design 26
- Recruitment Sites and Procedures 28
- Analytical Processes 32
- Positionality 35
- Validity 36

# Chapter 4: Results

- BPI Responses and Demographics: Adam 39
- Adam 40
- BPI Responses and Demographics: Barty 59
- Barty 60
- BPI Responses and Demographics: Carl 78
- Carl 79
- BPI Responses and Demographics: Dave 103
- Dave 104
- BPI Responses and Demographics: Eddie 126
- Eddie 127
- BPI Responses and Demographics: Frank 144
- Frank 145
- Summary 160

# Chapter 5: Discussion

- Summary of the Study 162
Research Findings 164

Personal Interactions within Context 164

Work 165

General activity 166

Mood 167

Relations with others 169

Sociocultural identity and power 170

Gender as an Interactional Cultural Factor 171

Class 171

Education and employment 173

Pain is Meaningful 174

Being a man 175

Spirituality and hope for the future 180

Grief 183

Dimensions of patient status 186

Perceptions of ability to cope 189

Implications for Counseling 191

Scope of the Study 194

Limitations and Implications for Future Research 194

Conclusions 196
Chapter 1: Introduction

Chronic pain is an international phenomenon that affects millions of people. At some point in one’s life, every human being experiences pain. The initial response is to do what is needed to alleviate pain. Children fall and seek comfort in their mother’s kiss. This act alone may alleviate their pain. Some extreme pain is tolerated because of its purpose, such as childbirth or the discomfort of athletic training. However, it is the very nature of chronic pain to have no set duration, a fact so unnatural to the human experience.

Literature on pain supports the concept that it is universal, diverse and multidimensional (Lee, Chronister, & Bishop, 2008). Pain can be classified as acute, lasting no longer than three months, or chronic, which extends beyond the expected tissue healing time of three months (Burns, 2010). It does not differentiate between race or religious preference, socioeconomic status, age, gender or education (Davidhizar & Giger, 2004; Green, Ndao-Brumblay, Nagrant, Baker, & Rothman, 2004; Nayak, Shiflett, Eshun, & Levine, 2000; Saastamoinen, Leino-Arjas, Laaksonen, & Lahelma, 2005; Schlesinger, 1996). Men, women and children alike can all experience chronic pain from a variety of causes. It can stem from diseases or illnesses, including, but not limited to arthritis, fibromyalgia, multiple sclerosis and cancer (Arnold, Bradley, & McCarberg, 2010; de Wit et al., 2001; Khan & Pallant, 2007). It can be brought on by injury: a car accident, a sport, a work related injury, even surgery and has no set duration (Burns, 2010). Despite the fact that chronic pain is one of the most common reasons people seek medical attention, it is difficult to treat and there is no specific treatment that will guarantee relief (Davidhizar & Giger, 2004; Hardt, Jacobsen, & Goldberg, 2008). In addition, the intensity of chronic pain typically has a waxing and waning course; thus it is never completely “out of mind” and often lingers, which can be draining (Higgins, 2005; Shea & McDonald, 2011).
When people experience chronic physical pain they can become susceptible to mental anguish or pain, which can lead to depressed mood and feelings of anxiousness (Burns, 2010; Hardt et al., 2008; Lame, Peters, Vlaeyen, Kleef, & Patijn, 2004). People experiencing chronic pain are likely to develop depression, anxiety, or both (Burns, 2010; Campbell & Cramb, 2008; Green et al., 2004; Karlin, Creech, Grimes, Clark, Meagher, & Morey, 2005). People can begin to feel helpless about improving their physical condition and hopeless to change their circumstances (Campbell & Cramb, 2008; Haythornwaite, Menefee, Heinberg, & Clark, 1998). These states of mind, in turn, can lead to fear, frustration, instability, and anger which changes lives and lifestyles (Fernandez & Turk, 1995; Lame et al., 2004).

Chronic pain carries with it a stigma. Unlike acute pain, chronic pain cannot be “fixed.” It is often difficult to pinpoint causal factors of the pain and to measure pain intensity, leaving physicians to rely solely on client self-report (Jackson, 2005). This changes the very nature of the doctor/patient relationship. Clients seek help from medical experts in order to get better; practitioners rely on medical instruments to assess health issues and promote healing. When this socially accepted interaction cannot lead to a mutually satisfying resolution, both patient and practitioner can become frustrated. “Relations between pain patients and health care deliverers are considered the worst in medicine. In fact, pain patients can provoke an intense hostility in caregivers, often the result of a relationship that has seriously deteriorated” (Jackson, 2005, p. 338). Assumptions of secondary gain and/or malingering are common (Jackson, 2005; Lennon, Link, Marcbach, & Dohrenwend, 1989). The chronicity of pain and the inability to treat biomedically results in this stigmatization of clients by both practitioners as well as friends, family and other community members (Jackson, 2005; Lennon et al., 1989). This can lead to decreased communication within the doctor/patient relationship and within interpersonal relationships, pain
catastrophizing and symptoms commonly associated with depression and anxiety (Jackson, 2005; Lennon et al., 1989). The stigma associated with chronic pain highlights the need for greater understanding of the phenomena of chronic pain in order to aid medical professionals in the identification of the best possible treatment for this population.

Clearly, the experience of pain is multidimensional, and requires an interactional framework to conceptualize it. One such framework is the ecological perspective.

The ecological perspective attempts to understand human development and behavior throughout the lifespan by viewing life in context, as situational, interactional and meaningful (Bronfenbrenner, 1977; Cook, 2012). This analytic framework includes a focus on person and environment simultaneously, and the proximal and distal contexts in which human beings interact, behave and make meaning in their lives. This perspective aids in the conceptualization and treatment of individuals “within the context of multiple, interacting environments...” (Barrio & Shoffner, 2005, p. 327). The ecological perspective could be valuable in analyzing the impact of chronic pain on people’s lives.

**Statement of the Problem**

It appears likely that the interaction of many variables influences the experience of chronic pain, but the nature of these interactions remains unclear. Do people from differing socioeconomic backgrounds differ in their perceptions of chronic pain? Does gender play a role in these beliefs? Does the inability to work due to a chronic pain condition act as a roadblock to recovery? Because there are so many ways in which individuals can choose to make meaning and behave within their given environments, it is important to consider each person as unique, despite similarities shared with others in their various groups (e.g., shared similarities because of
culture or gender). More research on individual perceptions of the chronic pain experience is needed to gain greater understanding, enhance meaning making and aid acceptance and treatment.

**Purpose of the Study**

This research was conducted to better understand the lived experiences of working class, unemployed men and the meaning making process regarding their experience. I examined how employment, class and gender affect perceptions of life for clients who are unable to work due to a chronic pain condition. This research attempted to perceive the essence of this specific phenomenon; therefore, I conducted a qualitative study utilizing in-depth phenomenological interviewing to understand how these men make sense of and live with unrelieved pain.

**Significance of the Study**

This research was designed to provide new information on men’s perceptions of their pain and how their pain experiences influence their lives. These insights may assist clients in developing new strategies to manage their pain. Actively managing pain can reduce stress and increase coping for pain clients. People choose to behave in certain ways depending on their interpretations and perceptions of the given environment. By its very nature, the subjective nature of chronic pain is based on the individual’s exploration of his or her experiences (Jennings, 2003; Thunberg, Carlsson, & Hallberg, 2001). The ecological perspective can assist counselors to appreciate the complexity of a client’s pain experience, and how he has learned to cope with its demands and limitations. New understandings can enable clients to regain some lost control, accept their new normality, and embark on a new life course.
Assumptions

During the conceptualization of this project I attempted to make myself aware of any preconceived assumptions that may influence how I conducted and understood this research. First, as the researcher, I assumed there were differences in perceptions of chronic pain, meaning making and acceptance that are impacted by multiple interactive factors. For example, an injured physician might not only understand that a painful injury might need immediate treatment, but he might also have the insurance or personal wealth to cover treatment costs. Moreover, he might have greater access to the most skilled medical professionals. Further, with specialties that are not physically demanding a return to previous employment is more likely. However, a working class, unemployed male might not understand the importance of early intervention or, have the finances to cover medical costs (with or without insurance); workers in jobs requiring intensive physical labor may not be able to return to work because of injuries resulting in chronic pain. Therefore, working class unemployed men as a group might have different perceived experiences than other members of the chronic pain population.

My second and third assumptions regarded the appropriateness of using participant self-descriptions to collect the research data. First I assumed that the self-reported pain levels identified in the Brief Pain Inventory were a true depiction of the pain experience, sufficiently free from pain catastrophizing. Finally, I assumed that the participants were able to communicate the essence of their lived experience during the interviews.

Methodology

Qualitative methods were used to uncover a detailed picture of the participants’ perceptions and lived experiences. I utilized in-depth interviewing, grounded in phenomenology
and an ecological perspective to conceptualize the intricate levels of experience, the subjective nature of chronic pain, and the characteristics and life challenges faced by those experiencing chronic pain. Consistent with the goals of phenomenological research I attempted to set aside any preconceived notions, ideas, and assumptions in order to look for emergent themes that would reveal how the phenomenon was experienced (Moustakas, 1994). According to Seidman (2006), “The major task is to build upon and explore their participants’ responses to those questions….to have the participant reconstruct his experience within the topic under study” (p. 15). I based my research methods on a modified version of Seidman’s methodology. A more detailed description of this methodology can be found in chapter three.

**Definitions**

The following definitions are included to help clarify ideas and words that may hold multiple meanings within common usage. These definitions have been taken from the literature supporting this research.

**Anger:** “A feeling involving a belief that a person one cares for has, intentionally or through neglect, been treated without respect, and a want to have that respect reestablished. The person one cares for is typically the self; respect is a right to be treated courteously and justly and reestablishing respect is an attempt to undo the effect of the wrongdoing” (Fernandez & Turk, 1995, p. 165).

**Catastrophizing:** “A maladaptive response to the experience of pain involving helplessness and pessimistic conditions” (Garnet, Beitel, Cutter, Savant, Peters, Schottenfeld, & Barry, 2011, p. 80).
Concordance: when a person can thrive in his or her environment while at the same time contributing to it in order to enhance interdependence (Conyne & Cook, 2004).


Culture: “A patterned behavior response that develops over time as a result of imprinting the mind through social and religious structures and artistic manifestations. Culture is the result of acquired mechanisms that may have innate influences but are also influenced by environmental stimuli. It is shaped by the values, beliefs, norms and practices that are shared by members of the same cultural group” (Davidhizar & Giger, 2004, p.48).

Gender: Assumptions made in regard to someone based on their male/female biological makeup. It is associated less with fixed individual attributes and more with socially constructed ideology (behavioral, psychological and cultural) specific to men or women. (Cook, 2012; Gray, Fitch, Fergus, Mykhalovskiy, & Church, 2002; Yoder & Kahn, 2003).

Gender Role Conflict: “a psychological state in which socialized gender roles have negative consequences for the person or others. Gender Role Conflict can occur when rigid, sexist, or restrictive gender roles result in restriction, devaluation, or violation of others or self.” (O’Neil, 2008, p. 362).

Male Hegemony: “primarily characterized by relations of domination, actively performed through competition, aggression, bodily strength, stoicism, heterosexism, homophobia, and misogyny. Modeled after the heterosexual, well-educated Euro-American male of upper class economic status” (Gray, Fitch, Fergus, Mykhalovskiy, & Church, 2002, p. 44).
Meaning Making: “an eminently practical process whereby people perceive and try to understand everyday things in their lives” (Cook, 2012, p. 102).

Social Power: the ability to access resources that enhance the opportunity of having needs met and/or having leverage over others (Adams, Bell, & Griffin, 1997; Cook, 2012).

Sociocultural identity: “A generic category to refer to views about themselves that people develop because they are categorized as belonging to a group particularly important in their sociocultural context” (Cook, 2012, p. 26).
Chapter 2: Scholarly Review of the Literature

The literature reviewed for this research is organized according to the relevant variables of chronic pain, the ecological perspective, gender, and class. This is a fairly comprehensive review of the literature in order to include diverse, relevant variables and the possible effects they might have on experiences of chronic pain. The review of the ecological perspective was narrowed in order to focus more closely on the literature that is most reflective of this approach and to help implement this specific approach to treatment.

Chronic Pain

Literature on pain supports the concept that it is universal, diverse and multidimensional (Lee, Chronister, & Bishop, 2008). Pain can be classified as both acute and chronic. Chronic pain differs from acute pain in that there is no set duration. It is a disabling condition that extends beyond the expected healing time of three months, holds no physiological purpose and is unresponsive to successful treatment associated with acute pain (Burns, 2010). Chronic pain does not differentiate between genders, socioeconomic status, age, education or employment (Davidhizar & Giger, 2004; Green, et al., 2004; Nayak, Shiflett, Eshun, & Levine, 2000; Saastamoinen, et al., 2005; Schlesinger, 1996). It can stem from diseases or illnesses, including, but not limited to arthritis, fibromyalgia, multiple sclerosis and cancer (Arnold, Bradley, &McCarberg, 2010; de Wit et al., 2001; Khan & Pallant, 2007). It can be brought on by injury: a car accident, a sport, a work related injury, even surgery and has no set duration (Burns, 2010).

Chronic pain is among the top reasons individuals seek medical attention however it is difficult to treat; there is no specific treatment that will guarantee relief from chronic pain (Davidhizar & Giger, 2004; Hardt, et al., 2008). When people experience chronic physical pain
they can become susceptible to mental anguish or pain, which can lead to depressed mood and feelings of anxiousness (Burns, 2010; Hardt et al., 2008; Lame, et al., 2004). People can begin to feel helpless about improving their physical condition and hopeless to change their circumstances (Campbell & Cramb, 2008; Haythornwaite, Menefee, Heinberg, & Clark, 1998). Despite the fact that chronic pain is both physically and mentally detrimental, chronic pain sufferers primarily seek treatment solely from medical practitioners (Burns, 2010). This can exacerbate the pain experience, resulting in frustration for both the expert and the client as chronic pain is difficult to pinpoint and diagnostic evidence is scarce (Burns, 2010; Sperry, 2007). Therefore, a collaborative interdisciplinary approach between medical professionals and counselors is necessary for the understanding and treatment of chronic pain (Burns, 2010).

Pain can damage more that the physical self; it can negatively impact a person’s sense of self. Aldrich and Eccleston (2000) analyzed sixty one participants through a social constructivist lens in order to analyze and understand pain. For these participants, pain has meaning; it must be indicative of something. The manner in which individuals are able to make meaning of their lives while experiencing chronic pain may enable them to focus on what life can still be, despite the unwanted twist, turn or change their life has taken. In other words, individuals experience pain differently and their perception of it or relationship to it helps shape their reactions.

Chronic pain is subjective, which highlights the importance of understanding the personal meaningfulness of pain to individuals. The most common way to assess pain is through subjective experience of the individual (Jennings, 2003; Thunberg et al., 2001). Pain perception is individual; an individual’s pain experience can be influenced by a multitude of factors, including gender, culture, socioeconomic status, language, treatment experience, and education. People experiencing chronic pain feel mistreated, misunderstood and unheard regarding their
pain (Thunberg et al., 2001). Their negative pain experience can impact their quality of life because pain interferes with everyday living, which can cause changes in personality, functioning and mood (Jennings, 2003). People’s beliefs about pain and pain catastrophising are prominent predictors of lower level quality of life (Lame et al., 2005).

The complex nature of chronic pain requires a multidimensional framework to understand how it impacts people’s lives. An ecological perspective, as such a framework can aid in the understanding of the characteristics and issues of chronic pain in order to conceptualize the intricate levels of experience, the subjective nature of chronic pain, and the characteristics and life challenges faced by those experiencing chronic pain.

**Overview of the Ecological Perspective**

Ecological counseling can be defined as “contextualized help-giving that is dependent on the meaning clients derive from the environmental interactions, yielding improved ecological concordance” (Conyne & Cook, 2004, p. 6). The ecological approach to understanding human development is rooted in the work of Kurt Lewin (Bronfenbrenner, 1977). Bronfenbrenner (1977) described Lewin’s thinking as follows: “There was an interesting quality in Lewin’s line of thought about human behavior; whenever he spoke, it was always to place behavior in context - situational, interpersonal, sociological, cultural, historical, and, above all, theoretical” (p. 201). The ecological perspective serves as a model for understanding behavior. Everyone is impacted by events natural to all human beings within both sociocultural and individual contexts (Cook, 2012). Individuals are influenced by various constituents throughout their lifetime over a variety of settings and the ecological perspective assumes that “human life is fundamentally connected
with the world around us” (Cook, 2012, p. 6). It is consistent with the formula that “behavior is a function of a person interacting within his or her environment” (Cook, 2012, p. 6). Therefore:

1. Human behavior is influenced by characteristics of both the individual and life contexts.

2. Human behavior is the product of an individual interacting with his or her life contexts, or environments.

3. Human behavior is shaped by meaning making.

(Cook, 2012, p. 6)

According to Bronfenbrenner (1977), “the ecology of human development is the scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives…” (p. 514). This includes a focus on person and the context in which human beings interact, behave and make meaning in their lives. Bronfenbrenner (1977) argued that:

the understanding of human development demands going beyond the direct observation of behavior on the part of one or two persons in the same place; it requires examination of multiperson systems of interaction not limited to a single setting and must take into account aspects of the environment beyond the immediate situation containing the subject. (p. 514)

Bronfenbrenner conceptualized the ecological environment as consisting of multiple subsystems of human interaction, varying by complexity and proximity to an individual. These subsystems include the microsystem, mesosystem, exosystem and macrosystem and are commonly portrayed
as concentric circles, with levels nested within one another. Cook (2012) described these levels as follows:

- The individual as the major reference point – the center – of his or her life
- Important personal relationships as the contextual level closest to the individual (proximal) and thus the most influential
- Groups referring to membership in an open, complex, and interactive social system that is embedded within physical, temporal, sociocultural, and organizational contexts
- Organizations referring to membership in structured dynamic social systems such as school, the church, or the workplace. Relationships are present, but their purpose is to advance some broader, shared purpose
- Communities, referring to people connected through geography who share common ties and communication
- Institutions, as patterned ways of solving the problems and meeting the requirements of a particular society. Key social institutions include the government, the economy, education, health care, and the media
- Macrolevel contexts, which provide the abstract, sociocultural blueprints of roles, policies, and practices regulating and maintaining the more proximal contextual levels

(p. 45)

The ecological perspective is a lens through which human behavior can be perceived and is based on three fundamental propositions: behavior is personal and contextual, behavior is interactional, and behavior is meaningful (Cook, 2012).
In the ecological perspective, behavior is both interactional and contextual; within context, behavior is oriented in a meaningful way (Cook, 2012). Different people react to the same environment in different ways. People choose to behave in certain ways depending on their interpretations and perceptions of the given environment. Therefore, understanding of any human behavior requires consideration of the interaction among person, context, and meaning making.

**Behavior is Personal and Contextual**

Biological makeup and learned experiences play a role in how people react within multiple interacting contexts. Inherent personality traits and characteristics help individuals create a sense of self and influence how they interact with others (Cook, 2012). Behavior is both personal and contextual, human beings react to and interact with their environment with the help of personal predispositions and learned response patterns elaborated over time.

Chronic pain is personal; it changes perceptions of the self. This shift in personality impacts an individual’s interaction with the environment, changes personal responses and reactions in new, and often negative, ways to common experiences. Pain alters the individual personality over time (Cook, 2012). The experience of chronic pain over time changes the individual’s personality, their sense of self and their interaction with the environment, in effect changing who they are.

**Behavior is Interactional**

Individual interactions within given environments “are influenced by, and in turn influence, the context of their lives” (Cook, 2012, p.7). The ecological perspective considers person and environment interaction (P x E) and how individuals make meaning from these
interactions (Cook, 2012). In other words, behavior is enacted and meaning is made based on perceptions that individuals make about their given environment.

The ecological perspective proposes that these interactions occur over time (e.g., with consideration to biological age, social age, and/or generational effects), in everyday life (e.g., individual roles and home-career conflicts) and within a sociocultural context (e.g. race, ethnicity, gender) (Cook, 2012). Because there are so many ways in which individuals can choose to make meaning and behave within their given environment, it is important to consider each person as unique, despite similarities they may have to others in their various groups (e.g., shared similarities because of culture or gender). The ecological perspective challenges experts to consider whether behaviors of interest are a function of sociocultural processes shared with others, individual learning, or perhaps a unique synthesis of person and group factors.

**Behavior is Meaningful**

The meaning of a life event can be different or similar for individuals within the same context (Cook, 2012). The ecological perspective recognizes that individuals make meaning through perceptions of their unique environments: “Meaning making refers to what makes us unique as a species and what makes each of us unique from other humans with whom we share life” (Cook, 2012, p. 101). Individuals make meaning through perceptions of experiences all day, every day. These meanings allow individuals to “communicate with others through a shared symbolic system....” develop an understanding of things around us, and “gain some ability to control our lives through our ability to predict what may happen” (op. cit., p. 103). Each individual utilizes a unique process of interpreting these collective experiences in order to give them meaning. These processes can have characteristics similar to others’ processes, but are also unique depending on such things as education or nature of early family relationships. The
process of making meaning of life events is ongoing and evolves throughout the lifespan (Cook, 2012). Meaning making is an essential characteristic of the ecological perspective because it highlights a persons’ individuality and can allow counselors to gain insight into the how and why a person reacts to given environments. These tools are crucial to the change process in counseling.

**Ecological Counseling**

Cook (2012) describes a common purpose of counseling using the ecological perspective as follows: “to help individuals develop more satisfying, productive, and meaningful lives through understanding how their lives are rooted in diverse contexts, interactions with the world around them, and their meaning-making processes” (p. 8). The ecological perspective in counseling may be implemented in one of two ways. First, counselors may use their customary theoretical orientations and implement aspects of the ecological perspective into their practice, consulting with others as needed. Second, counselors may integrate ecological counseling conclusively into their practice (See Cook, 2012 for details). In either case, it is important to understand that the ecological approach to counseling is intended to provide a framework for practice in which multiple perspectives can unite.

A counselor implementing an ecological approach with a chronic pain client attempts to understand what the client’s environment was like prior to the chronic pain in order to better understand how the person is currently reacting to it. The counselor would attempt to understand the presenting problem by thinking “about the person, the pertinent life contexts, and how person and context interact” (Cook, 2012, p.11). Asking a client to consider how the pain affects or changes the way he views his life, what factors have contributed to his perceptions of pain and
why specific perceptions are given more weight than others, as well as what interactions helped shape these beliefs will enable the client to better understand his interactions within his environments and can aid in the change process. The ecological perspective aids in transforming interactions into meaningful, nourishing connections within a person’s environment (Cook, 2012). Therefore, it is important for counselors environmental as well as intrapsychic factors when working with clients.

These factors can assist chronic pain clients in developing strategies to change their attitudes and/or behaviors. Actively managing pain can reduce stress and increase coping for pain clients. The ecological perspective has a multidimensional focus, and explicitly considers the importance of socioculturally defined diversity in shaping a person’s behavior, e.g., gender, biological makeup, age, environment and societal context (Barrio & Shoffner, 2005; Conyne & Cook, 2004; Cook, 2012; Jablonska, Soares, & Sundin, 2006).

**Gender and Men’s Pain Experience**

It is now generally accepted that gender is socioculturally rather than biologically determined (cf. Cook, 2012). According to Courtenay (2000a), gender is a socially constructed phenomenon influenced by class, economic status, biology, ethnicity, culture, employment, education, media, peers and the contexts within which people live.

Masculinity can be thought of “as a kind of performance; a doing rather than a being...men are expected to show different masculine ‘faces’ within different contexts” (Spector-Mersel, 2006, p. 3). According to Courtenay’s analysis, these gender norms have been present since infancy, which could stem from differential adult interaction with babies based on sex and gendered ideologies. Gender differences are prevalent in the allowance of emotional
expression, nurturance, and communication of feelings, issues of dependence and independence as well as physical punishment. Furthermore, boys are more likely to experience negativity at the hands of peers in early social contexts and are more often targeted by negative media campaigns regarding smoking, alcohol and violent behavior. Moreover, these gendered stereotypes continue into adulthood. Work is also gendered, that is, socially constructed. Traditionally, “women’s work” is considered to be supportive and caring (child care and nursing), whereas “men’s work” is more physically demanding, such as truck driving or mining, and can account for the majority of fatal injuries on the job (Courtenay, 2000a).

Sociocultural identity stems from an individual’s negotiation of cultural group norms as well as inherent biological traits such as sex (Cook, 2012). A person’s identity is complex in nature and depends on the extent to which an individual associates with particular groups. “Identity dilemmas for men revolve around the following oppositions: active versus passive, independent versus dependent, autonomy versus loss of control, public persona versus private self, and domination versus subordination” (Sabo & Gordon, 1995, p. 267). Therefore, a working class man who has been the primary bread winner (active) and decision maker would have difficulty identifying as an “at home” spouse or parent (passive) (Sabo & Gordon, 1995). Moreover, he would no longer be independent as he had been previously, if he were now relying on his spouse for monetary support as well as emotional and physical support. Thus identity dilemma can be implicated in gender role conflict.

Socialized gender roles are learned behaviors associated with biological sex impacted by environmental contexts (O’Neil, 2008). Gender role conflicts can be behavioral and cognitive, interpersonal and intrapersonal, and can result in negative consequences from the inability to
conform to stereotypical gender norms (O’Neil, 2008). A violation of these norms can devalue the male experience and result in a decrease of psychological and physical well-being.

Gender is among the most important sociocultural factors influencing men’s health behavior. Men are active participants in constructing gender: “the doing of health is a form of doing gender” (Saltonstall, as cited in Courtenay, 2000a, p. 1388). Moreover, “the social practices required for demonstrating femininity and masculinity are associated with very different health advantages and risks” (Courtenay, 2000a, p.1388). For example, men are more likely to engage in risky health behavior leading to injury, to die at a younger age, and are less likely to promote positive health behaviors such as annual physicals, the consumption of nutritious foods, vitamins and exercise; men with more traditional and dominant masculine norms experience more health risks (Courtenay, 2000a).

Gender can also play a role in the experience of chronic pain. Research suggests that differences between men and women regarding their experience of pain do exist (Berkley, 1997; Jablonska, et al., 2006; O’Brien et al., 2008; Patterson & McCubbin, 1984; Woodrow et al., 1972). Literature focusing on gender differences on the experience of chronic pain suggests that there are gender differences in somatic symptoms, mood, and experience of pain, pain tolerance, and levels of pain reporting (Berkley, 1997; Keogh, 2006; O’Brien, 2008; Patterson & McCubbin, 1984; van Middendorp, 2010; Woodrow et al., 1972). Both men and women are likely to experience sadness and depression related to the experience of chronic pain; however, men are less likely to seek medical intervention (Courtenay, 2000b; Keogh, McCracken, & Eccleston, 2006; van Middendorp et al., 2010). Thus, socially constructed beliefs regarding masculinity may prevent them from seeking the help they need for their pain which could potentially cause more physical and emotional damage.
Chronic illness is a threat to masculinity (Sabo & Gordon, 1995). Chronic pain may be a more difficult experience for men as compared to women because of how men are socialized; these norms have the power to devalue a man’s individual experience about his chronic pain and prohibit men from admitting to the pain experience. Social norms are the basis for such behaviors as denying weakness, emitting physical power and aggression, expressing limited emotion and maintaining control, and viewing the need to ask for help as anti-male (Courtenay, 2000a). Moreover, men may be less likely to discuss poor health indicators, such as chronic pain, because it may signal a loss of social power (Courtenay, 2000a). For example, a working class man injured on the job may be less likely to admit to his pain experience, acknowledge his pain, or seek help for fear he will be viewed as weak and powerless by those within and outside the family system (Pyke, 1996).

The inherent power that stems from being male may be lost due to chronic pain and can dehumanize working class men further. These men experience a decrease in the already limited privileges associated with cultural social norms and an increase in the need for system support such as welfare. Therefore, chronic pain can lead to sociocultural identity struggle and aggravate the process of redeveloping the self, negatively affect perceptions of male/female gender roles, and reduce an individual’s social power.

**Socioeconomic Status, Work, and the Pain Experience**

Socioeconomic status (SES) is part of a culture, a system of elements that are part of a larger structure (Stepleman, Wright, & Bottonari as cited in Loue & Sajatovic, 2009). These systemic elements dictate behavior, interaction and reactions based on function within a structure (Steplman et al., as cited in Loue & Sajatovic, 2009). Dolan (2007) interviewed 22 men who
identified as working class. These men were recruited from two different geographic locations, one more affluent than the other. Dolan found that male working class identity association had a negative effect on men’s health and social capital. How men perceived themselves as well as understood others’ perceptions of them were based in part on their identification of their masculine identity within the working class. According to Dolan, “the strong norms and values they associated with working class masculinities, such as self-sufficiency and self-control, made it difficult for them to ask people around them for help or advice, regardless of their personal circumstances or community location” (2007, p. 493). This observation suggests that identity associated with gender and class can serve as a determining factor in decision making processes which can negatively impact the individual as well as his family. Further, these men were more likely to mask their problems, effectively burying them in large part due to fear of social judgment. These feelings and issues threatened their sociocultural masculine identity; while they recognized the benefits to their physical and mental health related to the expression of feelings, verbal expression was restricted due to their strong beliefs about the working class masculine identity. Moreover, this negatively impacted community membership as they were incapable of creating healthy support systems and relationships.

As with all cultures and classes, members of the working class have shared expectations, values and social norms with which they evaluate themselves. Straying outside those lines can erode social and familial support based on these values and norms. Moreover, social stigma, inadequate communication between patient and practitioner, and education are all factors influencing working class perceptions of pain (Gorman, 2000; Holloway, 2006). Reduced social support can lead to anger and hostility because individuals in lower socioeconomic groups
experience higher levels of stress due to the inability to adopt adequate coping skills (Fernandez & Turk, 1995; Jablonska, 2006).

The sociocultural identity within the context of a person’s experience influences perceptions of pain and pain behaviors (Callister, 2003). Individuals from lower income families, who might be termed members of the “working class”, are more likely to experience and report higher levels of chronic pain (Dorner et al., 2011; Gorman, 2000; Jablonska et al., 2006; Saastamoinen et al., 2005). Members of the working class who work in positions where physical exertion is needed may experience a loss of identity and few options for careers when chronic pain interferes with their job performance. There is also indirect loss of coworkers’ support and friendship when chronic pain limits or stops an individual from working (Saastamoinen et al., 2009).

The inability to return to work and financial difficulties are part of the life-altering chronic pain experience (Burns, 2010; Green et al., 2002, 2004; Schlesinger, 1996). Those in the working class typically value hard work and labor. However, chronic pain limits occupational and financial options; the more time a person is off from work due to pain the less likely it is that he will return to work (Dorner et al., 2011). Employees in the working class are often not paid if they do not work, or may be able to miss only limited time from work. Consequently, time off the job can be particularly debilitating for them, especially because persons experiencing chronic illness can be prone to terminal poverty at both the individual and familial level (Ditch, 1999).

Disability due to chronic pain can be particularly burdensome when it limits future aspirations and income. Blue collar workers who have only completed lower levels of education could have difficulty procuring alternate employment. They cannot return to work because they
could worsen their condition, and have no specialized education or formal training, limiting their occupational and educational options. Often, they are left with no income and no resources. Moreover, working class individuals may resist seeking higher education needed to pursue new career options because of negative perceptions about it (Gorman, 2000). All of these factors can exacerbate the pain experience and can make acceptance of their new life more difficult to attain.

Summary

The multitudes of interactions that influence individual perceptions are important considerations for counselors working with persons experiencing chronic, life altering pain. The ecological perspective encourages one to consider contextual and person causes for behavior through aspects of the “fit” between the person, experiences and contextual factors. Different people react to the same environment in different ways because of the meaning the individuals assign an event; behavior is a function of the interaction between the person and environment (Cook, 2012; Conyne & Cook, 2004). Consequently, the nature of the individual’s reality as perceived by him or her is critical to consider when providing counseling to individuals who are experiencing health problems, such as chronic pain. While individuals identify with specific cultural groups and gender norms their individual perceptions dictate their behavior choices.

Gender identity and SES impact the chronic pain experience. Sociocultural beliefs about masculinity, ideals about what men should or should not do and how they should or should not behave negatively affect chronic pain sufferers. Their inability to communicate about their pain and to build supportive networks within the community, as well as the need to mask the true nature of their pain experience may act as catalysts to pain and prevent healing. Further
inability to return to work and cultural beliefs about higher education might further diminish their social power and reduce access to resources.

Research about health behavior has typically used quantitative research strategies in which group findings are sought that can be broadly generalized to the population at large (Miles & Huberman, 2002). In essence, the quantitative researcher assumes the existence of the group of working class men with low SES who behave, feel, and understand the same things in the same manner. However, this approach to chronic pain is limited in its ability to uncover the depth of “lived experiences”; chronic pain experience itself is personal, detailed and subjective. Because the pain belongs solely to the individual and cannot be experienced or understood completely by the group, group-based research strategies that ignore individual variability are not meaningful.

Environmental influences, personal habits, beliefs and experiences can foster understanding of the how and why of the subjective nature of men’s pain experiences and consequently need to be studied (Steinhaug, 2007). Furthermore, current studies highlight the need for multiple treatment approaches depending on individual characteristics of clients. (cf. Van Huet, Innes, & Whiteford, 2009). There is ample support for using a qualitative, phenomenological approach to understand how employment, class and gender affect perceptions of life for clients with chronic pain who are unable to work due to a chronic pain condition.
Chapter 3: Methodology

Research Methods

Qualitative research utilizes “a phenomenological model in which multiple realities are rooted in the subjects’ perceptions” (McMillan, 2000, p. 9). Qualitative methods attempt to find meaning and develop understanding within the context of an individual’s lived experience. A small, purposeful non-representative sample is analyzed through people’s own words (or narrative) using observation, open ended questioning and document reviews (McMillan, 2000).

The approach most suited to my research interest is qualitative phenomenology, the study of a person’s lived experiences and structures of consciousness from the first-person point of view (Laverty, 2003; McMillan, 2000; Smith, 2003). The goal of phenomenological research “is to fully understand the essence of some phenomenon . . . [which is] usually accomplished with long, intensive interviews” (McMillan, 2000, p. 11). This methodology helped me move toward an increased understanding of the essence of the phenomenon in an effort to understand the meaning that individuals give to day-to-day experiences. These complex experiences are described and analyzed qualitatively (Bogden & Bilken, 2007). By viewing the participants as “knowers” I was able to focus on how the individuals attend to, perceive, recall and think about the world around them (Laverty, 2003). I took an emic approach to data collection and attempted to suspend judgment about the natural world. In other words, I attempted to bracket, or set aside, the question of the real existence of the contemplated object by utilizing exemplary intuition, imaginative variation and synthesis in order to analyze the data (Laverty, 2003). Consistent with qualitative research, data were prepared and organized for analysis, reduced into themes, condensed and coded and shown through discussion (Miles & Huberman, 2002).
Research Design

In order to understand meaning making, researchers must look at behavior contextually and at how individuals try to make sense of their life experiences (Patton, 2002). Interviewing is a tool researchers can utilize to understand the meaning behind behavior; it is assumed that present behavior choices are linked to these broader life meanings (Seidman, 2006). Rubin and Rubin (1995) posit three imperatives implicit in these interviews: (a) successful interviewers understand importance of culture, (b) interviewers are not neutral but participants in the relationship, and (c) the purpose is to hear, understand, and to give public voice to participants’ perceptions. Hence, in-depth phenomenological interviewing is well suited to understand how participants’ experience and interpret their pain. In this research, I used a modified version of Seidman’s life history interviewing and a phenomenological approach to focused, in-depth interviewing using open-ended questions in order to elicit the participants’ reconstructed experience of the researched topic.

Open-ended questions in qualitative research permit “those being interviewed to take whatever direction and use whatever words they want to express what they have to say” (Patton, 2002, p. 354). Building rapport and relationships within the interview setting enabled me to gain clarity, which “can be sharpened by understanding what language participants use among themselves in talking about a setting, activities, or other aspects of life” (Patton, 2002, p. 361). Further, “words that reflect the respondent’s worldview, will improve the quality of data obtained during the interview” (Patton, 2002, p. 363). Rapport and relationship building was an important aspect of the interview process because it allowed me to show care about the information portrayed and enabled me to show “empathy and understanding without judgment” (Patton, 2002, p. 366). I attempted to understand the importance of culture, act as a participant in
the interviewer/interviewee relationship and hear, understand and give public voice to participants (Rubin & Rubin, 1995).

There was minimal risk to participants in this study. This study was approved by a university-based institutional review board (Appendix A). To enhance privacy, minimal personal identifiers were requested in the interviews. Names, as well as age and dates related to each participant’s chronic pain experience were collected. Participants were notified of this in the consent form.

For my dissertation I proposed to study 6-10 working class men, 18 years of age and older, who were unemployed and experienced chronic pain. In accordance with qualitative research, this was a purposeful sample using information rich individuals in order to aid in the understanding of this phenomenon (Patton, 2002). One of my goals for this research project was to understand the meaning men make of their chronic pain experience. Gender was not focused on differences between males and females, but rather traditional gender roles and ideology related to self-identity, specifically, masculine identity and traditional male hegemony. Seidman (2006) advocates phenomenological interviewing that promotes a reconstruction of the lived experience within the context of the participant’s life. I followed a modified protocol based upon Seidman’s three part phenomenological interview process. Due to the participants’ insufficient financial resources and inability to make multiple trips I interviewed participants’ in two separate ninety minute interviews rather than three. The interviews focused on life history which also explored details of the “lived” pain experience as well as allowing participants to reflect on the meaning of their pain.
Recruitment Sites and Procedures

I conducted research at ForPsych in Cincinnati and the psychological offices of Michael T. Farrell, Ph.D. & Associates, Dayton branch. ForPsych is a forensic psychology practice that specializes in Bureau of Workers’ Compensation, personal injury, competency issues, criminal responsibility, and disability evaluations. These offices were referred to me by a current practitioner and former colleague of mine. These offices were chosen for their specialization in treating chronic pain and issues related to the pain experience. Further, the providers at ForPsych have expertise in Bureau of Workers’ Compensation (BWC) and personal injury as well as for its geographic location. I was able to utilize private rooms in public libraries closest to the participant’s home in order to conduct interviews and reduce transportation costs to the participants.

Providers at Michael T. Farrell PhD & Associates specialize in the treatment of mental health related to chronic pain and injury. The clients are referred for treatment by their Workers’ Compensation attorney representing their claim. The Bureau of Workers’ Compensation is actively involved with mental health treatment and provides regulations on treatment, therefore, patient disclosure is limited and this research is beyond the scope of the office’s practice. The office of Michael T. Farrell, Ph.D. & Associates was chosen because I practiced counseling there in the past, although I have no current relationship with the facility. Office space was provided to conduct private interviews.

A recruitment flyer was available at both sites to recruit participants. All agency mental health professionals were given the recruitment flyer to provide information to interested
individuals (Appendix B). These flyers were also posted on the wall outside the receptionist’s office as well as on tables in the waiting room.

After two months, I had not yet received a call from any interested parties. I spoke with Dr. Steven Halmi, the director of the Dayton office, and asked to be allowed to spend a day or two in the waiting room of his offices discussing my research with interested individuals. I was allowed this opportunity and was able to recruit men who had taken information from my flyer. Several of these men reported having taken the information from my flyer on previous visits to the office and either losing the information or forgetting all about it until seeing it again at their next visit. Further, they reported wanting to discuss their participation with their therapist before responding. These men also asked to sign a release form allowing their therapist to communicate with me directly. Four of the six participants were recruited from the Dayton office of Michael T. Farrell, Ph.D. & Associates. They chose to schedule their interviews around their mental health appointments (before or after) depending on what they had discussed with their therapist. Scheduling interview dates and times around their therapeutic appointments allowed them to reduce the number of trips to the office and the amount of money spent on transportation.

The final two participants asked that their therapist from ForPsych contact me in regard to participation. They consented for the therapist and me to speak and I was given the names and phone numbers of the interested parties to contact. I was able to follow up with the two participants and scheduled interviews via telephone. These interviews took place at the libraries closest to each participant’s home. I contacted the respective libraries in advance and reserved and paid for private rooms.
The experiences varied slightly depending on the recruitment site as I had not met the participants from ForPsych prior to the first interview. While I had spoken to both groups in advance regarding the research aims, confidentiality and purposes, the initial meetings at the library required rapport building introductory conversation before I could proceed with the interviews. Participants were then asked to review and sign the consent form (Appendix C). They were able to refuse to answer any question that might have caused discomfort, refuse to participate and were able to withdraw participation at any time. They were instructed that completion of this study was voluntary and at the office of Michael T. Farrell, PhD & Associates that they could utilize a separate entrance (for greater privacy) leading to the office for interviews rather than the main entrance used for therapy. By using the separate entrance, it was less likely that the participant’s mental health provider was aware of their participation. However, none of the participants chose to utilize the separate entrance.

After participants read and signed the consent form I was able to answer any questions and provide explanations and clarity when needed. My experience as a counselor allowed me a small measure of understanding; I was able to grasp concepts and understand terminology within certain contexts. Knowing this, participants did not need to explain mental health or Bureau of Workers’ Compensation terms and procedures.

Each participant was then asked to respond to the Brief Pain Inventory, short version (BPI) (Cleland, 1991) (Appendix D). The BPI takes approximately 10-15 minutes to complete. It contains questions relating to history of pain, areas of the body containing pain and past, present and average pain levels. It briefly explores pain medications and relief from pain as a result. Finally, the BPI attempts to identify the levels at which pain interferes with mood, physical activity, employment, relationships, sleep and the ability to enjoy life. This tool was used to
provide a common language to convey participants’ thoughts about their pain and to supply the researcher with grounding for further conversations. Participant responses to the BPI along with demographic information were included with each Profile in Chapter 4.

Due to the inductive nature of the interviews not all questions were necessarily asked of each participant; instead they were used as a foundation for discussion. During the initial interview, the participant was asked to respond to questions drawn from the BPI in order to provide background information on his experience with pain and serve as grounding for historical information gathered in the interview. This interview centered on the details of the participant’s pain experience within the context of his social setting (Appendix E). The first question in every initial interview required participants to reflect on their lives before pain, as if it were a story with a beginning, middle and end. They were to think of the end of their story as the beginning of their pain experience. With that in mind they were asked to explore and describe family life in early childhood, relationships, values, roles and educational and career paths. Finally, they were asked to describe current familial experiences and relationships (spouses, children) before pain and to provide a current description of their lives with pain. The questions were designed to provide a basic understanding of who they are and what they experienced earlier in life as a context of the participants’ recent life experiences as well as the lives of those around them.

In order to make certain that the preceding interview was fresh in my mind I scheduled the second interview closely after the first and wrote memos which I reviewed before meeting each participant. The second interview required the participant to reflect on the meaning of his pain experience and connections to past life events (Appendix F). He was asked to reconstruct the details of his pain experience and the meaning his experiences hold for him. In this case,
because each participant’s pain was caused by an injury, each one was able to describe in detail the nature of the injury, the resultant pain, and the attempts involved in alleviating the pain. Meaning or sense making requires participants to consider multiple interacting factors that influenced their current situation (Seidman, 2006). Therefore, participants were asked to reflect on the meaning of pain and unemployment in their lives as well as what being a man meant to them.

**Analytical Processes**

In concordance with Seidman’s (2006) approach I completed all of the interviews first and then reviewed and analyzed the data. In doing so I attempted to avoid placing meaning from one participant onto the next. Interviews were audio recorded and transcribed verbatim (Maxwell, 2005). An auditory review of the interviews was completed followed by examination of the transcripts. Audio recordings of each interview were kept in a locked file cabinet. Transcripts were de-identified. Identifying data were kept in a separate word document and transcripts were identified through the use of alphanumeric identification numbers. Word documents were stored in a password protected computer. The interviews were transcribed by a paid transcription service (see consent/confidentiality form, Appendix G). After transcriptions were proof-read for accuracy the audio recordings were destroyed. Data were reduced inductively, with an open mind in order to retrieve important emergent themes (Seidman, 2006). I highlighted important material from the text through bracketing, which allowed me to analyze the data in simpler form (Miles & Huberman, 2002; Seidman, 2006). Seidman suggests marking passages and grouping them into categories in order to identify themes. Then one can search for connecting data within the categories which highlight these themes.
Through comparison of multiple interviews, categories and commonalities, categories of interest emerged that helped sort the themes. Labeling and categorizing each passage by term enabled me to file the excerpts and retrace them in such a way that allowed me to replace excerpts in their original contexts (Seidman, 2006). Consistent with Seidman’s recommendations for analysis I identified passages of importance, and then interpreted the material in order to find out what the participant’s experience was and the meaning he had made of it. I utilized memo writing for passages that were important in order to provide clarity and determine connective threads in participant experiences. Memos were de-identified and stored in a locked file cabinet. Further, I identified what meaning I had made from the interviews and analysis of participant experiences. This allowed for connections in the work, in order to “propose connections among events, structures, roles and social forces operating in people’s lives” (Seidman, 2006, p. 129). I then utilized computer software, NVivo, qualitative research software designed to organize, analyze and share data in order to ensure saturation.

I uploaded my interview transcripts as sources in order to code the data more efficiently. Coding highlights assumptions and guides the interviewer to evaluate personal assumptions, as well as those of the participants (Charmaz, 2005). These codes enabled me to gather materials by themes, reviewing paragraphs within each interview. Themes identified from bracketing were used. Each coded theme was placed into a node which allowed me to search for emerging patterns and ideas. The ecological perspective was then used as a framework to guide the nodes into ecological classifications. Ecological classifications were consistent with the fundamental propositions of the Ecological Perspective. That is, consideration to the understanding the human behavior is both personal and contextual, interactional and meaningful (Cook, 2012). I then condensed materials through framework matrices allowing me to view all information regarding
each theme and classification in order to see and compare how differing themes related to individual participants. Further, I ran multiple text analysis queries enabling me to check for coding consistency and find patterns. NVivo was used to create models and charts of the nodes and themes in an effort to explore and visualize connections.

The analytical information was then used to create profiles for each participant. Profiles of each participant were created by the researcher from the interviews. I utilized the technique of winnowing interview material (Seidman, 2006) in order to reduce repetitive material and attempt to share the story of each participant in his own words. Included in the profiles are sections that describe the participant’s past and present responsibilities, family, socioeconomic and employment status and history as well as their current life with and beliefs about pain. Due to the necessity of researcher judgment on what is important within the text, I utilized member checking with each participant in order to determine if what I have noted as important was in line with their understanding (Seidman, 2006). Each participant was given two weeks to review the profiles and respond with any concerns. I received only one response: he agreed with my representation of his story.

Member checking was only successful with four out of six participants. Once I completed all of the profiles I attempted to contact each individual. I left voice messages for five of the six participants on every number provided. I did not receive a response from two, despite multiple attempts. Three participants did return my call; one provided an updated address and the other two requested I send the profile via e-mail. The final participant was difficult to reach. On my first attempt to reach him the phone was answered by a female family member. She refused to let me speak with any male member of the household. As it turned out, there were three family members in the same household with the same name and due to confidentiality I was unable to
provide detailed information that would identify the man of interest. As a result, the woman hung up on me. I called again and was hung up on again. I attempted a third call and reached a different female family member and asked her to please write down my name and number and ask the participant to call me. She reluctantly agreed.

However, I did receive a return call from my participant the next day. He was angry and told me he had no idea who I was or why I was calling him because he had not had a job in several years. It was then that I realized that while my gender might have played a role, it had been my word choice that ultimately caused the friction. I had used the word “worked” when attempting to explain who I was and why I was attempting to reach him. Once we resolved the confusion he was very amicable and provided a current address for me to send the profile. Through intensive phenomenological in-depth interviewing, which included self-reflection and meaning making, participants were able to know themselves and understand their experiences.

**Positionality**

I am a Licensed Professional Counselor and National Certified Counselor. As a counselor in private practice I specialized in the treatment of clients experiencing chronic pain due to a work-related injury. These clients were likely to be experiencing some form of depression, anxiety or both as a direct and proximate result of their work related injury. Typically they were referred to me through their Bureau of Workers’ Compensation (BWC) attorneys who were arguing for mental health treatment for their clients. Clients in treatment would typically classify as members of the working class and had lower levels of education; many experienced difficulty reading or could not read at all. Therefore, the entire BWC process was not only alien, but indecipherable to them as well. The majority of these clients did not understand the reasoning
behind their referral or their inability to function mentally and physically the way they once had.

I began to notice over time that there were differences between the male and female clientele in their reactions to pain, communication and coping. I speculated on links between current reactions to the pain experience and past behaviors, beliefs and social norms, and connections between past and current beliefs. This research helped me to explore the nature of these connections.

**Validity**

The in-depth interview approach employed in this study required verbatim transcripts of the interviews which allowed for the collection of rich data, that which is detailed and elicits significant understanding of what is taking place (Maxwell, 2005). Validity testing in qualitative research is not done by “verifying conclusions, but by testing the validity of your conclusions and the existence of potential threats to those conclusions” (Maxwell, 2005, p. 109).

Two of the most common threats to validity in qualitative research are researcher bias and reactivity (Maxwell, 2005). “Qualitative researchers generally deal with validity threats as particular events or processes that could lead to invalid conclusions, rather than as generic ‘variables’ that need to be controlled” (Maxwell, 2005, p. 108). Because qualitative researchers must be aware of, and identify, values and expectations that could influence the conduct and conclusions of the study, attention was paid to the fact that this research utilizes a population with whom I have conducted private counseling in the past. This is how my research interest was invoked.

I understood that this past experience had shaped my interest in the perceived experience of working class, unemployed men who experience chronic pain. While I had pre-existing values
with regard to this population, I could not eliminate them, but remained aware that they existed and therefore was able to account for this throughout the process through the use of memos. These memos helped illuminate how important passages were identified, what they meant to me, and highlighted the “import of the category” (Seidman, 2006, p. 129). Further, I attempted to avoid leading questions and utilized open ended questions. I recognized that “what the informant says is always a function of the interviewer and the interview situation” (Maxwell, 2005, p. 91).

Careful attention was paid to both gender and class issues that may have arisen throughout the interview process. Because the interviewer is female I was aware of the possible power differential (e.g., the female interviewer being seen as weak) and inappropriate sexualizing and threats to masculinity that may occur (Holstein & Gubrium, 2003). In an effort to build trust and rapport and increase comfort, and equalize the perceived power differential with the interviewer, I attempted to allow the interviewees to ask questions in regard to the research and generalize what other men have said (Holstein & Gubrium, 2003). Using general ideas of what other interviewees have said allowed the participant to feel as if he was not alone and the understanding that other men have shared their similar experience encouraged a trusting relationship (Holstein & Gubrium, 2003). Further, as a Professional Counselor I held a position of power, which could have been seen as threatening. I utilized common language in which both interviewer and interviewee could relate in order to decrease the differential between myself and the interviewee. This was important because, “Interpretive accounts are grounded in the language of the people that are studied and rely as much as possible on their own words and concepts” (Miles & Huberman, 2002, p. 49).
Chapter 4: Results

In an effort to gain understanding into the perceptions of working class males experiencing chronic pain, I interviewed six men. Understanding their chronic pain experience in the context of their personal and familial history is necessary because their environmental interactions, beliefs and values can stem from their cultural beliefs regarding class and gender. While the participants’ lives varied from person to person, there were common beliefs in regard to behavior and gender, employment and pain, as well as beliefs in regard to the “system”, be it welfare, social security disability or the Bureau of Workers’ Compensation.

I have included profiles of the participants in order for the reader to gain greater understanding. These profiles were created in essence by both myself and the interviewee as I was able to craft the two ninety minute interviews into first person stories with a beginning, middle and end (Seidman, 2006). The interviewees were asked to tell their life as a story with childhood as the beginning and their present pain experience as the end. I made minor changes to the interview responses when crafting the profiles, e. g., the removal of some but not all spontaneous language such as, “uh”, “um” and “you know” and aliases were added to ensure confidentiality (Seidman, 2006). However, no major changes to the interview took place. Included in the profiles are sections that describe the participant’s past and present responsibilities, family, socioeconomic and employment status and history as well as their current life with and beliefs about pain. Demographic descriptions and responses to the Brief Pain Inventory (Short Version) (BPI) precede each profile.
BPI Responses and Demographics: Adam

Adam is a 47 year old Caucasian male. He reports the beginning of his chronic pain experience as 2001. The Brief Pain Inventory was given on June 19, 2012 at which time he reported currently experiencing pain outside of every-day kinds of pains. According to his self-reported responses to the BPI his pain is in the lower back and abdomen. It extends through the left buttocks down to his left foot. On a scale from zero to ten where zero is no pain and ten is pain as bad as you can imagine his pain at its worst within twenty four hours of taking the BPI was rated a seven. Pain at its least was rated a five on the same scale. On average he considered his pain a five and at the time of taking the BPI pain was rated a six.

Participants were informed in advance that they did not have to list specific medications taken to help alleviate pain. Adam reported treatment for depression (he was prescribed medication for depression). He reported that these interventions provide him 40 percent relief from his pain. The final seven questions utilized another Likert scale from zero to ten where zero is, does not interfere, and ten is, completely interferes. Participants were instructed to circle the number that describes how, during the last twenty four hours, pain had interfered with their lives. Adam’s ratings were as follows: interferes with general activity (9); mood (8); walking ability (8); normal work both inside and outside the home and housework (9); relations with other people (8); sleep (8); enjoyment of life (9).
Adam

Growing up, I was very, very active. I was into anything and everything I could. I had learned early on that there wasn’t much I couldn’t figure out how to do somehow, someway. It was odd, you know. I drove my mom and dad nuts. I could take anything apart and put it back together. Anything, I could do it. I was just . . . my own person, I guess. I beat to my own drums. I hated school. I never wanted to go to school. I got in so much trouble over school that it was unbelievable. I went to the eleventh grade. But my biggest issue was my dad. I don’t know what his deal was with me when I was growing up, but it’s like he hated me. So I had to watch my step around him. Me and him didn’t have much of a very good relationship. It was kinda on his basis: when he was in the mood to want something to do with me, that’s basically the relationship I had with him. Other than that, it was leave or hide or get beat. So, I learned really quick: stay gone, don’t have any problems.

My mom and dad never had money. You know, my dad, he started drinking and stuff, and my mom pretty much had to take care of us, raise us, while he just sat there drunk or whatever. When I got older, I started taking on odd jobs and stuff, you know. I started making all my own money at probably 13 years old. I started . . . if it wasn’t cutting grass, cleaning yards, working on houses, doing crazy stuff, you know, as a kid. And I bought all my own clothes, my own everything. Anything I wanted, I bought and paid for, you know. When I was 16, I was working for a roofing company and I was making almost 600 bucks a week. I lied about my age and I come up with a fake ID and everything to get the job, you know. I mean, I didn’t wanna do it that way, but I needed a job, I needed to make money, I wasn’t a thief, I didn’t wanna go steal nothing, you know. I just was one of them people that I didn’t wanna wait for somebody else to
do something, I didn’t wanna pay somebody else to do something; I wanted to know how to do it, I had to know how to do it. I was that way as far as I could remember.

So I guess I was trying to live my life. I was trying to prove to my dad I’m not a bum. I mean, growing up, you seen what your dad did and what he was doing to you; that drove me away from drinking and drugs and everything. But I had realized when I was about 13 or 14, that’s when I started noticing girls, too, and . . . I didn’t have no problems there. I don’t know why. By the time I turned 19, I got married for the first time. I did that basically . . . I guess I liked her, too, you know, and what have you, but at the same time, my life at home was pretty bad. You know, I had to get out of there. She [my wife] had three kids. But, I didn’t see all that. I was a different kinda person. I wasn’t a normal 19-year-old. I worked. I had a kid by her. It wasn’t a very good relationship. It just went straight down the crapper, you know. Finally I couldn’t take no more. We lived right next door to my mom and dad, you know, of all places to live. How that ever happened, I don’t know. It’s like one day we’re living far away, the next day we’re living right next door.

It was . . . I don’t know why my dad did what he done, but it was like I had to prove my life to him throughout my whole life. I have always resented him for that. And I had to defend myself a lot, or I probably woulda got beat bad. I didn’t have an easy life, don’t get me wrong. But I think, in a way, it made me who I am, you know, because he was really hard on me. I didn’t approve of a lot of things he did, and, I mean, I think he coulda went about it a different way. He wasn’t that way with my brother or my sister. I was always told, “You’re the oldest, you’ve gotta set the example, you’ve gotta this and that. If they do it, you’re the one in trouble because they did it.” Me and my brother, we was . . . we were close. Wherever he was, I was; same way, you know. He wasn’t quite right. . . He seemed like he was always a little bit slow or
something. My brother had to sleep in the same bed with me every night of my life, for a long, long time. I was scared of the basement and the attic, and I wouldn’t sleep by myself. And I think it was all because of my dad. I was that afraid of him. I think he was my monster growing up. I mean, how would you feel if you keep getting told “You’re gay, you’re a fag, because you like your hair that way,” and “You’re not ever gonna amount to nothing, you’re a bum, you’re a piece of crap”? I mean, I heard that almost every day of my life. That would be something somebody else would pull, not your dad. Your dad don’t do this. I was hell bent and determined to prove to this guy I’m anything but that. And I did. I proved it to him. Before he died, he knew. He knew without a doubt.

He never really apologized for nothing he’d done to me; I guess I could forgive him if I knew why, if he coulda just told me why before he died. The only explanation I could ever get out of him about it, the closest I could ever get was he was trying to make me a man. That’s the explanation? I mean, there’s times I walked in the house and I seen him beat the hell out of my mom. I’d jump in front of my mom and fight him tooth and nail, to keep my mom from getting her ass beat. I’d take the ass-whoopin’ so my mom could get away from him. I’ve always tried to do the right thing.

But I had one of the best childhoods you could ever have, other than that problem [with my Dad]. I mean, I loved it. I would love to go back to them days. It was the best time of my life. I would love to go back in them times and stay there. I’d almost give up the life I’ve got now and everything to go back to in between 13 and 19 years old. That was the best times of my life. I never woulda dreamt that it woulda been that way. It is what it is. I’m not gonna sit here and say I hate the way things is now. I would like to be able to be more freer, you know, with my problems. Not my wife and my kid or nothing like that; it’s just, you know. But getting back to
that . . . shoot, me and my first wife, it was just a nightmare. I don’t know what happened, but I
guess she decided . . . I guess she was the kind of person that had to be married, and have three
other guys on the side.

After that, I didn’t have a relationship with my son no more, you know. But once me and
her got divorced and everything, I started seeing this other woman. Well, five years later, that
didn’t end well. She was pregnant. And at the same time, I met my wife that I’m with now. And
right after the fact that me and this girl done what we done, it wasn’t maybe two or three weeks
later I met my wife….and three years later we got married and we had a kid. Then, you know,
five years go by, I get tracked down and the courts tell me, either I do this DNA test or they’re
gonna lock me up in jail. So, sure enough, 99.9%. I never even knew I had a kid. She lied, you
know. Right is right, wrong is wrong,

I was working basically for myself here and there and working at a junkyard at the time.
But me and my wife, the one I’m married to now, we bought our first house when I was probably
24. I owned three or four houses before I was even 30. And I rehabbed ‘em all. I did everything
myself. I gave my mom my first house I ever bought, because where she was living, a guy would
run his mouth and act like he owned the apartment building she lived in. At the time, my dad had
died, recently, and . . . that was real hard for her to deal with because she was with him ever
since she was a kid. He died I think at 46, my age now, you know. He basically drank himself to
death. So we moved out of there, then I got a job at [the company], where I put my back out.
I stayed at that job for a while, and me and my wife decided we was wanting to get another
house. I built it from the dirt up. I mean, Bobcats, jackhammers, everything, I did it all. I dug the
yard up. I took trees out and everything there. I poured my own foundation. I put everything for
the plumbing and electric and everything for a two-and-a-half-car garage. I had a concrete truck
come in and I poured all the concrete myself. I had a garage delivered. I built the garage, I put siding on. I did the whole nine yards—all the electric, all everything, everything to it. I completely redid that whole house and everything. I mean, I put a lot into that house, you know. I put a lot of blood into everything in this house, because that’s where I thought we would be for the rest of our lives, you know. That was pretty much it. Then the company that I was working for at the time started doing weird crap. I went from knowing nothing about this company, to being too hard and difficult, to maybe four years later I was almost running the damn place. I knew this place like the back of my hand. I could run any machine, outdo any person there. Everything was going pretty good. Then I had to take my vacation. They made me do it; I didn’t wanna take no vacation, but they made me do it. And when I come back, that guy done weaseled his way into my job, they put me on his job, and that burned me up, that was it. I went out, signed myself into school, went and got my CDL in four weeks, and then a month later I was driving a semi. Never did it before in my life, but I could drive a semi like nobody’s business. But the problem with it for me was it was too boring. I couldn’t handle it. It was just boring as hell.

All my life I was always helping somebody at the same time, you know. I’d work all day, and I’m working all night for myself, basically, or helping my brother or my mom or somebody in my family fix their cars or their houses. I mean, from the little kid to being 30 years old, I was doing for myself and everybody around me. That’s just who I was. I just done for anybody and everybody. I was always on the go, you know. It’s just . . . I loved it. I mean, I really, truly did. It’s what made me happy . . . And to go through this . . . To go to that is just . . . you never would’ve dreamt that your life woulda changed like that, you know [crying]. And I don’t think I’ve really accepted it yet. It’s just too hard . . . I’ve accepted it to a certain degree, you know, but
when you’re one of them people that can do anything and everything, and now you’re just sitting around waiting to die. . . I went where I wanted. I had money. I didn’t have to worry about money. My wife had anything and everything she wanted. We had new cars and we had new trucks. Everything was new.

I remember the day we got up to . . . where I hurt myself. See, that machine has done hurt me before; it hurt my back and they knew it. Everybody in the shop knew it hurt my back one time a couple years ago. And I told ‘em, I said, “I really don’t wanna do that no more all the time, because if I do, I’m afraid it’s gonna hurt me.” I went to the doctor. I couldn’t move hardly. I mean, I couldn’t hardly move my legs at all, the pain was so bad. It was pinching off the sciatic nerves to my legs. Oh my god, the pain. And that’s what I try to tell all these pain doctors: “I will not ever say it’s an 8, because I know what a 10 is.” A 10 is get a gun and blow your damn brains out, you’re done, it’s over, because I wanna die, the pain is so bad. I was literally crawling across the floor, with my hands, and by the time I got to the phone, I had blood coming out of my fingernails. It hurt. My back from here down was so . . . I was in torture. I about suffocated one night. Somehow a pillow got on my face, and I thought literally I was gonna die before I get the pillow off. If my wife didn’t wake up and roll over when she did, I probably would’ve laid there and died, because I couldn’t get it off. I was just hurting that bad. I went through that from ’01 to ’03.

That machine I couldn’t run no more, I kept telling ‘em, “There’s something going on. You know, every time I turned on that machine, I couldn’t—I had to watch how I did it and I had to watch the parts I put on it because it seemed like it was hurting my back.” And they said, “Well, we don’t want you to run that machine no more.” And that witch [the accountant] —man, what was her name? I thought I’d never forget her name. She screwed me royally with worker’s
comp. They nailed me bad. They lied, they pulled stuff on me that was unbelievable, and got away with it. They made me that day. The guy didn’t come in, he didn’t show up to work that day, and they called me to the office and told me I had to go do the job. I told ‘em, “I can’t, I won’t.” I said, “That machine hurts my back. If I do that, I’m afraid it’s gonna hurt me.” They said, “We don’t care. It’s either you do your job or you’re fired.” I said, “Really.” I said, “My job is supervisor. It’s not running machines; it’s making sure everybody else is doing their job.” She said, “Well, you do that job or you’re fired.” I said, “Fine.” I said, “If I get injured, I guess you got it on paperwork.” And I wish I woulda never said that, because it wasn’t an hour later . . . They basically had 60- or 80-pound parts that had to be picked up, and when I’m left-handed, I had to hold it in my arm and lay it onto this machine. I’m leaning over the machine, and there’s transmission fluid everywhere on the floor. And these rubber mats. And they swore about these mats, and I kept trying to tell ‘em, “These don’t work.” Well, whatever happened that day, everything just led to that one spot. I’m leaning over the machine, and there’s a lever that you gotta pull over, and I leaned over the machine with the part, it’s about 60 or 80 pounds, and you see how small I am. I pulled that lever, and when it clicked in, something said snap, and I hit the floor, and that was it. They had to call . . . Did they call an ambulance to take me out of there, or did I go to the hospital? I don’t remember. I don’t remember much after that.

I just got so tired of the doctors and everybody saying, it’s a pulled muscle, it’s this, it’s that. I mean, come on. This is inside of me, man. It’s not right here, it’s in—like, if I could put my finger in here and touch it, that’s where it’s at. And I kept telling ‘em that. They put me through hell for three years. And I mean I went from this doctor to that doctor, to that doctor, and everybody kept saying, “Oh, it’s just a pulled muscle; you can work, you can do this.” Well, you know, for three weeks, I went back to work. I’m in pain and everything. I had to go back to
work. And they knew I could not run no more machines after this injury. I’m still in pain and everything for three weeks. They fired me for insubordination. Technically, my job is supervisor….I was doing my job. I was doing my job. For three weeks, that’s all I could do. My doctors and everybody told ’em. I had an excuse and everything stating, “He cannot run machines. He cannot this, this, this, this and that. Now if he needs to come in and do his job, make sure people is doing their jobs, then fine,” basically is what the doctor’s note said. And three weeks later, they fired me for insubordination, saying I refused to do my job and not run the machines. And they fired me for that. And I lost everything I owned. I lost my homes, I lost everything. My new car. Everything we had is gone, and it’s took me . . .

In ’03 is when the one doctor figured out what happened: the bone was separating and just ripping the disk out in my back, but it would slide back in place and you couldn’t see it. It just would crack. Because they couldn’t figure out why one day I’m in severe pain, and then the next day I’m OK, the next day I’m in severe pain again, the next day I’m OK; three days later, I can’t move for four days. And I went through this for three years. October 31st, I’ll never forget it, in ’03, is when they did the surgery on my back, because I was almost completely paralyzed in my right leg. I’d just fall. People would say, “You need help up?” “No. I’ll get up in a minute. Just let me be.”

Memories of yesterday or last week, I have problems with. But things from a long time ago, I remember it all… It’s hard for me to let something defeat me, you know. It’s like I’m still fighting to be who I once was, you know. I got a problem with that. I got to know how to conquer it. I will conquer it. Somehow, someway, I will do it. And it’s not the pride; it’s . . . it’s what I know, you know. It’s what I’ve been all my life. It’s who I am, you know. It’s not pride, it’s not . . . nothing like that. It’s what I know, it’s who I am. And I guess that’s why I’m having
a difficult time with today. It’s just hard to conquer, you know…. it definitely affects everything, completely. I don’t think I’m ever gonna accept it. It’s like the pain management. I think the doctors get upset with me a lot because I—I went without pain medication for years. I didn’t want it. I mean, I was dead against drugs and everything. No. I went years without medications. I went years without seeing a psychiatrist and therapist.

When it first happened, I didn’t know what to do with myself, you know. I knew we had bills and stuff, and all I could do was lay around. I mean, I was in such bad pain I couldn’t do nothing. I couldn’t even hardly get up and walk. Nothing. And, you know, that’s hard to deal with right there, you know, knowing your bills need paid and everything. And then I’m fighting with workers’ comp and then, I got temporary total for a little while, and . . . once I got that, I was relieved a little, you know. So, after about three weeks, they still couldn’t figure out why my back was messed up, you know, so . . . I get a letter in the mail from workers’ comp, stating that I had to pay all the money back because I wasn’t allowed to draw. Well, something had happened and they’re saying that I shoulda never gotten temporarily total, because I was terminated for insubordination. We had no choice but go bankrupt. And we was gonna give up everything we owned except the house we was living in. When we went to sign the papers for the last time at the attorney’s to do this, they told me how much I owed on the house and what my payment was gonna end up being. And I just—that was it right then. I said, “No, I’m not doing that,” and they said, “Well, what do you mean?” I said, “Put my house in it, too.” My wife just was devastated, you know. And I told her, I said, “Well, it’s like this.” I said, “I know this is pretty much my fault because of what happened to me.” I said, “I understand we’re in this predicament because I’m hurt.” So, we moved, and . . . that was hard for me to get past—my home.
I put my life’s blood in that house, and I had to just walk away. I didn’t take that very well. I didn’t take—all this crashing at the same time was very, very, very, very difficult for me. And . . . it was like nobody understood. It was like nobody even stopped for a minute to say, “Are you OK, man? Because you got a lot going on, you know.” Nobody would ask me how I felt. It was like I was on my own all of a sudden. After everything I’ve done for everybody all throughout my life, nobody was there, nobody was willing to help me, nobody was nothing.

We moved four times within three months, and the whole time I’m begging people to move us because I can’t do it. And I’m seeing all these doctors and all this crap and it’s like nobody is getting it, and I’m getting fed up. I told my wife: “I can’t take this no more, you know. I’m done. I’m just done.” My attitude, my temper, and everything just wasn’t right no more. It was like I flipped a switch, you know what I mean? I went from a nice guy to a monster, basically, telling everybody to . . . I didn’t tolerate nothing, wouldn’t hear it. I didn’t wanna deal with it. I didn’t care. It was like it’s done, it’s over. I try, you know what I mean? I try, but I usually can’t go far enough to get it completely done. And I had no job, didn’t have no money. The only money we had was my wife’s income…So, to get the house, I sold her car, I sold our furniture, and I sold all our nice cabinets. It finished—pretty much it finished what we had left; we sold it. We had a yard sale for a month and we sold everything we owned to buy this house. I went through hell to get this house, you know. Because I’m trying, in my mind, to get a little bit of me back…If I get this house, maybe I can work . . . slowly get that direction kinda back. And at this time, I couldn’t take the pain no more. It was just getting unbearable and . . . I told the—I couldn’t—I didn’t tell my wife too much about what I was thinking, you know, but I thought, thank God I don’t own a gun no more, because I’d kill myself. I just—I can’t take this no more. The pain was just so bad that . . . like I said, one day I’d be OK, and then two days later I can’t
move. I mean, I’m crawling around on my hands and I’m dragging my legs, because if I try to move my legs, the pain . . . it felt like I’m being ripped clean in half. And, you know, I’m having—my brother and a friend of his is coming over to my house and picking me up and packing me out of my house and putting me in a car to take me to the doctor’s, you know. Then there was times I’d see a doctor and then everybody kept referring me to this chiropractor because nobody else knew what to do. And he helped for a while, for a little while, you know. But one day I went and seen him and when he cracked my back something happened. I couldn’t walk out. I was dying. I was in so bad a pain I woulda killed myself right then and there. I was really crying and everything. My bedroom is downstairs, you know, because I can’t walk up and down the steps. Half the time I could barely move anyway, so . . . And then finally I just couldn’t take no more. So I got in my truck, I drove myself to my attorney, and I went in and I told him. I said, “Dude, it’s like this: I’m done. I’m just done.” I said, “I don’t care about this no more.” I told him straight up, I said, “I don’t think you’re doing your job.” I said, “You know, I ain’t got no money. I barely have medical that they’re paying. I haven’t took no pain medication since this has been going on. I ain’t took nothing.” And I told him, I said, “Between the way I feel about people, the way I don’t trust nobody, the way I wanna just kill everybody and . . . the pain I’m in right now, I’d rather take a gun and just blow my damn brains out and be done.” I said, “Because I can’t find nobody that can tell me what’s wrong. I’m at my ends.” And he kept begging me not to. I said, “You just don’t understand, man.” I said, “Until you’re in this, you really, truly don’t know.” I said, “Man, I’ve lost everything I’ve had. I’ve lost everything. I’ve seen it all go just because of a company lied on me. They took everything I have.” And I told him, I said, “When I leave, you need to close my paperwork up. I’m done.”
He referred me] to the surgeon, they checked me out. He [the surgeon] told me that he could guarantee me I’d walk for the rest of my life, I’d probably still be in pain, you know, because I had a lot of damage in my back. Because at this point now I’m getting paralyzed in my right leg. You could hit my leg, I could stab it; I could do whatever and not know I did it. I would just fall down. It was crazy, you know. But he told me I’d still walk. I was to the point to where I was almost about to get a wheelchair because my leg just wasn’t working no more. And then when it did try to work, it hurt so bad that it felt like somebody was taking a blowtorch to my whole leg and my feet, you know. It was unreal. And that’s what I told you: That day of surgery, when I woke up, I knew then . . . it was gone. And yeah, I hurt. But the pain was such . . . to me it was like a toothache. Because I had been hurting so bad for so long that to me I’m in heaven, you know, I can deal with this; this is good, you know. It was like night and day for me.

And, you know, I had problems when I got back home. You know, I didn’t do anything but . . . I just had to walk real slow and I just laid around a lot. I got stuck on the toilet once. I couldn’t get back up, you know. I sat down because I needed to use the bathroom, you know, but I couldn’t get up. It felt like my back and my sides was Jell-O, you know. I sat there for probably two hours, thinking, how am I gonna get up? Finally, my wife I guess realized I wasn’t in bed, so she come looking for me. She helped me up, I go back to bed. Next night . . . I wake up during the night, and I have to pee for some reason, at least once. So I go to the bathroom to pee, and I knew, I just knew I was not making it back to bed. I knew it was either fall face-first or just ease into the fall. And I just put my hands on both walls and eased into the floor and laid on my belly. And I laid there until the next morning.

It took me six months to get better, a lot better and, you know, that’s what pissed me off. I went six months, couldn’t move hardly, because I had to let it take its time to get back to the
way I needed, you know. Then when it does, this leg starts. And then this starts again with my back, and I just . . . I ain’t got no friends no more, don’t want no friends. I don’t trust people no more. I have no faith in people hardly no more. It’s very stressful. I do it every day of my life. I have no choice. I’m screwed for life. You know, it’s screwed up…the mental state of all that . . . I won’t ever be who I was again. You go through what I went through, knowing what caused it, knowing how it led to where it’s at . . . It’s like I don’t wanna blame other people for it, you know, but I just felt like it coulda been different, you know. Yeah, the injury, that’s one thing I get, you know. Nobody anticipated me slipping in that grease and snapping my back like I did. But, why’d the company have to screw me royally? You know, I spent eight years with this company, bent over backwards for these people, worked my tail off for ‘em. I mean, I did stuff for this company that nobody’s ever done before. If it took 12 hours of working, I did it. I didn’t care what it took. I made that company what it was. I truly did. I mean, that I will take to the grave. Because I had passion for what I did, regardless of what it was.

[When I bought the final house] I felt that . . . I was trying to replace some of the stuff I lost. Maybe it would help me feel better about myself, feeling like everything hasn’t been taken away. But . . . I do feel better about it. If I get seriously irritated or something instead of—if I get, like, too upset, I usually would tear something up on the house, something I been wanting to try and fix or redo. [Now] a lot of tasks I gotta have people help do it, or do it for me, because I just—I wanna do it, but I can’t. That’s irritating, because I know I can do it. My body won’t do it. My mind, no problem; my body, no. And my kids make me so mad.

You know, you make life what it is. If you don’t go to school and you don’t go to college, you can’t do that, you just can’t. It’s either that or hard labor. You’ve got to choose. I was proud of ‘em [my kids] and aggravated [as] all get out with ‘em at the same time. When [my son]
turned 16, he couldn’t find a car to take his test in, his road test. My back was hurting really bad that day. I wasn’t in the mood, I just wasn’t. And his mom was burning up my phone, calling and calling and calling and calling. At that point I was [angry], you know, if you guys only knew what I gotta deal with. All I’m asking for is to leave me alone. I’m just to that point to where I feel bad. You know, I miss him, and I do want a relationship with him. But it’s not worth fighting and arguing. You know, it’s just not.

I blame myself for, my back problems and stuff, because I couldn’t help cover the bills. I just know how to live with it better. Before . . . I’ll be honest: If the pain ever gets back to where it was, I don’t know what I would do. To be honest, I live in a lot more pain than what everybody thinks. I live in a lot more pain than what I sometimes tell. What’s the point telling anybody? Don’t do no good. It’s something you gotta live with. There’s no way around it. I’ve seen every doctor there is. I’ve been through hell and back with this, you know, and all they wanna do is more pills, more drugs, you know. Or let’s try to bring you in every week or once a month and stick these giant needles in your spine. They about kill you doing that. And then the doctors ain’t got no remorse for a person—none. I don’t wanna do it no more. I just . . . I know how to cope with it better. I’m not saying I deal with it great, you know, because there’s a lot of times I’m in a really bad mood. I stay tired. I don’t sleep real good. I’m up all the time. If I lay in one spot, then I start hurting. If I roll over, it starts hurting. If I roll the other way, I start hurting. There’s no getting comfortable. It’s just the way it is, I guess. I’ve been through a lot here in the last couple years. I’ve had heart problems. I’ve got neck problems now. I’ve had this arm operated on . . .

I stay so tired. And now, I had to go see a urologist—and I don’t like talking about this—because they wanted me to have my levels checked and this and that, make sure my testosterone
was, you know, normal. It’s fine. Well, four months ago, woke up and it’s all messed up down there now. They ain’t gonna fix it, except have a pump put in. And the doctor, I asked him, I said, “How could this happen?” He said, “Well, it’s been traumatized somehow.” I said, “It’s not been hit, it’s not been touched. What do you mean?” I said, “My sex life ain’t been what it was since ’01. Every now and then, maybe, yeah, and then, if my back starts hurting too bad, I’m done, it’s it, it’s over, I don’t care. Now you’re telling me my back injury may have done this? You’re kidding, right?” he said, “No.” He said, “I’m honestly surprised this has not happened sooner.” But I don’t like talking about that one much because it’s my sex life, you know what I mean? Throughout my life, I had a great sex life, unbelievable sex life—until I did this to myself. And then now, the last year, I have no desire. It’s not even on my mind no more hardly. My wife’s upset about that. And I understand that and I told her, I said, “You know, I’m sorry. I never dreamt that my life would lead to where it’s at in this predicament.” I said, “I’m trying. I’m trying to figure out how to fix it.” I said, “If you was just a man for three days or a week, and the doctor told you, since your back injuries, now you have to have this done so you can have a sex life, how hard that would be for you to do and not take your manhood away from you.” I said, “You know, what have I done to God to piss him off to do all this to me? I’ve done everything I could throughout my life to help people and to do the right thing, and now I’m being screwed over royally, for what?” You know, in a way, I think God notices something like that. I do believe in God. And then there’s times it’s like, don’t you see me, because here lately I’ve been tested a lot.

My back is real hard to deal with. It’s not that I want a pity party from nobody—I don’t. I don’t expect nothing from nobody, I really don’t. But I do expect people to acknowledge it. I mean, it’s hard to live. I don’t wanna die. I’m not ready to die. I just wanna figure out a better
way. There’s got to be a better way. Stress is a big problem for me now. Since my injuries, I can’t take nothing no more. I can’t take being stressed-out. Little things for me are huge. I can’t deal with it. I start panicking. And the side effects to a lot of this medication are just not worth it. I’m sorry, but . . . I know there’s not no such thing as a miracle pill, but some of these side effects felt like they were gonna kill my ass. Some of the medications they wanna try, I can’t get because I can’t afford ‘em….So [I’m] limited.

If I could go back, I’d do it over in a different way. I would love to go back to the day that I told Brian I’d go back to work for that company. I wouldn’t do it. I’d stay a truck driver, regardless. If I could go back to that one day, my life would be different. That’s how I feel. I can’t help from feeling that way. I made that choice, and that choice wasn’t the right one. It was a big, big, big mistake. This is affecting me in more ways than everybody would ever know.

I think I am—I’m not saying I’m the only one, don’t get me wrong, but I feel like I am a dying breed of . . . a man, a real man, you know, that ain’t afraid to get up and get elbow deep in what they got to do to take care of their family, ain’t afraid to stand up to somebody if you got to, to do what you gotta do to protect ‘em. That’s who I’ve been, that’s what I’ve been all my life. I believed in family. I believed in taking care of my family. I believed in supporting my family. And believe me, there was times that I thought I was gonna die for my family.

Everybody wonders why I’ve changed, you know, my whole family. [They say], “Well, you don’t come around no more. You don’t call. You don’t . . .” Why? What has anybody done for me? Nobody even will call. Nobody does nothing. You know, that’s how I feel inside now. It goes back to when I got hurt. Where was everybody when I got hurt? But now . . . it makes me mad at them, really. Because it’s like, they know I’m screwed up, they know I’m in bad pain, and they still got the nerve to say, “Can you do this?” What are you, stupid? Yeah, I would love
to do it, but I can’t do that. I mean, it’s crazy. I hate it. I truly hate it. It’s like I’ve got to prove to everybody that I’m hurt. I mean, you get a bad injury, that’s truly what happens. The pain doctors, it’s like you’re lying to ‘em, you know, like I’m a drug addict or something. You know what? I didn’t take pain medication for three or four years. It got so bad that I just couldn’t take it no more. Like the OxyContin. When they put me on that, I didn’t know even what it was. They told me that it was—they called it a different name and they said that it was like a mild muscle relaxer, and I’m getting higher than crap. If I’d have known that, I never woulda took it. But now, my body, if it don’t get it. It feels like every hair on my body is gonna jump off. I go through major withdrawals, and I tell the doctors, [and they say], “Oh, you can’t be going through withdrawals if you’re taking it the way you’re supposed to,” rah rah rah. Oh God, come on. I don’t know……

I always had it in my mind that a man should be the one that provided the best that he could. I’m not saying a woman ain’t allowed to work or nothing. Fine, you wanna work, fine, that don’t bother me at all. But in my mind, a man is . . . get up, get of your butt and get a job, do what you gotta do, take care of your family, and try to do—you know, if you know how to do things around the house or whatever, try to do it. Try to save the money you can save, because your kids may need it. That’s the way I was in my mind. And I did. I probably went too far with it, to be honest. I probably gave too much to my wife and my wife got used to it. That’s what I think, too. She thought she had a certain lifestyle and . . . when this happened, oh, that was very, very trying. It’s better now. I understand better now than I did before that, you know, things do happen, you do get injured and what have you. But it doesn’t help your ego at all, because you no longer can do it. You could try and then you’re just hurting yourself more. What really killed me, though, is when they fixed my back, [they said], “Man, you can probably go back to work
now,” and I was hoping. Believe me, I love to work. I would love to be at work. I would rather be at work. Who in their right mind would wanna live like this? Who would be this lazy to have this kinda injury and fight with workers’ comp every other month, on the phone fighting with ‘em; having to see this doctor, that doctor, that doctor, this doctor; oh, by the way, we’ve gotta have you go see these doctors because of this, you know; and you’re wasting probably $80 a month in gas, or more, just to get a whole three hundred bucks, to have some medical? Why would I do this? When I can go to work and probably make $600 a week, you know, or start my own business and make even more than that.

You can’t work part-time. How do you work part-time? If I stand in one spot for five or ten minutes, my left leg starts hurting so damn bad I gotta go lay down. If I lean up against a wall, I won’t be able to lift both my legs. Now what kinda job do you expect me to do part-time? And then who’s gonna hire me when they know I’m having to take OxyContin and stuff? Me being a truck driver, those days are over. The only way I’ll ever go back to driving a truck would be drug-free and have no back problems. Well them days are done. What am I supposed to go back to now? What I used to do? Hard labor? Really? That ain’t happening.

I’ve been very, very, very much tired. But my grandson, I love him to death, and I play with him as much as I can. There’s times he gets mad at me because I can’t, because I’m hurting or something, and he don’t understand it. I go to bed, I have to hide from him and stuff….I stay so tired. Between the pain and being tired, man . . . it’s just I don’t do nothing no more. I don’t go nowhere, I stay home, you know. I’m either sitting in a chair, or I’m sitting outside letting him play, or [I’m] laying in bed. That’s what I do. I used to play with flowers and stuff. That was the next thing in my life that I did. I replaced working on cars and houses and everything with flowers and tomato plants. You know, I couldn’t wait for spring. And now, I don’t care no more.
I ain’t messing with it no more. I don’t wanna go outside, don’t care no more. That’s how I am now. I’m just to the point where I don’t care no more, don’t care about nothing, you know. It’s like you do care, but . . . you don’t. You don’t wanna hear about nobody’s problems no more.

I don’t know how to fix nothing. I don’t know how to fix me. I think that’s what I’m more upset with than anything: I know I’m broke . . . and I don’t know how to fix it. I keep being messed up. I can’t figure out how to get past something if this keeps happening to me . . . people have no clue the life I live. I need time to focus for me. It’s like I take what happened to me personal or something, but . . . I don’t, but I do. It’s just a nightmare. It’s one of the worst nightmares I ever lived. I don’t know if it’s depression or not anymore, this has been going on for so long. I mean, how could a person be this depressed for this many years? It’s a nightmare. It just never ends . . . I think there should be something to compensate the wives, because, you know, they go through a lot. They gotta deal with your mood swings. They gotta deal with your attitudes. I know I put my wife through a lot. I know I push her a lot and I don’t mean to; it just happens. I’m beginning to think I may need a mild nerve pill or something because I get so stressed out at times that I feel like I’m just gonna explode . . .
BPI Responses and Demographics: Barty

Barty is a 35 year old Caucasian male. He reports the beginning of his chronic pain experience as 2000. The Brief Pain Inventory was given on June 18, 2012 at which time he reported currently experiencing pain outside of every-day kinds of pains. According to his self-reported responses to the BPI his pain stems from his lower back and extends through both legs down past his knees. On a scale from zero to ten where zero is no pain and ten is pain as bad as you can imagine, his pain at its worst within twenty four hours of taking the BPI was rated a ten. Pain at its least was rated a seven on the same scale. On average he considered his pain an eight and at the time of taking the BPI, his pain was also rated an eight.

Participants were informed in advance that they did not have to list specific medications taken to help alleviate pain. Barty reported being prescribed multiple pain medications through pain management in the past and currently through his psychiatrist. He reported that these interventions provide him 20 percent relief from his pain. The final seven questions utilized another Likert scale from zero to ten where zero is does not interfere and ten is completely interferes. Participants were instructed to circle the number that describes how, during the last twenty four hours, pain had interfered with their lives. Barty’s ratings were as follows: interferes with their general activity (10); mood (10); walking ability (9); normal work both inside and outside the home and housework (10); relations with other people (10); sleep (9); enjoyment of life (11), the participant wrote in the number eleven and circled it.
Barty

Well, growing up, I was always bigger than every other kid in my age bracket. You know, I was taller, fatter, you know. I was always above normal in size, below normal in education and stuff like that. I was never—I was actually in learning disability classes from . . . like, fourth grade on, all the way through high school. The one thing that I did have going for me was I was strong as a bull. When I graduated from high school when I was 20, I got a job straight out moving furniture.

I graduated when I was 20, because of my grandma. My grandma, her dying wish was for me to graduate, so I went back to school, you know, finished, got my credits, and got my graduation, but . . . it was basically worthless because I’ve got an educational level in . . . well, see, my math is third grade, my writing is at fourth-grade level, my reading is probably fourth- or fifth-grade level, and I’ve got dyslexia, ADHD whatever, you know, hypertension (says “hypertension,” probably means hyperactivity) deficit disorder or whatever it is. Basically, I knew from that that I’ll never have a desk job or be able to . . . do anything other than manual labor.

I got a brother. I’ve been living with him for the past seven years. Being an older brother, you know, you help your little brother out. If he has problems with people, you know, you try to help him talk it out with people; and if not, you know, if it comes down to fighting, you know, help him out. I did that. Me and my brother, we’re close, we’ve never actually been in a fight with each other. If it wasn’t for my brother, I’d be dead by now, probably. My dad was physically abusive growing up, all the way up until my sixteenth birthday. I kinda directed it away from my brother and onto me, you know, being the big brother. And on my sixteenth
birthday, I stopped letting him just beat on me and just take it; I actually fought him on my sixteenth birthday . . . and ended up beating the shit out of him. And he called the police on me; I got arrested, and spent, like, three months in a juvenile correction center. And then after I got out, then he was all mental . . . mentally abusive. He told me that I was a fat nothing, that I’ll never be worth nothing, that I’m just a parasite and I was the reason that his life was ruined. You know, the general good stuff (laugh). And . . . it’s just been a train wreck my whole life pretty much. And with me getting hurt, it just put so much more stress on me, my brother. And then with my brother—when I got hurt, the first year or two, I was able to make it from, like, unemployment and stuff on my own; but then my brother actually had to move out of my parents’ house to get a place to where I could move in.

That’s when Dad started on Mom real bad, you know. He blacked her eye a couple times, and I had to tune him up a couple times and got put in jail for that, and my mom would never press charges on him because she was so scared of him. And it’s just . . . my life’s just been a train wreck. It’s just gotten worse and worse as I’ve gotten older. Everything that I do to try to better myself—see, my dad just passed away this October. Truthfully, I wish he would’ve died 10 years ago. It would’ve been a whole lot easier. Now my mom is institutionalized, basically, because of all the torture, mental torture and stuff. He tore her down to nothing, where now she ain’t got no self-esteem or nothing, so I’m having to take care of her household because she don’t . . . she shuts down when everything comes due, so I’ve gotta pay off her bills with my dad’s retirement. Mom went to bat for me over anything. It didn’t matter if I was wrong; she was still always in my corner. But Dad, never. You know, I’ve been in jail because of him three different times. And two times after I had moved out. Because when I moved out, he couldn’t attack me, so he started attacking my mom. And all that’s before I even got hurt.
The last time I had a girlfriend was probably about . . . four years ago, and it ended up where she was stealing my medications and that was the only reason she was with me. And I pretty much . . . after that I pretty much gave up on that aspect of life. I don’t have any hope for any future relationships.

I knew that I could do the manual labor because, like I said, I was 270 pounds in high school, but I was pretty much muscle. The jobs that I worked, they were physical labor jobs; there was no thought about it. It was just grab it, take it, and put it there, basically. I was self-contracting doing the drywall, so there was no unemployment or anything with the drywall, so I made sure that I had enough money to last me through the winter to pay my bills and, you know, be able to eat and all that stuff. The third year, it was a bad year, it was when the housing market crashed and nobody was building and stuff, so I went from seven hundred dollars a week to making maybe three hundred dollars a week, and I didn’t have enough money to last me through the winter. So that October, I went to—oh, actually, it was September. I went into a temporary agency and was like, “I need a manual labor job, someplace where . . . you know, a factory worker, anything, something to where I ain’t gotta use my brain too much. Just drill press or push a button or, you know, assemble something or anything like that.” So they got me a job at what now is [a place that] OSHA shut down because the place had so many injuries within a five-year period that OSHA shut it down.

When I was hanging drywall, I was bringing in seven, eight hundred dollars a week in pay. I was hanging anywhere from 80 sheets of drywall to about 120 sheets of drywall in a day, and a piece of drywall is 110 pounds. And then my third year into that job, I didn’t have enough money saved back for the winter, because it’s a seasonal job, I went and got a factory job. I was on the factory job three days, and then I slipped and fell, landed on my tailbone, basically, and
that’s where my injury started…. I was on the job for three days, and the machine broke down. When the machine breaks down, you call the technician, the technician comes and works on the machine, and while he’s doing that, you clean your area up. And this machine was probably made in the ‘40s, and it leaked oil, it leaked cooling fluid, it leaked everything it could possibly leak. And in the process of sweeping up, I slipped and fell, and that’s where my hell began with workman’s comp. And so . . . it’s just been a train wreck. And with workman’s comp, that’s just been a train wreck on top of a plane wreck with another train wreck onto it. Because, in the whole 12 years I’ve been injured, added up completely, I’ve probably only gotten three months of physical therapy.

They first started me out saying I just had bruised this, sprained that, and . . . just trying to downplay it as much as possible. They did that for the first two years before I got my first MRI. And then when I got my first MRI, it showed that I had a herniated disc, L5-S1. When they did approve pain meds, it would only be for, like, six months, and then they would cancel it and then I’ve got to fight two years to get it back; then they re-approve it for another six, seven months, then they’d have an independent medical examiner say, “He’s reached maximum medical improvement, so we’re cutting him off,” It’s so demeaning having to live with your little brother, having no other choice. It was either that or the streets, because workman’s comp has been a total train wreck with me.

They would authorize six weeks, two times a week, and then when it was time to renew that, they would deny it. Then I had to go through Industrial Commission hearings and then they would deny it, and I had to go to another Industrial Commission hearing and they would deny it. Then I’d go to the final Industrial Commission hearing, and then they would approve another six weeks. By then, the little bit of progress I made in the last six weeks that I had is completely
gone. Not to mention that I’ve gained almost 150 pounds since the injury. It’s been a total nightmare. A lesser person would’ve done left their brains on the wall. It has crossed my mind here lately……

How old am I? Thirty-four or thirty-five. I don’t even know. It’s hard to keep track these days. One day rolls into another, and this year is already halfway over. I just lose months at a time. And like I said, when I got originally hurt, I thought, you know, maybe I just sprained something, you know, a couple days off, it might be better. But just in case, the next day, I went to MedWorks. And it ended up being more than a sprain, and it’s just been a mess ever since then. I’ve had to fight for everything that’s been done, you know, to get the simplest things, you know, even just my medications. Just here recently, they totally wiped all my prescription coverage off, and I had to go . . . I think it was almost four months with no pain medications, nothing. No anxiety medicine, no depression medicine, nothing. And then I finally got it all approved again and now they’re taking away my—well, they’re saying I need prior authorization on my Nexium…

When I was hanging drywall [I had a] sense of accomplishing something. You know, just having pride in something. I had a bunch of friends and stuff. Growing up, I played T-ball, then baseball, and when I actually got into high school, my freshman year and sophomore year I played football, and then I partially tore my ACL, and that was the end of my high school sports. But when I got out of high school, I was on bowling teams, I was playing softball, I was in a dart league, I was . . . pretty active. And even when I was working 60 hours a week, I still had time to have fun, do stuff I enjoyed—go fishing, go camping, you know. But now, I’m lucky if I get out of the house. The only time I really leave the house is going to a doctor’s appointment. And all my friends I’ve pretty much just pushed ‘em away. You know, it’s just to the point where I
don’t trust nobody. Even my supposed best friends are . . . not treating me right. I’ve got a self-propelled lawnmower, and some days I feel like I can do it, but I only do it—I cut, like, half the yard, go sit down for an hour, and then come back out and cut the other half of the yard, because I can’t . . . stand or walk for that long. And it’s gotten to the point where I can’t even enjoy fishing no more because I can’t sit comfortably. I hurt no matter what. Even with the pain medications, I hurt. And the kind of medications they had me on before the medications I’m on now turned me into basically a drooling zombie: the OxyContin, the methadone, stuff like that. And when I told the doctors, “I want off of these heavy narcotics,” they look at me like I’m a drug abuser and stuff, and then they wanna cut me off of everything and not even give me a reason. It’s just been one battle after another, and . . . I’m running out of fight. I really am.

I’m really stressed out, too. It’s beyond lonely. If it wouldn’t be for my dogs . . . that’s really the only reason that I’ve got to get up, truthfully. And, you know, if it wasn’t for bad luck, I’d have no luck at all. It seems like every time something falls in my direction, four other things fall on top of it. It’s like one step forward, three steps back. And now my brother, he wants me to move out because he wants to live by myself, and the only option I’ve got is to move in with my mom, and . . . that’s just taking steps backwards.

I wake up mad because I wake up . . . just because I can’t get no help from nowhere. I can’t get food stamps. I can’t get medical. I just wish I could go back to the day before my injury and just say, “I’m not going to work” (laugh). And as each day is passing, the hope gets littler and littler. You know, there’s been times where I’ve been driving down the road and just wanted to jerk my truck into oncoming traffic into a semi and just . . . Like I say, I wake up angry because I woke up. If I was to die, it’d be easier on my brother, it would be easier on my
mother, it would just be easier on everybody. Because I ain’t nothing but a burden. That’s all I am is a burden. I’m just tired of fighting I’m tired of everything.

Even with my pain medications on a good day, I only get down to a 7. And the doctors tell me, “Well, you need to have an operation, you need to have your back fused,” and all this stuff. I was like, “Well, I weigh 380 pounds. After I get my back fused, how long you think it’s gonna take for the neck disks to go out?” And I’ve been told by other people that’s had back injuries and had their spines fused and stuff, and they say, “Do not do it until you absolutely cannot walk.” And I just don’t know what to do anymore. I just don’t know what to do. I’m nothing but a number.

I feel like a parasite. I feel like a tapeworm. Because of my injury. I feel like if it wasn’t for my brother and my mom, I’d be completely homeless, wouldn’t have a chance in the world, I’d be dead by now. . . I feel like a nothing, I feel like a waste of space. It ain’t [living] I can’t even really say it’s surviving, either. It’s just taking up space. I had another friend try to take me out to a strip club, and he paid for everything, and I didn’t enjoy a minute of it, because I knew all the money was coming out of his pocket, and that doesn’t make you feel like a man, it makes you feel like nothing.

[Being a man] is being able to provide for himself, being able to do all of his responsibilities, and to have some sort of family or something. I’ve got nothing. I’ve got two dogs, a broke-down jeep, a three-hundred-dollar truck, and a couple fishing poles, and a TV. That’s all I have. That’s all I own. I have nothing to offer; that’s why I pretty much . . . pretty much given up on dating and everything. It’s just . . . I ain’t got nothing to offer. You know, I’ve neglected myself to the point where eighty percent of my teeth are rotten. I’ve got a lump underneath my nipple, and I just don’t care…with all my bullshit going on, trying to scrounge
what little bit of a life that I can scrounge out, with my mom’s burdens on top of that, I just . . .
I’m running out of fight.

Most of the time it feels like it’s too much. Almost all the time it feels like it’s too much. If I feel the way I feel now, how am I gonna feel 10, 15, 20 years down the road? Truthfully, I don’t think I’m gonna live that long. And these days, I’ve got road rage really, really, really bad, and I can’t stand people. I was at a gas station the other day, putting my five dollars in my gas tank, and there’s this guy in front of me just talking and talking and talking and talking to this girl, trying to get with her. I was like, “Hey man, can you just step aside for a minute so I can pay?” And he started mouthing off to me, and I attacked him. I just started attacking him, and I beat the shit out of him and went to jail, got released on O.R., and waiting on a court date…Yeah, [anger builds throughout the day] along with the pain. Like I said, I probably get, tops, four hours a night of sleep, and it’s not all in a row; it’s an hour here, and I’m up for two hours, and an hour or two here, and I’m up for two or three hours. I lay there and watch the time click off the clock. I get thinking about the four good years that I did have, and then it just pisses me off even more because I never really had a life, truthfully. You know . . . at one time I had a shotgun barrel in my mouth and was ready to just end it all . . . and that was the day that I went and got rid of everything.

I just don’t know what to do with myself anymore. Because my daily routine is: I get up, let the dogs out, throw the ball with ‘em for about a half an hour or so, from sitting down. Then I go in the house and watch TV. I watch TV for about a half an hour, and then I have to go lay down, stretch out, watch TV for another half an hour. Then once I get cramped up from that position, I go back to the chair, watch TV, and then I let the dogs out again and play with them for a little bit. Come back in, watch TV, sitting, and then I go lay down and watch TV. It’s just .
... Same thing every day. I’ve lost all interest in sex, anything, all of it, you know. And if workman’s comp wasn’t so ass-backwards, if I could’ve caught this in the first three years of the injury, I wouldn’t be where I’m at now.

At the very beginning of it, all they wanted to do was... contusion, a bruise, a sprain, and then took ‘em almost two years of me fighting and scratching to even get an MRI, and then that’s when they first found that I had a herniated disc. It’s going on... 12 years in October and, like I said, in the 12 years, I’ve probably only got maybe total, actual physical rehabilitation time, less than six months, and them were spread out in six-week periods, and then there were two-year gaps in between the six-week periods. So I don’t know how they expected anybody to be able to be rehabilitated with them kinda conditions. And then when I asked to be retrained in something, they put me in something—what was it? Some kind of job-finding thing where basically they told me that I had to put in 15 applications a day for six weeks and stuff, and... It’s just—it was ridiculous. And I’ve asked them and asked them and asked them and asked them to retrain me, but, um, I guess they’re to the point where they’re not.

They [Workmans Comp] had cut me off but they put me on living maintenance since I was doing the job search thing, and the jobs that I was actually interested in wouldn’t take me because of my back injury; I was a liability. And all the skills that I do have, I can’t physically do, and... I don’t know how anything is going to become of it. Because they won’t put me in a training program for anything, and they keep fighting me on any kind of rehab. And then they call in their independent medical examiner, which is basically their yes man. And I know when I go see them, pretty much everything’s getting cut off again... it takes every bit of control I’ve got not to fly off the handle on these doctors. Because I go in there, they ask me a few questions, measure how far I can bend and stuff, and then they write up a 15-page essay on all the stuff they
did. Then I read what they wrote, and then I call my lawyer and tell him, “This doctor didn’t do this, this, this, and this, and he’s saying he did all this.” I’m like, “How are they able to get away with it when you’re only seeing me for five minutes but they’ve got me scheduled for an hour and a half worth of a workout?” And I just—it’s frustrating as hell. There ain’t nothing about workman’s comp that I’ve found that’s anywhere not frustrating. I’ve literally . . . the last time I tried to get a hold of my representative, it took 12 different phone calls, and then it took Dr. Smith to call, to finally get a hold of my representative to find out what was going on with my claim.

It’s just like . . . I’m not there. I might as well be talking to the wall, trying to get a hold of anything, any information, through workman’s comp. It’s just a wall. Then, when I do get in touch with them, I’m on a level 15 on a pissed-off scale. You know, I can’t talk to ’em in a civil manner because I’m just so aggravated it takes, you know, 20 calls from me and a couple calls from my doctor just to get a response. I can’t even get a pain doctor.

It started out with me complaining about they had me on too heavy a medication. “The medications are just turning me into a zombie.” They had me on OxyContin 40 [mg], and they were just turning me into a drooling zombie when I took ‘em. And when I asked ‘em that, you know, can they switch me off these heavy narcotics, well, the first thing they do is cut breakthrough medicine; they cut it in half, and then they switch me from Percocet to Norco, saying that I was getting too much Tylenol. And then it went from them cutting my breakthrough medicine in half and then switching me to a medication that I couldn’t eat because it . . . I don’t know if you’ve ever had Norco, but they’re so hard, they just set on my stomach and burnt holes in my stomach, literally. And I told them that, and they’re like, “Well, we’re taking you off of ‘em altogether, and all you’re getting is your OxyContin.”, they started cutting me off on my
medications and not giving me no real reason. And that’s when I got boisterous, I got—my voice carries when I get a little bit loud and get a little bit agitated. So the physician assistant left the room, called the police, and said I was gonna do suicide by cop.

I was off my pain medications for, like, two months. It [the pain] basically took my life away from me, because I can’t do nothing. I mean, I literally can’t do nothing without being in pain. I can’t sit. I can’t stand. I can’t lay. I can’t do anything without being in pain. And with the pain meds that I’m on, it’s just enough now just to knock the edge off of it. And truthfully, I don’t want to go up to no higher medications, because I didn’t like the way I felt when I was on the heavy narcotics…..Just losing weeks, you know, just . . . Even now, you know, I’m hurting like hell right now, but if I know I’ve gotta be someplace, I don’t take meds, because I don’t want to be compromised when I’m driving.

The only sense I can get of it is that the average man is expendable. Nobody cares about the average person. It’s stressful. It’s very stressful. Very, very, very, very stressful. Truthfully, I don’t know how I really deal with it. I don’t know how I get through it every day, but I do. It’s just one day at a time. And from one day to the next, I don’t know if I’m gonna get a letter in the mail saying they’re gonna cut me off or whatever, you know.

I don’t know how I would survive without my family, because if it was for workman’s comp, you know, they’d be—truthfully, I think they’ve been pushing me to break for a long time. It’s always the worst time they could possibly cut me off. And I think it’s intentionally, to drive me out of the system, to get me to settle out and get out of the system. God’s testing me, maybe.

Truthfully, here, in the last couple years, I’ve really started to doubt my religion and stuff. Like why is somebody that’s really never done nothing wrong put underneath somebody’s
thumb for, you know, no reason…..basically, workman’s comp taking my manhood from me. Because I can’t provide for nothing. I can’t count on ever having any money because workman’s comp can take their money away anytime they want to. I have no way to provide any confidence to myself as a man because I don’t have no physical ability no more, and I already started out with a disability with my learning. Truthfully, coming out of high school, the one thing I knew that I had that nobody else had is I was strong as a bull, and I could manually work anybody underneath the table. And now I barely have the energy to walk from my bed to my chair.

Growing up, I knew that I lacked in this area [educational intelligence] but I was overcompensated in this area [physical ability]. But now, I’m undercompensated on both areas now, and I don’t have—I have a great deal of intelligence, but it doesn’t translate to anything that I can make money on or, you know, have a job with. Or to put to a use. And now I can’t even get trained in anything else. So, after dealing with all that, after they cut me off, I went and delivered pizzas for a while, and just the stress of getting in and out of the vehicle, walking up and down stairs, I just couldn’t do it anymore, and that’s when it really come to me, where I’m really stuck and I have no way out. I feel like a mouse stuck in a glue trap, just waiting there to die.

It’s taught me that the system is made to screw the average person and people with higher education pretty much only look out for themselves in that area. Like the people that don’t hurt don’t have no sympathy for the people that do hurt. I think it’s more . . . they don’t care. They’re getting their money and they don’t care. And it’s their job to keep me from having money. [It’s a] 100 percent money-driven system, even something as simple as getting a referral to something. Even my own brother still doesn’t believe that I’m hurt, thinks I’m faking it, thinks I’m milking the system. And my friends saying, “Oh, you’ve gotten soft. You can’t do this no
more. You can’t go fishing for 12 hours anymore. You’re soft. What’s happened to you? You ain’t really in that much pain. You’re just soft.” You know, that just makes me want to just disassociate from people, and that’s pretty much what I’ve done. My best friend in high school, I haven’t talked to him in seven months because of this. And I used to go over to his house three, four times a week, eat dinner and hang out and help him watch his kids and go to the park with his kids and, you know, just hang out and stuff. And anymore, I’m just so disgusted with my situation, I don’t do nothing but sit at home.

It’s painful. It’s really painful because everybody thinks that I’m faking. And I tell ‘em, I was like, “If you lived one week in my body, you would never say another word about it.” What my friends are basically saying [is] Why don’t you just man up and come out here and go deer hunting or something? And I was like, “There’s no point of me even going deer hunting, because if I did shoot something, there’s no way in hell I could get it out of the woods.” And if I asked somebody to help me get out of the woods, everybody would be busting my balls because I need help getting it out of the woods. So I just gave up on everything, so I don’t get put in them situations where…..I’m not one to fight my friends because they’re basically laughing at me because I’m hurt.

I don’t have any hope for any future relationships, my mom’s like, “I want some grandbabies.” I was like, “Well, I’m about to join up with the priests, become a monk and go live in a cave somewhere because I don’t feel like a man,” and it’s like, when you don’t feel like a man, you don’t feel like doing nothing. It’s just….I just….I don’t have no desire for anything anymore. I’m probably gonna get about $5,000 after the lawyers take their money and run, but that ain’t even gonna cover what my mother has helped me out with and my brother has helped me out with and other friends have helped me out with. Because I’m gonna take that money and
try to pay everybody back, just so I can feel a little bit more like a man and less like a leech. That’s what I am, is a burden. I’m a burden to my family. I’m a burden to my friends. I’m basically a waste of oxygen. That’s how I see myself.

I’m a good person. I’m a caring person....it’s pretty much everybody looks at me like that [a waste of oxygen], everybody that’s not injured pretty much. It’s basically everybody that’s not in pain 24/7 looks at me like I should be doing something else and should be just manning up, basically. I mean, I know I need to lose weight, but I can’t get active enough to lose weight. …It would probably help me with my confidence. It would help me with my pain, probably…In high school, I played on both sides on football: I played fullback on offense, and I played defensive tackle on defense, so I was in the game all game. I even played special teams and everything, and it just—that was the one thing that I always knew I had was a physical talent. And with my learning disability, I felt that if I didn’t have my learning disability, I probably could’ve went pro, maybe. You know, I was physically gifted, but I was—I felt like [Lennie from Of] Mice and Men. But now I can’t do nothing. I can’t even hardly take a shower, you know. I’ve got to take quick, efficient showers, because if I’m standing for more than 5 or 10 minutes, I’m done, I am absolutely done. And usually the way my schedule goes, I’ll go in, I’ll stand in front of the mirror, I’ll shave my head, go sit down for an hour or two, and then go take a shower, then go sit down for an hour or two, let my nerves calm down, try to stretch out and try to decompress and everything. That’s all I do all day long is just try to stay comfortable, and I’m only comfortable for very, very small amounts of time. And when, like I said, this last incident when I was standing at the gas station trying to pay for gas, I was already standing there 10 minutes waiting for the line to shorten, and then the guy in front of me starts flirting at this girl, stands there for
10 minutes flirting up the girl, and I’m reaching 12, 13 on the pain scale, and I’m looking at this
guy like I’m just about to snap his neck and just give the girl the cash and leave, you know.

And nobody’s considerate about it; nobody has no consideration for anybody these days.
I’ve got manners, like, you know, ladies first and stuff, open doors for women. And you should see
the looks I get when I open doors for people and stuff, especially the older women. You
know, I look intimidating, I know I do. But I’ve kinda got to, because of the area I live in. I’ve
gotta have a certain kind of reputation to have people leave me alone, and if that means getting
buck wild every once in a while, I have to do it…to put the word out there: Don’t fuck with him.

And there’s no courtesy no more. Courtesy and chivalry and all that stuff is gone, and I feel like I’m the last person out there trying to keep it alive. And every time I do it, it discourages me more, because [of] the way they look at me when I’m doing it. Like “Are you doing it so you can grab my purse when I walk by?” You know? That’s what I think they’re thinking, because they clutch their bag and walk by. I keep on doing it: because it’s something that I’ve always had and always want to keep, because it’s the one thing that I can control.

My motto is: I treat people the way I want to be treated. That’s always been my motto. That’s about the only control that I do have, is still keeping . . . being polite and chivalrous. You know, that’s about the only thing that I can still do that makes me feel like a man. I’ve just got so much pent-up anger and anxiousness and everything that it’s just my fuse is so short these days. It used to take prodding and prodding and prodding and prodding to get any kind of response out of me. But somebody says the wrong word to me now, I’m ready to just…..I have a hard time putting my defenses down, letting myself have a good time. I have a real, real hard time letting myself have a good time. I feel like I don’t deserve to have a good time…. it just feels wrong to be having a good time. I don’t know why, but it does. It just . . . Because money is always such
a situation, it feels wrong for me to spend it on frivolous . . . you know, a one-night good time. It feels so frivolous. And I feel so guilty when I go out. . . . I just can’t allow myself to have fun, because fun involves money, and I ain’t got enough money to have fun because I have no definite income. And then when I do get money, my brother wants money towards rent, towards cable, towards, you know….Living expenses. And I’m thinking, “I’ve got to save every penny until they cut me off again.” And that’s the reason why me and my brother have been getting into it so much: because I’ve got money now, and he wants me to go blow it and go party with it, and I’m like, “No.” And everybody is like, “Oh, blow it. You got money coming, you got free money; you ain’t working for it.” That pisses me off more than anything: “You ain’t working for it.” I was like, “Yeah I am. I’m working for it every day while I’m in pain.” “Oh, you’re just sitting there collecting a check.” I’m like, “Fuck you,” basically.

It’s frightening, because I have no security net at all. I feel like I’m one of them line-walkers with no safety equipment, where I could take a half inch this way or a half inch that way and I’m….done. As a man, you’re supposed to be a rock. You’re supposed to not fear nothing and be there for everything. And I just….I don’t have nothing to offer as a man….other than the train wreck that I am. And that’s one of the main reasons why I don’t have no kids, why I have no desire to be in a relationship: because I have nothing to offer. I pretty much don’t have nothing to offer. There’s not a big market out there for fat men that can’t do nothing. It’s either laugh or cry. So I might as well make fun of it.

It’s not manly [to cry]. But then again, I find myself crying at the stupidest shit…..I feel out of control because the shit that I should have compassion for, I don’t. I feel like I’m desensitized for the average person, for anybody that’s not in pain. Truthfully, I’m on the other side of the fence. I feel like, you’re healthy, get away from me. Because you’re looking at me
like you’re hurt, so get the fuck away from me, basically. I would literally…..How can I put this in a polite way? I’d give my left n** to go back in time to not take that job.

Every night I think about it. You know, how would my life be today if I wouldn’t have took that job? Where would I be at in my life? Would I have kids? Would I be married? Would I still be in Ohio? You know, it’s just . . . basically, my life got canceled when I got hurt. Because all ambitions and hopes I had just died, just went out the door. Because the little bit of time that I did have when I was happy, I was living it up. I was taking advantage of being healthy, being . . . me, basically. And I didn’t have time to start a family, didn’t have time to really start a career, because I was a construction laborer, you know. It was a trade. It was a trade that I thought I was gonna do until, you know, I was in my 50s, maybe.

I’m trying to make some sense out of my life. Because my quality of life has steadily decreased since my injury, I pretty much don’t have no hope. All I got is fight. And stubbornness. And that’s all I’ve got. And that’s the only reason I’m still here: because of the fight and the stubbornness I’ve got. I get to vent [in therapy]. And that’s the biggest thing, because nobody else wants to hear my problems, my family members and stuff, because they’ve got their own things going, and my brother thinks I’m faking, and my mom . . . my dad just died, and she’s having all kinds of problems. She just lost her job, so I don’t need to be putting any more of my burden on her, so it’s good for me to come out here and vent. And with Dr. X, he’s in pain; he’s got a back injury and stuff, so he sees me as who I am. He don’t see me as a pain patient or anything else; he sees me as me. Because he knows the pain….seeing that he has the pain, too, in his back, and he knows what I’m going through, gives me a place to vent where somebody is not judging me on . . . looking at something, but by experience. It does [feel good]. And that’s why I never miss an appointment with Dr. X: because I feel better after I talk to him.
Yeah, [being unemployed is like] the big cycle of hate. And the more and more I try to use my knowledge, people look at me like, “Well, you don’t know nothing.” And I’ve got so much knowledge, you know, and I just can’t put any of it to use. It’s so frustrating it just makes me want to bang my head up against the wall. And I don’t know how to do anything about it, because when I’ve tried to get workman’s comp to train me in something, they send me on to go put in 15 applications a day. For one, I can’t afford to drive to 15 different places, and . . . (sigh) it’s just . . . it’s a bullshit thing to try to get me out of the system. “This is total bullshit. I thought I was gonna be able to be trained in something that I can do, but you’re sending me out here to fly on my own and doing all this legwork for jobs that I know I’m not gonna get.” So, I’m screwed if I do, I’m screwed if I don’t, and it’s just been that way for the last 12 years. Every time I take one step forward, I get knocked back five. And it’s frustrating, it’s so frustrating,. . . because it just seems like other people are coping better with the system or got more people helping them, more support. I mean, if I was married at the time I got hurt, I would have a lot more support and, you know, all that. But when I got hurt, my girlfriend, she left me. My mom watched my dad die for six years and basically her support with him made . . . his dying easier because he had somebody’s support. Undivided support, you know, no-matter-what support. And I feel like my mom shouldn’t have to do that [with me] after dealing with my dad. She needs a break.
BPI Responses and Demographics: Carl

Carl is a 49 year old Caucasian male. He reports the beginning of his chronic pain experience as 2010. The Brief Pain Inventory was given on June 6, 2012 at which time he reported currently experiencing pain outside of every-day kinds of pains. According to his self-reported responses to the BPI his pain is throughout the left arm and neck. His pain extends to his lower back and both knees. On a scale from zero to ten where zero is no pain and ten is pain as bad as you can imagine his pain at its worst within twenty four hours of taking the BPI was rated a seven. Pain at its least was rated a one on the same scale. On average he considered his pain a four and at the time of taking the BPI pain was rated a three.

Participants were informed in advance that they did not have to list specific medications taken to help alleviate pain. Carl reported being prescribed multiple pain medications through pain management. He reported that these interventions provide him 60 percent relief from his pain. The final seven questions utilized another Likert scale from zero to ten where zero is, does not interfere, and ten is, completely interferes. Participants were instructed to circle the number that describes how, during the last twenty four hours, pain had interfered with their lives. Carl’s ratings were as follows: interferes with their general activity (9); mood (8); walking ability (4); normal work both inside and outside the home and housework (10); relations with other people (8); sleep (8); enjoyment of life (9).
Carl

I don’t wanna say its [pain] become the norm, but . . . that’s how I’d best describe it. It was May 14, 2010. I was at work, and I had one of those backpack sprayers you see landscapers carry around. I had just taken it off my back and I was reaching over a handrail on the property, and leaning over to set it on a sidewalk over the rail, and it was like somebody just shoved a hot knife in my back. I figured, oh, it’d go away. About three or four days later, I was better and I went back to work. I ended up using some personal days to take off. And June 22nd I was working on a resident’s toilet early in the morning, and I went to lift that toilet tank off and . . . that was it. I dropped the tank, I hit . . . I hit the . . . I sat right back down. It was all I could do to breathe, I mean, it hurt so bad. I sat there maybe five or ten minutes and finally got up, and I went right to the emergency room. That was worse than any time ever, and . . . it’s been game on ever since, you know, the lower back pain, and unfortunately, the shoulder pain itself has gotten increasingly worse. I’ve got stenosis, and I just found out I got . . . I can’t remember what they call that, but I guess golfer’s elbow or whatever. So, pain down my neck, down my shoulder, I’ve got two fingers that are currently numb constantly and all that. I’ve gained probably 30 to 40 pounds since I’ve been off work and . . . it’s tough. You’re sitting around the house or you’re worried—you know, you’re worried about things you’re supposed to be doing, you’ve gotta rely on your wife doing, you know, a lot of the work I’ve done, and it brings you down hard, you know.

My family life when I was a kid wasn’t great. We were brought up as Witnesses. I never baptized in it, so I guess I was associated. My mother’s got mental problems, and I’m sure a lot of it came from her youth, but it still made it tough on all of us.
I’ve got three brothers and—I’m sorry, two brothers and three sisters. I’m the oldest out of ‘em. There’s a 15-year spread. Two of my sisters I am in contact with. Unfortunately, over the years, every one of us has been mad at one another for one reason or another, and I’ve sworn off one brother. They [my parents] divorced . . . I want to say, six years ago. They were married 43 years. I remember I got the call, and I was upset at first, but, you know, the funny thing was, every one of us knew it was coming. After the youngest one left, we knew it was coming. But when we moved out, we stood there . . . I still remember that last time—I bet I got kicked out of the house 12 times that summer after I graduated. And that last time, I was not gonna go back. I said, “I’m tired of this. I’m done.” You know, I got a job; let me just see what I can find. I lived in a hotel for a week, the first week.

The way that we were brought up; we weren’t permitted to do a whole lot. To this day, I’m still kinda surprised I was allowed to have a friend. We weren’t allowed to . . . It’s really hard to describe other than we weren’t allowed to have a normal life that I felt other people had, you know. I guess we were allowed to go to anything Witness. But anything outside of that was considered worldly. We grew up without holidays, too. That was tough when I was a little kid, but as I got older, I mean, it didn’t bother me as much.

Interestingly enough, actually, it was prior to me graduating, I had bought a motorcycle from a guy downhill from us, and I put a lot of work into it. You know, repainted it and just really enjoyed getting it to where I wanted it, you know. And I ran the bejeebies out of that thing. Oh my god, I rode that thing everywhere. And when I turned 18, I would just go. I didn’t ask permission or anything else. I didn’t tell ‘em where I was going or what I was doing. I had no idea where I was going. I had nobody I knew. I had no friends that would ride with me other than another Witness. But I would go. I’d be gone seven, eight, nine hours a day, you know, and just
drive around over in Dayton. But that’s what was interesting, too, is when I would ride, it seemed like I kept riding over the same ground, I didn’t venture outside of it, out of the area. And I think a lot of it was my mentality: I didn’t think out there. I was just so used to being, you know, kept in that box.

By the time I got to be 18, I was ready to go. I had a job working then. I was only working three days a week. I went and got my first apartment. Interesting thing was . . . when I moved out, the world around me was so small. You know, I couldn’t see much more beyond the area I was in, mentally, because of our upbringing; we were basically kept . . . We just had a small world. We weren’t allowed to do things a whole lot and all that. But needless to say, the world got a lot bigger when I got my apartment. I was active, you know. I used to run when I was a kid, a teenager. I started riding motorcycles, used to love those. But I got married real young and had my first two daughters.

Of course, over time, with the motorcycle riding and all, and then when I met my first wife . . . the whole girlfriend thing was just so new to me because I wasn’t allowed to have one when I was younger. It was real rocky. We were 18 when we met. My first apartment, she’d come over, stay with me for a while, and she’d go off—because she had her friends, so she would go, and I’d be just sitting there. I would have nights where I’d just sit and look out the window, see if she’d pull up, you know. She moved in with me for a little bit. Then she moved out. I can’t remember, though, it’s been so long ago . . . all the details, but I just know that she come up pregnant and then we got married, we went down to the courthouse and got married. And even then, her parents wouldn’t leave us—we moved into the apartment next to her great-grandmother, and her parents . . . even to this day, I have a lot of issues with ‘em because how my daughters were raised. They moved to Portland, Oregon, um . . . Her and I got divorced
February of ’86, I think it was, and they moved out there around April or May of that year. And I was told there was nothing I could do about it. Fortunately, I’ve gotten to see my oldest daughter three or four times since then, but my youngest, I haven’t physically seen her in person since she was two. My oldest one married a guy out there, and (sigh) they live off welfare. I don’t get that. I don’t get living on welfare. I mean, you’re not even trying. I mean, from what I’m hearing from ‘em, they’re not even trying, you know. So . . .

Still [I] worked a lot. I’ve had….I just mean….I’ve always been physical, I’ve always been somebody that just did my job, you know. I would work hard and do just about anything, you know, and I was always quick to help people. Got my first divorce, got married to my second wife—that was a marriage from hell. Had my son, still continued to work a lot. A lot of times I found myself working to stay away from home, but . . . still did what I could do, you know.

I started doing demolition derbies and still rode motorcycles when I could. Actually, I worked for the fitness store down the road here, years ago, and that’s about the time my second marriage ended. You know, being a person, I’m not—I don’t like being alone. So I met the woman I’m married to now not long—about six, seven months after I my second wife left, and we’ve been together ever since. But, you know, I was active all those years. My wife, she’ll tell you, I used to work . . . when I worked down here at the fitness store, I would work—I still have a couple paycheck stubs to show it, just to remind me—I worked 90 hours a week. I was able to go, you know, do just about everything I wanted to do. I mean, I wasn’t the strongest person in the word, but, you know, I figured out ways. And I did mechanical work; went to the Sinclair for a few years, became an ASE Master Mechanic.
But ever since this injury, I feel like I’ve hit rock bottom, you know. I have to rely on family and friends, and …it’s kinda depressing because…..I’ve always been there for others, but I don’t feel like they’re wanting to be around for me. It’s like pulling teeth to get people to come over and help me do something simple, you know. I simply cannot bend down and pick up my set of keys; I have to slowly squat down and pick ‘em up, and then it kills me to stand back up. Even my two stepsons—I mean, I love ‘em like they’re my own kids, but, um….all the things we’ve helped ‘em with—I hate to sound like they’re strings attached, but you would think that they would want to help us. My poor wife, I know she’s getting aggravated. I can get on the riding mower, that’s no big deal, I can ride around. But to go out and push a mower or to do trimming, to do whatever else that I normally would have done, you know. I’ve got a million things sitting around the house that I gotta get done, that I can’t get done, and I ain’t got the money to pay somebody to do it.

I lost my job in February. So now I’m looking at that, and I still don’t know where I’m gonna go, what I’m gonna do. When the doctor’s all done with me….I don’t know….I know one thing: I hope to God I don’t have to go that way [welfare]. You know, if it comes down to the job, um….I don’t even like the possibility of being permanently disabled, you know. I’ve been talking to her [my wife] about that. I’m just having a hard time dealing with that, you know. It means that even if I was to go out and try to do something, and they see me, that they’ll cut me off, you know. The medication my doctor put me on for one area has actually turned out to be helping me in the other area. It’s really odd, because the pain is still there but it’s dull. It’s taking the edge off it. And so, you know, I’ve been moving around more, doing things, but by the evening time, oh, I get to bed and I know I did it, and I shouldn’t have been doing all that. You get to feeling decent, you know, where you can deal with it, and then you overdo it. But what it
means to me is it just means my life is over. And as cruel as it may sound, the job I had over there in that retirement community, there were several people there that had accepted that they were disabled, and one of ‘em, I loved her—I mean, I didn’t love her; I just really, really enjoyed talking to her; her name was Sally—but she looked like ….well, this is gonna sound mean, but she looked like that Star Wars character, Jabba the Hutt. She would sit in that chair, and I swear to god, the chair I’m sitting in now, she looked like she would just hang over it everywhere. And how she was moving around, I don’t know. And that scares me to death. I don’t wanna be like that, you know. Yeah, that’s pretty much it…..I wanna be able to go back and do what I used to do, you know. Thank god Dad comes around, because he does help me.

I thought about [going back to school], but it’s not gonna be possible. You know, I’d love to go back and take classes on computer networking, or on networking in general. But they want $2,000 for a class for one week over here at New Horizons. I’ve already paid a student loan off. I don’t wanna do this again. I don’t wanna pay that money. I don’t wanna have to borrow money and do that again. My parents both dropped out of school when they were in high school, and neither took college. He [Dad] was a heating and air conditioning man for a long time. My grandfather taught it to him starting when he was 15, and that was my mother’s father. My parents are step-brother and sister. Both their parents got divorced, and my mother’s dad married my dad’s mother. Kind of a weird situation, isn’t it? But there’s no blood involved at all. My dad met my mother because he would go visit his mother in Indiana, and she was married to my mother’s father, Joey, and he met her that way. But Dad would stay over there for a while, and, Joey, would take him out and teach him the heating part of the business. So, in a way, it was good, because it served him good; he had six kids to feed, you know. He did a little training here
and there when some of these businesses would offer training on their equipment, but he never took any actual schooling, college or anything like that.

The interesting thing, is whenever I went out with Dad, we—every one of us kids—well, the boys—went out with dad at one time or another, whether we wanted to or not. That was the worst thing about summertime, was we knew what was gonna happen when we got out of school: he’d start up his furnace cleaning, and we had to go; one of us had to go with him. And it was boring. I mean, the last thing you wanted to do was go out and work when you’re out of school. But I think to this day that because of that, that it instilled in me my wanting to work, um, and then my org—(laugh). I know it’s gonna sound like bragging, but I have these unbelievable organizational skills, whether it’s paperwork or physical equipment or whatever, or even my vehicle. You know, if I’m working, my vehicle stays organized.—we lived in a double wide in a mobile home park….

I left my first wife for my second. Both marriages lasted three and a half years. Shirley and I got divorced in ’86—actually, I’m sorry, it was ’85. Her and I got divorced in ’85, and I got remarried in ’86. But she was a bully herself. I remember she called my job a little boy’s job once. But it wasn’t . . . wasn’t a good marriage at all. It wasn’t even a marriage. I think she was just in it—she wanted a baby. When we divorced, she was the kind of person where here I was working just down the road here, here in Centerville, and I had to go all the up to Springfield, on the north side of it, to get to her place to pick my son up for visitation, for my weekends. And, I mean, I was speeding, I had to get up there, because when that 6:30 rolled around, if I wasn’t there…..if I was two minutes late—I don’t know how many times I caught her in her vehicle pulling off of her lot where she lived at, leaving with him, when I didn’t show up on time, if I was a couple minutes late. She’d argue with me in the parking lot. And one day I went and talked
to my attorney…..maybe about three years after our divorce, somewhere around there and he said, “By the way, I heard from her attorney. She’s saying if you give up visitation, she’ll drop the child support.” I looked at my attorney and I said, “Tell her to go to hell. That’s my son there.” Next weekend it was 10 times worse. It was horrible. I mean, it was just off the scale, I couldn’t believe it. So I called my attorney up and I told him what happened, and I said, “I think I better do this. I’m gonna have to do it.” But anyway, I hoped for a long time that he’d come around. And in 2007, July 2007, he called, and . . . it was good…..for a while.

You know, I do what I can, but again, there’s a limit. My goal in life is to go home and have dinner, wake up and go to work again and make a paycheck. Not only is she [my wife] having to worry about what’s inside, she’s also having to worry about all the other work I used to do, you know—except for riding that mower. Yeah, it’s made it tougher. I mean, here she is working a full-time job, and I’m at home and I—you know, and I know she’d never admit it, but, I mean, come on. You got a husband at home who used to be fully capable of doing all this stuff; now he’s not doing anything, and he’s at home sitting around. It bothers me absolutely beyond words, because I should be the one taking care of her, and now she’s carrying me, I feel. She’s carrying me. I’ve always been the one to take care of things, you know. If something was wrong with the house, I’d fix it. As much as I hate to admit it, she used to do a lot of the laundry, you know. She’d do the house things, and I would take care of everything else from there. Even the bill paying. You know, there was a point that I was doing all that, too, but….she’s taken over that. I’ve just lost interest in so much stuff, and I’ve….It’s really, really hard to describe. I just….I feel like I’ve lost myself, too. You know, I’m not the same person I was. Even now, even if there was something that I could do for somebody, I don’t wanna do it, you know.
I used to love NASCAR. I used to love NASCAR and just work. Not necessarily the job work, but working on things. I could….If they got my back straightened tomorrow, all that stuff I say that I have around the house I wanna do—the remodeling and the deck building and painting and whatever else—I don’t think it’s gonna happen. Because right now, just my mindset, I just….Even garage sales. We used to love going out to garage sales. We go out and we go for maybe an hour now, and it’s like, I’m done, I don’t wanna do this anymore, I just don’t care, I just don’t wanna do it, you know. Sometimes I force myself just so I know I’m not gonna be sitting at home not doing anything, you know. Then, of course, when I got that mail about my job, that was the sinker there. Even though I’ve been a day-by-day person, I worry, like my mind keeps wanting to go. I always wanted to plan things ahead as far as, you know, either something work-wise, you know, or think ahead of thing—in my case, what am I gonna do about this job issue? What the hell am I gonna do? I try to stay off the interstates because of that reason. If I’m driving around a neighborhood, usually I can distract myself because I’m looking around seeing what’s going on or just seeing what I can see. But it’s really, really, really bad when I’m coming back from my doctor—my—on the way home, you know, you start thinking about—and when your back is really hurting on those drives home, you know. And I’ve had days where . . . I just see one of those concrete pillars coming toward me in that truck, you know….. I don’t know if it’s funny or not—not the ha-ha funny—but the funny thing is, I’m too scared to do anything like that, you know. It’d be my luck I’d live through it and live here as a vegetable and then try to deal with that, you know, the rest of your life. Think it’s bad now; you’d be a lot worse, I guess, you know. But I had a lot of times where I . . . I mean……would the world be better off without me in it, you know? I can’t do nothing; why sit here and take up oxygen, you know? Some people think it’s a vacation, but it ain’t. It’s not.
Vicodin scares the hell out of me because I’ve got a couple family members on my wife’s side that got hooked on that stuff. The medication—[my wife] will tell you, I’m not one to take medication until I absolutely got to. I almost got myself in trouble with my doctor over that, too, because I’d go in for pain management. And I’d go in there, and I remember she said, “Are you taking these [medications] right?” and I said, “I only take ‘em when I need ‘em, when I absolutely got to.” She said, “Well, start taking ‘em twice a day.” I’m not gonna sit there and argue with her, because I don’t wanna hear it anymore. I’m the one sitting here with pain, but I also know what I don’t wanna do. Well, about three or four months later—every time I go in there, they ask me, “When was the last time you took a Vicodin?” I put on there: “Six a.m.” That way I don’t have to hear it. And they give me a refill. If they ask me, “Do you need a refill?” Well, I don’t wanna give ‘em the impression I’m not taking my pills, because I don’t want ‘em thinking, or worker’s comp thinking, I’m not hurting. Then one day they pulled out a—they said, “We gotta do a drug test.” I said, “What?” “Yeah, it’s the law.” Well, I knew they had a law about prescription medication and pain—I understand all that. I told ‘em, I said, “Honestly . . .” and I told ‘em. She goes, “Well, you put on here you took one six a.m. this morning.” I said, “Yes, because I didn’t wanna hear you guys getting on me about it.” “Have you been taking prescriptions?” “Yeah. Again, I didn’t want you guys to think I’m not in pain.” So they took the drug test. I told ‘em, I said, “You’re not gonna find anything because it’s been awhile.” I don’t like pain, but I don’t like the idea of getting hooked on something. I’ll be damned if I’m gonna take those things twice a day. It’s not gonna happen. You know, I talked to my attorney about it, and he goes, “Well, you gotta see it from their side: If you’re not taking ‘em, you’re selling ‘em.” How do you make the leap from that, all the way to selling ‘em? So I took every damn bottle I
had in the cabinet, put ‘em in a bag, and took ‘em into that doctor’s office the next time, and I said, “Here, take ‘em. If you guys think I’m selling ‘em, here, take ‘em.” “I don’t want those.”

It’s [pain] pretty much a given right now. I mean, I expect it every day. I expect to have it when I wake up. You know, I know, even when I wake up, if it’s just a little bit of pain, I know as soon as I get up and start moving, it’s going to start coming back right away, you know. And that’s the way it usually is. Trying to get used to it….It’s annoying. Some days it’s maddening. I mean, you’re hurting and you just don’t feel like there’s anything you can do, you know. The idea of having to take medication every day to try to help it…..I’m not big on medication. I don’t like taking medication at all, especially if it’s something that affects me, where I want to sleep or—I don’t like the sensation of being drugged or whatever. So it’s almost like a vicious circle, you know, so to speak: The pain comes up, you take medication; yeah, the pain may go down a little bit, but now you’ve got these other symptoms that are . . . you know, you don’t like being dopey or whatever. And then it just drags you down, it makes you feel terrible, you know. And you go to bed, starts all over again. And even when you do feel better—they put me on Neurontin, which I will admit is helping, but it’s also making me….I don’t want to say dopey, but right now I feel like I could close my eyes and just …..down, you know. I don’t like feeling like during the daytime. So, you know, the pain has gotten better, too, but what it’s doing is, when the dopiness wears off, I may feel better, but then I want to go out and do something, and when I do something, here we go with the pain again.

If you look at my resume, I haven’t done nothing but labor. Work, work, work, and just….I would prefer to be doing things, you know, just be active, whether it be on my riding mower or digging a hole at work, putting a fence in the ground or whatever. That’s just me. But to….boy, it’s really hard to explain. When the medication causes me to feel—the pain is still
there right now, but it feels different….kinda dulled, yeah. It’s there. So, you know, you feel
better, you do something, and you go back to pain again. So I know the medication is supposed
to try to help it, but my mentality is: “Hey, I can go out here and do something right now, I’m
feeling decent,” and then you pay for it…..it’s been a life-changer, there’s no doubt about it. I
can’t go out and do what I used to do, you know.

It pains me to have to call somebody to try to help me. I’ve always been, you know, do it
myself, you know, other than maybe my dad coming over. But for me to actually have to call
somebody over to do the work…..And then I feel like I gotta hover over ‘em, you know, to make
sure it’s done the way I want it done. I don’t like asking for help because I know a lot of times
they themselves have their own stuff to do, their own life. I feel guilty. I feel terrible having to
ask for help. Not to mention I’ve always been one to, if somebody asked me for help, I’d always
be there. I can’t do it now. I can go over there and point out what they could do. But for me to
actually get in there and do it, I can’t do it now, you know, not without getting myself in a world
of hurt (laugh)…..I don’t know if it’s a good thing to be able to laugh about it or not, but on the
days—there’s other days where I just get downright upset and mad, and then you just
go downhill; you know, you start getting depressed, go in there and sit in the chair and you fall
asleep, you know. That’s been my way of dealing with things when I was a kid, you know: I’d
just go to sleep. I feel like I’m going backwards in time right now, you know, with the sleep part.

You know, as far as, you know, the depression, going back, you know, wanting to go to
sleep and all that…..That’s probably why I sleep so much, I would say. Like, when I was feeling
decent, you know, my mood changed. But when you get to the point where you’re hurting, you
start finding yourself getting short with people; you know, you don’t want to talk to anybody,
you just want to go somewhere and not be bothered, you know. Just sit down and, again, go to
sleep. We’ve [my wife and I] been together 22 years now, and she can read me like a book now, I know she can. And so . . . she doesn’t bother me. I don’t mean that in a bad way; she just knows when I’m not wanting to talk or anything, she just lets it go, you know. I think it’s pushed her away from me sometimes, you know. It’s caused us not to be as physical as we were, you know. And the pain definitely affects us, you know—You know it’s not good when every night when you go to bed she’s already rolled over, you know. You know, we used to talk when we’d go to bed, and it’s not so much now. She just goes in there and lies down and goes to sleep, so….it kinda makes me feel like I’m the bad guy, you know. The person others don’t want to be around.

Other people I can deal with, but with [my wife], I….if it got to that point, it would kill me; it would just absolutely tear me up. It’s, um….it’s hard not to be in those moods, you know, when you’re hurting and you don’t want to talk. But when you’re hurting, it’s hard not to be that, you know, it’s hard not to be cranky. It’s damn near impossible not to be, you know. I guess maybe, in a way, I get mean when I’m hurting. I just want to be left alone when the pain is there, you know. I don’t want anybody to bother me. I don’t want phone calls. I don’t want anybody talking to me. Just let leave me alone till this goes away, you know. I guess my personality (laugh) is not exactly one to have pain, you know (long pause). You have to constantly think, “What’s this going to do to me when I do this or do that?” Then, of course, then you get mad when you do something and it hurts more, you know. Actually, you get mad at yourself, because then you think, “I should have known that was going to happen.”

I’d like to just be able to go back to when I could just get up in the morning and go and do whatever I wanted to do, do whatever I had to do, and not worry about …..not worry about it. It’d just be nice to go back to that, you know. It’s a big limit, you know. There are a lot of limits
there. And like I said, when you go above the limits, it reminds you in a hurry. I guess my mindset still hasn’t changed in the all-or-nothing part. You know, I still want to go out there and just go and do everything I possibly can. It’s interesting, too, how soon you forget. When you feel better, you know, and you get up and you go, “Oh, yeah, I think I’m going to do this and this and this,” and then you go out there. It’s interesting how fast you forget….what’s going to happen to you when you do these things. I know what’s going to happen if I go out there and overdo it. And what do I do? I still overdo it. It’s like an unlearned lesson. I just don’t get that with me. I just can never figure that out, you know? It’s kinda like that child touching something hot. You still end up doing it. But again, I think a lot of it comes back to my all-or-nothing deal. I don’t fully understand the mind—my mind. You try to sit and you try to think things through as to why you do this, why I keep doing it. I ain’t figured it out yet.

As far as the past, thinking about what I used to be able to do versus what I can do now, I think about that a lot. It definitely brings me down. It doesn’t make any sense to me. You know, I could never understand that. It just don’t click. Sitting on a toilet tank with that tank right here at my knee level, and standing up and picking it up. It wasn’t even a lift off the floor. So, you know, why did that happen then? I mean, obviously, it was the wrong time. You know, something happened to my back at the wrong time, you know. There was no warning sign. You know, I was moving around fine that morning. I was there at 7:30 in the morning. That was an hour earlier than I was supposed to be. I was supposed to get the toilet off and take the flooring out and get it ready for people coming to lay new stuff, you know, and it happened. I feel bad for the guy that was in the apartment. I know he feels horrible that it happened in his place. I know he felt that it was his fault. You know, I feel bad for him. He’s a good guy. I remember the pain, when it went over me, it was like my rage just….I couldn’t—I tried to stand up a couple times. I
couldn’t. It took me probably five or ten minutes before I could finally get up off that….to stand up, and I went straight to the emergency room right then. Interesting thing about it was, it didn’t seem like the manager was too concerned about it, you know. And for them to fight every inch of the way. Everything that my doctor asked for, that was reasonable ….you know, I’m not a doctor, but what he was asking for seemed [reasonable], you know, it made sense to me. And every time we’d ask for something, they wouldn’t just say, “Do what you gotta do so we can get him back to work. Get him fixed so he can . . .” And that never happened. I’ve got documentation; everything he’s asked for, they’ve denied. Everything. And (sigh) if they had just went ahead and started up, you know, right on the get-go, say, “Do what you gotta do, you know, do this and this and this”—well, I take that back. They approved the therapy, but the shots and all that—We had to fight for it all, and . . . it doesn’t make any sense. It’s all about money, that’s the way I look at it. It’s all about money, you know. Companies just don’t care about their people. They don’t care about their people anymore.

That whole thing about people saying you’re nothing but a number anymore, that’s the God’s honest truth, you know, because all the hoops I’ve had to jump through, you know (sigh). It just gets to the point where you want to give up, you know? It just makes you want to give up. You know, they just . . . it makes you feel like you’re not worth, you know, living or being around, because they just—they don’t seem to care about the fact that you’re in pain, you know, that you hurt and you can’t do what you were doing. All they’re worried about is making sure that, you know, they don’t have to pay out something. It’s clear, you know, the doctor has proved time and time again that, you know, that I’m in pain, and it’s pretty obvious where it came from because I know darn well I did—I had flare-ups before that, I might miss a day or two here or there, and they could go back to my employee records and look at that and see that, you know.
But to be off this long and them keep denying everything ….makes you feel worthless, makes you feel like you’re not worth fixing, you know, to get better…I want to be able to go do things. I want to be able to go back to what I was doing. I want to be able to do my work. I want to be able to work. I want to be able to do what I need to do around the house. I want to be able to go places without walking around, you know, and then going home and feeling like, you know, I’m gonna pay for this—paying for it, just from the pain, and then going to sleep the rest of the day, you know. I don’t want to be like that, you know. I want to be able to continue living, you know, the way I was doing. I want to be active again. I don’t like weighing 280 pounds. I hate this. I absolutely just . . . I hate it. I hate it all.

The only thing I can equate it to is just….I don’t feel I didn’t anything wrong, I don’t feel I did anything—the way I was lifting or anything wasn’t overdoing it. I’d done that a million times before. Well, I won’t say a million, but I’d done that a lot of times before, and I never had that happen. As far as meaning . . . I don’t know. I honestly don’t know (long pause). I don’t know. To be honest with you, it’s taught me not to trust a company right now, you know. Definitely makes me not want to work for somebody, although I’m not going to have a choice in the matter, you know, if they can get me fixed.

My wife, I know she wishes she was home with me, probably more so that she would love to be off, you know, with me, not have to worry about working. I know she doesn’t consider it this way, but what other people may consider a vacation, that something like this would be a vacation, (laugh) they have no idea. They have no idea what it’s like to be limited, you know, and hurt. It’s one thing to be working and hurting, you know. Totally different experience working and having to sit around, you know, and live your life not—you know, it’s just totally different, what I’ve got, is not normal. This is not normal. I should be able to bend over and pick
something up, you know, and all the other work I used to do. I should be able to lift…..So it creates a lot of problems. It does, it absolutely creates a lot of problems. The depression. . .

Right now, I mean, I’ve had relief on RFAs, and I’ve got these injections they’ve approved. The injections, I’ve had six of ‘em within a six-week time; they didn’t last long. So, my mind is telling me, this is not going to go away, you know. And if it’s what they’re telling me it is, this sacroiliac issue, um . . . I thought it was a nerve, a problem with a nerve in my back. But if it’s sacroiliac, I don’t know if there’s anything they can do about that, other than just, you know, give you something to kill the pain every once in a while. I don’t know the answer to that. I’ve got a sneaky feeling, though, that the lower back is going to be an ongoing issue the rest of my life. I do know the neck is going to be, if I’ve got—you know, with the stenosis, I know that’s going to be there. There are so many people out there that don’t really give it a whole lot of thought as far as back pain. You know, you just take your back for granted, you just go on, you know. And then when it starts hurting, and it gets chronic, that’s a game-changer; it makes you look at things a whole lot differently, you know. It makes you wish you could go back in time and do something different or . . . wish you knew that something like that was headed your way, then maybe you could’ve done something different to head it off, you know?

The whole thing weighs on me. I just have to get through it one way or the other. I think in my mind I’m just going to have to resign to the fact that I’m going to have back problems the rest of my life, I really do, and that I’m going to be very limited, which is going to be . . . it really sucks because there’s a lot of things that I want to do, you know, especially when I retire. I’m happiest when I’m busy. I think you gotta earn your way through life. But I’m going to be a drag on the system, you know. Other people are paying into the system to support me now, you know. And a lot of it is pride, too. A lot of it is pride. When I go to the store with my wife, she always
asks me, “Why don’t you ride in that cart?” and I just don’t feel that I have the right to do that. There are other people, I feel, that are worse off than I am; that cart should be available to ‘em, you know. If I had one of those one of those, I’d feel like I was giving up. I don’t want to think of myself as handicapped, I really don’t. I just haven’t accepted it yet. I keep thinking that this is all going to go away or they’re going to fix it or something. But realistically, I also realize that the areas that are hurting, the more I go to the doctors and the more they tell me, in my mind, my mind is saying, “That’s your problem. That’s not going to go away, the way they’re talking.” But I still haven’t accepted it. There’s a part of me is not accepting it; it don’t want to, you know? I guess maybe I do understand why I do it [push it], because I’m not—I just can’t seem….I just made a connection there: that I just can’t ….I can’t accept it. I just can’t accept that I’ve got limitations right now, you know? And that even makes it harder to ask other people to help me. Because again, it comes down to, you know, I can’t do it….and calling somebody else in to do it….I never thought of it that way, either. I call my stepson over to do work, and I pay him. And by doing that, I think—I guess maybe by paying him, I’m not feeling as guilty. It’s kinda like paying somebody for a service, you know?

The other thing, too, that really just pisses me beyond words, is to stand there and have to watch my wife do the work that I would do. I hate it. I absolutely hate it. God I hate that so much, just because….that’s my wife. I am the one that should be handling that. It’s almost like having your masculinity taken away, you know. Because you stand there watching your wife do that work that I should be doing. I should be doing that work. It’s not that she can’t do it—that’s not the whole thing, I’m not being sexist. It’s just I’m saying I should be doing it, not her. And I know she realizes that I can or can’t do things. You know, what I can’t do, she realizes what I cannot do. But that bothers me a hell of a lot to watch her. I’m hovering over her, and she sees
me as hovering over her to make sure the job is done right. She doesn’t realize I’m actually there because . . . I gotta be there. I gotta be right there with her because I feel so horrible that she’s doing it. You know, I don’t want her to be doing this stuff. She shouldn’t have to. I’m the one that’s supposed to be taking care of her, not the other way around I should be taking care of my wife—that’s the big thing right there. I should be taking care of her. And, you know, that’s the other thing, too, is watching her drive off in the mornings, ever since I’ve been off. She’s always usually been at work before me, and I’d always see her off. I have always walked out with her to the car. Come rain, hail, sleet, or snow, I’ve always walked her out in the morning, for her to go to work. And I still do that, even now. But to watch her drive off to work, and realize I’m the one that’s going to be home all day long . . . you know. If I had my druthers, she’d be home all the time, you know. Maybe that will sound sexist when I say that, but as far as a wife goes, she should be the one—if anybody had to be home, she should be the home at home. I’m not saying she should be in pain at home. I should be the one out there doing the work. That’s the way I was taught, and that’s the way I feel, you know.

I should be taking care of everything for her. She should not have to….to….to—I shouldn’t have to be depending on her, physically. I should be depending more on her, you know, emotionally. Watching her drive off to work, that really bothers me, you know, knowing I’m just sitting around. Makes you feel worthless. Because even though I know that I’m in pain, it’s just the thought that: Here I am, just sitting, or just hanging around the house. I’m not doing anything to contribute to society and home, you know, the way I should be, or the way I should be able to. Not to mention the pain, again, as we talked about earlier. The pain is causing me to push her away, you know. I’ve never asked her how she’s felt. I don’t think she would tell me how she would feel about the whole situation. She wouldn’t admit it. I know I call her on the
phone a lot. I hope I don’t get her in trouble. I know I miss the hell out of her when she’s at work. But to have to rely on her that much, you know, to lean on her—I feel she should be leaning on me. But now I feel like I’m a burden on her, you know. I feel like I’m putting everything on her. And I’m the one with the broader shoulders, you know. I should be the one handling all that, not her. Not her. I feel like the shoe is on the other foot, that we’ve done a role reversal. And again, I don’t want to sound sexist. And it’s not so much the way I was brought up as far as religion or anything like that. I always felt that the man should provide for the wife.

Now, in this day and age, I understand women work. Ain’t got a problem with that. That’s fine. But I still feel the man should be the stronger of the two, and take care of her in all aspects, you know. I mean, I know it should be an equal marriage, but I still think the man should be just a little bit higher and taking care of everything else, you know, and taking care of her. [In] the relationship, the man should be the one to take care of the woman, take care of the wife, yeah. If anybody has to be strong in the family, the man should be the one wearing the pants in the family, to take care of her and everything else. That’s just the way I am. And again, it’s the other way around right now.

So, it’s not just the pain, but it’s that. It is not [normal], not with me. Not with me. I’ve always taken care of all the situations, you know, be it a car issue or taking care of the bills or whatever else, you know. I can still take care of the bills, you know, but the other issues are, um…..the things I normally did, you know. Especially the physical aspects of it, you know, to be able to physically do things. Out of everything, that’s what I miss the most right now, is to be able to go out there and I want to put a window in something, or I want to go out back and level off the ground, or I want to go pick up a piece of equipment and go home and use it without having to worry, or go out and bowl, you know, go out with my wife and do something physical.
as far as, you know, bowling, again bowling. You know, I’m not one much for going out and doing a whole lot of stuff, but—or just spend a whole day out. Her and I used to be able to just jump in the car, just on a whim, just jump in the car and go. We can do that, but I’m limited to how long I’m out walking. That worries me, too, because I feel that a lot of times if that’s the way she feels, maybe that’s also what’s causing the gap to widen between us, you know. Her and I have gotten to be pretty good friends. One thing I loved about her, and I still do, is she gives me my crap right back to me, you know. If I’m in a bad mood, she just turns around and she gives it right back to me, and it makes me pause and think, you know. But that doesn’t seem to happen so often here lately.

I’ve gotta admit, she’s the one person in my life that has made me want to be a better man, be a better person. And I’m afraid I’m pushing her away from me, you know. That if she gets too—you know, if she has enough of it, I’m scared to death that it’d come down to where she would want to leave, or just move into the other bedroom or something, you know. And of course then that would add on top—I know that would add on top of the pain. I can tell you right now, it’d make me worse; attitudes and everything would just get a whole lot worse. And those are the kinda things you think about when you sit around a lot, you know? You’re just sitting there thinking about what’s going on. [Feeling] Worthless and down, just…..I’ve always worried about what other people thought of me. That’s another part of me I don’t like family—you know, they know I’m home. When I ask them to help me, I always wonder what they’re thinking. You know, when they come over and they’re looking at me….how many times—have you ever overheard anybody come through a parking lot, and you walk up past the area where the handicapped cars are. And I’ve got to admit, I thought it myself, too, and you have to reel it back. It’s just so easy to make that judgment call. But to see somebody get out of a vehicle and
go up to that building, and you look at ‘em, or I’ve heard people say it out loud, “Well, they
don’t look handicapped.” And I realize they don’t understand—I hate that. I hate that phrase.
I’ve got somebody that says, “You don’t understand.” I hate that phrase (laugh). They…..cannot
conceive….what that pain is doing. If they were to feel the pain, if every person in the world was
able to feel…..one person that has a lot of pain, and they don’t see a problem with ‘em, if they
could feel what they’re feeling as far as the pain goes, they’d learn real quick, real quick. Just to
have it for one day would be bad enough, but try living with it every day, you know, even people
that are happy-go-lucky. If they’re in pain long enough, they’re not going to be so happy-go-
lucky. I don’t want to be a negative person. But when you’re hurting constantly, it’s almost
impossible not to be.

And you’re digging a hole, you’re getting worse, you know. Mentally, you’re just
spiraling downward, you know. Thankfully, with the therapy, you know, I’m kinda like that
airplane circling the air field right now: It’s not going up, it’s not going down, and I’m trying to
hold my own. And a lot of times I feel like I’ve given up on myself, too, you know. Isn’t that
interesting? I can’t accept it, but yet, I feel like I’m giving up on myself. Giving up and giving in
to the fact that, you know, I may not be called handicapped right now, but giving up to the fact
that I’m handicapped, you know…..disabled. And the thing that really, really, really is getting to
me is the thought of: OK, I’m holding ground, the disabled part, even though I feel like I’m
giving up on myself, I’m trying to hold ground right here. But….if they say permanent, if they
put the word “permanent” on the end of that or on the beginning of that…..
It means I’m done. It means my life is not going to be the way it was. I’m not going to be able to be the way I want to be, you know. It means I gotta start all over. It means everything I worked for is.....is all for nothing. Hmm. I don’t like the idea of that at all. All the stuff I’ve done over the years, you know, and all the changes I’ve tried to make to myself, to better myself. Everything I’ve done in the past, you know, that I’ve been proud of, you know, all the hard work I’ve done. I’ve always been proud of the fact that I have worked since the beginning, since I was 14, and I’ve never been afraid of hard work.

It [unemployment] means everything before that means nothing. Right now, I lost my job. I lost my job because of this. I don’t care what that company says, you know, they let me go and . . . when they let you go, usually, to me, it means you’re useless, you know, you’re not worth their time. But again, to just not be able to do what I used to do, everything else in the past just doesn’t matter now. So now…my thoughts are now on my future. Even though it hasn’t been written in stone yet, you know, with what’s going to happen with the back, what the doctor’s going to tell me. I see that I’m just going to be a dead weight, you know? I shouldn’t have to be worrying about this right now. You know, I’ve still got a lot of good years in front of me, you know. And that lot of living right now is looking like I’m just sitting watching TV all the time. And boredom, all that does is create depression. When I was first taken off work, I was in a lot of pain and I was cranky—I mean, the pain has subsided but it’s not gone. It’s still there. But the initial pain was unbelievable. I mean, it was just—that was pain I don’t want to ever feel again, I hope. But I got to talking to my wife, and I realized real quick that I needed help, I needed help right away. I mean, it was bad. That first month was horrible, absolutely just unbelievably bad. As much as I hate to admit it, the pain itself made it easier to want to go to somebody. I’m the kind of person, too, that when it comes down it—even with the medication, that Vicodin. I did
not want to take that unless I absolutely had to. So I had to wait till I was in excruciating pain, where I finally had to take something to help it. That’s kinda surprising with myself when I think about it, because I hate pain. But also, I hate the idea of being addicted to something.

The pain itself was so bad, even though I was getting help with the medication, the pain and my attitude got bad enough, the way my mind was going, the depression and the thoughts at the time of just wishing I wasn’t around, you know. And I know, even through the pain, you know this is not good, this is not good. So it made it easier for me to go to a therapist. It wasn’t easy, but it gave me a good reason to go, I guess that’s the way to put it. Now I do know that when the condition was allowed, um…again, they fought it, they fought it. I think we had to go all the way up to the highest hearing to get it. And at that point, I had gotten to where I could not financially afford it, because of our insurance co-pay and everything else, and when we applied for it and they denied me, that didn’t help any. I mean, you know, I know that’s part of the process—they have the right to do it, and we have to follow through with the processes. You look online, and when they tell you that they’ve denied it, it shoots you down big time. It’s a big letdown, you know. And again, I know that’s the system, but mentally, it just messes with you.

The only time I’ve had a good day with those hearings is the day we went in for the RFAs on the district . . . the doctor [they] paid to look at [me] is saying that, well, maybe [they] ought to go ahead and approve this. No, they [the company] fought it all the way to the end. . . because it didn’t say what they wanted to hear . . .
BPI Response and Demographics: Dave

Dave is a 55 year old Caucasian male. He reports the beginning of his chronic pain experience as 2008. The Brief Pain Inventory was given on June 28, 2012 at 11:05 a.m. at which time he reported no current pain experience outside of every-day kinds of pains. According to his self-reported responses to the BPI his pain is throughout both arms, front and back and into the neck. It is also up and down the right leg and knee both front and back. He reported pain in both buttocks. On a scale from zero to ten where zero is no pain and ten is pain as bad as you can imagine his pain at its worst within twenty four hours of taking the BPI was rated an eight. Pain at its least was rated a five on the same scale. On average he considered his pain between a seven and at the time of taking the BPI pain was rated a seven. It is important to note that he reported his current pain level as elevated to a seven, yet responded no to experiencing pain other than every day kinds of pain.

Participants were informed in advance that they did not have to list specific medications taken to help alleviate pain. Dave reported taking multiple pills for pain management. He reported that these interventions provide him thirty percent relief from his pain. The final seven questions utilized another Likert scale from zero to ten where zero is does not interfere and ten is completely interferes. Participants were instructed to circle the number that describes how, during the last twenty four hours, pain had interfered with their lives. Dave’s ratings were as follows: interferes with their general activity (5); mood (3); walking ability (5); normal work both inside and outside the home and housework (5); relations with other people (2); sleep (2); enjoyment of life (0). It is important to note that when answering this last question, the participant announced, “I don’t care how much pain I’m in. I’m not putting anything for this”.

103
Dave

My early childhood was wonderful. I had five brothers. He [my father] was a mechanic in vending machine services. He did his job well, he gave us time, and he earned his pay. There’s no doubt in my mind. There wasn’t an opportunity of education beyond high school for us. We did not have the means. My mother and father did not—they just didn’t have it. She was a stay-at-home mom. She did earn some money; she was a seamstress, so she earned some extra money in that, but they—you know, when dinner came out on the table, there was enough to feed eight people all the time, and I’m sure it was pretty hard. We didn’t have lavish furniture in the house. You know, we only had one car. There were only six ball gloves, and you passed ‘em on down, you couldn’t buy that stuff; and you didn’t break a bat, or you didn’t play ball. Clothes were passed down. It was below middle class, but I wasn’t poor. We still gave to our church. We were in a very big communal church where we lived, and our house was a big Cape Cod, and it was just—we had a great neighborhood, a lot of kids, lots of kids. It was a Catholic neighborhood, and we were raised in the Catholic Church, and there were a lot of kids. So, I mean, you never ran out of friends or something to do.

Every one of us [siblings] was totally different. Oldest brother was more a tough guy, so he kind of like was like the head dog, you know, as far as the two rooms full of kids. So he was always the top dog. We were hit tragically in 1970 when my 19-year-old [brother], my second oldest brother, woke up one morning and died nine months later from terminal cancer. He was very, very smart. I mean, he had a gift for math and sciences and stuff, and he was trying to find a way to go to college, actually, when they diagnosed him with cancer. Sixteen months after, my father was diagnosed with terminal cancer, and he died. And my mother was left with four boys left in the house to raise, and she did a phenomenal job. Put herself back in school, went to
college, got a nursing degree, built a life for herself, very good. Kind of helped us move on. My number-three brother is an entrepreneur. He’s worked for himself his whole life and made a ton of money, he’s been dealing baseball cards probably 15-18 years and he’s just made money right and left out of it. He’s got two boys that work with him.

The number-five brother is married, he’s got three kids, and he’s got a son that’s got autism. He is an awesome father. So it’s wonderful. My baby brother married a woman just a couple months before I got hurt, in June of ’07. She has three sons and a daughter by a couple previous marriages, but she brought a new life to him.

It [my childhood] was always family-oriented, everything was about family first. Even in the hardest times, it was always about what goes on in that house. She [my mother] had a massive stroke and died at age 59. So it was just like…..she did all this, and she was getting ready to retire, and she finally had some money saved. She was making very good money, and a lot of things I thought were going positive, and it seemed like just everything just started tragically just falling apart around her.

I had a rough five years, I would say, between the age of 19 and 24. I was gainfully employed, I had good jobs, but I was just out of control, is what I call, you know, the partying scene and all that stuff. Right before my 25th birthday, I met my wife, and it turned over a whole new leaf for me. We met, got married nine months later, and been pushing forward ever since.

I’m a very spiritual person. I consider myself a Christian, and I try to lead my life in a Christian manner, and I’ve led my children. I’m very involved in my church. All my employment opportunities I’ve had have been right here in the city, I’ve never had to leave. They’ve been very, very successful as far as financial gains, movement within the company,
growth, knowledge, and responsibilities. You get all the way through that, and I’ve got nothing that I would ever say that was ever a moment of stress or anything. You’ve got normals, you know, where you’re raising teenage kids, and you’re gonna have some problems there, puts a lot of stress on the marriage and in your house. But my wife and I have made it through it. Quitting is not an option in our relationship. It’s just not something we do; we don’t quit.

I have five kids, 28 to 14, three girls and two boys. I’ve got a grandson, and [I have] a granddaughter on the way. And all my kids live within……my one daughter lives two houses away from me—that’s my number-two daughter—and my number-one daughter lives 21 houses from me. My son is looking at buying a house right behind us, directly behind us.

I worked my way up through [my company] to be the lead rotating equipment specialist for the North American Group, and that involved six plants. I was well respected, and I had very, very high respect for the individuals I was working with, my co-workers and the management that was actually in charge at the time……February the 4th, 2008. That was my first memory [of pain]. I remember waking up from the—they had me on a type of medication, and it was for my memory loss, because I was in ICU for 69 days…..the date of the incident was December the 12th of ’07. Went to work that day like I always do, doing my job, and circumstances beyond my control created an environment that……set the wheels moving for a catastrophe, which is what happened that day. It happened so fast it was within three seconds. Laying on the floor, skin falling off of me, I was severely burned with 380-degree oil. Final diagnosis was 65 percent, half of that which was third degree and partial……you know, muscle tissue, which was in my abdomen areas, where the initial blast I got hit with—it was 80 psi, came out of like a garden house-type valve. But it was…..it was a life-changer.
I remember going to the emergency room. I remember the pain starting to come as the initial shock wore off, but fortunately, where the incident happened, they had me in the hospital within 19 minutes of the call. And the nurse told me she was going to give me a shot, that it was going to keep me from remembering what was going on because of the severity of the injury, and it would help me get through it, mentally. It did. I know that there are incidents, you know, as five years goes on, that I have moments that I remember in different types of transitional periods: maybe being moved, cleaning my wounds, whatever it might be, some spotty stuff that went through there. I found out I could walk. I didn’t know that I could get up and walk. He [the nurse] took me and explained to me what had been going on, and he told me what the date was, and it was February the 4th. A lot of emotions, you know, started to come. I asked if I could see myself. Because I didn’t have a mirror, I couldn’t—I knew I couldn’t lift my arms. I was just trying to find—I was surprised I could walk. The gown kinda covered up all the wounds. You know, I really didn’t realize, you know, what it was. And I went in and saw, looked at myself in the mirror, and I thought, “I’m in trouble.” And from that moment on, I knew that the only person that was gonna get me well was me, and if I didn’t do something about it, this is gonna get bad.

Because of my family and my wife and friends and, you know, all the people from my church, things started coming together. It took about seven months after the incident, including the hospital stay, before I was able to start piecing and linking things together. They kept me on heavy doses of methadone in those beginning stages during the therapy. I went to therapy for about probably 15, 16 solid months. We came back and forth to the hospital twice a day, at UC Hospital—I tried to keep it all down there—and then they transferred me out here to the medical facility to do the occupational therapy. I was able to do that and work the arms and get things.
But during that process, you know, there were a lot of open wounds. My entire buttocks area was gone. From my kidneys all the way down to my ankles, everything was gone. They rebuilt all that. I found out that they had grafted off of my shoulders every Friday, and my back, right here on the top of my back. Grafted and used that to rebuild the back of me. They had to let my inner thighs and my privates and everything else re .......basically heal themselves. So they were open wounds.

So I had these multiple open wounds—the stomach was still open. My arms were still all mending up. My right knee was still breaking open constantly from the swelling, and it would bleed. And my wife and my oldest daughter did twice a day, three hours, do dressing changes and clean me. Then they drove me back and forth to the hospital. I started the therapy process about three weeks—I think it was about three weeks after I got home. I started going back and forth to the hospital for physical therapy and occupational therapy I did down there, and then transferred about after nine or ten months, and then kinda divided it up between the two

Through the process of it, you know, I had an enormous support mechanism, not only directly from my family, but indirectly with my neighbors and my church family. And the outreach went beyond my wildest dreams. I mean, for several months, there was a 100-quart cooler sitting on my front porch, and every day there were cooked meals put in there for my wife because she was running the kids back. I had my two youngest ones in private school at the time, which was extremely expensive. I don’t know who paid that bill, but I was able to keep them there for three more years. After that, it became……I wasn’t going to be able to do it, I talked to my kids, and they were fine with it. Actually, it worked out very well. My son went on and went to high school at the public school, and then my daughter went to vocational training. There are a lot of things that I don’t know financially who was responsible for, but there was nothing that
needed to be done that wasn’t done; and then beyond that there were things, and the outreach was just tremendous.

I did nothing wrong. I proved it, along with depositions and testimony from even their own witnesses, that I have done nothing wrong in this case, and the burden in my heart is on the company because of the series of decisions that were made that led up to the ultimate that somebody got hurt, and I just happened to be the one in the way when it happened. I have never talked about it, other than to my doctors and to, you know, a few close personal friends. I haven’t gone to the public and talked about this. I was hoping that this would reach a…..compromise between myself and the company that would financially support one way or the other the mechanisms that were in place. I didn’t ask for anything that was above and beyond my own reach had I not been hurt. But unfortunately, it didn’t go that way, and I started legal action right before my grace period, which was 24 months after the incident. If I hadn’t done it before that, I would have lost my opportunity by the laws. Workman’s Comp and then OSHA interviewed me, and……of course the attorneys interviewed me, and we found—unfortunately, we found a lot of things that were wrong, that were broken in the systems that were designed to keep us as safe as possible. There was just too much broken, and actually, it really, really disappointed me. It really disappointed me there was that much that we discovered. That day came up, and ever since that day, there’s actually no management of any sort that’s even existed in that plant now; they have moved away since this has happened. They made some quick moves right away. Actually, in some parts of the depositions, we had to subpoena them from other states to return to get the depositions that we needed for the case. The laws seem to be very much in tune with keeping you from getting a rightful….we’ll call it settlement and/or day in court, to give me my day in
court. They don’t want anything to go to court. They don’t want to see these cases go in there, because it changes the view from the public’s aspect of the company.

So, right now, my civil case is in the appeals process, which is having a tremendous emotional bearing on my wife. She tends to carry the load of the emotions….They [the company] don’t know anything about my family structure. They don’t know about where the money is coming from. They don’t know basically anything about my personal wealth—if you call it wealth. I call it wealth because we worked for it and that’s our wealth, whatever that may be. Most of it is the spiritual wealth; they can’t …you can’t destroy it. You cannot destroy the spiritual wealth in my house; it won’t happen, I don’t care who you are. It just ain’t gonna happen. So that’s my pillar. I always try to find the best in everything, every situation. I believe spiritually that my Lord and Savior is the one that’s in control, and I let Him, you know, lead me to where I’m going.

They [the company] have decided to terminate my employment, which completely cut off the benefits to my wife and kids. I cannot control the fact of what they’ve done. Whether they’re right or wrong, I have to prove that they’re wrong. So, you know, it’s left up to me if I want to spend more money, that I don’t have to begin with, on that part of it…..There’s a huge financial burden that’s going to have to be paid, regardless of the outcome, and it will cause a great deal of problems within my house, only because we’ve worked very hard, we have never had a single penny of debt in the 28 years we’ve been together, we own our home, we’ve never had credit card debt; we’ve never had any kind of debt. So it’s something that we can kinda hang our hat on, that we….chose to live within our means and then also to save for the rainy day. And that’s going to get into my rainy day fund down the road. Now, I said all that, but ultimately, the workman’s comp piece of it is not something that can be negotiated by either side; it’s
determined by a panel on the compensation benefits that are going to be awarded, and everybody has to live with it.

I loved my job. I worked—I got up at five after four every morning and returned to my home between 6:30 and 7:30 every night, sometimes weeks on end, every single day of the week, and never complained about any of it. The only thing that I see now that I’ll tell anybody in the world is I spent a lot of time down there and I should have been at home like I’ve been for the past five years with my children. I see the absence of a working father. But I also saw the benefits of a non-working mother. My wife has never worked a day. We’ve been very, very blessed that she has been there for my children, and….I don’t think there’s anything, you know, more to say about it.

Hopefully, I will find a way to release myself to be productive and self-sufficient. You know, again, where I’ll be able to drive and I’ll be able to do it the right way and I will not have the drugs in my system and…..[I’ll] be able to contribute again—in that manner, in a working manner. I still volunteer at my church once a week. I volunteer at the burns floor at UC Hospital when they need me to talk to other burn survivors about, you know, what they can anticipate, you know, the positives and negatives of recovery.

I mean, my life is, what I consider…..probably as fine as it could get because of the interaction I’m having with my kids and my wife now, and being able to do the things we do, and we just can turn the key and go do what we want to do with our family. It’s not something I’m going to give up again. I’m not going to give up the family piece of it. I’ll work. I have no problem working. But there will be limitations to how much work I will do to earn a living other than earn the benefits package I will contribute to, you know. I’m looking forward to a benefit
package. Because I will seek employment with a benefit package that will cover my wife and my youngest son now…..

She’s [my wife] never had a job…. Huge role change, didn’t even know how to turn it over. I didn’t even know what to do. I was totally dependent those first four and a half to five months coming out of the hospital, on my wife, to think for me, tell me where to sit, when to stand up, when to roll over on one side, when to roll to the other side, when to sit up—I mean, everything—when to eat, how much to eat—everything. She had to do every single thing for me.

[I’m in] Constant pain. [It’s a] whole new life—the first time I remember standing in the shower at home, I was afraid to let her [my wife] open the shower door to wash my back because I couldn’t get my hands up yet above my shoulder blades. But I was watching the blood run down my stomach and down my legs and into the drain from that. And all I did was say, “OK, this ain’t good, but I know in the end, if I want it to happen, if I want these things/this stuff to heal, if I want to be able to be mobile, if I want to be independent again, I have to work myself every single day through that process.” So all I did was I concentrated on one area of my body. So I had to pray through all that.

I was having tremendous balance problems, and that was due to the medication, too. It was throwing me off. The medication had a lot to do with the problems I was having with stabilizing myself with my feet and feeling like I was always falling out of the bed. Because, you know, when you’re numb all the time—we’ll get all into the conditions of it later, but when you’re numb all the time, you don’t know where you are…. when you have no feeling sensation. I move around all the time because I can’t feel anything when I’m sitting. All I can feel is pressure, the pressure that goes up into my shoulder blades that I’m sitting. So I try to move
around. You’ll see me, I get fidgety. And I have to make myself aware, mentally, that, you know, you’re good, you’re secure. I spend a lot of eye contact on my body to make sure that I’m sitting properly and things like that.

It’s my job to get better. It’s my responsibility to get better, to complete it as far as I can; quitting is not an option. I’m [not] just going to sit around and watch her [my wife] run back and forth and try to find out where we’re going to get the money and then ask her to feed me and, “Oh, by the way, did you pay the water bill and the electric bill? Did you get the grass cut, and did you fix the trim on the house and clean out the gutters?” I know I can do that stuff. I just have to get well enough to do it again and then find out the safe way to do it for me.

The two keys on all this nerve damage are the mental and the physical, I believe it 150 percent. I can mentally put myself into bed with the pain if I want to aggravate myself. All I gotta do is bring my stress level up. Bring the stress level up, boom, I’m sick and I’m hurting and I just can’t function, can’t even talk. Huge, huge burden if I let myself get stressed. It hurts. Can’t do that. I can feel it physically hurting, whereas stress before was like hidden, it was masked.

You know, you can get into your job….get excited and run. You don’t know; you’re not paying attention to your heart rate. You’re not paying attention to your respiration, what you’re eating. You’re not paying attention to it. You’re just going through the motions. Well, I have to pay attention to it. Because all that stuff affects how I am going to be able to react as far as my nerves. Then, it becomes a pain management by, you know, introducing me to a narcotic or whatever it might be as far as, you know, the pain management piece of it. But I believe the physical and mental aspect is the first step to recovery as far as the amount of nerve damage I
have. You know, you have to pay attention to your diet and what you eat and how much hydration you get. I have to be very, very careful about monitoring my differential temperatures and stuff like that. Like now, if I was to stay in here for three hours or so, my body would start aching, because it kinda makes me, like, ill. I don’t know what you call it. I mean, I just know it makes me feel very bad if I stay inside the house with the air conditioning.

Mentally and physically. It catches up with me a lot. I can fall asleep about every hour, easily. But I contribute [attribute] that to the amount of medication I’ve been taking, too. I don’t have any faith in pain management. The pain management system is—unfortunately, it’s mismanaged, and I really don’t think it’s even managed….In my case, there was never an interview about, you know, what your real pain problems are, no target vicinities. The only thing he’s based anything off of is by me complaining. I came into this complaining to my, uh……I tried to get back to work. I was working four hours a day, sometimes six hours a day, whatever, trying to work, get back to working. And in…..October of 2010? Right. In that fall of 2010, I kept telling my doctor that—I was still under the care of the UC burns unit. I kept telling them, I said, “Something’s wrong,” and they go, “What?” I said, “I am uncomfortable all the time.” I said, “I’m getting shooting pains down through my ulnar nerve.” They’d already repaired it twice, and I said, “It’s starting to come back.” I said, “It’s getting into my shoulder, going up behind my ear,” and I said, “There’s just this pain, and it’s a thumping pain,” and I said, “It’s starting to affect my left arm. “Well, you know, we’ve done everything we can do. You probably need to go to Pain Management.” So they set me up, and I went and talked to this guy. Fifteen minutes I talked to his assistant; he came in and introduced himself, said, “I see you’re taking this, this, and this. OK, we’re going to change it to this, this, and this, and we’re going to add this.” I said, “Well, what’s this one for?” “That one is for your pain.” This is no lie: In 18
months, I saved all the rings off the top of every prescription. I have almost—no exaggeration—about 250 of those red rings on top of prescriptions that have been….“Try this, do that, do this, do this thing, whatever it is. No, we’re not going to do that.” They have spent money on one drug for 30 days, was $2640 for one drug for 30 days. It was called Fentora; it’s a cancer treatment. They put that under your tongue. That was the first thing he gave me. “Oh, put this underneath your tongue and it’ll take away the pain.” I hit the chair…and it blew me out of my….this ain’t right. There’s something wrong. And it just started from there. I said, “Dude, are you gonna talk to me?” He hasn’t spent 15 minutes in 18 months. Thirty seconds was the longest on the past couple of visits. And he wrote that C84 form out. He filled it out and he goes, “Um, let’s see what they do.” I said, “Who?” He said, “Let’s see what [the company] does.” He says, “We’ll just see what they do.”

Well, when I go back to this visit, I’m going to tell him, “You filled that C84 out and they terminated me.” “Because you put permanent restrictions on there and put me at 20 percent.” And now I’ve gotta fight—because the simple fact is, it didn’t go to my physician of record for approval, which is my other doctor. So I don’t have any faith in the pain management system. I do that [take the medications] because I don’t know how the system will react to me if I did not take the medication. He has never drug-tested me for the medications, which I did sign a release that says he can drug-test me at any time. He’s never asked me to bring in the medication, but he can do that at any time, to see if I’ve been taking it. So I manage the system the way it has been told to me to do. Why? Because I didn’t want to lose my job. Because if I refuse treatment and/or alter treatment on my own, then they’re going to say, “Well, he’s not cooperating with it,” and you’re out of the game.
I’m going to find some other way than taking all these medications I’m taking. There are seven or eight of ‘em, all at once. I am on a mission to find every aspect of ideas and/or studies that are being done in order to eliminate the use of narcotic drugs for the type of pain that I have. I’ve talked to other burn survivors across the country on what they’re doing. They’ve never heard of some of this stuff, too. Most of them are living with the chronic pain that they have because it’s such a roller coaster: you’ll have one bad day and five good ones, and all of a sudden another bad day shows up, and usually it means—I mean, when it hits me, I’m in bed. I close the door because I can’t even talk sometimes, because it gets beyond my control, I would say. It takes me out of my body, is what I always tell ‘em. It’s because I can’t deal with it. So the only way I deal with it is I close my eyes, keep the room quiet, turn the fan on, and then just relax, try to mentally tone it all down inside of me, find out what set me off. And nine times out of ten, it’s some kind of emotion…….

The emotion that I’ve been going through is with the civil suit, the workman’s comp suit, and now a wrongful dismissal case on there. I’m constantly dealing with…..between the attorneys and the paranoia of the company following me and/or looking at me and watching what I’m doing and everything. I get angry about the way I let myself go. You choose to make….You choose to concentrate on different issues. I make choices to do this. Those choices ultimately have a consequence. So, that consequence to me is chronic pain. It raises the level of the pain measurements. If I’m pretty aggravated, I’m definitely going to be in pain—or, I should say, elevated pain. I’m working on reducing the stress, mentally. You have to be first willing, then you have to seek out the tools, and then you have to use the tools in order to get those results.

I was slowly being fed things that went on during the actual 69 days in the hospital. When I hear that my own children were upset because they didn’t understand what was actually
going on with me, that maybe I was just mad at them or whatever it was, that upset me, because I
don’t think that way, I do not show emotion that way—in anger. I get angry, but I do not show
an explosive anger with my family. I always try to keep my voice down. I always try to get to the
point of why I might be upset. But these were things that they didn’t understand. So it hurt me as
I grew through this process and more information came in, how the incident occurred, why the
incident occurred, who was responsible for the incident, and how it affected my family. That is
the piece that always kind of dwelled in me, that became the word that we would associate the
word “angry.” Anger is something that you need to be able to control to a certain degree.

So it’s a distinctiveness between the anger and what caused those emotions, and those
were the things that I was the most upset, and still upset to this day. My daughter should have
never been exposed to that kind of trauma in her life. She should have never had to see that. And
that’s why I associate that responsibility to my company. If they had made different decisions, it
may not have happened. Don’t know for sure. But I do know the decisions that were made by
testimony….conclusively showed me that those decisions resulted in the type of trauma that my
daughter had to experience, and that’s not acceptable. My wife…..if I take it to that point, my
wife, for better, for worse, for richer, for better, in sickness and health, till death do you part, I
don’t believe they wrote that type of trauma into that. But I will say, that my wife faithfully
does—she just dropped me off—does everything there is to support her husband, 150 percent. It
may grumble her, she may be tired, but she is tired. She has been tired of this process for five
years, and it’s wearing on her, and it’s an extreme emotion that I am very much concerned about
because it is interfering in my personal life, it’s getting harder to help her through a day without
something from this incident reminding her and/or striking up a bad thought in her head that
might disrupt her whole day. So there are a lot of things that are associated with those decisions
that are affecting the family, that make me angry, but I don’t openly….. I try to protect them as much as I can, and sometimes that’s not the best decision.

Sometimes, protecting them means that you’re basically putting off the inevitable, and then, unfortunately, it may be incorporated with another piece of information, so now you’ve got two pieces of information that would be upsetting, and now you’re dealing with something even bigger. So you have to be very careful how you say you protect them from this. So I try to openly have a little bit of time—we just did it this morning, and she got it out of her system. You know, I always tell her, “Please go through your day. Don’t dwell on this. Do not dwell on this conversation. I just did that so you can release it, the children aren’t witness to it.” Nobody witnessed, she can express those emotions, I take the emotions, and then I go—because I’m a spiritual man, I am a Christian—I pray about those emotions, that she will be blessed in a way that will help her cope through the day.

I stay diligent in the prayer part of it because I feel that is my strongest…..and I know in my heart that is my biggest advocate for the truth. He speaks the truth, and I will not represent anything but the truth, and as the truth has come out, the truth needs to be—somebody needs to take responsibility for the truth. I didn’t do anything wrong. It was very difficult. It was very humiliating.

This incident has definitely changed my life. My faith got stronger. That’s the way I look at it, and nothing is going to waver me from that. The situation with the civil suit, with the fact that I have no health insurance now, because they terminated my job, for my family, it’s not going to waver me, but it is an issue that I have to deal with head-on. And it’s not moving fast enough, according to my wife this morning. She’s very, very distraught by it: “What happens if
“I'm doing what I have to do in the worldly piece of it because I feel it’s the right thing to do. The truth needs to be spoken, and people need to take responsibility for the truth, not just in this case, but in every walk of life. I have never, ever in my mind thought that I would not be going back to work full-time. But I don’t feel any guilt about anything. I didn’t do this.

When they started backing off and things, you know, looked up, then all of a sudden, you know, I’m back at work four hours a day and I was driving myself in, couldn’t hardly walk from the parking lot to get to the door, but I tried to go, and I progressively got a little bit better. I was trying to work myself into an eight-hour day, and I wasn’t able to do it because I kept falling asleep because of the meds. And then we started getting in trouble. Excruciating pain. It’s [the pain] the result of that moment. This is the way it is. It’s not designed this way. Your body is not designed to do this, OK? We changed the design of the body that day, OK? The body did its best to do everything in its power to be as normal as it can be. You’ve gotta trick the brain with the drugs so that the brain quits sending these electrical signals down there and shocking you and moving you and causing all this pain. It’s a game between the brain, which is very powerful…..It’s the only healing thing that you can think of. You have to use the brain. The brain is not going to quit working. It keeps sending all this stuff down here, so we trick it with the drugs. And that’s unacceptable today. It was what I had to do then. But today, I don’t feel that there’s—I have to look outside of the medication and try to find something that’s going to work. I don’t believe yet today that I will ever be pain-free. I believe I will be drug-free. Because
that’s my goal is to be drug-free. It’s my goal. I’m not going to stop until I’m drug-free. I don’t care if it takes another 10 years; I’m not doing this the rest of my life . . . with the drugs. That ain’t happening. Unless I have to. Unless that’s the only way I have to do. But I think that my fight is in the right direction.

It’s a process. That’s a good word. Because it is, it’s a process. It is a process that we have to—we have to work through this step by step process. You have to find a way to maneuver. When I got home yesterday, when I left here, I was not feeling good. I got hit hard yesterday again. I was in bed till almost 6:30 last night. I was extremely excited, I got the emotions up again, I was excited about being able to talk, and it started rendering all over me. I could feel it everywhere. I was getting sharp pains and aching in my—everything was aching again, because I’m setting off all these emotions on the inside, where I’ve……you know, I had suppressed them with the thought that I will be able to speak one day. Well, the one day came yesterday, and that was new for me. It ultimately put me down, because I know how my brain works with my body, I know that these things are being activated by the conditioning of what I think about. I had to lay down. I had to lie down and calm myself down. I took my meds right when I got home, and it’s pain medication; the highest dose that I take is at the 230 mark. If I’m sleeping, they [my family] know that I need to be in there, and when I wake up, I’ll be just fine. When I open the door, I always make sure I comb my hair and brush my—you know, get myself all nice, so I don’t look like I just woke up, and when I come out the door—I do this on purpose because I do not want my children to see that there’s anything pulling me away from being the positive person that I want to be. I turn it off.

I want to present myself as being the best person I can possibly be, in any situation. I can feel it coming on, I just feel it. I know it’s going to come to me, and it gets to the point where I
can’t even speak because it elevates very, very high very rapidly. And then I just get out, and then he takes me home, and he gets my instrument out of the car. I just go straight to the bedroom, I go in and wash my face, get all the way down to my shorts, and I stand there for a second. Then I sit on the edge of the bed, and I drink a lot of water and take my medicines, and just sit there for a little bit until I get—it overwhelms me so much, I get so exhausted, I fall asleep, and then I just lay down.

I schedule everything around my 2:30 to 4:30, as I call it; 2:30 to 4:30, worst time of day for me. I used to be able to get up at four o’clock and go to bed at ten o’clock that night. Four a.m. to ten, I could keep it going the whole day. That’ll never happen again. That ain’t gonna happen again……There is no intimacy. I understand it, but it’s kinda hard to sleep with a guy with a hose on his face or wrapped up like the mummy. I mean, after the incident, I spent 19 months in and out of that bed. There’s no room for her; it’s a full size bed, we don’t have a king size, which is one of the things I’m working on right now is getting a king size bed, so at least she can get back in bed with me. She can’t sleep with me, so the intimacy is gone. Plus, I was burned, so….that’s a huge problem, and I’m not putting any more drugs into me just to have sex. I’ve talked to her about that, and it doesn’t seem to be a problem. I put a lot of value in being supportive. The sex part of it is just that…..Every time I sit across from her with my cup of coffee. Every time we’re driving in the car. She makes me laugh. I make her laugh. She laughs all the time at me because I, you know, I have a real hard time, I have a real problem, with short memory….on what you might have told me, and then five seconds later, it’s like I didn’t hear you.

The fear has overwhelmed her [my wife]. The fear of everything has overwhelmed her optimism….I am not sending my wife to work because of this mess. Ain’t happening. I will
work two jobs. I don’t care if I gotta work part-time one place and full-time another place if that’s what—I will find a place with benefits. I will find it. It’s [unemployment] a problem for my wife. But it’s not the word “unemployed,” it’s the word “benefits.”….No health care. You jerk their health care, and you will ruin—you will extinguish what could have been a very, very productive family in this society, by eliminating health care from them…..I just gotta keep working on it. I will find it…..It makes me even more angry…..It makes me more determined that the truth is going to be spoken.

Why should she [my wife] have to change her life now, this far in the game, because of what happened over here? They’re responsible for it. Why should I have to ask her? I will not even ask her. There ain’t no way I’ll ask her to do that. Nope. To go back to work? No. I won’t even ask. I want my kids to come home from school and see their mother’s face in the kitchen, or wherever she wants to be, every single day. I want my kids to have their mother be able to come to their events at school and whatever it might be.

It [being a man] means being a pillar of truth. And so, to say what a man is, what’s the meaning of a man for me? You know, you stand up for what’s right. You stand up for values. You have to have some kind of structured values. I would tell any man, you better have some type of structured values, and you have to show those, you have to live ‘em. You have to walk the talk. You can’t change the walk and change the talk at your convenience. You can’t be that way. It is what it is…..So the value is, have value, have strength, and live it, don’t deviate it from it, and make sure that your wife and you both agree with these values and you are both going to reinforce it, because one is not always going to be there for the other. The family is more important than anything. There’s nothing that even comes close to it. If she said to stop it right now—if she’d said a year ago, “Stop the whole thing, drop the case, whatever it is, we’ll pay the
bill and walk away from it,” I’d have done it. I’d have done it for her. I’m not ruining my marriage over this. That ain’t happening.

I think it’s part of the structure of being a man. You can’t run your lips and say you promise to do this and “I’ll do it till the death do us part” and not live up to it, you cannot live up to it. I got a compliment from an uncle that I didn’t really think would ever say anything nice about my dad, and he said, “Your dad was reliable and dependable. He was never late, and he was always on time or 15 minutes early when he said he was going to do something.” He told me that my dad, anytime he ever said he was going to do something, he did it. He always came through, no matter what. And that’s one thing I always remember. So when I tell somebody I’m going to do something, I’m there.

If they come in here and offer me money right now, I know the paperwork is going to keep me quiet. The paperwork that I will sign in order to get restitution out of it, in order to secure benefits and things that I’ll be able to afford to buy, with that restitution there will be a hush clause in there. And I’m going to have to break down and sign it in order to secure my family, and I’ll never be able to talk about it. It’ll be a pretty big personal loss.

[When something like this happens] you are going to feel, first of all, abandoned, that you’re the only one out there. You are going to feel deceived. That’s going to be your company [who] is going to deceive you. You are going to feel bombarded. That’ll be family telling you what you should and what you shouldn’t do, and what they would do and what they wouldn’t do, and all the other things. You’re going to get all that stuff when they find out, because they all are going to feel one thing, one thing only: They’re going to feel your wallet getting bigger. Somewhere along the line, they’re thinking you’re going to get some kind of money out of this
and everything is going to be fine. Well let me tell you something: The back injury is a back injury. You are going to have to deal with something in relationship to that back injury probably the rest of your life, and that’s the emotion that I think that we should be really concentrating on: What is this going to do to you in the future? Are you getting the proper care? Are you getting, you know, the proper physical therapy? Have you seen these specific types of doctors? What has happened so far? Put all that down on paper. Look at it. Are there any missing links here, any pieces here? Well this emotion that you talked about, about being ticked off—you’re not ticked off at the fact that you know that the safety device was there, that they ordered you to reach in and grab that, or whatever it might be. You know all these things. So, are you mad at that point? Are you mad that you didn’t do nothing wrong? Are you mad that they did something wrong and you know it for fact? Are you just mad because everybody else is bombarding you and you’re tired of hearing it, and so now you feel like you’ve gotta stand up and do something about all this, because you can’t satisfy everybody else? Let me tell you something, friend. You see her? That’s the only person you need to communicate with. That’s your first line of defense is your relationship, or you will never, ever be able to get through any of this, negatively, positively, anything. The family, tell ‘em to take a hike. This relationship between you and her is the first priority, and then when you understand it, you look each other in the eye and you commit to each other that you are going to work through the back problem, not this piece of paper, not this paperwork chase that you’re going to be on. That’s a journey you both take, you both push it. When you can do that, that’s the emotions that you’re gonna—you can call me about. I can tell you what my wife and I went through. I can tell you how mad she got. I can tell you how upset she is with these attorneys. I can tell you all that stuff. But she’s never forsaken me. She’s still
standing right there with me. And she’s madder than a hornet. She’s mad. She’s mad. I don’t have that emotion of being that mad. But you cannot ignore that. You can’t ignore it. It’s real.

I’d recommend it [therapy] for anybody. [Therapy] was not my decision. It was their [the company] decision to send me to somebody, part of my being able to come back, so I don’t go postal. Hate to say it that way, but that’s what it was. [Going to therapy was] very difficult, very difficult. You don’t want to tell somebody you don’t know. I don’t know this dude. I don’t know him. I’m not going to sit down here and spill my life to you. What do you want? What are you gonna do with this information? I was ordered to go, and now I would definitely say that I’m taking advantage, I will not stop this process, because I’m not geared . . . I’m not through this process. Navigate the system, without being a victim.

You cannot be a victim in the system. You allow yourself to be a victim, you will be a victim and you will be less than before you started this whole process, because it will destroy everything you have. It will destroy your marriage, your family, everything, because everybody will just take a hike.
BPI Response and Demographics: Eddie

Eddie is a 40 year old Caucasian male. He reports the beginning of his chronic pain experience as 1999. The Brief Pain Inventory was given on July 3, 2012 at 11:00 a.m. at which time he reported currently experiencing pain outside of every-day kinds of pains. According to his self-reported responses to the BPI his pain is in his neck both front and back as well as his lower back and inner thighs and knees. On a scale from zero to ten where zero is no pain and ten is pain as bad as you can imagine his pain at its worst within twenty four hours of taking the BPI was rated a ten. Pain at its least was rated a four on the same scale. On average he considered his pain between a five and at the time of taking the BPI pain was rated a five.

Participants were informed in advance that they did not have to list specific medications taken to help alleviate pain. He did not report any treatment for his pain or any percentage of relief from pain due to intervention. The final seven questions utilized another Likert scale from zero to ten where zero is does not interfere and ten is completely interferes. Participants were instructed to circle the number that describes how, during the last twenty four hours, pain had interfered with their lives. Eddie’s ratings were as follows: interferes with their general activity (5); mood (3); walking ability (9); normal work both inside and outside the home and housework (9); relations with other people (7); sleep (6); enjoyment of life (8).
Eddie

I was the youngest of four children. My parents also took in foster kids when I was younger. I was the baby, and more or less I felt that I got a lot of the attention because I was the baby, and my two brothers picked on me all the time and, you know, the normal childhood stuff. I’m not sure what age I was, I would say [I was] probably around eight, but my parents started taking foster kids, and we had 48 foster kids within five years that were from newborn to five years old, which basically made me feel left out then. I no longer was the baby of the family, and I think that that is one of the big things in my life that affected me, because now I feel like I’m kinda the black sheep or the rebel of the family, I’m the one that’s got in trouble doing things. And I just think that if……I didn’t feel left out, where I got all of the attention and then all of a sudden for five years I was nothing……I know that my parents still loved me the same, but that’s where I reflect a lot of my mental stuff to.

I [was] always wanting to be outside and work. I went to school, I absolutely hated school. I had skipped school one day to actually go hunting when I was 17, and my mom of course found out that I skipped school, [and she] came and found me. I told her that day that I didn’t want to go back to school, I hated school, and I wanted to quit. I believe I had two more months before I turned 18 when this happened, and they knew that—I told ‘em, “Either let me do it now, or I’m going to do it as soon as I turn 18.” So they went ahead and they signed me out of school. I actually had been also skipping school, working for a guy instead of going to school. So when I quit school, I was actually already working full-time in construction, I got basically hired on as full-time, and just basically continued to work pretty much steadily from then until ’99, when I hurt my back. But I’ve done a little bit of everything: [I did] construction, I ran heavy equipment, I drove dump trucks, you know, anything. I threw hay, [did] farming work, you
know. I hurt my back in July; yes it was, 22nd of 1999. At that time, I was actually working for a propane company, getting off of work and going and doing farming at night. If you would’ve asked me in January of 1999, I felt like I could lift the world. I mean, I was perfect, felt like I was in perfect shape.

He [my dad] was a schoolteacher, and then he got into real estate and actually had his own real estate office and then would buy and invest in properties and resell or rent or build houses. He’d sell ‘em; the ones that didn’t sell, he would rent out. That was dad’s…..And when I say he built, he didn’t build; he absolutely knows nothing about building. But he was the type that never physically got into labor. Mother . . . when I was younger, I think she did work, when I was little and don’t remember. I do remember her having a job working in the cafeteria at school for a couple years, but after that, they started getting the foster kids, and then from then on she’s been a housewife. But my mom is ate up with rheumatoid arthritis, I would say, 99.9 percent of her body.

In my teenage years, I did kinda turn into a rebel, and started drinking and smoking early, and they didn’t approve of it. And the more they don’t approve of it, the more you get in trouble for it, the more you go and hide it, you sneak it and stuff like that. So, kinda the typical childhood, I’d say. I mean, I ran away a couple times, but I knew I was gonna come back. It was just that I was trying to set a point, and it never did work, so it was just a basic waste.

He [my Dad] definitely wanted us all to go through school and learn as much as we could and go through college. My two brothers actually went through college. My sister, my sister is…..a good girl. I mean, she’s got three kids now. She used to work. She also worked at the hospital. She never went to college for it, but she got in and was like a staff nurse. I love her. I
don’t like her husband too much. Me and her husband just don’t get along too well, but she’s…..that’s just her. We all got along great. I mean, we all wrestled. It wasn’t just me and my brothers; my sister would wrestle with us, too, and everything. I mean, it was a good childhood. But they didn’t agree with me smoking, of course, because they’re allergic to it.

I think I had a good childhood, but I just think that it was the foster kids that made a big thing that stuck in the back of my mind. When I say I feel left out, I wasn’t left out, but I felt that way, so I would go and stay with [one friend] for a couple nights, and then I would go and stay with [another friend], who lived up the street, a couple nights. Or we’d all go back on a vacant lot and have a big campout and stay back there for a couple days. It was always I’d just bounce from house to house to house instead of staying at home. I probably had more girl friends per se than boy friends. I mean, I pretty much got along with everybody. I’ve always been an outside person. Loved the outside. Loved camping, fishing, boating, skiing, hunting. But now that I have the back problems, I can’t hardly camp.

My first wife, I met……I don’t even remember when we got married, um…….about 1996, I believe it was, and we were married for two years, and we started arguing and fighting over financial stuff and typical arguments. I went to work one day, came home, it was pouring down rain, typhoon pouring down rain, she wasn’t at home. I went in, went to the restroom, doorbell rang, I answered the doorbell, and the sheriff said, “I’m here. You’ve got 10 minutes to get whatever of your belongings out. Your wife filed for divorce.” Come to find out, she had been seeing somebody else. By the time the divorce was over and final, I ended up with nothing.

Me and my first wife actually had a son, Joey; he’s 15. After that, I started dating other people. When I was married to my first wife, I did want to have a second child because I didn’t
want mine growing up by himself. I wanted him to have a brother or sister, you know, to grow up with. Well, shortly after she had him….I guess it was within a year, I know it was within a year, she asked me if there was any way that I could take her to the doctor’s office because she had to have a shot and she wasn’t able to drive home. So I took her to the doctor’s office, and come to find out, she ended up having her tubes tied, and I never knew it until after she came out of the surgery. So then, like I said, that was—shortly after that is when she filed for the divorce, and I believe that it was the fact that she wanted that done because she was cheating, she was afraid of getting pregnant, afraid of getting caught. So after that, I decided—after Joey got, like, six, seven years old, and I was dating, I decided, you know, I don’t want another kid.

She [my first wife] had parental everything. I got the visitation. But she had a job that had insurance for the family, so she was ordered to keep the insurance, I was ordered to pay the child support. I haven’t seen him much. And I’ve just never fought the issue to make him come when it’s actually my weekend. He pretty much comes and goes as he wants, or as his mom lets him. He stayed for two weeks, which totally surprised me, last month, and did tell me that he would like to move in with me, I guess he stayed for two weeks and then went home and was there a couple days and decided he wanted to come back, she said no, he had spent enough time with me, he didn’t need to come back right then, you know. And then two days after that, he called and says something about his mom had something to do for a week, was there any way that he could come and stay. So when she had something to do, he was allowed to come to my house. And I just—like I say, I’ve never pushed the issue. If he wants to come live with me, great; if he don’t, you know, we still talk every day; we’ve still got a great communication. But his friends are down here, they’re not at my house. And then my stepson is a few months younger than Joey.
My wife that I am with now—well, I should explain that. We got married and we ended up getting a divorce. I couldn’t afford staying in my grandparent’s house that I’m renting, she was in an apartment and was getting ready to lose her apartment, so I let her and her two kids come back, to help me pay for the house. So we’ve been living together, we were actually married, we’re legally divorced but living together. But I still consider her my wife.

One [step child] is a 14-year-old, and the other one is 12; she is mentally disabled, legally deaf, diagnosed with a disease called Ring 18, which [affects], like, less than 100 people in the whole world. The kid could die tomorrow and….you’ll know she had a heart attack or whatever, but they wouldn’t have any idea what caused it. It’s a chromosome-in-the-brain disability. You constantly gotta watch her [step daughter]. And plus, she’s—I don’t know if I even said it, she’s legally deaf, but I don’t know sign language. She just can’t talk. Now I think that if we could’ve got her in St. Rita’s earlier……You know, we tried—she’s been there for two years now. This was the end of her second year.

I want to say that I rescued them. When I met her, I rescued her and the kids out of a highly abusive father/husband. I’ve raised his kids, you know, so that’s……the life, and that’s—the kids both call me Dad, consider me, Dad. And that’s . . . the big thing when me and my second wife. When we split up, that’s what bothered me the worst. Because I was used to having ‘em. And I got just as much attached to her kids as I was my own, and I consider ‘em my own now. But also, when we were split up, I baited, you know. She accuses me of having sex and this and that. I’m not sexually active. I have problems with the whole performance because of my back injuries and stuff, and the fact that I don’t want another kid. Stacy’s [my wife] tubes are tied. And I don’t want to catch a disease. I have enough problems. But it was just…..I wanted somebody to be there, I didn’t want to be alone, but yet I wasn’t into the sexual activity part of it.
The whole sex thing, like I say, I believe it’s because of my back. I want to have back surgery. I beg ‘em to do back surgery because both my neck surgeries have been successful. But me and my wife actually had intercourse three or four nights ago, and that has been the first time in, I believe, seven months that I was actually able to get an erection. And you wouldn’t think that sex would—or intercourse would—lead to this many problems, but it just—it opens up the whole can of wax—or oil—and it just starts spreading. If I’ve got something pinched that is not allowing me to have a sex drive or an erection or whatever, it’s been pinched since ’99—because that’s when I started taking the Viagra—am I ever gonna gain it back?

After I hurt my back, it just went downhill. And now with a job or even trying to do stuff at home—which currently I don’t work, I am on disability now—but if I do work, when I work, I pay attention to what I’m doing. I ended up having to quit the propane company that I worked for then, because I could no longer deal with the pain. And then from then on, I just basically haven’t worked and haven’t been able to get straightened out, and now, since then, I’ve got all this depression that’s built up. You know, I’ve…..The injury affects me. It started out with a sprain and a strain of two different muscles, and then it turned into one herniated disc, and then the disc above that went bad…..so there’s three discs. I also have had two neck surgeries where they’ve taken two discs out, and I’ve also had a total hip replacement on my right side, at the age of 38.

I just honestly feel like I’m just going straight downhill. My future—I see no future in my life as I am right now. I honestly don’t see myself living to 60. Just the way my body is starting to act. Workman’s Comp [says no to surgery]. Of course the medications, they’ll pay for the Percocets and the Oxycontins, 13 pills that I took a day, Oxycontins and Percocets and three or four different muscle relaxers and three or four different anti-inflammatories and anti-depression
medicine, this and that, never fought the medicine at all. And now, they won’t do surgery. A lot of the doctors don’t want to prescribe narcotics no more; they want you to do the injections and all that stuff. Well, I’ve been through it. I’ve been through the chiropractor. I’ve been through decompression stuff, you know, traction and all that. I’ve done everything possible. So I want to have surgery, but Workman’s Comp don’t wanna pay for it. You can go see one doctor, and he’ll say, “Yeah, I think I can do surgery.” Well then Workman’s Comp, once you go to their doctor, [he/she says], “Well, I don’t think that it’s bad enough right now,” and it’s like, my god, it’s not bad enough right now? I’m in pain every day. I can’t have sex. I haven’t had sex for seven months. My wife feels like because she’s getting bigger that I don’t love her because she’s put on weight. And I do love her, but it’s not that, it’s just that I can’t get an erection and it just goes…….the whole thing just goes like this; it just gets bigger and bigger. Why do I gotta wait until it gets worse when I’m in pain now? Go in and fix it. What are you waiting [for]? For me to be in a wheelchair before you do it? You know, before I have to be on a walker constantly? I’ve done been through all that. I’ve been on walkers. I was on a walker for a year, and then I started getting the injections, that straightened me out, and now Workman’s Comp is starting to fight them because I have gotten better. But one time, the injection, they might go in and they might hit the spot, it might work for three months. Then it’ll start hurting again, they’ll do another injection, and it won’t take. So I’m in pain right afterwards. But you can only have so many per year. Well, I’ve already had mine per year, so I’m done. So it’s just—I just don’t understand it at all.

I mean, I’m pretty much numb in my genitals. Sometimes I feel like I gotta pee, I go in to pee, don’t pee. Other times I go in to pee, think I’m done, next thing you know, I’m dribbling down my leg. I might be lying in the bed and sleeping or whatever, and I’ll start—all of a sudden
I’ll wake up, I’m warm, and I run into the bathroom and pee. But I actually dribbled on myself, that’s what woke me up. And that’s what aggravates me, is that everything that I complain about, everything that I do, or try to get done, needs to get worse.

I was moving a propane tank and felt something pull in my back, just like a shot of lightning down my back and down my leg—well, middle ways up my back and down my legs. I worked for…..a year and a half at the same place afterwards. Well, wait a minute, wait a minute, let me change that. How long did I work? I had the injury, I was off work 13 days, went back. I think I did work—I think it was at least a year. It was either late 2000 or early 2001 when it started acting up, and then I had to go to the doctor’s and start getting stuff done. It subsided for a while, which I was able to work, and then it came back. Well then when it came back, they were busy, they had schedules, I was the only service tech in the area. I was working ninety-some hours a week, no problems. And then when I hurt my back, I slowly deteriorated.

I was off, I think about…..three months, in pain. Got another job offer, went down and tried, did that job for two years, and…..it turned from labor to running equipment. Then I went home one night, I was stiff, went to bed, laid down, slept all night, woke up, my neck hurt so bad, like a stiff neck. I worked for another two weeks, until it got so bad that I couldn’t stand it. I woke up one morning and my arm was just dead. So I ended up losing that job in….I think it was 2001, and have not worked since. And that’s when I had to have my first neck surgery.

After the pain, I guess my life has just slowed down because I don’t physically do as much as I used to do. I don’t feel like I can physically do the stuff that I used to do. It’s just your everyday life when you’re working on something or you’re fiddling with something, you’re paying attention to what you’re doing, and it’s always the simple stuff that sets the back pain off,
that you don’t think about. It’s just like now, like I said, I’ve been painting the house, but I’m sore as heck, but it’s got to be done, so you’ve got to be sore for three days while you’re doing it, and be sore for a week after. You know, in the yard sale, I had to carry stuff and move stuff. It’s the only way to survive, because there ain’t no other way to make money, you know. I can’t go to work and have a full-time job, so……..got to do what we can to make ends meet, so sometimes you’ve just got to force yourself. And I know I’m not supposed to do it, but you have to do it; anybody has to do it. I don’t know how people do it that are in wheelchairs and on crutches, how they survive. I really don’t. Not with life the way it is nowadays. Because I’ve asked for all kinds of help, and I get denied for all kinds of help. Like food stamps and Medicaid. I had Medicaid, and then they dropped me and said that I was making too much.

As far as life now with the pain, just miserable…..Every day something hurts. It might not be my workman’s comp back injury, but something in my body hurts every day. I feel that my neck surgeries were successful, so why not try my back? And I really want to do it, but everybody [Workmans Comp] says no, so…..It just seems like they didn’t care how much medicine I was on. They’ve never really said anything about the medicine or being on medicine until…..now they’re fighting muscle relaxers and stuff like that, but I don’t know what that big deal is. And I still only sleep about six hours. Just wake up all the time, uncomfortable. Roll over; try to get in a different spot. I’d love to lay flat on my back, but that hurts my neck, so I sleep on my side. Well then you sleep on your side and I sleep on my arm. Well then my arm goes to sleep because it’s bent, and it feels numb or broke when you wake up, so you roll over to the other side, and it’s just constant rolling.

I feel worthless. I tell her [my wife] that all the time. I don’t know what I’d do if it wasn’t for her working. We had an argument again the other night. She said, “Well, maybe we ought to
split up.” I said, “What the hell good is that gonna do us? We’re both gonna struggle. We’re both
gonna be miserable. I can’t make it on my own, and you can’t make it on your own. So what are
we gonna benefit from it?” And she just—I don’t know. I just feel that….I guess her going to
school, if she would go to school, I don’t feel that I could watch her daughter all day. I mean,
when she’s in school, she’s fine, but….I mean, I haven’t watched her all summer, even when my
wife was working, because I just—she pushes me around. You know, she gets mad and she’s got
this temper, she weighs 104 pounds, and she don’t know her own strength, and she’ll shove you
and push you. I just—I can’t deal with it. So I feel that, you know, if I was in better shape, I
should be able to watch her. If I was a normal person, I should be able to watch her and take care
of her and, you know, my wife would be able to go to school and do stuff. But I think that my
injuries affect my wife’s life, too. I think there’s just so much stuff that she can’t do.

It just seems like she’s always on the verge of wanting to go now instead of…..arguing, 
but it just seems like we argue all the time now, and that’s why I went and got put on the Valium.
I thought that it was helping, but she doesn’t really think that is helping yet or hasn’t kicked in
yet or…..whatever.

I have a mean streak now. And I don’t know if it’s because I get denied so much stuff
that I’m just so angry about the whole situation. But now it’s just like I just am upset all the time;
it just takes a couple words, and my fuse is lit. I don’t feel like I’m normal, really….It’s just if I
was in normal shape, I’d be able to do a lot more, and I’d be the one working and she could
probably stay at home, you know, be a stay-at-home mom, and I’d be the provider. That’s the
way I think it should be, but I can’t do it.
My mother only worked a few years and, like I said, she was ate up with arthritis. My dad was always the sole provider…..[being a man means] the provider of the family; the worker, the one that pays somebody to paint the house and do maintenance on the house or have it done. And then I look at my brother and my brother-in-law. His [my brother’s] wife wouldn’t have to work if she didn’t want to, but she does. My sister doesn’t work. Her husband is the provider of her. My other brother, he’s got a girlfriend that works, but he works for the county, he makes good money, you know, he’s got a nice house, he’s not struggling at all. And they’ve all got good jobs and got good reps and everything else, to where I just am…..left out, basically, because I can’t do anything. You know, I was talking to a guy at the yard sale. He bought a weight bench and wanted me to help him lift it, and he said, “Well, how much does this weigh?” I said, “Probably about 200 pounds.” He said, “Well, can you help me?” and I said, “Well, I can help you lean it up there, but I’m not picking it up.” He said, “What do you mean?” I said, “I’ve got a hip replacement.” I said, “I can only lift 55 pounds with that hip.” So my wife came out, my stepson came out, and we all ended up getting it loaded up, but…..just to tell somebody that, you know, and they look at you like, “Are you serious? How old are you?” “Forty.” “You’ve done had a hip replacement?” And then it starts right down that road. “Yeah, plus two neck surgeries and, you know, got three herniated discs in my low back and…..always in pain and…..” ….it’s sort of embarrassing, especially when they find out that I’m on disability.

They work every day, and they’re the people always the ones that talked about people being on welfare and people ought to get up and work instead of sitting on their butt and getting free food stamps, and we’re paying the taxes on it. I’m not on welfare, I’m on Society Security Disability, but I think they look at it as the same thing. I should be out there doing something, because they’ll see me out mowing my yard one week, or see me out doing something one week.
But like I said, they might see me do it, but they don’t see me afterwards, you know, when I’m lying in the bed for a week because I hurt myself or something like that.

I technically say that I really don’t have any so-called good friends or best friends anymore. All the guys I used to work with on the fire department, I don’t hang out with them no more, and don’t really talk. My friends are basically my wife’s friends. If they have husbands or boyfriends, I talk to them, but the clique that I used to hang out with, that I felt the brotherhood with through the fire department, I have no clique with no more. And I thought I was doing the best thing by stepping down, just because I felt that if one of ‘em got hurt, I wouldn’t be able to go in and save ‘em. I did it out of respect for them, too, but now it’s just like nobody calls, I never get invited to any of the stuff that they have, you know, any of the parties or picnics or anything like that. I’m just totally out of it now.

I feel like my wife’s my best friend, but…..then we start arguing, and then that’s when I sit there and think, OK, do I want to keep doing this or not, you know? Do we want to split up? I know she’s not happy about several things. Everything we talked about last time: the sex and all that. I know she’s not happy, so should we just end it? Because I’m not happy now we’re arguing, she’s not happy we’re arguing, and she’s got other stuff she’s not happy with. I can’t fulfill my manhood duties for her, so I’m upset about that. Should I just go back to being single, you know. But it hurts because I love her, you know. But I want the best for her, and I don’t—I don’t know what she actually wants. I’ve never sat down and talked to it; it’s always in a fight that it comes up.

The big thing [is] the house. We live in the house, but it’s owned by my father, my two brothers, and my sister. I am living there rent-free right now because I can’t afford to pay the
rent. Usually, we get an inheritance at the end of the year. My brother gets to spend his, my sister gets to spend hers, my other brother gets to spend his; mine goes towards rent, every year, so I never get to spend mine. So right now, we haven’t got inheritance last year, so I didn’t get to pay rent for last year, and I haven’t really paid rent much this year. So every day I wake up, I’m thinking, OK, is today the day that they’re going to finally say, “We’re not making any money; you’re gonna have to go, you know, find something cheaper.”

I think that it’s all related. A lot of people don’t think that stuff like that is related to the pain, but pain causes all kinds of problems. It causes you stress, it causes you worry, it causes mental problems, it causes all kinds of stuff. Pain causes more pain. You hurt on the right side, you start favoring the left side because the right side hurts; next thing you know, something on the left side is hurting because you’re putting all your weight on the left side. Your neck hurts when you lean it to the right, so you hold it to the left all the time. Well, then all of a sudden, it starts hurting because you’re stretching muscles or whatever that’s not normally stretched leaning your head that way. I believe it’s all pain, and people just don’t realize how far pain goes.

The pain—I mean, just like now, with worrying about everything and…..I think that’s a lot to do with the pain. Because I can’t work, so now I’m worried about paying the rent, I’m worried about losing my wife, I’m worried about the electric being shut off or the water being shut off. It’s mental, it’s everything. It affects your whole lifestyle, everything about your lifestyle.

I think I always feel down. And as soon as you get used to it, something happens, so there is no getting used to nothing….. I keep going down and down and down, and I don’t feel like I’m
at the bottom yet….What’s gonna happen next? What’s gonna hurt me next? You know, what’s gonna happen next, period? Is my life gonna end up in a wreck? Am I gonna end up in a wreck? [I’m] always wondering. Because it seems like it only gets worse. About a year and a half ago, I believe it was, [and] I don’t want to do it [suicide attempt] again. I guess the fact that I know that I was dead three different times, and luckily, I was able to be brought back. I don’t know, something in my head changed that, once I did it and was out of it, when I came back to, I felt like I really didn’t want to go. I don’t even have the thoughts anymore. It’s just—it’s the chicken-shit way out. I was just one in a million that tried to do it, and I did it by myself. But there was no real benefit of me doing it—other than realizing what I do have. You know, I do have a good wife that loves me, that spent every day at the hospital with me, even though we were split up and divorced at the time. I don’t know. It’s just one of them things that I can’t explain. I guess I was just down and just did it, never really even thought about it. Just took the bottle, drank a glass of water, and woke up four or five days later in the hospital with tubes down my throat.

I’ve been Catholic all my life. That’s where I go to church. I believe that I have a purpose to be on earth, but I sure as hell can’t figure it out. Because I figure if I didn’t have a purpose, when I tried to kill myself, He’d have let me go. There’s some reason I’m back here, but I don’t know what it is. At first, I thought it was so I could help people and, you know, be a firefighter and all that stuff. But now, I really don’t know what it is. And why does it keep getting worse? Just like when I tried to kill myself, and then I found out I had to have another neck surgery. Why? Why did you bring me back for this? You know? So I can be in pain for another three weeks or six weeks. Why? I question Him all the time. Not supposed to, but…..He does everything for a reason, you just don’t know why. Yeah, I’ve been down that road several times.
I don’t know if it was a cry for help, because I feel like I’m so worthless and I can’t do it all on my own, that I need help, and maybe I thought they’d see the light or whatever, but…..I don’t know. He [my son] pretty much knows that I lay around a lot. If I’m up doing something, it’s doing something trying to make money. Other than that, I’m pretty much in the bed. I might go to his football games or basketball games or whatever, but I don’t stay the whole game because I can’t sit that long; it aggravates me. You know, I go to baseball games and stuff like that, but he just knows that I’m not a normal dad that can go out and play ball with him and throw ball, play football, you know, because I can’t throw it, I can’t toss it, or can’t raise my leg up to kick a football. So he knows that. And I just think that he’s smart enough to know it, and he doesn’t push the issue. I wish I was there for him more and did more for him, or could do more for him, and be more active with him. I mean, right now, he’s playing baseball on two separate teams: one place around here, local, and the other one is a select team that travels to Cleveland, Dayton, and Lexington, and I just can’t do that. I don’t have the money for the gas, I don’t have a car that I can trust to drive that far, and his mom never offers. But I wish I could do more. I wish I had money to buy him more stuff. It’s been several birthdays, several Christmases [that] I haven’t got him nothing, basically, from me. Now, Stacy has got him stuff, but personally, out of me making money, I haven’t got him anything for probably six or seven years. But Stacy always manages to pull together at Christmas or birthdays and get him something and signs my name on the card, or I sign the card. But I know that in my heart it’s not really—from me……I’m glad I got him on the disability, but I wish that his mom was putting it into an account for him instead of spending it. I was under the impression that it was going to go into an account for college, but it goes straight into her account. She spends it and, I guess, gives him an allowance for taking out the trash or whatever he has to do to make the money that he’s entitled to from me.
I guess that people’s lives are different. You don’t judge nobody until you know ‘em, is one big thing. Once you get to know somebody, you’ll know if they’re in pain or if they’re faking, because you—I mean, I know people that say they’re in pain, they got get pills, and there ain’t a damn thing wrong with ‘em. I like talking to him [my therapist]. I feel like I get a lot off my chest talking to him. I feel like he helps. [But] I don’t really enjoy anything anymore. I mean, sitting out by the fire at night, something like that is about all I do anymore, that I enjoy. I used to love to camp out, but I don’t want to tent camp, you know. I’d like to have a camper so I could go places. Wouldn’t mind that at all, but I can’t afford a camper, you know, can’t afford to pay to go camping and all the stuff that comes along with it. I guess I enjoy being around the kids to an extent, but then it gets on your nerves because they’re—[my step daughter] is about every 30 seconds: “Mom. Mom. Mom.” And then constantly coming in and wanting to take you somewhere, to walk you somewhere, to show you what she wants.

I don’t know……I guess eventually I’ll accept it. Might even eventually figure out why I’m here, the reason that I’m here. Maybe I’ll win the lottery someday. It’s just like…..if they would do surgery and they would try something, instead of all these needles and injections and stuff. I mean, yeah, they help, but you’re still putting stuff into my body. You can only put so much steroid in. I can’t even get some sort of stuff on this side because of the osteoporosis that’s over here. They can only do it on my left side. So if it’s bad for this hip, why wouldn’t it be bad for this hip, you know? And it’s just…..if they were trying something different. Because I’ve been going and having injections for five years now, I think, and nobody ever talks about surgery, you know, nobody has ever talked about pain patches or the electronic stimulators or anything like that. And I just don’t know if I should find a different doctor, or why they’re not doing it. I haven’t had an MRI in, I think, five years, so they’re still treating off my old MRI. But
you’ve got to have a referral to get an MRI from somewhere. So is anything getting worse? Is it looking better, because it sure as hell don’t feel better to me? I think they [professionals] ignore you more than they hear you. They’ll hear you if you say your insurance is canceled.

I wonder, if they would do a surgery on my back, if I would be able to go and do something different…..in a line of work. I’d be happy. I mean, it’d be like starting over. But I’d still have to watch what I did and have restrictions, you know, but at least I could go out and do stuff, to where now I feel like I’m kind of stuck. But if it would buy time to be able to go out and work and help support the family, you know, more than what I am now with a disability check, then I’d love it. So yeah, there is hope there, but…..I don’t know. It’s getting ‘em to do it, and finding a doctor that’ll agree with it, and then it don’t matter if you go to one doctor or three doctors, each one is going to have their own opinion and give you a different technique, so which one do you go with? Which one do you believe? I don’t know. I just want to try something. That’s my only hope, is to try to have something done to where I can at least sit longer or be able to concentrate longer and, you know, get a desk job or something like that, even.

I thought about dispatching jobs, you know, for fire departments and police departments and stuff like that. Just something, something to make money……I don’t think that I could stand in a grocery store and run a cash register all day, but….you know, I’d be able to stock a few shelves or something, as long as it’s not the heavy stuff. I mean, there are options, but until I get there and can get this weight off of my shoulders, you know, and start to feel better, there’s no sense in even thinking about it. It’s just another worry.
BPI Response and Demographics: Frank

Frank is a 42 year old Caucasian male. He reports the beginning of his chronic pain experience as 2009. The Brief Pain Inventory was given on July 9, 2012 at 9:40 a.m. at which time he reported currently experiencing pain outside of every-day kinds of pains. According to his self-reported responses to the BPI his pain is throughout the left leg and knee and lower back. On a scale from zero to ten where zero is no pain and ten is Pain as bad as you can imagine his pain at its worst within twenty four hours of taking the BPI was rated a ten. Pain at its least was rated a three on the same scale. On average he considered his pain between a six and seven and at the time of taking the BPI pain was rated an eight.

Participants were informed in advance that they did not have to list specific medications taken to help alleviate pain. Frank reported taking multiple pills and having surgical intervention on his back and knee replacement surgery times four. He reported that these interventions provide him 50 percent relief from his pain. The final seven questions utilized another Likert scale from zero to ten where zero is does not interfere and ten is completely interferes. Participants were instructed to circle the number that describes how, during the last twenty four hours, pain had interfered with their lives. Frank’s ratings were as follows: interferes with their general activity (9); mood (8); walking ability (9); normal work both inside and outside the home and housework (10); relations with other people (9); sleep (9); enjoyment of life (8).
Frank

Growing up, at one time there were five siblings, five of us, and my parents. My mother was a stay-at-home mom at the beginning. She sewed all of our clothes. We canned all of our foods. My dad owned his own business. We all went to church on Sunday, and Saturday, as a family, we played tennis together. And, the older we got, I worked for my father in his business, and then my mother went back to work after most of us were raised. Keep in mind, during this whole time, my parents were foster parents, so there were always 12 children at our house at any given time: five of us, and then the rest that were foster children. We raised horses as a family, and German Shepherds for police dogs. So we all had our own chores to do, and then we all went to school. We went to the same elementary [school] all of us, including my parents, and their math teacher was our principal. We all graduated high school. Now, there are seven of us; my little brother and my little sister came late in life. I was 17 when my sister was born, and I was 18-1/2 when my little brother was born. He was premature. My parents divorced when I was 20. My father just moved on with life. My mother was diagnosed with cancer when I was 19, right after my little brother was born, and then my father really couldn’t deal with that, so they divorced, which was OK. I mean, it was a separation, a legal separation, and he got my little brother and sister on the weekends, because he worked through the week, he owned a trucking company, so he was out quite a bit. During that time, at the beginning, my mother was working; she owned her own hair salon. Then she got diagnosed with cancer and was unable to work, so she stayed at home then.

I just stayed busy working, and then my grandfather, when I was about 20, he had open-heart surgery and ended up with sundowners at the hospital. My grandfather was not educated; he went to work at the age of 13 in the coal mines. And that was my dad’s dad. And when my
parents divorced, he still came around us, but not my father and his new fiancée; he didn’t care for her. That was my mother’s best friend at the time, so…..yeah, it’s a long story.

I never had any pains, any issues, and then I went to work……I finished school, I got my medic degree. Everyone in my family is in the medical field. My brother went to the Army, ended up becoming a helicopter pilot and a trauma nurse. His wife went to school and became a trauma nurse. They now live in Virginia. He is a CareFlight pilot and a trauma nurse, and she is a nurse. So when he’s the pilot, she’s actually his nurse; they did a story on ‘em. And then my other sisters are nurses as well. My little brother is the only one that’s not in the medical field yet, but he is a cop [and is] going to get his medical license because he wants to become a nurse as well, work as a nurse three days a week and a cop two days a week.

There are three girls, and there are two of us boys, me and my older brother. So, out of the oldest, there are three girls I’m the youngest of the original five. My older sister is by a different dad; her dad died, and then my mother and my father were best friends growing up, but then ended up getting back together after my mother lost her husband. I’ve seen a lot of people come and go in my house, and my mother was always attentive to their health care, to any care; and she wanted to interview the parents [of the foster children] before the parents could take the child back, because she always had a gut feeling and she went with it.

I loved it; we all did. You know, my parents were very involved, so having other people was always a part of life. You know, there were already five of us, so it [having Foster children] wasn’t no different than having another, you know, seven there. Now, I’m the only one of the siblings that doesn’t have any children. Unfortunately, I got hurt and was unable to have kids. But I helped raise my little brother and sister when my parents divorced and my mother got real
sick, and that cured me of wanting kids. You know, my sister and my brother were very involved in school. My brother was in band. My sister was in color guard, cheerleading, and dance. So at the high school level, my brother and sister went—my brother was a sophomore, and my sister was a senior. So when they went to competitions to Florida three times a year, to Walt Disney World, that was me on a bus going with them, as their guardian.

I was raised you respect your elders, you respect anyone around you. . . . I don’t feel like the person my parents raised me to be. And it sucks, but in reality, my life has changed August 28, 2009. And I want it back, and I’m fighting to get it back, and dealing with Workman’s Comp denying everything, not wanting to settle out now. You don’t know where your next check is going to come from, how you’re going to pay your rent, how you’re going to live. My parents always raised us, you know, “If you provide for yourself, there’ll always be a life. If you want to be indigent and not care about things, you’ll lose everything.” And I’ve lost almost everything, but not because I’m that way, it’s because the system’s not working the right way.

I worked at a hospital before I got hurt. When you see people come in from Pain Management, you’re like, pssh, seekers. But now that I’m on the other side of bed, now I see people judge me like that, and it bothers me. My foot is in the other shoe now, and it wasn’t before. When I was working and I got hurt….I got beat up by a crackhead that came in. He was doing well until the older nurse called him a crackhead bastard, and he snapped. He went to hit her, I blocked it, and he hit me. I got out of the room, shut the door, and told her to get security. By the time security got there, I turned around and he sucker-punched me, knocked me down, beat me with a bedside table and broke my back. Now, at the time I did not know it was broken, because of the adrenaline. So security ended up trying to tase him, missed, and got me. This
happened on Saturday, and the next day, I was coming back on Sunday, we were transferring a patient that had to wait out in the waiting room 10 minutes to get treatment.

He complained that he did not want to get on the gurney, and as I was transferring him—I got him up, his hands were around my neck, my hands were on his waist—I told him to hold onto my neck for a second while I pulled the sheet down. As I was pulling the sheet down, he said, “I’m not sitting in there,” and pulled me back down into the wheelchair with his hands around my neck. My back snapped. At that time, I could not move for a few seconds. I yelled for help, they helped me move him out of the way, and I got down to the nurses’ station. It got to the point where I couldn’t hardly move at all. They got me into a bed, into a room, shot me with a lot of medications, did an emergency MRI, and found out my back was broken, L3 through S1. They sent me to the neurosurgeon on that Monday. He looked at my MRI report and said that he was going to have to do surgery because my back was destroyed, and he gave me some medications to help me. They did back surgery September 11, 2009. I was in the hospital seven days, and we did therapy and things of that nature. I came home, you know, I had to do treatment on my back and go to the doctor once a week to have it looked at. They put me in what was called a turtle cage, for my back. You know, it’s a plastic back, plastic front, and Velcro to pull up tight. I was in that for six months. After that, my knee started going out, my left knee. I’d already had a partial at this time, a partial replacement.

They did a knee replacement, and it got infected. Knowing that I have metal in my leg, knowing I have in my back, infection goes straight to the metal. They put a PICC line in, started on antibiotics, daily antibiotics at home, for 16 weeks. After that, they replaced the knee. Well, they took it out and put what’s called a spacer in, with antibiotics, for eight weeks. I couldn’t walk on the leg, with back pain. So during this, I couldn’t do therapy at all on either one, because
if I moved the leg, it hurt the back; if I moved the back, it hurt the leg. So, they put the new knee in, started doing better. I woke up one morning, and it was swollen like a bowling ball. Called the doctor, they took me in for emergency surgery. Well, they went to take emergency surgery and found out—they thought it was inflamed, but it was infected. So I was in the hospital for nine days with an infection. So they get the antibiotics back in through the PICC line, put another PICC line in, put antibiotics back in.

When they did the antibiotics, they took the knee out, did the spacer again, put another knee in. It went bad, so they had to take it out. But in the meantime, after September 11, after having the back surgery, I started having the back pain continuously, and the knee pain, so the doctors referred me to a pain specialist, they’ve tried a lot of medications. A lot of pain medications, anti-inflammatories. I went from Percocet to Percocet with the patch, the fentanyl patch. [I was] allergic to the fentanyl patch, the glue, blistered up the whole body. We finally got off the fentanyl patch, and they put me on what was called Opana. Now keep in mind, I’m taking eight Percocet 10/325 a day. Taking five Opana 40 mg a day, still having issues with my back, going to the surgeon, going to the doctors, no one still wanting to do anything about it. I have the failed back surgery, I have bone spurs now, and I have narrowing of the spine, and he says, “You’re intact; that’s all that matters.” I’m intact, but I’m still having pain. But during all this time, I’m still trying to get the back fixed, fighting Workman’s Comp because they don’t want to pay for nothing.

I was a very social person. And I was always sociable and always—if someone was feeling bad, I always made ‘em feel good. And one day someone says, “Don’t you ever feel bad?” Up until 2009, I always felt good, I was never negative, I was never hateful. I woke up loving life. And I got my medic license and took care of people.
It’s hard, but every day I take it, day by day. And it’s not an easy task, at all. Some days you just don’t want to get up, and it’s because I have to fight every day to live—financially, spiritually, and . . . medically, I just feel like no one cares. I go to the doctors and it’s like, OK, I feel like a burden or I’m complaining and they’re not doing nothing. I live in so much pain it’s unbearable. And no one understands it, because they’re not in my shoes, they’re not in the other shoes; they’re in that judgmental mode.

It is [a totally new life]. You see the abundance of people who screw the system, and you see the minimal people that really need it, and it outweighs—the people who need the system have to fight the system, the people who don’t need the system get an easy ride, and it’s not fair. That’s what I see.

My pain doctor diagnosed me with anxiety and depression…..I panic when I get in a car. I start sweating profusely, I start getting nervous, and it comes to the point where I break down. Same way with the grocery: I can’t go to the grocery unless it’s at night, or first thing in the morning, when there aren’t a lot of people there, or I break down. I don’t get out of my house at all, except to come here, to the pain doctor, to surgeons, or to the hospital. That is it. In April 2010 I had a stroke. I’ve had three episodes since then, but they call it stress-induced stroke-like symptoms. When I stress out to the point of no return, I just—I start stuttering, I start shaking, and I just go off, and I don’t know where I go to, but I end up in the hospital. About a day later, I come through. It’s very weird. [I take] Xanax 1 mg four times a day, on top of Valium four times a day, on top of eight Percocet a day, on top of five 40-mg of Opana a day….I was medically overdosed. [The doctor reduced the medication] down to one Valium a day, half in the morning, half in the evening, and then still the same on the Xanax. But sometimes I don’t take that medication, unless I’m going out, because I don’t want to die again. God let me live again, but
now I’ve got to live through the pain. And when I get down and depressed, now I think, “OK, He’s given me another chance, not once but twice. Now I better take advantage of this.”

I started off and on dating again recently. Because I have low testosterone, and with all the medications, I have ED [erectile dysfunction]……she said that she didn’t want to wait around for me, for me to get better. This was six months ago. And I’m a little……lonely…..I feel like I’m alone, but I know there are people out there, but I don’t tell them everything that’s going on because I don’t want them to feel obligated to help me. I don’t want them to help me financially. I just—a lot of it is I don’t like to be around people right now, and that’s not me, I hate that. That’s one part I hate. I get agitated. Well, I have a lot of pain, and people want me to come downstairs and sit with them for periods of time, and I can’t. I lie in bed on my right side, and no one gets that. No doctor gets it. No surgeon gets it. No family member gets it. I’m in so much pain that I have to lie on my right side because it’s the only part that doesn’t hurt. And no one gets it. It sucks.

Unless you have your back broken, your life ripped away from you, use all your savings, and then someone tell you your back is not worth $600,000, and you don’t know where your next check is going to come from, you’ll never know what it’s like. [It’s] scary….very, very [scary]. And it sucks, because I’ve always had control, I’ve always been a bubbly person, but now I’m not. It’s ripped away from me. My life has changed. I’m scared, because I don’t want to [lose myself]. God gave me another chance, but I don’t know why. And I was always raised, don’t ask why; accept it. I’ve accepted it, but I can’t deal with it…..That I’ve changed. But it’s change for the bad, not for the good, and I want to go back. I want to go back to that. I want to go back to being friendly. I want to go back to doing things. I was never at home. . . [I want to go back to] safety and security, just unconditional love.
I don’t have any of that [safety, security and unconditional love] right now. When you’re used to being around a lot of people all the time, all your life, and it gets ripped away because you can’t do it physically or mentally, [it] sucks. The government sucks. Workman’s Comp sucks. [The hospital] sucks. And I shouldn’t say that, because in reality, they don’t. It’s just the system’s not working correctly and needs fixed. And I said, if the good Lord is willing, and I get fixed—because I’m getting a second opinion about my back—and if I get fixed, my goal in life is to make sure that I’m an advocate for those who get hurt. I want to be an ear for those who can’t hear. But I can’t get there right now. I can’t get over this hurdle. Everyone says that they have a calling in life, and I think God put me in this world to be a caregiver. My job is to take care of people, make people feel better, make them feel good. And when I worked at the hospital, I did that.

A lot of people go to their company doctors because they’re forced to. I went to two, two different independent doctors. They did not touch me, they did not measure me, they did not give me any grip testing, they didn’t do nothing. They interviewed me, but get $1800 to write a report. So my doctor rebutted their report, and my lawyer said if he had a doctor that did this report, his job would be so much easier.

I lost my medical . . . my temporary total [disability benefits] for medical because of that. They sided with him. So, I had to think in my head, OK, how am I going to get my medical to get the surgery? I thought, OK, I’ll go get a second opinion; I’ll do it on my own. Then, we’ll file with the Industrial Commission to get the surgery approval. Once they deny it, we’ll apply for it, and once they deny it, then we’ll go to the Industrial Commission, and we’ll take the reports from the doctors. I’ll be like, “Hey, listen. These are neurosurgeons, not orthopedics….that say I need this done. Now, if you’re going to deny that, then I’ll take it all the way to the top where we
have to see, you know, take it to the courts.” Because after so long, after fighting, you go right to the court. It’s a fight. The fight, on top of not wanting to get out of my house and not socializing, starts wearing on you..... No income.....And then you’ve got to worry about, OK, are you going to be evicted, and where are you going to live? You have to learn to talk to people and remember who they were and not judge them for that.

This year alone, 2012, I have had nine epidural injections. Now, I am told you’re only allowed four a year; I’ve had nine by June. And they don’t help. I mean, they’ll alleviate the pain a little bit. So, keep in mind, 2009-2012, I’ve had three strokes, four knees, a failed back surgery, a brain injury, caused by medication—and we believe, according to the doctors, that my pain stimulant starts overloading my mind, and then I start worrying about things, and I start going into what’s called anxiety attack. But it goes to the brain, it doesn’t affect, really . . . it affects me in ways that like I’ll start stuttering or forget where I’m at and forget what’s going on, but it doesn’t happen all the time—it’s acute, so it’s not a chronic thing—and, according to the doctor, my pain overloads the stimulants in the brain. Right now, at this point, it’s [my pain] a 10.

Its [chronic pain] changed my life. I can’t get comfortable, and I don’t have a relationship with anyone outside my home, unless they come to visit. No one understands the pain, and I’m one of the people—keep in mind, I was in the medical staff; I used to judge people that come in [and say], “Oh, I got back pain.” Yeah, whatever. We used to think it was a mental thing, or people used that to get medications. Now that I’m in the shoe of that other person, I regret judging people, because I’m in that position now and a lot of people don’t understand it. You don’t know how bad it is until it affects you.
With pain, your life will change. You can do things to try to get it back, but it’s easier said than done. I write a journal. You have nothing to do except—I can tell you every TV show, what time it comes on. Because my life is either watch TV, sleep, or write a journal. I try meditating, you know, [it’s hard]—when the pain never truly leaves. I can’t do laundry because there are too many steps. People don’t understand that. I discussed it [with my therapist]. She’s like, “Can you meditate?” and the doctor is like, “Meditate.” Let me tell you, let me hit you with a car at 45 miles an hour, and while I’m hitting you, meditate.” “Let me cut your arm off……meditate.” How can you meditate with that much pain? You can’t. I mean, I sit and I think, I’m like, “Lord, please.” I pray a lot. I pray every day—every day—“Lord, just get me through this day.” I don’t ask to take the pain away. In reality, you can pray, you can beg, and you can plead, but no one’s been able to help me.

I write down when I start having a lot of pain. I start writing, and it takes my mind off the pain for a few minutes. It doesn’t take it all the way off, but it helps me get through the pain. Because if the pain is really hurting, I will just start writing just random words, then I’ll rip it up, throw it in the trash, and it’s like, OK, now I relieved a little pressure. But sometimes the pain is mental, too, and a lot of people don’t understand that. You know, it affects you mentally so bad. You know, I understand why people went to Dr. Kevorkian. I personally wouldn’t do it because I was brought up suicide is an unforgivable sin. But I totally understand people who go to him and do it: because there’s no other alternative way to resolve the pain except by death…..Why do I have pain? What’s the reasoning for that? Where does it stop, and how can we stop it? What alternatives are there? And my fight the last three years is: OK, can we put a spinal cord stimulator trial in? They did, and it didn’t go in correctly, and it stimulated the wrong area. And I knew it wasn’t right, and I called ‘em; 12 hours later, they pulled it out. But they won’t put
another one in. Workman’s Comp says no. Let me correct myself. [The] third-party insurer says no. They said no to a spinal cord stimulator trial. They said no to surgery again. They said no to therapy. They said no to anyone coming into my house and helping me with my daily activities. They said no to helping me with a bed. But yet, they say I’m better. How can a doctor who’s never seen me, never touched me, say that I’m better?

I’ve never in my life been treated so badly. And when you’re by yourself, and you have so much pain, and then you get denials for Social Security, denials from Workman’s Comp, denials from your hospital, and your hospital treats you different, your family treats you different, everyone says you’re complaining, no one knows until you’re in that foot, that shoe. I feel like people judge me. I used to judge people, but now I can’t convince other people to not judge. You have to learn it for yourself, and don’t know until you’ve got that other shoe on. And I feel like it’s a fight every day for people to understand the pain I have. It’s important for the doctors and Workman’s Comp to understand it [the pain].

I believe everything happens for a reason. We were raised up to be Christians, and I believe all Christians, any kind of belief—Catholic, Pentecostal, whatever your belief is—we all believe in: You should treat the person around you the same, and everything happens for a reason, and you go somewhere, either to heaven, hell or, as Catholics say—I can’t even remember the word they use—you’re in……purgatory. You know, I think God is using me. And here’s the thing with me: I believe that God put me on this earth to help other people. I believe that everything happens for a reason from God. He saved me. But I’ve been thinking the last two weeks, God saved me to help people with pain, and I couldn’t help people unless I have the pain and understand the pain and know how bad it feels. I mean I had to understand how bad it feels, to help other people that have the pain, to say, “OK, you can get through it. It hurts like hell, but
you have to get through it. There eventually will be a cure or a help. I believe that.” I’m learning from this pain. I’m learning that no one gives a damn, but I’ve got to make them give a damn. I pray every day that the Lord helps me. Right now, it’s me; I have no one else. I’m alone. Before, all my people that were around always said I was a social butterfly, I was a used car salesman, because I always spoke with everyone.

It [the pain] makes you….you complain a lot, and what I mean by complain a lot is, when someone is around, they say, “How are you doing?” “Well, my back is still hurting, my knee is still hurting, it’s not getting no better.” People are like, “Why are you complaining?” “You don’t understand the pain.” ……I’m expressing how I feel. To them, it’s complaining. Once you have limitations because of your pain, [then] that limits who people come around. That limits your social circle—friends and family and physicians.

I don’t like to get out because I start sweating and worrying about, am I going to get hurt again, am I going to get beat up? You know, is someone going to hit me with a cart? Can someone stop that kid from crying? Can you stop that parent from just ignoring something? Everything starts going through my mind, my mind starts racing when I’m in public. I don’t do very well in public. I leave my house to go to the doctor’s, therapy, and hospitals. Then you have the Debbie Downers who complain the whole entire time, and I think, “You’re whining because you had to work five hours over? Your feet hurt? I would take my feet hurting seven days a week over my whole entire body hurting seven days a week. So you have no reason to sit there and complain, you little whiner.” Life don’t make sense to me. Again, it’s a journey….it’s a long journey. I hope that one day someone will find a cure to pain, besides medication.
It sucks. My life has changed. You go from being around everybody and going to Sunday meals. . . Not anymore. I just can’t do it. I just can’t do it. And the reason I can’t do it is because it’s either a lot of pain, I can’t get up to do it, or I don’t like a lot of people being around. And then I get aggravated because someone will say something that I’ll snap, and I don’t like to, and I’ll go to my room. And then they’re like, “Well, should we even come over here? Because he’s going to snap again.” And it’s not their fault; they just don’t understand. And you won’t understand pain until you have it. And it changes your life like it has mine.

No one knows what I’ve went through. Yeah, my family comes and sees me at the hospital, but they don’t understand why I’m there. No one understands it. And it’s hard to teach somebody, because they don’t understand because they don’t have it….You come to the reality that, OK, I’ve got this pain, no one understands it, I’ve accepted it, but what can I do to fix it? You accept the pain……that you’re going to have it. Now I have to work on myself because I was a judger, and part of the anger is because I judged people, and I’m mad at myself.

I don’t want to stop the journey, because stopping the journey right now……is not in my future. I don’t know why or how I get the energy to go on, or control the pain, or just going to the doctor’s. I don’t understand some of the things that get me going. But I do understand that I couldn’t commit suicide, because that’s unforgivable sin. So I don’t know…..if I was to kill myself, would the pain end? You don’t know that. You’ve not been dead. Just like I don’t know cancer pain. I don’t know it. So this pain is killing me, but I’m not going to kill myself for it. I’ve got to learn to figure this out. So that’s when I’ve taken my life back and I’m going to these doctors—or making these appointments for these doctors—because there’s got to be a solution. I’m not going to stop until I find the solution, and the solution for me is not killing myself, but I
totally understand why she did it, because I know now. I didn’t know then. But again, like I said, God puts us on this earth for a reason.

I’m learning through this journey. It’s a painful journey….your mind changes, your habits change, your lifestyle changes, and until you go on my journey, you’ll never know.

Unemployment: I was just denied workman’s comp settlement out. They said they don’t want to settle at this time. And then I was denied—not only was I denied the settlement last week, but I was also denied Social Security. So, when this money runs out for workman’s comp, where do I go then? My goal is to take care of other people, not people take care of me.

You have to understand, this journey, you have your highs and your lows. You accept it at one moment, and you hate it the next….I don’t want pity. It’s not a pity trip…..I believe a man should take care of a family. I believe a woman should do the same if she’s a single mother. My life, my journey, no matter if I was a man or a woman, is to take care of people. I don’t believe that you should categorize somebody for their sexuality, their creed, or beliefs. So, being a man, or being a human, as I say, is to take care of other people and other things. Again, that’s what I did for life, until 2009.

You have to take care of responsibilities we’re given in life. Being a human is taking care of people, accepting them for who they are, and not judging. Years ago, my parents always told us we can all do everything in the world we want to do, if you set your mind to it, no matter if you was a male or a female. Does pain judge you for if you’re male or female, or sexuality? Hell no. Pain will hurt you no matter who you are….society judges for the pain. Because people who judge have been men, like the doctor. He said, “You know, it’s all in your brain, you’ve got to get through this.” I said, “What do you mean, ‘man up’?” He’s like, “You know, stand up and be
a man.” What’s a man? Again, we’re human. Woman or man, you have pain across the board, it’s chronic. Because, you know, it’s like, take the pain and go on with it. So, from now on, I’m going to go around and say, “Woman up.” Because women have kids and have pain, women get hurt or take care of children who have pain. The man’s role in the house is to go to work and provide for the family; you’re not to get hurt, you’re not to have pain, you’re not to have complaints. You come home, the wife has the dinner ready for you, [and] you mow the yard on Saturday, watch football on Sunday.

From the doctors, male doctors it [judgment] bothers me, [like I’m less of a man] and my pain doctor is one of ‘em. And I like him, but I know, because of the male society and he’s trying to be tough in front of other people, he said, “Man up.” …..after I had knee surgeries, I would go back to work the next day, because I knew that it was required of me. But then that was a minor pain and minor surgery—well, major surgery because I had, you know, knee surgery, and I was supposed to have been off 6-8 weeks, but I went back the next day because I knew in society that’s what I’m supposed to do. But now that I can’t do it, you’re going to judge me? What about all the times I went to work when I was hurt? What about all the times I had pneumonia and went to work?

The medicine works the opposite on me, so instead of pain medication making me tired and sleep and groggy all the time, oh, hell no, it gives me energy. So keep in mind, with energy…..who is a person who can’t get out of bed…..my mind is going 100 miles an hour when my body is in park. And your brain is like, move, move, move, and then you do move, it causes more pain. So my mind is telling me to move, my body is telling me to stop. So I have this fight every day with my brain and my body.
Summary

Qualitative in-depth interviewing was utilized in an effort to co-create representative profiles of individual life experiences of unemployed working class men. These profiles attempt to provide a detailed depiction of the participant’s life from a first person point of view; in doing so “we can see how their individual experience interacts with powerful social and organizational forces that pervade the context in which they live . . . and discover the interconnections among people who live and work in a shared context” (Seidman, 1998, p. 112).

Each profile represents the pain experiences of these individual men which highlight behavior as personal, influenced by individual and life contexts, as the product of individual interactions within life contexts and environments, and shaped by meaning. The data reveal multiple similarities across participants from which three core themes emerged. Each is briefly expounded upon as follows:

1. **Personal interactions within context** – the essence of this theme is made up of seemingly personal characteristics interacting within the contexts of the individual’s life. Each participant experienced chronic pain as a result of a work related injury and sought medical and psychological treatment. However, not one participant reported ever experiencing complete relief from pain. This pain experience interfered in their work (both inside and outside the home), daily general activity, mood (anger, fear, depression and anxiety), relations with other people (professionals, family and friends) and socio-cultural identity and power.

2. **Gender as an interactional cultural factor** – Each man expressed a personal struggle with his inability to meet cultural prescriptions of what it is to be a man. Their choice
of occupation was dependent on their physical prowess which supported their traditional male gender ideology, and their lack of formal education limited their occupational resources.

3. *Pain is meaningful* – the experience of pain created new meaning. While the particulars differed for each participant, the meaning of pain impacted meaning making in regard to what it meant to be a man, spirituality, hope for the future, grief and their status as patients and perceptions on their ability to cope.

Chapter five will discuss commonalities as a result of individual interactions within both similar and unique life contexts and will explore traditional gender ideology as an interactive cultural factor in the pain experience. The ecological perspective will be used to make sense of the participants’ experiences as a group and individually, to emphasize the various levels of meaning making that occur beyond identity issues and the ecological dimensions of their status as patients within the medical system. Finally, ecological implications for counseling interventions and future research will be discussed.
Chapter 5: Discussion

Chapter five consists of three sections: a summary of the study, research findings, and implications for counseling and research. The first section includes a summary of the study, a brief restatement of the problem and the method used. The second section examines individual interactions within life contexts, gender as an interactive cultural factor and meaning making through an ecological lens. Finally, the third section offers implications for counseling and research, limitations and conclusions.

Summary of the Study

As a Licensed Professional Counselor I specialized in working with the adult chronic pain population. It was this work that led me to believe that a true understanding of the essence of this experience would be of benefit to the field. My goal was to create a better understanding of the perceived experiences and meaning making of unemployed working class men suffering from chronic pain. Doctoral study under Dr. Ellen Cook suggested that the ecological perspective could facilitate insight into the individual lives of these participants, aid the therapeutic process with this population and lead to greater advocacy for the chronic pain population.

Chronic pain is an invisible and subjective affliction with no set duration, that negatively impacts people’s lives, lifestyles and emotional well-being (Vroman, Warner, & Chamberlain, 2009). It can be detrimental to an individual’s quality of life, perceptions of self and self-identity (Kindermans, Huijnen, Goosens, Roelofs, Verbunt, & Vlaeyen, 2011). Further, it can impact people’s ability to work both in the home and outside the home, complete routine daily activities and participate in activities they once enjoyed (Saastamoinen et al., 2005). Moreover, chronic
pain sufferers often feel unheard by medical experts. Perceptions that experts do not appreciate their suffering increases patients’ stigmatization often associated with the chronic pain experience (Vroman et al., 2009). This dynamic can exacerbate the social power differential and decrease full communication about the pain experience.

This power differential is particularly burdensome for members of the working class as pain reporting is more common among working class men with lower levels of education (Saastamoinen, 2005). Chronic pain conditions are more prevalent among the lower class; members of the working class with lower levels of education are more likely to experience long-term disability due to chronic pain (Saastamoinen, 2005). Men who cannot work may feel that they are failing to function as men according to traditional gender role prescriptions. These socioeconomic and gender differences are important factors in the individual chronic pain experience.

Cultural and gender beliefs impact the meaning people make of life events. The ecological perspective posits that behavior is a function of a person interacting with his or her environment (Cook, 2012). Looking at the contexts within which individuals live allows for greater understanding of how individual meaning is made. How do unemployed working class men perceive their chronic pain experience? How do environmental influences play a role in their meaning making process? As unemployed working class men attempt to navigate the chronic pain experience, they create their own meaning influenced by the proximal and distal contexts of their lives.

For the purposes of this study I recruited six working class unemployed men experiencing chronic pain. These men were already receiving mental health treatment for emotional distress related to their chronic pain and were recruited through the psychological
offices of Michael T. Farrell, PhD & Associates, Dayton Branch and ForPsych, Cincinnati. These psychological offices specialize in mental health issues related to chronic pain and occupational injuries.

This research sought to understand how class, gender and employment impact perceptions about life with chronic pain from the individual’s perspective. An ecological approach to understanding how these participants make meaning of their life with unresolved pain was used. A qualitative in-depth phenomenological approach to interviewing (Seidman, 2006) was adopted to provide a more detailed picture of the essence of this experience by focusing on participants’ life history, details of their experience and a reflection on meaning was used to get at the essence of the experience. Finally, the ecological perspective aided the conceptualization of the interconnected levels of the experience, subjectivity of chronic pain and the characteristics and life challenges faced by this population.

Research Findings

Personal Interactions within Context

A careful review of these interviews revealed a detailed picture of the participants’ lives. From the transcripts I created a profile of each participant that represented his perceptions of life history (experience and ideas of what life had been before pain), the details of how his pain came to be (occupational injuries which resulted in chronic pain) and the ongoing meaning making that takes place as a result of this pain experience.

Each profile represents the lived pain experiences of these individuals who self-identified as working class and who shared the same gender and employment status. They all experienced chronic pain as a result of a work related injury and each man participated in psychotherapy.
Multiple similarities were identified and themes across participants emerged. Consistent with reports in the pain literature (Davidhizar & Giger, 2004; Hardt et al., 2008), not one participant reported receiving treatment (medical or psychological) that provided complete relief from his pain. All participants perceived that pain interfered in their work (both inside and outside the home), general activity, mood (anger, fear, depression and anxiety), relations with other people (professionals, family and friends) and socio-cultural identity and power. These commonalities are a result of individual interactions within both similar and unique life contexts. Moreover, the profiles highlighted traditional gender ideology as an interactive cultural factor in the pain experience and the meaning making of their own and others’ behavior that occurred as a result of pain. These findings support pain literature identifying the chronic pain experience as universal, diverse and multifaceted; it does not differentiate between genders, socioeconomic status, education or employment and negatively impacts both physical and mental well-being (Burns, 2010; Davidhizar & Giger, 2004; Green et al., 2004; Lee, Chronister, & Bishop, 2008; Nayak et al., 2000; Saastamoinen et al., 2005; Schlesinger, 1996).

**Work.** Each participant was unemployed due to a work related injury which resulted in chronic pain. Prior to unemployment all of their jobs involved some form of manual labor (e.g., working machinery, maintenance, construction). As a direct result of their injury, none of these men was physically able to return to previous employment; they were no longer able to perform the necessary tasks required of them in order to meet the job expectations. Further, the ability to pursue careers outside of their fields was limited due to a lack of formal education, experience, and/or complications related to chronic pain. In Adam’s words, “If you don’t go to school and you don’t go to college, you can’t . . . It’s either that or hard labor. You’ve got to choose.”
Despite these setbacks, each participant expressed a strong desire to return to work. This desire extended to work both outside and inside the home. For example:

if you look at my resume, I haven’t done nothing but labor. Work, work, work, and just . .
I would prefer to be doing things, just be active, whether it be on my riding mower or
digging a hole at work, putting a fence in the ground or whatever. (Carl)

Not only were they unable to return to gainful employment, they could no longer attend
to everyday household tasks. These tasks had been part of their family role performance,
necessary chores that had to be done in order to keep the home running smoothly. Their chronic
pain took away their ability to lead productive working lives; the effects changed the nature of
their physical activity and altered their daily routines and balance of family responsibilities
within their homes.

**General activity.** Before injury, each participant described a life filled with work related
activities inside and outside the home. All of these men were gainfully employed during the day.
They all chose to continue working into the evening whether at their place of employment, at
home or for friends and family.

I loved my job. I worked—I got up at five after four every morning and returned to my
home between 6:30 and 7:30 every night, sometimes weeks on end, every single day of
the week, and never complained about any of it. (Dave)

These daily routines were part of their active physical lifestyles prior to their injury. Post injury
these lifestyles changed drastically:
... my daily routine is: I get up, let the dogs out, throw the ball with ‘em for about a half an hour or so, from sitting down. Then I go in the house and watch TV. I watch TV for about a half an hour, and then I have to go lay down, stretch out, watch TV for another half an hour. Then once I get cramped up from that position, I go back to the chair, watch TV, and then I let the dogs out again and play with them for a little bit. Come back in, watch TV, sitting, and then I go lay down and watch TV. It’s just . . . Same thing every day. (Barty)

Daily general activity diminished. Literature supports chronic pain as being physically detrimental (Burns, 2010). For these men, it impeded everyday activities, including using the restroom and taking a shower. The pain interfered with their ability to sit or stand for any length of time. It prohibited them from making sudden movements. They had to make conscious decisions regarding simple bodily functions in order to prevent aggravating the ever present pain. These every-day, routine activities became insurmountable obstacles for these men with chronic pain:

I’d like to just be able to go back to when I could just get up in the morning and go and do whatever I wanted to do, do whatever I had to do, and not worry about . . . .not worry about it. It’d just be nice to go back to that . . . (Carl)

The inability to function as they always had, to participate in daily routine activities, and to act without thinking negatively impacted their new lives with chronic pain.

**Mood.** The participants perceived that their personal characteristics had changed due to their chronic pain experience. Chronic pain affected their self-efficacy, self-esteem and self-concept. Each participant described a re-shaping of his self-identity as an individual and as a man
due to chronic pain. These men were no longer able to define success as they once had and no longer believed in their ability to achieve success the way they once had. They could not meet the once attainable expectations they (and others) had placed on themselves their entire lives:

My attitude, my temper, and everything just wasn’t right no more. It was like I flipped a switch... I went from a nice guy to a monster... It’s like I’m still fighting to be who I once was, you know... I don’t think I’m ever gonna accept it... I blame myself for, my back problems and stuff... (Adam)

Socially constructed views of gender prior to chronic pain were no longer attainable (Courtenay, 2000a). Their pain experience resulted in internalized self-blame and changed how they understood themselves. This self-blame was associated with “what if” thinking; If they had only chosen not to go to work that day or if they asserted their rights as workers, none of the resulting pain, financial burden and emotional turmoil would exist. Participants became anxious over their perceived inability to effect change in their personal lives, to support their families financially and medically, and to see any future for themselves. They began to experience symptoms of depression:

I mean.....would the world be better off without me in it, you know? I can’t do nothing; why sit here and take up oxygen, you know? Some people think it’s a vacation, but it ain’t. It’s not. (Carl)

Anger and fear became two prominent emotions. Anger was both internalized and externalized. Anger was a result of feeling that they had somehow allowed the injury to happen, and were solely responsible for their inability to heal and return to work. Adam felt he had become quick to anger and could no longer handle even the most minor issues, “I can’t deal with
it. I start panicking.” He experienced difficulty sleeping, eating and depressed mood. He found it impossible to get comfortable. Further, at least three of the six men directly referenced suicidal ideation. They began to question the nature of their existence and their reason for living.

Anger and frustration were externalized and seen as a result of being treated unfairly by their former employer and the “system”, being unheard by professionals working for the Bureau of Workers’ Compensation [BWC] (medical and legal) and a perception that professionals did not understand their personal experience.

**Relations with Others.** The multitude of professionals that these men consulted for help with their pain was perceived as part of an overarching system, a system that was felt to be unjust and unfairly biased for the employer. Post injury, each man went to a physician for diagnosis. Each man had to retain an attorney to document their injury in attempt to return to work. None of the participants were able to return to gainful employment due to their chronic pain condition. They all underwent medical examinations for both their physical and mental health and each participant had to navigate the system to obtain financial coverage for their treatment.

It’s like I’ve got to prove to everybody that I’m hurt. I mean, you get a bad injury, that’s truly what happens. The pain doctors, it’s like you’re lying to ‘em, you know, like I’m a drug addict or something. . . I didn’t take pain medication for three or four years. It got so bad that I just couldn’t take it no more. (Adam)

In order to receive monetary support, they had to prove that they were injured on the job and that the chronic pain condition was a direct and proximal result of the injury along with the resultant (physical and mental) symptoms.
Negative experiences with professionals were compounded by floundering interactions with friends both lifelong and work related. They used to have multiple daily interactions with friends; however, chronic pain interfered in these relationships:

My best friend in high school, I haven’t talked to him in seven months because of this. . .

It’s painful. It’s really painful because everybody thinks that I’m faking. (Barty)

These losses were perceived as directly related to their pain for multiple reasons, including the invisible nature of pain and the resulting negative judgments by others. This betrayal was incredibly hurtful as they had seen themselves as men who had always been willing to lend a helping hand to both friends and family before chronic pain.

I’ve always been there for others, but I don’t feel like they’re wanting to be around for me. It’s like pulling teeth to get people to come over and help me do something simple (Carl)

Relationships with both immediate and more distant family members were impacted as well. Chronic pain was perceived as a barrier to spousal intimacy, familial support, closeness and trust. It was an external event that happened to them, something outside themselves, rather than a part of the person they were.

**Sociocultural Identity and Power.** The participants described a loss in social power and sociocultural identity. “People with less power are seen as expendable and undeserving of better treatment (moral exclusion) and thereby worthy of treatment as outsiders” (Cook, 2012, p. 58). The loss in social power was evident in the inability to navigate the BWC system itself, a perceived loss of control, and the inability to choose medical personnel and the best course of action in the treatment of their pain condition. They lacked an understanding of the BWC
system, its rules, regulations and legal jargon, and were unable to trust representatives of and financial decisions made within the system. In line with Dolan’s (2007) observations, the loss of social power limited their access to resources, ability to negotiate cultural expectations (both new and old), resulted in a lack of belonging to a specific group and further depleted their masculinity. They no longer had the power to influence others or lead a productive and fulfilling life; professionals held power over them and the BWC system determined the what resources would be provided.

**Gender as an Interactional Cultural Factor**

These participants’ sociocultural identity was strongly aligned with socially constructed beliefs about gender, and also heavily influenced by class, employment and education, culture, friends, and family (Courtenay, 2000a). They identified as working class men; their masculinity was defined by their ability to work both inside and outside the home, to provide for their families, and to behave and complete tasks in line with traditional male gender roles and hegemony. They considered themselves active, independent, dominant men with control over their lives before chronic pain.

**Class.** Traditional male socializing was evident throughout the profiles. Their beliefs about masculinity and gender norms were ingrained from early childhood interactions and parental attitudes based in working class belief systems (Stepleman et al., in Loue & Sajatovic, 2009). Traditional gender and working class beliefs related to the inability to express nurturance and communicate feelings occurred, “Being an older brother, you know, you help your little brother out. If he has problems with people . . . if it comes down to fighting, help him out”
Barty. Direct verbal expression of feelings was restricted in order to avoid social judgment while simultaneously maintaining community membership.

It was important to establish dominance early, consistent with sociocultural norms about masculinity (Courtenay, 2000b). Early negative media targeting was evident in resultant risky behavior:

I had a rough five years, I would say, between the age of 19 and 24. I was gainfully employed . . . but I was just out of control, is what I call, you know, the partying scene and all that stuff. (Dave)

From a young age they were taught to mask their emotions behind cultural “tough guy” persona and rely on and show pride in their physical prowess.

Physical affection and portrayals of love were demonstrated by standing up for family members both inside and outside the home. They stood in front of their mothers, siblings and friends, allowing themselves to be targets of physical punishment and emotional abuse:

But my biggest issue was my dad. I don’t know what his deal was with me when I was growing up, but it’s like he hated me. So I had to watch my step around him . . . it was leave or hide or get beat. (Adam)

Barty also described child abuse at a young age as well as the need to present as physically dominant in order to survive in his current neighborhood. This pattern reinforced traditional masculine identity; they were able to be protectors, with the power to control the situation by making choices based on what they perceived as the right thing for a real man to do. They hid their emotions behind a culturally prescribed masculine mask.
Independence and control were valued above dependence. Masculine gender socialization related to issues of dependence and independence was in line with the working class cultural expectation of self-sufficiency and self-control:

I actually had been also skipping school, working for a guy instead of going to school. So when I quit school, I was actually already working full-time in construction, I got basically hired on as full-time, and just basically continued to work pretty much steadily from then until '99, when I hurt my back. (Eddie)

Traditional “men’s work” is considered to be more physically demanding and more detrimental to the self (Courtenay, 200a). The participants sought independence by choosing traditionally masculine jobs. It was important to be able to show that they could provide and care for themselves at a young age. Monetary independence allowed them a sense of freedom from parental support, led to a greater sense of control and strengthened their traditional masculine identity. They were proud of their ability to make it on their own, relying on their strength and physical capabilities to procure employment.

**Education and Employment.** None of these men participated in higher education. That is, not one of them graduated from a four year collegiate institute. According to Dave:

He [my father] was a mechanic in vending machine services. He did his job well, he gave us time, and he earned his pay. . . . There wasn’t an opportunity of education beyond high school for us. We did not have the means. My mother and father did not—they just didn’t have it. She was a stay-at-home mom.

Members of the working class in physically demanding jobs may experience a loss of identity and few options for careers when chronic pain interferes with their job performance.
Gendered stereotypes continued into adulthood with gendered socially constructed work: these participants were proud to work more physically demanding jobs (e.g., construction and maintenance) that statistically increased the risk of injury. Moreover, all participants defined being a man as someone who supports and provides for the family, by being physically present daily at a job outside the home, “. . . the provider of the family. The worker. . . the one working. . . the provider. That’s the way I think it should be, but I can’t do it” (Eddie). These men valued hard work and labor. The work they chose helped them to identify as independent, physical, strong and capable men. These characteristics were identified as important both at the workplace and at home as descriptive of successful workers and as men fulfilling the masculine stereotypes. Their work at home was traditionally gendered as well. They completed traditionally male jobs (e.g., they handled the finances, cut the grass and were responsible for automotive repairs).

Each individual utilized a unique process of interpreting these collective experiences in order to give them meaning. These processes had characteristics similar to others’ processes; each participant was impacted by a perceived change due to chronic pain and created individual meaning of pain and of life with pain. Their subsequent behavior is a result of these individuals interacting with and navigating their unique environment living with chronic pain. Cultural values related to gender and employment directly impacted how the participants viewed themselves, responded to events and made meaning in their new life with chronic pain.

**Pain is Meaningful**

Although both biological makeup and learned experiences play a role in how a person chooses to behave within multiple interacting contexts, it is the meaning the individual makes
within context that determines outcomes. At the heart of individual well-being is daily, unconscious meaning making (Cook, 2012). The ecological perspective emphasizes the various levels of meaning making that occur beyond identity issues, identifies dimensions of participant patient status and considers how equipped participants perceive they are to cope with life’s challenges. Chronic pain changed the meaning the participants had made of life and their ability to positively negotiate these changes. It distorted their perceptions of their traditional masculine, sociocultural identity as well as their fundamental personality traits.

**Being a Man.** Chronic pain changed the meaning of what it was to be a man. Their masculinity was threatened by their chronic illness (Sabo & Gordon, 1995). Life with chronic pain was inconsistent with their ideals as shaped by their working class cultural values and influenced by those within the proximal contexts of their lives. They could no longer meet societal prescriptions for male behavior (Courtenay, 2000a). Their new lives with chronic pain negatively impacted their previously identified notions of what it meant to be a real man. Chronic pain no longer allowed them to rely on strength or physical prowess to earn income or support their family, to maintain their previously identified role in relationships, or to participate in everyday tasks or activities they once enjoyed. They no longer saw themselves as physically independent, strong and capable men. The pain impacted their ability to use their bodies as they once had. These men had strongly identified with the idea that employment meant physical labor. They worked physically demanding jobs and were proud of their ability to accomplish these tasks. Being able to work meant they could provide, thus meeting their previously identified meaning of what it was to be a man. Life with chronic pain no longer allowed them to be gainfully employed.
The meaning they had made of employment prior to chronic pain hindered them. Employment meant so much to them that they each attempted to regain what they had lost. However, their pain prevented them from sitting or standing in the same position for any length of time and prohibited them from lifting heavy materials or operating heavy machinery. Furthermore, they were prescribed medication to treat their pain which prevented them from returning to previous employment such as driving a truck. While there were opportunities to enter training programs, these programs were seen as unrealistic for someone in pain with no income. They could not physically meet the established requirements nor could they afford them. They found themselves disappointed by the system made up of their previous employers and the BWC.

Employment was part of a bigger picture. Their work was part of their sociocultural identity. Prior to their chronic pain, the participants loved their work (and in some instances the company they worked for) and took pride in their abilities to accomplish work related tasks. Being fired from their jobs represented a break in the relationship they had built with their employer. For example:

I went straight to the emergency room right then. Interesting thing about it was, it didn’t seem like the manager was too concerned about it, you know. And for them to fight every inch of the way. Everything that my doctor asked for . . . everything he’s asked for, they’ve denied. Everything. . . They approved the therapy, but the shots and all that—We had to fight for it all, and . . . it doesn’t make any sense. It’s all about money, that’s the way I look at it. It’s all about money, you know. Companies just don’t care about their people. They don’t care about their people anymore. (Carl)
Dave also described feeling abandoned by his former employer. He was concerned about his company following him and reported the displacement of multiple former co-workers. He perceived these actions were taken so that his company would no longer have to continue paying for medical treatment and as a consequence of his lawsuit. Adam experienced anger toward his former employer for firing him. He felt the reasons given for his termination were unjust and inaccurate.

The BWC system added insult – a further betrayal - to injury. These men saw the system presumably designed to help workers like them as something they had to fight instead, in order to receive medical and mental health care, financial compensation and a chance for future employment. The BWC meant a cyclical battle in which they found themselves on the losing end:

From one day to the next, I don’t know if I’m gonna get a letter in the mail saying they’re [BWC] gonna cut me off or whatever, you know. . . I don’t know how I would survive without my family, because if it was for workman’s comp, you know, they’d be— truthfully, I think they’ve been pushing me to break for a long time. It’s always the worst time they could possibly cut me off. And I think it’s intentionally, to drive me out of the system, to get me to settle out and get out of the system. (Barty)

Carl described attending repeated hearings in an effort to get his treatments approved, Frank perceived his poor treatment by physicians a direct result of their relationship with his former employer and Eddie felt he would have healed already had the BWC approved treatment immediately. Dave described discomfort at having to take narcotic medication to treat his chronic pain, but explained that his fear of being cut off from treatment by the BWC drove him
to continue taking his medication as directed despite concern over the addictive nature of the drugs. This contributed to feelings of helplessness, hopelessness and despair, further diminishing their sense of masculinity. They felt alone in the system. Even the professional experts were letting them down. Attorneys and physicians were seen as being interested only in monetary compensation. They had no faith in medical experts who were signing away their right to work, referring to them as “disabled”, overmedicating them, and not listening or understanding them. Even those doctors viewed as helpful (e.g., mental health experts) were seen as heavily invested in monetary gain. In other words, professionals were seen as profiting from participants’ chronic pain.

Chronic pain changed the meaning of employment and unemployment as well as work and responsibilities inside the home. Not only were they unable to provide monetary support and health benefits for their families, they also could not complete such mundane, and in their eyes fundamentally masculine, tasks at home. They were no longer capable of performing duties in line with their previously defined gender roles:

the other thing, too, that really just pisses me beyond words, is to stand there and have to watch my wife do the work that I would do. . . I hate it. I absolutely hate it. God I hate that so much, just because . . . that’s my wife. I am the one that should be handling that. It’s almost like having your masculinity taken away, you know. Because you stand there watching your wife do that work that I should be doing. I should be doing that work. It’s not that she can’t do it—that’s not the whole thing, I’m not being sexist. It’s just I’m saying I should be doing it, not her. (Carl)
What was once a source of pride became a source of shame. They were embarrassed that they could no longer be the provider and felt personal responsibility for their life situation. They felt guilty and responsible for the impact their chronic pain was having on themselves and those around them.

Chronic pain stripped them of their self-defined masculinity; it prohibited them from sexual intimacy. This subject was very difficult and painful for these men to discuss. The very act of admitting that they were incapable of performing sexually was painful:

If you was just a man for three days or a week, and the doctor told you, since your back injuries, now you have to have this done so you can have a sex life, how hard that would be for you to do and not take your manhood away from you. (Adam)

Relationship issues arose over time due to their inability to perform sexually. Previously conceived ideas of social gender roles prevented them from communicating their feelings regarding this sensitive issue (Courtenay, 2000a). Their perception of who they were as men and husbands was modified over time because of their chronic pain experience.

These experiences were shaped by cultural contexts (working class and gender belief systems) and resulted in anger, depression and anxiety (Dolan, 2007). The personal characteristics and traits they had held as fundamental to them were changed. They were angry with the fact that their lives had to change. They were frustrated that their wives and partners had to tolerate decreased financial support and increased dependency, sexual inactivity, and an increase in responsibilities in the relationship. Furthermore, these men were afraid. They were afraid of what pain and unemployment meant for their future. It became hard to believe that a
significant other would want to stay with them if they were no longer a man, if they couldn’t provide:

I’ve got nothing. . . Why would anyone want to be with someone who’s less than a man? . . . The only control that I do have is still keeping . . . being polite and chivalrous. You know, that’s about the only thing that I can still do that makes me feel like a man (Barty).

Feeling emasculated as a result of chronic pain was experienced by all participants. At some stage in their processes of dealing with their new pain life, participants described feelings related to anxiety (worry over finances) and depression (feelings of hopelessness and isolation), anger, fear and self-blame.

**Spirituality and Hope for the Future.** Spirituality was both a positive and negative factor in the pain experience. For some participants religious beliefs established in childhood which continued into adulthood aided in coping with chronic pain and provided hope for a better future.

Dave was raised in a Catholic neighborhood and attended Catholic schools. As an adult, he continued to live his life by his Christian ideals and found hope and support in his faith and religious community:

I’m a very spiritual person. I consider myself a Christian, and I try to lead my life in a Christian manner . . . There are a lot of things that I don’t know financially who was responsible for, but there was nothing that needed to be done that wasn’t done . . . the outreach was just tremendous.
Dave was able to use his strong religious beliefs to aid in coping with pain and to find positive meaning in his new life:

I always try to find the best in everything, every situation. I believe spiritually that my Lord and Savior is the one that’s in control, and I let Him, you know, lead me to where I’m going. . . . You cannot destroy the spiritual wealth in my house; it won’t happen, I don’t care who you are. . . that’s my pillar.

His immediate family also participated in his church and that sharing strengthened his ties to both his family and religious community. Together with his children he was able to volunteer for his church because he could rely on their help when his pain became overwhelming. Prayer was a coping tool he used to help himself and those around him work through their emotions related to his chronic pain.

Each participant used prayer as a coping mechanism at some stage in their process, though none of them were as strong in their convictions as Dave. They struggled with their self-identity and relationship with God.

I pray every day that the Lord helps me. Right now, it’s me; I have no one else. . . I pray a lot. . . I don’t ask to take the pain away. In reality, you can pray, you can beg, and you can plead, but no one’s been able to help me. God let me live again, but now I’ve got to live through the pain. . . And I’m scared, because I don’t want to [lose myself]. God gave me another chance, but I don’t know why . . . (Frank)

They struggled to find new meaning without an understanding of their broader life purpose. They perceived their purpose prior to pain was no longer attainable and could not understand why God would take that away from them. Religion became a source for both healing and blame; why had
God forsaken them? Eddie struggled with his belief that God had put him on the Earth for a reason:

Why does it keep getting worse? Just like when I tried to kill myself, and then I found out I had to have another neck surgery. Why? Why did you bring me back for this? You know? So I can be in pain for another three weeks or six weeks. Why? I question Him all the time. Not supposed to, but . . . He does everything for a reason, you just don’t know why. Yeah, I’ve been down that road several times.

The inability to find the answer and to see God’s purpose contributed to questioning prior belief in God. Adam also struggled with his religious beliefs post injury; he could not understand where God was in his life:

I do believe in God. And then there’s times it’s like, “Don’t you see me?” because here lately I’ve been tested a lot . . .

Adam felt he became invisible to God just as his pain was to others. He struggled with his existence and felt alone in his pain, not even God could help him.

Doubt in God was related to hopelessness and despair. Barty couldn’t understand what he had done to cause his life to end up the way it had; he could not make sense out of why God would have let this happen to him. He felt like he had been a good person and didn’t do anything to deserve living his life with chronic pain:

I’ve really started to doubt my religion and stuff. Like why is somebody that’s really never done nothing wrong put underneath somebody’s thumb for no reason…..basically, workman’s comp taking my manhood from me.
The system in which these men had to work to receive treatment and care further exacerbated their religious doubts. Why did they have to fight for treatment? Why were they being tested and questioned? Would justice and truth prevail? What had they done to God or anyone to deserve this new life? Faith in God was not an adequate coping tool for all participants and for some, it did little to instill a sense of hope for the future.

**Grief.** The constant, subjective and invisible nature of chronic pain ([Jennings, 2003; Thunberg et al., 2001](#)) meant an inability to choose to live life as they saw fit which added to feelings of hopelessness. Eddie experienced chronic pain as a loss of independence. Chronic pain meant living rent free in a home owned by his father and siblings. While he recognized that his yearly “inheritance” was going toward rent he still chose to see his lack of income and inability to pay monthly rent as living off others. This resulted in a state of constant fear and worry of losing his house. It further exacerbated his masculine identity loss.

Chronic pain meant defeat. Adam could not “conquer” the pain which was in direct opposition to the man he once was. He could not accept his new life with chronic pain, yet could not give up hope that it would one day end:

And to go through this . . . (long pause) (exhale) . . . you never would’ve dreamt that your life woulda changed like that, you know (crying). And I don’t think I’ve really accepted it yet, you know. It’s just too hard. (Adam)

A longing for life prior to chronic pain was common. Life prior to chronic pain was seen as full of rich and fulfilling relationships with family and friends; life with chronic pain meant isolation. Loneliness and the feeling of being alone in the world contributed to decreased social interaction,
they no longer thought others in both the proximal and distal contexts of life wanted to listen to them talk about their pain. As a result they stopped communicating about their pain.

We [my brother and I] don’t talk a whole lot no more. I just—it’s hard to deal with a lot of stuff nowadays, when you’re dealing with your own, you know. . . Everybody wonders why I’ve changed, you know, my whole family. [They say], “Well, you don’t come around no more. You don’t call. You don’t . . .” Why? What has anybody done for me? Nobody even will call. Nobody does nothing. You know, that’s how I feel inside now. It goes back to when I got hurt. Where was everybody when I got hurt? But now . . . it makes me mad at them, really. Because it’s like, they know I’m screwed up, they know I’m in bad pain, and they still got the nerve to say, “Can you do this?” What are you, stupid? Yeah, I would love to do it, but I can’t do that. I mean, it’s crazy. I hate it. I truly hate it. (Adam)

Literature supports a decrease in pain communication (Courtenay, 2000a). This study suggests that the perception that others do not want to hear about the pain experience traditional gender ideology and a loss of social power are contributing factors. The subjective nature of chronic pain and resultant depressive symptoms contributed to participants’ desire to push people away while simultaneously feeling that others were removing themselves from them.

Barty associated chronic pain with the idea that he was expendable. Chronic pain meant the end of his formerly productive life. He felt he had nothing left except for despair and isolation. Barty could no longer consider himself a man; he had nothing to offer another human being, which meant that he was unworthy of love. He could not protect himself or his family. His inability to identify as a man meant that he was “a burden. I’m a burden to my family. I’m a
burden to my friends. I’m basically a waste of oxygen. That’s how I see myself.” He stopped leaving his house and stopped socializing. He engaged in negative self-talk. Barty became so depressed that he stopped caring about himself; he no longer attended routine dental and medical appointments. He questioned his existence and spent much of his time lost in “what if” and nostalgic thinking:

Every night I think about it . . . how would my life be today if I wouldn’t have took that job? Where would I be at in my life? Would I have kids? Would I be married? . . . basically, my life got canceled when I got hurt.

He daydreamed of his life prior to chronic pain and clung to a small sense of hope that one day he would heal, but was unable to make new positive meaning out of his life with chronic pain.

Chronic pain meant judgment. Frank experienced self-directed anger in regard to his past judgment of others with pain and anger toward those who he believed were judging him. This contributed to his feeling of being misunderstood by family, friends and practitioners:

Once you have limitations because of your pain, [then] that limits who people come around. That limits your social circle—friends and family and physicians. Life don’t make sense to me. Again, it’s a journey. It’s changed my life. I can’t get comfortable, and I don’t have a relationship with anyone outside my home, unless they come to visit.

(Frank)

Participant perceptions of how they were viewed by friends and family contributed to social isolation and a reduction in their desire to leave their home. The data suggest that they may have projected their self-loathing onto others. The belief that others did not care (whether true or not) can create a self-fulfilling prophecy, and prevent the negotiation of new relationships. This
perceived judgment can be related to the stigma associated with chronic pain which “reflects the widely held view that pain is often exaggerated or imaginary and therefore the patients are somehow undeserving. Often they are seen as either scroungers, faking their back pain to remain ‘off work’ and ‘on benefits’ or merely life’s failures” (Notcutt & Gibbs. 2010, p. 455).

In concordance with Notcutt and Gibbs participants viewed medical experts as judging them too. They felt they were viewed as drug seekers and were told that their pain was all mental. This perception instilled fear and mistrust in the doctor/patient relationship and resulted in decreased power, control and communication between practitioner and patient.

**Dimensions of Patient Status.** Multiple ecological dimensions of being a patient with chronic pain exist. Perceptions of treatment by professionals within the BWC system were negative. Participants identified working through the system as difficult. First they had to fight for the right to receive treatment, and then they had to fight for the right to maintain treatment.

In order to gain access to treatment, participants first had to undergo extensive evaluations by BWC paid medical experts. As patients of these physicians, participants felt taken advantage of; they were unheard and in some cases overlooked:

I just got so tired of the doctors and everybody saying, it’s a pulled muscle, it’s this, it’s that. I mean, come on. This is inside of me, man . . . And I kept telling ‘em that. They put me through hell for three years. And I mean I went from this doctor to that doctor, to that doctor, and everybody kept saying, “Oh, it’s just a pulled muscle; you can work, you can do this.” (Adam)

Often times they had to have legal representatives write rebuttals to reports they perceived as misrepresenting medical issues related to their injury and argue against opinions representing
inaccurate representations of examinations. The results of negative evaluations were seen as catastrophic. They lost their jobs, health insurance and everything they owned including their homes and cars, without which they could no longer attend appointments.

Participants perceived the three level BWC hearing process as inducing stress and anxiety; multiple hearings meant multiple evaluations before they could find out whether the board would allow treatment. Participants perceived the process to be long and drawn out. If they were granted treatment, they were then required to find medical experts who accepted payment from the BWC. This requirement narrowed their ability to find a physician which made it difficult to choose a compatible and trustworthy one.

Medical care was structured around specialized clinics (e.g., pain management). In some instances they had difficulty getting appointments and the offices were often some distance from home. Traveling long distances to attend appointments was both physically difficult and financially challenging. Sitting in the same position for extended periods of time increased participant pain. They often had to find someone willing to drive them to these appointments as they would have to take pain medications to numb the resultant pain. With no income, they could not afford to pay for fuel or routine maintenance on their automobiles (a task that many of them performed pre-chronic pain) nor could they compensate the driver for their time.

Moreover, the participants did not necessarily agree with the treatment approach of the physicians they were seeing. They had no control over the choice of physician and they had no control of their own treatment. They expressed fear over taking narcotic medication but were more afraid of the repercussions (treatment being denied or loss of pain medication) for not taking it.
Vicodin scares the hell out of me. . . I’m not one to take medication until I absolutely got to. . . I’m not gonna sit there and argue with her [pain management], because I don’t wanna hear it anymore. I’m the one sitting here with pain, but I also know what I don’t wanna do. . . I don’t wanna give ‘em the impression I’m not taking my pills, because I don’t want ‘em thinking, or worker’s comp thinking, I’m not hurting. I don’t like pain, but I don’t like the idea of getting hooked on something. I’ll be damned if I’m gonna take those things twice a day. It’s not gonna happen. (Carl)

Participants did not always understand the drugs they were being prescribed and desired alternative treatment. Adam was prescribed a generic narcotic. He was unfamiliar with the drug and therefore did not understand the nature of the substance. Subsequently, he experienced symptoms of withdrawal after taking the medication for an extended period of time.

The repeated trips to various medical experts were an effort to decrease their pain experience. The men expressed a strong desire to heal, to live a life free from pain. They found that current treatment parameters did not effectively eliminate pain.

I’ve seen every doctor there is. I’ve been through hell and back with this, you know, and all they wanna do is more pills, more drugs, you know. Or let’s try to bring you in every week or once a month and stick these giant needles in your spine. They about kill you doing that. (Adam)

Additionally, innovative treatment interventions like integrative medicine, stretching or Tai Chi are not covered by the BWC or insurance and in most cases are not financially feasible. Denials of treatment further diminished their sense of control over their life and their ability to cope with feelings of guilt, helplessness and emasculation.
Perceptions of Ability to Cope. Participants described difficulty coping with and accepting their new life with chronic pain. Whether he knew it or not, each participant utilized coping mechanisms to deal with his chronic pain. For Carl, chronic pain was a “vicious circle.” It meant he always had to think before he acted. If he chose to move without thinking or complete simple chores he knew he would experience increased pain the following day. Even though his meaning making regarding pain contributed to his depressive and anxious feelings Carl was able to create new meaning that reduced feelings of guilt:

I call my stepson over to do work, and I pay him. And by doing that, I think—I guess maybe by paying him, I’m not feeling as guilty. It’s kinda like paying somebody for a service, you know?

The ability to create new meaning of his life with pain is an important indicator of resilience. Further, while he did not like having to live his life in pain, constantly having to think about each move he made did enable to him to be more aware of his body, enhancing his sense of control:

Mentally, you’re just spiraling downward. . . I’m kinda like that airplane circling the air field right now: It’s not going up, it’s not going down, and I’m trying to hold my own.

(Carl)

Dave also identified increased awareness as a tool in coping with chronic pain. He understood that his entire life had changed. He struggled with the idea that he is not the man that he once was in terms of supporting and providing for his family, and consequently experienced anger with the system:

. . . when I go back to [the doctor] this visit, I’m going to tell him, “You filled that C-84 out and they terminated me.” “Because you put permanent restrictions on there and put
me at 20 percent.” And now I’ve gotta fight . . . I don’t have any faith in the pain management system.

However, he recognized that he has not lost all control of his life. Dave has a strong support network. His family, faith and awareness of his role in pain management are all part of his coping mechanisms. He chose to make new meaning and recognized some positive changes in his life since chronic pain (e.g., having more time to spend with his children and family). Dave found new meaning in his family life and is relentless about the idea that he will not let his family down. He will not allow himself to “fail”; he will not allow something that happened “to him” to have a negative impact on his family. Dave has become an active participant in re-building his life.

Living an independent life was highly valued by the participants as definitive of their manhood, and the loss was difficult to cope with. While Frank felt that being a man meant being independent and a provider (“a man should take care of a family”), his somewhat less traditional ideas of gender allow him to make different choices regarding his pain experience; they can allow him to evolve. He believes his purpose in life is to help people regardless of religion, sex, etc. However, he has not yet re-conceptualized what this helping means in his changed life circumstances.

Many of the participants appeared to lack the resources needed to cope with the challenges they faced in their unique situations. Inadequate financial and social support systems contributed to their inability to cope with their changed life circumstances. Their inability to re-define their lives in terms of interdependence has interfered with their ability to re-evaluate possible resources. For example, Carl was able to recognize that he could pay someone for help.
Implications for Counseling

Results suggested that consideration of personal characteristics, gender and cultural influences and the meaning made from these interactions all impact the chronic pain experience. Cook (2012) suggests a model for exploring such factors in counseling: “From the ecological perspective, counselors consider what goes on inside the person, how the environment impinges on the person, how the person interacts with others, and how the person makes meaning of his or her inner and outer world experiences” (p. 179). Therefore the counselor would attempt to understand the presenting problem by considering how the pain affects the client’s perceptions of life, factors contributing to pain and interactions within context that help shape the experience of chronic pain. An ecological counselor understands that the client’s needs are not being met by “natural resources provided by home, neighborhood and natural world” (Cook, 2012, p. 69) and aids in the process of identifying what needs to change both personally and contextually.

The data illustrate how a working class man could experience the loss of his identity and feelings of depression and anxiety related to living with chronic pain. “Counselors who use the ecological perspective focus on which aspects of their clients’ person-environment interactions can be changed in substance or in meaning to enrich their present and future lives” (Cook, 2012, p. 74). The ecological counselor works in concert with the client to provide a safe, trusting environment that focuses on the client’s strengths rather than perceived weaknesses. A person’s ability to cope with life while in constant chronic pain can be influenced by relationships with significant others and a perceived loss of personal identity. Consequently, a focus on strengths increases a client’s capacity to cope and allows him to feel understood. Counselors and clients accomplish this through the identification of current strengths, re-defining weaknesses, and daily
expression of these strengths (Cook, 2012). Reinforcing current strengths will help re-shape perceptions, meaning and feelings about life with chronic pain.

The participants’ feelings were consistent with literature which identifies gender and socioeconomic status as factors that influence life with chronic pain. Interpretations of loss related to pain were negatively impacting mood and functioning, resulting in hopelessness and depression. This cycle directly influenced the participants’ ability to accept and make new meaning of their lives. Considering the participant’s interpretation of the pain experience and the fit between their personal and economic situations as well as coping skills exemplifies an “ecological framework” for viewing the participant’s situation from his own perspective. This framework is also consistent with the notion that pain is a subjective, individual experience (Lee et al., 2008).

Ecological counseling sessions “utilize conclusions based on others’ lives as possibilities for understanding their own clients but remain open to new insights based on their clients’ uniqueness” (Cook, 2012, p. 91). By doing so, counselors focus on the changeable aspects of person-environment interactions (Cook, 2012). Re-conceptualizing men’s gender identity and roles and their ability to contribute to society and at home enhances a revaluing of themselves as individuals. Further, working with loved ones to re-define and clarify new roles and expectations for each other can reinforce a feeling of self-worth. Reinventing personal identity as different, but as someone they can still be proud of allows for new meaning and new purpose. They can then begin to make sense of their pain, thus enabling them to come to terms with its impact on life, an important step in moving toward acceptance (Aldrich & Eccleston, 2000).
The ecological counselor works with the client to establish treatment goals that can help transform interactions into meaningful environmental connections and that help develop strategies to affect change in attitudes and behaviors. Ecologically speaking, goals may be person centered, environmental, or interactional (Wilson, 2012). For example, participants in this study might respond to person-centered goals that address daily general activity, mood, relations with others and identity. These goals would aim to alleviate symptoms, reduce risk and impairment and re-define a sense of self (Wilson, 2012). For example, participants would work to re-define what it means to be a man and find new ways to be a man. They could establish a new definition of relationships with friends and family, in this way better meeting their expectations of relationships. Further, the men in this study perceived in some way that their life with pain was their fault. They blamed themselves for their inability to contribute and the perceived negative impact their condition had on those around them. Dave refused to make his wife get a job because of something that happened to him. He was unable to see that his wife might benefit from having a career. Adam blamed himself for working a machine that had hurt him in the past. Person centered goals created to address forgiveness would increase self-awareness and help alleviate self-blame.

Environmental goals focus on addressing the negative challenges and enhancing more positive resources. This process can involve a re-structuring of support networks (e.g., religious community, family and friends) and setting firm boundaries. For example, Dave’s faith based community played an active role in his path to healing. He was able to connect with his church by continuing to volunteer and established pre-set boundaries in regard to his physical limitations and subsequent resultant pain.
Establishing new interpersonal goals would allow these participants to focus on their proximal relationships, increase communication and allow for greater intimacy. Focusing on aspects within and outside client control is an important aspect in recovery. Setting goals that allowed for increased openness, inclusion and control can increase the client’s sense of self, improve interpersonal relationships and maintain a satisfactory level of influence and power with a comfortable balance between controlling and being controlled by others” (Wilson, 2012, p. 198). For example, the men in this study described a loss of self and an increase in relationship issues due to their inability to perform sexually. Sexual dysfunction was perceived as a loss of manhood. Interpersonal goals would be designed to increase awareness of sexual intimacy strategies through sex education and result in a perceived increase in self-control, relationship satisfaction and enhanced gender identity.

Increasing cultural awareness, exploring perceived cultural expectations and greater understanding of self-worth as tied to culture, gender and employment will assist in re-defining sociocultural identity and regaining personal power. Identifying these barriers increases understanding of self-worth tied to cultural views of gender, class and employment, which may strengthen and support clients and encourage them to move forward making “new meanings” in their lives.

Scope of the Study

Limitations and Implications for Future Research

I would like to use this research as the basis for future work as a counselor in order to address the treatment of injured workers through the BWC. The BWC, in my experience, does not always acknowledge all areas of life affected by chronic pain. The denial of mental health
services is common and practitioners who do treat those with BWC approval are limited in their scope of treatment because of BWC restrictions. I chose working class men as participants because I believe more information about their experiences of chronic pain is necessary. Future research with a focus on the BWC and a larger sample size might further illuminate these issues.

I selected six men who met specific criteria to participate in two ninety minute interviews in an effort to create a better understanding of their individually perceived experiences with chronic pain. The nature of phenomenological research is to understand the true essence of the individuals being studied by extracting rich information from participants. Although the results may not be generalizable to the entire population, the presence of multiple similarities across participants suggests that a favorable amount of transferability may exist. Further, while common themes emerged, the existence of individual differences accentuates the need for an ecological approach and attention to individual experiences in treatment. For example, the participant currently finding some success through the use of his coping techniques is the only participant who had both a spouse and young biological children in the home. He was also the only participant whose injury was not invisible to onlookers. In other words, others could see the aftermath of his burns. Finally, he was the only participant who described an active engagement with his religious community prior to and post chronic pain. Thus examining type of injury as well as resilience factors may provide more information to guide new research in the field.

Qualitative research identifies the researcher as the instrument (Patton, 2002). The fact that I am a woman influenced my interactions with these male participants. A male researcher might have extracted different responses. Moreover, the fact that I am a clinician with prior experience working with clients and their mental health issues related to chronic pain could have changed the power differential: I am more highly educated and professionally accomplished in
these men’s eyes, but I am also more knowledgeable and empathic about their concerns than many helping professionals. While my sex and professional status might not necessarily be limitations to the study, a male researcher with a different professional background might yield additional information.

Further phenomenological research is needed in order to gain greater understanding of working class unemployed men’s perceptions of life with chronic pain. These men reported sensitivity about others’ reactions to their disabilities. Therefore, a group interview with others sharing similar experiences might provide additional insights as well as a potentially therapeutic experience for these men.

Further, a study focusing on the families of the men impacted by the chronic pain experience would further highlight interactions and subjective experiences. Finally, a long term phenomenological study of men’s pain experience might elicit varying perceptions of life, stages of acceptance and meaning making with new implications for the counseling process.

**Conclusions**

This study provides an understanding of the perceived factors that are related to working class males’ chronic pain experience, which illuminate the multiple variables and factors which must be addressed in treatment in order to work toward healing. Results of this research provide a window on possible problems to address in counseling to change men’s attitudes and/or behaviors. Actively managing pain can reduce stress and increase coping for pain clients.

People choose to behave in certain ways depending on their interpretations and perceptions of the given environment. The subjective nature of chronic pain stresses the importance of individual’s exploration of his or her experiences (Thunberg et al., 2001; Jennings
The ecological perspective (Conyne & Cook, 2004), emphasizing person and contextual factors, is a lens for understanding an individual’s reality. Making new meanings related to their pain experience and life in general will enable unemployed working class men to regain lost control and allow them a lens to envision their new “normal” and begin to follow new, satisfying life paths.
References


Institutional Review Board - Federalwide Assurance #00003152

University of Cincinnati

Date: Friday, December 28, 2012

From: UC IRB Committee

To: Principal Investigator: Corinne Bridges
CECH Human Services
Re: Study ID: 2012-3921

Study Title:

The impact of gender, employment and class on perceptions of chronic pain: An ecological perspective

The above referenced protocol and all applicable additional documentation provided to the IRB were reviewed and RE-APPROVED using an EXPEDITED review procedure set forth in 45 CFR 46.110(b)(1), Category(ies)(see below) on 12/26/2012.

This study will be due for continuing review at least 30 days before 12/25/2013.

Study Documents
BPI
Consent
PROTOCOL

Continuing Review Documents:
Signed Consent

Please note the following requirements:

AMENDMENTS: The principal investigator is responsible for notifying the IRB of any changes in the protocol, participating investigators, procedures, recruitment, consent forms, FDA status, or conflicts of interest. Approval is based on the information as submitted. New procedures cannot be initiated until IRB approval has been given. If you wish to change any aspect of this study, please submit an Amendment via ePAS to the IRB, providing a justification for each requested change.
CONTINUING REVIEW: The investigator is responsible for submitting a Continuing Review via ePAS to the IRB at least 30 days prior to the expiration date listed above. Please note that study procedures may only continue into the next cycle if the IRB has reviewed and granted re-approval prior to the expiration date.

UNANTICIPATED PROBLEMS: The investigator is responsible for reporting unanticipated problems promptly to the IRB via ePAS according to current reporting policies.

STUDY COMPLETION: The investigator is responsible for notifying the IRB by submitting a Request to Close via ePAS when the research, including data analysis, has completed.

Research Categories

7. **Research on individual or group characteristics or behavior** (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

There are no items to display

Please note: This approval is through the IRB only. You may be responsible for reporting to other regulatory officials (e.g. VA Research and Development Office, UC Health - University Hospital). Please check with your institution and department to ensure you have met all reporting requirements.

Statement regarding International conference on Harmonization and Good Clinical Practices: The Institutional Review Board is duly constituted (fulfilling FDA requirements for diversity), has written procedures for initial and continuing review of clinical trials; prepares written minutes of convened meetings, and retains records pertaining to the review and approval process; all in compliance with requirements defined in 21 CFR Parts 50, 56 and 312 Code of Federal Regulations. This institution is in compliance with the ICH GCP as adopted by FDA/DHHS.

Thank you for your cooperation during the review process.
PURPOSE: To find out how chronic pain impacts men’s lives.

GOAL: To provide new information on men’s perceptions of their pain and how their pain experiences influence their lives. This research study is being done at the University of Cincinnati.

Please contact:
Corinne Bridges, MA, LPC, NCC at (513) 314-8723 or Corinne.bridges@gmail.com for more information.

Research Study Participants Needed!

Do you experience chronic pain?

PURPOSE: To find out how chronic pain impacts men’s lives.

- Male, ages 18 and older
- Unemployed
- Member of the Working class

GOAL: To provide new information on men’s perceptions of their pain and how their pain experiences influence their lives. This research study is being done at the University of Cincinnati.

Please contact:
Corinne Bridges, MA, LPC, NCC at (513) 314-8723 or Corinne.bridges@gmail.com for more information.
APPENDIX C: BRIEF PAIN INVENTORY

STUDY ID #: __________  DO NOT WRITE ABOVE THIS LINE  HOSPITAL #: __________

Brief Pain Inventory (Short Form)

Date: ___ / ___ / ___  Time: _______

Name: ___________________________  Last First Middle Initial

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

   1. Yes  2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.

3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain  Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain  Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the average.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain  Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain  Pain as bad as you can imagine

Page 1 of 2

210
7. What treatments or medications are you receiving for your pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Complete Relief
   0% No Relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

   A. General Activity
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | Does not Interfere | Completely Interferes |

   B. Mood
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | Does not Interfere | Completely Interferes |

   C. Walking Ability
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | Does not Interfere | Completely Interferes |

   D. Normal Work (includes both work outside the home and housework)
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | Does not Interfere | Completely Interferes |

   E. Relations with other people
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | Does not Interfere | Completely Interferes |

   F. Sleep
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | Does not Interfere | Completely Interferes |

   G. Enjoyment of life
      | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
      | Does not Interfere | Completely Interferes |
APPENDIX D: FIRST INTERVIEW QUESTIONS

1. I would like you to reflect on your life before your pain as if it were a story with a beginning, middle and end. Think of the end of your story as the beginning of your pain experience. With that in mind, please describe your family life in early childhood.

2. What were your relationships like with your parents?

3. What were your relationships like with your siblings?

4. What was you value most in your family relationships?

5. Please describe your role in your family.

6. Please describe your life before your pain.

7. What experiences lead you to choose this educational path?

8. What experiences lead along this career path?

9. What is your current experience with family?

10. Please describe your relationships with your spouse and children before your pain.

11. Please describe your life currently with chronic pain.

12. As mentioned earlier, your pain currently interferes with your _______, ____________ and ____________. What does that look like in your life?
APPENDIX E: SECOND INTERVIEW QUESTIONS

1. Given what you have said about your life before your pain and given what you have said about your pain experience currently, how do you understand chronic pain in your life?

2. What sense does it make to you?

3. What meaning do you assign it?

4. What has your experience taught you?

5. What has your life with chronic pain done to shape your current relationships?

6. Please describe any changes in your current relationships due to chronic pain.

7. What does unemployment mean to you?

8. What does being a man mean to you?
APPENDIX F: PARTICIPANT CONSENT AND CONFIDENTIALITY AGREEMENT

Adult Consent Form for Research
University of Cincinnati
Department: Counseling
Principal Investigator: Corinne Bridges, MA, LPC, NCC
Faculty Advisor: Ellen Cook, Ph D

Title of Study: The impact of gender, employment and class on perceptions of chronic pain: an ecological perspective.

Introduction:
You are being asked to take part in a research study. Please read this paper carefully and ask questions about anything that you do not understand.

Who is doing this research study?
The person in charge of this research study is Corinne Bridges, MA, LPC, NCC of the University of Cincinnati (UC) Department of Counseling. She is being guided in this research by Dr. Ellen Cook.

What is the purpose of this research study?
The purpose of this research study is to understand how gender, employment and class affect and impact perceptions of chronic pain.

Who will be in this research study?
About 6-10 people will take part in this study. You may be in this study if you are:
- Male
- Unemployed
- Working class
- Experience chronic pain
- 18 years of age or older

What will you be asked to do in this research study, and how long will it take?
You will be asked to meet with the researcher for two private audio recorded interviews. It will take about 90 minutes per interview and each interview will be no more than two weeks apart. The interviews will take place at Michael T. Farrell, Ph. D. & Associates, Dayton branch for participants recruited from Michael T. Farrell, Ph. D. & Associates and interviews will be conducted at the University of Cincinnati, Counseling Department or a public location convenient to the participant with access to a private room (e.g., a library) for participants from ForPsych. During the first interview you will be asked to respond to questions on the Brief Pain Inventory which takes approximately 5-10 minutes. This measure will help provide background information on your experience with pain. This will be followed by open ended questions in regard to your history living with chronic pain as well as details of your lived experiences. The purpose is to reconstruct your individual pain experience within the context of your social setting.
The second interview will ask you to reflect on the meaning of your experience. This will attempt to address connections between your pain and your life, by reconstructing past events and looking at how variables in your life interact.

**Are there any risks to being in this research study?**
Some questions may make you uncomfortable. You can refuse to answer any questions that you don’t want to answer. If you want to talk to someone because this research made you feel upset, the researcher can give you information about people who may be able to help you.

**Are there any benefits from being in this research study?**
There are no benefits to being in this study.

**What will you get because of being in this research study?**
Each participant will receive a $25 gift card in gratitude of participation.

**Do you have choices about taking part in this research study?**
If you do not want to take part in this research study you may simply not participate. All interviews will be audiotaped. If you do not wish to be audiotaped, you should not participate in this study.

**How will your research information be kept confidential?**
Information about you will be kept private by:
- Audio tapes will be kept in a locked file cabinet.
- Transcripts and researcher’s study notes will have a study identification number instead of your name. They will be kept in a locked file cabinet and password-protected computer.
- Your information will be destroyed by deleting computerized records and transcripts. Audio recorded interviews will be deleted and all paper research files will be shredded when the study is complete.
- The data from this research study may be published; depending on the participant’s preference, data will be labeled with names or aliases. If an alias is used, no document will be created that links the actual name with the alias.

Agents of the University of Cincinnati may inspect study records for audit or quality assurance purposes.
The researcher cannot promise that information sent by the internet or email will be private.

Your identity and information will be kept confidential unless the authorities have to be notified about abuse or immediate harm that may come to you or others.

**What are your legal rights in this research study?**
Nothing in this consent form waives any legal rights you may have. This consent form also does not release the investigator, the institution, or its agents from liability for negligence.
What if you have questions about this research study?
If you have any questions or concerns about this research study, you should contact Corinne Bridges, MA, LPC, NCC at (513) 314-8723 or Corinne.bridges@gmail.com. Or, you may contact Dr. Ellen Cook at (513) 556-3343 or cookep@ucmail.edu

The UC Institutional Review Board reviews all research projects that involve human participants to be sure the rights and welfare of participants are protected.

If you have questions about your rights as a participant or complaints about the study, you may contact the UC IRB at (513) 558-5259. Or, you may call the UC Research Compliance Hotline at (800) 889-1547, or write to the IRB, 300 University Hall, ML 0567, 51 Goodman Drive, Cincinnati, OH 45221-0567, or email the IRB office at irb@ucmail.uc.edu.

Do you HAVE to take part in this research study?
No one has to be in this research study. Refusing to take part will NOT cause any penalty or loss of benefits that you would otherwise have. You may skip any questions that you don’t want to answer.

You may start and then change your mind and stop at any time. To stop being in the study, you should tell Corinne Bridges, MA, LPC, NCC at (513) 314-8723 or Corinne.bridges@gmail.com.

Please indicate whether the researcher may use your real name in publications: Yes or No

Agreement:
I have read this information and have received answers to any questions I asked. I give my consent to participate in this research study. I will receive a copy of this signed and dated consent form to keep.

Participant Name (please print) ____________________________________________

Participant Signature ___________________________________________ Date ______

Signature of Person Obtaining Consent _____________________________ Date ______
Confidentiality Agreement

I, __________________________, hereby agree to keep confidential all material, knowledge and information relative to the research study entitled, The impact of gender, employment and class perceptions of chronic pain: An ecological perspective, conducted by primary investigator, Corinne Bridges, MA, LPC, NCC. All information transcribed will remain private and shall be disclosed only to the primary investigator in order to maintain privacy for the individuals participating in this study. This agreement shall remain in effect until this research study is closed.

Print Name_______________________________________________
Signature_________________________________________________ Date________________