A braided methodology: its fruitfulness for the understanding of the 'recovery' from chronic pain

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Comment on "Inhabiting one's body or being haunted by it: A first-person study of the recovery process of women with fibromyalgia" by Valenzuela-Moguillansky et al.

My comment will proceed in two steps. First I will present and analyze the specific step made by the authors in the field of bodily studies with a qualitative method [1]. Second I will raise two different questions regarding the notions of "sense-making" on the one side, and "recovery" on the other side.

So first, the specific contribution of the article in the field of bodily studies with qualitative methods. The present article represents a fruitful step forward in the inquiry into fibromyalgia in two different ways: First, it deals not so much with persons suffering from fibromyalgia, that is with a chronic diffuse pain with associated fluctuations of mood and strong tiredness, than with their possibilities and modalities of recovery; second, it uses a methodology which is not limited to micro-phenomenological explicitation interviews, which explicitly focusing on the refined bodily level of exploration, but it favors a braiding between semi-structured interviews with a narrative dimension, a body mapping method explicitly situated at the non-verbal level, and micro-phenomenological explicitation interviews. The combination of these three qualitative first-person methods provides an extremely interesting methodological refinement, which impacts on the quality and the differentiation of the provided results. As for the issue of recovery, it clearly paves the way for the contemporary huge and urgent field of therapeutic tools. More precisely, the original thrust of the article is to identify whether and, if yes, how these very methods may have a role to play in recovery, in addition to and/or beyond the more standard objective medical-medicine tools, and even for example in a complementary way to the better known qualitative treatment approaches such as the Eye-movement Desensitization and Reprocessing (EMDR) or Erickson's hypnotherapy.

Needless to say, the innovative pitch of the article lies in the role these combined qualitative first-methods may play in the very process of recovery. This role is interestingly approached and named as a "sense-making", as a "becoming aware" of one's fibromyalgia, or again as a "new understanding" of it. In short, it appears that the (broadly speaking) cognitive processes revealed through the interviews and the body mapping may be helpful as recovery tools.

Another important issue tackled in the discussion about methodological implications is clearly methodological and more largely epistemological. It faces the debated question of using methods favoring bodily awareness in order to account for it. It confronts the peculiarity of a subjective science of consciousness, which uses the very tool of self-observation to inquire about consciousness, which Natalie Depraz, Pierre Vermersch and Francisco Varela [2] early identified as "le manche de la cognition" (the handle of cognition). It seems to be that, unlike the standard scientific experimental third-person procedure requiring the neutrality of the observer in order to avoid biases due to her subjective i.e. private judgments, a genuine and coherent science of consciousness needs to tackle the issue of subjectivity proper and to concretely show how the "theme" (here bodily awareness) fairly affects the method. Furthermore, it happens that the theme even may require an adaptation and even a change of method [3].

Second, here are my questions to the article. I would now like to raise two questions meant to further develop the interest and the importance of the issues raised by the article.

My first question has to do with the different names and expressions the authors use to qualify the cognitive aid to the recovery process: do "sense-making", "becoming aware of bodily experiences" and "better understanding" amount to the same phenomenon? Obviously not. Are these cognitive processes strictly referred to each of the three methods? Maybe not only. It could be fruitful to

further explicitate their partial mappings. For example: to what extent is "sense-making" different from "better understanding"?

My second question cycles around the very notion of recovery: I find the distinction of Mengshoel and Heggen, between illness as a subjective experience of not being well and disease as an organic dysfunction, interesting though counter-intuitive. Indeed dis-ease literally rather means a subjective feeling of not being at ease. Furthermore, I wonder how the recovery process is to be linked and/or discussed in relation with the "caring" process (*vs.* curing). In the contemporary field of "educational therapies" [4], [5], a distinction is made between curing (*qua* healing) and "living with one's pathology" (*qua* caring), which is obviously the case with many chronic pathologies, be they for example somatic like diabetes, psychic like schizophrenia or psycho-somatic like eating disorders [6]. So my question would be: is the aid to the recovery process only and first of all bodily-cognitive, or does it imply also a "caring", that is, a caring on the emotional and relational dimensions?

In other terms, how could the three qualitative first-person methods which are used here as recovery tools also include "caring" as a main emotional and relational process, or does it imply other forms of qualitative interviews such as self-confrontation interviews?

In short, my questions seek here to help clarifying the use of the term "recovery" and of the expression "making sense of" in the paper.

Notes

Competing interests

The author declares that she has no competing interests.

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