Author's response to reviews

Title:A qualitative study of changes in expectations over time among patients with chronic low back pain seeking four CAM therapies

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Author's response to reviews: see over
Author’s response to reviews

Title: A qualitative study of changes in expectations over time among patients with chronic low back pain seeking four CAM therapies

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Version: 2 Date: 25 November 2014

Authors’ response to reviewers: We have now responded to the comments of each reviewer, see next pages.
Reviewer’s Report: Reviewer 1

Title: A qualitative study of changes in expectations over time among patients with chronic low back pain seeking four CAM therapies

Version: Date: 22 September 2014

Reviewer: Eeva Sointu

Reviewer’s report:
Review
A qualitative study of changes in expectations over time among patients with chronic low back pain seeking four CAM therapies

This is a thoughtful and interesting article. I enjoyed reading the paper but would like to make the following suggestions.

Major compulsory revisions:

1. In terms of methods, it would be helpful if the authors discussed their use of phenomenological analysis a little further (p.9).

   • In response to comments from both reviewers, we have substantially revised the description of our analytical approach to be more transparent about our methods and potential limitations (See lines 198-206).

Minor essential revisions

2. The authors do not reflect on other potential positive effects of CAM including the ways in which CAM practitioners can facilitate experiences of being listened to and being cared for. Why people remain committed to CAM practices could also be discussed in terms of the other benefits – such as care and recognition – that practitioners may provide (see Baarts and Pedersen 2009; Sointu 2012).

   • Reviewer 1 also suggested that we reflect on other ways that CAM practitioners can facilitate experiences of patients being listened to and cared for and that we discuss some other reasons people remain committed to CAM practices. While we have relatively little data on these topics given the focus of our interviews, we have added some comments about these ideas (with recommended references) in the discussion and conclusion (lines 422-424 and 459-461).

Discretionary revisions
3. The interview quotes outlined, for example Nora on pp. 11-12, include much material on control. More could be said about the manner in which CAM enables empowerment and control and, moreover, how feelings of control contribute to wellbeing as well as to a desire to utilize a CAM practice.

- In regard to the reviewer’s comment about control in our data, there are several comments about control in our presentation of the interview quotes (e.g. lines 251, 269-273, 284-287, 292-294, and 379-381). We have referred to the recommended literature to comment a bit more on these issues as the reviewer recommended in the results (lines 292-294) and discussion (lines 420-421). Again, however, it is beyond the scope of our data to fully analyze the manner in which CAM enables empowerment and control and how these feelings of control contribute to wellbeing and desire to use CAM.

4. The interviewee narratives also encompass other interesting shifts. First, the citations speak of a shift in authority to define ill health. The move from searching for cure to ‘seeking maintenance strategies.’ (p.12) is interesting because this shift embodies a changing idea of responsibility that comes to lie in the hands of the patient/client. While authors note this towards the end of the paper, more could be said about responsibility. Responsibility, furthermore, can entwine with and encourage feelings of control. It might also be possible to see the disappointment some participants feel in having to engage in continual health maintenance as disappointment in regards to the idea that there is a (biomedical) cure available. The challenge of chronic back pain thus pertains also to a need to adjust understandings of what medicine can do.

- The reviewer comments about other interesting shifts among our interviewees (e.g., from searching for a cure to seeking maintenance strategies). We agree that this is a fascinating topic. It does suggest that expectations related to CAM therapies may change over the course of treatment. Some of the other implications, for example, the possibility that CAM might facilitate a better understanding of the limits of medicine (both CAM and conventional) can only be hypothesized at this point, but bear further research. We now note that briefly (lines 466-469), but avoid an extensive discussion because it would be too speculative given the limited nature of our own data.

5. Analyzing the notion of healing further could also be useful. The ongoing health maintenance that participants came to value could be understood in terms of changing understandings of health. Participants appear to move from a focus on biomedical health to a much broader sense of health as wellbeing.

- In the limitations section, we now clarify the narrow scope of our interviews. These interviews were conducted as part of a study ultimately designed to create a survey to measure participants’ expectations in CAM clinical trials. Interviews focused on prior experience, beliefs about illness causation, attitudes toward the possibility of finding relief, and on expectations and hope, which we now note (lines 426-430). Therefore,
detailed analysis of other aspects of participants’ experience with treatment is beyond the scope of the data. Many of the comments by both reviewers bring up ideas we agree are interesting and important, but due to the focus of these interviews on people’s expectations about CAM, we lack data on many of these other issues. We have made changes in several places to address suggested literature and to comment further in areas that were appropriate. (for example, In lines 421-424, we now describe Baarts and Pedersen’s (2009) finding that interviewees reported increased wellbeing after CAM treatment regardless of “success” and that the increased motivation to seek care reflected empowerment rather than dependency on the practitioner.

6. Including more of the sociological literature into CAM use would be useful. For example:

- We thank the reviewer for the suggestion of this relevant literature. We have reviewed these suggested manuscripts and have incorporated relevant literature into the Introduction (See lines 93-94), Discussion (See lines 421-424) and Conclusions (See lines 459-461).

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests
Reviewer's report: Reviewer 2

Title: A qualitative study of changes in expectations over time among patients with chronic low back pain seeking four CAM therapies

Version: 2  Date: 24 October 2014

Reviewer: Felicity Bishop

Reviewer's report:
This paper reports on a fascinating longitudinal qualitative study examining changes in expectations over time among low back pain patients using CAM therapies. Very few longitudinal qualitative studies have been published in this field and this study demonstrates clearly the value of such an approach. I enjoyed reading the manuscript and feel it will make a very nice contribution to the literature.

Major Compulsory Revisions
1. In the Methods section please add a brief summary of the focus and findings from previous analyses of this data, to clarify for the reader the novelty in this presentation.
   - In the methods section, we have added a description of two other articles that have been published using data from this study, per reviewer’s suggestion (See lines 133-143).

2. There are many different phenomenological approaches to qualitative research. In the Methods section please describe and justify the approach that you took.
   - In response to comments from both reviewers, we have substantially revised the description of our analytical approach to be more transparent about our methods and potential limitations (See lines 198-206).

3. The description of the Matrix Analysis is nice and clear but suggested to me that this approach might risk (a) losing sight of the broader context of participants’ experiences and (b) over-simplifying, for example if participants talked about expectations in different ways within the same interview it is not clear how the Matrix approach would be able to capture this (or would multiple quotes be allowed in the matrix cells? – please clarify). I would like to see some reflexive commentary on the limitations of this approach and/or how they were overcome. This would probably be best placed in the Discussion section.
   - Although Reviewer 2 suggests putting a reflexive commentary in the discussion regarding potential limitations of Matrix analysis, we have added further description in the methods to clarify that our use of this method was not as limited or narrow as it may have originally sounded. (See lines 201-206, and 213-216.)
4. In the Discussion section it is stated that “our findings…suggest that interactions with CAM practitioners may contribute to positive behaviour change” (line 393-4) This does not come through strongly enough in the Results section which hardly mentions interactions with practitioners. Amend the Discussion or Results so that they are consistent.

- We have responded to Reviewer 1’s comment that the interactions with practitioners was not stressed enough in the results section to justify saying that we believe interactions with practitioners may contribute to positive behavior change. We have added a sentence to the results section to clarify that the interaction with the practitioner was implied by our discussion of the treatment (see line 292-294; also see participant quote lines 298-305). We have also made some edits to the discussion to make sure the points match (See lines 414-418).

5. In the Discussion section there is no explicit commentary on the specificity or transferability of the findings. Do the authors think their findings might transfer to other chronic conditions and/or other CAM settings? Do you think the findings are specific to CAM or is there any evidence that similar processes might happen in conventional medical settings?

- In lines 438-441, we clarify that although our ability to comment on the generalizability of these findings is limited, others such as Pedersen and Baarts (2010) have found that this level of self-care and emphasis on empowerment is unique to CAM. We also suggest that future research should consider not only changes in expectations over time, but also how feelings of empowerment may be contingent on particular conceptions of wellbeing. See lines 441-446).

In the limitations section, lines 433-439 we describe that another limitation of this study is that the persons we interviewed were not participating in a treatment study and the number of treatments they received of the therapy they chose varied. Also, we included use of four different therapies to gain a broad understanding of expectations and hopes, but this limits our depth of understanding of each therapy as we interviewed relatively few persons receiving each one.

Minor Essential Revisions

1. Three changes to the abstract are needed:
   a. Clarify that some of the participants were interviewed repeatedly over time
   b. State the methodology used for qualitative analysis not the computer software used to support it.
   c. Rewrite the conclusions section (at present it merely restates the results).

- We have made the three suggested changes to the abstract. In line 34, we clarify that participants were interviewed repeatedly over time. In lines 34 to 37, we describe the
methodology, rather than the computer software. We thank the reviewers for bringing this oversight to our attention. We have also re-written the conclusion section of the abstract to better reflect the conclusions of the paper overall.

2. In the Methods section please clarify whether the same interviewer conducted the repeated interviews over time with each of the longitudinal participants.

- In methods, we have clarified that most interviews were conducted with the same interviewer over the course of all three interviews with each longitudinal participant (line 148).

3. In the results section when referring to individual participants in the text please use their pseudonyms (rather than their numbers e.g. [124] line 233, which are easily confused with citations).

- In the results section, we have corrected the typos noted by Reviewer 1 and use the pseudonyms for the participants in the text (see lines 252 and 271).

4. Write out numbers in words when they are used at the start of a sentence (e.g. line 207).

- We have made this edit and now write out all numbers at the start of a sentence.

Discretionary Revisions

5. The background introduces the topic and contextualises it in the literature. I would suggest the authors might like to also consider Charlotte Paterson’s qualitative research on acupuncture consultations as her studies are also particularly pertinent here, e.g. to the discussion in Background paragraph 3 (lines 87-99) on the role of the practitioner in triggering behaviour change.

- We have now incorporated the relevant work by Charlotte Paterson and colleagues, (see paragraph 2 of the background section, lines 87-90 and lines 293-294 of the results), which we agree is both relevant and helpful.

6. The paragraph in lines 113 to 117 interrupts the flow of the background section – consider re-positioning it.

- We have now deleted the original lines 113-117 paragraph due to its breaking the flow of the section.

7. The use of Spanish for some interviews is described in 154-155 and again in 200-203, consider merging these descriptions to avoid repetition.

- We now describe the use of Spanish for some interviews in a single paragraph (see lines 163-168).
**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests