

# Restored Self: A Phenomenological Study of Pain Relief by Cannabis

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## Abstract

**Objective.** To explore the subjective experience of pain relief by cannabis. **Design.** Qualitative data were collected through in-depth semistructured interviews. Interview transcripts were analyzed using interpretative phenomenological analysis (IPA). **Subjects.** Nineteen patients, aged 28 to 79, who were treated with medical cannabis under the supervision of a pain clinic in Israel. **Results.** Three key themes that emerged from the analysis were explored: 1) the Sigh of Relief, describing the corporal sensation of using cannabis, including a sense of relaxation and reduction in pain; 2) the Return to Normality, describing the comprehensive effect of using cannabis, including an increased ability to sleep, focus, and function; and 3) the Side Effects of using cannabis. **Conclusions.** We propose the term Restored Self to conceptualize the effect of medical cannabis. Restored Self is the experience of regaining one's sense of self, sense of normality, and sense of control over one's life.

**Key Words:** Medical Cannabis; Chronic Pain; Interpretative Phenomenological Analysis; Qualitative Research

## Introduction

The prevalence of chronic pain in adults ranges from 11% to 40%, depending on the definition and the population studied [1–3]. Some clinical studies have shown that cannabis is moderately efficacious in the treatment of chronic pain [4–6], while others have reported negative outcomes. Cannabis is associated with cognitive, memory, and/or psychomotor impairments, a risk of dependence and psychosis, depression, and bronchial complications [4]. There are no data on the long-term effects of medical cannabis [5].

Many investigators have given fixed doses of tetrahydrocannabinol (THC; the principal psychoactive cannabinoid identified in cannabis) to young volunteers, without taking into account their varied background and prior experience with the drug [7] or the cultural and social context in which cannabis is used [8]. Moreover, the literature is based almost exclusively on assessment of the influence of cannabis on predetermined clinical, physiological, and cognitive variables, as defined by the investigators.

However, the literature on the subjective experience of chronic pain depicts an experience that is typically overlooked in bio-medical models. The experience of chronic pain is not only a physiological and cognitive one, but also has social and psychological components [9]. In clinical practice, patients often report a sense of relief when using medical cannabis, even when there is no reduction in their pain level as measured by the visual analog scale (VAS) or other tools. This discrepancy between subjective experience and medical variables highlights the need for a rigorous exploration of patients' subjective experiences that is not based on predefined variables.

Qualitative research on medical cannabis is limited, and most of it has explored the experiences of people who took cannabis illegally [10–12]. We found few qualitative studies that assessed specifically the experience of people who receive cannabis legally, under medical supervision, for the treatment of chronic pain.

The few qualitative studies on the experiences of adults who use medical cannabis, whether legally or illegally, have found that cannabis was described as having

a comprehensive effect on the user in that it reduced the physical side effects of chronic pain [10,11] while increasing relaxation [12] and facilitating the ability to manage the pain [11,12]. Including patients' perceptions of the effect of medical cannabis for chronic pain could have great value in clinical practice and in the development of effective public health policy regarding the role of medical cannabis in the management of chronic pain. The aim of this research was to explore and characterize the experience of patients in Israel regarding their use of medical cannabis for the relief of chronic pain.

## Methods

### Setting: Medical Cannabis in Israel

In Israel, cannabis is defined as a Schedule 1 drug of abuse, and criminal prosecution is imposed for both the personal use and the trafficking of cannabis [13]. However, patients can be treated with medical cannabis if 1) it is recommended by a specialist physician, 2) use has been approved by the Ministry of Health in the form of a license for medical cannabis, and 3) is taken at a specified monthly dose that is supplied by an approved supplier. There has been a dramatic increase in the number of licenses for the use of medical cannabis over the last years, from about 2,000 licenses in 2009 to about 23,000 licenses in 2015 [14] and 27,797 in 2017 [15]. About half of the licenses have been approved for the treatment of chronic pain [14].

### Data Collection

In this study, we used the DIPEX qualitative research method, developed by the Health Experiences Research Group at Oxford University and currently in use in many countries [16]. This method consists of a rigorous and systematic approach to sampling and data collection, designed to explore the experiences, information, and support needs of people with different health conditions.

Qualitative data were collected through in-depth interviews with 19 patients in Israel. The interviews were conducted between May 2016 and October 2017 by the first author and two research assistants. The research assistants were postgraduate students who were trained and highly experienced in qualitative interviews. The interviews were conducted at the interviewee's home, at the interviewer's office, or in a coffee shop, depending on the preference of the interviewee. Each interview lasted approximately one and a half hours and was audio-recorded and transcribed verbatim.

The interviews started with an open question: "Can you tell me about your use of medical cannabis?" After the interviewee finished narrating their story without interruption by the interviewer, the latter proceeded to ask additional questions that covered relevant topics such as the interviewee's first experience with cannabis, the

sensation of using cannabis, the side effects of cannabis, previous medical treatment, telling other people about the use of cannabis, previous knowledge of cannabis, communication with health professionals, financial impact, and their information and support needs. This interview structure helped to identify the interviewees' own concerns, meanings, and priorities, while the supplementary questions prompted reflection on areas of interest, identified through a review of the literature.

### Study Population

The interviewees were recruited through a pain clinic in southern Israel. They were eligible for participation in the study if they had been treated with medical cannabis for at least three months under the supervision of the pain clinic, were eighteen years of age or older, and could communicate in Hebrew. We aimed at as varied a sample as possible to represent the widest possible range of perceptions [17]. The final study population consisted of 19 patients and was varied in terms of gender, family status, and source of chronic pain. No patient refused to participate, but two patients were not interviewed because they could not find time to schedule an interview. After 19 interviews, the researchers determined, after a thorough review of the data collection and analysis process, that the point of saturation (no new information was being received from participants) had been reached. Consequently, data collection ceased at this point.

The sample was made up of nine women and 10 men, of whom 14 were parents, nine were married, two were single, and eight were either divorced or widowed. The mean age was 52 years, with a range of 28–79 years. The length of cannabis treatment ranged between three months and six years. The interviewees used between 20 and 60 grams of cannabis per month. Seven interviewees suffered from chronic illnesses such as arthritis; six had been involved in accidents resulting in spinal cord and other injuries; six suffered from other causes of chronic pain such as complex regional pain syndrome (CRPS); one had been diagnosed with cancer.

The study received ethical approval from the Institutional Review Board committee of Clalit Healthcare Services. Each participant signed an informed consent form. All participants agreed to participate on a voluntary basis, and no incentive was offered. To preserve the anonymity of the participants, pseudonyms have been used in place of their real names.

### Data Analysis

The process of analysis followed the guidelines for interpretative phenomenological analysis (IPA) [18,19]. IPA is an idiographic approach to analysis, directed toward achieving an elaborated and nuanced analysis of specific instances of lived experience. It is considered a useful tool for exploring the meaning and significance attached to bodily states. It is concerned with an individual's

personal perception of a condition, not with an objective statement about the condition itself [18].

The process of IPA analysis begins with a repeated reading of the transcript of each interview, using the right-hand margin to note anything that strikes the researchers as interesting or important. Emerging theme titles are recorded in the left-hand margin. In the current research, we tried to approach each interview with an open mind, but there was an inevitable effect of the preceding analyses. The second step involved searching for patterns across interviews and documenting these in a master table of themes for the group. This table also contained a full matrix representing each interviewee's contribution [18].

We use verbatim extracts from the transcripts to illustrate our descriptions and interpretation of the material. As the interviews were conducted in Hebrew, the extracts were translated for this manuscript to English. It is important to note that not all the interviewees described similar experiences. Our analysis focused on the commonality of perceptions among most interviewees. However, we also related to unique experiences to provide a picture of the wide range of experiences described in the interviews.

## Findings

The analysis of the interviews produced three main themes relating to the subjective bodily perceptions associated with the use of medical cannabis: 1) Sigh of Relief—the corporal sensation of using cannabis, 2) a Return to Normality—the comprehensive effect of using cannabis, and 3) Side Effects.

### A Sigh of Relief

The bodily sensation of smoking cannabis was especially difficult for interviewees to describe. One term that was used by some was “a sigh of relief.” For example:

Interviewer: Can you try a bit more to describe the sensation? What exactly do you feel when you smoke?

Yofi: Wow, it is such a relief, because it [the pain] is really not nice and it hurts and you don't know where to start. . . *ouch yeouch shmouch*. . . and suddenly you live in a different world. Like you live in a world. . . like a sigh of relief. You can watch TV normally. You can read and understand what you read.

Yofi struggled to find the right words to describe her experience. She described chronic pain as an experience that overwhelmed her entire being. She described herself as struggling to find her way through the pain—“you don't know where to start.” She could not find words to describe her experience, and so instead she used sounds—“ouch yeouch shmouch”—to highlight the sense of losing herself in the face of the painful sensation that overcame her. In contrast to this sensation, she described

cannabis use as a door to a different world, a different way of being. The sigh of relief was the door through which she guided herself into a more comfortable state.

Shushi also used the term “sigh of relief.” A detailed analysis of her description enabled us to understand further the full meaning of this expression:

The pain it. . . it contracts everything, all the muscles. Everything is contracted all the time. All the time, you are afraid of moving, so it won't hurt you. . . and when. . . when you smoke, so there is like a sigh of relief. You can literally breathe a bit more or. . . the pain starts to decline. It is more comfortable, more. . . you can function [laughing]. This is the feeling in general.

Shushi described how her painful body, which would otherwise be rigid and contracted, changed. The cannabis facilitated the development of a different bodily subjectivity via the sigh of relief. She was able to experience and control her body in a more bearable way.

Like Shushi, many of the interviewees described life with chronic pain as a war, a constant struggle against pain. They described their experience in terms of an ongoing attempt to resist and survive the pain.

Interviewer: Try to describe for me your experience when you smoke cannabis in the morning, before you go to work.

Orly: It is like allowing the steam out. It's like I have loaded and taken everything upon myself, loaded and loaded everything I did before at home, every action I took seemed to be a burden, and suddenly now I smoke and like. . . Now it is not immediate, it is not that the physical sensation would be immediate, but I know that it will happen, I mean in five minutes, in 10 minutes, maybe a quarter of an hour, but soon I will be relaxed.

Like Shushi, Orly's description of the sensation of using cannabis was shaped by the constant effort she experienced before using it. She described a cumulative burden. Each action, every movement of the body increased the burden. Her body was filled with pain and tension, and the cannabis offered an opportunity to unload some of the tension. She looked forward to the sensation of relaxation and relief. Her description of anticipation highlights the active role of the person achieving this effect.

Indeed, a number of interviewees described this active role that the user plays in interpreting the sensation produced by the cannabis. Danielle, for example, strongly advocated for this interpretation, describing how initially the cannabis made her feel dizzy. She learned to relax into the experience in order to produce a different subjective bodily sensation:

When I use it, first of all, I am not with my family. I do it alone, not near my family, not near my children, nor my husband. He knows that this is the time I need to be with

myself. I need to be clean, with myself. When you take such a treatment, you need to be with yourself. This is very important. I sit here and smoke, and I am relaxed, not stressed, but utterly relaxed. When I say relaxed I mean it explicitly. When I smoke, I inhale and breathe and inhale again and breathe.

Others also described a process of acclimation to this sensation, learning to work with this sensation to gain pain relief. They described their experience as changing over time:

At first, I was a bit scared, I simply had like blackness, I would feel like I am flying. Today, I have learned to sit or lie down, and I no longer have that sensation. . . . Today it is much less. My body has gotten used to it, so it hardly ever [happens]. (Kobi)

Most interviewees reported that cannabis facilitated a state of relaxation. They presented a range of descriptions for this sensation, from “something that will allow me a minute for my body to relax” (Ben) to “serenity, relaxation, like placing your body on an air mattress” (Mika). This sensation did not eliminate the pain. The pain still existed, but in a different and more tolerable form. Most interviewees described a reduction in pain, explaining that the cannabis did not eliminate the pain but did reduce it. Others felt that cannabis distanced the pain, rather than reducing it. For example:

What does this cannabis do? It does not. . . it does not reduce the level of pain. The level of pain stays exactly the same. Yet when a person becomes stoned, and only now I know. . . it simply takes me, my head, and puts it far away. I have the pain, but it is so dull that it does not restrict me; let me put it this way. (Haim)

Unlike Haim, many of the interviewees said that they did not feel stoned or that they felt stoned at first but this sensation subsequently stopped. On the contrary, they described the reduction in pain and the sensation of relaxation as something that allowed them to be more focused.

It is important to mention that although relaxation was a common experience in the study population, it was not shared by all the interviewees. Nava, for example, said that she did not feel relaxed. She said she was disappointed because she had hoped for a more profound experience—“out of this world, you are floating and everything is pink”—and this did not happen.

Aliza was the only interviewee who said that the cannabis had no effect at all on her:

I have tried both the cigarettes and the drops. The drops were not good for me. They made me delirious, and it was not pleasant. The cigarettes, so far, have had no effect. They do nothing for me, so it is also not pleasant. But I will continue to try, and maybe I will reach salvation.

### A Return to Normality

Beyond the immediate sensation of relief, many of the interviewees described a wide range of effects that cannabis had on them. In this sense, some of them defined cannabis as a life-changing cure:

I can simply say that I was reborn. (Paula)

Everything has changed in my life. (Kobi)

I tell you that the cannabis, I think it has saved me. (Haim)

The interviewees described cannabis as life-changing, not only because it reduced their pain, but also because it resolved many other aspects of their chronic pain:

[I smoke] all through the day so that I'll have an appetite, a good feeling and joie de vivre, so I will not be sad and nervous. It is all inclusive, not only the reduction of pain. It is all included, up until when I fall asleep, just before falling asleep. (Tzadok)

“All included” is a term often used in Israel to describe hotels that offer “full board,” an all-included experience for their clients. Tzadok used this term to highlight his use of cannabis as replacing not just one medication but many. Previously, he had needed to use several medications to address different aspects of his chronic pain: sleeplessness, irritability, restlessness, inability to focus, and depression. In this sense, cannabis could be regarded as a life-changing medication because it changed all aspects of Tzadok's life with chronic pain.

Many interviewees used the word “normal” to describe their lives after beginning to use cannabis. For example:

It does help me in significant ways, and I can live with it and live with it normally. (David)

I can smoke and feel normal. (Shoshi)

I behave much more normal than before. It is simply easier. (Eli)

I was a shadow of my former self, and now I am a normal human being again. (Josef)

The interviewees talked about how cannabis allowed them to sleep, focus, and function, and through this to attain a sense of normality in their lives once again. They described this “normal” life in juxtaposition with their life with chronic pain before using cannabis.

All of the interviewees described the experience of chronic pain in terms of “losing one's self” and “losing one's life”:

My life changed from end to end following my illness. . . .

My life changed, and I fell into a deep depression. (Tzadok)

You cannot function at all. When you have pain, you totally don't function, full stop. You cannot, you simply don't function. (Shoshana)

For the interviewees, chronic pain disrupted their normal lives to the extreme. In their words, they could not live "normal" lives. Many of the interviewees observed that chronic pain not only changed their lives but changed them as people too. Chronic pain, in their descriptions, had a debilitating impact on their sense of self and their self-identity. For example:

A year and a half before I got to the pain clinic, it was a period during which I was not myself. (Eli)

The interviewees also described the negative effect that the constant presence of pain had on their personal relationships:

The people who suffer the most are those around me. I mean my parents, my mother, my partner, my close friends, those who are really close to me. They suffer the most. I mean, when you are in pain you have no patience, you have no patience for deeds, no patience for words. Everything is more extreme. (Orly)

The pain, with its disruption of everyday life and its negative effect on relationships, led in some cases to depression and in extreme cases to suicidal thoughts and even attempts at suicide:

At the time, I used to wish I would die. Before the oil [i.e., the cannabis], I would go to sleep and ask the forgiveness of my children and my partner for what I was about to ask, and then I would ask not to wake up. (Paula)

Many interviewees described no longer feeling themselves, or "no longer having a life." They then described the experience of using cannabis, in contrast to their despair, as gaining their lives and selves back.

I will never be the person I was before; that is clear beyond any doubt. Even so, today I am at least a percentage of what I used to be, and for me [this difference can be seen in] the fact that you see a clean and tidy house. It may not be obvious, [but] this house used to look like the home of a homeless person [sic], exactly as you see on TV, homeless houses, like that. I didn't shower, didn't clean, didn't cook, I don't know how I survived on Nutella and bread and stuff like that, which is not me at all. I am the kind of person that does not buy jam but makes it, and also pickles vegetables. I do everything myself. Today I function, I clean, I work, I babysit for my grandchildren, I cook, I bake really well. This is also OK. I just hope it won't get any worse. (Mika)

Like Mika, many of the interviewees described not returning to themselves fully, but only regaining a certain percentage of how they were before the onset of chronic

pain. Regaining oneself was not described as a passive process facilitated solely by the use of medical cannabis. Rather, the interviewees described a state in which they became more proactive in reclaiming their lives

As far as I am concerned, this has given me the power to deal with my problem. This is how I have managed to go to rehabilitation. (Eli)

I think also that following the [use of medical] cannabis I could also treat the mental side. To pick myself up, to have the energy to do anything. (Orly)

They also described improvements in their relationships at work and with their families:

My relationship with my husband is wonderful. I am calmer with the kids at home, I am not irritable and angry, and I know how to cope with myself and others better, not only outside the house but especially at home. (Danielle)

As a medication, it is great, it gives me quality of life, like, I can talk, I'm not closed within myself. Suddenly it is like opening a floodgate. I just want to talk. I just want to unload...so people [at work] approach me, and it is nice, you understand? It is better to be together than alone. (Sharon)

Not all the interviewees reported being able to reclaim fully the quality of life that they lost because of the chronic pain. Shoshana, for example, described a reduction in pain with cannabis, but also observed that the cannabis did not have a comprehensive effect on her life. She suggested that the long period of suffering from pain and the side effects of the medications she had been taking might have changed her and her life permanently. She wondered whether starting cannabis at this stage might have been too late for her:

Today in terms of the pain, thank God! It is not like I don't have any. I have [pain], but I can live with it. In terms of the pain, really. And I say how stupid was I for not using it a long time ago. Maybe I would have been in a totally different place, really... They gave me all these pills, and you are constantly frustrated, and it hurts all the time, and you cannot think and your brain, all of you. I don't know what to say, but it destroys the person, the pain. So maybe, if I didn't have this pain eight or nine years ago, I would have gone back to work and would have lived a reasonably normal life. They made me a wreck with all their pills, and now I am out of the work force. I lost myself... This is how I see it. If I had received then what I take now, I might not have been in this mental state and I would have been back at work. (Shoshana)

Shoshana's experience is unique in the sense that she did not describe any effect of the cannabis beyond that of a reduction in pain.

Most of the interviewees defined their experience in terms of returning to themselves, resuming a state of normality. This was reported by many interviewees, even if, in objective terms, their current level of functioning was much lower than before the accident or the onset of their illness. For example, Eli had a very physical and dangerous job before the onset of his illness. At the time of the interview, he was unemployed and, according to his description, hardly ever left the house except for medical treatment. Yet, at the end of the interview, when we asked his wife what her opinion about cannabis was, she said, “I got my husband back.”

### Side Effects

A few of the interviewees described the side effects caused by medical cannabis. These included headaches, disorientation or the sensation of feeling “stoned,” coughing, and the unpleasant taste or smell of cannabis. The interviewees related most of the side effects, other than the unpleasant taste and smell, to a specific type of cannabis or to smoking too much:

Interviewer: Are there any disadvantages?

Itzik: No, but sometimes there is a certain type [of cannabis] that suddenly causes headaches. Then you need to choose a different type, but meanwhile you have headaches.

The discussion of the side effects of cannabis was always presented in relation to other medications. All the interviewees described excessive suffering from the side effects of the other medications that they had received to treat their chronic pain. For example:

I was destroyed from the side effect of all the pills, lying on the sofa like a mummy. And let’s not talk about the “fun” side effects of this story, of all the different pills. Nausea, an overwhelming desire to vomit, lack of appetite, and as you can see, I can’t afford a lack of appetite any more, and nerves. Wow! It makes people intolerable. I became intolerable. I know this unequivocally. It also makes you nonproductive at work, utterly. It makes you feel like “what am I supposed to do now, and why am I doing it?” (Ben)

Most of the medication[s] reduced my quality of my life. They turned me into a zombie. I was unable to do things that I should be able to do without endangering myself. (Gil)

The side effects of the medications were described as an additional assault on the self, a sensation of losing oneself, feeling like a zombie or a mummy, and losing control over life. The interviewees described how in the past they were faced with an impossible choice between the pain and the side effects. The burden of treatment seemed almost the same as the burden of illness:

And I tried everything he [the physician] gave me. Some really helped and were good for me but also on the other hand drove me nuts. There were some that caused nausea, others vertigo. Others put me to sleep, like forcefully put me to sleep. I don’t know how to explain it... You start to balance it against each other. Do I prefer to suffer the pain, or do I prefer to ease the pain and suffer from these side effects? (David)

Regaining normality through the use of medical cannabis was also described by the interviewees in terms of balancing the side effects of other medications, of reducing the amount of other medications, and minimizing their side effects.

### Discussion

Exploring the use of medical cannabis “from the inside” offers a new understanding of patients’ experiences that goes beyond defining the physiological and cognitive effects of cannabis. A qualitative exploration of patients’ narratives allows us to gain a fuller understanding of the meaning of this treatment in the context of life with chronic pain. Chronic pain is described in our study and has been described in previous studies [9,17] as a life-changing illness that necessitates a re-examination of personal, family, and work-related issues and leads to a constant struggle to readjust one’s life and identity. In this context, medical cannabis offers much more than reduction of pain. It offers a sense of Restored Self. Cannabis offers an opportunity for a Sigh of Relief, an opportunity for rest and recuperation from the ongoing struggle to resist the pain. In addition, cannabis enables a Return to Normality. Alleviating chronic pain and reducing the side effects of medications enables the individual to regain a sense of control over life and identity.

This study corroborates existing qualitative literature [8,10–12] with the finding that medical cannabis produces bodily subjectivity that includes three key elements: relaxation, improved function and sleep, and reduced side effects. The results of the study also extend understanding of the effect of cannabis in terms of Restored Self. Restored Self is a bodily subjectivity that indicates a regained sense of self, of normality, and of control over one’s life. It is a subjective sense that does not necessarily correlate with objective levels of functioning. It includes a sense of control over one’s performance in everyday life, which is not referred to often in bio-medical models of chronic pain. The results also extend our existing understanding of the effect of cannabis in that the experience of Restored Self requires a proactive role for the patient in attaining this effect. This paper emphasizes the subjective nature of the effect of medical cannabis that challenges the current biomedical understanding of this treatment.

### Limitations and Future Research

One limitation of this study is that the population came from a single pain clinic. As required by the Israeli Ministry of Health, medical cannabis is only offered as a last resort in this clinic, after all other medical options have been exhausted. Hence, all of the interviewees for this study had suffered from pain for a number of years and had, at some point, used strong pain medications such as methadone and morphine before trying cannabis. Furthermore, all of the interviewees live in the south of Israel, generally considered the geographical periphery of the country. This is consistent with IPA, our study methodology, which is concerned with the experiences of particular groups of people and as such requires a homogeneous sample [18]. Future research should explore other groups of patients and nonpatients (i.e., people who use cannabis without a doctor's recommendation). Expanding qualitative research in this area can deepen our understanding of the interaction between the social context and the influence of cannabis.

Second, at the time of their interviews, all of the interviewees had been using medical cannabis for at least three months. Only one interviewee said that she found cannabis ineffective for chronic pain. It is possible that people who did not find cannabis useful had not used it for at least three months, so they were excluded from the study because of the selection criteria. However, as our research aim was to characterize the nature of the experience of those who use medical cannabis, not to quantify its effectiveness for the treatment of chronic pain, we assume that the results of our study elucidate crucial aspects of the experience of patients using medical cannabis.

This is one of the first qualitative studies of the subjective experience of medical cannabis in the treatment of chronic pain. Future research should explore this experience in a range of regulatory contexts in different countries. It should explore the policy implications that stem from the experience of users across countries and for different medical conditions to increase our understanding of the interaction between the social context and real-life experience.

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