Adolescents of parents with chronic pain whose parents were ‘shut off’ report more hardship and feelings of distance than those with a more open relationship

10.1136/eb-2014-101734

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Commentary

Umberger and colleagues sought to develop a theory of how adolescents experienced the process of living with a parent who had chronic non-cancer pain (CNCP). Their findings expand current understanding of how children and adolescents cope and adapt during the critical developmental stage of adolescence. The study also sheds light on the characteristics that relate to coping mechanisms (shrouding) of the parent with chronic pain and coping (shrouding) strategies of the developing adolescent. Although some adolescents experienced a parent–child role reversal, this was not the main social process described by the majority of participants. Whereas other studies focused only on mothers with chronic pain, a strength of this study was the inclusion of the adolescents’ fathers with chronic pain.

Limitations of the study included using a retrospective design, depending on recall of critical experiences, and including only one child from the family. Potential participants were rigorously screened and only those who were close enough to travel to the investigator were interviewed. Other limitations were lack of contextual details about the family and the length of the parents’ chronic pain.

Nurses who care for parents who experience CNCP can use these findings to understand more fully the importance of including family members in the assessment, planning and treatment of a parent with chronic pain. Nurses can listen to children and adolescents about their needs and assist them in developing adaptive coping strategies. School nurses and counsellors should be informed of the parent’s situation so they might help the adolescent learn to identify significant others who might fill gaps in the parent–child relationship. Extended family members such as grandparents, aunts and uncles could also be included in management plans for the patient with chronic pain. Nurses may consider referring the family for family counselling. What might seem solely an adolescent problem could reflect a larger problem of communication and stress management within the family system.

Competing interests None.

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References