

PROJECT FACT SHEET

Understanding Adolescent Pain Behaviours May Help Chronic Sufferers

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The ways that we perceive and express pain affect how well we can cope with it. Understanding pain behavior can help health care professionals find ways of helping patients cope. A large body of research has focused on the pain responses of young children to determine how pain is experienced and expressed, and what variable influence pain experiences and expression. Through these studies, researchers have established that the family and parents, particularly mothers, are powerful sources of influence that impact the way that children respond to pain. Young children are witness to the pain experiences of family members, and essentially use those experiences to learn about pain and model their own pain behaviors. Although there is considerable support for the social influences of young children's pain, there has been comparatively little research into the social influences that affect adolescents' pain experiences.

“From a developmental perspective, as children approach adolescence they become more strongly influenced by their peers than by their parents, particularly where health-related or health-risk behaviors, such as smoking, drinking and sexual activity, are concerned. However, very little research has been undertaken to determine the extent to which peers might influence adolescents' expression of chronic, acute or recurrent pain. That is, do adolescents model their pain behaviors on those of their peers?” says Dr. Hatchette, a Post-doctoral Research Fellow at the IWK Health Centre in Halifax.

Dr. Hatchette looked to augment current pain literature by looking specifically at the issue of peer influence and pain response among teenagers. The study involved 120 teenagers who watched a video of a peer perform a pain-inducing task after which they were asked to rate the peer's pain and rate how likeable they thought the peer in the video was. The teenagers then participated in the pain-inducing task themselves, after which they rated their own pain.

“The study found significant differences between male and female adolescents that have been well supported in the pain literature,” notes Dr. Hatchette. “For example, females reported more pain experiences, more pain types and more family pain models than male adolescents. However there were no differences between male and female adolescents in

reported peer pain models, and for both genders, significantly more family pain models were reported than peer models. This certainly underscores the importance of family influences on pain behaviors well into adolescence”, observes Dr. Hatchette. Nonetheless, peer pain responses were influential in the pain responses of participating adolescents. “For male adolescents, self pain scores were significantly related to peer pain scores, this was particularly true when male adolescents gave high likeability scores to the peer they watched in the video.” says Dr. Hatchette. No such relationships were found for female adolescents. “These findings clearly indicate gender differences in how children are socialized to experience pain,” explains Dr. Hatchette. “Typically, girls are encouraged to openly express and discuss pain. Boys, on the other hand, are encouraged to be stoic and strong – openly expressing pain is a sign of weakness. It’s not surprising then, that the female adolescents in this study would not feel the need to reference the peers they observed. The male adolescents however, would be looking for social clues from their peers about the appropriateness of pain expression.”

“This project contributed to our understanding of the differing strengths of parental and peer influence in the pain expressions of adolescents and the profound impact of gender differences in early pain socialization,” says Dr. Hatchette. “In future, I hope to look at more aspects of social influence on adolescent pain experiences, particularly among older adolescents who self- manage pain associated with chronic illness.

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