

To Befriend or Not: Naturally Developing Friendships Amongst a Clinical Group of Adolescents with Chronic Pain

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■ ABSTRACT:

Adolescents with chronic pain frequently perceive a lack of support from friends. Support from a peer with a shared experience has been found to provide emotional, informational, and appraisal support. We sought to quantify the frequency with which adolescents with chronic pain want to befriend other adolescents with chronic pain, and to describe the features of these friendships. Adolescents with chronic pain who had attended a 10-week structured self-management program from 3 sites were invited to complete an online survey. Forty teens participated, 95% (n = 38) were girls; 32% (n = 13) befriended another; 52% (n = 21) were interested in befriending another but did not; 15% (n = 6) were not interested in befriending anyone. Over half (62%) of the friendships lasted at least 1 year (n = 8), but only 2 intermingled these with their regular friendships. Pain was discussed frequently during interactions. The most common reasons for not forming friendships were no time to exchange contact information during group and not having things in common. Reasons for not being interested in forming a friendship also included not having anything in common apart from pain. The majority of participants were interested in befriending another. Emotional support, by feeling understood and discussing pain without fear that the other is disinterested, was the main peer support provided. Without common interests, this form of friendship may not last and is at risk for being overly solicitous by focusing on pain. It remains unclear whether the benefits of peer support translate into improved function.

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INTRODUCTION

Social support is recognized as a factor that improves health outcomes (Burgoyne, 2005; Sergerin & Passalacqua, 2010) and has been long identified as a resource in helping individuals cope with stressful situations (Lazarus, 1966). Peer-to-peer self-help and support groups are specific types of social support and consist of individuals who live with similar conditions. These forms of support can range in the degree to which health professionals are involved (from no involvement to a high degree of professional involvement) and in the degree to which these groups are formalized (Dennis, 2003).

The attributes of peer-to-peer support that are associated with improved health outcomes include the provision of informational support by providing knowledge or recommendations to help with problem-solving; emotional support by being willing to discuss difficulties and express caring; and appraisal support in the form of affirming statements and actions that indicate the appropriateness of one's behaviors, thoughts, and emotions (Dennis, 2003; Dennis, Hodnett, Gallop, & Chalmers, 2008; Parent & Fortin, 2000).

Adolescence is a developmental period with many socially focused changes, including developing independence from adults, determining acceptable social behaviors, and developing social roles. Developing and maintaining relationships with peers is integral during this time. Most adolescents identify their best friend as their main source of support by mid-adolescence (Furman & Buhrmester, 1992; Bokhorst, Sumter, & Westenberg, 2010). However, adolescents with chronic pain are challenged to maintain their friendships (Forgeron et al., 2010; Forgeron, Evans, McGrath, Stevens, & Finley, 2013). In addition to time missed from school and activities, feeling different, not being understood by friends, and friends not knowing how to help when they experience pain are frequently voiced as factors contributing to friendship challenges (Forgeron et al., 2010; 2013; Sällfors, Fasth, & Hallberg, 2002). Adolescents with chronic pain also describe some of their friends as "sunny day friends," only willing to engage with them when their pain is controlled (Sällfors et al., 2002). Thus, these adolescents may perceive their friends as not able to meet all of their social support needs.

A systematic review concluded that adolescents with chronic pain have fewer friends, are subjected to higher rates of peer victimization, are rated by peers and themselves as more isolated, and are rated by peers as less likeable (Forgeron et al., 2010). They also

consistently score higher on measures of loneliness (Forgeron et al., 2011) and depressed mood (Forgeron et al., 2011; Long, Palermo, & Manees, 2008), and lower on self-esteem (Forgeron et al., 2011), compared to adolescents without chronic pain. The causes of negative internalizing behaviors amongst these adolescents are not known, but it is possible that friendship challenges interfere with the protective benefits of these friendships. The consequences of friendship challenges have not been systematically examined.

Although the prevalence of significant chronic pain in children and adolescents is approximately 5%-8% (Perquin et al., 2000), this population seldom know peers with chronic pain (Sällfors et al., 2002). Therefore, forming a relationship with another adolescent with chronic pain may offer these adolescents the social support they may not be receiving from their community friends. Yet, qualitative studies suggest that not all adolescents with chronic pain are interested in meeting another in a similar situation, citing the individuality of their pain experience, the lack of appreciation of potential benefits, a preference for maintaining their community friendships, and some acknowledging that their own friends are supportive (Forgeron & McGrath, 2008; Forgeron et al., 2013). Nevertheless, the desire to meet and develop a relationship with another with chronic pain has not been quantified.

The primary aims of this study were to describe the frequency of naturally occurring friendships among a clinical sample of adolescents who attended a chronic pain self-management program, the percentage interested in forming a friendship with another young person with chronic pain, and the reasons for and against interest in forming this type of friendship. The secondary aims were to explore individual factors that may be associated with one's desire to form a relationship with another adolescent with chronic pain and to describe the features of the interactions amongst the friendships that developed.

METHODS

Our group has been running a self-management program for adolescents with chronic pain in three different locations in Canada for several years. Four to 10 adolescents with chronic pain attend classes once a week for an hour and half over a 10-week period. The focus of this program is education and skill-building interventions to improve health outcomes and does not specifically focus on peer-to-peer support. Nevertheless, adolescents do meet each other

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