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Title: “You have to be a jack of all trades”:

Fathers parenting their adolescent with chronic pain.

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Abstract

Adolescent chronic pain has an extensive impact on parents, with research typically focused on exploring maternal experiences. This exploratory study sought to identify the specific experiences of six UK fathers who parent an adolescent with chronic pain. Data from semi structured interviews were analysed using interpretative phenomenological analysis. Paternal experiences were characterised by four themes: 'helplessness', 'containment', 'balance' and 're-evaluation'. Findings highlighted paternal efforts to manage the impact of adolescent chronic pain by focusing inwardly on the family and adopting multiple roles. Fathers identified ways in which they could renegotiate their relationship with their adolescent to manage pain related disruption.

Key words

Adolescence, chronic illness, family, interpretative phenomenological analysis, men's health.

Introduction

Pain is a common experience in adolescence (Huguet and Miro, 2008). Although most adolescent pain is clinically unremarkable, for a significant minority, severe pain becomes a chronic and disabling problem (King et al., 2011). Adolescents who experience chronic pain report a wide ranging impact on their lives including impaired physical and psychological functioning (Simons et al., 2012; Holley et al., 2013). Young people with ongoing pain also describe challenges with developing peer relationships (Forgeron et al., 2010), suggesting that chronic pain has the potential to interrupt typical adolescent developmental processes.

The deleterious effects of adolescent chronic pain extend beyond the adolescent and reach the wider family (Lewandowski et al., 2010), with recent research focused on examining parental impact of adolescent chronic pain (Palermo and Eccleston, 2009). Research findings have demonstrated that parents of adolescents with ongoing pain experience high levels of emotional distress, including clinically significant levels of paternal anxiety and depression (Eccleston et al., 2004). Parents of young people with ongoing pain also report relationship difficulties and specific parenting challenges as a result of their adolescent's pain condition (Jordan et al., 2008). A particular challenge is the need to adopt altered parenting patterns to accommodate high levels of

adolescent dependence on parents (Jordan et al., 2007) at a time in which healthy adolescents seek independence from parents (Koehn et al., in press).

A number of important features of family experience remain unexplored. First, the majority of studies in this area are nomothetic. That is, studies are designed to identify patterns in large quantitative samples and look for general associations between variables across samples (e.g. parental stress; Eccleston et al., 2004). Only a minority of studies have focused on examining qualitatively the particular experiences of parenting an adolescent with chronic pain. Second, in both traditions of research, of the general and the specific, samples have been comprised almost entirely of mothers (e.g., Jordan et al., 2007; Maciver et al., 2010). A maternal focus in pain research reflects a general pattern in the paediatric chronic illness literature (Phares et al., 2005; Macfadyen et al., 2011) and description of fathers as 'the forgotten parent' (May, 1996). Consequently, we know almost nothing about the particular experiences of fathers who parent an adolescent with chronic pain and whether (and how), these experiences differ to those of mothers.

Research which has focused on the experience of parenting a healthy adolescent suggests that differences do exist between the maternal and paternal experience of parenting an adolescent. Findings suggest that fathers focus on encouraging the adolescent's development of autonomy and shared

enjoyment of leisure activities (Montemayor and Brownlee, 1987). Such differences in maternal and paternal experiences have also been noted in the context of paediatric chronic illness (Swallow et al., 2011). Missing from the literature is knowledge about the experience of being a father to an adolescent whose pain makes it difficult to engage with typical developmental activities.

We present an in depth qualitative analysis of semi-structured interviews with six fathers of adolescents with chronic pain. The aim is to examine the specific experiences of what it is like to be a father of an adolescent with chronic pain. Specifically, how do fathers view the impact of their adolescent's chronic pain on their adolescent, themselves and the wider family? What roles do fathers adopt in response to the particular parenting context?

Methods

Overall methodological approach

An Interpretative Phenomenological Analytical (IPA; Smith, 1996) framework was selected in this study. IPA was chosen as it explicitly focuses on how participants understand and make sense of their personal and social worlds (Smith & Osborn, 2008), fitting with the exploratory nature of this study and the novel focus on examining paternal experiences in the context of adolescent

chronic pain. Whilst the overall aim of IPA is to explore participants' experiences in detail, it does not claim to produce a "true" reading of participants' experiences. Instead, IPA recognises the dynamic nature of the research process, noting that interpretation is affected by the researcher's interests, concerns and engagement with the data (Smith et al., 2003). The use of IPA to explore paternal experiences in other health related contexts provides evidence for its suitability as a method of qualitative analysis in this study (Beestin et al., 2014).

Participants

Semi-structured interviews were conducted with six fathers of adolescents who had experienced chronic pain for a minimum of three months. Participants were recruited from a specialised UK national pain management treatment centre.

Study inclusion criteria included undertaking a paternal role for an adolescent aged 11-18 years who had experienced pain for a period of at least three months. Fathers were defined as the resident male adult who adopted the primary parenting role as father or stepfather, and who were recognised as such by their adolescent.

All participating fathers had either attended the residential pain management programme with their adolescent or visited their adolescent during

the programme. Fathers were aged between 30-45 years and were all White British. All fathers reported that pain had a substantial impact on their adolescent's life. The sample included both fathers of girls (n=3) and boys (n=3) with chronic pain. Adolescent diagnoses included Localised Idiopathic Pain Syndrome (n=4), Diffuse Idiopathic Pain Syndrome (n=1) and Chronic Regional Pain Syndrome Type 1 (n=1).

The residential treatment programme comprised a three week interdisciplinary programme of cognitive behavioural therapy in which six adolescents were accompanied by a parent in a residential setting. The programme encouraged adolescent participation in developmentally appropriate activities such as school and social activities rather than reduction of pain. Sessions involved group discussion in addition to participation in physical activities. A parent accompanied the adolescent to all sessions with the exception of four days in which parents attended sessions focused on specific parenting work. Adolescents need to be between the ages of 11-18, with pain lasting longer than 3 months, who were extensively disabled by pain, and for whom no curative treatment was available. Adolescents had to be accompanied by a parent. The programme has been described and its early evaluation reported (Eccleston et al., 2003; Eccleston et al., 2004; Eccleston et al., 2006).

A decision was made to select both a small and homogenous sample to enable the detailed study of the specific life experiences of fathers in this particular study. This aim fits with the phenomenological focus of IPA which values the study of idiographic participant experiences and promotes use of small sample sizes (Smith & Osborn, 2008; Smith, 2004).

Procedure

Following approval from both NHS and University ethical committees, participants were recruited to the study. Eligible fathers of adolescents with chronic pain were selected from a list of patients attending the next pain management follow up programme (n=3) and an ongoing pain management programme (n=3). Thirteen fathers were invited by letter to take part in this study, of which a total of six fathers participated in the study.

Prior to being interviewed, all individuals provided informed consent to be interviewed as part of the study. Individual semi-structured face to face interviews took place in a quiet room at the hospital (n=5) and via telephone (n=1). Interviews were conducted by a female researcher (AC) who held a split role of Assistant Psychologist at the hospital from which participants were recruited and Masters student at the associated university. AC had worked in the field of paediatric pain for twelve months prior to commencing this project.

Participants were made aware that participation in the interview was separate from any treatment that they or their adolescent would receive and that the study formed part of researcher's Masters level dissertation project. All interviews were recorded and transcribed verbatim by the researcher (AC). At the end of the study, participants were thanked and reminded of the opportunity to speak with treatment programme staff should they wish to discuss issues that arose as a result of study participation.

Interview Schedule

A semi-structured interview schedule was used to guide the discussion about parenting an adolescent with chronic pain. In accordance with the use of semi-structured measures, the schedule enabled flexibility and fluidity with regard to the nature and order in which topics were discussed (Mason, 2004).

Participants were encouraged to talk about their experiences of being a father of an adolescent with chronic pain as they arose within the interview. Topics discussed focused on exploring a number of issues; the father's understanding of and feelings about their adolescent's pain; paternal beliefs about the impact of the pain on their adolescent, themselves and their family and the father's beliefs and attitudes about his role as a father. Prompts were used to develop discussion where appropriate.

Data analysis

The process of conducting IPA was followed from the detailed description provided by Smith et al. (2003). Analysis was conducted by hand. The procedure involved AC undertaking a detailed reading of each transcript in turn, identification of initial themes from the data and exploration of initial themes within that particular transcript. The analytical process was completed through a process of integrating identified themes across all transcripts. This was achieved by clustering together significant statements that captured common themes across fathers' experiences of parenting an adolescent with chronic pain.

Establishing trustworthiness

In accordance with existing literature, numerous steps were taken to address the issue of establishing trustworthiness in qualitative research (Elliott et al., 1999; Willig, 2008; Tong et al., 2007). These included keeping a reflective diary to document the analytical process (AC) and provision of detail about the researcher's background and approach to the study. In particular, strategies to establish credibility of the study findings were employed (Shenton, 2004). These included the review and agreement of study findings by all authors,

frequent supervision meetings in addition to peer discussion about study methodology and findings at regular research meetings. Additionally, when presenting data to support interpretation, effort was made to present quotations from all participants to provide representation of differing paternal accounts. In accordance with IPA's idiographic focus, all themes were explored regardless of whether experiences were common to all participants or unique to individual fathers. Finally, description of the treatment programme and participants have been provided for the reader to support the transferability of the study findings (Shenton, 2004).

Results

Analysis of the data using IPA resulted in the identification of four themes which were salient in the experiences of the six fathers interviewed. These themes were labelled: helplessness, containment, balance and re-evaluation. We present each of these themes in turn with illustrative quotations drawn from the transcripts. Pseudonyms have been used to protect the identity of participants.

Helplessness

A sense of disempowerment presented a substantial challenge for fathers of adolescents with chronic pain in this study. Fathers expressed a sense of a

helplessness in a number of different ways, noting a particular difficulty with their inability to halt the onset of their adolescent's pain condition:

“His pain then developed for the worse, from back pains to spasms, and that was a shock....because I just didn't know how to stop it” (Steve)

Frustration and disempowerment at Steve's inability to help his son dominates this father's experience. In addition to feeling helpless about current circumstances, fathers also expressed difficulty with coming to terms with the “unknown future”. For some fathers this reflected a daily struggle with the fluctuating nature of the pain:

“The most difficult thing about it is not knowing how he's going to be when I get home.... not knowing what's going to be there. Because some days he can just be laid out, flopped out, and other days he can be on top of things, you know? But it's just not knowing...you can't see an end to it.” (Scott)

Scott could not see ‘an end’ to his son's pain, reinforcing a sense of ongoing paternal helplessness. For others, this lack of control related to a continual anxiety about the exacerbation of the pain and also about the long term future for the family. One father expressed anxiety about who would care

for his son should his or his wife's health deteriorate in time. In addition to anxiety about the future, fathers also expressed difficulties with the lack of explanation about the onset of their adolescent's pain;

"Not knowing what caused the pain was a complete shock to me." (Steve)

This lack of an explanation seemed to make it harder for fathers to gain a sense of mastery over what appears to be a senseless situation. In all aspects of their adolescent's pain, fathers were unable to gain control of the situation or to affect its course. This resulted in expressions of anxiety, frustration and paternal incompetence.

Containment

The theme of "containment" characterised fathers' ways of dealing with challenges posed by their adolescent's chronic pain. Fathers emphasised the importance of pulling together as a family unit in order to deal with the difficulties of their situation and "contain" the problem. Steve commented on how the onset of his son's pain led him to adopt a more active role within the family.

“Your wife is the strongest, you’re just in the background, you know, but you’ve got to get involved then.” (Steve)

Typically, this “pulling together” was suggested as being an active rather than passive strategy to manage the situation. Fathers focused particularly on the impact of the pain on family members and strategies for managing the familial effects of the pain.

“So it’s just trying to keep going.....how can we approach this, how can we deal with that, how can we make the family work together, as well. Because the way it affects the family, it can be very demoralising, very depressing, or it can be, so we’ve got to think about the holistic view of the family, rather than just [my son].”
(Scott)

This demonstrates Scott’s recognition of the family unit as capable of solving its own problems. Fathers appeared to actively turn to their families as a way of dealing with problems that they encountered:

“We try to do more together, which helps....We’ve always been very self-reliant, I think, so we do tend to talk a lot, and share what we’re going through with each other.” (Scott)

As a consequence of this, fathers appeared to focus on making family life as constructive and fulfilling as possible:

“We’ve provided more things in the home for the boys, as a consequence of being more tied to base. So he [son experiencing chronic pain] has a very rich and fulfilled life at home.” (Matthew)

Fathers’ focused their efforts inwardly on supporting the family unit and expressed dissatisfaction with seeking assistance outside of the family. Fathers who had shared experiences with others in similar situations found that learning about the experiences of others made their own experience of chronic pain more negative. Mark described the difficulty he experienced in talking to another adolescent with similar problems to his own daughter:

“I told her about [my daughter], but she said ‘I started off like [your daughter], and they told me I was going to get better, but I’ve got chronic pain syndrome and arthritis now,’ she said. So that made it end for mewe felt down then, like ‘is [my daughter] going to go the same?’” (Mark)

Sharing problems with others in similar situations seemed to exacerbate paternal anxieties about the future. Additional difficulties fathers experienced

with sharing problems outside of the family related to a lack of common understanding of the situation, furthering a sense of the isolation of the family unit:

“You can say this is going on and that is going on, but without some deeper understanding it’s more like broadcasting than getting any support.” (Scott)

Fathers’ dislike of seeking external emotional support also related to a sense of their adolescent’s pain being questioned. In particular, fathers expressed difficulty in showing emotion or sharing detail with friends outside the family, providing only minimal detail when asked:

“I explain everything, but not in great detail....just say we’re getting on alright.”
(James)

Sharing problems with friends was difficult, specifically because it was at odds with fathers’ conceptualisation of masculinity:

“And the tears....when I get off the phone [to home, from work], they can see the tears in my eyes, and for a man that’s really hard.” (Mark)

Recognition of emotional distress and the social sharing of emotion were narrated as either challenging or impossible. Emotional expression was largely considered as a personal failure and for some, a specific failure in a male parent, in some way being neglectful or weak in support of their child and family.

Balance

Integral to the fathers' experiences of parenting an adolescent with chronic pain was the idea of a need to balance multiple demands. This was expressed in numerous areas including familial needs, work and home life. Specifically, fathers articulated an awareness of the careful balance between encouraging normative adolescent activities and their adolescent's level of pain. This issue is described clearly by Scott who refers to the term 'trade-off' when considering this particular issue of balance:

"He's getting a lot more pain...but saying that, he is actually doing more than he was before. More school time, more social time, more activities, and he wants to do more fun stuff. So it's a bit of a trade-off" (Scott)

More specifically, some fathers expressed difficulty managing the balance between their adolescent's desire for independence with their adolescent's

increased pain levels. Steve described the worry he experienced in allowing his son to take part in more external activities:

“You’re afraid for them, if they’re going to get hurt, apart from the pain he’s got, whether he’s doing damage to himself.” (Steve)

The fear expressed by Steve suggests the potential impact of chronic pain upon the father and adolescent’s negotiation of this developmental stage. Whilst normatively adolescents would be becoming more autonomous, paternal fear may impact upon fathers’ ability to encourage independence in their adolescent with chronic pain. Another father (Matthew), described an imbalance between his own perspective and that of his son concerning the restrictions of chronic pain on adolescent life. Matthew expressed concern regarding the long term impact of adolescent chronic pain on his son’s ability to engage with everyday activities whilst Matthew’s son was focused on the immediate issue of returning to sporting activities.

“He’s so enthusiastic about sport, so even when he had the attack last July, his main focus was to get back playing rugby in September. Whereas my focus was, would this child be able to walk down to the shops and back ever again? We were far, far more concerned.” (Matthew)

Some fathers also expressed difficulties with having to balance their dual roles of breadwinner and caregiver, experiencing often competing demands on their time.

“It hits you as well...when you’re on a training course sort of 30 miles away and you get a phone call saying your son’s been taken into hospital with pain, you’ve got to cancel that course, at a cost to the company” (Steve)

Another difficult ‘area’ to balance for fathers was that of meeting familial needs. Matthew described his sense of responsibility for maintaining balance between the ill adolescent and their siblings:

“It’s affected his brother...more attention has been placed on [the son in pain] and...what he’s physically able to do and not able to do” (Matthew)

Maintaining this balance amongst family members was often challenging. As one father commented, since the onset of his daughter’s pain, it had become “a bit like having a princess around” (Jay), in that she was exempt from household chores. Consequently, greater responsibility was placed upon

her siblings, making the father's desire to treat all of his children, equally harder to attain.

Re-evaluation

The theme of re-evaluation firstly concerns itself with paternal exploration of what the role of 'good father' entails and how this role has changed in relation to parenting an adolescent with chronic pain. The multidimensional nature of the paternal role was expressed by Scott who claimed that "It's a mix of everything really isn't it – you have to be a jack of all trades." (Scott). The remainder of this theme considers how fathers focused on re-evaluating their relationship with their adolescent with chronic pain, drawing comparisons with the relationship before and after the onset of adolescent chronic pain.

Fathers' descriptions of their relationships with their adolescents often centred around doing activities together, particularly outdoor activities. The onset of their adolescent's chronic pain compelled fathers to undergo a re-evaluation of their relationship with their adolescent. Some fathers such as Mark, reported a sense of loss in their relationship with their adolescent:

“Before she had it, she was always for her dad, always for me, taking me for walks and things like that...We used to do things together, but now since the pain has happened....she’s more close to her mother, not me.” (Mark)

In the absence of activities that he could do with his daughter, Mark’s relationship with his adolescent was weakened. The mother took over the primary caregiver role, with Mark viewing himself merely as a provider:

“I get her money....or whatever she wants, you know, she’s like ‘dad’ll get it’...but she depends more on her mother, not me.” (Mark)

Although all fathers reported an altered relationship with their adolescent, for many, these changes were positive and related to engaging with shared activities:

“We both love sport....but we’ve got to be aware of how much he can do now, whereas before you could really go mad and run around. We’re tending now to break it up a bit.” (Steve)

Thus, through pacing activities, Steve was able to ensure that he and his son were still able to share activities together. Some fathers reported a

strengthened relationship with their adolescent. Matthew explained that the onset of his son's chronic pain had led him to re-evaluate the things he held to be important for his son. He described his initial sense of loss:

"I was bursting with pride for my son, who was so good at everything, and he had such a wonderful life, and all of a sudden he was so miserable, and his life seemed to come crashing down." (Matthew)

Matthew goes on to describe how, a situation he had initially regarded as negative led to a positive outcome, in that he was able to rethink what he held to be important:

"It picked me up short. And it made me work out what's important here...number one, his health, happiness, and the other things will come." (Matthew)

Through focusing on his son's current quality of life, rather than on the past shared activities, Matthew was able to perceive the situation more positively. Here, the father-adolescent relationship was strengthened through experience of shared adversity.

Discussion

This IPA study aimed to explore the complexity and diversity of the lived experiences of six fathers of adolescents with chronic pain. Fathers' experiences were characterised by four superordinate themes. These were labelled 'helplessness', 'containment', 'balance' and 're-evaluation'. All themes highlighted that although largely invisible from the literature on chronic pain, fathers adopt a number of active and unique roles in managing the impact of adolescent chronic pain on their child, self, and family.

Paternal experience of parenting an adolescent with chronic pain was characterised by an overwhelming sense of helplessness. Participants expressed frustration at their inability to alleviate their adolescent's pain and to provide an explanation for the pain. Fathers described a particular sense of responsibility to 'protect' their adolescent from aversive situations associated with experiencing ongoing pain, experiencing distress when protection was impossible. Participants viewed their duty to keep their adolescent 'safe' from pain positively. In a comparison with an interesting yet inconclusive meta-analysis conducted by Van der Veek et al. (2012) concerning parental responses in the context of children with functional abdominal pain, fathers in this study did not consider that some 'protective' behaviours may maintain or exacerbate their adolescent's pain. Taking a more global perspective, the idea of fathers adopting the role of 'protector' is congruent with findings in the

normative and chronic pain literatures (Shulman and Seiffge-Krenke, 1997; Maciver et al., 2010).

It is unsurprising that a lack of control over the pain presents an important stressor for fathers, particularly in the case of chronic pain where the nature of the pain is uncertain. In this study, helplessness was experienced by fathers in relation to the unpredictable nature of family life in the context of chronic pain, simply not knowing what might await them on their return from work. Adopting a long term focus, fathers also expressed helplessness about the long term sustainability of their caring role for their adolescent with pain. Salient within these fathers' accounts was a sense of powerlessness about the unknown future for their adolescent and family unit. The difficulty of living with parental uncertainty is something that has been acknowledged by mothers and fathers in related studies (Jordan et al., 2007; Maciver et al., 2010).

In addition to identifying sources of parental helplessness, results of this study also provide important insight into how fathers manage the challenges associated with parenting an adolescent with chronic pain. With regard to seeking support, fathers turned to internal family systems for assistance. Notably, in this study, fathers' reports of 'looking inwards' on the family unit, appeared to be a deliberate choice rather than a passive process. This suggests that fathers adopt a specific role in managing the effects of adolescent

chronic pain on family members. Such findings support those of Swallow et al. (2012) who found fathers adopted unique and engaged roles in terms of parenting their chronically ill adolescent.

Further considering the issue of support, fathers expressed dissatisfaction with seeking external assistance and with sharing of problems. Such findings are consistent with those of the paediatric chronic illness literature which has identified differences between maternal and paternal use of social support (Clarke et al., 2009). It has been suggested that fathers make less use of social support because it involves sharing the problems of others, which may magnify their own difficulties (Sloper, 2000); something expressed by fathers in this study. Furthermore, it may be that since fathers are often unable to gain an explanation for their adolescent's pain, they may find it easier to turn to their families, where explanation may be unnecessary.

Paternal experience was characterised by a need to balance a large number of diverse roles including those of breadwinner and caregiver with the needs of the family unit. It is possible that paternal difficulty in balancing caregiving and work demands was exacerbated by the unpredictability of the adolescent's chronic pain condition. Perhaps the greatest challenge that fathers faced in this study was that of balancing their adolescent's developing need for autonomy and activity with associated pain exacerbations. Fathers reported

that the occurrence of chronic pain increased their worries about achieving this balance, with fathers expressing fear about allowing their adolescent to increase activity. The process that fathers engage with to balance the multiple needs of individuals within the family unit may be something that evolves over time. This idea lends support to the findings of Maciver et al. (2010) who proposed that parents experience a number of stages when faced with their child's experience of pain; moving from initial parental distress to one of successful balancing of parental and child needs.

The occurrence of chronic pain had compelled all fathers in this study to undergo a re-evaluation of their relationships with their adolescents. As the typical father-adolescent relationship centres around shared leisure time activities (Shulman and Seiffge-Krenke, 1997), the impact of chronic pain upon this relationship has the potential to be immense. Whilst some fathers in this study described how they used pacing of shared activities to enable them to continue spending time with their adolescent, this was not the case for all participants. Interestingly, fathers who articulated a continuing focus upon the activities their adolescent had previously undertaken also expressed a weakening of their relationship with their adolescent. Whilst changes in the quality and nature of the relationship between fathers and adolescents are observed normatively, this typically occurs gradually over an extended time

period (McGue et al., 2005). In contrast, the onset of adolescent chronic pain is often sudden and can 'force' immediate changes to the adolescent's ability to engage with shared activities with their father. This immediate disruption to the paternal – adolescent relationship appeared to be problematic for fathers in this study, with some feeling more distant from their adolescent as a result of spending less leisure time with their child. Nevertheless, other fathers were able to manage this sudden disruption and adapt engagement of shared activities to encourage the development of their adolescent's autonomy by modifying normative developmental activities.

These study findings identify a number of valuable findings. The first is that fathers play an active role in parenting their adolescents with ongoing pain. This is an important contribution to a literature which has focused on exploring the experiences of mothers as primary caregivers. Second, findings have identified some distinct experiences associated with being a father to an adolescent with chronic pain. Consequently, management of the parental impact of adolescent chronic pain should consider the unique needs of fathers and how these can be better managed, with particular reference to encouraging the development of adolescent autonomy.

This study identifies a number of important areas for further research. One question is whether (and how), fathers' experiences of parenting an

adolescent with chronic pain change over time. This study explored the experiences of six different fathers at a single time point in their adolescent's experience of chronic pain. It would be interesting to conduct a longitudinal study to examine the experiences of a small number of fathers over an extended period of time during their child's adolescent years. A second question concerns whether there are differences in the experience of parenting a daughter and a son with chronic pain. The normative literature suggests that adolescence is an important period with regard to sex differences between adolescents and parents, yet it is unknown whether this is also the case in the context of parenting an adolescent with chronic pain (Heller et al., 2006).

There are a number of limitations of this study. One issue concerns the difference in type of interview conducted with fathers in the study. Specifically, one interview was conducted via the telephone, with remaining interviews being conducted face to face. Whilst recruitment occurred in this way at the request of the participants, it was notable that the single telephone interview was substantially shorter in length than the face to face interviews. Such disparity may reflect the difference in interview context or simply the fact that this particular father had less to say. This is interesting as there is some contention regarding the quality of telephone interviews, with some arguing that telephone

interviews provide lower quality data compared with face to face interviews due to the absence of non-verbal communication (Novick, 2008)

Whilst not a direct limitation, it is important to acknowledge the fact that five of the six fathers were interviewed at the hospital in which their adolescent and wider family were currently receiving residential treatment. For this reason, it is important to also note that the data collected in this study merely reflects fathers' experiences of parenting an adolescent with chronic pain at a particular time point (e.g. during treatment). It is possible that fathers' accounts may differ if collected at a later time point and/or in a location separate to the hospital.

Conclusions

Despite a sense of helplessness, fathers in this study adopted multiple active roles to manage the extensive impact of their adolescent's chronic pain on the family. Fathers focused heavily on the importance of the family unit, both with regard to supporting the family unit and seeking support from it. Participants highlighted the importance of renegotiating their paternal relationship with their adolescent to enable completion of normative developmental tasks despite the disruption associated with chronic pain. Study findings demonstrate the unique roles that fathers take in parenting an adolescent with chronic pain, contrasting with a paediatric chronic pain literature that has typically focused on exploring maternal experience in this context.

Findings suggest new avenues for further research to explore how to better support fathers who parent an adolescent with ongoing pain.

We acknowledge the generosity shown by the fathers in this study in taking the time to share their experiences of parenting an adolescent with chronic pain.

Declaration of Conflicting Interests

The Authors declare that there is no conflict of interest.

References

- Beestin L, Hugh-Jones S and Gough B (2014) The impact of maternal postnatal depression on men and their ways of fathering: an interpretative phenomenological analysis. *Psychology and Health* 29: 717-735.
- Clarke NE, McCarthy MC, Downie P, Ashley DM and Anderson VA (2009) Gender differences in the psychosocial experience of parents of children with cancer: a review of the literature. *Psycho-oncology* 18 (9): 907-915.
- Eccleston C, Connell H, and Carmichael N (2006) Residential treatment settings for adolescent chronic pain management: rationale, development and evidence. In: Finley GA, McGrath PJ and Chambers CT (eds.). *Bringing Pain Relief to Children*. Ottawa, NJ: Humana Press, pp85-12.
- Eccleston C, Crombez G, Scotford A, Clinch J and Connell H (2004) Adolescent chronic pain: patterns and predictors of emotional distress in adolescents with chronic pain and their parents. *Pain* 108: 221-229.
- Eccleston C, Malleson P, Clinch J, Connell H and Sourbut C (2003). Chronic pain in adolescents: Evaluation of a programme of interdisciplinary cognitive behaviour therapy. *Archives Disease in Childhood* 88: 881-885.
- Elliott R, Fischer CT and Rennie DL (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology* 38: 215-229.

Forgeron PA, King S, Stinson JN, McGrath PJ, MacDonald AJ and Chambers CT (2010) Social functioning and peer relationships in children and adolescents with chronic pain: A systematic review. *Pain Research and Management* 15: 27-41.

Heller SR, Robinson LC, Henry CS and Plunkett SW (2006) Gender differences in adolescent perceptions of parent-adolescent openness in communication and adolescent empathy. *Marriage Family Review* 40: 103-122.

Holley AL, Law EF, Zhou C, Murphy L, Clarke G, and Palermo TM (2013) Reciprocal longitudinal associations between pain and depressive symptoms in adolescents. *European Journal of Pain* 17: 1058-1067.

Huguet A and Miro J (2008) The severity of chronic pediatric pain: An epidemiological study. *Journal of Pain* 9: 226-236.

Jordan A, Eccleston C and Crombez G (2008) Parental functioning in the context of adolescent chronic pain: A review of previously used measures. *Journal of Pediatric Psychology* 33: 640-659.

Jordan AL, Eccleston C and Osborn M (2007) Being a parent of the adolescent with complex chronic pain: An interpretative phenomenological analysis. *European Journal of Pain* 11:49-56.

King S, Chambers CT, Huguet A, MacNevin RC, McGrath PJ, Parker L and MacDonald AJ (2011) The epidemiology of chronic pain in children and

adolescents revisited: A systematic review. *Pain* 152: 2729-2738.

Koehn S, Gillison F, Standage M and Bailey J (2014) Life transitions and relevance of healthy living in late adolescence. *Journal of Health Psychology*. Epub ahead of print 2 September 2014. DOI: doi:10.1177/1359105314546340.

Lewandowski AS, Palermo TM, Stinson J, Handley S, and Chambers CT (2010) Systematic review of family functioning in families of children and adolescents with chronic pain. *Journal of Pain* 11: 1027-1038.

Macfadyen A, Swallow V, Santacroce S, and Lambert H (2011) Involving fathers in research. *Journal of Specialists in Pediatric Nursing* 16: 216-219.

Maciver D, Jones D and Nicol M. (2010) Parents' experiences of caring for a child with chronic pain. *Qualitative Health Research* 20: 1272-1282.

Mason J (2004) Semi structured interview. In Lewis-Beck MS, Bryman A and Liao TF (eds), *Encyclopedia of Social Science Research Methods*, Thousand Oaks, California: SAGE Publications, pp. 1021-1022.

McGue M, Elkins E, Walden B and Iacono WG (2005) Perceptions of the parent–adolescent relationship: A longitudinal investigation. *Developmental Psychology* 41: 971-984.

May J (1996) Fathers: The forgotten parent. *Pediatric Nursing* 22: 243-247.

Montemayor R and Brownlee JR (1997) Gender-based differences in parental roles during adolescence. *Journal of Youth and Adolescence* 16: 281-291.

Novick G (2008) Is there a bias against telephone interviews in qualitative research? *Research in Nursing Health* 31: 391-398.

Palermo TM and Eccleston C (2009) Parents of children and adolescents with chronic pain. *Pain* 146: 15-17.

Phares V, Lopez E, Fields S, Kamboukos D and Duhig AM (2005). Are fathers involved in pediatric psychology research and treatment? *Journal of Pediatric Psychology* 30: 631-643.

Shenton, AK (2004) Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 22: 63-75.

Shulman S and Seiffgre-Krenke I (1987) *Fathers and Adolescents: Development and Clinical Perspectives*. London: Routledge.

Simons LE, Sieberg CB and Claar RL (2012) Anxiety and functional disability in a large sample of children and adolescents with chronic pain. *Pain Research Management* 17: 93-97.

Sloper P (2000) Predictors of distress in parents of children with cancer: A prospective study. *Journal of Pediatric Psychology* 25: 79-91.

Smith JA, Jarman M and Osborn M (2003) Doing Interpretative phenomenological analysis. In Murray M and Chamberlain K (eds). *Qualitative Health Psychology: Theories and Methods*. London: Sage, pp.218-239.

Smith JA and Osborn, M. (2008). Interpretative phenomenological analysis. In Smith JA (ed) *Qualitative Psychology: A Practical Guide to Research Methods*. London: Sage, pp.53-80.

Smith JA (1996) Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health* 11: 261-271.

Smith JA (2004) Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology* 1: 39--54

Swallow V, Lambert H, Santacroce S and Macfadyen A. (2011) Fathers and mothers developing skills in managing children's long term medical conditions: how do their qualitative accounts compare? *Child: Care Health and Development* 37(4): 512-523.

Swallow V, Macfadyen A, Santacroce SJ and Lambert H. (2012) Fathers' contributions to the management of their child's long-term medical condition: a narrative review of the literature. *Health Expectations* 15: 157-175.

Tong A, Sainsbury P and Craig J. (2007) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19: 349-357.

Tong A, Sainsbury P and Craig J. (2007) Consolidated criteria for reporting

qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19: 349-357.

Van der Veek SMC, Derkx HHF, De Haan E, Benninga MA Plak RD and Boer F. (2012). Do parents maintain or exacerbate pediatric functional abdominal pain? A systematic review and meta-analysis. *Journal of Health Psychology* 17: 258-272.

Willig C (2008) Quality in qualitative research. In Willig C (ed) *Introducing Qualitative Research in Psychology* (2nd ed). Maidenhead: Open University Press, pp. 149–161.