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# Impacts of Parental Pain Dismissal in Emerging Adulthood

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# IMPACTS OF PARENTAL PAIN DISMISSAL IN EMERGING ADULTHOOD

by

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ABSTRACT

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by

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The experience of chronic pain and pain dismissal is common in children/adolescents. Parental pain dismissal is of particular interest in this study due to the complexity of the family unit. Substantial research has been conducted to determine the negative impacts on emerging adults (e.g., drug misuse and rates of anxiety and depression). However, no research has explored the lasting impacts that these experiences facilitate into emerging adulthood. The purpose of the current study was to better understand the long-term impacts of parental pain dismissal into emerging adulthood. Participants in the current study were emerging adults that completed an online survey including brief questionnaires and open-ended questions. Findings revealed that parental pain dismissal was not significantly different from other forms of dismissal. However, it may significantly impact one's mental/emotional health when compared to those that do not experience chronic pain. These findings suggest that while parental pain dismissal is not "worse" than other forms of dismissal, it still has negative impacts into emerging adulthood.

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# Impacts of Parental Pain Dismissal in Emerging Adulthood

Chronic pain has been defined as recurrent and/or persistent pain that lasts for at least three consecutive months. Currently, it is estimated that between 20-35% of children and adolescents experience chronic pain (Chamberliss et al., 2002). Chronic pain in childhood and adolescence is often due to chronic health conditions such as inflammatory bowel disease, sickle cell disease, rheumatological disorders, physical traumas, or various forms of cancer, obesity, asthma, and persistent headaches (Perquin et al., 2000; Chambliss et al., 2002; Compas et al., 2012; Torpy, Campbell & Glass, 2010). Current studies suggest that upwards of 44% of all children and adolescents in the United States have been diagnosed with one chronic health condition (Valderas et al., 2007; Van Cleave et al., 2010). However, of these children and adolescents, roughly 40% have been diagnosed with more than one chronic health condition (National Survey of Children's Health, 2011/12).

Disclosure of pain to both those that the individual is close with and medical providers has been shown to be an important step in coping with the diagnoses of chronic pain condition (Cano et al., 2012; Sullivan & Neish, 1999). However, these interactions are often different. When disclosing pain to a medical provider, the individual often quantifies their pain using single-item scale (e.g. "rate your pain on a scale of one to ten"; Schiavenato & Craig, 2010). When disclosing their pain to those outside of the medical setting, the individual often encounters a social exchange (Craig, 2015). While pain disclosure in medical settings has been investigated more readily, no known research has explored pain disclosure in naturally occurring every-day environments. This suggests that little is known about the interactions that

lead to pain dismissal in every-day environments, including child/adolescent pain disclosure to parents.

In regards to chronic pain disclosure, pain dismissal is a common experience for children and adolescents. Pain dismissal has been defined as ignoring and/or minimizing a person's experience of pain (Defenderfer et al., 2017). Of the 20-35% of children and adolescents that experience chronic pain, nearly 40% perceive that a pain experience has been dismissed by at least one person (Defenderfer et al., 2018). Also, pain dismissal by medical providers has previously been categorized into four endorsing themes including minimizing pain, faking it/secondary gain, hostility, and denial/disbelief (Defenderfer et al., 2018). Current literature describing the distress experienced by those that were dismissed include reports of feeling isolated, sad, angry, worthless, and upset. In this study, the most common reaction to being dismissed was feeling angry, which was experienced by nearly 40% of respondents (Defenderfer et al., 2018). Overall, the current literature suggests that even after the initial experience of pain dismissal, the person being dismissed still experiences strongly negative emotions tied to the dismissive experience. (Defenderfer et al., 2018). Current literature also suggests that parents, medical providers, friends, and teachers are the most common dismissers, and the dismissers that were rated as the most impactful/distressing were parents (38%) followed by medical providers (17%); (Defenderfer et al., 2018).

Previously, it has been found that the experience of pain dismissal in childhood/adolescence may lead some people to feel frustrated and angry with the dismisser(s) even years after the experience. (Defenderfer et al., 2018). This frustration and anger, specifically towards parents/caretakers, may directly impact the child-parent relationship that is

crucial during the development towards adolescence. Previous research has found that in families with children that experience chronic pain, family functioning can be diminished. More specifically it has been found that pain-related disability impacted family functioning more than the intensity of the pain experienced by the child (Lewandowski et al., 2010).

Since chronic pain has been found to impact multiple areas of a person's life, the experience of pain dismissal may also be a key component in impacting satisfaction with life. McNamee & Mendolia (2014) found that chronic pain has a significant negative affect on overall life satisfaction. More specifically it was found that the experience of chronic pain had a negative impact on participants close contacts, self-esteem, and their perceptions of their roles in society (McNamee & Mendolia, 2014). Futhermore, it has been found that those with chronic pain may experience lower satisfaction with life in the domains of self-care, family life, and friendships (Boonstra et al., 2012). Since chronic pain has been linked to lower life satisfaction and lower satisfaction with family life, the experience of pain dismissal by parents may be especially connected to lower life satisfaction.

The parent-child relationship may also be negatively impacted by parental pain dismissal. Since the child may not feel comfortable disclosing their pain experience(s) any further with their parents, this may negatively impact this close relationship. Previously, it has been found that family variables, including low parental support and a lack of a positive relationship, are a precursor to later substance misuse in children/adolescents (Denton & Kempfe, 1994). Furthermore, low parental support in childhood has been associated with high rates of substance misuse later in life (Glendinning et al., 1997; Piko, 2000; Ledoux et al., 2002). Also, closeness and a positive relationship between the child and parent has been associated with reduced rates of

substance misuse later in life (Piko, 2000). While pain dismissal has not been explored as a factor that may impact later drug misuse, research suggests that pain dismissal may disrupt the parent-child relationship, which may influence later drug misuse.

## The Current Study

The exploration of the experiences of children and adolescents living with chronic health conditions is an established area of research. However, there is a lack of research in the area of pain dismissal and the long-term negative affects of these experiences. Furthermore, there is even less literature on the experience and long-term affects of parental pain dismissal. The current study aimed to establish the long-term eaffects of parental pain dismissal. Therefore, this study proposed the following hypotheses: (1) Emerging Adults (EAs; ages 18-25) that have experienced parental pain dismissal as youth will report higher levels of substance use problems than those that have not experienced chronic pain, those that have experienced chronic pain and have not been dismissed, and those who have experienced chronic pain and have been dismissed by others (2) EAs that have experienced parental pain dismissal as youth will report lower scores of satisfaction with life than those that have not experienced chronic pain, those that have experienced chronic pain and have not been dismissed, and those who have experienced chronic pain and have been dismissed by others (3) EAs that have experienced parental pain dismissal as youth will report higher current levels of anxiety and depression than those that have not experienced chronic pain, those that have experienced chronic pain and have not been dismissed, and those who have experienced chronic pain and have been dismissed by others. The current study has also examined qualitative responses targeting participants' experiences with chronic pain dismissal to better understand this experience.

## Methods

### Participants

The current study included community emerging adults between the ages of 18 and 25 years old ($N$ = 1023; $M_{age}$ = 21.71, $SD$ = 1.98). The majority of participants identified as being female (54%), and White for Semester 1 and Semester 2 (52%, 72%). Eighty percent of the participants identified as being straight, and thirty-five percent indicated that they lived with at least one roommate. Forty-eight percent of participants reported being full-time students, and twenty-five percent of the participants in the current study reported having 15 years of education completed. Table 1 includes full descriptive information about the current sample.

### Procedures

*Qualtrics Data Collection Procedure.* The procedures for data collection and recruitment of participants were approved each semester by the Institutional Review Board (IRB). For each semester (fall and spring), data was collected through Qualtrics. Emerging adults between the ages of 18 and 25 were recruited by undergraduate and graduate students in an advanced psychology course. Students partaking in data collection had to complete training in ethical conduct of research before recruitment began. Students provided participants with informed consent sheet that explained that participation is voluntary, ensures confidentiality, and includes the link to take the survey. On the first page of the survey instructions, participants were required to indicate that they are at least 18 years old and are aware that the student that recruited them will not be penalized if they terminate participation at any point. Participants then provided demographic information, answer questions about chronic pain and chronic health condition status. Participants also completed the Alcohol Use Disorders Identification

Test (AUDIT), Cannabis Use Disorders Identification Test (CUDIT), and PROMIS (anxiety and depression) as part of a larger online survey. The larger study contains approximately 200 questions and takes approximately 45 minutes to complete. The questions that pertain to the current project are estimated to take 10-15 minutes to complete.

**Measures**

*Demographic information.* Participants were asked to provide demographic information including age, gender, race/ethnicity, education level, student status, current living situation, chronic health condition diagnoses, and marital status. The demographic questions regarding race and ethnicity between fall and spring data differ due to the spring semester's race and ethnicity question being updated to allow participants to identify as multiple races.

*Demographics – Chronic Pain.* Participants were asked "During the time when you were growing up (before age 18), did you have a period of time when you experienced problems with chronic or recurrent pain? This would be pain (regardless of cause) that interfered with daily activities (like school, job, or time with friends and family) for a period of several weeks or more.". Responses for this question were limited to indicating "yes" or "no".

*Demographics – Chronic Pain Follow-Up/Pain Dismissal.* Participants were asked follow-up questions regarding their experiences with their chronic pain. If participants did not experience chronic pain, they were excluded from the follow-up questions. Participants were asked to about their experience(s) with pain dismissal. More specifically, participants were asked, "during adolescence, did you ever experienced a time when a professional or someone close to you did not believe your condition symptoms as reported?". If the participants indicated "yes", they were then be asked "who was the person or people who did not believe

your condition symptoms as reported?". Participants were then be prompted to answer the following questions, "please describe the most bothersome situation of someone not believing your condition symptoms as reported. What did this person say or do that gave you the impression that they did not believe you?". "How did their reaction or behavior make you feel?". "What did you feel like saying to them at the time?". "Did this change your opinion of them or your relationship? In what way?". "Did you ever talk to them about the experience? How did that go?" Qualitative responses to these questions were coded using the Delphi coding method.

*Delphi Coding of Qualitative Responses*. Each qualitative response was coded using Delphi coding method (Jones & Hunter, 1995). Coding team members coded each qualitative response to 80% agreement. To determine each category for qualitative responses, coding members individually created operational definitions. The team then met and decided which categories would be used for consensus coding. Each coding team member individually coded the qualitative responses by using (1) to signify the presence of a category in the qualitative response. These individual coding sheets were then combined and compared to determine which items are below 80% agreement and needed to be further discussed in a team meeting to reach agreement.

*Alcohol Use Disorders Identification Test (AUDIT).* The Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 1992) is a 10-item measure that was used to measure alcohol consumption and determine if alcohol misuse occurs regularly in each participant. The AUDIT has been reported to have high test re-test reliability ($r$=0.85) and strong internal consistency ($\alpha$=0.87). Participants were asked to indicate on Likert scales how they would rate

aspects of their alcohol consumption. The AUDIT is scored by combining the rating of each Likert scale, and a score of 12 or higher indicates a possible alcohol use disorder.

*The Cannabis Use Disorders Identification Test (CUDIT).* The Cannabis Use Disorders Identification Test (CUDIT) is a 10-item measure that was used to measure cannabis use and to determine if cannabis misuse occurs regularly in participants (CUDIT; Adamson & Sellman, 2003). The CUDIT has been reported to have to have good internal consistency ($\alpha$=0.84). Participants were first asked a screening question to exclude anyone that has not used cannabis in the past 6 months. Participants were then asked to indicate on various Likert scales how they would rate aspects of their cannabis use. The CUDIT is scored by combining the rating of each Likert scale, and a score of 12 or higher indicates a possible cannabis use disorder.

Satisfaction With Life Scale (SWLS). The Satisfaction with Life Scale (SWLS) is a 5-item measure that asks respondents to think about aspects of their life and rate how likely they are to agree with each statement on a 7-point likert scale (Pavot & Diener, 2008). The SWLS has strong internal consistency ($\alpha$=0.87). The SWLS measures participants' perceptions their life satisfaction, which depends relies on the comparison of one's standards to their circumstances. Higher overall scores indicate greater life satisfaction.

*Patient-Reported Outcomes Measurement Information System Scale v.1.2 – Anxiety and Depression Scales.* The Patient-Reported Outcomes Measurement Information System Scale v.1.2 – Anxiety and Depression Scales (Hays et al., 2009) is a 10-item measure that measures the respondent's current experiences of anxiety and/or depression. The PROMIS Anxiety and Depression scales have good test re-test reliability (*r*=0.75) and good internal consistency ($\alpha$=0.87). Participants are asked to indicate on Likert scales how they would rate their

experiences of symptoms of anxiety and/or depression. Higher total scores indicate greater symptoms of current anxiety and/or depression.

**Data Analyses**

Statistical analyses were computed using IBM Statistical Package for the Social Sciences (SPSS) 25.0 Software (IBM Corp, 2017). All data will be exported from Qualtrics and surveymonkey.com to SPSS. Qualitative data was also entered into SPSS (0=absence of category in response, 1=presence of category in response). A p-value of <.05 will be used to determine the significance of the results.

*Missing Data.* Participants that did not indicate whether or not they had chronic pain were excluded from the study. Any participants that responded to less than 50% of the questions on the AUDIT, CUDIT, and Satisfaction with Life Scale were excluded from the data analyses for this study. For participants that left items blank but answered more than 50% of the questions in each measure, the lowest score on the scale was substituted in to allow them to be included for data analysis. Participants that did not respond to any items in the PROMIS – Global Health (Anxiety and Depression subscales) and Patient Health questionnaire will be excluded from the data analyses of this study in order to follow the recommendations of the authors of this measure (Hayes et al., 2009).

*Hypothesis Testing.* An ANOVA was conducted to determine if differences among the four groups (no chronic pain, chronic pain but no dismissal, chronic pain and dismissed by parents, and chronic pain and other dismissal) exist in terms of the reported levels of satisfaction with life, drug misuse, anxiety, and depression.

## Results

### Descriptive Statistics

Of the current sample of community emerging adults, 17% reported experiencing a period of chronic pain during adolescence. Of these participants, 33% perceived that they had experienced pain dismissal by at least one person. Sixty-four percent of the participants that reported experiencing pain dismissal identified as being female. Among the participants that reported experiencing chronic pain in adolescence, 13% of participants reported that they currently experience chronic pain. These findings are comparable to a previous study that found that 23% of participants had experienced chronic pain, and of that percent, 43% reported that they had been dismissed by at least one person. The most commonly reported dismissers were mothers (17%), fathers (17%), and physicians (11%). The dismissers reported as most bothersome were mothers (33%), physicians (21%), and fathers (19%). Three participants identified parents and others as their dismissers. Those participants have been excluded from further analysis since direct comparisons cannot be made between parental pain dismissal and other forms of dismissal. The most common chronic health conditions reported by participants were anxiety (32%), depression (26%), and asthma (12%). Refer to Table 1-5 for complete demographic information.

### Qualitative Findings

Each qualitative response provided in the following text are directly quoted from the online survey prompts, including spelling and grammar errors. The frequency of each qualitative category included in the 5 qualitative questions is included in tables 7-11, and descriptions of these categories will also be included. The responses to “What did this person

say or do that gave you the impression that they did not believe you?" aligned with 6 endorsing themes. These themes included: misattribution, push through, no investigation, minimizing, nonverbal expression, psychogenic, and denial. The most commonly endorsed theme was denial (33%). Examples of these responses included, "They outright admitted they did not believe me" and "She accused me of lying about my pain". The provided examples suggest that the dismisser did not believe the reports of the person being dismissed.

The next most endorsed theme for this question was psychogenic (26%). For this theme, participants reported that the dismisser suggested that their experiences with pain were related to their psychological or emotional functioning. An example of a response for this category includes, "A female doctor told me that all women get pain on their period and that my anxiety is likely making me worry about it too much. She put me on birth control and didn't order any further tests. I was bleeding to the point of passing out and could barely walk when the pain was bad.". Fifteen percent of participants reported that their dismisser did not think their pain should be further investigated. One response read, "Wouldn't refer me to other doctors, said it was 'muscle pain', I was living a very active lifestyle at the time and was aware of what muscle pain felt like... it was not muscle pain". Fifteen percent of participants also said that their dismisser minimized their experiences of pain. An example of this included, "He told me to stop making a 'mountain out of a molehill' and to 'suck it up'". Seven percent of participants reported that their dismisser misattributed their pain complaints to other personal/health factors about the participant. One such response included, "told me i was being lazy". Four percent of respondents reported that their dismisser implied that they needed to push through and function despite their pain. An example of a response that fit into this

theme included, “She told me that I had to keep cheering even though my knee was the size of a softball”.

Participants were then asked to respond to “How did their reaction or behavior make you feel?”. Thirty-nine percent of participants reported that they felt negativity towards the experience but were not angry. One response that implied this was, “I was mostly Sad”. The second most endorsed theme was feeling hopeless towards the experience (33%). An example of a response in this category was, “Unheard, like no one was listening or cared”. Following hopeless, 11% of participants reported feeling angry. An example of a response that implied that the participant was angry was, “wanted to slap her”. Eleven percent of participants reported that they did not care how they felt about the experience, and 6% were unsure of how to feel about the experience. Responses under these categories included, “Apathetic” and “I didn’t know what to think about it”, respectively.

Participants were also asked to respond to the question “what did you feel like saying to them at the time?”. Most commonly, respondents suggested that they wanted to explain their pain further and make the dismisser believe them (59%). An example of a response in this category was, “I just wish I could've made them understand.” The next most common responses fell under wanting to say nothing (18%) and taking offense to what the dismisser had said (12%). An example response of wanting to say nothing was, “nothing really i just dropped the topic to avoid getting yelled at.”. Also, an example response of taking offense was, “You suck”. Twelve percent of participants reported feeling hostile towards/wishing ill intent towards the dismisser. One such response included, “exactly what i did say to them. "go fuck yourself asshole."

Following this question, participants were asked to respond to “Did this change your opinion of them or your relationship? In what way?”. The most common response to this question was that this experience did not change the participants’ opinion(s) or relationship with the dismisser (54%). Thirty-one percent of participants reported that they had stopped seeing the doctor that dismissed them. An example of responses in these categories included, “Yes. I changed doctors after and never went back. She was my doctor for my entire life up to that point.” Eight percent of respondents indicated that they viewed the dismisser as less empathetic, and an example of a response in this category is “yes, it made them seem less empathetic”. Also, 8% of participants reported that they had lost empathy for the dismisser. One such response stated, “yes, I lost empathy for him”.

The final question that participants were asked to respond to was, “Did you ever talk to them about the experience? How did that go?”. Sixty-three percent of the participants indicated that they had not spoken to the dismisser about the experience. An example of a response to this question was, “no”. Following this category, 38% of participants indicated that they had spoken to the dismisser and the interaction went well. An example of a response to this prompt included, “Yes, well”.

**Endorsing Themes Involving Parental Pain Dismissal**

For the following analysis, those that identified parents as the most bothersome dismisser were included. For the question “What did this person say or do that gave you the impression that they did not believe you?”, the most commonly endorsed themes when involving parental pain dismissal were “denial” and “minimizing”. For the question, “How did their reaction or behavior make you feel?”, the most commonly reported themes were

"negative" and "hopeless". For the question, "What did you feel like saying to them at the time?" the most commonly endorsed themes when involving parental pain dismissal were "explain" and "nothing". For the question, "Did this change your opinion of them or your relationship? In what way?", the most commonly endorsed themes were "no" and "impacted parental relationship". For the question "Did you ever talk to them about the experience? How did that go?", those that were dismissed by parents most commonly reported "no" and "went well". Refer to Tables 12-16 for full parental pain dismissal qualitative response results.

**Quantitative Findings**

A one-way analysis of variance showed significant differences in scores for satisfaction with life based on chronic pain and pain dismissal statuses, $F(3,962) = 2.86$, $p = .04$. The one-way analysis of variance also showed that there were significant differences in scores for anxiety and depression based on chronic pain and pain dismissal statuses, $F(3,976) = 11.81$, $p < .001$. A Scheffe's post hoc analysis indicated that there were no significant differences in mean scores between the groups for satisfaction with life, $p > .05$. For anxiety and depression, a Scheffe's post hoc analysis indicated that the difference in mean scores between the groups chronic pain and dismissed by parents ($M = 24.18$, $SD = 7.48$) and no chronic pain ($M = 18.42$, $SD = 7.69$) were significant, $p < .05$. The Scheffe's post hoc analysis also showed that those that experience chronic pain and other forms of dismissal ($M$=26.21=, $SD$=8.02) endorsed significantly higher anxiety and depression scores than those that reported no chronic ($M = 18.42$, $SD = 7.48$), $p < .05$. All other comparisons were nonsignificant, ($p > .05$). Refer to table 6 for full ANOVA output.

## Discussion

Results from the current study's survey suggested that approximately 17% of community emerging adults experienced chronic pain in childhood/adolescence. However, of this 17%, 33% had experienced at least one dismissive interaction involving their chronic pain. These findings are comparable with previous literature. Previously, it was found that 23% of community young adults experienced chronic pain, and of that percent, 43% were dismissed by at least one person (Defenderfer et al., 2017). Also, consistent with previous findings, females reported experiencing dismissal more commonly, and parents and physicians were the most common dismissers identified by our sample (Defenderfer et al., 2017; Defenderfer et al., 2018). Furthermore, parents and physicians were also rated as the most bothersome dismissers by the sample. Overall, these findings suggest that the most common and most bothersome dismissers reflected findings of previous studies (Defenderfer et al., 2017; Defenderfer et al., 2018).

The results of the current study also suggest that in some domains, like mental health status, experiencing parental pain dismissal may be similar to other forms of dismissal but may not be "worse". Even though parental pain dismissal was not significantly different from other forms of dismissal in this domain, it is still a negative experience with potentially lasting impacts when compared to those who have not experienced chronic pain. However, in the areas of satisfaction with life and drug misuse, the results of the current study suggest that there may be no differences between those that experience chronic pain and parental dismissal and those that do not experience chronic pain as well as those that experience chronic pain and other forms of dismissal.

It was also found that for the current study's qualitative questions, experiencing parental pain dismissal led to similar responses when compared to all types of pain dismissal. For example, for each question asked, the most common endorsed themes were identical when comparing the those that experienced other forms of dismissal to just those that identified experiencing parental pain dismissal. The only question that had a difference was "Did this change your opinion of them or your relationship? In what way". The second most endorsed them was Negative Experience with Parents for the parental pain dismissal group. However, this option was excluded from the other forms of pain dismissal since it specifically avoided parental pain dismissal. Again, this suggests that parental pain dismissal may be similar to other forms of pain dismissal despite the different complexities of the parent-child relationship.

Also, there were large difference between group sizes in the current study. With less group size differences, the findings of the study could have been affected. Also, the four groups had a large amount of variance within them. With more even and larger group sizes, more significant findings may have been detected between the groups. For example, in the domains of drug misuse and satisfaction with life, there may have been greater differences detected by the analyses with more even group sizes.

Overall, the current studies hypotheses: (1) Emerging Adults (EAs; ages 18-25) that have experienced parental pain dismissal as youth will report higher levels of substance use problems than those that have not experienced chronic pain, those that have experienced chronic pain and have not been dismissed, and those who have experienced chronic pain and have been dismissed by others (2) EAs that have experienced parental pain dismissal as youth will report lower scores of satisfaction with life than those that have not experienced chronic pain, those that have

experienced chronic pain and have not been dismissed, and those who have experienced chronic pain and have been dismissed by others (3) EAs that have experienced parental pain dismissal as youth will report higher current levels of anxiety and depression than those that have not experienced chronic pain, those that have experienced chronic pain and have not been dismissed, and those who have experienced chronic pain and have been dismissed by others, were not supported.

**Limitations**

There were a number of limitations to the current study. The sample recruited for this study displayed less chronic pain and dismissal experiences than what has previously been found in base rates of other community samples (Defenderfer et al., 2017; Defenderfer et al., 2018). With more respondents, the current study's results may have shown significance in other domains, such as with the CUDIT and AUDIT. Also, this study is not generalizable to other populations since over 50% of respondents identified as being White for each semester when data was collected. Another limitation to the current study is there may have been a social desirability bias. The current survey asked questions about cannabis use in a non-legal state and the majority of participants lived in Wisconsin, and underaged participants were also asked about their alcohol consumption. This could have led participants to answer these questions in a socially desirable or defensive way.

**Future Directions**

Since this is the first study exploring parental pain dismissal, future research is needed in this area. While the current study did not support the hypotheses, it does not mean that parental pain dismissal does not have different impacts than other forms of pain dismissal.

The measures utilized in this study may not have adequately targeted these differences. Future studies should determine if more appropriate measures directly target the parent-child relationship and its complexities (e.g., how it changes over time). Also, future studies should explore if children and adolescents that experience parental pain dismissal are less likely to get treatment for their pain complaints since parents are responsible for scheduling and taking children to their appointments. Furthermore, future studies should explore if having a dismissive or skeptical parent at these appointments influences a physician's interpretation of the pain complaint(s).

**Table 1.** *Demographic Characteristics of Participants Sample*

| Variable | *N* (Valid %) |
|---|---|
| Sex | |
| Male | 458 (45%) |
| Female | 553 (54%) |
| Student Status | |
| Nonstudent | 396 (39%) |
| High School Student | 26 (3%) |
| Part-time College Student | 107 (10%) |
| Full-Time College Student | 492 (48%) |
| Years of Education | |
| 6 or fewer | 22 (3%) |
| 9 | 1 (<1%) |
| 11 | 15 (2%) |
| 13 | 166 (16%) |
| 14 | 159 (16%) |
| 15 | 255 (25%) |
| 16 | 229 (22%) |
| 17 | 39 (4%) |
| 18 | 20 (2%) |
| 19 | 1 (<1%) |
| 20 (or more) | 2 (<1%) |
| Living Situation | |
| Live with one parent | 94 (9%) |
| Live with both parents | 241 (24%) |
| Live with another family member (besides parents) | 26 (3%) |
| Live with roommate(s) | 354 (35%) |
| Live with spouse/partner | 179 (18%) |
| Live alone | 111 (11%) |
| Sexual Orientation | |
| Straight | 822 (80%) |
| Gay | 46 (5%) |
| Lesbian | 11 (1%) |
| Bisexual | 113 (11%) |
| Chronic Pain | |
| Yes | 170 (17%) |
| No | 853 (83%) |

*Note.* (*N* = 1023)

| **Table 2.** *Demographic Information – Race and Ethnicity* | |
|---|---|
| **Semester I** | |
| Race/Ethnicity | *n* (%) |
| African American/Black | 28 (8%) |
| Asian | 31 (9%) |
| Latino/Hispanic | 50 (15%) |
| Middle Eastern | 8 (2%) |
| Native American | 1 (<1%) |
| Pacific Islander | 1 (<1%) |
| White | 194 (57%) |
| Other | 1 (<1%) |
| Mixed | 25 (7%) |
| **Semester II** | |
| Race | |
| African American/Black | 58 (9%) |
| Asian | 43 (6%) |
| Middle Eastern | 20 (3%) |
| Native American/American Indian/Alaskan Native | 20 (3%) |
| Pacific Islander | 7 (1%) |
| White | 544 (80%) |
| Race is not listed | 31 (5%) |
| Ethnicity | |
| Hispanic | 89 (13%) |
| Non-Hispanic | 588 (86%) |

*Note. N* = 339 for Semester I and *N* = 684 for Semester II.

**Table 3.** *Characteristics of the Sample Reporting Chronic Pain and Information about the Experience*

| Variables | *n* (%) |
|---|---|
| Sex | |
| Female | 101 (59%) |
| Male | 66 (39%) |
| Dismissal | |
| Yes | 56 (33%) |
| No | 104 (61%) |
| Dismissal Gender (n =56) | |
| Female | 36 (64%) |
| Male | 20 (36%) |
| Individual Who Dismissed Pain (n=56) | |
| Mother | 29 (52%) |
| Father | 29 (52%) |
| Physician/Medical Doctor | 18 (32%) |
| Friend | 14 (25%) |
| Teacher | 10 (18%) |
| Sibling | 17 (30%) |
| Classmate/Peer | 9 (16%) |
| Coach | 6 (11%) |
| Other Relative | 5 (9%) |
| Boyfriend/Girlfriend | 8 (14%) |
| Nurse | 12 (21%) |
| Boss | 4 (7%) |
| Principal | 2 (4%) |
| Therapist/Counselor | 3 (5%) |
| Other Health Professional | 7 (13%) |

*Note.* (*n* = 170)

| **Table 4**. *Most Bothersome Dismisser* | |
|---|---|
| Variable | *n* (%) |
| Physician/medical doctor | 11 (21%) |
| mother | 17 (33%) |
| father | 10 (19%) |
| Brother/sister | 3 (6%) |
| Other relative | 1 (2%) |
| Boyfriend/girlfriend | 1 (2%) |
| Friend | 3 (6%) |
| Teacher | 2 (4%) |
| Coach | 3 (6%) |
| Boss | 1 (2%) |

*Note.* (*n* = 52)

**Table 5.** *Chronic Health Conditions*

| CHCs | *n* (%) |
|---|---|
| ADHD | 114 (11%) |
| Anxiety | 326 (32%) |
| Arthritis/rheumatological condition | 16 (2%) |
| Recurrent abdominal pain/irritable bowel syndrome | 32 (3%) |
| Sickle cell disease/blood disorder | 0 (0%) |
| Asthma | 127 (12%) |
| Cancer/cancer survivor | 7 (1%) |
| Celiac disease | 4 (<1%) |
| Chronic headache/migraine | 26 (3%) |
| Depression | 270 (26%) |
| Diabetes (Type 1) | 9 (1%) |
| Diabetes (Type 2) | 4 (>1%) |
| Eating disorder | 42 (4%) |
| Epilepsy/seizure disorder | 7 (1%) |
| Food allergy | 50 (5%) |
| Heart disease | 5 (1%) |
| Crohn's/colitis | 6 (1%) |
| Obesity | 32 (3%) |

*Note.* (*N* = 1,023)

**Table 6.**

*Means, Standard Deviations, and One-Way Analyses of Variance in Pain Dismissal and Satisfaction with Life, Drug Misuse, and Anxiety and Depression*

| Measure | PPD | | CPND | | NCP | | CPOD | | *F*(*df*) | *p* |
|---|---|---|---|---|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* | | |
| SWL | 19.00 | 7.32 | 21.34 | 6.44 | 22.00 | 6.81 | 19.43 | 8.05 | 2.86 (3,962) | .036 |
| AUDIT | 6.13 | 4.38 | 6.82 | 5.76 | 5.80 | 5.40 | 7.00 | 7.38 | 1.17 (3,940) | .322 |
| CUDIT | 19.16 | 6.10 | 17.79 | 8.10 | 16.05 | 6.51 | 17.33 | 10.33 | 2.13 (3,422) | .096 |
| Anx/Dep | 24.18 | 7.48 | 20.37 | 7.83 | 18.42 | 7.69 | 26.21 | 8.02 | 11.81 (3,976) | <.001 |

*Note.* PPD = parental pain dismissal, CPND = chronic pain & no dismissal, NCP = no chronic pain, CPOD = chronic pain & other dismissal. PPD (*n* = 26), CPND (*n* = 104), NCP (*n* = 853), CPOD (*n* = 27)

**Table 7.** *Endorsing themes identified in Response to "**What did this person say or do that gave you the impression that they did not believe you?"***

| **Theme** | *n* (%) |
|---|---|
| **Misattribution:** Participant reports the dismisser was attributing symptoms to other factors, or is choosing to feel this way | 2 (7%) |
| **Push through**: Participant reports that the dismisser suggests that the participant needs to push through or function despite of the pain | 1 (4%) |
| **No investigation:** the participant is not given the option to have a doctor assess or further | 4 (15%) |
| **Minimizing pain:** dismisser suggests that the participant's pain isn't as big of a deal as the participant is making it out to be, the experience is being downplayed/diminished | 4 (15%) |
| **Nonverbal Expression:** the dismisser is displaying nonverbal cues that suggest the dismisser does not believe the participant | 0 (0%) |
| **Psychogenic:** dismisser suggest the pain is related to the participants emotional/mental functioning | 7 (26%) |
| **Denial:** dismisser did not believe the participants pain complaints | 9 (33%) |

*Note.* (*n* = 27)

**Table 8.** *Endorsing themes identified in Response to "**How did their reaction or behavior make you fee**l?*

| **Theme** | *n* (%) |
|---|---|
| **Angry:** participant reports feeling angry, mad, or frustrated towards the experience | 2 (11%) |
| **Unsure:** participant reports that they don't know how they feel about the interaction | 1 (6%) |
| **Hopeless:** participant reports feeling like their pain complaints will not be believed, or that that no one would care, neglected | 6 (33%) |
| **Negative:** participant reports feeling negatively towards the experience but not angry/hopeless. | 7 (39%) |
| **Don't care:** Participant reports not caring or being apathetic towards the experience | 2 (11%) |

*Note.* (*n* = 18)

**Table 9.** *Endorsing themes identified in Response to "**What did you feel like saying to them at the time?***

| **Theme** | *n* (%) |
|---|---|
| **Nothing:** Participant reports not wanting to say anything to the dismisser | 3 (18%) |
| **Took Offense:** Participant reports wanting to respond in an insulting way, without being hostile | 2 (12%) |
| **Questioned:** Participant reports questioning why the dismisser did not believe them | 0 (0%) |
| **Explain:** Participant reports wanting to make/convince the dismisser to believe that their pain is real | 10 (59%) |
| **Hostile:** Participant used curse words or wished ill intent on the dismisser | 2 (12%) |

*Note.* (*n* = 17)

**Table 10.** *Endorsing themes identified in Response to "**Did this change your opinion of them or your relationship? In what way?"***

| **Theme** | *n* (%) |
|---|---|
| **No:** Participant reports that it did not change their opinion or they were able to overcome the dismisser's behavior | 7 (54%) |
| **Stopped Seeing Dr:** Participant reports not seeing that doctor again | 4 (31%) |
| **Lost trust:** Participant reports losing trust in the dismisser | 1 (8%) |
| **Lost empathy:** Participant reports losing empathy for the dismisser | 1 (8%) |
| **Impacted Parental Relationship (IPR):** Participant reports that the experience has negatively impacted their relationship with their parents | 0 (0%) |

*Note.* (*n* = 13)

**Table 11.** *Endorsing themes identified in Response to* ***"Did you ever talk to them about the experience? How did that go?"***

| **Theme** | *n* (%) |
|---|---|
| **No:** Participant reports that they did not speak to the dismisser about the experience | 10 (63%) |
| **No Change:** Participant reports nothing changed after the interaction with the dismisser | 0 (0%) |
| **Went Well:** Participant reports that the conversation went well or was a positive experience | 6 (38%) |
| **Negative Experience w/Parent(NEP):** Participant reports that the conversation was a negative experience with a parent | 0 (0%) |

*Note.* (*n* = 16)

**Table 12.** *Endorsing themes identified in Response to prompt that were dismissed by parents* ***"What did this person say or do that gave you the impression that they did not believe you?"***

| **Theme** | *n* (%) |
|---|---|
| **Misattribution** | 4 (17%) |
| **Push through** | 4 (17%) |
| **No Investigation** | 0 (0%) |
| **Minimizing** | 4 (17%) |
| **Nonverbal** | 1 (4%) |
| **Psychogenic** | 6 (25%) |
| **Denial** | 5 (21%) |

*Note.* (*n* = 24)

**Table 13.** *Endorsing themes identified in Response to prompt that were dismissed by parents "**How did their reaction or behavior make you feel?**"*

| **Theme** | *n* (%) |
|---|---|
| **Angry** | 4 (17%) |
| **Unsure** | 1 (4%) |
| **Hopeless** | 6 (25%) |
| **Negative** | 12 (50%) |
| **Don't Care** | 1 (4%) |

*Note.* (*n* = 24)

**Table 14.** *Endorsing themes identified in Response to prompt that were dismissed by parents "**What did you feel like saying to them at the time?**"*

| **Theme** | *n* (%) |
|---|---|
| **Nothing** | 5 (25%) |
| **Took offense** | 2 (10%) |
| **Questioned** | 2 (10%) |
| **Explain** | 10 (50%) |
| **Hostile** | 1 (5%) |

*Note.* (*n* = 20)

**Table 15.** *Endorsing themes identified in Response to prompt that were dismissed by parents "**Did this change your opinion of them or your relationship? In what way?**"*

| **Theme** | *n* (%) |
|---|---|
| **No** | 15 (68%) |
| **Stopped Seeing Doctor** | 0 (0%) |
| **Lost Trust** | 1 (5%) |
| **Lost Empathy** | 0 (0%) |
| **Impacted Parental Relationship** | 6 (27%) |

*Note.* (*n* = 22)

**Table 16.** *Endorsing themes identified in Response to prompt that were dismissed by parents "**Did you ever talk to them about the experience? How did that go?**"*

| **Theme** | *n* (%) |
|---|---|
| **No** | 16 (62%) |
| **No change** | 1 (4%) |
| **Went well** | 5 (19%) |
| **Negative Experience with Parent** | 4 (15%) |

*Note.* (*n* = 26)

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