

Following Doctors' Orders: Beliefs About The Legitimacy of Parents' and Doctors' Pain Rehabilitation Directives, Adherence and Willingness to Lie

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Abstract

5% of US adolescents live with life-changing chronic pain. Although lifestyle changes are a critical part of pain treatment, adherence estimates are consistently under 20%. Previous research suggests that adolescents differentiate the legitimacy of parents' authority to regulate their lives depending on the domain they classify the issue in. Personal issues are seen as outside the legitimate domain of parental authority, with adolescents endorsing the idea that they are neither obliged to obey nor required to tell parents the truth about their obedience. There is no research on beliefs about the legitimacy of doctors' authority.

Findings confirm that college students' beliefs vary by domain and by whether doctors or parents are setting rules. Importantly, lifestyle changes are treated similarly to Personal issues and markedly different than traditional Medical treatments. Most youth state that they are not obliged to follow lifestyle directives and few say that they should tell their doctors that they are not adhering to treatment.

Addressing these beliefs may be central in future research on adherence.

Methods

530 College students enrolled in an Introductory Psychology course completed an online survey as one option of their research participation requirement.

Student age ranged from 17-27 (mean = 18.8, s=1.0). 30% of students identified as male, 59% as female, 8% as non-binary and 4% as other. 12% identified as Asian, 4% Black, 4% Latino, 64% White, and 16% Multi-Ethnic.

Students answered a series of questions about parents and medical professionals separately. They were asked about the **legitimacy of authority** ("Is it OKAY for ___ to set rules about this issue?"), **obligation to obey** ("If you disagree, do you HAVE TO obey?") and **acceptability of lying** ("If you disagree, it is okay to LIE or HIDE IT from them?").



Specific issues and the domains they were classified in are identified in Table 1.

Lifestyle changes are the most effective treatment for chronic pain. Adherence is low.

Approximately 5% of US adolescents live with life-changing chronic pain (Groenewald, Wright et al. 2015). The gold standard for treating chronic pain includes pharmaceutical preventive and acute treatment paired with pain education, stress reduction, dietary changes, psychological counseling, biofeedback, and exercise (Malladi 2015).

Both adolescents and adults are accepting of pharmaceutical treatment but have very low adherence to rehabilitative lifestyle changes. Lifestyle changes do not fit into a simple mechanistic model of medical treatment (e.g., taking an antibiotic kills bacteria and cures the illness). Many chronic pain patients are unconvinced of the efficacy of lifestyle changes. Like others with an invisible illness, they sometimes feel these recommendations indicate that their illness is being dismissed as psychological in origin (i.e., "all in their head").

Why do adolescents do what their doctors tell them to?

Understanding adolescents' adherence is complex. Chronically ill adolescents are often given direct instruction by medical practitioners, but parents are also heavily involved in treatment. **Practitioners prescribe treatments, but it is often parents who enable their adolescents to adhere to them, remind them to do so, and ensure that they have.** When adolescents do not want to comply with the treatment plan, adherence depends upon their obedience to their practitioners and/or obedience to parents. This is true even in late adolescence and early adulthood, where the transition from pediatric to adult care is often accompanied by non-attendance and low treatment compliance (Thomsen, Esbensen et al. 2022).

Parents' ability to monitor and help their late adolescents manage medical treatment depends upon their willingness to disclose information to them. Previous research on adolescent information sharing, disclosure, and obedience (Darling, Cumsille, & Martínez, 2007) suggests that adolescents and emerging adults are more likely to obey parental rules they disagree with when they feel more obliged to obey them in general (obligation to obey). However, adolescents show considerable within-person variability in their obedience. They are more likely to obey parents when they believe the issue is within the legitimate domain of parental authority and they are obliged to obey parents in that area.

Social cognitive domain theory (Smetana, 2006) has documented that adolescents' beliefs about the legitimacy of parental authority and their own obligation to obey vary systematically with domain. Specifically, adolescence are less likely to endorse the idea that it is okay for parents to set rules in the Personal sphere (e.g., about friends, musical tastes, leisure) than in the Prudential (e.g., smoking, brushing their teeth, going to the doctor for checkups) or Conventional (e.g., addressing adults with titles, not swearing) domains.

Treatment recommendations like taking prescription medicines are very similar to issues adolescents have previously described as within the Prudential domain and within the legitimate domain of parental authority. **Lifestyle changes - exercise, stress reduction, use of leisure time, and diet - are more similar to issues in the Personal domain and not legitimate areas of parental control** (Darling, Cumsille & Peña-Alampay, 2005). Research on beliefs about the legitimacy of doctors' authority and patients' feelings that they are obliged to obey (adhere) to their recommendations is sparse (although see Lindstrom and Weatherall 2015, Connabeer 2021, Thomsen, Esbensen et al. 2022).

Results

Do youth believe parents and doctors have the right to regulate these areas of their lives? 1=no 2=it depends 3=yes

Issue	Domain	Parents		Doctors		Paired t
		Mean	(s)	Mean	(s)	
Friends	Personal	1.5	(.6)	1.2	(.4)	**
Stress reduction	Lifestyle	1.6	(.6)	2.2	(.7)	**
Exercise	Lifestyle	1.6	(.6)	2.3	(.6)	**
Extracurricular	Personal	1.6	(.6)	1.6	(.6)	NS
Free Time	Personal	1.7	(.7)	1.6	(.6)	**
Screen content	Personal	1.8	(.7)	1.3	(.5)	**
Food CAN'T eat	Lifestyle	1.8	(.7)	2.2	(.7)	**
TV/Video content	Conventional	1.8	(.8)	1.3	(.5)	**
Homework	Conventional	1.9	(.8)	1.2	(.5)	**
Where go with friends	Personal	2.0	(.7)	1.2	(.5)	**
Foods MUST eat	Lifestyle	2.1	(.7)	2.3	(.6)	**
Alcohol	Prudential	2.4	(.7)	2.4	(.7)	NS
Smoking	Prudential	2.5	(.7)	2.4	(.7)	NS
Health maintenance	Medical	2.6	(.7)	2.7	(.6)	**
School on time	Conventional	2.6	(.6)	1.3	(.6)	**
Medications	Medical	2.6	(.6)	2.8	(.4)	**
Checkups	Medical	2.7	(.6)	2.7	(.6)	NS
Doctor when sick	Medical	2.8	(.5)	2.7	(.6)	**

Yellow items are traditional domains. Blue are treatment specific

As predicted, traditional Medical treatments are rated similarly to Prudential items as legitimate areas for parents and doctors to regulate. Lifestyle changes are rated similarly to Personal items.

Youth grant doctors more authority over lifestyle changes than parents. They want doctors to 'stay in their lane' and limit their authority over non-medical issues.

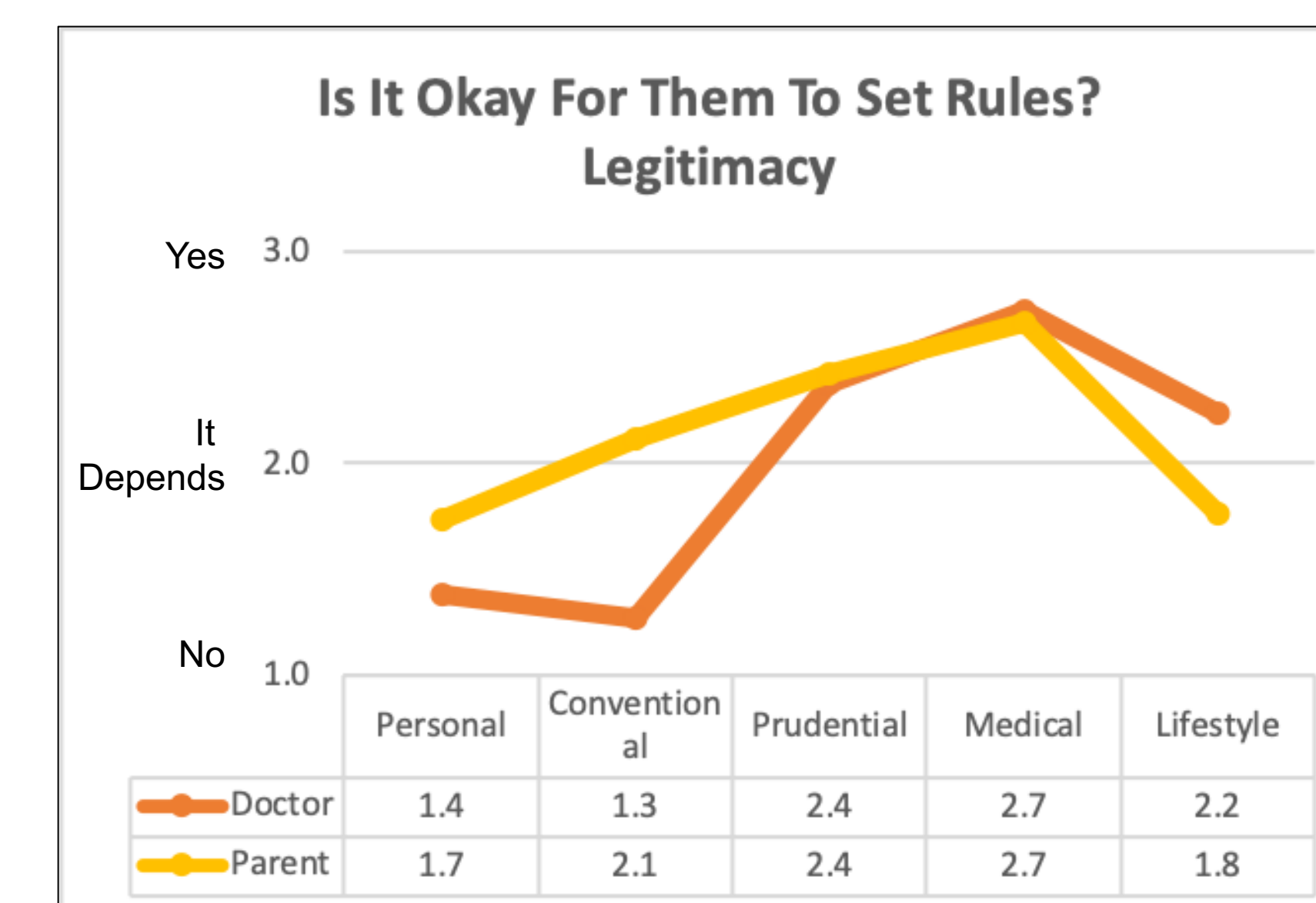
Parents are granted authority over traditional medical treatments but not lifestyle changes.

How closely related are youths' beliefs about the legitimacy and their obligation to obey parents and doctors?

		Parents					Doctors				
		Prudential	Personal	Conventional	Medical	Lifestyle	Prudential	Personal	Conventional	Medical	Lifestyle
Top Diagonal: Legitimacy Beliefs	Prudential		.50**	.57**	.50**	.48**	.16**	0.1	0.0	0.1	.12*
	Personal	.58**		.75**	.41**	.67**	.10*	.26**	.13**	0.1	.13*
	Conventional	.65**	.78**		.55**	.64**	.12*	.17**	.12*	.14**	.17**
	Medical	.52**	.45**	.63**		.47**	0.1	0.0	0.0	.26**	.16**
	Lifestyle	.61**	.80**	.75**	.50**		.22**	.27**	.20**	.15**	.29**
Bottom Diagonal: Obligation to Obey	Prudential		.16**	.23**	.28**	.24**		.39**	.25**	.50**	.65**
	Personal	.19**		.24**	0.1	.28**	.46**		.69**	.25**	.45**
	Conventional	.10*	.25**		0.1	.26**	.36**	.80**		.16**	.32**
	Medical	.26**	.15**	.28**		.42**	.74**	.40**	.32**		.54**
	Lifestyle	.25**	.16**	.27**	.28**		.81**	.61**	.49**	.78**	

Although there is a high intra-class correlation across domain about beliefs about parents and about beliefs about doctors, the association of beliefs about parents and doctors is much lower.

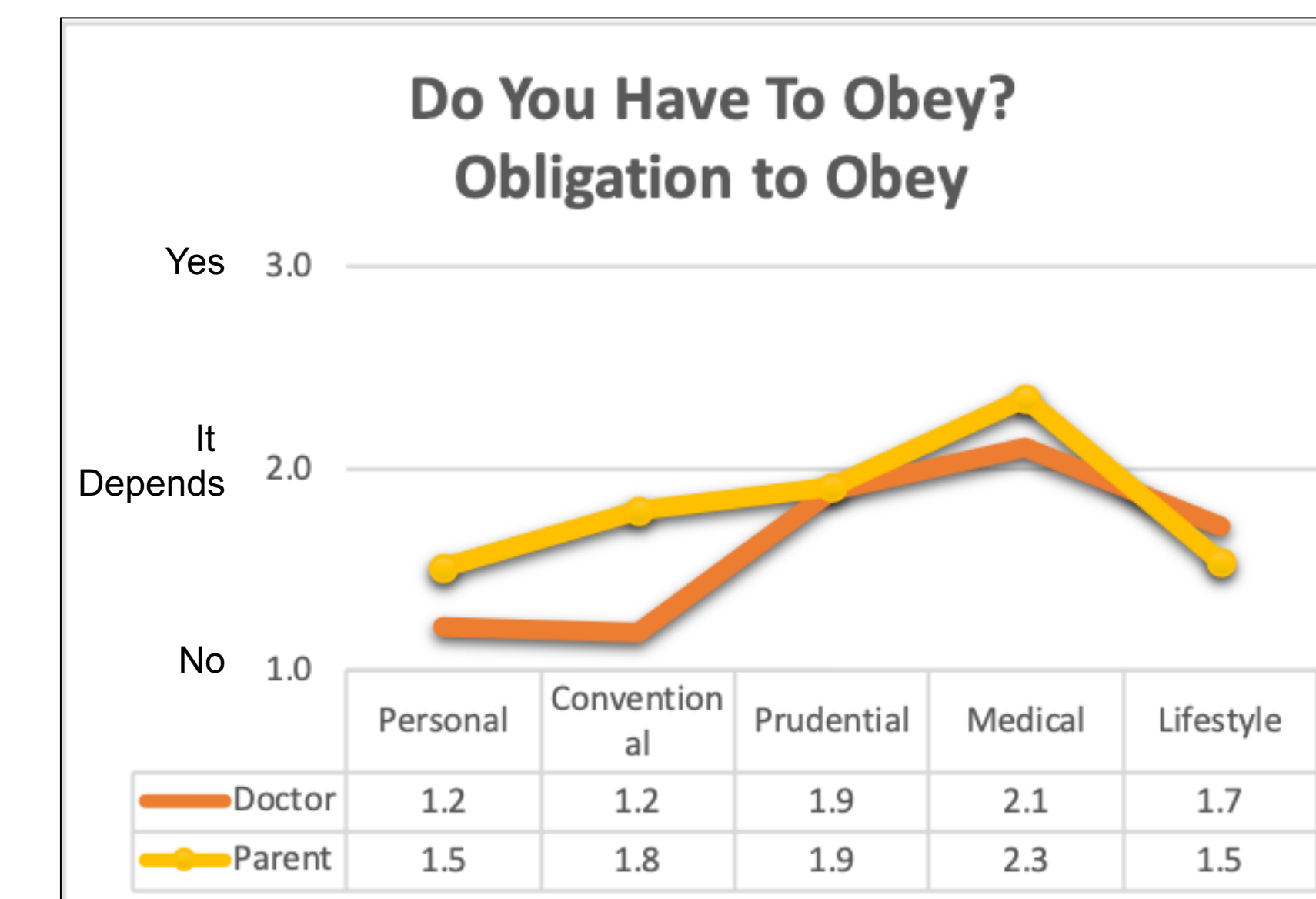
Do youths' beliefs about legitimacy, obligation to obey, and whether it is okay to lie about adherence vary by domain? Do they vary by whether a doctor or their parent sets the rule?



HLM analyses reveal youths' judgements of parents' and doctors' legitimacy differs by domain (p<.01).

Contrasts show that youth are equally likely to consider Personal and Lifestyle changes as outside the legitimate domain of parental authority (p=.13, df=1, 472).

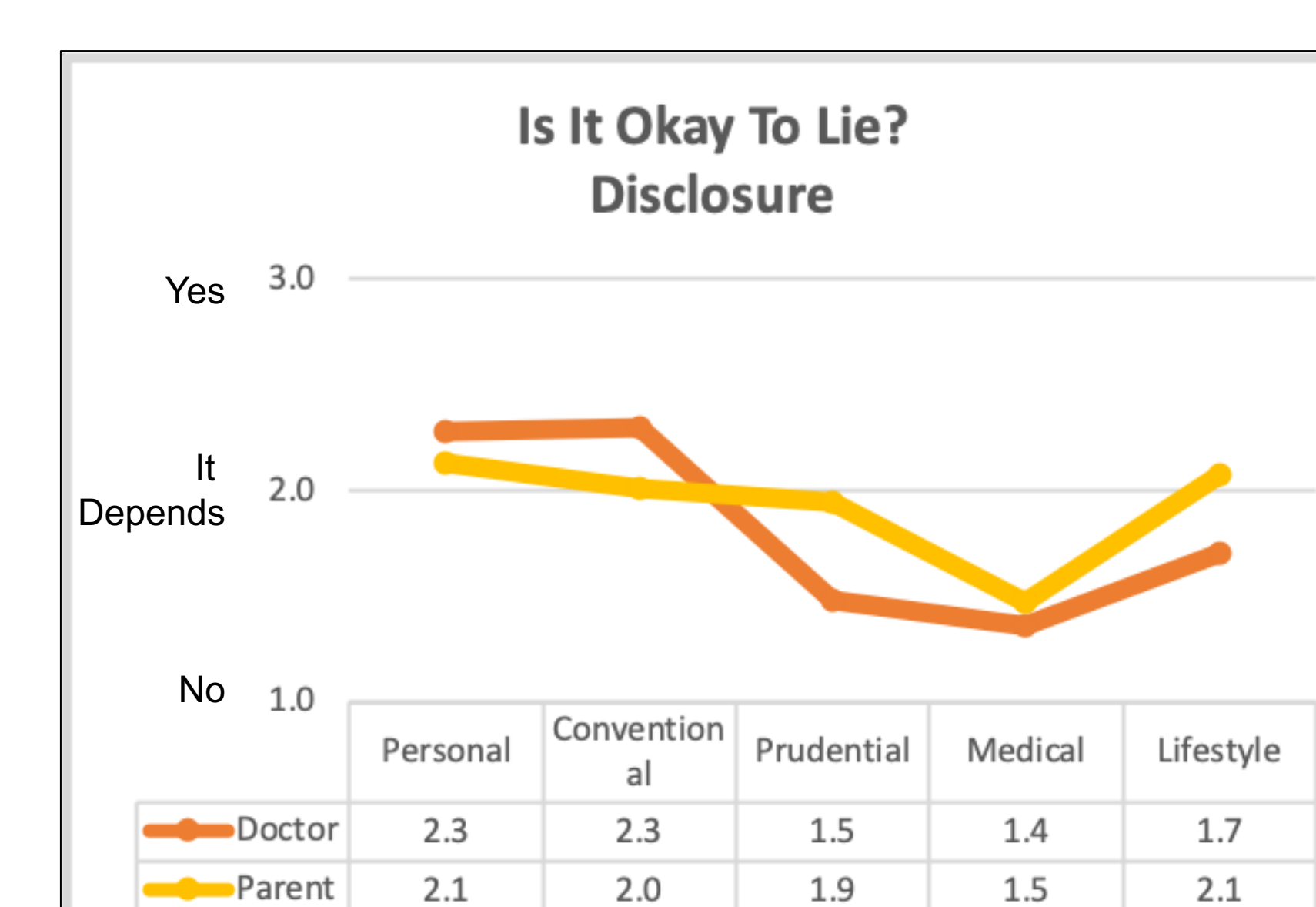
Youths' ratings of parents and doctors differ in The Personal, Conventional, and Lifestyle domains but not the Prudential or Medical. (p>.07).



HLM analyses reveal youths' beliefs about whether they should adhere to parents' and doctors' rules differs by domain (p<.01).

Contrasts show that youth are equally unlikely to say they must obey parents in the Personal and Lifestyle domains (p=.09, df=1, 473).

Youths' ratings of parents and doctors differ in The Personal, Conventional, Medical and Lifestyle domains but not the Prudential (p=.22).



HLM analyses reveal youths' beliefs about whether it's okay to lie to parents and doctors differ by domain (p<.01). They report being equally comfortable lying to doctors about Personal and Conventional issues (p=.07, df=1, 453).

Youths' ratings of whether it is okay to lie to parents and doctors differ p<.01).

Conclusion

Beliefs about legitimacy of authority, obligation to adhere and follow rules, and whether it is okay to lie vary by domain and by who is setting the rules. Importantly, Lifestyle Changes are seen as more similar to the Personal domain than to the Medical domain. Doctors are seen as having more legitimate authority than parents in this domain.