

Age Related Change in Adolescents' Beliefs About Adherence to Medical Lifestyle Changes and Lying to Parents & Doctors



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Summary

Approximately 5% of US adolescents live with life-changing chronic pain (Groenewald, Wright and Palermo 2015). The gold standard for treating pediatric chronic pain includes pain education, stress reduction such as meditation or yoga, dietary changes, exercise, combined with pharmaceutical preventive and acute treatment (Malladi 2015). Both adolescents and adults have low adherence to rehabilitative lifestyle changes. Parents and adolescents often view treatments such as meditation or cognitive behavioral therapy as dismissive of the reality of their pain.

Why do adolescents do what their doctors tell them to?

Understanding adherence is complex. Chronically ill adolescents are often given direct instruction by medical practitioners, but adherence depends upon adolescents' obedience to their practitioners and/or obedience to parents (Thomsen, Esbensen et al. 2022).

Parents' ability to monitor and help their adolescents manage medical treatment depends upon adolescent disclosure (Darling, in press). Previous research on late adolescents' beliefs finds they are more likely to follow parents' rules when they believe the issue is within the legitimate domain of parental authority and that they are obliged to obey parents in that area (Darling, Cumsille & Martinez, 2006). This study extends the work to lying to doctors:

- 1 Do adolescents view mothers' and doctors' rules about rehabilitative areas as less legitimate than rules about traditional medical treatment? Do they feel less obligated to adhere and more comfortable lying about non-compliance? Similarly, do they see rehabilitative lifestyle changes as falling within the personal domain?

- 2 Do legitimacy beliefs and obligation to obey predict lying to parents and doctors?

Method: A national sample of 300 US 13-18 year olds (46% White, 72% female) were recruited through Qualtrics and completed an online questionnaire about pain, legitimacy of parents' and doctors' authority and obligation to obey and comfort with lying about non-adherence about 19 issues in five domains (see table below).

Adolescents were asked whether it was **OKAY** for parents/doctors to set rules about the issue, whether they **HAD TO** obey if they disagreed with the rule, and whether it was **OKAY TO LIE** if they disobeyed. Results were analyzed using HLM.

Item	Domain
Who your friends are	Personal
What you do in your free time	Personal
Participating in extracurricular activities	Personal
What you watch on TV or videos	Multi-Prudential
What you do on the computer/phone	Multi-Prudential
Where you go with your friends	Multi-Prudential
Whether you can smoke or vape	Prudential
Whether you can drink alcohol	Prudential
How much you exercise	Lifestyle Rehabilitative
Doing stress reducing activities	Lifestyle Rehabilitative
What foods you must eat (e.g., vegetables)	Lifestyle Rehabilitative
What foods you cannot eat (e.g., chips)	Lifestyle Rehabilitative
Going to the doctor for checkups	Traditional Medicine
Medications you are supposed to take for health reasons	Traditional Medicine
Health behaviors	Traditional Medicine
Going to the doctor when you are sick	Traditional Medicine
Following a specific diet for medical reasons	Traditional Medicine

Results

Parents

	Okay To Set Rules	Have To Obey	Okay to Lie
Between			
Intercept	.49***	.38***	-.255***
Age	-.10***	-.09**	.074*
Sex	-.05	-.01	.001
Within			
Prudential	.0 ¹	.0 ¹	.0 ¹
Personal	-.89***	-.76***	.48***
Multi Prudential	-.44***	-.38***	.37***
Rehabilitative Lifestyle	-.96***	-.76***	.46***
Traditional Medicine	.11**	-.01	-.06
Variance			
Baseline Within	79.7%	69.1%	62.4%
Explained Within	17.8%	15.9%	8.8
Explained Between	1.5%	0.3%	0.0%

Doctors

	Okay To Set Rules	Have To Obey	Okay to Lie
Between			
Intercept	.43***	.47***	-.32***
Age	-.05*	-.01	.07*
Sex	.06**	-.03	.01
Within			
Prudential	.0 ¹	.0 ¹	.0 ¹
Personal	-.94***	-.98***	.65***
Multi Prudential	-1.25***	-1.12***	.79***
Rehabilitative Lifestyle	-.04	-.26***	.13***
Traditional Medicine	.20***	.11***	-.06
Variance			
Baseline Within	89.0%	80.2%	68.9%
Explained Within	44.0%	36.2%	20.0%
Explained Between	0.0%	0.0%	0.0%

*p ≤ .05. **p ≤ .01. ***p ≤ .001. df= 6, 5540

1. Prudential issues are the reference category

Are rehabilitative lifestyle changes judged to be personal?

1 Adolescents consider Prudential issues as the most legitimate areas for mother and doctor regulation, the domain they feel most obliged to obey, and the area they are least likely to endorse lying about.

- The Personal and Rehabilitative Lifestyle domains are judged to be least legitimate, least likely to be obliged to obey, and most acceptable to lie to mothers about.

- For mothers, adolescents judge Prudential and Traditional Medicine the same and judge Personal and Lifestyle changes to be the same.

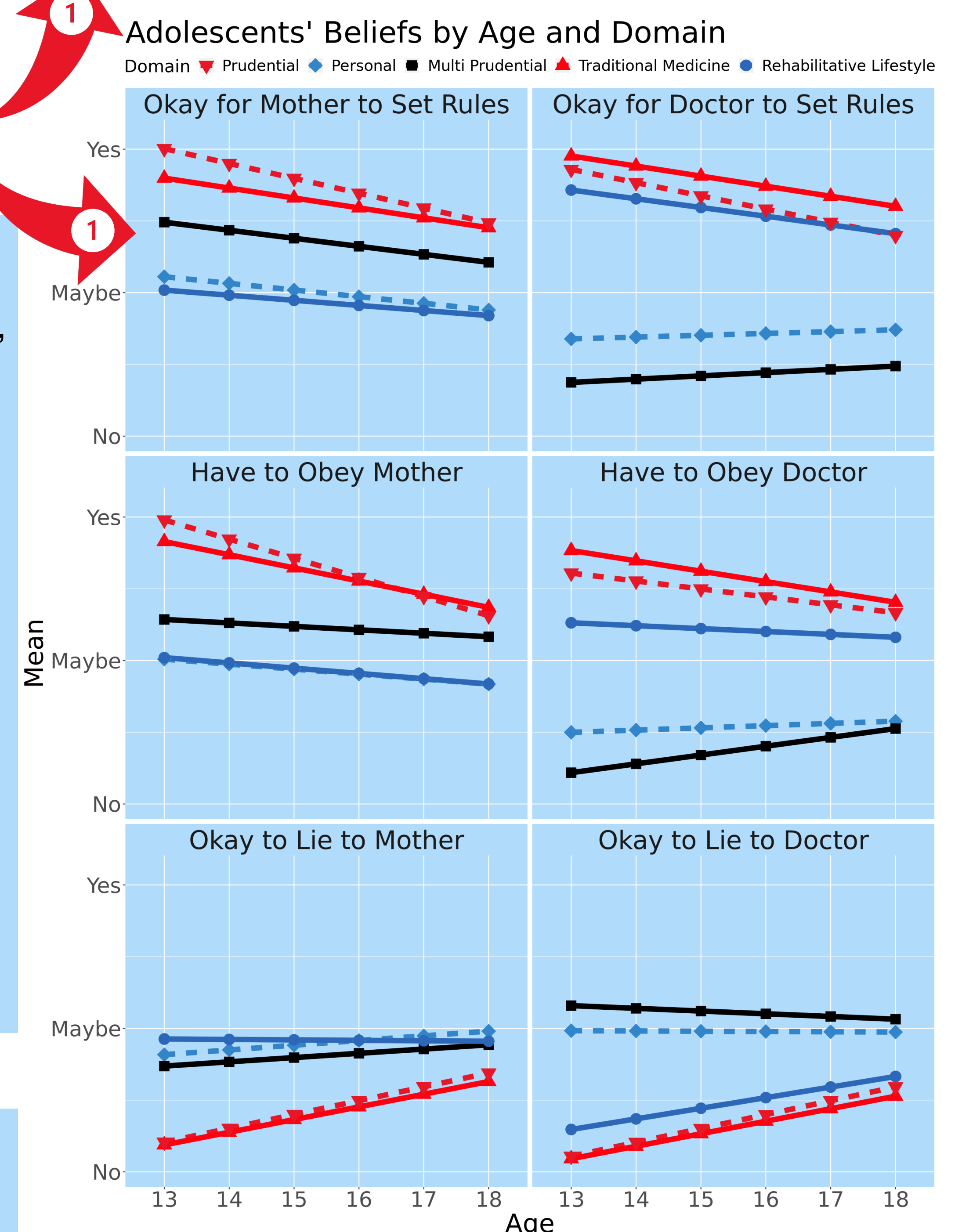
- For doctors, adolescents judge Prudential and Traditional Medicine the same, but judge Rehabilitative Lifestyle changes similarly to Prudential issues.

Are adolescents' more likely to accept lying when they don't believe parents and doctors should set rules and they don't have to obey?

2 Adolescents are more likely to see lying to parents and doctors when they do not believe it is okay for them to set rules and when they do not feel obliged to obey.

Implications:

Changing adolescents' judgements about the legitimacy of rehabilitative lifestyle changes may increase their treatment adherence and willingness to be honest about adherence with parents and doctors.



Do Adolescents' Beliefs About Legitimacy of Authority (It's Okay to Set Rules) and Obligation to Obey (Do you Have to Obey If You Disagree?) Predict Their Beliefs Lying to Parents and Doctors?

	Parents	Doctors
Okay to Set Rules	-.153***	-.233***
Have to Obey Rules	-.224***	-.288***
Variance		
Baseline Within	62.4%	68.9%
Explained Within	11.5%	27.4%

*p ≤ .05. **p ≤ .01. ***p ≤ .001
df=2, 5701.9