

# Chronic Pain amongst the elderly: What types of communication issues?

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## Situation

Ageing is a major demographic fact in Europe (WHO 2019), leading to an increase of specific needs and care to be accounted for. Among the many health issues affecting the elderly, the difficult management of chronic pain in later life (Larsson et al. 2017) is a case in point, where part of the solution might well rely upon everyday communication (Clarke et al. 2012).

## Research questions

Our study aims to better understand the elders' communicative practices relating to chronic pain: Is chronic pain a topic within elders' social networks? If so, when, how and why? And what are elders' specific communicative needs when it comes to talk about pain?

## Research Design

### Theoretical Background

*Discourse analysis* (Jones 2013) allowed us to uncover the language and communicative ideologies behind the words of our interviewees. Our study takes the vantage point of an applied linguistic perspective on health communication, drawing on sociolinguistic and pragmatic theories.

### Sample

Practically, we interviewed 49 elders, between 75 and 95 years old, suffering from chronic pain and without major cognitive or auditory troubles.

### Type of analysis

We carried out a multi-layered analysis aiming at mapping the elders' personal network and identifying their communication practices and needs. *Network analysis* (Dominguez & Hollstein 2014) allowed us to study the perceived relationships between the elder and the persons in her/his network. *Content analysis* (Mayring 2000) enabled us to describe the participants' categories at stake in the communication of chronic pain. *Discourse analysis* (Jones 2013) allowed us to uncover the language and communicative ideologies behind the words of our interviewees.

## Results

The analysis allowed us (a) to map the elders' personal network and to describe the place given to the communication of chronic pain in these networks, (b) to pinpoint the barriers to communication, and (c) to identify elders' communication needs relating to chronic pain.

### (a) Elders personal networks

Elders' social networks are in the most part family-oriented, including between 1 and more than 35 persons of importance.

These networks generally feature a specialization of relationships: for instance, importance of close relatives for daily needs versus importance of friends of the same age for social companionship. The primary interlocutors in the communication of chronic pain are health practitioners. Family members are those with whom the elderly tend to avoid talking about pain. This does not mean that they do not talk about pain with the latter, who are sometimes even the most immediate recipients because of their relational closeness or frequency of contact with the elder that suffers from chronic pain.

### (b) Barriers to communication

On the one hand, barriers to chronic pain communication relate to elders' self-restraints, pain could be seen as untellable (intimacy, banalization, socialization) or as a threat to social relations (boredom, annoyance, worries). On the other hand, these barriers rest upon elders' interlocutors' features (otherness, lack of expertise) and behaviors (showing no interest, being in a hurry).



### (c) Elders' communication needs

Elders generally tend to express few communicative needs relating to chronic pain. Expressed needs relate to medical information (through encounters with experts) and relational well-being (participation to peers talking groups). Other claims go beyond elders' personal needs and concern the social network: elders would like a better coordination between their caregivers as well as a more targeted information directed to their relatives.

## References

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