

Looking at one's own child in pain is one of the most difficult things one can face in life. It is unpleasant to see the child crying even because of a slight injury, and situations in which hospitalization of the child is necessary are very stressful for parents. The child's hospitalization is a great challenge for parents especially because even though they experience highly negative emotions themselves, they are expected to support their children. It is not for nothing that parents are expected to have beneficial influence on the hospitalized child's mental state. Clinical observations, psychological theories, and research results point to the importance of parent's close presence for the child as well as to a significant relation between parents' behaviors and children's behaviors. Research conducted when children were undergoing painful medical procedures show, however, that not all of parents' behaviors positively influence the child. What is more, some kinds of behavior, such as reassuring, criticizing, or controlling, actually intensify the child's pain and stress.

If it was possible a few days before the child's surgery to identify parents likely to engage in behaviors negatively affecting the child in a perioperational situation, appropriate educational and training programs could be applied with regard to them. Also medical staff in hospital could pay special attention to those parents during their stay with the children in the ward.

What, then, determines parents' behavior towards children in the perioperational situation and, consequently, the level of pain in the children? In the presented project, we look for relations between parents' time perspective and the level of postsurgical pain in children as well as children's behavior after surgery. Time perspective is understood as Zimbardo and Boyd (1999, 2001) defined it, as a tendency to focus on a particular area of time: past, present, or future, combined with the evaluation of that area on dimensions such as positive vs. negative, important vs. unimportant, etc. Why have we chosen this particular variable? For several reasons. For many years we have been conducting research into the significance of attitude towards time in various areas of human life. Many scholars worldwide have been exploring time perspective issues as well. Research results reveal significant associations of time perspective with variables such as mood, emotions, depression, and coping with stress. For this reason, we suppose that parents' tendency to focus on a given area of time will be associated with specific behaviors manifested in a situation of the child's hospitalization. Moreover, in our previous studies on postsurgical pain we obtained results suggesting that the tendency to focus on the negatively evaluated past is a significant predictor of postsurgical pain in adults. Additionally, our review of existing studies revealed that the strongest psychological correlate of postsurgical pain in adults is catastrophizing – a tendency to exaggerate future threats. Finally, time perspective is a variable highly susceptible to change, which can be used in psychological work with patients. This is illustrated, for example, by Time Perspective Therapy, successfully applied among people suffering from posttraumatic stress disorder (Zimbardo, Sword, & Sword, 2013).

In the presented project, we postulate that parents' time perspective will be significantly related to the level of postsurgical pain and children's behaviors after surgery, and that these relations will be significantly explained by specific parents' behaviors towards the children before surgery. The planned research will consist of five stages. At the beginning, a few days before the child's surgery, the parents will complete a set of questionnaires measuring time perspective, trait anxiety, and temperament. A day before surgery, during an anesthesiological consultation, we will test parents' state anxiety as well as their trust in doctors, in the child, and in the future. Additionally, parents' and children's behavior will be filmed. On the day of the surgery, directly before the induction of anesthesia, parents' and children's behaviors will be filmed too. The video material will be analyzed using Observer XT package and coded based on PCAMPIS-R. When the child has woken up from anesthesia, we will perform pain measurement several times, and in the case of postsurgical agitation we will measure its intensity. The final stage of the research will take place 7 days after surgery, in hospital, during the control visit. Parents will complete questionnaires measuring posttraumatic stress in them and maladaptive behaviors in the child after surgery.

The results of the research planned as part of the presented project will enrich knowledge concerning the psychological determinants of postsurgical pain in children, which will be especially important as a vast majority of studies on postsurgical pain have been conducted among adults. Children's experience of postsurgical pain and their behavior after surgery is an area still abounding in riddles and ambiguities. The results of our research will be useful in designing educational and training programs preparing parents for the hospitalization of their child.