

## How children come to understand illness and how we can learn to explain it better

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## Outline

- Importance of including children in discussion
- What children understand about illness
- Misconceptions, literal misinterpretations, over-generalizations
- Implications for compliance with treatment
- How to explain illness to children (and parents)



## Need to inform children about illness

- Secrecy creates burden and rarely is successful
- Children are better able to deal with situation if they feel they understand it
- Amount of information depends in part on age, personality, and coping style
- No matter how old, best to start by stating in simple, direct, and clear terms basic facts
- Even well educated adults may have trouble understanding or processing information



## Informing children (continued)

- Concentrate on relevant information
- Don't try to cover everything in one session – in this case, more is less
- Comprehension facilitates compliance



## The process by which children come to understand illness

- Result of maturation and experience
- Qualitative differences in way they see, interpret and understand at different stages of development
- Very young children rely on magical thinking and explanations which attribute cause to immanent justice – the belief that good is naturally rewarded and misdeeds punished



### Problem with immanent justice explanations

- Result in guilt and shame associated with illness and perception that treatment is punishment
- Made worse by threats
- Results in less compliance reporting symptoms, seeking assistance, cooperating with treatments
- Used more persistently where child has had less experience and adequate explanations not provided



### Subsequent developmental stages

- Concept of contagion; initially overextended to non-contagious illness
- 9-10 years: germs must first enter body
- 12-13 years: begin to appreciate interactions between host and agent in disease causation and recovery
- Adolescence: associate apparently unrelated symptoms or different stages of illness; comprehend rationale for many treatments



### Misinterpretations, misconceptions, and over-generalizations

- Example: students grades K-6: how one gets AIDS: 1 in 4 mentioned drugs
  - Most could not provide any explanation
  - Two most commonly mentioned drugs: cigarettes and alcohol
- Children often able to parrot back “facts” but lack underlying understanding
- Ask kids to explain to us their understanding of illness and treatment



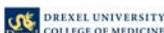
### Misinterpretations persist

- 1 in 5 high school students: AIDS can be spread by sex between two uninfected persons
- 30-60% of adolescents include donating blood as mechanism by which AIDS may be acquired
- 1 of 4 adults felt you could become infected by donating blood



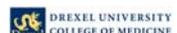
### Over-generalizations

- Generalize from familiar condition to related condition for which they have little information
- 1,000 5<sup>th</sup> graders – asked how they could get cancer
  - From someone who has cancer: 57% NO
  - From sharing a cup: 43% NO
  - If blood were to get into body: 3% NO
- Accurate information often does not correct pre-existing misconceptions or over-generalizations – can hold conflicting sources of information as true



### Help children understand underlying concepts

- Health education is rarely taught
- Curricula tend to be atheoretical
- Explanations should emphasize conceptual understanding and not just facts
- You don't need to be an expert in pediatric medicine to explain illness to children – you need to be an expert in children



## We can make the difference

- *Even young children have the capacity to understand complex illnesses – Even adults have the ability to misunderstand basic illnesses*
- One of the major factors that will determine which is the case is our ability to explain in a way they can understand

