

# CHILDREN'S REACTIONS TO HOSPITALIZATIONS AND ILLNESS

Humberto Nagera M.D.  
Professor of Psychiatry, University of South Florida  
Professor Emeritus, University of Michigan  
Training and Supervising Psychoanalyst  
Director, The Carter Jenkins Center

- ▶ The events we are referring to here can significantly influence the future emotional development and the personality of the child.
  
- ▶ To illustrate their complexity, let me enumerate some of the contributing factors to the possible outcome:
  1. The separation from home and the parents
  2. Surgical procedures

## COMPLEXITY OF THE PROBLEM

3. **Medical procedures of a traumatic or painful nature (especially when they are repeated or the child has not been properly prepared)**
4. **Chronic illnesses of various types**
5. **Immobilization required in the case of some illnesses and procedures.**

## **COMPLEXITY OF THE PROBLEM**

6. The possible danger of death
7. The hospital visiting rules
8. The attitude and education of the hospital staff vis a vis the emotional needs of children of different ages
9. The age of the child

## **COMPLEXITY OF THE PROBLEM**

10. The stage of development of the child in various areas of his personality at that point in time including the resources available to him ( such as degree of ego ability to comprehend, etc)
11. Previous experiences in their lives, that is life in general as well as other contacts with doctors and hospitals

## **COMPLEXITY OF THE PROBLEM**

**12. Type of mother-child relationship**

**13. General health, dynamic and emotional state of the family**

**THIS LIST IS NOT INTENDED TO COVER ALL CONTRIBUTING FACTORS  
BUT TO HIGHLIGHT THE COMPLEXITY OF THE SUBJECT**

**COMPLEXITY OF THE PROBLEM**



1. Separation anxiety (biological unit, mother/child):
  - a. more intense between 10-18 months
  - b. but observable to 2 1/2 years.
  
2. Separation after 3 years:
  - a. tolerated for brief periods of time (i.e. nursery school, etc.

## UNDERSTANDING SEPARATION

3. Separation after 5 years:
  - a. better tolerated (in school)
  - b. different with hospitalizations (regressions)
  - c. illness, fevers, pain, etc. induce regression

**UNDERSTANDING SEPARATION**



- ▶ For the young child separation from the family (mother) results in the sequence described by Robertson (1958)\*, Bowlby (1960)\*\* and others.
- ▶ That is, a phase of protest followed by one of depression that are easily observable in the young child.

\*Robertson, J. (1958), *Young children in hospitals*, New York, Basic Books

\*\*Bowlby, J. (1960), Grief and mourning in infancy and early childhood, *PSC:15*: 9-520

# UNDERSTANDING SEPARATION

- ▶ In contrast , for the child between 5 and 10 years of age, the meaningful factors are the symbolic significance that is acquired by the hospitalization, the illness and the treatment.
- ▶ The fears, anticipations, fantasies, conflicts and distortions in the child's mind are not only unavoidable but can directly influence and prolong the illness (Blom 1958)\*

\* Blom, G.E., (1958) Emotional reactions of hospitalized children to illness. *Pediatrics* 22:590-600

## UNDERSTANDING SEPARATION

1. We mentioned the role of separation from parents (more so the mother), and changes in perceptual constancy play at different ages, in how traumatic the hospitalization may be
2. We need to look at Hospitals like children of different ages do: a new strange place with strange people doing things that hurt you and others. Let alone that you may not be feeling very well.

Example of Cancer Hospital...

## CHILDREN'S REACTIONS TO HOSPITALIZATIONS

1. **Illness is a punishment**
2. **A sadistic attack on them because:**
  - a) **bad behavior**
  - b) **transgressions of prohibitions by parents**

**CONCEPT OF ILLNESS OR SICKNESS  
(UP TO AGES 8-10)**

3. More realistic grasp of the concept of illness
4. But mixed with fantasies of punishment, etc.
5. Even adults at some level see illness as a punishment (from God, etc.)

## CONCEPT OF ILLNESS OR SICKNESS (UP TO AGES 8-10)

1. **Role of pain**
2. **Resulting traumas**
3. **Regressions in behavior and capacity to function:**
  - a) **may last weeks, months or years.**
  - b) **includes language, toilet training (enuresis, encopresis), etc.**
  - c) **hospital procedures may induce it (being bathed, fed, dressed, nakedness, etc.)**

## **HOSPITALIZATION AND ILLNESS**

4. Increase in demandingness, needing more attention
5. Hostile or aggressive acts are common
6. Disturbances of sleep
7. Swings in mood (sadness to excitement)

## **HOSPITALIZATION AND ILLNESS**

8. Somatic symptoms (palpitations, diarrhea, hyperventilation)
9. Dissociations, amnesia, pseudo-delusional conditions
10. Mothers are in charge of the young child's body. The nurse is an intruder. Later, role of modesty
11. Special problems of surgery

## HOSPITALIZATION AND ILLNESS

1. Phase of negation and incredulity
2. Phase of fear and frustration:
  - a) depressive feelings
  - b) Guilt
  - c) Recriminations
  - d) marital discord
  - e) assignment of guilt (finally to doctor)
3. Phase of acquisition of sound information

**FAMILY REACTION (DEPENDS ON SEVERITY OF PROBLEM, DEATH, ETC)**

1. **Age and stage of development**
2. **Previous psychiatric problems, hospitalizations**
3. **Capacity to separate & accept mother substitute**
4. **The verbal ability to express fears, fantasies, etc**
5. **reaction when facing new situations**

## **EVALUATION OF HOSPITALIZATION RISK**

6. The level and capacity to relate to other children
7. Balance between the realistic understanding of illness; procedures (medical or surgical) versus fantasies and other misconceptions associated with them

## **EVALUATION OF HOSPITALIZATION RISK**

8. Remember that damage is generally in direct proportion to the fantasies and misconceptions of the child and not as much to the reality of the situation.

Damage is more frequently than not due to the subjective interpretation of events.

**EVALUATION OF HOSPITALIZATION RISK**

1. Describe to the child the procedures and what he to expect in terms of pain.
2. Information given about 7 days before event if possible
3. Allow child to verbalize fears, anxieties, fantasies, etc. Correct as necessary.
4. Short visits to hospital (lobby, wards, etc.)

## **PREPARATION FOR HOSPITALIZATIONS & SURGERY**

5. **Assure liberal hours for visitation.**
6. **Occasional need for mother to stay at hospital (small child)**
7. **Take to the hospital something personal from home, i.e., toys, transitional object.**
8. **Phone calls are useful and desirable.**

## **PREPARATION FOR HOSPITALIZATIONS & SURGERY**

9. Physicians and nurses to explain procedures, amount of pain, etc.
10. Child is thus prepared (no surprises)
11. For the surgery, mother should be present pre-operatively and when child comes out of the anesthesia

**PREPARATION FOR HOSPITALIZATIONS & SURGERY**

12. Special care when physical restrictions are needed (increase in aggression)
13. Recreational and activities programs in ward are useful

**PREPARATION FOR HOSPITALIZATIONS & SURGERY**

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against the orange background.

1. Always react strongly to separation from important objects.
2. Cannot distinguish between temporary absence and permanent loss.
3. Do not acquire concept of death until age 11 or 12.

**ALWAYS REMEMBER THAT YOUNG CHILDREN**

The emotional reactions of children to illness and hospitalizations thus depends on the type and quantity of the pain, stress or tension produced by the illness, the hospitalization and the fantasies—conscious and/or unconscious— that the child elaborates around both situations. The final outcome is, in any case, influenced by innumerable other variables as well; the child's age; his internal balance and level of development; his adaptive capacity;

## SUMMARY

his ability to control -within reason-the fears and anxieties that are provoked by the illness; the type of hospitalization and accompanying procedures, either medical or surgical; the attitude and reactions of the parents; the attitude of the hospital's staff; the environmental conditions of the hospital, etc. All these factors can and do either facilitate or hinder the child's efforts at adaptation.

## SUMMARY