



THE PSYCHOLOGICAL IMPACT OF MEDICINES ON CHILDREN

Maria Dorina Pașca

Dr Psych., Field of study: Social Sciences, The University of Medicine and Pharmacy Târgu Mureș

Abstract. Introduction. Starting from “Primum non nocere”, the patient’s perception and observation, particularly through their inherent psychological effects, need to be taken into account by the doctor and pharmacist. The patient’s perception on medication determines a need for finding a new methodological strategy concerning its impact on the child.

Objectives. In this context, the doctor and the pharmacist need to be aware of the age particularities of children and also of the child patient’s attitude towards medicine administration (which generally is not a positive one), in order to determine a new attitudinal-behavioral structure which would prevent or heal the health problem appeared at a certain point.

Material and methods. We stress on the importance of psychotherapy, illustrated through the therapeutical and behavioral story of verbal expressions and its role in the educational therapy. Starting from administering medicines to the child, a therapeutic story as “The Syrup and the Little Pill” can be capable of generating an optimistic attitude, mainly a positive manner of thinking on health, by emphasizing the role of medicine in sustaining it.

Conclusions: It is important to find a timely solution to each problem together, doctor/pharmacist and patient. The problem which occurred at a certain moment can be solved by amending the manner of perceiving and administering medicine and by eliminating the difficulties and psychological traumas that may appear during childhood. This is the starting point of health education and its maintenance.

Keywords: psychological impact, medicine-child-psychotherapy, therapeutic story, positive thinking.

Introduction

Starting from “Primum non nocere”, the patient’s perception and observation, particularly through their inherent psychological effects, need to be taken into account by the doctor and pharmacist. The patient’s perception on medication determines a need for finding a new methodological strategy concerning its impact on the child.

After Larousse (1996), a medicine is “a substance administrated as a remedy”, intended

for fighting against a disturbance or injury in order to conduct to obtaining healing. Thus, its impact on the patient (in our case – the child) concludes a “lucrative” action – both medicinal (through the direct effects of the drug), and through an effective input. The psychological dimension particularly determines, in certain situations, the need for a special psychotherapeutic program intended to attenuate the difficulties and psychological trauma which may appear at a certain moment.

In this context, the doctor and the pharmacist need to be aware of the age particularities of children and also of the child patient’s attitude towards medicine administration (which generally is not a positive one), in order to determine a new attitudinal-behavioral structure which would prevent or heal the health problem appeared at a certain point.

Maria Dorina Pasca

38, Gh. Marinescu Str., Târgu Mureș, Romania
e-mail: manuela.istrate@yahoo.com

Objectives

The main objectives of the physician-child patient relationship are: knowing the age particularities of children aged 2-3 and 6-11; determining the child to have a new attitude and positive reactions to medicines; eliminating difficulties and the need for psychological treatment regarding the perception and administration of medicines; introducing psychotherapeutic elements in the child's attitudinal-behavioral stance.

In this context, a first important step addresses the image (the representation) of the medicine, which tightly correlates with its efficiency. As such, we note the existence of the following types of representations:

a) internal image = an unconscious representation carrying an affective load which is elaborated during individual development, through mechanisms of introjection and rejection. The image of the doctor and his/her ranking in the hierarchy of patients' representations, both influence the child's perception on the medical act;

b) external image = a representation of the pharmaceutical industry which is promoted through publicity. The advertised effect and extent of the medicine brought into the clients' attention determines a certain behavior of the patient (in our case the child), which becomes involved, or on the contrary, detached while looking at the medical intervention which is enforced on him.

All this, being linked by the credibility of the medical act itself (including the identity of the drug), may finally determine a reshaping of the child's attitude towards medicines, particularly knowing that the psychological perception of the "pill" or/and the "syrup" is extremely important to the child. It is thus necessary to eradicate the "armature-closing" of the child, like a hedgehog, turtle or snail (closing which is an adverse reaction of refusal of the medicine), by identifying the cause which releases the effect, starting off from knowing the child's age particularities and continuing through communication with the doctor and/or pharmacist.

Thus, the child (as patient representing the above mentioned psychological identity) between the ages of 2-3 and 6-11 years old (ranges including: the first childhood, the pre-school age and the middle childhood), is remarked through: development, doubt, shame, autonomy, initiative, guilt, inferiority and last but not least, game and activity. In other words, the child develops age-

specific particularities, relating him/herself to the family (initially) and to the educational environment (gradually), engraving certain attitudes and specific behaviors over time.

Being aware of the elements that characterize the child in a given period of time, the doctor will know how to approach the patient, giving him/her all the help, trust, composure, sensibility and sensitivity which he/she needs so much. In fact, a mutual acceptance is necessary. In order to ensure an increase in the efficiency of the medical care given to the child, it is useful for the physician to:

a) know and understand the child's development;

b) evaluate the child's behavior knowing that many components are just circumstantial maladjustment or normal behaviors at a certain age (in many cases a psychiatric examination is unjustified);

c) build a set of techniques useful in solving different behavior disturbances, being aware of the fact that there is no unique technique, valid for all children, and that these practices need to be adapted to the child's and family's needs.

Following the above mentioned rules, over time, the doctor will be able to subdue and to gradually reduce the adverse state of the child towards illness-doctor and drug/medicine. Step by step, the child will start to be aware of the value of words, knowing that the administered medicine will cure him over time, practically helping him solve his health problem (which had developed at a certain moment). Therefore, the physician will only be able to conveniently address this certain type of patient when:

a) the family stops threatening the child with remarks like:

- "Eat everything, otherwise the doctor will come and give you a tongue/stomach injection!"
- "If you don't take this pill, you won't get any presents!"
- "Drink the syrup or I'll take your bike!"
- "I'll throw away your doll if you don't take your pills!"
- "The medicine or the computer! It's your choice!"

And the list of such examples may go on.

b) the child does not experience psychological repercussions of the perception of the drug itself in terms of: size (big, small), color, smell, shape, packaging, quantity;

c) the entrance in the consulting room does not determine the child to display a behavior close

to an identity crisis;

d) upon entering a drugstore, the child does not feel the smell of medicine; the inside of a pharmacy should be, according to the child's perception, "a good, warm and nice place";

e) the child ends up understanding/ being aware of the fact that it is for his own good and health to take the prescribed medicine, respecting in the same time the effort made by those who fight to defeat the illness and to lead to recovery.

Such circumstances determine, in a given conjuncture, a certain stance, an involvement and acceptance of the responsibility which is borne sequentially by: the family, the doctor and in certain cases, even the pharmacist.

It is important to eliminate, by all specific means, the negative impact that the drug has upon the child. Thus results the necessity of involving the psycho-pedagogical elements which bear effects on the child, bringing into attention, in most cases, the following sequences:

a) education = the role of health and the factors that threaten it; communication and doctor-patient relation, but also the pharmacist-client relationship, the involvement of family and community;

b) psychotherapeutics = applying the therapy of verbal expression – therapeutic story and fairytale telling;

These are meant to determine and consolidate an optimistic attitude, mostly that of positive thinking on health, by emphasizing the role played by medicine in maintaining physical wellbeing.

Material and methods

We stress on the importance of psychotherapy, illustrated through the therapeutical and behavioral story of verbal expressions and its role in the educational therapy. Thus, the communication and relationship between doctor/pharmacist and patient may start just from knowing and applying certain psychotherapeutic elements, such as the talking expression therapy and the therapeutic story. Starting from administrating medicines to the child, a therapeutic story as "The Syrup and the Little Pill" can be capable of generating an optimistic attitude, mainly a positive manner of thinking on health, by emphasizing the role of medicine in sustaining it.

From a methodological point of view, the story doesn't do anything else but to transmit, in accordance with the above mentioned guidelines,

a life experience, a problem situation, a possibly frequently encountered circumstance, all cooperating towards finding a solution which most of the times involves the author with his/her entire personality. The therapeutic story is significant through its specific message, taking into account the age peculiarities of the one who it addresses (the child, in our case), helping him/her understand the manner in which acceptance of the pain, the illness and hope may offer equilibrium. Metaphorically speaking, the acceptance, the resignation and finally, the acknowledged circumstances attenuate the crisis that may occur at a certain moment.

Some of the particularities of the therapeutic story include the following:

- it is told not read;
- the story-teller must be aware of: voice tone, intensity, amplitude, mimics and gestures;
- it doesn't have to be explained;
- it has a precise purpose, that of exerting change as positive element which appears over time, starting from the individuals' uniqueness.

Also, a special approach of the therapeutic story consists in the fact that:

- first it has to be an interesting, pleasant story;
- second, it has to directly involve the listener into the story;
- third, it doesn't have to be too long; "diluting its content" needs to be avoided, the ideal version of the story being "short, concise, clear and comprehensive".

That is why some of the therapeutic stories will have to address the following essentials:

- 1) simply identifying the state and/or situation (joy, hope, understanding, acceptance, problem solving, temperamental features, fear of not making a mistake etc.)
- 2) elements of identity:
 - a) therapeutic indications;
 - b) desired effects.

The desired effects could be any of the following:

- reducing children's negative reactions regarding the connection: illness–doctor–medicine;
- making the family aware about the importance of health education in their child's development;
- the need to involve psycho-pedagogical elements both in the educational sequence and in the psychotherapeutic one.

“The Syrup and the Little Pill”: Therapeutic story

a) therapeutic indication: difficulties in accepting and adhering to medication treatment;

b) desired effects:

- understanding the importance of medicines;
- preventing illness;
- maintaining health.

Johnny is ill. He's got a headache and a sore throat. He would like to get well because the bike is waiting for him in the yard. But he cannot get there. Why? He's afraid! Of what is he afraid? Is he afraid of a dog? No! Is he afraid of a cat? No! Is he afraid of the brood hen and the spurred cock? No! Johnny is afraid of ...drugs and his eyes are in tears.

Yes, sure, he knows that medicines make him feel well, but despite this, he dislikes them, he doesn't want them and he doesn't wish to take them at all. This way, Johnny can't get well and, ashamed, he admits that he needs help.

- Who can help me? he sighed with mistrust, hoping for someone to hear him.
- We can, we can, and he heard a voice coming from somewhere close.
- Who are you? asked Johnny looking around.
- We're the Syrup and the Little Pill, said the two voices inside the bedside table, saying hello with a large smile from the stopper to the wrapper.

Johnny looked at them with fear. What are they going to do to him? But the Syrup and the Little Pill, who knew that Johnny is scared and ill, set down on the chairs beside his bed, telling him:

- You know, you shouldn't be afraid of us because we will help you get better.

We'll treat you with a medicine-poem. Listen to us for a moment:

- I'm the Little Pill
- Open now your mouth, you will,
- Swallow me so gently
- With some Syrup drop
- Good for you my Johnny, Stop!
- See, it's not at all hard. We have: good taste, nice and perfect smell; we're all colored and dressed up in bottles. If you listen to us and become our friend, we'll help you return quickly to playing in the yard.
- And what do I have to do? asked Johnny look-

ing at his new friends with trust.

- Just a little thing, only learn the poem, said the Syrup and the Little Pill joyfully, jumping back into the bedside table. Let's repeat it together. Do you want to? Hurray!

And the three of them started to say the poem, so that, step by step, the Syrup and the Little Pill helped Johnny get well.

Where is Johnny now? Where? He's in the yard riding his bike. And his friends the Syrup and the Little Pill, where are they? Well, the two of them are well and happy in the medicine locker. They're sure that Johnny told everybody about them and that's why no handkerchief is crying anymore and no shoe is sneezing. Isn't it so?!?!?

As strategic and methodological consequences of the theme addressed by our presentation, the psychotherapeutic aspects include the therapeutic story – exemplified by “The Syrup and the Little Pill”, considered a useful start in the application of verbal expression therapy, meant to diminish and even to eliminate the child's fear related to perceiving and taking the medicine.

Conclusions: It is important to find a timely solution to each problem together, doctor/pharmacist and patient. The problem which occurred at a certain moment can be solved by amending the manner of perceiving and administering medicine and by eliminating the difficulties and psychological traumas that may appear during childhood. This is the starting point of health education and its maintenance.

It is important to consolidate the child's optimistic attitude concerning his own health. This can be attained through solving health problems on time and through using both medicine treatment and psychotherapeutic treatment (in this case – the therapeutic story with benefits for the patients).

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