

Addressing Misconceptions



Children make observations about the world around them. When children are younger, they have not yet developed the ability to discern reality from fantasy. They see the world with a narrow lens and maintain a very egocentric view (typically continues until around age 6). With this in mind, they can take an isolated experience and file it away under “this always happens” in their brain. This may be evident in small situations – a mild thunderstorm one day becomes a “ferocious storm that rocked the house” the next day, and with larger ideas. A parent’s trip to the hospital may have a child thinking, “my mom had to go to the hospital and she is probably never coming back because I didn’t eat my carrots the other night.”

Children can have fantastical adaptations of the truth and this is very normal. There are strategies to help determine misunderstandings and provide them with developmentally appropriate information.

STEP 1: FIND THE STARTING POINT

Misconceptions children may have about illness, hospitalization, and loss should be addressed. The first step is to learn what the child understands about the situation.

- Find a comfortable, quiet setting without obvious distractions.
- Set up supplies in this area to help your child use throughout the conversation as coping tools and/or to help describe what they understand about a situation (e.g., playdough, pen/paper, or other art supplies).
- If addressing a parental illness, you can begin by asking: “What do you know about your parent being sick?” Support this question by offering that they can draw a picture or use another material that is available to help explain.

STEP 2: CONNECT THE DOTS

Express gratitude for the child sharing their thoughts with you. Validate how hard it can be to talk about topics like their parent being ill. Applaud their strength and bravery for communicating in a way that is comfortable for them.



- Highlight the accurate observations that the child identified about illness and add in short additions. For example: “You were so smart to notice that your mom isn’t able to see very well right now. The treatment she is receiving for the cancer cells in her brain means that she needs to rest her eyes and that is why your dad and grandpa are helping to drive her to appointments and other places.”
- Gently ask follow-up questions (assess their comfort and engagement throughout). It can be helpful to have this conversation continue while the child is still engaging in a self-expressive outlet.
 - Example: “Do you know why Mom’s eyes are not able to focus right now?”
 - Let the child share their thoughts
 - Immediately let them know if they say something that is correct. Bridge is made, move on. If not, gently correct; pause and backtrack a little.
 - “You are right. Mom has a special treatment for the cancer cells in her brain. The doctors don’t blast her with lasers exactly, but her therapy does use very powerful light energy. She must wear a special mask to protect the other parts of her face, but her eyes still get very tired after she has her light therapy sessions. Doctors call these light therapy sessions, radiation therapy.”
- Clear up misconceptions in soft and gentle ways:
 - You know, I have heard other kids say they thought _____ word meant that as well. It’s interesting, it actually means...
 - Sometimes medical words are confusing even to grown-ups. This word means...
- Sometimes other kids worry about _____ too.
 - “I have heard that other kids worry too, that their baby sister gave cancer to their mom when the baby was growing inside. That is not the case. Mom did not get cancer because she was pregnant. It can sometimes feel sad when someone we love so much has cancer. I can tell how much you care about your mom.”

STEP 3: KEEPING THE BRIDGE AVAILABLE

You have just opened up this new world of communication with the child. This conversation may have cleared up so much of what they were previously thinking. Through integrating different mediums to meet the child where they are at (e.g., playing, journaling, books, art, or music), they most likely feel seen, heard, and know that they can have honest conversations with a trusting adult. Here are some ways to keep the door open for continual conversations about the illness:

- Tell them how much you have enjoyed talking today about _____’s illness.
- Ask them if it would be okay to talk about it again at some point? For some kids, it helps to pick a set day of the week to meet. Keep it predictable with a realistic timeframe (~ 30 minutes).

- Create lists of other safe people in the child’s support network they can talk to (e.g., school setting, in the family, if parents are not around – who else could be a point person).
- Talk to children in their preferred language (play, art, books, etc.) with minimal distractions in a consistent and ongoing fashion. Validate feelings that arise and express gratitude for the time spent talking about their parent’s illness or other situation they may have misconceptions about.

Video that provides a perspective from a family regarding ongoing conversations:



We are continually here to support you as you navigate the best plan for including your children throughout this medical situation. **To connect with a child life specialist, please contact the Wonders & Worries Helpline at 1-844-WE-WONDER or helpline@wondersandworries.org.**