

Fantasy and pain relief~ an important link

Children's own fantasies and anxieties influence greatly the amount of pain they feel when they suffer injury or have a chronic disease such as arthritis.

This is the finding of research carried out at Britain's largest medical school at Manchester University, in north-west England, by social psychologist Gerald Beales. Dr Beales concentrated his research initially on children attending a child rheumatology clinic, but maintains that his findings are valid for children suffering from injuries such as severe burns or those with psychogenic pain, which has no apparent physical cause.

In the case of arthritis, Dr Beales reports that younger children tend not to view the disease as too disastrous provided it does not impede their play. If they can play, pain seems to recede into the background.

But for adolescent sufferers the implications for their job and career prospects, the effect it has on their appearance and marriage possibilities tend to make the disease seem more disastrous. Consequently such young people often feel more pain at a time when in fact their condition may be improving.

As a result of the research carried out with the children, their parents and the medical staff, a counselling service is being set up. By reducing the fear and anxiety and lowering the tension that can build up in the family, Dr Beales hopes to achieve a lessening of the pain experienced by the patient.

A child suffering from diabetes who has to inject himself every day often works out an effective way of carrying out this unpleasant task by going off into a distracting daydream. A parent might upset this way of combatting pain by insisting the injection is done 'without dawdling.' Once the parent understands the daydream is a good pain avoidance method, however, he doesn't worry if the child takes a long time injecting himself.

Nurses often instinctively use distraction techniques - they start to tell a story but interruptions occur and this valuable pain avoidance technique breaks down. In the case of a severe injury, such as a burn, the

pain experienced by the child serves to keep him quiet and still, which is the way healing can take place.

But the medical staff, for perfectly proper reasons, want to move the child - to change dressings and so on. The child is made tense and anxious by this and he can also be very frightened at the sight of wounds, which may look worse when they are healing than when they first occurred. Dr Beales emphasises that this pain and distress can

be very much mitigated by proper explanations and preparation of the child.

He maintains that although pain is not 'only in the mind', psychological factors can play a crucial role in the way we experience it. As for instance when we cut ourselves, and being absorbed in a task, don't notice or feel pain until some time after when the brain lets the message through. This same phenomenon can be used to alleviate pain.

