

Children's Knowledge of the Causes and Consequences of Mental Illness: A Naïve Theory Approach.

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Introduction

There has been little empirical work into children's knowledge of mental illness. The majority of research conducted into children's thinking about mental illness has utilised a Piagetian approach. However this approach has been criticised in recent years for its domain-general focus and for neglecting individual differences. An alternative more recent approach, the 'naïve theory' approach¹, postulates that cognitive development advances through the child's construction of naïve theories. A 'theory' requires ontological distinctions, coherence and a causal-explanatory framework², and the child is viewed as a 'naïve' theorist organising bodies of information into various naïve theories from which inferences and predictions can be drawn³. Different theories pertain to different domains, implying that cognition is domain-specific.

There have been no investigations of children's conceptions of mental illness from a naïve theory perspective. However this approach has been productively used in examinations of children's thinking about physical illness. For example, studies investigating children's thinking about the causes of illness have found that pre-school children have well-developed theories about illness transmission⁴⁻⁶. Young children generally hold contagion and contamination as the most likely causes of physical illness, regardless of the nature of the illness involved⁷⁻⁹, whereas older children have a broader understanding of the factors that cause illness⁸. Research has found that children's understanding becomes more accurate and differentiated with age⁸.

Aims

To examine children's naïve theories of both mental and physical illness, by investigating the following:

1. the children's ontological differentiation between mental and physical illness
2. the children's ability to construct coherent causal-explanatory understandings about mental and physical illness

Method

Participants

Children were aged 5-11 years and divided into 3 groups: 'young', 'middle' and 'old', with 122 taking part (62 girls, 60 boys), from 3 schools in Warwickshire.

Table I: Causes and consequences cards presented.

Causes Cards	Consequences Cards
She caught it	See a doctor
She ate something bad	Have an operation
She was nasty to her friend	Have therapy
It's too do with how she thinks and feels	Always have to be nice to her friend in the future
Something is wrong with her brain	Need help and support from relatives
She fell off her bike	She will have to stay at home

Procedure

The study adopted a semi-structured interview technique. Children were presented with vignettes and then questioned about the principal character in the vignette using a card-sorting task. Vignettes described an adult female diagnosed with a mental/physical illness and the symptoms experienced. Children received all six versions of the vignettes (mental: depression, anorexia nervosa, dementia; physical: chicken pox, broken arm, common cold). The card-sorting task inquired about the causes and consequences of the mental/physical illnesses presented in the vignettes. Children were asked to choose the most likely cause and most likely consequence for the mental illness in question from a choice of six causes cards and six consequences cards, which had been generated from previous research (see Table I).

Results and Discussion

Ontological distinctions: children's differentiation of mental and physical illness

Physical Illness:

- No age-related differences in children's responses to the causes and consequences were found.

Mental Illness:

- Age differences were found. For example, 'young' children were more likely to provide contagion (she caught it) or contamination (she ate something bad) as an explanation for the causes of the mental illness diagnoses compared to 'middle' and 'old' children.
- 'Young' children were also more likely to give medicalised consequences of the mental illness diagnoses (see a doctor, have an operation) than older children.

Overall:

- Children's responses indicated that, with increasing age, they acquired an understanding of the differences between the two types of illnesses with age (i.e., displayed an ontological distinction).

There was also evidence of consistency in the children's thinking, particularly about physical illnesses:

Physical Illness:

- The children's responses to the causes and consequences of the three physical illnesses showed considerable consistency in their thinking. For example, 90-100% of the children agreed on a single cause, with 'she caught it' the majority choice for chicken pox or a cold and 'she fell off her bike' for broken arm.

Mental Illness:

- There was less consistency in children's thinking about the causes of the mental conditions, particularly in the responses of the youngest children, who tended to view the mental conditions as if they were physical ones, by providing contagion explanations.

- Children of all age groups also showed less consistency in terms of the consequences of the mental illnesses than for the physical conditions.

Coherent causal-explanatory understandings

There was evidence of coherent causal-explanatory frameworks in the patterns of paired causes and consequences.

Physical Illness:

- The small number of profiles and the particular combinations chosen indicated coherent theory-like thinking. For example, for chicken pox, children at all ages responded with just two profiles: 'she caught it' and 'see a doctor' or 'she caught it' and 'stay at home'.

Mental Illness:

- Profiles were greater in number and more varied. However, individually, children were still constructing coherent theory-like explanations for these mental conditions.
- Age differences in children's profiles suggested that they were developing and refining their naïve theories with age.

Conclusions

Overall the findings indicate children do hold naïve theories of both physical and mental illness as evidenced by:

- Ontological differentiation between the illness types
- An ability to construct coherent causal-explanatory understandings about illnesses

Children have a good understanding of physical illness by the age of 5 years, as all children in the study reported coherent and consistent patterns of causes and consequences for physical conditions. However, children do not acquire a similar theory-like understanding of mental illness until about the age of 8-9 years. The responses of the oldest children indicated a developing understanding of mental illness, while the youngest children's representations were often similar to their representations of physical illness. The naïve theory approach provides a useful framework within which to investigate children's understanding of mental illness.

References

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