

Can children's paintings of their doctors be interpreted?

ROBIN PHILIPP, MSc, MFOM, MFCM, MFCMI, MCCM(NZ)

ERNST PHILIPP, MD, FRNZCGP

LUCY PENDERED, MB

COLIN BARNARD

MICHAEL HALL, BSc, FRCGP

SUMMARY. *There is increased emphasis nowadays on the role of the general practitioner in preventive care for children. Accordingly, an analysis of the child's perception of the doctor and of the factors which influence and mould that perception are important. In New Zealand children's paintings have been used for such analyses. The present study looked at children's paintings of their family doctors in a Devonshire village. The findings show that boys are more likely than girls to depict their doctors as a gruesome or threatening character, and suggest that medical contact has little, if any, influence on character portrayal of doctors. Other factors that might influence character portrayal and are now thought worthy of detailed study, include television viewing patterns, personality, age, home background and artistic ability.*

Children's perception of doctors

A CHILD'S perception of doctors and their role is acquired from sources that include previous personal experience, family, friends and the media.¹ Seeing the doctor can evoke anxiety in children and 'some children view hospital procedures and interventions as personal attacks'.² Such anxiety is reportedly reduced and complications less likely when clear and honest explanations of medical procedures are given in advance.³ Furthermore, it is considered that 'children may have distorted views of even simple diagnostic procedures, for example the use of stethoscopes or syringes'.⁴ An analysis of the child's perception of the doctor and of the factors which influence and mould that perception has therefore been considered 'of the utmost importance in any consideration and understanding of the doctor-child patient relationship'.¹ Such an analysis may be useful nowadays with the increased emphasis in Britain on the role of the general practitioner in preventive care for pre-school children.^{5,6}

Character portrayal of doctors

Children's drawings of people are thought to reflect their anxieties, for example about the dentist⁷ and, in New Zealand, four studies have been recently undertaken which attempted to interpret children's paintings of their doctors.^{1,8-10} In two of these studies, some of the paintings produced by the children

depicted the doctor as a gruesome and feared figure^{8,9} and the term 'Doctor Death syndrome' was coined to describe a few paintings in which the doctor was depicted as a particularly ghoulish figure.⁹ Nevertheless, it is possible that such portrayals may merely reflect word association with the television character of the same name, 'Doctor Death', in the television series *The drack pack*. At the time, the news media expressed concern about the findings because 'some children saw their doctors as frightening figures, responsible for inflicting pain'¹¹ and this was demonstrated in the titles given to newspaper articles about one of the studies, for example 'Not so benevolent',¹¹ 'Meet Dr Boogie — swastikas and all'¹² and 'Pictures show children's ogre doctor image'.¹³ One of the published studies indicated, however, that this concern may not be justified and suggested that in any future study it would be worthwhile to examine the influence of personal morbidity experience on art expression.⁸

As children's paintings are reported to be a spontaneous expression of feeling,¹⁴ it has been suggested that children's paintings of their doctor could provide useful feedback to general practitioners about patterns of communication with children.⁸

A study of children's paintings

It has been reported that descriptive and visual realism gradually develop to their best expression at the age of 10 years and that beyond the age of 11 years, spontaneous art expression starts to be lost.¹⁴ We therefore chose a group of UK children aged 7–11 years to study the children's portrayal of their family doctors, including the possible influence of previous experience of the doctor. The children comprised all the pupils of two classes in the same primary school in a small rural Devonshire village. They were asked to undertake the painting during a regular art session. The medical history of the children was noted from the general practice records.

In 50% (25/50) of paintings obtained in our study the doctor was portrayed as a kindly or benign character (see for example Figure 1), in 44% (22/50) as a gruesome or threatening figure (see for example Figure 2), and in the remaining 6% (3/50) of paintings as a neutral figure. This pattern differs from the New Zealand experience where one study among urban children reported that 84% (71/85) of paintings depicted the doctor as a kindly or benign figure,⁸ and a further study of 40 rural children reported that '92% of doctors were depicted as looking happy or normal and only one child drew a doctor with an unfavourable facial attitude'.¹ Unlike findings from two of the New Zealand studies,^{8,9} none of the UK paintings depicted a 'Doctor Death' character. In addition no association was found between patterns of character portrayal of individual doctors and the previous morbidity experience of each child.

Twenty-four of the paintings were merely portraits of a person and included little background detail. Of the remainder, 10 paintings showed the doctor holding something; two of these depicted both a syringe and peak flow meter, two showed only a syringe, two included a patella hammer, two included black bags, one had a first-aid box, and one painting showed the doctor holding a watering can! Three paintings included a health information or advice notice — two stated 'no smoking' and one noted 'give blood'. Medications were shown in two paintings, and one other painting depicted blood loss.

In this study, 34 boys and 16 girls took part. Nineteen of the

Robin Philipp, Lecturer in Community Medicine, University of Bristol; Ernst Philipp, General Practitioner, Wellington, New Zealand; Lucy Pendered, House Officer, Bristol; Colin Barnard, Medical Student, University of Liverpool; Michael Hall, General Practitioner, Shebbear, Devon.

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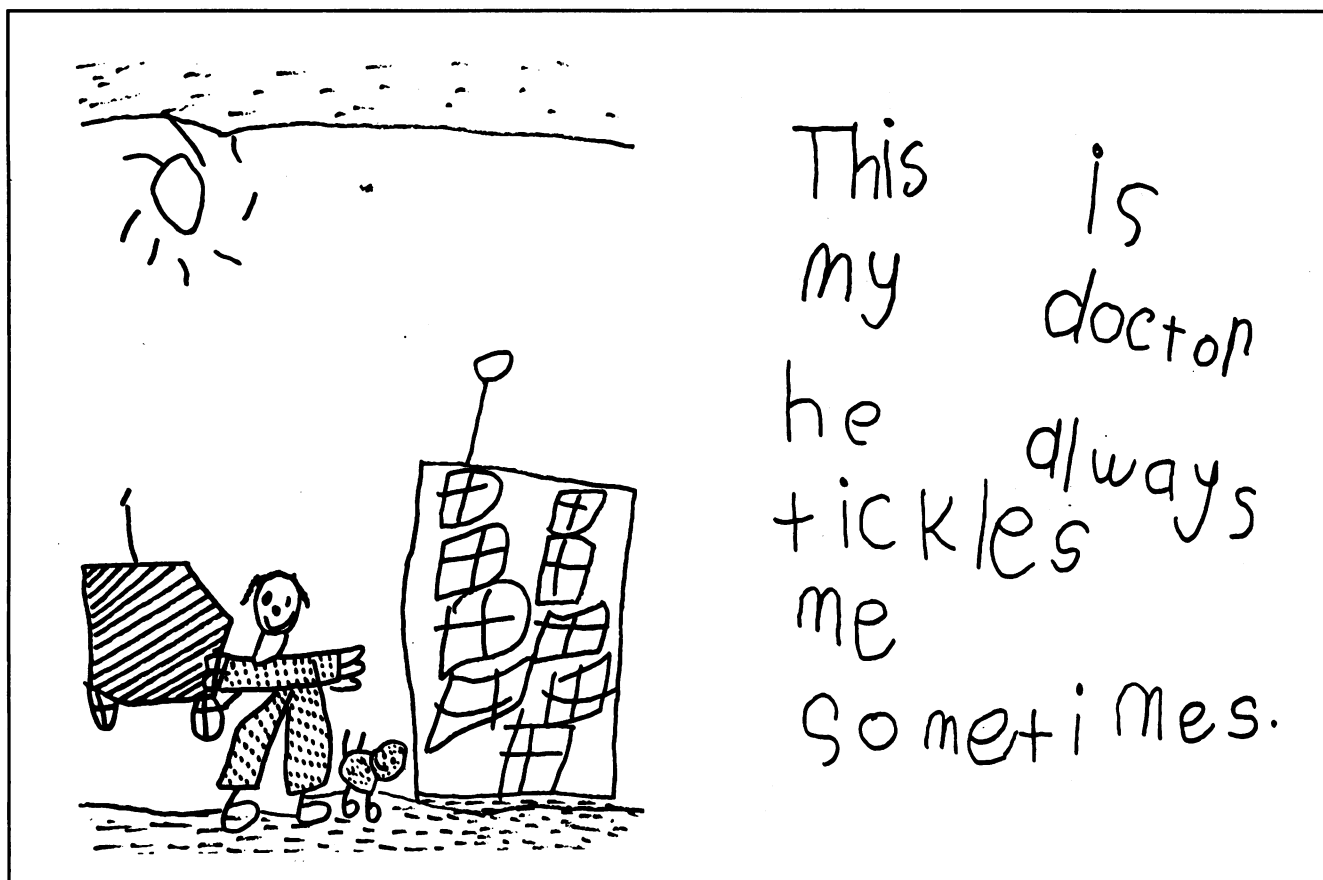


Figure 1. Painting of a doctor by Emily aged five years (selected from a pilot study).

boys but only three of the girls depicted their doctor as a gruesome or threatening character. One factor which could explain the difference between boys and girls is television viewing patterns. Although disputed in New Zealand,¹⁵ viewing violence on television is thought to reinforce children's aggressive tendencies.¹⁶ Boys and girls prefer different programmes and viewing preferences differ between the age groups.¹⁷ The findings from one of the New Zealand studies suggested that children's perceptions of their doctors are strongly influenced by television,¹ and in the UK study one mother later remarked that her son had painted 'Dr Kildare'. In support of this mother's comment it has been stated that 'the power of the medium (television) is so great that children change their attitudes about people and activities to reflect those encountered in TV programmes'.¹⁸ Although the possible influence of television programmes viewed by children on art expression has been explored, the findings are inconclusive.^{8,10,19}

Conclusion

Although some children depict their doctors as threatening or gruesome figures, there is as yet no adequate explanation for their apparent fear. Relevant factors may include television programmes viewed by the child, and viewing differences between the sexes. Younger children are also reported to be more vulnerable or ill-at-ease in the presence of their family doctor than older children.¹⁰ It is also likely that the child's personality, home background and artistic ability are important. In addition, character portrayal might be influenced if the doctor is a friend of the family, and therefore seen by the child in a non-professional setting. These potential influences on children's paintings of their doctors are likely to be worthwhile factors for further study.

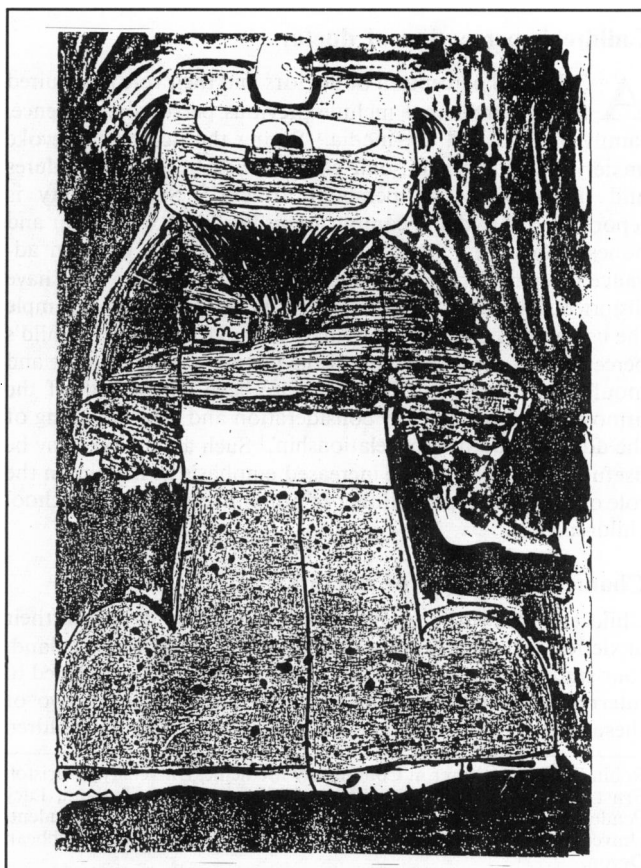


Figure 2. Painting of a doctor by Andre aged nine years (selected from the main study).

References

- Marshall CS. Looking at the doctor through the eyes of a child. *NZ Fam Phys* 1985; 12: 17-19.
- Irwin EC, Kovacs A. Analysis of children's drawings and stories. *J Assoc Care of Children in Hospitals* 1979; 8: 39-48.
- Rodin J. *Will this hurt?* London: Royal College of Nursing, 1983: 90.
- Eiser C. Children's understanding of medical procedures. *Practitioner* 1985; 229: 371-373.
- Royal College of General Practitioners. *Healthier children — thinking prevention. Report from general practice 22*. London: RCGP, 1982.
- General Medical Services Defence Fund and Royal College of General Practitioners. *Handbook of preventive care for pre-school children*. London: RCGP, 1984.
- Eichenbaum IW, Dunn NA. Projective drawings by children under dental stress. *ASDC J Dent Child* 1971; 39: 164-174.
- Philipp R, Philipp E, Pullon S, Graham A. Interpreting children's paintings of their doctors. *NZ Fam Phys* 1984; 11: 23-24.
- Leech P, St George I. A child looks at the doctor. *NZ Fam Phys* 1982; 9: spring centrefold.
- Chavasse MH. How children perceive the doctor. *NZ Fam Phys* 1985; 12: 109-112.
- Anonymous. Not so benevolent. *Otago Daily Times*, Dunedin, 16 October 1982.
- Anonymous. Meet Dr Boogie — swastikas and all. *New Zealand Herald*, Auckland, 6 November 1982.
- Smith A. Pictures show children's ogre doctor image. *The Dominion*, Wellington, 11 November 1982.
- Sutton G. *Artisan or artist: a history of the teaching of arts and crafts in English schools*. Oxford: Pergamon, 1967: 227.
- Report of the Committee on Health and Social Education. *Growing, sharing, learning*. Third edn. Wellington, New Zealand: Government Printer, 1982: 73-74.
- Williams B. *Obscenity and film censorship — an abridgement of the Williams Report*. Cambridge University Press, 1981: 67.
- Anonymous. Boys, girls tastes vary. *Otago Daily Times*, Dunedin, 2 September 1982.
- Berry GL. Children, television and social class roles: the medium as an unplanned educational curriculum. In: Palmer EL, Dorr A (eds). *Children and the faces of TV*. London: Academic Press, 1980.
- Philipp R. Children of the nuclear age. *Lancet* 1983; 3: 457.

Address for correspondence

Dr Robin Philipp, Department of Epidemiology and Community Medicine, University of Bristol, Canynge Hall, Whiteladies Road, Bristol BS8 2PR.

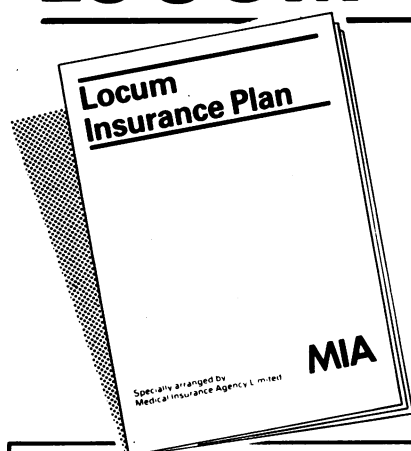
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