Boundaries for Sick Children – Strong Parents – Strong Children

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Introduction:
The positive implications of boundaries for human behaviour are undisputed, particularly in child development. Boundaries provide security and orientation, communicate feelings of belonging and reliability and permit an individual to sense his or her own strength and unique qualities. The emotions experienced encourage individuals to pursue new objectives and plan for the future. A lack of boundaries on the other hand stifles individuality, hinders the formation of identity and impedes the development of autonomy and independence.

In hospital, the boundaries of patients (both young and old) are repeatedly violated. I am fairly sure that numerous doctors and care staff are not even aware of this fact: each forced swallowing of a tablet, each blood sample and each injection constitutes an infringement of the patient's self-determination and a violation of his or her physical boundaries. Naturally, all these treatments are necessary, but I would urge the boundaries of sick children to be clearly recognised and where possible be taken into greater consideration. At the same time, almost all parents of children with (life-threatening) illnesses find it hard to set clear borderlines. Both their own boundaries and those of their children become blurred and they become involved in issues which actually have nothing to do with them; they are for example confronted with decisions which overtax them. The observation has been made time and time again that boundaries which had previously been a matter of course in the education of children lose their validity: suddenly anything is possible and all wishes expressed by the child must be fulfilled – as compensation for all the suffering he or she has to endure and presumably also out of fear that the child could die.

The consequences of these responses are frequently only observed at a much later point long after the recovery of the child: not only problems in re-adapting to school and within the family, the loss of control over reasonable behavioural boundaries, the setting of extreme boundaries and extreme overstepping of behavioural boundaries are often observed in children who have made a recovery from a serious and life-threatening illness, but also anxiety and depression.

Individual and subsequent group activities on the following issues:

1. How do children demonstrate their boundaries?
2. Do I know children who do not display this behaviour? What is their reaction?
3. What boundaries do I have in my interaction with the sick child?
4. How do I demonstrate these boundaries? How do I make them clear?
5. Where is it difficult (for me) to set boundaries?

On topic 1.
Sick children demonstrate their boundaries non-verbally by avoiding eye-contact, turning away and "hiding" (behind their hair, with folded arms or under the bedclothes), sinking into silence and not displaying any reaction, pretending to sleep, removing themselves from the situation, running away or offering distraction. Some children also demonstrate these boundaries verbally through unambiguous utterances ("Leave me alone!" – "Can't think about Maths!") or by naming symptoms and thereby demonstrating their withdrawal. Some children become totally fixated on their contact person and reject any contact with other individuals.

On topic 2.
Sick children "without Boundaries" often appear apathetic or over-conforming and conceal their emotions. Some of these children violate certain boundaries (physical or verbal) by seeking physical contact or displaying over-familiar behaviour with the teacher; they lack the required healthy distance to others. They are manipulative, fool around or are wound up, do not accept any limits, practise self-harming in order to experience some sort of boundary or display passive and lethargic behaviour. Ultimately, these children are also seeking boundaries and will even go as far as to provoke them.

On topic 3.
The personal boundaries of teachers vary to a wide extent: normally, no difference will be made between the contact with healthy or sick children. There is however one special exception for teachers in schools for sick children: these individuals are frequently exploited through being allotted tasks beyond the boundaries of their normal responsibility. If for example they are asked to monitor the taking of medication for example, this can have a negative effect on the trust relationship between teacher and pupil.
As a rule, teaching staff will avoid being present during medical examinations out of respect for the dignity of the child.

On topics 4 and 5.
It is normally possible for teachers to address the violation of these boundaries or to protect themselves against these violations. There are however also situations in which this can be difficult (for example in the case of an unpleasantly smelling child). If the child is feeling extremely poorly, it is particularly difficult to preserve a distance and one's own boundaries.
Consultation with parents can also become a potentially problematic situation: teachers as persons in a position of trust but not "wearers of white coats" are frequently sought out by parents who wish to "unload" a wide spectrum of problems. The further referral to social pedagogues or psychologists in a hospital is not always possible as these services are still not universally available in all clinics.