

Psychosocial Issues of Growth Delayed Children

Background

People tend to judge others by their appearance, what they wear, how they speak, what they know, and most importantly, by how they look. Part of the judgement about "looks" is the assessment of height. We seem to judge age by height, "He looks like a five year old", people say, "She seems to be about ten years old". Having made this decision people proceed to act toward the other person, particularly if it is a child, as though they are actually as old as they appear. For most normal statured children this poses no problems. But for short children who are growth delayed, it can make life difficult. It causes two sets of problems; it suggests to the child that he/she is younger than they are and allows for immature behavior. Second, it interferes with social maturation in the child because he/she will tend to behave in a fashion consistent with what adults seem to expect. Therefore, many short growth delayed children have trouble "acting their age". They become silly and prankish, playing the role of a "clown". This tendency to be immature was thought for a long time to be the major psychological difficulty facing short children, but recent studies have shown there may be others.

School and the Short Child

In the U.S. approximately 4 to 5% of school-age children show significant degrees of underachievement academically each year. Recent studies done in the National Cooperative Growth Study (NCGS) supported by Genentech, Inc., show that short children entering growth hormone treatment have a much higher rate of learning problems and social problems. About 18 to 20% have a learning skill deficit in arithmetic, spelling or reading. Another group has problems in social interactions and show behavioral problems such as shyness, withdrawal or attention deficits. These problems appear in children with different growth diagnoses and therefore cannot be due entirely to the social effects of being short. Parents should carefully consider how they approach managing these potential difficulties.

What Parents Can Do

There are several ways to help short children cope with their problems. First, soon after diagnosis you should ask your pediatric endocrinologist or pediatrician who they would recommend to carry out psychological testing on your child. This is essential in order to know if there are problems in intelligence, academic achievement, learning disability, attention deficit disorders or behavior problems. A skilled pediatric or child psychologist, possibly the school psychologist, can evaluate for these types of problems and offer possible solutions. Also being in close touch with your child's school regarding academic progress or signs of social or behavior problems usually helps "head off" problems before they get out of hand.

Second, building your child's self-esteem is very important. Developing a strong positive self-image is every bit as important as building taller stature. Try to use every opportunity to praise and encourage, do not criticize, be sarcastic, or negative. Find your child's strengths and work to build on them. For example, most short children feel sure they can never be involved in sports. This is incorrect. There are many non-contact sports to become involved with, tennis, track, and swimming to name just a few. If your child has a sense of humor, develop it, praise it, and comment positively about it. If your child is creative, a writer, a poet, a musician; spend time supporting and enlarging these gifts. If your child is especially compassionate towards others, notice, report what you see, and admire the quality. Building positive self-esteem will help combat any negative effects brought about because of feeling different or rejected by others.

Finally, be sure you and your child fully understand what is to be expected from growth hormone therapy. Some studies suggest that children and parents have unrealistic expectations for the changes in height that therapy might bring. They expect too much, believing that treatment will make large differences in height immediately. This is not the case and can lead to some disappointments if these misconceptions are not quickly cleared up. Ask your pediatric endocrinologist or nurse about the treatment at each visit, make up a list of issues, be sure your child also has an opportunity to talk and ask questions, even if they seem silly or stupid.

How Do Growth Delayed Children Fare Later In Life?

Researchers have followed the academic and vocational careers of several groups of patients who were growth hormone deficient as children, and for some the outlook is not entirely satisfactory. Some reports on these young people indicate they do not perform well academically do not go on to college or higher education, live at home with parents for extended periods of time, and may be unhappy in their social and work lives.

Although these problems are not seen in the majority of cases, they occur frequently enough to warrant concern by physicians, nurses and parents. It may be that growth hormone deficiency is associated with a lack of motivation and drive, or with a tendency to be shy and withdrawn. These characteristics could also be related to the problems of academic and social success. Whatever the cause, it is becoming clear that in order to better develop a successful adult life, children undergoing growth hormone treatment should receive appropriate psychological and educational support as early in treatment as possible. The proper combination of support, counseling, and medical treatment will help produce a better, all-around outcome.

Suggested Reading

These books are not specifically aimed at parents of short children but have much useful advice on raising psychologically healthy children.

“How to Raise Children's Self-Esteem”

Harris Clemes and Reynold Bean Los Angeles. Sytern-Sloan, 1980

“How to Help Children With Common Problems”

Charles E. Schaefer and Howard L. Millman New York. Van Nostrand Reinhold, 1984

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