

FUN AND GAMES IN PAEDIATRIC NURSING

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Undergoing care or treatment is a difficult experience for any child. He may feel threatened or sense danger, suffer from stress and anxiety, and be overcome by fear regardless of whether he is due for a medical examination or for surgery. The child may be difficult to control and may even cry, scream or fight back. It is preferable to prepare the child for his medical appointment as it will make the experience more agreeable for him, his parents and the attending care providers¹.

If the child is not prepared, he may remember his despair and anguish at the time of his next visit, something which nobody wishes him to experience. The vicious circle of treatments, fear and pain must be broken before it begins. The solution is to explain to the child in advance what he will be facing.

A combination of fun and games is the best method to reach out to the child. Freud stated that *children always play*. Playing is therefore the best method to prepare the child for his treatment and the path to recovery. There is always a way to transfer knowledge to the child in an amusing, entertaining or even demonstrative manner before he undergoes treatment.

Objectives

Information and teaching activities which encompass fun and games have different objectives which are dependent upon circumstance. Their purpose serves mainly to:

- adapt the care-giving environment to the child and not the child to the environment;
- help the child adapt to a new, unfamiliar environment; alleviate fear and anxiety about unusual clothing and machines, painful or uncomfortable procedures;
- reduce anxiety when the child is separated from his parents;
- get the child to understand his experience in a medical environment and to accept the need for treatment;
- alleviate the child's fear of treatment and intrusive medical procedures so that he cooperates with attending care providers;

¹. Image, *enfant malade*. Fotosearch : <http://www.fotosearch.fr/ICN001/f0004825/F0004825> Iconotec Libres de Droits.

- associate medical procedures as much as possible with the child's or teenager's everyday life so that he feels safe and accepts treatment;
- reassure the child that his fears and apprehensions are being listened to and that care providers are there to help him;
- answer the child or teenager's questions or concerns in terms that he can understand;
- maintain the child's psychological well-being throughout the clinical process;
- prevent the patient from developing fear of future treatment;
- encourage the child to adopt preventative measures or habits to avoid relapsing or developing further complications;
- encourage the child to develop healthy lifestyle habits (hygiene, brushing his teeth, eating healthy food, etc.);
- foster the child's normal development during the care-giving process by providing him with suitable activities (i.e. reading, drawing, etc.);
- help the child accept eventual complications and prepare him for the more difficult aspects of his treatment (surgery, mobility impairment, etc.);
- prepare the child for the end of his life;
- respect the child's right to receive appropriate, adapted and comprehensive care².



First understand the child

Parents and care providers must first understand that a child is not a miniature version of an adult. He has his own way of interpreting and reacting to his experience according to his positive or negative emotions. That is why paediatric care must be adapted to his individual needs. It is also essential for the care provider to develop a global approach which factors in his physical and psychological integrity as a person. A child who is hospitalized arrives with fears, stereotypes, and existential and health problems. He also brings with him his culture, language and lifestyle, as well as his friends and family. Care providers must adapt to the child's context and background while responding to his needs, improving his health, and tailoring his treatment in a manner that is suitable for both his age and personality.

². Image, *Infirmière*. Fotosearch. : http://www.fotosearch.fr/BLD014/jp2006_0003351/jp2006_0003351, Blend Images. Libres de Droits

The child's arrival in the medical environment

Arriving in an unfamiliar environment can be traumatic for a child. Anything or everything may seem scary. We must understand the child's fear and apprehension. A hospital environment can cause fear regardless of whether the patient is a toddler or a teenager. Care providers tend to understand the fear if the patient is tiny, but pay less attention to this matter if the child is older, especially if he is male. Just because the child demonstrates courage does not mean that he is not overcome by fear. Pride or tempestuousness may mask his sensitivity.

A child may also be sullen, sulking or frightened, clinging to his mom or dad. The very sight of the medical environment may cause the child to experience at being separated from his parents, however briefly, whether they stay nearby, just standing behind the physician's office door. The child's parents are his single most important point of reference. Separation anxiety is one of the most intense emotions that a child can experience. To curb this anxiety, the presence of one of the two parents is always requested. If the child must be separated for treatment, an honest explanation must be provided in terms that he can clearly comprehend.



The child may also fear bodily contact. The child is not accustomed to being touched by strangers and receiving care from them. Ways must be found to make the child comfortable. This is achieved through games, by telling him stories, by playing hide-and-seek, or by singing. Fun and games have the advantage of calming the child and getting him acquainted with the medical staff and his new surroundings.

The child also experiences the deep, indescribable feeling of dreading pain, fear and suffering. He may already feel bad, suffer from fever or be agitated. Arriving at the medical centre doesn't make things better. It is therefore important to prepare him for the required examinations or treatments by providing him with concrete and comprehensive explanations that are adapted to his age and which are presented in an amusing and enjoyable manner. Playing helps the child swallow the bitter pill.

The child may also fear meeting strangers. In any medical facility, strangers will inevitably approach the child. The child who is accustomed to his family or classmates may fear or be disturbed by staring, observations and the examinations carried out by a multitude of nurses, physicians and other care providers.

An infant of a certain age will inevitably break into a flood of tears if abandoned to any figure other than his mother or acquaintances. By adopting a playful attitude with the child and by providing him with a toy, teddy bear or safety blanket, the nurse may succeed in alleviating his anxiety.



A hospital environment may be a source of disagreeable, even frustrating experiences. The child is disoriented when awakening or when he is not being served his favourite dish. The nurse's playful attitude helps the child forget his sources of dissatisfaction.

A child who is older or a teenager may appreciate being shown the way around the facilities or being introduced to the care providers. It is even more practical to provide him with recreational activities (computerized games, movies, books, CDs, etc.).

Preparing the child for treatment

Fun and games are put to greatest use when preparing the child for treatments, analyses, examinations or other medical interventions. Playing generates positive results, whether it requires explaining the purpose of a procedure to avoid surprising the child or describing the symptoms of his treatment beforehand in order to help him tolerate pain or side-effects. Many care providers are in favour of integrating fun and games in paediatric procedures.

The nurse may communicate with the child through puppets, images or props to show him how staff will be dressed (gloves, hats, masks) in the operating room. *Playmobil* toys help the child become familiar with the surrounding medical environment and alleviate his fears. The child may play with and move the characters in a real-life medical setting. *Playmobil* toys introduce the child to the operating room, uniforms worn by care providers and medical equipment.³

Vidéo : What Is A PCA Morphine Pump (in French)? Click on reference no. 4 at the bottom of this page. Click on *download* video: *C'est quoi une pompe PCA morphine ? Explications destinées aux enfants*

A teenager needs brief, comprehensive, and honest explanations. It may be practical to show him a treatment room or a radiology device beforehand. Pictures and flyers may also

be practical. A teenager needs to understand how caregiving works and what is at stake. Care providers must fully answer his questions while avoiding details which may make the teenaged patient anxious. Certain videos may also be practical, including one prepared by the *Centre national de ressources contre la douleur* to explain to children how to use a PCA morphine pump.⁴



³ For further information about *Playmobil*, visit : http://www.playmobil.de/on/demandware.store/Sites-FR-Site/fr_FR/ViewProductDetail-Detail?ProductRef=4404%40Sites-FR

⁴ *C'est quoi une pompe PCA morphine ? Explications destinées aux enfants*. Available from http://www.cnrdf.fr/article.php3?id_article=498&PHPSESSID=acd930fe59a4e1f96c140becbc8dface. Accessed Jan. 21, 2007.

If toys are unavailable, it is always possible to pull out a picture album, a colouring book, a puzzle or a short documentary. Often, very little effort is required to prepare a database or to create a supply of educational games. It rarely matters if the games are the most up-to-date.



The nurse's interest in working with the child, with mimes, tales, and stories which are either fictitious or adapted to circumstance is which really matters. Paediatric care requires that care providers adopt a particular attitude composed of gentleness and playfulness. An efficient care provider will experience a strong desire to help the sick child cross the difficult period in his life while letting him stay young.

a concise and appropriate for gestures and entertain and capture the attention of the young patient. If necessary, injured or bandaged puppets may be used to inform the child about his upcoming intervention^{5, 6}.

The care provider must explain the treatments in comprehensive manner, using terms which are the age of the patient. While speaking, he uses props (stories, teddy bears, dolls) in order to

A Few Reasons to Use Fun and Games in Paediatrics

- For entertainment purposes
- As a tool to distance oneself from a disease
- To help the child recognize himself (mirror effect)
- As a means of self-expression
- As an empowerment tool for the child
- To support the child's education about his disease and treatment
- As a personal growth tool during a difficult period
- As a tool for nurses to increase professional visibility

Playful communication

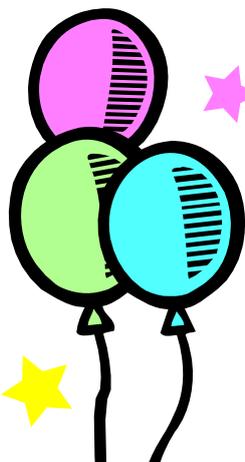
Care providers should always inform the child about care or treatment through fun and games. For example, plush animals, as well as finger, glove or string puppets can all be helpful props if

they are

made to talk. Puppets and tiny animals are all figures that the child can recognize and relate to.

They do not frighten him, they reach out to his imagination, and they do not convey fear or rejection. The child is at home in gameland. *Sesame Street* puppets and Jim Henson's Muppets are extremely popular among children.

All of these objects help explain to the child what he needs to do and what he will feel. The care provider may put a bandage on the puppet in the area that needs to be treated so that the child can understand what



⁵. Marionnettes poupée

http://www.enfantsquebec.com/index.php/content/view/771/63/index.php?option=com_content&task=view&id=1032&Itemid=48

⁶. Marionnette grenouille : <http://www.loulidesbois.fr/index.php?page=35&lg=1>

procedures he will be going through, what sensations he will experience, and how he can cooperate with attending staff. Even very young children are able to understand and cooperate with care providers. Reassuring them makes them calmer and also helps alleviate their parents' fears.

The use of fun and games is a relatively new strategy in caregiving. Its popularity and strategies are on the rise. Everybody must now adapt to this reality as the successful outcome of the treatment now depends upon a more playful approach. For example, a visit by *Doctor Clown* (see *Patch Adams* starring Robin Williams)⁷ can both cheer up the child and help him understand a problem. Groucho Marx once stated that a clown is like an aspirin, but acts twice as fast to relieve symptoms.⁸



Games can also be used to explain proper hygiene (i.e. brushing teeth), good nutritional habits, and rehabilitation exercises to a child. A nurse may use a ball or a balloon to provide a range of motion to an injured organ. Children with respiratory problems can also perform exercises by blowing on cotton swabs, making soap bubbles, or blowing up balloons. Imagination is the key to finding games that correspond to the needs of the child or adolescent.

Fun and games in diagnoses

Fun and games may be used to help diagnose a child patient for affective or social disorders. A child who is old enough to play with his friends but who isolates himself might be showing signs of affective or social disorder. Observing how the child plays, not to mention how he performs activities with youth his own age, informs care providers about his levels of autonomy and curiosity.

Influence of fun and games

Fun and games are not just playful and entertaining; they're also educational. "They help the child to assimilate notions that will allow him to take control of his condition and to develop autonomy."⁹ Games allow the child to separate himself from his pathology. The child can use games to protect himself for a period of time. The round of suffering and treatments is hard to bear.

Julie Pélicand wrote: "In the wake of a diagnosis, both children and their parents must inevitably acquire responsibilities which do not necessarily correspond with certain phases of infant psychomotor, cognitive and moral development."¹⁰

It is hard to address the child's disease with him. Announcing the slightest serious diagnosis to the child is difficult, even traumatizing. "The child loses self-confidence and no longer

⁷ See www.drclown.ca/english/home.htm

⁸ For further information about personal hygiene and prevention, visit <http://www.educatout.com/membres/index.html>

⁹ Translated from Julie Pélicand. *Maladies chroniques : l'éducation du patient enfant passe par le jeu.*

Available from www.infiressources.ca at

<http://www.infiressources.ca/MyScriptorWeb/scripto.asp?resultat=711006>. Accessed Jan. 21, 2007.

¹⁰ *Ibid.*

trusts those around him. He feels powerless in confronting the disease and undergoing treatment.

Crisis or challenge	Description	Behaviour
Trust/mistrust (0 to 1 year)	Child tries to develop basic self-confidence. He seeks unconditional love.	The child who is raised in a familiar, welcoming and safe environment soon learns to trust others and to have faith in life. He develops a basic sense of security. The mother is the key reference in this role.
Autonomy/doubt and shame (1 to 3 years)	Development of autonomy through the acquisition of skills, self-control, and an understanding of the surrounding environment. The child may move about, withhold information, and make choices.	The child controls his locomotor abilities and movement. He needs a structured environment and the freedom to develop his own autonomy. He develops self-control and motivation. The father and mother are both important figures.
Initiative/guilt (4 to 6 years)	The child identifies with his parents (and other adults). He wants to be like them. Failure may lead to guilt among children aware of their motivations, initiative and power.	The child is sensitive to success. This pushes him to extremes and forbidden territory. He can live with feeling guilty. The family and support network are important.
Competence/Inferiority (7 to puberty)	A time for learning, the child tries to become competent in order to avoid failure and feeling inferior.	The child develops resourcefulness, participates in group activities, and becomes a member of society. He might nonetheless feel unable to achieve what is expected of him. He can develop an inferiority complex or feel incompetent. Families, friends, and classmates are significant figures..

It is hard to express any of these emotions. It is therefore essential that the child acquire the vocabulary to describe his disease and personal constraints. He needs help to express his feelings.”¹¹

Games act like a mirror, allowing the child to identify his impressions of his disease, treatment, and surroundings, and to articulate his fear and anger. The feelings which the child gets his teddy bear or doll to express are depersonalized, like those of a third person, and are therefore

easier to convey and accept. Playing is therefore an excellent approach towards self-expression.

A child who plays forgets about his disease for a while. Pélicand noted that it is in such moments that the child regains self-confidence. Games are a tool for empowerment for a powerless, sick child. The child’s disease, treatment and accompanying woes and limitations become tertiary subjects which he can manipulate and talk about without feeling threatened.¹²

In addition to playing an educative role by informing the child about his disease and treatment, games also support his evolution (and those of teenagers) during his hospital stay.

¹¹ *Ibid.*

¹² *Ibid.*

Reading, drawing, self-expression, and other activities allow the child to pursue his development.

Games in paediatric nursing are also beneficial to care providers. They bring out the relational dimension of care providing. By empowering the nurse with the responsibility of creating an optimal environment for

Success in the care-giving process, it is possible to earn the trust of both the child and his parents. The latter are comforted seeing their child calmer and receptive to care. Parents then realize the magnitude of the effort made to take care of their little one.

What you need to know to play with a child

Spontaneously adopting a playful attitude with a child comes easily to some, whereas others need to work on their fun skills. Adopting a playful attitude is the foundation of any intervention with a child. Playing allows the care provider to reach out to the child and to integrate him in the care process. It requires a certain *know-how*.

Knowing the child being attended

It is important to first acquire knowledge about the child who is receiving care. It is important to know his age and, more importantly, his level of development in order to adopt the appropriate level of language and attending methods. Cognitive and emotional development vary among children: neither is sequential. Erickson's social achievements grid can be a practical tool in judging this matter. It allows care providers to determine what the child is able to accomplish and what can be expected of him according to his age.

Children deal with pain and approach a given problem in different ways. That is why it is crucial to observe how the child reacts emotionally to his disease, treatment and accompanying side-effects. An extremely nervous and sensitive child will ask for special precautions. A mobility-impaired child will require that his condition be taken into account. It is essential that the patient's needs be identified. Depending upon his age, a child will require safety, acceptance, listening and love in order to develop autonomy.

The human mind naturally seeks to understand the external environment. A child's mind is no exception; however, it is not motivated to learn about health and treatment issues and to conform to the latter. Assessing the child's level of motivation is practical if the care provider needs to teach him something.

Get the child to express himself first

It is necessary to get the child to express his feelings about his disease and accompanying treatment before informing him about a given subject or administering care. It is possible to ask him direct questions; however, it is often easier to address him through his teddy bear or doll.

The care provider may ask the child: “Teddy is like you. His stomach hurts. What is Teddy saying? Does he want us to examine his tummy?” Another question may be: “What is Teddy asking you to see that is sick and sore?” For girls, the care provider may ask: “How does Barbie like her bandage?”; “What does Barbie not like?”; “What is Barbie worried about?”¹³



Children are masters in the art of *pretending*. A dialogue game can become a trove of information for care providers. Such a game can allow the attending care provider to learn about the child’s worries, fears, wishes and illusions. It is easier to simply ask a child who is older: “Tell me what it means for you to be immobile, to stay at home instead of going to school, not to see your friends or to be unable to skate.”

Verbalizing emotions makes it possible to objectify the disease and its underlying limitations. Objectification helps the child to relieve his tension, to regain a little bit of control over his condition, and to regain the self-confidence necessary to pursue the treatment.

Teaching through games

Getting a child ready for a clinical examination, a treatment, surgery, medicinal or dietary education, or self-injection training requires that the care provider know how to play with the child. As in any other form of education, planning, delivery, and evaluation are mandatory.

Conditions for success

Certain relational, pedagogical, and organizational conditions must be fulfilled to educate or perform any other type of intervention with a child.

Relational conditions

First, the child’s trust must be earned. The nurse’s warm and compassionate attitude, her playful manner in addressing the child, the way she touches him and holds his hand (depending upon his age and acceptance) influence the successful outcome of the intervention.

Choosing the right moment to inform or educate the child is another winning strategy. The child should not be taught when experiencing fatigue, pain, solitude, or boredom. The care provider should avoid scolding the child, demanding that he be reasonable and act *grown up*, or humiliating him by telling him that boys don’t cry.

Teaching conditions

The care provider must follow a few simple, pedagogical guidelines in order to efficiently educate the child.

¹³ See the Teddy Bear story http://www.theodoreroosevelt.org/kidscorner/tr_teddy.htm

Short, simple sentences with simple words adapted to the child's age should always be used.

The child's desire for autonomy must also be respected. Room should be made to allow him to ask questions and obtain answers. The care provider should also allow him to protest, decline an offer, or cry. The child should be allowed to touch and handle objects in order to become familiar with the tools used in the care-giving process.

The child should be educated in short sequences to avoid tiring him.

The care provider's posture should be adapted to the child's height and position. An adult standing next to a child seems like a giant. The adult must bend down, sit, or squat in order to be at the child's level.

Showing the child how a procedure or an act is to be carried out must be demonstrated slowly and be accompanied by explanations and be repeated when necessary. Children learn by imitating others.

Be gentle with the child to capture and maintain his attention when giving him instructions.

Explain the easiest aspects first. The more complicated aspects should be covered carefully later during the conversation in order to avoid emotional outbursts. Be patient and allow the child to express his fears.

Motivate the child by using positive arguments that are related to his everyday life. For example, the care provider may state: "Taking this medication will make you as fit as your friends"; "This procedure will remove your pain, and within a few days you'll be outside playing with your friends"; "Injecting your insulin will allow you to be independent and mobile like other children. You'll be able to go outside and have fun."

Consciously repeat your instructions to help the child get a better grasp of your explanations and acquire the knowledge you are transmitting.

Make the learning process meaningful by associating it with the child's everyday life. Provide examples that the child can relate to or which can be applied in conditions which are similar to those that he is experiencing.

Provide frequent feedback on his accomplishments when handling objects, syringes, catheters. Answer the child's questions. The child might be afraid of making a mistake or of appearing unable to accomplish a task. The care provider may say: "That's it. You've got it. Keep on trucking"; "You've hit the nail on the head"; or "If you're up to it, let's do it again." Positive reinforcement and not overemphasizing mistakes should be common practice. Negative feedback requires tactfulness. Children are extremely sensitive to success and failure. Failure can discourage a child.

Care providers should not be too demanding of the child. This will avoid stressing him out and help to maintain his self-confidence. Show understanding regarding his slow learning pace or difficulty in completing a task. The child needs to keep a positive self-image. This will only favour his learning. Without scolding him, it is nonetheless necessary to maintain a certain control of his activities. Letting him play is important, but the care provider must not

forget that the main objective is learning and to this end, she should solicit the child's participation.

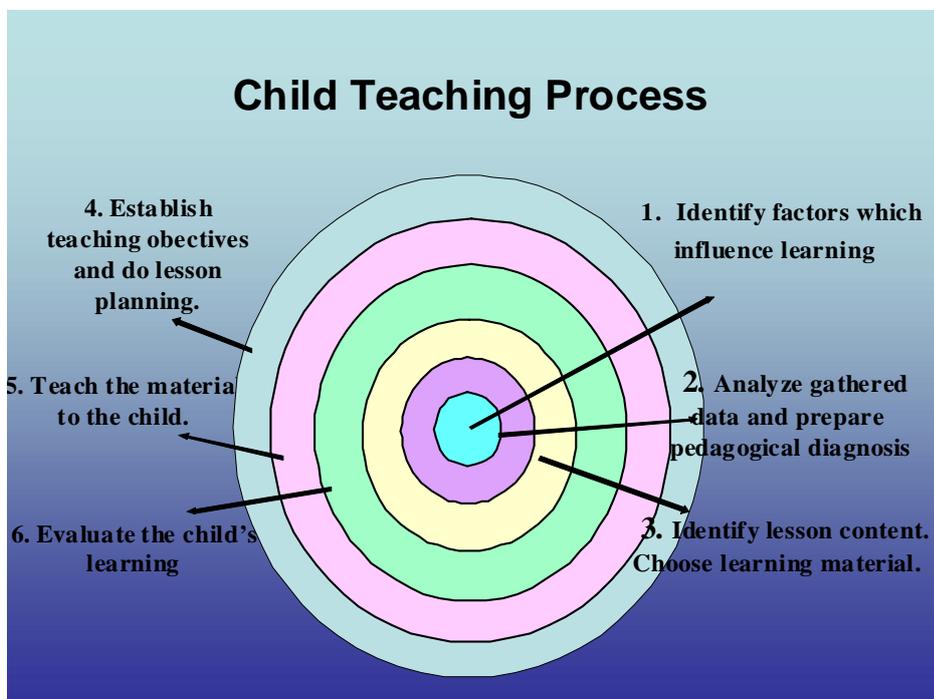
When the child faces a panic attack or is in tears, the care provider must:

- Acknowledge the child's feelings;
- Make sure that his pain is relieved;
- Let the storm pass if the child is uncontrollable before teaching him anything;
- Avoid making the child feel guilty about his outburst.¹⁴



It is always practical to inquire about the child's tastes and preferences. For example, the care provider may ask: "What does he like most?" Listening to information or reading instructions is important. Once the information is obtained, it is possible to determine the child's learning

profile, which allows the care provider to adapt his teaching strategies and to select adequate material.



Marie H el ene Faille and Ir ene Leboeuf suggest that the following questions be asked about the child's playing habits:

- Does he read the game's instructions manual?

- Does he ask a friend to provide explanations?
- Does he observe other children playing?
- Does he simply grab the pieces and learn about the game on the spot?¹⁵

Empathetic understanding and cheerfulness can make learning an agreeable experience. Both are winning strategies with any child. Showing interest in the child's comfort, posture or pain improves his learning conditions.

¹⁴ Adapted from Carole Turcotte. *  travers les yeux d'un enfant*. Available from <http://www.chu-sainte-justine.org/documents/Pro/pdf/Collaboration-soins-enfant.pdf>

¹⁵ Marie H el ene Faille et Ir ene Leboeuf. *Comment r aliser efficacement un enseignement   l'enfant,   l'adolescent et   sa famille*. Available from <http://www.chu-sainte-justine.org/documents/Pro/pdf/Principes-enseignement.pdf>

Organizational conditions: lesson planning

Nurses are in a tactical position to educate their patients due to their proximity and frequent contacts with them. As is always the case in education, preparation is the key to success. Lessons which target children are no less serious than any other form of education.

Information and data gathering

The first step is to gather data and information which may affect the outcome of the learning process. Of extreme importance are the child's age, comprehension, emotional factors (fear of pain and strangers, the need to be attended to by the mother, worries about the future, problems understanding the language, etc.), and physical factors. These may include: nausea, weakness, coughing, respiratory problems, hearing problems, visual problems, immobility, and so on. All of these constraints can influence the child's learning abilities and should therefore be taken into consideration.

Pedagogical diagnosis

Once the information is gathered, the nurse analyzes the data and poses a pedagogical diagnosis which will guide her behaviour throughout the lessons. For example, Mary is shy and has speech problems. The care provider will therefore need to give her sufficient time to answer questions and offer frequent support with words of encouragement.

Learning objectives

The next step is to identify the learning objectives which need to be achieved. For example, following the lesson, "Zoe should be able to describe how she perceives her upcoming heart surgery"; "Pierre should be able to manipulate his morphine pump by himself"; and "Sara will be able to inject her own insulin dose according to the instructions." The objectives pave the way for the subsequent steps.

Identify the content and the means to attain the set objectives

The next step is to determine the lesson content and how it should be sequenced according to the child's needs and learning abilities. A check list for various health problems may be prepared in advance and serve as a handy reference.

The means to attain the set objectives must be appropriate for the lesson and the child's abilities mentioned above. For example, a puppet can be used with a young child whereas audio-visual or computerized material is preferable when dealing with a teenager. The child who is experiencing pain should be provided with an analgesic before the beginning of the lesson. If the child is visually impaired, emphasizing which material needs handling will facilitate his learning.

Material selection can be made according to the patient's learning profile. Patients may be more visual, auditory or kinaesthetic (like to handle objects as they learn). Some children learn better in groups. A few young patients can be brought into the same room if the lesson is of benefit to them all. This method also allows the nurse to save time.

Learning assessment

The next step is to evaluate the patient's learning. It is essential that the care provider ask questions or get the child to repeat gestures that have been taught to assess his learning. For example, the care provider may ask: "Mathew, please explain why it is important to disinfect your skin before injecting yourself"; "Mary, please show me how you brush your teeth."

The child should be allowed to express himself at the end of the lesson. This allows him to evacuate emotions built up during the learning process.

Depending upon the nature of the lesson, it is often necessary to follow up on the child. For example, how does he really brush his teeth? How does he use his morphine pump? How does he perform his breathing exercises?

Games are fun

Time spent in a medical environment seems like an eternity. Activities need to be found to keep children and teenage patients busy during their stay. Recreation is a basic childhood need. Adults often forget that it is also an essential part of care providing.



Most paediatric facilities are equipped with game rooms. Showing the room to the child is insufficient; he needs to be presented with activities which are suitable both to his age and abilities. Children enjoy colouring, drawing, scrapbooking, and clay modeling. Appropriate activities must also be suggested to teens and preteens.

Instructional and educational games are worthwhile, but games for the sake of playing are also important. Normal games allow the child to have fun, to relax, and to forget about his disease and its effects. Games allow the child to pass through difficult moments such as care, examinations, surgery, separation from friends and family, and the seemingly endless recovery process.



Care providers should get parents to participate in games whenever possible. Parents know their child's preferences and their presence makes the hospital stay seem shorter. Games have many benefits. Mary Poppins aptly sang: "Just a spoonful of sugar helps the medicine go down in a most delightful way."

Children and drawing

Drawing is an activity which allows the child to entertain and express himself. Markers and papers allow the child to imagine a world in which he can reveal his innermost feelings. The shapes of the characters will likely vary depending upon the child's age. The child communicates with the care provider through his drawings.

Colours, shapes, appearance, position in space, and dimension give care providers a glimpse into the child's mind. The child's drawing is symbolic (and the symbolism is too exhaustive for the purposes of this article). A few revealing topics will perhaps be covered. Symbolism may guide the care provider; however it is important to put the symbols into perspective. They may depend upon the child's mood or state of mind at the time. Drawings cannot be the sole reference into the child's world.

The symbolism of the house Children often draw houses. They represent his feelings at the social level. The dimensions of the house illustrate the rational or affective orientation of the child. The affective (emotional) side predominates if the house is big. A small door shows difficulty opening up to others. Large windows are believed to represent curiosity. The drawing's position on the piece of paper also provides us with information. A house on the left reveals the past. Positioned on the right, the house illustrates the present and optimism. A house surrounded by a fence can demonstrate anxiety or indicate the child's desire to protect himself.

Characters. Adults are often surprised to see how a child has drawn them. The character most frequently drawn by a child is himself.¹⁶ The drawing evolves from *stick man* to *frog man*. The child then represents himself more figuratively. The child most often draws himself near his house, surrounded by his loved ones. The dimensions of the eyes and mouth can illustrate curiosity or openness (or the opposite) towards others. The child may draw a smaller version of himself. This can indicate low self-esteem. A drawing without hands may represent powerlessness. The drawings of physically or sexually abused children often reveal their tragedy.

Sun. Depending upon its colour, the sun can be a symbol of strength or lack of energy. Its presence shows cheerfulness and optimism. The sun also shows that the child recognizes the succession of night and day. The child draws the sun for day and the moon for night. The sun may also represent the father.

Clouds. Clouds reveal whether the child is conscious of the context he is in. Worried children often draw large, dark clouds above their self-representation in the drawing. These drawings speak for themselves.

Trees. Trees are an important theme as they describe the child himself. A large trunk illustrates energy and vitality; a thin trunk lack thereof.¹⁷ Sick children often draw thin trees. The height of the tree can represent the importance the child thinks he has in the eyes of his family. The child will usually magnify what matters to him.¹⁸

Aggressive, black streaks are used to indicate characters that the child doesn't like. The streaks allow him to vent his anger. The child may draw a nurse, a doctor, or any other professional who has hurt him in any way. The drawing allows the child to liberate his pent-up emotions.

¹⁶ Image: Maman pour la vie. *Votre enfant vous parle par ses dessins* : Available from http://www.mamanpourlavie.com/fr/editoriaux/statique/editoriaux_683.html. Accessed Jan. 21, 2007.

¹⁷ *Ibid.*

¹⁸ Jacqueline Royer. *Les stades évolutifs du dessin de l'enfant*. Available from <http://www.e-monsite.com/isabellesamyn/rubrique-6880.html>.

The colours chosen also have their meaning. Red, the first colour perceived by children, can express vitality or aggressiveness. Blue can indicate gentleness.

Chronically sick children

Sadly, many children are chronically ill and require greater help from both parents and care providers¹⁹.



Such children are sad, suffering, and often desperate. Because of their pain, fatigue, or ongoing treatments, it is often difficult to propose games. In such circumstances, care providers should not hesitate to tell them funny stories, entertain them with finger puppets, read them books, and allow them to watch TV programs or movies that are suitable for their age.

Given the opportunity, a teenager can easily ask questions, express his concerns and despair. A child, on the other hand, often needs tales or objects such as images, puppet, and dolls to express his fears and worries.

It should be remembered that the child still needs room to express his feelings when confronting his condition or unavoidable death, even if informational and educational games are required to get him to cooperate with the care providers.

Children of every age have their own vision regarding death. Care providers must understand each

Perception of death			
Age	Thought pattern	Specific anxiety	Perception of death
18 months to 4 years	Autonomy/shame and doubt, magical thinking, beginning of concrete thinking.	Fear of abandonment and mutilation.	Death is temporary and reversible. The dead is elsewhere.
4 to 8 years	Work/inferiority, concrete thinking.	Peur de la mutilation, de perdre l'amour des parents.	Death affects seniors and sick people. Death is permanent and irreversible. Development of an idea of God.
9 to 12 years	Competency/inferiority, logical thinking, development of concrete thinking.	Peur de perdre l'amour des parents.	Death is unavoidable and irreversible. Everybody dies, including friends and parents.
12 years and older	Identity/confusion, formal thinking.	Peur de perdre son identité, d'abandonner les parents.	Questioning of parental values. Attempts to give meaning to life and death.

child's feelings and remain honest with the child. Interventions must be adapted to his level of comprehension. Accomplishing this is difficult in itself. Maryse Siksou and Patricia Utreras Montenegro write: "Allowing a *dying* child to express himself is acknowledging his existence as a human being and refusing to accept the antiquated representation of childhood, that a child is not yet a man."²⁰

¹⁹. Image : *Image. L'enfant malade endormi*. Fotosearch : <http://www.fotosearch.fr/PHT394/paa394000008/PAA394000008> PhotoAlto Libre de Droits www.fotosearch.fr

²⁰ Translated from Maryse Siksou et Patricia Utreras Montenegro. *La 'vérité' et l'accompagnement de l'enfant et de sa famille face au cancer*. Retrieved on Jan. 21, 2007 from www.e-cancer.fr/v1/retournefichier.php?id=2365

Below is a translation of a poem which describes critical situations.

The Sick Child

*Look, look at the child in the sandbox
He's using clay to build a sandcastle
He's effortlessly and quietly pursuing his destiny
On the path of time which is mercilessly passing by*

*He inherited at birth
A tainted, fraudulent gift
Damned virus in the bag of blood
That was supposed to cure his failure*

*Science and progress will hopefully arrive
To save him before he reaches his final destination
Chance can no longer save him
From struggling to remain a child*

*I am simply writing this soft ballad
To chase away the intruder, to change the fate
Of this body which is now hostage of Death
Who will bring it tomorrow to the gallows²¹ ..²².*



The care provider's feelings

Informing an extremely sick child about his treatment or giving a lesson to a little one who is struggling against a chronic or fatal illness is difficult and often quite moving. The suffering child deeply troubles us. Care should be taken to avoid showing this. Children have *antennae* into the soul and can perceive the emotional climate of a situation and feel what the care provider is feeling. Emotions are contagious. Care providers must always get a grip on themselves. The same goes for the parents who are already experiencing a huge emotional burden.

CONCLUSION

Games provide many benefits to care providers working with children. Properly used, they can entertain and inform the child and allow him to express his feelings. In addition to bringing the child to the play room, the nurse's professional obligation is to use fun and games as a tool and integrate them in the care-giving process. Games should not be limited to entertainment and hobbies in a boring environment in which everything evokes suffering and confinement.

In specialized paediatric centres, the use of fun and games in caregiving has become common practice. Elsewhere, much work remains to be accomplished to normalize their use. Accepting the use of fun and games, preparing a database of teaching plans and material involving

²¹ Translated from J.C. Blondel. *L'enfant malade*. Retrieved Jan. 21, 2007 from <http://www.toutelapoesie.com/blog-b10-entry697.html>.

²² . Edward Munch, *Sick Child*, courtesy of the Tate Gallery.

games, making toys available for care providers, and a bit of training may help propagate the practice.

Games allow care providers to respond to the child's needs. More studies about the subject are needed in nursing. Fun and games are almost as essential as sleeping and eating for children. Fun and games allow them to forget about the disease, to overcome fear. When the fear abates, so does the woe.



Games also allow the child to understand the care which he is being given, to express his feelings, to inform nurses about how he views his condition, and to ask questions or to raise concerns. This strategy costs little and is quite beneficial.

Games allow the child to evolve. Through rules, reflection, interiorization, expression, and negotiation with himself and others, the child finds room to grow and mature²³. Are there any means other than fun and games that work as effectively with children?

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