

THE CHILD WITH CANCER AND THE MAGNITUDE OF THEIR RELATIONSHIP WITH PLAYING DURING ONCOPEDIATRIC HOSPITALIZATION

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Abstract: Introduction: Cancer is a neoplasm that, among children and adolescents, travels more quickly towards the weakening of a healthy organism. The hospitalization of children with cancer awakens in the discontinuation of daily life and in the modification of their development, due, among others, to the decrease in the stimulation of neuropsychomotor components in an unknown environment. Playing is the main occupation of children and responsible for their representation of being in the world. Given its use in promoting biopsychosocial aspects of quality of life, Occupational Therapy and its performance in Pediatric Oncology becomes fundamental during the rehabilitation process, from which the present study will seek to emphasize, in play, the resignification of children's activities in illness during their hospital stay. **Objective:** To investigate the influence of playing on the child development of children undergoing cancer treatment in the hospital care routine. **Method:** This is a systematic literature review study, which used the platforms American Journal of Occupational Therapy, BVS, Cadernos de Terapia Ocupacional, PubMed, REVISBRATO, Revista de Terapia Ocupacional da USP and SciELO. **Results/Discussion:** In order to present the theme in a consistent line of reasoning, 6 major thematic divisions were listed for exposure, namely: play, discontinuity of the routine of being a child, breadth of occupational therapeutic care, getting sick in the hospital, environment in the hospital and particularities of child development in the hospital. **Conclusion:** Child development is interfered with by the disruption of daily life during the child's stay in the hospital, structured and unstructured play is an indispensable therapeutic resource for health professionals involved in the treatment of children with cancer and the occupational therapist is an essential professional in the

Pediatric Oncology team, in view of their knowledge congruent with a biopsychosocial, humanized and comprehensive intervention in the hospital context.

Keywords: Occupational Therapy, Play, Hospitals, Neoplasms, Playfulness.

INTRODUCTION

This article is an excerpt from the discussion established by the Course Completion Work (TCC) entitled *Being a child: literature review on children with cancer and child development during oncopediatric hospitalization*.

Cancer is a neoplasm, that is, a new abnormal cell growth that basically assumes benign (absence of metastasis) or malignant (presence of metastasis) characteristics. In children, cancer, compared to adults, according to Silva, Frizzo and Lobato (2017, p. 84), "has a shorter latency period, presents rapid growth and is more invasive." Consequently, for treatment, hospitalization "changes the way of acting in the world, either by implying several losses or by requiring new specific actions" (SIMONATO and MITER, 2017, p. 246).

De Lima and Santos (2015) describe that children recognize the hospital environment as limited to the exploration and stimulation of their development. Playing is a possibility for changing daily life, given that "hospitalization and clinical complications can cause a delay in the child's cognitive development" (LIMA, MAIA and MITER, 2015, p. 705), challenging the team of health professionals to mediate hospitalization needs versus child development needs.

Thus, in addition to the hospital environment offering little play, due to the dependence on technologies for the promotion and maintenance of life, getting sick also involves the interruption of daily activities. Simonato and Miter (2017) model this

context from the description of operational chains, that is, actions, mostly carried out at the bed and with an organization that favors only therapists, and also that “hospital objects also replaced the toy. or they played the role of a transitional object” (2017, p. 251).

Knowing, therefore, that the context of hospitalization modifies the relationships of the human being through a rupture, the child’s development is intertwined with the same concept, added, here, the condition of a person who still goes through the stages of growth. Winnicott (1975 apud SOSSELA and SAGER, 2017, p. 18), who defines play as a primary activity, says that “it is in playing, and only in playing, that the individual, child or adult, can be creative and use their personality integral: and it is only by being creative that the individual discovers the self.”

Still addressing the pediatrician, in chapters III and IV of the book *O Brincar & a Realidade*, it is stated that playing presents itself in time and space as universal, which allows, through doing, the continuity of a state of health. and the perpetuation of creativity as a driver of new skills, which will promote the child’s growth. The general objective, in view of the above, was to investigate the influence of playing on the child development of children undergoing cancer treatment in the hospital care routine.

LITERATURE REVIEW

TO BE A CHILD

It is known that human development is related to obtaining and improving skills, which allow the subject, gradually, to perform activities with an increasingly complex degree of difficulty and, as a result, to learn to be. According to Law No. 8069, which provides for the Statute of Children and Adolescents:

Art. 3 - Children and adolescents enjoy all the fundamental rights inherent to the human person, without prejudice to the

full protection provided for in this Law, assuring them, by law or by other means, of all opportunities and facilities, in order to provide them with physical, mental, moral, spiritual and social development, in conditions of freedom and dignity (BRASIL, 2021).

The child engages with the world through play and in an intrinsically multifaceted process, allowing for a dynamic and constant transformation that helps them to understand reality. Medrano, Padilha and Vaggetti (2008) define play for its possibility of creation, similar to a liberating practice, in which, through it, an identity becomes structured, “differential in the adult-child relationship and of each one with himself” (2008, p. 712).

Realizing that playing is a human need and a resource of communication and expression of the child and that, consequently, it manifests, in a more appropriate way, its understanding of the world, da Silva, Cabral and Christoffel (2008) reiterate that:

There is a close relationship between learning, sociocultural environment and the development of the child’s higher psychological functions [...] [in which] gradually, experiences with the world and people are internalized and, with this, a transformation in their behavior occurs (DA SILVA, CABRAL and CHRISTOFFEL, 2008, p. 276 and 277).

Gumieri and Treviso (2016) present theoretical foundations that confirm the relevance of playful activity during child development. Piaget’s theory is conceived through the child’s action with the environment and, from the sensorimotor stage, the exploration of one’s own body allows discovery with the world. Vygotsky, in another conjecture, believes that playfulness starts from the principle of imitation of behaviors that mobilize higher psychic functions, considering that learning is not

totally subordinated to development, but begins long before development. Winnicott, in turn, refers to play as a pleasurable source, capable of boosting the child's emotional and psychological structures that transmute their reality and lead them to maturation.

Authors such as Piaget, Vygotsky and Winnicott are important references for the construction of knowledge about the development of children and their potential in the sociocultural environment that surrounds them. They and other renowned thinkers revolutionized learning about learning and deconstructed education paradigms. As a result of this context, we recognize children as autonomous, singular subjects and protagonists of their constructions and the adult figure as a driver of their relational involvement.

CHILDHOOD CANCER

Abnormal cell growth in the human body, especially in children, since they are immature cells and not risk factors per se, compromises proper functioning to determine a favorable condition for physiological processes, thus causing internal fragility of the subject.

Proving that childhood cancers multiply and grow more suddenly and, consequently, are more severe, these are called chronic diseases that require restructuring of the health system. Not only does service management need to be rethought, but care also needs to be redistributed among health professionals in a less segmented way, as Leland et al. (2017).

According to Brand et al. (2016), child cancer care centers have greater experience with person-centered care, which leads us to believe, as an effect of this process, in the continuous improvement of these spaces with the humanization of the care environment. For the authors, regardless of the target population, "support [to health]

must extend beyond the walls of the medical center" (2016, p. 765).

Given the above, the sudden appearance of a health condition such as cancer, which, in a way, interrupts the expected course of life, does not bring with it the indispensability of renouncing the genuine pleasures of age. Rather than the subject, it is the responsibility of the context to adapt and accommodate the instance of change.

PLAYING IN THE HOSPITAL

Motta and Enumo (2004) introduce the use of play in the hospital from the beginning. The authors go through their first insertion of greater evidence with the clinical doctor Patch Adams, then, when gaining space between the possibilities of humanization of the environment, until when the use of the toy receives visibility through the art of clowning. They are no less important, but there are mentions of the use of play as a strategy for emotional management and in the expression of feelings and communication between the child and the team.

Playing has grown in recognition and importance over the centuries and has become a right for children and adolescents, as well as providers, regardless of health, development and learning conditions. When perceiving the referral of their insertion in the hospital environment, it is noted that, for a long period, the hospital-centric logic did not offer the opportunity for originality that would lead care beyond the look at the health-disease process.

When entering, albeit superficially, the intersection between child and hospitalization, Vieira and Cazeiro (2017) argue that playing, in this environment, does not necessarily need to be linked to a material or space. The intention, first, is to enable the child to obtain continuity in their daily lives by stimulating their social participation.

Playing is uninterrupted, even when traversed by successive individual transformations to our human character of growth. The disruption of everyday life is not unaccompanied by an experience without suffering, however, dealing with the disease can be done in a way that is not exclusively through this. In this sense, it is necessary to deconstruct the concept that the best way to provide pleasurable situations is based on the opinion of the health professional, in the same way that playing not only provides emotional regulation, but also promotes essential skills for human beings.

THE IMPACT OF HOSPITALIZATION ON CHILDREN

It is unquestionable: hospitalization reduces the availability of recreational activities. Dependence on the use of technologies for the promotion and maintenance of life contributes to the child's idle time and, consequently, prevents him from receiving "stimuli that enhance his creativity and self-esteem, expression of feelings and acquisition and improvement of motor and cognitive skills" (SPOSITO et al., 2018, p. 335).

We already know that the child's depression during hospitalization is due, among others, to the interruption of daily activities. In this sense, in line with Lima, Maia and Miter (2015), who correlate children's development with their abilities to create the world through play, "interventions in the hospital context must be planned with a view to promoting favorable conditions for the rehabilitation of effects adverse experiences to the child's behavioral development" (SOARES and ZAMBERLAN, 2001, p. 65).

The hospital represents the removal of everything that is inherent to the human being. By itself, it carries an ominous stigma of a place where "technical rules must override

the spontaneous behavior of daily life" (NEHMY et al., 2009, p. 65). For the authors, the medical-centric perspective fragments the intrinsic subjectivity of the child, which would make him/her more inserted in the environment, and "although the involvement of the family represents a marked advance, it is not a sufficient factor to change the hospital environment in order to make it free from threats to the patient's child condition" (2009, p. 66).

When dealing with limitations, difficulties and/or complications that influence, as previously mentioned, the condition of health and well-being, playing, as an elementary occupation for the child's identity, engagement and involvement in their daily lives, conceives development as a sequential health care process.

METHOD

This is a systematic literature review study, that is, "a form of research that uses as a source of data the literature on a given topic [...] particularly useful to integrate information from a set of studies carried out separately [...] helping to guide future investigations" (SAMPAIO and MANCINI, 2007, p. 84).

The study does not deal with the repetition of arguments on a given subject, but the willingness to provide a discussion in the face of a new approach. In this sense, Sampaio and Mancini (2007) and Galvão and Pereira (2014) describe as stages of the construction process: definition of the question and research objective, search for articles, selection of studies found and writing.

To achieve the objectives, with regard to the search for articles, the VHL, PubMed and SciELO platforms were used. Due to the scarcity in the location of scientific material that contemplated the proposed proposal, mainly those linked directly to the area of pediatric oncology, a search was carried out in

specific journals in the area of Occupational Therapy, especially the American Journal of Occupational Therapy, *Cadernos de Terapia Ocupacional*, *Journal of Occupational Therapy at USP* and *REVISBRATO*.

21 articles were selected for theoretical-scientific basis, included according to Portuguese, English and/or Spanish languages, publication period between 2011 and 2021 and of which the keywords that intermediated the consultation were, in alphabetical order, jokes, child, hospitals, hospitalization, playfulness, neoplasms and Occupational Therapy. Statistically, the general average among the selected articles permeated 10.7 years of publication, which, exceeding the desired impact, shows an important gap in scientific monitoring, especially at the national level, in assertive dissemination to expand pediatric oncology and its properties.

RESULTS AND DISCUSSION

The child uses play as a means of social expression of the essence of its subtleties. There is the professional who points out, in playfulness, a less reliable and scientific resource and that, for this reason, the knowledge of more prestigious methods needs to be associated with practice. Hospitalization, which, according to da Luz and Martini (2012), causes dissatisfaction due to the unpleasant sensations that cross the body, must not reduce the child to a permanent condition of being sick or waiting for dawn without pain.

Playing, in its essentiality, has always been immersed in the children's world. It was never simply a hobby without purposes, since the activity itself acquires a therapeutic effect. Understanding their need, Miter and Gomes (2007) suggest that, from the moment the health service manager recognizes the playful activity as a supplier of quality of life, actions are made possible.

Playing does not necessarily have the imposition of materials or spaces, since the behavioral repertoire itself is capable of knowing different responses. Playing takes place, in principle, through exploration – of the environment, the object, the body, the imagination, etc. The activity may follow an unforeseen sequence, but which, independently of physical and social barriers, offers meaning to what the child understands.

Given its spontaneous nature, Jasem et al. (2020) perceive that both the children and their families expected that this activity would continue to be included during their stay in the hospital, especially with regard to the uninterrupted play that was carried out in the spaces of their homes, configuring themselves as protective factors of a repertoire of experiences and able to transmute the environment into a relationship of positive exchanges.

The child, for Gomes and Oliver (2010), is responsible for the most accentuated absorption of the impact of the rupture of daily life, remembering the characteristics of an unknown, restrictive, lonely environment loaded with so many other negative feelings in addition to sadness. One of the main, if not the main challenge of implementing play in the hospital, according to Silva and Corrêa (2010), is the difficulty for health professionals to understand their need.

Playing can be considered indispensable and its lack may even be related to the lack of institutional support during treatment. Miter and Gomes (2007) believe in the importance of the search for a greater comprehensiveness of care offered by the resignification of actions that permeate child hospitalization. Hospitalization, according to Aragão and Azevedo (2001), no matter how much it leads to the rupture of a structured life and, more than that, it is difficult to adapt, it is still essential in health care.

Among the professionals interviewed by Mello et al. (1999), it is observed that most of the answers about playing in the child's daily life are related to a component of their own development, unlike how they see it in the hospital, in which distraction is the most punctuated definition among them.

Play, while providing child development and establishing social participation, "can, consciously or unconsciously, serve as a counterpoint [...] that usually occurs between children, health professionals and hospitals. [...] In this sense, [...] it becomes one of the possible strategies for rescuing and maintaining the condition of a child in the hospital environment" (MITER and GOMES, 2004, p. 153).

In the case of children, the inclusion of play makes it possible, according to Brand et al. (2016), "to see that they are more than their cancers, with the ability to enjoy a new activity, learn a new skill or simply experience inner calm" (2016, p. 766). Even if limited to the bed, play can be promoted through pre-existing toys or by creating new ones.

E Sousa et al. (2015) establish the importance of the presence of the adult person as a driver of the child's self-expression, ensuring a pleasant environment in which "both become the same patient, much stronger, overcoming traumatic moments, acquiring new experiences and facing the entire hospital environment differently." (2015, p. 6). By making the environment safe and comfortable, according to the clinical conditions, the child-therapist relationship improves.

It is noted that the external environment has attributions as important in the child's growth as the feelings provided by being in an unknown environment. According to Rockembach et al. (2017), "the ludic is able to modify the children's imagination, as it makes it possible to change the look at the illness and its negative consequences [...].

According to Requião (2007), when resuming that play is an approximation to the social environment and a facilitator of the child's communication with the world, the child needs to be a protagonist from the adequacy of the environment, so that opportunities for exploration are provided. and reception of the therapeutic setting, to the guarantee of a stay in which relationships with play are intrinsic to any experience that hospitalization will generate.

This condition leads us to take up points discussed previously, that the improvement of scientific knowledge related to children must be directly allied with knowledge about play, putting into effect a proposal for comprehensive pediatric care that provides quality with the opportunity to be involved in different activities, transforming a context where, at that moment, their lives will pass.

According to each singularity, playing embraces an essence of the world, manifesting itself through "plays, relaxation, dialogue, music, among others" (NICOLA et al. 2014, p. 704), which makes it possible to enhance of being a child. The insertion of playing in the hospital is, yes, according to Silva et al. (2019), a humanization, recreational or interventionist practice that must "be considered by professionals as a more appropriate way to communicate and approach the child" (p. 5, 2018).

In the study by Miter and Gomes (2004), playing was presented differently in the three institutions observed, being, in one of them, the systematization of recreation proposals that were configured as therapeutic, since they had a professional, space and funding for another, as a health producer, integrating the humanization of the hospital environment with the toy libraries, and, finally, from the demand and the way of acting of each of the professionals, who used or not recreational activities in their interventions. therapeutics.

In order for play to actually occur in the hospital, the authors discuss the playful culture of each child, that is, an “internal repertoire, formed by the unique absorption of each subject, of the rules of the social environment that will provide references to interpret activities and diverse actions as play, including those that can be configured as unknown or even unpleasant” (MITER and GOMES, 2004, p. 148).

Thus, in addition to being a reliable self-expression of their creative capacity, to make it impossible would be to take away their confidence with what is their own and, consequently, with their therapeutic potential, according to Mello et al. (1999). Playing, the child is driven to conquer new possibilities, values, beliefs and principles and, during the illness, it becomes an important adjunct to their development.

So far, there has been a line of objection built in view of the prolonged stay in the hospital related to children with cancer, which would appreciate the understanding of the rehabilitation process and the influences of the disruption of daily life on their development. With this, playing is reaffirmed as an instrument for the formation of the world in an appropriate way, allowing adaptation to new demands that would result in a less traumatic experience in the care equipment.

CONCLUSION

Even when associated with an external component, the interchange between play and child cannot be replaced. In view of this and the resistance to the use of playfulness on the part of health professionals, the study was able to elucidate the imminent change in child development in the face of the disruption of daily life during hospitalization.

Given the difficulties, in practice, of implementing recreational resources in highly complex services, which would also

cooperate with the discontinuity of the routine of the child inserted in the equipment for a long time, structured and unstructured play was presented as indispensable. health professionals to the promotion of a development caused by the treatment of a new disease.

Finally, it is necessary to rethink the professional dialogues regarding their magnitude in the indispensability and resignification for the sick child, since hospitalization does cause damage to the continuity of their growth and playing, therefore, must compose a break-up. head, from which the people involved in the care are linked to overcome this paradigm.

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