

## The re-signification of objects performed by children in the hospital context

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### Abstract

The discussion about human relations in the hospital context should be addressed more effectively by education, especially when it involves hospitalized children and adolescents. The main objective of the study was to use the story production activity as a mean of re-signification of hospital objects. It is a qualitative and interpretative study with children and adolescents between seven and fourteen years old. We used production of texts for acquisition of data, and a scale of faces for verification of emotions. The results showed changes between the personal relations of the participants and their relatives, indicating that it is possible to transform the isolation in union and the sadness in moments of relaxation in the promotion of more humanized relations in the hospital context. In this space of the imaginary, the objects of the hospital environment can become what the imagination determines

Keywords: Children. Adolescents. Theater. Hospital environment.

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### A ressignificação de objetos realizada por crianças no contexto hospitalar

#### Resumo

A discussão sobre as relações humanas no contexto hospitalar deve ser abordada de forma mais efetiva pela educação, principalmente quando envolve crianças e adolescentes hospitalizados. O estudo apresenta como objetivo principal a utilização da atividade de produção de histórias, como um meio de ressignificação de objetos hospitalares. Trata-se de um estudo qualitativo e interpretativo com crianças e adolescentes entre sete a quatorze anos. Para a aquisição dos dados, utilizou-se a produção de textos e, para a verificação das emoções, foi utilizada uma escala de faces. Os resultados demonstraram modificações entre as relações pessoais dos participantes e entre seus familiares, indicando que é possível transformar o isolamento em união e a tristeza em momentos de descontração na promoção de relações mais humanizadas no contexto hospitalar. Nesse espaço do imaginário, os objetos do ambiente hospitalar poderão se tornar o que a imaginação determinar.

Palavras-chave: Crianças. Adolescentes. Teatro. Ambiente hospitalar.



## La resignificación de objetos realizada por niños en el contexto hospitalario

### Resumen

La discusión sobre las relaciones humanas en el contexto hospitalario debe ser abordado de forma más efectiva por la educación, principalmente cuando involucra a niños y adolescentes hospitalizados. El estudio presenta como objetivo principal la utilización de la actividad de producción de historias, como un medio de resignificación de objetos hospitalarios. Se trata de un estudio cualitativo e interpretativo con niños y adolescentes entre siete a catorce años. Para la adquisición de los datos, se utilizó la producción de textos y para la verificación de las emociones se utilizó una escala de caras. Los resultados demostraron modificaciones entre las relaciones personales de los participantes y entre sus familiares, indicando que es posible transformar el aislamiento en unión y la tristeza en momentos de relajación en la promoción de relaciones más humanizadas en el contexto hospitalario. En ese espacio del imaginario, los objetos del ambiente hospitalario podrán convertirse en lo que la imaginación determine.

Palabras clave: Niños. Adolescentes. Teatro. Ambiente hospitalario.

### Introduction

The context of hospital admission is, generally, a difficult situation for everyone, and, especially, for children and adolescents, due to the changes that occur in the life of patients and their families.

According to Cardoso (2007), the hospitalization process can be considered as something unexpected and undesirable, mainly due to the restrictions related to the disease and the hospital treatment.

Children and adolescents, in general, are accompanied by the mothers who end up organizing the entire process of moving their children to hospital units. The relationship between mother and child is very important for the mental health of children and adolescents (SIQUEIRA; SIGAUD; REZENDE, 2002). However, during hospitalization, the mother does not feel well about not being able to pay so much attention to her other children, as well as the commitment of domestic duties, due to the assistance given to the sick child, thus having different feelings. In relation to the above context:

Childhood hospitalization can be a potentially traumatic experience. It takes the child away from his daily life, from the family environment and promotes a confrontation with pain, physical limitation and passivity. This confrontation leads, in most cases, to feelings



of guilt, punishment and fear of death (SANTA ROZA, 1997, p. 37).

As it can be verified, the context of hospitalization does not affect only children and adolescents, but also the whole family routine that is modified, characterized mainly by emotional difficulties, in the face of unexpected situations involving hospitalization.

The condition of child and adolescent hospitalization cannot configure a situation acclimated by the recollection and sadness that often involve the family and the child itself. Therefore, the multi-professional relationship is fundamental in the resignification of time and spaces in hospital, in which the hospitalized child and adolescent can effectively live, as far as possible, the dimension of childhood and adolescence.

According to studies, childhood and adolescence are stages of human development marked by various types of physiological, cognitive, emotional, social and behavioral changes, characterized as a transition to an adult life with great challenges (FONSECA; TAVARES, 2009), and almost all adolescents go through moments of irritation, confusion and even depression (BERGER, 2003). Regarding the stages of development and hospitalization, researchers report that:

During hospitalization, the child is away from his or her pet objects, the pace of life, the people who are important to him or her, and is often deprived of play. Children who experience such experiences may present behavioral changes (aggressiveness, desire to flee and dependence), severe psychopathological alterations (clinical isolation of treatment) and altered nutritional status (FERREIRA; REMEDI; LIMA, 2006, p. 690).

Some children, as well as some adolescents, in the context of hospitalization, end up interrupting their family and social activities. Often, they remain isolated and, depending on the case, they are not accompanied by a relative during the hospitalization process. It is considered one of the healthier phases during the development process of the man, the hospitalization is a situation that the adolescents, in general, do not know how to deal with.



According to Calais, Andrade and Lipp (2003), there are not many studies that have evaluated stress in adolescence, and this stage of human development is the one most likely to cause problems and difficulties.

The hospitalization situation has significantly affected patients by distancing them from their group of friends and family and is, undoubtedly, a difficult process of transition, unexpected and difficult to be accept.

The living environment, in a context of hospitalization, is for children and adolescents, in general, a sad place presenting itself as a totally different space from those they used to attend. In this way, when ludic, cheerful and social activities are offered, in some areas for hospital leisure, the majority of these patients respond positively.

The application of reading activities and the production of texts, in a reality of hospitalization, are resources that can be treated and related to education and health, especially when it is considered that a significant part of children and adolescents do not have the opportunity to experience ludic activities in these spaces.

Several researches, projects and studies related to the ludic activities in the hospital environment were inspired by the "Doctors of Joy", considered as a successful project, presented, among other objectives, the promotion of a more welcoming and joyful context in the hospital environment. The appropriation, as far as possible, of a more pleasant hospital environment is one of the contributing factors, not only for the faster recovery of patients, but also favors the whole context that involves hospitalization. Based on this project, Souza, Rodrigues, Carnáuba and Barbosa (2013) suggest the development of new studies related to the theme, seeking a greater understanding of this practice in the hospital environment.

The theater of objects, as proposal of an activity based among others in the production of stories, presents, as one of the main objectives, the use of the creativity and imagination capacities of children and adolescents. According to Cebulski (2013), the theater of objects is something that belongs to contemporaneity, used by several research groups that work with objects and theatrical poetics.

According to Parente (2007), in the context of theater, the manipulation of objects presents an interference on the manipulator and, although characterized as something difficult to measure and evaluate, can be considered



important, during the process of relationship between the agent and the object. In relation to the stimuli of the manipulator, "[...] during animation, the object not only executes the movements proposed by the manipulation, but also sends stimuli to the manipulator" (PARENTE, 2007, p. 30). In view of the above, the theater of objects can be an important resource to be used from objects found in hospital environment.

In relation to the types of objects selected, it is indicated that they belong to the same "family group". According to the magazine *Móin-Móin – Journal of Studies on Theater of Animated Forms* (2010, p. 36), the selection of "families" of objects, such as tools, toys, women's objects (fans, tiaras) and kitchen utensils, can be considered as point for the choice of objects. Specifically, regarding the hospital context, based on the previous indication, the present study selected objects and materials used in hospital procedures such as gloves and syringes, among others.

Human relationships are mediated by situations, environments, people and objects that pass through each person's day by day. There are different types of relation in function of objective and subjective variables that permeate the relational processes. With regard to the possibilities of using the theater of objects activity, Carrignon and Mattéoli (2006) assert that the theater of objects portrays everyday situations, appropriating personal memories related to objects. Due to the relational possibility presented, the theater of objects was selected as an interlocution resource for the resignification of the patients.

Several programs and projects related to humanization in the hospital context are implemented with the aim of promoting the development of practices, relationships and care among health professionals and patients. In the case of child and adolescent patients, this attention is of the utmost importance, since, in some situations, these students are removed from the school community, that is, from their friends, teachers and the entire school community.

Be it in the family, school and hospital context, all are characterized as spaces of education, when one understands and recognizes as education the relational processes that happen based on the different contexts. Therefore, education is not restricted to a school institution because:

No one escapes education. At home, church, or school, in one way or many, we all wrap chunks of life with it: to learn, to teach, to learn to teach. To know, to do, to be or to live together, every day we



mix life with education. With one or several: education? Educations [...]. There is no single form or model of education; school is not the only place where it happens and maybe not even the best; school teaching is not the only practice, and the professional teacher is not his only practitioner (BRANDÃO, 1981, p. 7).

The man is a being endowed with complexity characterized by several dimensions such as cognition, emotion, motor and cultural, among others, requiring a psychological monitoring and emotional care beyond the biological, respecting the individuality of each patient (BARBOSA, SILVA, 2007).

The objective of the research was to stimulate the production of stories and texts from the theater of objects activities with the verification of the emotions of children and adolescents before and after the activities.

## Methodological design

The research is qualitative and interpretive according to Bauer and Gaskell (2002), André (1995) and Denzin and Lincoln (2006). The theoretical-methodological model started from a bibliographical research, and then from a field research. In relation to the production of the texts and stories of the children and adolescents who participated in the study, we chose for the non-orthographic and grammatical correction of texts produced, instead, we conduct transcription in full.

In order to obtain information about the emotions of the children and adolescents hospitalized, the emotions check was performed through the Andrews Faces Scale (MCDOWELL; NEWELL, 1996) as a research tool, presented, as objective, to identify perceptions related to feelings and emotions (DENZIN, 2006; FLICK, 2004). It is a scale used in studies and research carried out in the hospital context, mainly due to the context that involves hospitalization. The use of the visual scale can be used to record feelings related to the daily life, from the indication of the faces, being considered a reliable method to evaluate the psychological well-being of the individuals (BAUMAN; BAUMAN; TOLENTINO; OLIVEIRA, 2011).

The qualitative study is indicated for the awareness of social processes and specific groups, allowing "[...] the construction of new approaches,



revision and creation of new concepts and categories during the investigation" (MINAYO, 2006, p. 57).

The study included hospitalized children and adolescents admitted in a pediatric clinic of a hospital in Brasília, aged between seven and fourteen years old, who were authorized by the medical team and their responsible, who voluntarily expressed their desire to participate in the activities. The research lasted four weeks, with an average activity of between one and a half and two hours, twice a week. There was a total of nine patients admitted to the hospital for treatment, awaiting for surgery (pre-surgical situation), or after surgery (post-surgical situation). The total of nine participants in the study is justified because of the high turnover of patients hospitalized in public hospitals.

The study was originated on the basis of empirical observations that, in many public hospitals, there is no recreational activity for hospitalized children and adolescents.

It is important to emphasize the need for a methodological flexibility, depending on the hospital context of research, that is, as an extremely sensitive space in relation to the clinical conditions of the patients, in this case, related to the children and adolescents involved. The methodological indication was initially based on the profile related to the hospitalization situation and, on that basis, the instruments and activities were selected. In the last decades, studies and researches related to hospital education have arisen from the need of knowledge about the aspects related to the personal and contextual dimensions that can interfere in the treatments of the patients.

The research began after evaluation and approval of the CEP/FS-UnB Ethics and Research Committee with CAEE No. 33858914.4.0000.0030 and Opinion No. 853.057.

Information about the study was provided to the children responsible and requesting the signing of the informed free consent form (TCLE) by the responsible, beginning the activities of storytelling and the production of texts related to the theater of objects, as well as other activities suggested by participants.

#### A) Children's stories and comics.

From the selection of some books on children's stories, comic and / or contextual storytelling.



## B) Theater of objects.

The construction of the stories began with the selection of objects to be inserted in the box and afterwards each child or adolescent renamed the objects: glove, mask, syringe and cap.

### *Material resources:*

– Children's story books (available from the library), A4 sheets of paper, pencils, erasers and objects of the hospital context for the activities of theater of objects.

### *Methodologies used in function of the studied variables:*

#### *a) Production of texts*

The children and adolescents produced texts and stories based on the activity of the theater of objects. The texts were transcribed, as written by children and adolescents, including spelling mistakes and concordance errors. The method used was indicated according to the objectives of the study and the proposed activities, since it relied on information based on the perception of the patients related to the opinions and beliefs of the participants (DENZIN; LINCOLN, 2006; GIL, 1987; LAKATOS; MARCONI, 1993; MINAYO, 1994). This stage was characterized as a qualitative and interpretative research according to Bauer and Gaskell (2002), André (1995) and Denzin and Lincoln (2006).

#### *Data Processing and Analysis – Texts Production*

The stories and texts, produced on A4 paper, were transcribed in full, that is, reproduced, in an identical way, to those produced by the child, using the Word text editor. Subsequently, we perform an analysis of the stories and texts produced during this phase of the study.

#### *b) Verification of children's emotions*

The Faces Scale (MCDOWELL; NEWELL, 1996) is a visual scale in which figures that correspond to faces are presented, indicated by letters A through G. It is an easy-to-use instrument requiring any kind of non-verbal translation, because it has a non-verbal format. We used it to indicate how children and adolescents felt before and after the activities. The participants marked with a sign on the face design, indicating how they felt at that moment. The median indication, that is, neither cheerful nor sad, of the Faces Scale (Figure 1) was



represented by letter D as the central point and dividing between the emotions of joy and sadness, as follows:

- State of Joy: letters A, B or C;
- Normal State: letter D;
- State of Sadness: E, F or G

Each child and adolescents indicated, before and after the activities of the day, which of the faces represented their emotional state (subjective) from the following question:

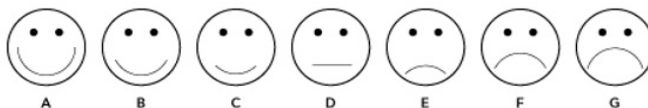
- How do you feel?

In this way, the objective was to understand the reality (GOLDBERG, 2002), according to the objective and subjective aspects of the participants (REY, 2005; TRIVIÑOS, 2007).

**Figure 1**  
**Andrews' Faces Scale (Mcdowell and Newell, 1996)**

Figura 1

Escala de Faces de Andrews.



Fonte: McDowell & Newell <sup>16</sup>.

### *Treatment and Analysis of Data*

The organization and analysis of data were performed based on the indication of the letter (A, B, C, D, E, F and G), according to the categories related to the seven faces presented in the Andrews' Face Scale (MCDOWELL; NEWELL, 1996).



## Emotions in the hospital context

In general, the context of hospitalization is surrounded by anxieties and uncertainties regarding patients and their relatives. What we have observed in the study is that, when inserting the activities in the hospital, there were changes in relation to the behavior of the participants, since children and adolescents began to wait with great expectation the arrival of the researchers to start the activities.

**Table 1**  
Characterization of participants regarding age

| Participants | Age (years old) |
|--------------|-----------------|
| 1            | 14              |
| 2            | 10              |
| 3            | 12              |
| 4            | 07              |
| 5            | 07              |
| 6            | 14              |
| 7            | 14              |
| 8            | 09              |
| 9            | 12              |

Source: author's elaboration

Nine patients participated in the research, including 4 children, aged 7 to 10 years old, and 5 adolescents, between 12 and 14 years old.

It can be considered that there was a balance regarding participation among children and adolescents, since, specifically, patient n° 3 (an adolescent), participated in the activities of storytelling and verification of emotions, but did not participate in the activity of theater of objects. The Faces Scale was presented to the participants and everyone indicated how they were feeling.

Table 2 refers to children's responses before and after activities from the question - How do you feel?

Table 2

## Result of the Faces Scale before and after the activities

| Children | Before | After |
|----------|--------|-------|
| 1*       | A - A  | A - A |
| 2        | A      | D     |
| 3        | A      | A     |
| 4        | A      | A     |
| 5        | A      | A     |
| 6*       | E - B  | A - A |
| 7        | A      | A     |
| 8        | B      | A     |
| 9*       | D - C  | B - A |

Source: author's elaboration

\*Children who participated in activities twice

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The results obtained on the basis of the qualitative and interpretive research carried out – according to Bauer and Gaskell (2002), André (1995) and Denzin and Lincoln (2006) –, identified the perceptions related to feelings and emotions (BAUER, 2007; DENZIN, 2006; FLICK, 2004). From the Andrews' Faces Scale (MCDOWELL; NEWELL, 1996), the results showed that, with the exception of participant #2 who was a child (10 years old), indicated the letter D, that is, neither happy nor sad, the results related to the emotional state of the other children and adolescents, after the activities, indicated states of joy. In particular, there was an improvement in the emotional state of the adolescent #6 (14 years old) and the adolescent #9 (12 years old) and the child #8 (9 years old).

According to Dias, Silva, Freire and Andrade (2013), ludic activities should not be denied during the illness, since these activities can express the feelings and fears of children and adolescents in a hospital admission.



**Table 3**  
**Diagnosis of participants**

| Crianças | Diagnóstico       |
|----------|-------------------|
| 1        | Anemia Falciforme |
| 2        | Traqueostomia     |
| 3        | -                 |
| 4        | Hernia            |
| 5        | -                 |
| 6        | Cirurgia Renal    |
| 7        | -                 |
| 8        | -                 |
| 9        | Uretroplastia     |

Source: author's elaboration

(-) Uninformed

Among the nine participants, five reported the diagnosis, while the others were not informed by those responsible.

The objective of the study was to collect the stories constructed by the research participants, based on the objects of the hospital context that were renamed by children and adolescents.

All children and adolescents had the freedom to choose whether they wanted to write or perform another activity. This definition was mainly based on the age group and the type of interest of the study participants. Two adolescent participants preferred to perform different activities such as the activity *Who am I?* and the game *Monopoly*.

As informed, we opted for the non-orthographic and grammatical correction of stories and texts produced by children and adolescents, making the transcription in full.



## Productions of texts and stories and discussion

The participants of the study resided in satellite cities, cities around Brasília, and, in spontaneous reports, expressed the desire to release hospitalization by medical order to return home.

Hospitalized children and adolescents go through very difficult situations, such as the proximity of death, the loss of intimacy, as well as being removed from the context in which they live, so the hospital becomes an environment of suffering not only physical, but also emotional, according to Dias, Silva, Freire and Andrade (2013).

Below are some fragments of the stories and texts constructed in the Theater of Objects activity, followed by the observations of reality:

a) Participant 5

Characters – object renames:

Glove – Lorrán

Mask – Felipe

Syringe – Betofe

Tau – Tauan

Text of participant # 5:

Once upon a time Lorrán was playing with Felipe, they liked to play hide and seek and found two little friends named Betofe and Tauan. The four of them played hide and seek. Then they played with other things, they played catch-ups. After playing they went to wash their hands, then went to lunch. After lunch they went to bathe and then went to sleep [...].

Comments:

– Child #5 presents a very simple text, age of seven, based on chasing games like hide and seek.

b) Participant 4

Characters – object renames:

Syringe – Superman

Glove – Ben 10



Cap – Batman

Mask – Spiderman

Text of participant #4:

Once upon a time there was a Spiderman walking on the wall. He liked to fight the thieves. The Spiderman picked up thieves and kill. He did not like hanging out with friends, but he liked to let go of the web. The Spiderman found the thieves boring, he did not have a girlfriend [...].

Comments:

– The mother of child #4 reported that the uniform that characterized the Superman is the GTA character (game). After the activity was over, he left the room and came back to play “shooting” with his hands as a gun. He said he only wanted to leave the hospital on Saturday to be able to participate in the activity on Friday.

c) Participant 7

Characters – object renames:

Gloves – Kely and Ketlyni

Syringe – Doda

Touca – Viviane

Mask – Erica

Text of participant #7:

Child #7 wrote his own text, transcribed below:

Once upon a time there was a girl named Doda she lived sad because she had ninguem (wrong spelling for “no one”) To Play then came viviane there they were brincano (wrong spelling for playing) Well there came to Eica (wrong spelling for Erica) she was very mauvada (wrong spelling for evil) and wanted to separate the two arrived the gemias (wrong spelling for twins) and they AlsoPlayed together and Erica very ciumes (wrong spelling for jealous) of Doda All will become friends except Erica entãom (wrong spelling for so) they have solved jala (?) with erica and they will be friends for Ever [...].



## Comments:

– Participant #7 is a teenager, age of fourteen, and, as can be observed, presents many difficulties and weaknesses in the written text characterizing, therefore, a lag in relation to the quality of text production in relation to his age.

## d) Participant 2

Characters – object renames:

Glove – Maria

Mask – John

Syringe – Machuca (hurts)

Cap – Professor

Text of participant #2:

Once upon a time Mary and John liked to play ball in the building. On a beautiful sunny day, they were playing ball and also fishing. When they arrived at the fishery they found the ugly and annoying teacher who taught history.

[...]

The bald professor burned his head in the sun, also wore a hat. He played with Mary and John to kill the fish, since they were evil. They killed the fish with the knife and the Machuca [...].

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## Comments:

– This story was elaborated by a child who presented a great deal of difficulty to speak because he had a tracheostomy, therefore, with difficulties in oral communication.

## e) Participant 8

Characters – Rename the objects:

Glove – Raiane

Mask – Álexia

Syringe – Juju

Cap – Joana

Text of participant #8:



Once upon a time there was a little girl named 'I am' who went to play in the park with her sister Aléxia. They played hide and seek with their little friends Raiane, Joana and Barbie. Then they went to play in their little house of little pan and help. And they went to take a shower to lunch in the little house and then to sleep [...].

According to the research, based on the interpretation of the information (BAUER; GASKELL, 2002; ANDRÉ, 1995; DENZIN; LINCOLN, 2006), in relation of the production of texts and stories, the results showed an active participation of patients for the production of the texts that began with the renaming of objects in the hospital context as characters. The productions were carried out freely without any type of interference on the texts. By analyzing the productions, it was observed that participant #7 did not insert gloves - Kely and Ketlyni. The participant #2 chose for the syringe the name Machuca (hurts) and also did not insert this character in its production. In relation to the syringe, the participant #8 calls it Juju and the cap, Joana and, in the same way, did not insert them in the text produced.

Two teenagers expressed a desire to use the "Who am I?" game, where each participant wrote on a piece of paper the name of a person characterized by the media as a celebrity or a child character, such as a singer, sportsman, actor or cartoon character. In this activity, the nine members of the study participated. The roles with the names of the characters were drawn and adhered to each patient's forehead so that each participant knew which character was placed on his forehead. The goal of the game was that each member could discover what his character was through questions asked of other participants. During the activity described above, there was a great interaction among all participants who presented themselves smiling and relaxed throughout the meeting that day.

In the next visit, we noticed that the patients who had participated in the activity in the previous visit, and who, until then, were unknown, created a bond of friendship. They were relaxed, and, from reports, we found that they had gathered to play at other times. Although there was not, as the main indication of the study, promotion of relationships between the families of hospitalized children and adolescents, the process happened naturally in function of the work performed.





Considering that the children and adolescents were close, we observed that the families also began to relate to each other and, sometimes, to participate in the games.

Something that we verified regarding the behavior of children and adolescents, before the beginning of activities, still in the hospital room, was they always waited anxiously for the schedule of activities. It is possible that this may indicate the value in making available, in the hospital network, intervention actions related to ludic activities mainly for children and adolescents.

As verified in the results of the Faces Scale, most children and adolescents indicated the letters A and B. Except for participant #2 who was a child (10 years old), who, at the time, had a great deal of difficulty to speak, because had performed a recent tracheostomy, therefore, with difficulties of oral communication and perhaps this picture may have interfered in a non-positive way in relation to his emotional state.

The results that refer to the emotional state of children and adolescents indicated, in general, emotional states related to joy, after the activities. In particular, according to table 2, there was an improvement in the emotional state of the adolescent #6 (14 years old) and the adolescent #9 (12 years old) and the child #8 (9 years old).

The studies that present a hospital approach and involve hospitalization are endowed with unique characteristics, depending on the singularities and specificities of each moment, each patient and contextual situation. Research and scientific studies, in the hospital spaces, are outlined according to the picture presented in the daily life of each patient, requiring the researcher and all those involved a more humanized scientific appropriation.

## Conclusion

Poetry and art continue to unravel deep and unsuspected logics of the collective unconscious, daily life and human destiny. Science is only a form of expression of this search, not exclusive, not conclusive, not definitive (MINAYO, 1994).

In the context of hospitalization, as presented, several factors can influence the treatment and recovery of hospitalized children and adolescents.



The results of the study demonstrated that the activities of producing texts and stories in the hospital context, as long as they are appropriate to the profile and needs of children and adolescents hospitalized, can emotionally favor the person hospitalized.

The study, by keeping the "errors" presented by children and adolescents, such as child #5 (seven years old), Betofe, and teenager #7 (fourteen years old), *mauvada* (wrong spelling for evil), allows to verify the degree of difficulties in writing, in relation to some hospitalized children and adolescents.

The indication of results referring to the Faces Scale, showing that a majority of children and adolescents indicated letters A and B, with the exception of participant #2, points to the possibility that, although it has not been object of evaluation of the present study, providing more cheerful and ludic environments may reflect on the clinical results of hospitalized patients during treatment.

A positive interaction was observed during the research, highlighting some basic principles related to a more humanized society, such as the care and concern of one patient to each other, demonstrating cooperation and care with neighbors. In this way, we could recognize that professionals in the area of education and health can contribute, in a significant way, in the hospital context.

During the study, we also noticed that the great majority of the patients were happier after the accomplishment of the activities, and the research favored friendships, built during the meetings between the patients and their companions. In a book titled "Smile You're Being Cured," the author believes that:

Laughter can help us reduce the discomfort of pain by relieving it by releasing endorphin, natural substances with analgesic properties produced by the body itself. Endorphins are called 'endogenous opiates' because they contain an analgesic action (opiates) that relieves pain and is formed within our body (endogenous) (PINTO, 2008, p. 22).

The theater of objects, obtained by the results, has proven itself as an interesting resource when it comes to lessen the traumas caused in the children and adolescents, before the instruments that are used in the treatment, daily, and that generally cause pain and discomfort. According to Bowlby (1995), hospitalized patients go through three phases. At first, they rebel against hospitalization for invasive procedures. Then, they enter into a process of apathy in the hospital, and finally, with the formation of ties with the medical and paramedical



team, they begin to replace the feeling of revolt and apathy by affection and acceptance to these care that are being offered. Soon, arises the importance of the intervention of activities, to minimize the sequel of the hospitalization process and to increase the interaction between patient and everyone involved.

As pointed out by Parente (2007), the manipulation of objects, based on this type of activity, allows a relationship between the manipulator and the manipulated object, and the present study presented as a result, through the production of texts, the possibility of re-signification of objects of hospital procedures, in addition to common use.

Although it was not the objective of the study to present and discuss more specific variables in relation to subjective dimensions, the participants, by identifying objects of hospital procedures such as gloves, syringes and masks, among others, could reframe them as characters based on their own histories.

Inviting children and adolescents to participate in the study created a natural relationship between the hospitalized participants and their respective companions. The patients participated in the proposed activities in an integrated way during the eight meetings. Some patients were initially shy, but in the course of the research they were more integrated and confident.

At no time, children and adolescents were required to participate in the dynamics, the activities were used to develop fine motor coordination in the production of texts and material handling during activities and theater of objects.

The activity of theater of objects reinforces the importance of hospitals providing their own lounges for ludic activities, since these activities can reduce the stress caused to patients and, at the same time, the fear of using medications, syringes, and other common procedures in the hospital environment.

The results presented in the research corroborate the conclusions of Moraes, Buffa and Moti (2009), when indicating varied activities in the hospital context such as music, theater and literature, in order to provide ludic environments in this context, because, during the present study, children, adolescents and the relatives began to know each other, exchanging information and establishing relations of friendship and mutual aid.

Researches that aim to assess the emotional state of hospitalized children and adolescents need to be developed in studies that consider treatment beyond the use of medication, that is, to verify the results obtained from the use



of remedies for physical illnesses and, in the same way, joyful activities and environments for emotional difficulties.

Among the various aspects that can be considered, the expression of self in the hospital context is something that can serve as an indicator of their perceptions and feelings regarding this process of difficult management for patients and their relatives.

The ludic and expressive activities are, in general, pleasurable for the patients, since they allow the evocation of experiences, emotions and affective memories of patients and relatives. Distraction, change of focus and joy are possibilities of change in the hospital atmosphere that can corroborate even as the possibility of a faster recovery.

According to Leão, Bussotti, Aquino, Canesin and Brito (2005), the use of joyful activities such as music in the hospital context can provide more relaxed environments, emphasizing that these workshops can be considered strategies to optimize emotional and physical conditions of hospitalized children and adolescents.

The research hopes to contribute to new studies in which children and adolescents, when they see syringes, needles, masks, materials and objects of the hospital context, through the reframe of these objects, can imagine them beyond pain and suffering as characters reframed through their stories and texts.

Currently, there is an increasing demand for studies and interdisciplinary research that can, effectively, from the objectives and methodologies developed, contribute, in a significant way, to dialogical productions between the different areas of knowledge. There is a consensus that knowledge is relational, therefore, objective and subjective concomitantly, due to the complexity that involves man and, in the 21st century, there is a need for research that can effectively contribute to the construction of this new web of knowledge.

The use of the Andrews Faces Scale (MCDOWELL; NEWELL, 1996) is mainly indicated according to the hospitalization context, in which verbalization is often something difficult, either through the use of medication, the lack of willingness to talk or other reasons. The objective of the study was to verify the emotions of children and adolescents hospitalized in a pediatric clinic before and after ludic activities.

Regardless of whether they are hospitalized or not, children and adolescents are defined as individuals who require follow-up and educational



guidance and in this context of hospitalization in particular, they are generally quite fragile. The promotion of activities of storytelling and production of stories can be used as strategies for the interest promotion, in these students, and maintenance regarding the activities of reading and writing in the hospital context. As shown in the results, we observed that there are children with fragility related to the production of text, as detected by the transcription in its full. Therefore, the activities, besides providing a more ludic environment, may help to identify some textual fragilities of hospitalized children and adolescents.

It is necessary to point out that one of the main objectives was the proposition of resignification of objects and material resources related to health found in clinics and hospitals such as gloves, masks, syringes, caps and so on.

To educate, at present, means relearning to look at in the exercise of welcoming and relating. The networks of exchanges must be developed and structured, based on social, cultural, economic, among others, which, together, build and will structure a whole base of all humanity. In this way, it is not up to the maintenance and continuation of isolated groups in their fields of knowledge, often closed to the needs that have already surpassed their doors.

It is known that the interlocution between the different areas of knowledge is something complex, since, as Morin (2014, p. 15) points out, referring to the division of sciences and work related to Transdisciplinary Education, that this fact triggered a "[...] confinement [...] and shattering of knowledge".

Education is an area of knowledge characterized by multiplicities of approaches and relations with other areas of scientific knowledge. In the context of education and hospital relations, there is undoubtedly an environmental specificity with regard to the contraposition between disease and health, making education an extremely important element for dealing with educational issues, especially when it comes to human relationships.

It is believed that this study may contribute to the development of other research on the emotions and perceptions of hospitalized children and adolescents, recognizing that the emotional state of hospitalized patients can influence the physical recovery as well as the insertion of ludic and joyful activities in the hospital environment.

The research demonstrated that it is possible to transform isolation and sadness in moments of relaxation, promoting the hope of a health future beyond disease, and can contribute to the development of more humanized relationship



in the hospital context. In this space of the imaginary, a glove, a mask and the objects of the hospital environment can become what the imagination of the children and adolescents wish, in the promotion of a reframe of objects, situations and dreams.

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