

The toy library as a possibility to unveil the daily life of children with cancer under outpatient treatment*

A BRINQUEDOTECA COMO POSSIBILIDADE PARA DESVELAR O COTIDIANO DA CRIANÇA COM CÂNCER EM TRATAMENTO AMBULATORIAL

LA LUDOTECA COMO POSIBILIDAD PARA DESVELAR LA RUTINA DEL NIÑO CON CÁNCER EN TRATAMIENTO AMBULATORIO

Luciana de Lione Melo¹, Elizabeth Ranier Martins do Valle²

ABSTRACT

The purpose of this study is to learn the meaning of being-a-child with cancer submitted to ambulatory treatment and using the toy library as a possibility to enable their expression about their world. Participants were seven children of ages 3 to 9 years, who had been diagnosed with some kind of childhood cancer. With the objective of learning about the meaning of these experiences to children with cancer, an analysis of these data was performed based on Martin Heidegger's existential phenomenology. The child-with-cancer showed a movement that was permeated sometimes by authenticity, when the child assumed the disease and their being-toward-death and also by the lack of authenticity, when they were influenced by the decadence attitude of their relatives and health team members. Playing provided a rich contact with the existence of these severely ill children.

KEY WORDS

Neoplasms.
Child.
Play and playthings.
Ambulatory care.

RESUMO

A proposta deste estudo é desvelar o sentido de Ser-criança com câncer em tratamento ambulatorial, utilizando a brinquedo-teca como possibilidade de favorecer a expressão, pela criança, de seu mundo cotidiano. Participaram sete crianças entre três e nove anos, com diagnóstico de algum tipo de câncer infantil. A fim de desvelar o sentido das vivências das crianças com câncer, foi realizada uma análise à luz da fenomenologia existencial de Martin Heidegger. A criança-com-câncer configurou-se como um ir e vir permeado ora pela autenticidade, quando a criança assumia sua doença e seu ser-para-a-morte, ora pela inautenticidade, quando se deixava levar pelo modo de ser da decadência dos familiares e da equipe de saúde. O brincar pôde favorecer um rico acesso às vivências da criança gravemente doente.

DESCRIPTORIOS

Neoplasias.
Criança.
Jogos e brinquedos.
Assistência ambulatorial.

RESUMEN

La propuesta de este estudio es develar el sentido del Ser-niño con cáncer en tratamiento ambulatorio, utilizando la ludoteca como posibilidad de favorecer la expresión, por parte del niño, de su mundo cotidiano. Participaron siete niños de entre tres y nueve años con diagnóstico de algún tipo de cáncer infantil. A los efectos de develar el sentido de las experiencias de los niños con cáncer, se realizó un análisis a la luz de la fenomenología existencial de Martin Heidegger. El niño-con-cáncer exhibió un movimiento de ida y vuelta, permeado algunas veces por la autenticidad, cuando el niño asumía su enfermedad y su ser-para-la-muerte, y otras veces por la inautenticidad, cuando se dejaba llevar por el modo de ser de la decadencia de los familiares y del equipo de salud. El jugar puede favorecer un rico acceso a las experiencias del niño gravemente enfermo.

DESCRIPTORES

Neoplasmas.
Niño.
Juego e implementos de juego.
Atención ambulatoria.

¹ RN. Ph.D. in Nursing. Associate Professor in the Nursing Department and Graduate Nursing Program at *Universidade Federal de Santa Catarina*. Leader of the Research Group NUCRON. CNPq researcher. Florianópolis, SC, Brazil. denise@nfr.ufsc.br ² M.Sc. in Nursing. Doctoral student in Graduate Nursing Program at *Universidade Federal de Santa Catarina*. Nurse in Tuberculosis Control Program in São José, SC. Nurse at Adult Emergency Care Service of University Hospital at *Universidade Federal de Santa Catarina*. Member of NUCRON. Florianópolis, SC, Brazil. enfermeirasabrina@gmail.com ³ RN. Ph.D. in Nursing. Associate Professor in the Nursing Department and Graduate Nursing Program at *Universidade Federal de Santa Catarina*. Florianópolis, SC, Brazil. mertini@terra.com.br ⁴ Professor in Physical Education. Ph.D. in Nursing. Associate Professor at the Physical Education Department of *Universidade Federal de Santa Catarina*. Member of NUCRON. Florianópolis, SC, Brazil. tina@cds.ufsc.br ⁵ M.Sc. in Nursing in Graduate Nursing Program at *Universidade Federal de Santa Catarina*. Nurse at the Santa Catarina State Health Secretary and Outpatient Clinic of the University Hospital at *Universidade Federal de Santa Catarina*. Member of NUCRON. Florianópolis, SC, Brazil. marizaserafim@yahoo.com.br

INTRODUCTION

Playing is children's *work*. While playing, children learn about their world, time and space, express their reality, sort and mess up, construct a significant world that corresponds to the intrinsic needs for their global development⁽¹⁻²⁾.

In the 15th and 16th centuries, children used to play in groups, independently of gender and social class, and their activities included singing, dancing, playing chess and running around fountains⁽³⁾. In the 17th century, children were under women's care and played with wooden horses, pin-wheels and spinning tops⁽⁴⁾.

In Brazil, the first known toys were manufactured by indigenous people, using dried fruit peels, seeds and shells. Mixing and the lack of documentation about the games of African blacks who came to Brazil leave doubt about playing in the strictly black culture. Blacks received European, oriental, indigenous and religious influence and played with slings, balls and cloth and straw puppets⁽⁵⁾.

In a research involving fathers and mothers from three different generations, participants reported that, until the mid-20th century, playing in São Paulo city mainly happened in the streets. Nowadays, children from popular groups play on lots close to their homes. Middle-class children play at home or in areas for this purpose that exist in large condominiums⁽⁶⁾.

Acknowledging that playing is *serious* and that this action is capable of rebalancing children, recycling their emotions, developing attention and concentration, besides rescuing conflict situations, spaces for collective games were created, such as toy libraries⁽⁷⁾.

The toy library is a space prepared to stimulate the child to play, permitting access to a large variety of toys in a particularly playful environment⁽⁸⁾. Its goal is to recover spontaneous playing as an essential element for the comprehensive development of children, their creativity, learning and socialization⁽⁹⁾.

The first toy library goes back to the United States in 1934. As from 1963, toy libraries came up in countries like South Africa, Argentina, Australia, Belgium, Canada, China, United States, Finland, France, Great-Britain, Italy, Japan, Norway, Portugal, Ireland, Sweden and Switzerland. In Brazil, the first toy library is found in São Paulo in 1973. Toy libraries are inserted in spaces like schools, community centers, kindergartens, hospitals, universities, psychological clinics, among others, but their objectives will be determined by the institution's philosophy and target public⁽¹⁰⁾.

The hospital toy library is extremely important for sick children. Its goals are: to preserve the child's emotional health, offering joy and distraction through opportunities to play and find partners; to prepare the children for new

situations; to permit the maintenance and progression of their development, as hospitalization could deprive them of essential opportunities and experiences; to support their recovery and mitigate traumas⁽¹¹⁾.

Although Law No 11.104, issued on 03/21/2005, establishes the obligatory creation of toy libraries in all public or private health units that offer pediatric hospitalization⁽¹²⁾, few institutions actually comply. It should be highlighted, nevertheless, that the approval of this law started reconsideration on the problem of sick children, mainly due to the epidemiological change that transformed many acute and fatal pediatric diseases into chronic conditions.

One of the diseases that went through this transformation is child cancer, which achieved important progress in the last two decades in terms of diagnosis and treatment. A broader understanding of child cancer was reached, as the possibility of cure is quite significant⁽¹³⁾.

Child cancer therapy is invasive and complex but does not determine the child's hospitalization. Children with cancer can be treated at outpatient level, while hospitalization is mainly needed when this care is insufficient to respond to the disease's demands. Nevertheless, I observed that this is a potentially stressful period, just like the period the child is hospitalized.

...the toy library is an ideal space for children to express the feelings mobilized by the cancer treatment...

Outpatient cancer treatment includes frequent returns for exams, chemotherapy and/or radiation and/or blood derivatives, as well as medical and nursing consultations. This treatment mode avoids hospital infection and decreases the anxiety of a sudden distancing from home and relatives. Inevitable aspects intrinsic to disease and treatment remain through, such as feelings of fear and anxiety, living with pain, countless invasive procedures⁽¹⁴⁾, which show equal need for support to help these children understand the world they were launched in.

In this context, the toy library is an ideal space for children to express the feelings mobilized by the cancer treatment, at the same time as it expands the children's look towards other people, as this is a space for exchange, where one needs to share and cooperate, actions that provide growth, maturing, gains and losses and collaborate in the evolution of their development⁽¹⁵⁾.

Despite the importance of the hospital toy library, its contribution to the sick children is closely linked with the professionals who organize it, which means that a planned physical space and toys are not sufficient, nor the inclusion of contents on sick children's playing in the curricula of health courses, nor the organization of courses for professionals working in this area. Learning about children's playing needs to recover a view on care that understands the other like oneself, in an empathetic and sensitive way, so that the care-giving and care-receiving beings meet at the toy library.

OBJECTIVE

To unveil the *meaning* of Being-a-child with cancer under outpatient treatment, using the toy library as a possibility to favor the children's expression of their daily world.

METHOD

This is a qualitative study in the light of Martin Heidegger's phenomenological reference framework. The immersion, even if short, in this philosopher's existential analytics, allowed for an understanding of instances beyond the factual, searching for the phenomenon, in the attempt to unveil what is hidden in the playing of children with cancer.

Initially, the project was evaluated and approval was obtained from the Institutional Review Board and the clinical board at the research institution.

The selected place of study – the Oncology Outpatient Clinic – is part of a non-for-profit hospital in an interior city in São Paulo State, Brazil. After verifying the children's appointment for chemotherapy administration and/or medical consultations, I visited the Oncology Outpatient Clinic to establish contact with these children and their relatives. At that moment, I introduced myself to the children and their companions, explaining why I was there and what the objectives were of the research I was doing. During this conversation, I invited the child to participate and requested the caregiver's consent (Free and Informed Consent Term), also emphasizing that the child could visit the toy library independently of participation in the research.

Thus, when the children returned to the Oncology Outpatient Clinic, they could stay at the toy library as long as they wanted, always respecting their physical and psychological conditions and procedures they were submitted to.

Seven children participated between three and nine years old, who had been diagnosed with some type of child cancer and were receiving outpatient treatment.

I called the periods the children stayed at the toy library *play sessions*. The duration of the sessions varied according to the children's state and their desire to play (from 60 to 180 minutes). The play sessions were mostly individual, as the children's appointments were made on different days or at different times, although they could meet during some sessions. The sessions were tape-recorded and later fully transcribed. Observations were written down in a field diary.

It should be highlighted that all children continued to visit the toy library, independently of the end of the research.

The children under outpatient treatment showing themselves: in search of the meaning of human existence

To unveil the *meaning* of the experiences of children with cancer under outpatient treatment, I found it appropriate to

dive into the existential analytics of Martin Heidegger, as this philosopher performs an in-depth analysis and reflection on human existence in his work *Being and Time*, offering the possibility to understand the child's behaviors, feelings and actions. Hence, it was through Heidegger's thinking presented in *Being and Time* that I tried to understand the *meaning* of the experiences of the children with cancer with participated in this research.

Heidegger^(a) calls the fact of being, the ontological nature of the pre-sense, being-launched. The expression being-launched should indicate the facticity of being delivered to the responsibility.

The child with cancer experiences the concreteness of being launched into the facticity of the disease world. This is evidenced in Hugo's discourse^(b), during a super-hero game, while talking with Superman and Batman:

You are Superman. You fly. Are you sick? I have a tumor. Do you have one too? It's here in the head. I have to take this medicine in the vein. When I take it, I throw up, but my hair did not fall out. Batman, have you ever been ill? Just flu? Tumor isn't flu... it's severe... (Hugo, 4 years, from Ribeirão Preto, under treatment for a central nervous system tumor for one year).

Being launched means being delivered to this world, without option, having to assume one's own being as one's own, having to exist, despite the bodily modifications/alterations, in daily life:

I didn't choose to get ill. Who makes us get ill should have asked me first and I would say that I'm too small to suffer that much. (Rafaela, 6 years, from Ribeirão Preto, under treatment for Acute Myeloid Leukemia for five months, during a physician and nurse game).

Being launched is neither a ready nor a finished fact. It belongs to the facticity of the pre-sense, being obliged to remain in that condition while it is what it is. As a result, the pre-sense is essentially perceived as a possibility. It is a responsibility and, at the same time, a privilege. The possibility of the pre-sense is man's being-able-to-be, project, ontological condition.

This being launched into the facticity of the disease makes the child with cancer inhabit the hospital world, a new and unknown world, filled with objects never seen before and which seems strange.

It's bad to wear the mask, I don't like it... I want to play without the mask. (Marcelo, 5 years, from Mogi Guaçu, under treatment for Acute Myeloid Leukemia for two months, while drawing a mask).

Entering the hospital world is a synonym of suffering and pain, but also symbolizes the possibility of cure, of re-

^(a) To discourse analysis used the fundamental work of Martin Heidegger, *Ser e Tempo* (1997, 2001)⁽¹⁶⁻¹⁷⁾.

^(b) The names of the children, their relatives and health team members are fictitious.

turning to normal life. The meaning of preserving life, in its deepest sense, is revealed in this situation. It is in this environment that the child shares the disease, the treatment, success and failure with other families and with the health team. It is the place of fears, uncertainties and hope in future possibilities.

I don't like to stay here in hospital. Here you remember all the time that you're sick, you see other people feeling bad, in pain, with a sad face... but if it's the only way to get better then I come (Rafaela, 6 years, while playing with medical-hospital material).

The first contact with the hospital is painful and difficult. During this period, the children are more aggressive when manifesting their concerns and anxieties and their anger can focus on the health team. Little by little, however, the hospital environment starts to be included in the being of pre-sence. The statement below show the familiarity with hospital objects the child with cancer conquers during the treatment:

Dad, now you're going to get an injection. (Gives injection to father, mother, sisters and researcher. Goes to the physician's cart, takes the sphygmomanometer and puts it on her mother's arm) She's not sick. She's fine. (Takes the stethoscope and puts it on the father for auscultation) You're fine too. (Takes the otoscope, examines the sisters and researcher) Everything's fine (Giovana, 7 years, from Guaxupé, under treatment for Central Nervous System Tumor for two years, while playing a doctor, using her parents, sisters and the researcher as patients).

When children play with hospital instruments, this reveals that they inhabit the hospital world and puts her closer to the procedures she is subject to. However, the health team should not understand this proximity to the extent of trivializing the procedures imposed on them during treatment, but as an attempt to understand their new world through their way of being authentic.

In Heidegger's perspective, when playing, children reveal their existence in their own way. Playing means discovering relations, embroiling, making up stories. The world of play is a reality constantly involved by original relations that emerge from the freedom of being oneself. These relations are not previously determined, but delimited by the children's will and desire. In this context, one can perceive that both children and families perceive playing as benefic to support the disease and treatment.

Laura, Marcelo's mother, drew and painted a clown. Marcelo paints the clown's face with a black felt tip pen and explains why:

My mother painted him smiling but he's crying. He's in pain... he's got leukemia. His legs and belly hurt. He's taking medicine to get better... he's crying, scared... scared of dying... of getting sicker. You're helping him... because you bring him to play here. When he comes to play he stops crying (Marcelo, 5 years).

Before the toy library, Carol did not want to do anything and spent all day sleeping (Melissa, aunt of Carol, while observing her niece playing theater. Carol, 9 years old, from São José do Rio Pardo, under treatment for Central Nervous System Tumor for six months).

Playing favors greater knowledge about oneself and the other, that is, it makes us discover and takes us closer to who we are. When playing, though, children do not experience moments of authenticity, by letting their more concrete reality come out, but also reveal moments of denying this reality, in a movement of immersion in an inauthentic world^(c).

I want to wear Snow White's dress. I'm going to put the tie on top of the hat... now I'm a princess forever. I don't have cancer (Carol, 9 years, when playing theater).

Seeing this world as it shows itself makes not only the child, but also the health team and relatives oscillate between authenticity and inauthenticity^(d), a movement characteristic of human existence.

In the hospital world, children, relatives and the health team are not simply given entities, but possible beings, a possibility that can be limited by the facticity of reality though. When this happens, they all dive into daily reality, not assuming themselves as an existential project. The health team merely starts to comply with tasks and the child and relatives receive care without questioning.

Hence, in daily life, the being-a-child-with-cancer under outpatient treatment is under other people's protection. The children are not by themselves. Instead, other people take their being. The others' judgment lays out the pre-sence daily possibilities of being. Although immersed in the impersonal, the children perceive that they are losing their own possibility of being during hospitalization.

There's nothing I like here at the hospital. You have to eat when others want you to, sleep too... and playing only when you're not doing chemo (Rafaela, 6 years, while playing birthday party and being interrupted to do a radiology test).

In Heidegger's perspective, 'the others' Rafaela is referring too are the people who from the start and in most cases are co-present in daily life. The who is neither one nor the other, neither some and even less the sum of all. The who is the neutral, the impersonal.

^(c) According to Heidegger, the *uneigentlich* (inauthentic) world refers to the world we are cast into since birth, we are called upon, summoned and pressured to be a person *like any others*; summoned to be what and how other people are. Summoned to learn how to be impersonal. We are called upon to be how one is in the world, how one commonly is, according to standards[...]. Experiencing the inauthentic world according to Heidegger, though, does not have a pejorative sense. Instead, it is a mere condition of being-in-the-world⁽¹⁸⁾.

^(d) According to Heidegger, the being exists in a constant movement of authenticity and inauthenticity, which does not have a valuation bias, but the understanding that these are possible modes of being-in-the-world. In authentic experience, there is the search for being 'oneself' and, in inauthentic experience, the being is not oneself, but is swept away by others⁽¹³⁾.

The health team's impersonal way of being dissolves the pre-sense's more authentic possibility of being in other people's ways of being, prescribing the way of being in daily life and that is where the whole primacy is silently crushed, leveling out everything as something already known.

The impersonal is existential though and, as an original phenomenon, belongs to the constitution of the pre-sense. This belonging makes the pre-sense find itself dispersed in impersonality, attempting to find itself.

It is in this trivialized context that children with cancer and their relatives receive orientations about the cancer treatment. The health professionals who offer these orientations show to be immersed in the impersonal, as they expect the child to cooperate and present acceptable behaviors and attitudes only. The statement below exemplifies this closed way of seeing the other:

Carol, auntie has already explained that you have to eat. This belly pain is because you don't eat. Children who don't eat have belly pain. You need to try at least try. There's no problem if you throw up. Then you try again (Nurse Lia during post-chemotherapy orientations).

It is obvious that the health team sees the children as simply given entities and do not understand them in their singularity. Hence, understanding children in their dimension of being this or that makes the human remain veiled, stuck to the ontic level. Their original condition of being-able-to-be, project, gets lost and the children perceive that the care delivered does not take their being into account.

You don't understand because you don't do chemotherapy. That's why you keep on talking all the time. Stop talking [...] they don't understand that it's difficult... they think I am just throwing tantrums... I can't eat. You say that because it's not you... (Carol, 9 years, while making a drawing about how she feels after the chemotherapy. Carol expressed this to nurse Lia and to her mother too).

This statement leaves no doubt that the care offered to the child with cancer is inauthentic, impersonal. Thus impersonal way of being avoids any personal responsibility, avoiding group opinions and expressing oneself through superficial language.

Despite the tyranny of the *we* that imposes idea, feelings and concerns that weave daily existence, maintaining it at the surface, without ever going in-depth into things, the *we* does not mean a reduced reality of the presence, it is not external but part of it, it is its way of being, it is existential.

Health professionals' impersonal way of being is guided by *chatter*. In *chatter*, discourse loses or never reaches the primary ontological reference, and settles for repeating and passing on what is being said. What is important is talking. Discourse forgets about the being's relation with the being it is talking about and communication is reduced to the repetition of discourse itself. Things are the way they are

because they are talked about in that way. And that is what we can observe in health professionals' discourse.

I have to prick your vein so that you get rid of this disease. It hurts a bit, but later you'll even think it was good... (Nurse Lia talking to Marcelo, 5 years old, when se picks him up at the toy library for a chemotherapy session).

As the impersonal is a constituent element of the presence, it is not only present in the health team's daily reality, but also in the world of the children with cancer and their relatives. When experiencing the impersonal, children and family members also give in to the 'chatter' and let themselves be dominated by it. That is revealed in the following statements:

Medicine is very advanced... the brain tumor is going to disappear... (Sônia, grandmother of Carol, 9 years old, when she accompanies her granddaughter at the toy library).

Children under treatment have to eat because otherwise they get weak and have to be hospitalized (Breno, 4 years old, from Ribeirão Preto, under treatment for a Central Nervous System tumor for one year, talking to the researcher while playing doctor).

Chatter is a repetition of words that believes it understands everything, but is just void. It is the possibility of understanding everything without previously having borrowed anything. And, as there is nothing to understand, everyone understands. This prevents the danger of failure in borrowing something. The pre-sense does not manage to distinguish between what was truly conquered and mere repetition. By the way, the pre-sense cannot make this distinction because median comprehension itself does not tolerate it either, as it does not need the pre-sense either, as it already understands it.

Health professionals are guided not only by 'chatter', but also by curiosity, as they are only occupied with seeing the new – new collateral effects, modifications in the health state, new forms of demonstrating the pain and suffering the children and their relatives are going through – without the intent to understand what one sees though, as the orientations offered as a result of these new events do not consider the persons involved as unique and individual beings.

Just like 'chatter' is the degradation of discourse, curiosity is the degradation of understanding in daily reality. As the pre-sense already understands everything, though, it directs its look at the void. Guided by appearances, the pre-sense abandons itself to the world in search of what is new, of new possibilities, always restless, seeking constant renovation.

Thus, it is perceived that 'chatter' drags along curiosity, granting the health team a feeling of mission accomplished, a false security called ambiguity. Ambiguity is the confusion between authentic and inauthentic understanding. This confusion happens when we cease to distinguish between what

is and what is not revealed in real understanding. Everything seems understood and, at bottom, nothing is.

Thus, it can be affirmed that *chatter*, curiosity and ambiguity show their presence in care delivery to children with cancer, as everything is talked about and there is an incessant search for something, but the health team remains immersed in inauthentic existence, as the team only occupies itself with the accomplishment of technical procedures.

This way of being of the health team reveals an alienation that covers up its actual being. Existing in this way is tempting, though, as the pre-sense is calm, feeling that everything is in order and believing that it understands everything.

Children with cancer can perceive the way of being of decadence in all care they receive from the health team, as it explicitly expresses its rational view on care as the only care needed, treating all children according to pre-established standards, without revealing their feelings of affection and kindness. In the attempt not to give in to the health team's impersonal way of being, Rafaela flees from the strangeness of the hospital environment, taking distance from its actors and getting closer to her relatives.

I don't like that nursing aid. Yesterday she woke me up rudely to take my blood... I don't like her and I know that she does not like me. My mother is a pharmacist and I prefer that she takes my blood, because she's very patient with me (Rafaela, 6 years old, while playing blood collection).

It should be highlighted that Rafaela perceives the health team's impersonal care. Not all children with cancer have this understanding of care though, as each child's experience is singular. Although each child's understanding of care is diverse, the relatives' affection and support is not, as they have a special meaning during the treatment of children with cancer. They help the children to face the difficulties created by the disease and to continue treatment. Sometimes, they attempt to protect the children from their new reality. In this task, they may reveal themselves in an authentic or inauthentic way, concerning or occupying themselves with the reality the children experience. When this occupation exists, the family impeded the children from growing and learning how to face difficulties, as it passes over the children and withdraws their responsibility for being, does everything for them. On the counterpart, when concerned with the children, showing patience and consideration, the family reveals its conscientiousness. This allows the children to face the adversities of the disease and treatment, projecting themselves towards a horizon of possibilities.

Authenticity and inauthenticity are not something that flows in front of us and is ready to access at any time, it is a coming and going, an existence of the pre-sense. Hence, the family does not always manage to face the cancer authentically, as it understands the severity of the diagnosis and prognosis and may hold on to the health team's im-

personal way to escape from the situation. By putting itself in the impersonal, the family may not signify an effective reference framework for the children, so that they lose the opportunity to discover support which they can safely launch themselves into. The experience of being with the other belongs to the human conditions of being permanently launched in a shared world that welcomes, in a way, in a significant whole, several and diverse possibilities.

Experiencing the daily reality of the disease means great suffering not only for the relatives, but also for the children, as many plans are involuntarily delayed and everyone needs to adapt to a reality of privations. The world changes and needs to be reorganized in order to exist in this new context. The future perspective is always suspended, but hope, trust in the health team and family support are the anchor, the encouragement and the stimulus for the children to face this hard trajectory courageously.

Little by little, encouraged by the family and helped by playing, children with cancer transform their existence. Both children and families perceive that, while playing and relating with the person who plays against the background of the toy library, the children feel welcomed in view of the facticity of the disease.

Auntie, when you're here my fear gets really small and I want to play (Carol, 9 years old, while playing theater, interpreting a child who needs to receive chemotherapy).

Breno likes you. He's looser. He even talked to you today. Playing is good because then he doesn't think that at the hospital it's just drugs (Dialogue between Aline – mother of Breno, 4 years old, and the researchers, when observing him while building a zoo).

Although playing cooperates with the children to face their new reality, the evolution of the disease and reactions to treatment are concerns they express, perceiving that their existence is being threatened. Thus, the children experience their own impotence and threat of destruction, that is, what we understand as human finiteness. At that moment, the children's authentic world is expanded beyond the immediate, in an intense and not at all calm possible experience, called anguish.

It is anguish that makes it possible to keep open the absolute and continues threat of oneself that emerges from the pre-sense's own and singular being. The being-for-death is essentially anguish. As the source of all anguish, death as finiteness, as the threat of not-being, belongs to existence itself and cannot be suppressed. Hence, death presents itself as an existential and singular phenomenon which presence is called upon to assume alone. It blocks the accomplishment of any already idealized project, as it is the ultimate, supreme, personal and absolute possibility, which comes from the outside, but is always present in man's life, who is born sufficiently old to die.

Children feel anguished by the possibility of no longer being-in-the-world, of being-for-the-end. In view of an infi-

nite freedom, they feel the world disappearing from beneath their feet – that is the loss of the sense of being, represented by death. The statement below reveals that children with cancer experience anguish in view of their imminent death:

... at Christmas I won't be here anymore... I'm going to be far away... I'm going to die... I'm very scared... (Rafaela, 6 years old, while playing with Lego *Minnie's Birthday* and make her have a car accident and die, preventing her from reaching her birthday).

The pre-sence's characteristic movement, though, which sometimes reveals and sometimes hides itself, shows us that one cannot always face one's being-for-death. In this impossibility, which also belongs to existence, the children flee from their supreme sense – dying, holding onto a false hope which everyone, relatives and the health team, strengthen through *chatter*.

[...] Tumor is not flu. It's severe. The child can die. I'm not going to die because I eat everything... my mother says that I'm not going to die and I believe her (Hugo, 4 years old, when accompanying Rafaela's game where Minnie dies).

I'm not well, but I'm going to be fine. I'm going to get well soon, won't I mom? (Marcelo, 5 years old, when not feeling well during a hopscotch game).

Dr. Flávio said... he said that I'm very strong and that I'm not going to die (Carol, 9 years old, while drawing how her holidays from school would be).

Heidegger affirms that, most of the time, the denial of death cannot be understood as a proof that being-for-death does not universally belong to the pre-sence. This fact merely demonstrates that, from the start and in most cases, the pre-sence, by fleeing, covers up the most authentic being-for-death for itself, as it is by existing that the pre-sence actually dies, although in decadence.

The pre-sence's flight from its most certain existential possibility is characteristic of daily life. It is not that pre-sence absolutely denies death. It even admits this possibility, but for other people. Other people die, but death cannot reach the pre-sence and, hence, does not represent a threat.

It is not only the pre-sence, which sees its imminent death, that flees from death. Relatives frequently convince the pre-sence that she has to escape from death, and also confirm that it will be able to return to its activities. That is not an attempt to console the pre-sence, in this case the child, but to console themselves. It is inherent in decadence's way of being.

She's not well, right? That's why Dr. Flávio is hospitalizing her. But although she got worse this week, I'm certain that she'll get cured (Karen, mother of Carol, 9 years, when informing her about the need for hospitalization while she is drawing at the toy library).

[...] it's so good that she calmed down. I get really desperate when I see her get worse like that, but she's going to

get over this. Rafa, you're going to get over this, you're going to conquer this disease and we're going to do everything you like again (Juliana, mother of Rafaela, 6 years, when accompanying her to the toy library after a post-myelogram pain crisis and watching her make a puzzle).

This evidences that the children with cancer and their families sometimes win by facing the challenge of experiencing daily reality authentically, by awakening from themselves as a pure possibility, and sometimes lose themselves by again submerging into the inauthenticity of daily reality, closing themselves up there.

It is important, though, not to forget that death is not the end of the road, it is part of the pre-sence, which does not end with death like the bread that ends once it is consumed. It is death that ends the pre-sence in the active sense. Ek-sisting, for the pre-sence, means leaving oneself, it means exhausting oneself and advancing towards the end.

Hence, in view of the complexity of human existence, we are immensely limited. What I could understand from the experiences of children with cancer under outpatient treatment, during their play, relating with their relatives and caregivers, is but one of the different possibilities that I could apprehend while being-in-the-world. This wealth of experiences shared with the children with cancer, relatives and the health team are now part of my pre-sence and consequently of my being. These experiences will unveil new horizons of my existence from now on.

FINAL CONSIDERATIONS

Literature about the importance of toys for children is quite comprehensive^(1-2,7-8,14-15,19-20). Nevertheless, the children with cancer's ability to take the playing for themselves was surprising, as they experience adverse situations due to the illness.

I could perceive that, while the children with cancer were playing, their eyes started to see perspectives that had been unknown until then, withdrawing them from the passive condition of being ill and turning them into active collaborators in their treatment.

And the toy library? What a special and fascinating place for the children, and not just for them, as it also fascinates me enormously, as well as the health team in a more discrete way. A small place when they would like to escape from their reality, an immense place when they would like to express their fears and anxieties towards the disease and the cancer treatment, a place where they could be with themselves, without feeling lonely.

Thus, it can be affirmed that, no matter whether the children are under hospital or outpatient treatment, as both are exhausting and painful, playing contributes to their continuous and comprehensive development, despite the illness. This result is similar to what is found in research that used therapeutic playing with sick children⁽²⁰⁾, and also

in a study with children in an outpatient waiting room⁽²¹⁾. Despite the therapeutic benefits of playing for the sick child, though, this practice remains quite underappreciated in nursing which, instead of using it as coadjuvant in treatment, uses it as an expendable activity.

I believe that this focus is due to two reasons: first, because this theme received little attention in the 1970's and 1980's. Greater attention by nurses is observed as from the 1990's, as illustrated by *stricto sensu* academic production – four master's theses and three doctoral dissertations, in comparison with the four master's theses produced in earlier decades⁽²²⁾.

The second motive refers to nurses' professional education. As a nurse graduate for more than ten years, I understood that, no matter to what extent discourse aims for nursing care humanization, we are still distant, as we privilege the technical and instrumental reason in the attempt to master the world around us. We do not see the sense of human existence, as daily, calm and safe existence is our only objective, as insecurity makes us feel anguished, and we want to avoid that feeling at any cost.

The health team's professional action in this study called my attention and I started to question myself as a teacher, about the education health professionals have been offered

and about what focus has actually prevailed in the academy.

As a health professional who trains other professionals, I cannot deny the importance of technical and scientific competence. But is that all we are looking for? When I use the word 'all', I do not mean that it is easy to prepare competent professionals, but that taking care of other people demands more than technical skills and scientific knowledge. To take care of other beings, we have to relate to them, attempting to understand them in their existential dimension that covers not only a sick body, but also an existence permeated with joy, suffering, emotions and hopes.

Thus, it is not sufficient for health courses to include human science subjects in their curricula. These subjects need to be connected with the other knowledge that is being offered, so that a care view can emerge from the students' inside that understands other beings like themselves, in an empathetic and sensitive way. It is a meeting between the care-giving and care-receiving being, with possible role inversions as needed.

Health team professionals who take care of children with cancer need to understand what it human in that being, as it is by understanding the human that the health team will awake beyond professional competency, seeking sensitivity and welcoming.

REFERENCES

- Hockenberry MJ, Winkelstein W. Wong: fundamentos de enfermagem pediátrica. Rio de Janeiro: Elsevier; 2006. Influências no desenvolvimento da promoção da saúde da criança; p.79-103.
- Melo LL, Valle ERM. O brinquedo e o brincar no desenvolvimento infantil. *Psicol Argum.* 2005;23(40):43-8.
- Ronciere C. A vida privada dos notáveis toscanos no limiar da Renascença. In: DUBY G, organizador. História da vida privada. São Paulo: Companhia das Letras; 1992. p. 163-309.
- Ariès P. História social da criança e da família. Rio de Janeiro: Guanabara Koogan; 1978. Pequena contribuição à história dos jogos e brincadeiras; p. 82-124.
- Altman RZ. Brincando na história. In: Priore MD, organizadora. História das crianças no Brasil. São Paulo: Contexto; 1999. p. 231-58.
- Simionato-Tozo SMP. A infância em gerações diferentes: o cotidiano e o lúdico [dissertação]. São Carlos: Centro de Educação e Ciências Humanas, Universidade Federal de São Carlos; 1996.
- Mota AB, Enumo SRF. Brincar no hospital: estratégia de enfrentamento da hospitalização infantil. *Psicol Estud.* 2004;9(1):19-28.
- Cunha NHS. Brinquedoteca: definição, histórico no Brasil e no mundo. In: Friedmann A. O direito de brincar: a brinquedoteca. São Paulo: Edições Sociais/Abrinq; 1998. p. 37-52.
- Magalhães CMC, Pontes FAR. Criação e manutenção de brinquedotecas: reflexões acerca do desenvolvimento de parcerias. *Psicol Reflex Crit.* 2002;15(1):235-42.
- Kishimoto TM. Diferentes tipos de brinquedotecas. In: Friedmann A. O direito de brincar: a brinquedoteca. São Paulo: Ed. Setembro; 1998. p. 53-63.
- Cunha NHS, Viegas D. Brinquedoteca hospitalar: guia de orientação. Guarulhos: ABBri; 2004.
- Brasil. Lei n. 11.104, de 21 de março de 2005. Dispõe sobre a obrigatoriedade de instalação de brinquedotecas nas unidades de saúde que ofereçam atendimento pediátrico em regime de internação. *Diário Oficial da União, Brasília, 22 mar. 2005. Seção 1, p. 1.*
- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Instituto Nacional do Câncer. Coordenação de Prevenção e Vigilância de Câncer. Estimativas 2008: incidência de câncer no Brasil. Rio de Janeiro; 2007.
- Ribeiro C, Angelo M. O significado da hospitalização para a criança pré-escolar: um modelo teórico. *Rev Esc Enferm USP.* 2005;39(4):391-400.
- Azevedo ACP. Brinquedoteca no diagnóstico e intervenção em dificuldades escolares. Campinas: Alínea; 2004.

16. Heidegger M. Ser e tempo: parte I. Rio de Janeiro: Vozes; 1997.
17. Heidegger M. Ser e tempo: parte II. Rio de Janeiro: Vozes; 2001.
18. Critelli DM. Analítica do sentido: uma aproximação e interpretação do real de orientação fenomenológica. São Paulo: Brasiliense; 1996.
19. Bowner N. Therapeutic of play and the impact on anxiety in hospitalized children. *Ky Nurse*. 2002;50(1):15.
20. Ribeiro CA, Almeida FA, Borba RIH. A criança e o brinquedo no hospital. In: Almeida FA, Sabatés AL. *Enfermagem pediátrica: a criança, o adolescente e sua família no hospital*. Barueri: Manole; 2008. p. 65-77.
21. Pedro ICS, Nascimento LC, Poleti LC, Lima RAG, Mello DF, Luiz FMR. O brincar em sala de espera de um ambulatório infantil na perspectiva de crianças e seus acompanhantes. *Rev Lat Am Enferm*. 2007;15(2):290-7.
22. Leite TMC, Shimo AKK. Uso do brinquedo no hospital: o que os enfermeiros brasileiros estão estudando? *Rev Esc Enferm USP*. 2008;42(2):389-95.

Funding by São Paulo Research Foundation - FAPESP