



The role of play in the hospital environment

Play is the activity that stimulates humanity in a child. Through play we learn to socialize, and learn about law, justice, legality, legitimacy, and a series of ethical values inherent to culture.

For some authors play is a natural function of the self whereby bodily and social processes are synchronized in humans, the results of which can be evaluated through observation.

Play has been an object of reflection for a variety of philosophical, anthropological, and psychological theories. The theory of relaxation is one of them and is based on Lazarus who, in the 17th Century, separated play from activities like work and war. For this German thinker play opens a different space for the distension of body and mind.

Another theory of relaxation, based on research on childhood, maintains that play is an exercise in reflection that reviews human history.

The theory of practice or pre-exercise separates play from the instinctive and differentiates it from play among animals. This theory affirms that its primary function is to ludically exercise the aptitudes necessary to successfully handle the circumstances of adulthood.

These theories, among others, confirm the constructive function of man in childhood, and indirectly establish a relationship between play and health, which tends to a relegate illness. The practical deduction is: "a child is a person who plays"; consequently, we can infer that "a child

who does not play is not fully a child," but is ill. Thus, we establish relationships between play, health, and illness, and our manner of treating each of those relationships: those of children who play and those of those who do not.

Why is a playroom necessary in the hospital environment?

By definition, a hospital attends to individuals who do not lead normal lives because they suffer from a disease. Such persons justify the existence of hospitals and their objectives. However, covertly, the hospital carries out its institutional therapeutic procedures by identifying the patient's humanity with his illness, despite his receiving highly specialized treatment. Also, "one-to-one" interaction between doctors and patients is impossible or hindered in the institutional setting.

In a hospital there are two clearly defined populations: healthcare personnel, meaning the medical staff, who are assumed to represent and 'transmit' health to the population of patients. Apparently, there is a kind of dividing line between the two populations, which should not be crossed in either direction. Just at that line, medical practice faces a profound ethical conflict in the approach it takes to the hospitalized patient for whom therapeutic procedures are intended: Is she a playing child or an ill person? How does a pediatric hospital express its hospitality? How or in what measure is the experience of 'illness' of those who arrive at the hospital sick of being sick more profound?



A key part of the strength of a pediatric hospital is its population, and for that very reason it should provide a space intended specifically for play: a playroom where patients can find support and understanding. With playrooms, the pediatric hospital fulfills its justification, purpose, functions, and commitment to children.

Play is an activity which, shared between adults and children, is one of the facets of love. Children who play adapt to the game and accept its rules, its norms, in other words its laws. When players fail to follow the rules and break them the play space can be occupied by conflictive tendencies like war.

Children who take part in the game temporarily renounce their personal identity, their historic standing, and their private property. During the activity the child transforms into part of the game and temporarily loses his name and accepts the name he is given.

Play transforms; it creates different 'realities' in players; it blurs the lines between fact and fiction, including both in the same game. Playtime is 'absolute'. For that reason we can affirm that it is healthy to the extent that it transforms reality to make it something different, possible, and feasible through mechanisms of identification, understanding, and elevation.

Function of play

Based on the inherent effect play produces as it unfolds, and in view of its healing power, we can accept the premise that it has a valuable function in the hospital environment.

The positive psychological effects of play are valuable: it eases children's anxiety while receiving medical treatment; it relieves emotionally stressful situations; it helps to 'normalize' vital signs in children who play, before and after

medical treatments like those used in children with cancer.

In addition, play improves children's compliance with their treatments, and at the same time can help to transform the hospital into a play setting. When children play, they understand that their time there, ludically, includes their mental codes and transforms their illness through positive social relations with other children and with their doctors and nurses.

Consequently, play is of vital importance. The space it requires enhances the humanitarian side of treating children and acknowledges that an ill child is no more ill than child. In this regard, it is imperative to transform the perspective of hospitals to account for the redefinition of the doctor-patient relationship, which is not merely one of formality or of numbers.

Bearing in mind the beneficial effects of play, it is essential for pediatric hospitals to have ludic spaces, and to remember that their purpose, resources, and medical treatments must be profoundly human. Only then are patients truly liberated from their illness. Only by playing at living, learning to play like hospitalized children should, can we guarantee that they receive a complete and genuinely human treatment.

REFERENCES

1. Foucault M. El nacimiento de la clínica. Una arqueología de la mirada médica. 21st ed. Mexico City: Siglo XXI Editores; 2004. pp. 129-138, 154-163.
2. Harvey JR. Relajación total. 1st ed. Barcelona: Ed. Oniro; 2000, pp. 11-47.
3. Hernández AM. El juego como herramienta y apoyo psicológico en la adherencia terapéutica. El caso de una población hemato-oncológica del Instituto Nacional de Pediatría. Mexico City: Dissertation (UNAM); 2012. pp. 26-41, 109-125.
4. Huizinga J. Homo Ludens. 1st ed. 2000, 6th reprint 2007. Madrid: Alianza Editorial/Emece Editores. pp. 11-117.



5. Millar S. Psicología del juego infantil. 1st ed. Barcelona: Ed. Fontanella; 1972. pp. 11-19, 35-93.
6. Schaefer C, O'Connor K. Manual de Terapia de Juego. 6th ed. Mexico City: El Manual Moderno; 1999. pp. 25-39.
7. West M. Terapia de juego centrada en el niño. 2nd ed. Mexico City: El Manual Moderno; 2000. pp. 13-26.
8. Woolf V. Estar enfermo. 1st ed. Mexico City: UNAM; 2007. pp. 15-40.

María Guadalupe Hernández-Arenas
Instituto Nacional de Pediatría