SCHOOL EXPERIENCE OF CHILDREN WITH DIABETES MELLITUS EXPRESSED BY DRAMATIC THERAPEUTIC PLAY

A Vivência da Criança Escolar com Diabetes Mellitus Expresa por meio do Brinquedo Terapêutico Dramático

LA EXPERIENCIA DEL NIÑO ESCOLAR CON DIABETES MELLITUS EXPRESA POR MEDIO DEL JUEGO TERAPÉUTICO DRAMÁTICO

ABSTRACT

Objective: to understand the experience of school children through Dramatic Therapeutic Play. Method: a qualitative descriptive study, with eight children from 6 to 10 years old with type 1 diabetes mellitus in an educational camp and a center of excellence in diabetes. The research project of the study was approved by the Research Ethics Committee, number 1970/09. Results: qualitative analysis of the data revealed the themes: Suffering from the world of the disease; Living a world of procedures; Suffering with dietary restriction; Facing the disease with optimism; and Playing being important. Conclusion: by the Dramatic Therapeutic Play, children had the opportunity to ease tensions suffering in their daily lives, get control of the situation and rescue their autonomy. The Dramatic Therapeutic Play proved to be an important intervention instrument for nursing, being essential to its implementation in the care of children with diabetes. Descriptors: Games and Toys; Child; Diabetes Mellitus Type 1; Pediatric Nursing; Humanization of Care.

RESUMEN

Objetivo: comprender a vivência da criança escolar por medio do Brinquedo Terapêutico Dramático. Método: estudo descritivo qualitativo, realizado com oito crianças de 6 a 10 anos com diabetes mellitus tipo 1 em um acampamento educativo e un centro de referencia em diabetes. El estudio tuvieron el proyecto de pesquisa pelo Comitê de Ética em Pesquisa, n. 1970/09. Resultados: a análise qualitativa dos dados revelou as categorias temáticas: Sofrendo com o mundo da doença; Vivendo um mundo de procedimentos; Sofrimento com a restrição alimentar; Enfrentando a doença com otimismo; e Sendo importante brincar. Conclusão: por meio do Brinquedo Terapêutico Dramático as crianças tiveram a oportunidade de aliviar as tensões que sofrem en seu cotidiano, obter o domínio da situação e resgatar a sua autonomia. O Brinquedo Terapêutico Dramático mostrou um importante instrumento de intervenção para a enfermagem, sendo imprescindível a sua implementação na assistência à criança com diabetes. Descriptores: Jogos e Brinquedos; Criança; Diabetes Mellitus Tipo 1; Enfermagem Pediátrica; Humanização da Assistência.

RESUMO

Objetivo: compreender a vivência da criança escolar por meio do Juego Terapéutico Dramático. Método: estudo descritivo qualitativo, realizado com oito crianças de 6 a 10 anos com diabetes mellitus tipo 1 em un acampamento educativo e un centro de referencia en diabetes. El proyecto de investigación del estudio fue aprobado por el Comité de Ética en Investigación, número 1970/09. Resultados: el análisis cualitativo de los datos reveló las categorías temáticas: Sufriendo con el mundo de la enfermedad; Viviendo un mundo de procedimientos; Sufriendo con la restricción alimentar; Enfrentando la enfermedad con optimismo; y Siendo importante el juego. Conclusión: por medio del Juego Terapéutico Dramático los niños tuvieron la oportunidad de aliviar las tensiones que sufren en su cotidiano, obtener el dominio de la situación y rescatar su autonomía. El Juego Terapéutico Dramático se mostró un importante instrumento de intervención para la enfermería, siendo imprescindible su implementación en la asistencia al niño con diabetes. Descriptores: Juegos y Juguetes.
INTRODUCTION

Diabetes mellitus type 1 (DM1), resulting from destruction of pancreatic beta cells with consequent insulin deficiency, is one of the most common chronic diseases in childhood and most demanding psychological, social and physical areas by both the child and the family. Suffering from a chronic disease, children with DM1 have many limitations bringing feelings such as fear and insecurity conformist attitudes and the need for self-care that will be experienced for a long period of time.

DM1 treatment is the self-care education in glucose monitoring, physical exercises and nutritional control for the replacement of insulin. For these reasons, it is very important to consider all significant scenarios for the child, so that the health team offer psychological support and support to his family.

Understanding the children’s need for playing is extremely valuable to those who care for this population, especially for health professionals such as nurses, very present figures during times and potentially stressful situations for these children.

It is known that playing is a child’s work, a necessity of childhood, and a natural way they can develop their physical, emotional, social and cognitive aspects, that do not stop when they get sick or are hospitalized. It is an integrating activity for the person of the child, involving intense motivation.

Knowing the need of playing, the nurse should provide and facilitate the child’s participation in different types of playing, being included in the activity. This practice facilitates bond formation and helps the child to relate the figure of the professional to activities considered pleasurable and not only to procedures causing pain and discomfort, as observed since the late 70s.

In nursing care to the child the Therapeutic Play-TP has been used, which aims to alleviate the anxiety generated by atypical experiences with age. These experiences are often threatening and require more than recreation to relieve associated anxiety, thus TP should be used whenever the child has difficulty understanding or dealing with a situation. It can be used for any child treated at the health service for any nurse or trained, in order to allow them some understanding of the needs and feelings of the child. The ability of nurses to develop this activity is provided by the Resolution of the Federal Council of Nursing number 295/2004.

School experience of children with diabetes mellitus...

TP can be classified into Instructional, physiological or dramatic/cathartic functions enabler, and this is intended to enable the child to externalize the experiences they have difficult to verbalize in order to ease tension and facilitate the expression of feelings, needs and fears.

The use of TP are according to precepts of the National Humanization Policy, which aims at valuing different subjects participating in the health production process, seeking to supply the unpreparedness of professionals to deal with the subjective dimension that health practice. Considering the importance of humanization in nursing care, appreciation of the playing in the bond formation and the benefits of TP use as a means of expression of the child, this study aimed to understand the DM1 child’s experience in school age expressed through the Dramatic Therapeutic Play session -DTP in order to support the planning of care for these children, from the needs expressed by them, and promote a possibility of catharsis.

METHOD


The study was descriptive and qualitative, whose main concern is the meaning that people give to things and their life and the main instrument to collect data is the researcher interacting with the participants, accessing the subjectivity of the subject.

Participants were eight children, three girls and five boys, aged 6 to 10 years old with type 1 DM for at least two years. To maintain confidentiality, there were fictitious names assigned as Florzinha, Lindinha, Docinho, Cebolinha, Anjinho, Sansão, Bidu and Mingau. According to Resolution 196/9615, their parents were asked to sign the consent form for participation in research, and the children gave their verbal consent.

The data collection strategy was to interview by DTP, and one was performed in a referral center for diabetes in São Paulo/SP.
attended two children, and six interviews were held in a camp for young people with diabetes in Sapucai Mirim/MG. DTP sessions held in January 2010, were recorded and after, transcribed for later analysis.

DTP sessions as well as the material used in them followed the recommended in the literature, emphasizing no directivity. Children were invited to play from the guiding question: “Let’s play being a child with diabetes who take insulin?” After acceptance, each one was led to where the kit of toys was, with varied material so that the child could dramatize domestic, hospital and own insulin therapy situations. Moreover, a “medical kit” toy was placed next to the hospital supplies consisting of a doctor helmet, a toy magnifying glass, a stethoscope and a toy injection.

Data analysis occurred concurrently with the collection, following the steps advocated by qualitative content analysis in its conventional mode, used to describe and promote knowledge and understanding of a particular phenomenon whose literature is scarce, and the codification of categories derives directly from the data without compromise to prove previous studies. Thus, data were analyzed following three steps: the first one consisting in a careful reading of the content of transcripts for later coding; the second one, the coding, done by identifying words, phrases, themes or concepts that persisted in the data and to stand out while revealing the phenomenon studied; in the third step, categorization, where each code has resumed, reread, separated and classified into groups according to the similarity of the conceptual characteristics, determining the themes. The research project of the study was approved by the Ethics Committee in Research of the Federal University of São Paulo under number 1970/09.

RESULTS AND DISCUSSION

The analysis of the DTP sessions revealed five categories that will be presented below, illustrated by statements from the sessions in which the letter “C” represents the child and the letter “R” is the researcher.

Suffering from the world of the disease

During the DTP sessions, children revealed that the moment they learned of their diagnosis was remarkable in their lives even to precisely remember the date and events occurring at the time.

C: Take an insulin syringe package. I cannot remember how to apply these thing in me when I found out. I found that I was diabetic, when I went to the hospital. It was January twenty-eighth! Today it is two years, oh! [Smiles, celebrating.]. (Anjinho)

Being with DM1 means often to live with symptoms resulting from hyperglycemia and hypoglycemia. This experience was demonstrated and shown by children explicitly in drama. The child lives with diabetes at diagnosis of the stranger, living with the symptoms of the disease without knowing exactly what it means.

C: So I drank very, very, very, I drank almost ten liters of water per day. It was very strange. (Docinho)

R: What was it like? C: Ah ... I was losing too much weight. I left two bottles like this (showing with hands) on the side of my bed, urinating a lot. (Anjinho)

C: [Smiling] It (the doll) is sick ... R: Why? C: I do not know why. [Gets the doll, displaying it. Oh, how much evil! R: What is she feeling? C: She’s feeling that she passed out ... at home! (Bidu)

Being a chronic disease, control and treatment of diabetes bring restrictions and limitations in the lives of these children, preventing them from having a common routine to the other due to frequent medical appointments, or lack of energy to perform activities. As a result of diabetes, the child fails to do everything he did before the diagnosis.

R: Do you play well when you’re at your house too? Running, that sort of thing? C: No. R: No? Why? C: No. I do not know. I do not play [...] The other day I had to leave, then I do not know, the other day had to go to the doctor, oh I don’t know, I never played. Thus, only when my cousin was there I played a little bit, but did not play very, very, very much. I played just a little, but it was not much, because I only stayed at home, doing nothing. Then today I stay at home and do nothing. (Docinho)

During the role play, children also reported their suffering due to hospitalizations and emergency room visits related to poor control of the disease. So they feature in their playing, diabetes being a disease with numerous complications that cause discomfort and require immediate intervention, and can even lead to death, as well as the “swine flu”.

C: You’ll have to take another needleful! And that is similar to serum, okay? Grab the insulin syringe, pull the plunger and apply it in her doll’s chest. Aaaaaah! Cries, shaking her doll while applying. Ih! You will now have to take serum! (Bidu)
C: Did you know that one day I got sick at my school and they took me to the doctor? R: Oh really? And what did you have? C: Hypocemia. Q: What? C: Hypocemia! They gave me water. (Mingau)

C: I had a seizure. Then ... got sick ... and took me to the hospital ... (Florzinha)

C: And she will have to be hospitalized ... R: Why? What happened to her? C: The needle left behind? Q: What? And what was in that needle, what does she have to take? C: Because she had swine flu. (Budu)

Q: And how was that for you, be hospitalized? C: I do not know! It was ... it was strange. I had never stayed in a hospital [...] Then, after I got there ... after I left so I said to my mother: Mom, I do not come back here ever again! (Docinho)

Children showed that diabetes is inserted not only in their own experience, but also in their families, including members suffering together and providing support. In addition to their own disease condition, they showed also suffer from the disease of their families, bringing situations of their past and present every day, acknowledging that many times more than one family member has diabetes.

C: Place the doll in the balance, installing serum in it. Stay watching the serum down by the equipment. R: What happened to her? C: She is having bleeding in the stomach [...] Grab a scalp and sticks the doll’s arm [...] He will become more ill. R: Really? Why? What does he has? C: He does not take care of his diabetes, it is not healthy! (Fiorzinha)

Parents were highlighted as a source of support, care and education in the management of insulin therapy. But to portray the disease in the family, the mother is identified as powerful and thus spared the distress of treatment, including death.

R: Do you do it (the application of insulin) alone? C: I do. I’ve learned to take in the butt, not the arm. Then my mother taught me to take it. (Docinho)

C: Look at the mother doll and says: This here will not die. This here is powerful! She will not die. You can go. Takes the doll mother where the toys are and put it on the floor. (Budu)

Family support during treatment of a chronic disease is critical because the child finds the strength to overcome the difficulties of the day by day.9 Although the disease brings suffering and limitations for children with diabetes, they seek to understand its causes and effects as a way of coping. A study of adolescents reiterates that, after a while, they cope better with the disease, getting used to the new condition.20

C: Do you know what is diabetes? Asking, looking at the father doll. I’ll explain! So, do you have an organ here which is the pancreas. Pointing to the belly of the doll. There, now, it kind of stopped working. The pancreas burns all the calories you have, so you do not need be taking insulin. Not needed, right! But now, it stopped, sort of stopped. Pointing to the right lateral region of her own belly. Then you have to take insulin to help it to break your calories. (Lindinha)

Q: And is it better to have (diabetes) type two? C: No, it’s not. Whatever. Because it’s the same thing, you cannot eat sugar, cannot eat that stuff. But you only take the pill, which is too bad, but ... is it? (Lindinha)

**Living a world procedures**

The daily life of the child who has diabetes is filled with invasive procedures to control and maintain their well-being, which were portrayed in their playing, particularly those related to insulin therapy. The insulin application sites, as well as the rotation of locations, were also very mentioned and dramatized in DTP sessions.

C: Time to get the vaccine, people. Grab the insulin syringe, pull a dose and apply it in the doll’s arm (Cebolinha)

R: I see … and just take it in the arm? C: No … you can take it here, or here. Pointing with toy syringe both legs. On the butt and belly. Any of them, you choose. Only then you have to rotate. (Lindinha)

C: There now, she (the mother doll) just took that arm (insulin), now it turned red, she’ll have to go to the hospital. R: Why she’ll have to go to the hospital? C: Because her arm is very red. Now she goes to the hospital to have surgery. R: From where? C: From the arm. R: What are you doing with her arm? C: She will have to cut the arm because it has no way to cure the injury, it was very large, the scar. (Cebolinha)

The concern about the risk and prevention of infection also surfaced while playing through dramatization of antisepsis with alcohol before the insulin application, the need for needle exchange every application of insulin and the correct disposal of cutting needle material.

C: Oh … You must put alcohol to clean … Because if not, it is dirty and enters microbes. It enters dirt on your skin. Grab a tissue and put on the buttocks of the girl doll. (Lindinha)

C: Now what? You’ll have to go get another one (syringe) with the nurse. Look at the case and look for another syringe. Where it could be the garbage? Look around and pick up the syringe package. I think here! (Budu)
The achievement of blood glucose test and insulin self-administration procedures are stimulated in children with diabetes of school age, especially in the educational camp for diabetic youth people. Knowledge about the management of hypoglycemia and hyperglycemia appears in the playing as everyday item from their experience.

C: You have to give serum to him (the boy doll). If you take the serum the glucose will fall. If you put serum, blood glucose rises. (Florzinha)

C: Now she (the mother doll) will take ... A vaccine! Take an insulin syringe in the package. R: Why will she take vaccine? C: Because diabetes is high. R: How will she receive, doctor? C: Two of the fast ones. (Cebolinha)

C: First, let me measure your finger, to see how it is now you already took insulin. Handle 10 ml syringe and pull the plunger. You have to prepare. Applying syringe in the girl doll’s hand. Tlc. Remove the syringe, put it aside. Readyyyyy. Let’s see ... Just take this drop of blood here. Hill the girl doll’s hand in glucometer sensor. Oh, yeah High yet! Look at the glucometer. Okay high, you see? You’re four hundred! [...] C: That’s little sugar. Then you go there and suck. It depends on how you are. If you are seventy, you wait, do not eat anything. If you are sixty then you can already eat. And down you also are ready to eat. (Lindinha)

In addition to the knowledge about performing these procedures, children demonstrated in playing the search for freedom of choice for resources used in their treatment, as the use of continuous infusion pumps or choice of glucometer. There are dozens of glucometers models, disposable insulin pens or not, lancets and syringes and pumps. During the sessions, the children showed to understand the need and purpose of technological resources and mastery in handling.

C: I spoke like that to my mother: Mother, I wanted to use a bomb. Eeee, no! I wanted to use the pen! Eee ... Now I’ll get my mom and say I want to use a bomb. I will beg my doctor. (Docinho)

C: Take the bag with the glucometer, opening it. The glucometer falls down and he catches: Oh, I have one of those! It was my first instrument! He says smiling, looking at the researcher. He stores it back in the bag. R: Oh, really? And you thought it was good? C: It was good but it took a lot to give the result. (Sandsa)

Usually, the children undergoing invasive procedures are encouraged not to cry or not to express their real pain for their achievement, and common health professionals and responsible for the child say before it would be “just a little bite”. For the child with diabetes, which is subjected to bites for checking the blood glucose or insulin, the view that they need to be strong was dramatized during the DTP sessions of, showing that she daily faces the fear of the needle, because they know that is necessary.\(^1\)

C: Opens and looks the needle.: Wow! What a needle! Look at the needle, gaping. My God ... that is a big needle! Look immediately to the doll girl. Caaaim down, it is not a big needle! It’s just a little bite ... (Lindinha)

Despite living surrounded by needles and atypical procedures for their age group, children understand this experience as a part of their lives, necessary for blood glucose control and maintain their well-being.

C: Nooo ... so you do not need to be afraid. He says, looking at the girl doll. It does not hurt. You used to it. Just like that, the first time, like you felt pain, but it’s just the first time. It does not hurt! You will get used. (Lindinha)

Q: Not everyone who takes insulin. C: Yeah, I know ... but you have to take it. R: What if they find me weird because I take injection? C: Oh ... I do not know ... never mind. You need to take. It’s something that is normal and something could happen to you. (Lindinha)

Due to the intensity of invasive procedures to which they are subjected, especially insulin and blood glucose tests, the study participants showed children how much this practice is related to greater suffering due to terror and fear of the bite. They come to compare hospital supplies to an island of dinosaurs and a pain to scream at the time of introduction of the needle into the doll.

C: Bare the scalp and sticks mother doll’s arm, transfixing the needle in her arm: Au ... It’s punching! (Cebolinha)

C: Now it’s my turn. He says, looking at the researcher. Mine is great! Grab a 20 ml syringe, pull the plunger, up the sleeve of his shirt and applied with the syringe needle into the back of his left arm. AAAAI! (Bidu)

C: So let me see what I can do (what to play) ... Thoughtful, watching the hospital supplies. An island of dinosaur! He says, in suspense tone. (Mingau)

Because they are primarily responsible for conducting invasive procedures including injections, health professionals and family members were treated in a hostile manner during the role playing as when Bidu and Mingau play together.

Bidu says: Now ... will be the two together (grandfather doll and white doll) to bite ... Now go through the needle. Place the
Healthy eating is part of the daily lives of children with diabetes from the moment of diagnosis, one of the factors responsible for good glycemic control leading to the prevention of complications. For this reason, children showed that from the moment the diagnosis of diabetes eating habits were forced to change radically, and something hard to follow at first, about to eat hidden from the mother. However, realizing that the wrong diet was bad, no longer enjoy the pleasure of eating sweets, snacks and chocolates, restrictions that cause great suffering to the child.

C: Get the serum bottle and tells the doll girl! Do you have diabetes? And you cannot eat sugar. Ah! Now you will not be able to eat more biscuits, chocolate, snacks, cheese bread ... Cake has to be diet ... Nothing else. (Lindinha)

There is agreement that brings food restriction for children with DM1, fears, anxieties and guilt for failing to control their desires. Living with so many restrictions generates in children with diabetes wishes that in the DTP were filled eagerly for their dramatizations, mainly using the sachet of glucose.

C: Place the glucose sachet inside the glove and closes it. Lick your fingers that were soiled with the contents of the sachet that had leaked. [...] While waiting for the researcher tie the bladder, eagerly licks the fingers with glucose. (Samsô)

C: Look at the mother doll and puts leaning on the counter of the hot dog stall and says that she’s eating. R: What is she eating? C: Rice, beans, pasta. R: rice, beans and pasta? C: And meat! (Cebolinha)

Facing the disease with optimism

Despite the suffering due to the disease situation and the procedures that are processed on the DTP sessions, children with DM1 showed facing such adversity with optimism. They continue trying to adapt to new needs, self-care, as if this were not a bad thing, but necessary and for their good.

C: It does not hurt! You (girl doll) will used to it. After a while you (the doll girl) will be able to poke in the arm. Look at the researcher, smiling. I applied on my arm!
School experience of children with diabetes mellitus...

Bidu shouts: PATIENT MINGAU! Mingau responds: He left ... And look at his drawing. He says: What can I do ... Bidu: He left ... And now? Grab the toy syringe that fell to the ground. When he gets here he will take a complaint and will take two injections. Mingau says, brave saying, Oh! I think I'll go in the playroom see if he's there! I'll even take the serum to give it ... Grab the hospital supplies that are on the table and get them up. Mingau responds: Or! I'm not kidding ... Bidu says: You ran away! (Bidu and Mingau)

**FINAL CONSIDERATIONS**

We believe that the research objectives were achieved, since through DTP sessions it was possible to understand aspects of the school experience of children with DM1 and understand their suffering. Playing, they had the opportunity to relieve the stresses of their daily lives, get control of the situation and rescue their autonomy, as well as strengthen the bond with one of the researchers.

The TP proved to be so, as an important tool to identify the child’s needs, allowing the revelation of fears, knowledge, concepts and desires, as well as being an effective means of intervention to promote child’s behavior changes with diabetes, as happened to Cebolinha that after dramatize the insulin administration in doll’s arm, he began performing self-application with rotation of sites.

We also emphasize that this study can be expanded with a view to preparing an educational program aimed at the management of DM1, also using TP as an intervention instrument.

**REFERENCES**


15. Brasil. Conselho Nacional de Saúde. Diretrizes e Normas de Pesquisa em Diretrizes e Normas de Pesquisa em

School experience of children with diabetes mellitus...

Seres Humanos. Resolução 196/96 de 09/10/96. DOU 16/10/96:21081-21085.


25. Melo CF, Almeida ACAC, Neto JLA. Therapeutic toy: strategy for pain and tension...
La Banca RO, Monteiro OO, Ribeiro CA et al.