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News

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CANCER IN CHILDREN Part II: Play Therapy

*****Play therapy helps the cancer child
with fears, fantasies.

DALLAS--"Rotten day, isn't it?" says the petite five-year-old, shaking hands like an adult with the woman in the white coat.

The little girl, dressed in a new pleated white skirt and matching sweater seems unaware that her pink scalp is showing through her thin clumps of blond hair.

This is Connie. If she seems more mature than most children her age, she is. Not only is she an especially intelligent child, but she has made great strides in coping with a problem that strikes terror into the hearts and minds of adults.

Connie is a cancer patient.

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Beverly Hudson, Connie's friend in the white coat, is one of three child life coordinators at Children's Medical Center in Dallas, pediatric teaching hospital for The University of Texas Health Science Center at Dallas. She is a therapist who uses the play of childhood to discover the fears and fantasies of the children in oncology clinic and to help them get in control as much as possible. An important part of the cancer team, she is one of only two specialists in her field who work with cancer patients at major Texas medical centers. Her program is financed primarily by the Dallas Assistants League.

Hudson's territory is a large open-spaced playroom in the hematology section of the hospital. Once a "waiting room" for lethargic patients, it is now a busy hive of activity. The walls are papered with pictures in paint and crayola, yet there is a table full of children producing still more. Other young patients, some big and some small, play with various toys that talk, whirl, whirl or jerk. A giant teddy wearing a T-shirt and Band-Aids lies atop a carpeted toy box. And at the end of the room, a massive metal mirror reflects--and doubles--the vision of play.

Hair loss as a side-effect of chemotherapy is almost universal among these young patients. That's why the mirror is there. The play therapist believes that these children must know how they look now and learn to deal with their unpleasant appearance and its effect on others.

"These children don't feel any different than they ever did, but they look different to other children. It's only natural that they are going to receive rude stares and hear remarks. They need to understand why people are reacting to them in these ways."

Teddy, the star of the medical show staged daily in the playroom on Children's second floor, lies complacent and unprotesting. Not only does he get plenty of shots, which account for some of the Band-Aids dotting his fat brown arms, but he also gets intravenous feedings of cancer "medication." Young "doctors" and "nurses" listen for Teddy's heartbeat and even check his prognosis by executing bone-marrow tests.

Hudson believes it is that rich gift to childhood--imagination--that makes children so vulnerable to the hospital situation. Because she is not directly involved in the "hurting process," she believes it is easy for the children to learn to trust her. But first must come that all-important trusting.

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"Then we can build on that," she says. "I believe that these children can be bigger people in their lives by mastering the fears and frustrations of the hospital experience." And because this experience is necessary to their treatment, it is something they must go through. Medical play with Teddy is one of the ways in which the child development specialist works with her patients to alleviate their fears.

"Med playing offers the child the opportunity to be the aggressor, to be on the giving end of the shot and to understand what's happening on their backs (such as certain medical procedures like bone-marrow tests) where they can't see. They get to be the doctor or nurse and see what it feels like to be on the giving end of a shot."

Another approach to helping the young cancer patient is through art.

All children, says Hudson, have such a rich fantasy life that it can hardly be contained. Everything in life feeds into it. And much of what a child sees and hears is distorted.

Also, although most people don't realize it, children are overwhelmed with guilt. Because the guilt is there--and because they can't separate reality from fantasy and cause from effect when something bad happens, they may live in real terror over a small thing. The combination of these two factors can be psychologically devastating.

"Remember, 'Step on a crack, break your mother's back?' Maybe the child accidentally stepped on a crack. Or maybe the child was angry with the mother and did it deliberately. If the child had played that game and the mother really got a hurt back, then he wouldn't be able to separate fantasy from reality. Guilt and fear are the results.

"Our patients feel guilty, too. They're not guilty because of the disease--they're just guilty. Many think they did something to cause their cancer. But in order to help them with these feelings, we have to know what's going on."

The walls of the playroom are covered with the children's painted-out fantasies. A watercolor of three grassy graves topped by rude wooden crosses is Collette's (not her real name). The 12-year-old has never been in remission during the six months she has been in treatment at Children's, and she recently had a friend from clinic die of leukemia. She has just begun to deal with death for the first time.

Hudson believes that it is important for the children to understand as much as they can about their diseases, as well as the course of treatment. Giving them a role in their treatment helps put the child in control.

For example, a child can make a decision as to "Where do you want your shot?" Or maybe help choose a vein for the administration of an intravenous feeding. They can also take an even more active role by putting their own Band-Aids on, moving the stethoscopes around their chests and taking their I.V. needles out.

Learning to understand and use medical language, or "getting a handle on it," as Hudson calls it, is another way she sees a child handling the hospital situation.

"I always tell them 'oto' (as in otolaryngology) is 'doctor talk' for ears," she says. "Pretty soon they're using correct medical terminology themselves. This takes much of the scariness out of the experience."

A case in point, Connie, the five-year-old, was heard to remark that "Cytosan and Vistaril make me feel sleepy." Few hospitalized adults could make a statement like that about their treatment.

Hudson, who received both her training in social work and child life at Michigan State, has nothing but praise for Children's oncology staff. "We have to be a team," she says. "We have to work together to best meet the medical needs of the child."

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And this team does.

"It takes a lot of time to prepare a child with play therapy for these tests, and our doctors always see that we get it. Also, they often wait to see the child for regular medical appointments if they know something important is going on in play therapy."

Today there is hope for the child with cancer while 20 years ago, practically none could be offered. Still, in a major medical institution involved in the latest techniques developed by research and clinical trials, Hudson knows that at least half of "her children" won't make it. How does this make her feel?

"I don't mean to be a Pollyanna, but I have to deal with the positive side." Speaking of a little three-year-old who died in her arms after a particularly difficult illness, Hudson said, "I made her last days good for her. I'm so happy and so proud I could do that."

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