

# The Use of Stuffed, Body-Outline Dolls With Hospitalized Children and Adolescents

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The process of creating and personalizing a blank, stuffed body-outline doll can provide children with a pleasurable, expressive activity that can be used by staff to facilitate effective coping. Observation of this process can provide staff with important assessment information. The dolls' permeability and flexibility make them ideal for use in preparation interactions and for promoting postprocedural health care play. The degree to which it is possible to individualize the dolls appears to enhance their value to the patients who create them. Examples of ways health care professionals can most effectively utilize the dolls are detailed

The value of play for children and adolescents in health care settings has been described previously in the literature (e.g., Bergen, Gaynard, & Hausslein, 1987; D'Antonio, 1984; Delpo & Frick, 1988; Freud, 1952; Newman & Lind, 1980; Plank, 1971). Play techniques have been recognized increasingly as essential to enhancing successful coping and adjustment in work with hospitalized children and families (Bohg, 1984; Petrillo & Sanger, 1980; Thompson & Stanford, 1981; Wolfer, Gaynard, Goldberger, Laidley, & Thompson, 1988) and have been

utilized by health care professionals for a variety of purposes: (a) developmental optimization (e.g., Azarnoff & Flegal, 1975; Harvey, 1980; Goldberger, 1988; Gibbons & Boren, 1985; Kielhofner, Barris, Bauer, Shoestock, & Walker, 1983), (b) diversion from pain, discomfort, anxiety, and boredom often associated with illness, injury, and treatment (e.g., Azarnoff, 1974; Bergen et al., 1987; Brooks, 1973; Ipsa, Barrett, & Kim, 1988), (c) facilitation of assessment processes regarding the emotional, cognitive, and physical status of hospitalized children (e.g., David, 1973; Green, 1974; Pellegrini & Perlmutter, 1988), (d) expression of feelings regarding illness, injury, and hospitalization (e.g., Garot, 1986; Kennedy, 1985; Petrillo & Sanger, 1980; Schaefer, 1980), (e) preparation and education of patients and families for health care experiences (e.g., Betz, 1983; Chan, 1980; D'Antonio, 1984; Knudsen, 1975; McCue, 1988; Nicholson-Laidley, et al., 1987), (f) continuation of normal, pleasurable child-directed play (Azarnoff & Flegal, 1975; Bergen et al., 1987; Chan, 1980; Harding, 1977), and (g) facilitation of patients' mastery of hospital experiences (e.g., Clatworthy, 1981; Curry, 1988; Goldberger, 1988; Oremland, 1988; Wolfgang & Bohg, 1979).

The cloth, stuffed, body-outline dolls described in this article can be used by health care professionals to fulfill many of the above purposes in both hospital and outpatient settings. This article will describe the use of the dolls during health care play with children and adolescents as used in the experimental Child Life Research Project (Gaynard et al., 1990; Wolfer et al., 1988). Information regarding the use and benefits of the dolls is based on clinical observations that resulted from numerous anecdotal accounts discussed by child life specialists involved in the research project. Because the use of the body-outline dolls was not anticipated in the initial design phases of the research project, no experimental data were collected regarding the value of the dolls.

The use of the body-outline dolls in interac-

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tions with children, adolescents, and families was not a creation of the Child Life Research Project and has been utilized by other professionals in health care settings. However, the literature includes few detailed descriptions of how these dolls can be used to enhance health care interactions with patients and families and provides little specific information regarding the benefits of these dolls in facilitating effective psychological preparation, coping, and postprocedural play with children and adolescents.

Although the current article focuses on use of the body-outline dolls by child life staff, it is anticipated that other professionals may find the dolls useful in pediatric health care contexts.

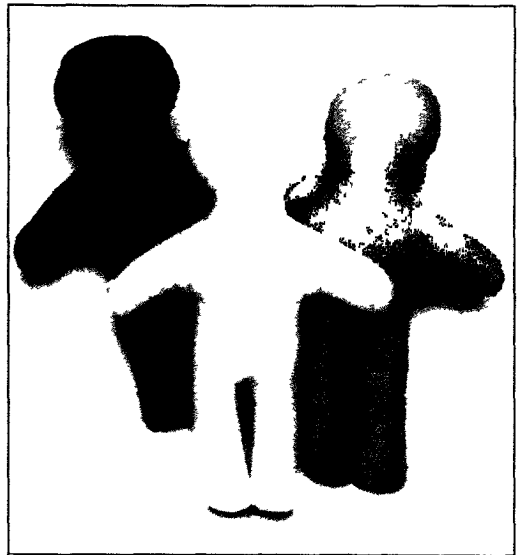
### PURPOSE AND DEVELOPMENT OF THE DOLLS

One of the central concepts of the theoretical foundation of the Child Life Research Project was for children and adolescents to receive accurate, age-appropriate information regarding their health care experiences. The project's conceptual framework also emphasized the importance of providing opportunities for patients to process information calmly, to express fears and fantasies, and to clarify misconceptions. Therefore, part of the child life care included in project implementation was the provision of individualized health care play for children and adolescents that reflected their unique health care experiences. Previous use of the body-outline dolls by one of the authors led to the use of the dolls during project implementation to facilitate meaningful health care play with patients and to achieve the identified goals of the theoretical framework (Gaynard et al., 1990).

The dolls were made of beige or brown muslin, stuffed with polyester fiberfill and devoid of any features or details (Fig. 1). The materials used to construct the dolls meant they were light-weight which, combined with their small size, made them easy to use, transport, and store. Furthermore, they were manageable for even the smallest children to hold and carry. The dolls were made and donated by community hospital volunteers, and were available for use by all interested children and adolescents.

Each patient was presented with a doll and nontoxic, permanent markers by a child life specialist within 1 hour of admission to the hospital. The children were told that they could make their own doll, keep it with them while they were in the hospital, and take it home with them when discharged.

Subsequent to the offering of the doll and



*Figure 1* Dolls as they appear when offered to children. They are made of muslin fabric in tones of tan and are approximately 14 inches long.

markers to the patient, the child life specialist either remained with the child while the doll was created or left the doll and markers for the child, telling the child she (all the child life specialists on the team were women) would return at a later time to see the doll. The decision of whether to stay or to leave and return at a later time depended on the child's preference, age, medical situation, the amount of activity and number of persons in the room at the time of introduction, as well as the child life specialist's schedule and priorities.

### Benefits of the Dolls

#### Developing Rapport

The coloring of the doll was a process through which staff could make initial contact with patients in a manner that seemed to be perceived by children as nonthreatening and supportive. The process of coloring a doll with markers is novel to most children and a very appealing, inviting activity. The offer was seldom refused. Children seemed to welcome the opportunity to become involved in a process-oriented, unstructured, pleasurable activity that provided diversion from the initial anxiety of being admitted to the hospital. Children were observed to consistently respond to the dolls with interest, more relaxed body posture, and increased positive affect. This was particularly notable in children who were extremely frightened and over-

whelmed by the hospital environment. Even the most seriously ill and/or withdrawn children tended to respond favorably to the gesture, although they often lacked the energy and/or ability to draw their own doll extensively at that time. In these situations, parents or staff sometimes offered to help children create their dolls.

Parents, as well as children, appeared to respond favorably to the offering of the doll. Parents were observed to become increasingly relaxed as they watched their children's anxiety decrease as they became involved in an enjoyable, novel process. The diversional aspects of the activity apparently functioned to decrease parents' immediate responsibility for providing distraction and support for their children at a time of high stress. If siblings were present they, too, were typically offered a doll and markers which similarly occupied their attention, included them in the situation, and alleviated further concern on the parents' part for having to attend to siblings as well as to the patient. Thus, the doll activity provided a means for the child life specialists to develop quick rapport with patients, parents, and siblings on initial contact and tended to facilitate the development of trusting, supportive relationships.

Perhaps one of the reasons that the dolls served as such effective vehicles for the development of rapport with children may be the fact that the presentation of the dolls is a gesture of giving in a situation in which it is typically perceived by children that little is offered. The hospital is typically an environment where much is taken away from individuals, both literally and figuratively (e.g., "taking" of vital signs, the removal of familiar clothes, reduction of children's control regarding what they eat, wear, and do, taking of bodily fluids such as blood for testing). Offering children the opportunity to create their own dolls early in children's hospital experiences not only serves as a gesture of giving but also communicates to patients that, although the hospital can be a frightening and threatening environment, it is also a place where people know and like children, a place where fun things can happen, and a place where children's feelings and needs are taken seriously.

**Example** Cindy was a nine-year-old girl admitted for probable renal failure. She would require numerous diagnostic tests in a brief period of time, but only bloodwork was scheduled upon admission. Cindy was quiet and teary-eyed and said she was "afraid of needles." The admitting nurse agreed to delay initial bloodwork to allow

time to prepare Cindy for this invasive procedure using one of the dolls. While Cindy colored her doll, the nurse left briefly to attend to another child and to reinforce the concept that she would leave and return. The nurse also hoped that using the doll initially with Cindy would communicate that they would interact in some ways that did not include pain or discomfort.

After Cindy had completed coloring her doll, Cindy and the nurse "admitted" the doll to the hospital, placed an identification bracelet on the doll's wrist and discussed why Cindy's doll came to the hospital, when her doll could return home, and how her doll felt about being in the hospital. While Cindy and her nurse engaged in health care play, Cindy's mother went to the admitting office to fill out forms. During the play interactions, the nurse was able to learn much about Cindy's understanding regarding her hospitalization and how she perceived her physical symptoms.

After Cindy's mother returned, the nurse again left briefly. When she returned to Cindy's room the nurse had become a familiar and welcome face to Cindy and her mother, and a figure with whom Cindy had already formed some positive associations. The nurse then prepared Cindy for her impending blood test, helping Cindy to "play through" with her doll the process involved in the procedure, and to select and rehearse coping behaviors.

### **Assessment Value**

The dolls are blank objects onto which the children can color (i.e., project) perceptions and feelings as they desire. Valuable assessment information was gained by Child Life Research Project staff from observations of the features, clothing, and details drawn on the doll. For example, the choice of colors, the type of facial expression(s) drawn on the doll, the degree of detail and attention given to various areas and aspects of the doll, the addition of hands or feet, and the manner in which the doll was drawn (e.g., quickly with little apparent thought and detail, or meticulously with much deliberation) can offer staff information regarding the children's emotional and physical status, personality, likes, and traits. Conversations regarding the choices children make in creating the dolls can also offer insight into the children's feelings and physical status. Responses to questions such as, "Your doll doesn't look very happy, what is

he feeling?," "Tell me about what you have drawn in her stomach," "Tell me about the red color in your doll's chest," or "Why does your doll have such a sad face?" can be helpful in getting to know patients and in gaining information regarding children's feelings, thoughts, and concerns. In this manner, the dolls can provide a nonthreatening, enjoyable vehicle for indirectly eliciting assessment information from children on admission and throughout their hospital stay.

With many patients more accurate information may be gained by asking children how their doll feels than by asking the children directly. In this manner, the dolls can serve as a functional link between patients and staff for the continual monitoring of children's fears, fantasies, coping behaviors, physical status, and emotional state throughout their health care experiences. Questions such as "Why did your doll need to come to the hospital?," "How long will he need to be here?," and "What will happen while he (or she) is in the hospital?" can help staff assess children's understanding and accuracy of information regarding health care. Using this information and the dolls as tools, adults can help children learn and accurately process information (Gaynard et al, 1990).

### Facilitating Preparation and Coping Processes

Child Life Research Project staff found the dolls particularly helpful in facilitating preparation interactions with patients (Fig 2). The dolls' permeability and flexibility are especially helpful in accurate demonstration of the process and duration of invasive procedures such as IV starts, blood draws, catheter insertions, and lumbar punctures. The permeability of the muslin



Figure 2 Using the doll, a child is helped to preselect and rehearse a coping strategy.

makes it possible to insert needles easily and, with minor adjustment, it is possible to use the dolls to prepare children, adolescents, and families for any type of medical experience. For example, to demonstrate insertion of a nasogastric tube, a small opening can be quickly made with scissors to simulate nostrils. (The opening should be made out of the child's sight to be sure that mutilation fears and fantasies are not fueled.) In a similar way, a small opening can be made easily to demonstrate traction pin insertion, cardiac catheterization, central line placement, and other procedures.

Because the dolls bend into almost any position, use of the dolls provides children with a model for demonstrating desired body postures for procedures (e.g., lumbar punctures, traction, casting) during preparation interactions. As the children bend and place the dolls in various suggested positions, they can gain vicarious rehearsal for the actual experience. Thus, the dolls can facilitate individualized preparation for all health care experiences and are particularly useful in demonstrating invasive procedures.

Example Tyler, a six-year-old boy, was being prepared for his first lumbar puncture by the resident who would perform the procedure. Tyler had already created a doll that had been used in preparing Tyler for previous diagnostic procedures and IV therapy. When initially informing Tyler of the impending spinal tap, the resident had suggested that Tyler practice the position he would need to remain in during the procedure. Tyler was hesitant to try this himself, and the resident decided to use the doll to show Tyler the desired position. The resident gave Tyler's doll some pretend IV medicine to help the doll feel sleepy and told the doll why it was important to stay in the position for the lumbar puncture. The resident then bent Tyler's doll into the appropriate position and explained that the doll's job was to hold still until the procedure was completed. After observing the doll in the position for the lumbar puncture, Tyler agreed to try the position himself to see how it would feel.

The flexibility of the dolls also allows patients to rehearse their selection of coping strategies during preparation interactions. For example, children can be encouraged to choose whether they would prefer to watch the procedure or look away. The doll's head can be turned similarly. If the situation allows, children sometimes

have the choice of whether they want to sit or lie down for a procedure, and the dolls can be placed in the selected position. Such coping strategies can then be vicariously rehearsed via the dolls.

Staff can wiggle or move the dolls and ask children, "What might happen if the doll moves?" "What should we tell the doll about holding still?" Actually moving the doll during enactment of needle insertion, and asking children to verbally describe in their own words what might happen, can help children understand the consequences of moving during procedures. It also communicates the need for children to hold still to facilitate smooth and quick completion of health care experiences with a minimum amount of trauma. In this manner children's optimal coping responses can be practiced, via the dolls, prior to direct rehearsal with children. For some patients who are particularly resistant to rehearsing coping behaviors themselves, the dolls may provide the only vehicle of coping skills training prior to health care experiences.

### **Developmental Considerations**

The degree to which the dolls' appeal transcends age boundaries enhances their value for individualized interactions. Patients and siblings as young as age two are able to color and create their own dolls. Although the features colored on the dolls of very young children (two and three year olds) reflect the drawing abilities typical of these ages, the children appear to maintain as much interest in the dolls as older children, and benefit from the use of the dolls for comfort, and in preparation and postprocedural play interactions.

Example Jason was a three-year-old boy admitted to the hospital for the first time for asthma. While the child life specialist was meeting Jason in his room, the respiratory therapist entered and announced it was time for a treatment. As soon as the therapist assembled the nebulizer, Jason began crying and resisted his treatment. When the therapist tried to perform chest physiotherapy with Jason, his cries and resistance escalated to a point that prohibited further treatment and the respiratory therapist left with a promise to return later. The child life specialist also departed to give Jason time to calm down and to gather supplies for health care play focused on respiratory treatments.

When the child life specialist returned to

Jason's room, she presented him with a doll and markers, asking him if he would like to make a doll and take it home with him. Jason colored his doll and named him Jason. When asked why the doll had come to the hospital, Jason said it was because the doll couldn't breathe. The child life specialist suggested that Jason might want to know different ways they could help his doll breathe more easily. Together they looked at a nebulizer, talked about "medicine air" and showed the doll how to breathe in the air. Next, the specialist handed the nebulizer to Jason and asked if he wanted to help the doll breathe the medicine air. They also talked about how the breathing treatments would help Jason's doll get better faster so he could soon go home. Jason then spontaneously had his parents breathe some of the medicine air. When Jason received his second respiratory treatment, the therapist reported that Jason included his doll in the process and calmly complied with the therapist's requests.

As might be expected from observation of their artwork, features drawn on dolls by young children may be representative of their kinesthetic associations during the process. Young children (two and three years old) tends to create their doll using vague scribbles for eyes, mouth, and a stomach/torso. The caregiver might notice, however, the degree to which young children often change demeanor while coloring the doll (increased relaxation, apprehension, or aggression), or the way young children may focus on a specific area of the doll's body.

As children's representational skills and developmental awareness progress, one can be attuned to the manner in which children color the areas of the dolls' bodies corresponding to the children's medical conditions. For example, the staff observed it was not unusual for children admitted for abdominal surgery to color red intently over their doll's torso, or for children who were experiencing procedures that challenged their modesty to color their dolls with elaborate coverings, or for the experienced and wise children, with prior hospital admissions and poor venous access, to draw large and prominent veins on their dolls' arms.

Awareness of these apparent connections between children and their dolls can enable care providers to directly or indirectly address individual concerns and experiences. It is important to note, however, that children may create a

doll in a specific manner, or select certain colors, simply for pleasure's sake. For example, children may choose red purely because they like that color, and not because they are experiencing particular pain or fear. Interactions with children using questions similar to those previously discussed typically lead to quick clarification of this issue.

Originally, the staff did not offer the doll activity to teens on the assumption that it might be demeaning. Early in the project, however, teens began asking to make their own dolls after seeing younger children with them. Staff began offering the dolls to adolescent patients and soon realized how much the adolescent patients enjoyed the process of creating the dolls. Staff also observed that the use of the dolls for preparation and postprocedural "play" with adolescents facilitated child life interactions with this age patient. Thus, it quickly became a standard part of project protocol to use the dolls in interactions with all patients, regardless of age.

With adolescents, the use of the dolls varied somewhat from use with younger children due to obvious developmental differences. With teens, project staff used the dolls in a less fantastic manner, decreasing the dramatic play aspects of the interactions and presenting the dolls as a tool used to demonstrate procedures and enhance understanding. The use of dolls in preparation interactions with adolescents is illustrated by the following vignette.

**Example** Angie was a 13-year-old girl admitted for renal failure. On initial contact with Angie, the child life specialist explained that part of her role was to help patients understand what would happen while in the hospital and that she would like to tell Angie about her impending renal biopsy. After gathering teaching materials, the child life specialist explained to Angie that she had brought equipment and the doll to help show Angie how she would receive intravenous medicine and the position Angie would need to maintain during the test. Together with Angie, the specialist started an IV on the doll demonstrating how the needle comes out of the arm but the little tube stays inside the vein through which the medicine flows. Angie and the child life specialist reviewed the photos and placed the doll in the appropriate position. After preparing Angie for her procedure, the child life specialist commented that many children and teens like to color the dolls and take them home when discharged.

The specialist asked Angie if she would like to do so. Angie spontaneously became involved in the process of creating her doll, named her after a popular rock star, and placed an identification bracelet on the doll's arm. The doll was subsequently used in additional preparation interactions with Angie prior to other invasive procedures. When Angie was discharged, she commented that if she had to return to the hospital she'd like to create more dolls to start a collection of hospital dolls.

### **Gender-Related Factors**

During project implementation the child life staff observed that the body-outline dolls appealed to boys as much as to girls.

**Example** Charlie was a 14-year-old boy hospitalized for a sickle cell anemia crisis. Charlie had been admitted to the hospital many times in his lifetime but had not previously met the current child life specialist. Prior to her first contact with Charlie, the child life specialist brought a variety of games and equipment into the teen lounge to offer Charlie a choice of activities. Among these supplies she included a doll, markers, and equipment to start an IV on the doll (not knowing whether a male would be interested in the doll or not). After presenting the materials to Charlie, the child life specialist told him they could do whatever he chose.

Charlie quickly pointed to the container holding the doll and IV equipment and asked what it was. After explaining that many patients enjoy creating their own doll and performing medical and nursing procedures with the dolls, Charlie's expression suggested increased interest and excitement. Charlie replied, "I've never seen this kind of real equipment close up." "I've never been able to play with it."

The child life specialist suggested that Charlie might want to create his own doll and then they could start an IV on the doll for pretend IV therapy. Charlie immediately began coloring his doll and decided to name the doll after his best friend. Charlie appeared to thoroughly enjoy the process of handling the equipment, starting an IV on the doll, and learning accurate terms for various supplies. The child life specialist used this time to discuss with Charlie his feelings regarding sickle cell anemia, his

many hospital admissions, and the need for frequent IV therapy

Based on societal sex-role stereotypes, it was anticipated that parents (particularly fathers) might object to their sons' creating and playing with a doll. However, protests from parents were rarely heard. Perhaps this is because patients create their own dolls and can endow them with masculine features, attributes and clothing and that they do not resemble the typical commercially manufactured doll. Additionally, the dolls seem to be perceived by parents as playing a valuable and practical role in their children's hospitalization. Parents reported that the dolls facilitated increased coping abilities, were a comfort in times of separation, pain, and fear, and were a positive form of distraction from discomfort and boredom. As preparation interactions made observable differences in their children's effective coping, it is likely that the positive associations made by parents about the dolls helped them to feel comfortable with their sons' creating and "playing" with a doll. Although the authors can only speculate on the reasons parents made positive comments about the use of the dolls, it was apparent to child life staff that the dolls were viewed by boys and their parents as a valuable part of their hospital experiences.

### Facilitation of Transitions

During project implementation, patients seemed to identify quickly with the body-outline dolls they created and were observed to use them often for comfort and play in a similar manner. Children used transitional objects brought from home. The Child Life Research Project team was impressed with the degree to which most children demonstrated strong and quick attachments to the dolls.

A serendipitous benefit was demonstrated by children whose parents were only intermittently available. In these situations, child life staff, along with other health care providers, often became significant nurturers to the children under stress. For many of these children, the hospital dolls seemed to become an extension of the caregiver with whom the child created the doll—a type of impromptu transitional object of comfort and reassurance.

Many patients who experienced repeated hospitalizations for chronic conditions during project implementation tended to look forward to making new dolls on each admission. In this manner, the dolls seemed to help balance the uncomfortable experiences associated with hos-

pitalization (e.g., separation, needles, bed rest, respiratory treatments) with positive associations.

The dolls can also be used to facilitate the transition between the hospital and home by providing children a "friend" to take home to help them share their health care experiences with family and peers. Postdischarge reports from parents received by staff involved in the experimental child life program revealed that many dolls were taken to school for "show and tell" about children's hospitalization, that they were used for sharing and education during health-focused curricula at school, and that they served as valuable tools in the transition from hospital to home.

During project implementation, some children brought the same hospital doll back each time they were admitted, suggesting that the dolls provided worthwhile benefits to the patients in the past and enhanced the children's previous hospital experiences. Other children who experienced multiple admissions spontaneously requested a doll and markers on admission. This similarly suggested that the process of making and using the doll for comfort, preparation, expression, and diversion had become incorporated into their repertoire of coping behaviors. In these ways, the dolls were observed to facilitate the transitions from hospital to home and, when necessary, back to hospital.

Example: Denise was an eleven-year-old girl with end-stage cystic fibrosis. She had few prior hospitalizations, but had suddenly begun to require hospital care every several months. When at home between her final hospital admissions, Denise and her best friend played extensively with the doll and IV equipment brought home from the hospital. Her mother reported that, prior to using the doll, Denise had seemed to withdraw from her best friend following hospitalizations. It appeared the doll had become a tool for Denise to share her health care experiences with this important friend. It was particularly meaningful to Denise's mother that Denise was able to include her very loving friend in the last weeks of her life, and that her friend knew everything had been done to help keep Denise as healthy as possible.

### CONCLUSION

The current article was based on observations made during implementation of an experimental child life program. However, any health care

professional who has a need to interact meaningfully with children and adolescents could find the dolls helpful in their practice. For example, nurses can use the dolls to demonstrate procedures with children before actual occurrence of the procedure. Physicians could use the dolls to develop initial rapport with patients, to occupy children during discussions with parents, to describe aspects of examinations or treatments, and to help children establish positive associations with physician contact. Social workers could utilize the dolls to learn about patients' and siblings' feelings, thoughts, fantasies, and possible misconceptions regarding various medical conditions and health care experiences. Dolls that are already connected to an IV or other equipment could be kept in supply in emergency care settings to quickly prepare children in a concrete, hands-on manner. From these examples, it seems apparent that the possible uses of the body-outline dolls by care providers of many disciplines and professions is potentially endless.

As previously stated, the Child Life Research Project was not designed to experimentally evaluate the specific contribution of the dolls to the interactions between child life staff and patients. Formal systematic examination of the value of the body-outline dolls might be helpful to professionals working with children, adolescents, and families in health care settings.

### SUMMARY

The cloth, stuffed, body-outline dolls described in this article can be beneficial in facilitating meaningful interactions with patients in hospitals and other pediatric settings. The dolls are inexpensive and easily constructed, making it possible to offer the dolls to all interested patients. The dolls' permeability and flexibility make them ideal for use in accurate preparation, for facilitation of effective coping behaviors, and for promoting expressive conversation and health care play. The process of creating one's own doll provides children and siblings with a pleasurable, open-ended, expressive activity that was observed to be associated with reduced distress and to provide comfort during separations and health care experiences. This process can also provide valuable assessment information to staff regarding children's emotional, cognitive, and physical conditions. Finally, the degree to which it is possible to individualize the dolls appears to enhance the value and process of both preparation and postprocedural health care play.

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## Interprofessional Continuing Education Conference

- TITLE** Second National Perinatal Drug Dependency Conference
- DATES** Friday & Saturday, January 10-11, 1992
- LOCATION** The Coast Plaza at Stanley Park  
1733 Comox Street  
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- FOR** All professionals concerned about the rapidly growing problem of drug abuse in pregnant women and the imposition of this drug dependency on the fetus  
Particular interest for physicians, nurses, social workers, child protection workers, foster care and adoption agencies, attorneys and judges, drug and alcohol counsellors and agencies, child psychologists, special educators, early education teachers, health care administrators
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