

PLAYFUL ACTIVITIES AND THE CHILD UNDER CANCER TREATMENT: RELATIONS APART FROM THE THERAPEUTIC DIMENSION

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ABSTRACT: The research analyzes the relations that children under cancer treatment establish with the games and playful activities mediated by a university extension project. It is an Ethnographic Study Case, which focus is the project named Playing is the Best Remedy, developed through the partnership between the *Associação Capixaba Contra o Câncer Infantil – ACACCI* and the *Núcleo de Aprendizagens com as Infâncias e Seus Fazeres– NAIF*, from the Physical Education and Sports Center at Espírito Santo Federal University (Ufes). According to the category “with children’s eyes”, the work highlights the project’s experiences that promote the playful activities as the children’s right, focusing in their subjectivities and authorships. The study proposes that the mediation with this “view” overcomes the utilitarian bias, which main target is the treatment compliance.

KEYWORDS: Child. Play and Playthings. Neoplasms.

O BRINCAR E A CRIANÇA EM TRATAMENTO ONCOLÓGICO: RELAÇÕES PARA ALÉM DA DIMENSÃO TERAPÊUTICA

RESUMO: Analisa as relações que crianças em tratamento oncológico estabelecem com os jogos e as brincadeiras mediadas por um projeto de extensão universitária. Trata-se de um Estudo de Caso Etnográfico, cujo foco é o projeto Brincar é o Melhor Remédio, desenvolvido por meio de parceria entre a Associação Capixaba Contra o Câncer Infantil (ACACCI) e o Núcleo de Aprendizagens com as Infâncias e Seus Fazeres (NAIF), do Centro de Educação Física e Desportos da UFES. Pela categoria “com olhos de criança”, destacamos as experiências do projeto que promovem o brincar como direito das crianças, centrado em suas subjetividades e autorias. Propomos que a mediação com esse “olhar” supera o viés utilitarista, cujo foco principal é a adesão ao tratamento.

PALAVRAS-CHAVE: Criança. Jogos e Brinquedos. Neoplasias.

Introduction

Viver é a única coisa (*Living is the only thing*)
Que não dá para deixar para depois (*You can't postpone*)
(G. Garabyra)

This article is focused on a project promoting games and playful activities in an institution providing care for children with cancer and their families. There, reflections on time and the meaning of life are powerful. The time is now, the present. The past cannot be changed, the future is uncertain. As suggested by Adélia Prado (2010),¹ it is necessary to transform the ordinary into something extraordinary, valuing and giving new meaning to the trivial things in our daily lives, as having breakfast with the family, walking the dog, watching the sunset and playing without interest. Yuval Noah Harari, a prestigious Israeli historian, claims that man, as a result of his achievements, reached the condition of “God” (HARARI, 2016). However, even so, it continues its obsessive race to give meaning to life. In this search, he creates narratives and fictions under which he asserts his identity and builds meanings for his existence.

And in the case of children undergoing cancer treatment, what are the meanings that they build in their relationship with games and playful activities? Do these activities help them to see reality from another perspective? What do they value in their relationship with games and playful activities? Freire (2005), in the work “Jogo: entre o riso e choro”, states that the game can only take place on terrain where there are no absences or shortages. According to him, the human spirit is only able to enter the playful universe if there is no material or emotional impediment. In this regard, we disagree with the author. Like Sarmiento (2002), we emphasize the importance of playful activities for children in facing adversity, a means by which they can reconstruct such harsh and overwhelming realities:

¹ Adélia Prado is a Brazilian poet, teacher, philosopher and short story writer, linked to Modernism. Daily life is one of the central themes of her poetry.

[...] what statements and studies of children of war tell us is this way of creating a different world, in conditions of the most severe adversity, through the game and fiction of an existence where even horror appears transmuted into projection imaginary of an alternate reality. Pedro Rosa Mendes tells in the book 'a Baía dos Tigres' that he saw a child among the ruins of the city of Bié, in Angola, playing football, indifferent to the desolation around him. The sphere with which he entertained himself – imagining Eusébio or Pelé at the time, like any child from any other part of the world – was, in the lack of anything better, the remains of a human skull: 'he didn't mean bad. The skull was available, close and dry. You and I know the landmarks of humanity: skulls are buried, balls are round (SARMENTO, 2002, p. 2).

Although scarce, studies that relate games and playful activities with children undergoing cancer treatment provide a specific justification² that the sick child needs the contribution of playful activities for treatment adherence (TOLOCKA *et al.*, 2019). Without denying the importance of this approach, it is also necessary to consider playing as an inalienable right of the child (BRASIL, 1990), which needs to be guaranteed for all children, regardless of their sociocultural and health conditions. In this regard, games and playful activities are not only considered as a means, as methodological strategies to achieve certain ends, but, above all, they are conceived as social rights, as capital of child's playful culture that children must appropriate to experience their childhoods in full. For this, in situations of illness, it is necessary to shift the gaze from the patient to the child, who, despite the hardships resulting from the illness and the treatment, has the desire and the right to become the author and protagonist of their own playing practices.

Now, in agreement with Freire (2005), we consider subjectivity as a structuring element of games and playful activities. By criticizing the descriptive methods in the characterization of these cultural manifestations, which seek to define what game and play are through their externally observable characteristics, Freire (2005), based on Phenomenology, proposes that these manifestations be defined by the subjective relations that the subjects establish with them. Sometimes, children are involved in

² Law No. 11.104, of March 21, 2005, which provides for the mandatory installation of toy libraries in health units offering pediatric care under an inpatient regime.

games or playful activities, but they are not playing, as the relationships they establish with these activities are not demarcated by subjective appropriation, self-determination and free choice.

During cancer treatment, due to the harshness inherent in this process, children lose control and autonomy of their own lives and the systematic experience of playful activities is an alternative to revert this situation, because in playful situations, children are authors of their personal and social experiences. According to Rosseti-Ferreira and Oliveira (2009, p. 65):

This immersion in culture and in the social group favors the child's insertion in the group of children who welcome hi/her and recognize him/her as belonging to them. At the same time, such immersion enables the cultural transformation of play through the child's creative action when responding to the here-and-now of situations created with their partners.

Understanding children's rationales and their playful logics is not an easy task, especially for children undergoing cancer treatment, who, as a result of the illness and the harshness of the treatment, present an introspective behavior and are not very prone to dialogue. For several reasons (fear, shame, sadness, apathy, fatigue, low immunity, among others), children, especially the older ones (over 10 years old), who are more aware of the disease and its risks, isolate themselves and significantly reduce their level of socialized practices. Considering this scenario, we ask: how to recognize and value the protagonism and authorship of children who are undergoing cancer treatment in relation to their right to play? How to promote pedagogical mediations enhancing playing centered on their interests and needs?

In order to answer these questions, we focused on the *Projeto Brincar é o Melhor Remedio* (PBMR), developed at the Associação Capixaba Contra o Câncer Infantil (ACCACI). Given the above, this study aims to discuss the relationships that children with cancer establish with games and playful activities mediated by the PBMR,

considering the centrality of these subjects in interactions with these recreational activities. The focus, in this case, is not directed to the contributions of games and playful activities to the treatment process, but rather to productive consumption, authorship and cultural productions that demarcate children's relationships with such activities. With this, we intend to discuss games and playful activities from the perspective of children, as we are interested in understanding how they appropriate and re-signify these manifestations of children's playful culture, according to their interests, desires and possibilities.

Theoretical-Methodological Framework

Aiming to achieve what is herein proposed, we focused on the Projeto Brincar é o Melhor Remedio (PBMR) [*Playing is the Best Medicine*],³ which is attended by children and adolescents sheltered by the Capixaba Association Against Childhood Cancer (ACACCI) during cancer treatment. It is, therefore, an Ethnographic Case Study (SARMENTO, 2003), which, in its rejection of positivist research models, admits certain theoretical-epistemological crossings. By reconciling the assumptions of these two methods, the focus of the ethnographic-inspired case studies is:

[...] symbolic and cultural aspects of social action, usually aim to introduce into the investigation the 'three-dimensional reality' that results from the account of the lived [...] aiming at the appropriation of existential aspects that are fundamental in the interpretation of the way of functioning of organizations and other singular contexts of action (SARMENTO, 2003, p. 138).

³ The project **Brincar é o Melhor Remédio** (SIEX/UFES No. 401559) has been developed since March 2017 through a partnership between the Center for Learning with Children and Their Practices (NAIF), of the Center for Physical Education and Sports at UFES, and the Capixaba Association Against Childhood Cancer (Acacci) and its main purpose is to provide the systematic practice of playful activities, through games and playful activities for children who are taken in by the aforementioned institution during cancer treatment, fostering, in this process, teacher training and the production of pedagogical knowledge to work in this field.

Considering that life is plural in its manifestations and that “[...] it is expressed not only into words, but also into the languages of gestures and forms [...]” (SARMENTO, 2003, p. 153), in the production of data, we sought to “drink from all sources” (ALVES, 2010, p. 27). This procedure contributes so that, in the data interpretation process, the unilaterality of a source does not overlap with the complexity of reality. For such we used participant observation, which was systematized in a field note, of some enunciations⁴ of the children, from speeches produced in a conversation circle with family members and from everyday images of the PBMR. The period analyzed in this study runs from March 2017 to December 2018, totaling 63 field insertions. Within this period, 88 children and their families participated in the PBMR.

By considering that “[...] relational work is the condition of scientific interpretation” and that the “[...] interdependence between knowing and acting is homologous to the interdependence of subject and object of knowledge” (SARMENTO, 2003, p. 142), it is not feasible to seek to understand interpretations outside of intersubjective relationships. Thus, in the process of data presentation and interpretation, we will use a first-person plural narrative, as we not only observe, but actively participate in the actions of the Project. It is noteworthy that the data used in this study were extracted from a broader research project, approved by the Ethics Committee for Research with Human Beings at UFES (Opinion No. 3.012.913). In the process of reflecting on the experiences presented, we dialogued with the assumptions of Sociology of Childhood [*Sociologia da Infância*] (SARMENTO, 2013; CORSARO, 2009), of Studies with Daily Life [*Estudos com o Cotidiano*] (CERTEAU, 1994; 1985) and with the theory of the Relationship with Knowledge [*Relação com o Saber*] (CHARLOT, 2000).

⁴ According to Certeau (1994), speech cannot be displaced from its production context, therefore, enunciation is speech in action, that produced in specific social relationships and its meaning can only be understood in the midst of these relationships.

At first, we present the conception of childhood guiding our reflections and actions in the analyzed Project. Later, in interface with the experiences lived in the PBMR, we focused on some assumptions of a didactic-pedagogical nature that guided the teaching actions in that Project, in order to recognize and value the children's authorship and protagonisms in their relationships with games and playful activities. We take this reference because it guides the researchers' conception of childhood from the "child's eyes".⁵

The games and playful activities in the Project are conducted from the perspective of children, with the aim of overcoming the adult-centric view that historically focuses on children, in which children are conceived by their imperfection, as a becoming, which does not they still have a full ontological status, occupying a sociological position of anomie and subordination in relation to the adult. They are considered homunculi, that is, adults in miniature, who need to be filled with the rationality of the elderly to become true social entities (SARMENTO, 2013).

On the other hand, children are conceived in the PBMR as competent social beings, capable of weighing and acting on themselves in their life worlds, above all, in their play experiences. They are not passive social subjects, who only reproduce the socialization processes to which they are submitted, but permanently re-signify the cultural goods that are offered to them in a peculiar way. Therefore, the relationship they establish with adults is one of otherness and not incompleteness. The internalization and cultural production processes of children are named by Willian Corsaro (2009), a recognized representative of the interpretive current⁶ of the Sociology of Childhood, of *interpretive reproduction*.

⁵ We borrowed this expression from the title of the book by the Italian cartoonist and pedagogue Francesco Tonucci, to characterize the conception of childhood underlining the PBMR.

⁶ For Sarmento (2013), the productions of Sociology of Childhood are centered on three main currents: structuralist, critical and interpretive. The structuralist current conceives childhood as a structural

To recognize and value the cultural productions of children, it is necessary to be attentive and sensitive to their voices, which can be expressed through different languages, above all, the body. Thus, even not playing or refusing to play a certain game can represent a form of expression by the child in relation to their playful desires and needs. According to Tolocka *et al.* (2019, p. 433), in the case of a child with cancer, it is necessary to:

[...] rescue the right to play, regardless of being a facilitator of treatments, in order to seek the libertarian play, which increases the possibilities of choices, including not playing, or playing other games that are not considered facilitating treatment adherence and even playing for the pleasure of playing, even in the possibility of imminent death, as can occur in more severe cases of childhood cancer.

Mello and Damasceno (2011), when classifying games and playful activities according to their pedagogical function, established two categories: means and object. As a means, games and playful activities are treated as methodological strategies to achieve certain ends. Generally, games and playful activities included in this classification are externally oriented, as the purposes are established by the managers/teachers of educational programs, whether school or extracurricular. As an object, games and playful activities are treated as the capital of children's playful culture, as a right that needs to be guaranteed to children so that they can experience their childhood as fully as possible.

From this perspective, playful activities are self-determined by children, who have the freedom of choice and the meaning of their playing experiences. The pedagogical mediation, in this case, occurs in the sense of enhancing with the children, and not for them, the experience of playful experiences. Through dialogical

category of society and the research focus is on the social, political and economic macrostructure that is mobilized in light of childhood. The critical current emphasizes the processes of social domination and inequalities in which children, especially from peripheral capitalist countries, are inserted. The interpretive current focuses on childhood as a social construction and the child's role in this process, as an active and authorial subject of their socialization.

relationships, which occur through different languages, children and adults become co-authors of play activities centered on subjectivities, authorship and children's cultural productions.

In the case of childhood cancer, the challenge is to shift the patient's interpretation gaze, which focuses on a series of prescriptive measures, including those related to play, to the child, who has the right to play with autonomy and authorship, regardless of their state of health or restrictions imposed by illness and treatment. In the topic below, we return to the presuppositions of the study in dialogue with the empirical.

Child as an Author and Protagonist in their Playful Activities: An Ethnographic Case Study at Project Brincar é o Melhor Remédio

Quando uma criança brinca, (*When a child plays.*)
Joga e finge, está criando outro mundo. (*Plays and pretends, she/he is creating another world.*)
Mais rico e mais belo (*richer and more beautiful*)
E muito mais repleto de possibilidades e de invenções (*And much more full of possibilities and inventions*)
Que o mundo onde de fato vive (*That the world where she/he actually lives*) (Marilena Chauí).

Founded on March 15, 1988, ACACCI is a non-governmental, non-profit institution annually assisting approximately 300 children undergoing cancer treatment.⁷ They are patients from the countryside of the state of Espírito Santo and surrounding municipalities of Bahia and Minas Gerais, as well as children from the municipality of Vitória itself⁸, who do not have the financial resources to remain in the capital of Espírito Santo during treatment. ACACCI simultaneously hosts 30 children and their guardians. The support of ACACCI has contributed to greater adherence to treatment, which is long and expensive. At this institution, children and family members receive

⁷ Available at: <http://acacci.org.br/acacci/#conheca-a-acacci>. Accessed on: May 09, 2019.

⁸ Children from Vitória/ES do not stay in accommodations, but receive nutritional support, physical therapy, social assistance, hospital class, in addition to cultural and recreational activities.

nutritional monitoring, physical therapy, social assistance and hospital classes, in addition to games and playful activities, mediated by the project *Brincar é o Melhor Remédio*.

The experiences lived at ACACCI, through the PBMR, have shown that only with the insertion in the daily life, in the ordinary practices of children undergoing cancer treatment, it is possible to understand the meanings that these subjects attribute to games and playful activities and, based on this understanding, promote mediations that recognize and value their protagonism and their authorship in relation to their recreational activities.

According to Certeau (1994), everyday practices are signatories of two inseparable dimensions: ethics and aesthetics. The first concerns the individual's historical need to exist, to assert their desires, needs and interests, that is, as much as the circumstances are unfavorable for sick children to play, they will “find a way” for this need materialize despite all restrictions. It is precisely “this way” that characterizes the aesthetic dimension, the peculiar way of relating to games and playful activities, in which children print their identity marks. With this understanding, we want to emphasize that, although silent and introspective, children who are undergoing cancer treatment offer clues, in their daily practices, of what they want and need in relation to the manifestations of the ludic culture.

According to Alves (2010), to understand the networks of meanings built in each context, it is necessary to “drink from all sources”, that is, it is necessary to develop a look and a sensitive listening to different types of languages and clues that are presented in everyday life and that they are not always captured by crystallized and stereotyped looks, which see children, especially the sick, for their incapacities and incompleteness. The report presented below, extracted from games associated with capoeira that were

offered at the PBMR, denotes the sensitive look that the guest Mestre of the Project had in relation to a girl who observed the activities carried out from afar:

The capoeira master noticed that a girl did not participate in the games, but timidly followed the rhythm of the instruments with her hands, drumming on her own leg. The Master invites her to stay by his side and she accepts, participating in the dynamics of the activity until the end. The PBMR intern, when talking to the Social Worker, was informed that that day the girl was very happy with the situation she experienced and that this fact had a positive impact on her good mood for the rest of the day (Field Diary on 05/22 - 2018).

The permanent and systematic observation of daily life, in which the search is made for “[...] children in situations, considering them 'in their own cultural universe of meanings, life and creativity' to investigate spaces of silence” (BUSS- SIMÃO; ROCHA, 2017 apud BRANDÃO, 1985, p. 137), is configured as a fruitful way to understand the playful logics of children. From this perspective, the PBMR has taken advantage of the concept of reactive input, proposed by Corsaro (2005), to operate in ACACCI's daily life. This concept presupposes a less expansive and prescriptive posture on the part of adults, seeking to overcome asymmetrical power relations between them and children. Thus, in the actions developed by the Project, we hope that children will react to our presence, avoiding imposing and abrupt relationships. Our meetings usually take place at the ACACCI toy library and, when we get there, the children are already there.

Based on reactive input, we seek less invasive approaches, respecting the children's physical and psycho-emotional conditions. Thus, we establish interactions, in which we insert ourselves in the games that the children were already experiencing before our arrival, or mediations, when we perceive an opening to be propositional, in order to expand the children's playing possibilities. In both interactions and mediations, we seek to value children's cultural productions.

During cancer treatment, children have their routines conducted and determined by doctors, nurses and family members, who emphasize the care and maintenance of health. In this context, subjects gradually lose control over their own lives, having their processes of autonomy, authorship and creativity significantly reduced. On the other hand, PBMR seeks to promote these processes, providing opportunities for children to be able to think and act on themselves in the relationships they establish with the games and playful activities mediated by the Project. Image 1, shown below, was recorded in a volleyball match, developed within the theme “sports games”,⁹ and presents some cultural productions of children in PBMR:

Image 1: Volleyball game at PBMR.



Source: The authors

Children and adolescents are subjects of themselves in the playful activities experienced at PBMR, as their wishes, interests and subjectivities are respected. They opine on the ways to play, share opinions about the choice of content, have their authorship recognized and valued, thus constituting themselves as producers of culture.

⁹ The games and playful activities are developed at PBMR through themes, which are chosen and built with the children. Until the writing of this text, the following themes have already been developed: sports games; circus games; construction of toys; and popular culture.

In the specific case of the image shown, the children, in interaction with the intern, built a volleyball game centered on the agon,¹⁰ in the competition and the excitement it provides.

Project managers, anchored in an overprotective look, would never devise a game of this nature for children undergoing cancer treatment, as they would be worried that they would get hurt due to a stronger impact, a “bump” between them or sudden movements affecting the catheter, among other possible incidents. However, the children's desire made us, together with them, think of alternatives so that the game could occur. In this way, we work with a very light ball and larger than the traditional ball, which lessens the force of the impact and performs a slower trajectory, allowing for a longer reaction time. We also reduced the number of players per game, thus reducing the possibility of accidents between them and we recommend that children avoid sudden rotations, inclinations and flexions of the axial skeleton. Some rules were collectively established, such as, for example, the prohibition of cuts or more manly actions in the direction of colleagues.

The children's cultural productions, arising from the relationships they established with the games and playful activities mediated by PBMR, confirm the idea contained in the concept of interpretive reproduction, proposed by Corsaro (2009). For the author, children do not passively receive the cultural goods offered to them, as they transform and re-signify these goods, imprinting their personal marks on them. In order to consider the centrality of children in their relationships with games and playful activities, it is necessary to shift the focus of analysis from the sender to the receiver, that is, to what they do with what they receive.

¹⁰ Caillouis (1990) classifies in the agon category the games in which dispute, combat and challenge predominate.

In the case of young children, between four and eight years of age, cultural production took place through make-believe games. Play is the type of playful activity in which fantasy and imagination predominate, but we can, according to Caillois (1990), delve into the primordial sensation of mimicry, that is, the symbolic production of other roles. Among the make-believe games experienced in the PBMR, those of the physician and superheroes stood out. In the doctor's games, role inversions occurred, where the children took control of the situation: "In a certain game, a girl who played the role of the mother informed the doctor (trainee) about her daughter's symptoms and asked her to requested a blood test" (Field Booky, 08-17-2017). On playing activities of superheroes, however, children internalized "superpowers", overcoming, at least at the time of the game, their condition of fragility and vulnerability. As stated by Melo (2003, p. 43), children "[...] when playing superheroes, they put themselves in a role of power, dominating villains and situations that would provoke fear or make them feel vulnerable and insecure".

The children's cultural productions are manifested in their relationship with knowledge. According to Charlot (2000), all knowledge derives from the relationship that the subject establishes with the object of knowledge, from his experience, which gives rise to different figures of learning. For him:

[...] there is no knowledge except for a subject, there is no knowledge except organized according to internal relations, there is no knowledge except produced in an "interpersonal" confrontation. In other words, the idea of knowledge implies the subject, the subject's activity, the subject's relationship with himself/herself (must get rid of subjective dogmatism), the subject's relationship with others (who co-construct, control, validate, share this knowledge) (CHARLOT, 2000, p. 61).

From the relationship with knowledge, different figures of learning emerge. In the specific case of PBMR, children, adolescents and family members who attend the Project value the figure of learning called distancing-regulation, in which "[...] the

epistemic subject is the affective and relational subject, defined by feelings and emotions in situation and in act [...]” (CHARLOT, 2000, p. 70). The relationships of solidarity, compassion and respect for differences demarcate games and playful activities in the Project's daily life.

In the activities developed by the PBMR, we frequently noticed interactions between young and older children, and those with teenagers. This behavior is hardly observed in other contexts, as relationships between people of the same age group predominate. In PBMR, however, older children and adolescents are, for the most part, open and accessible to interactions with young children, even if these interactions mischaracterize and profoundly alter the dynamics of the game/play. In these cases, the feeling of solidarity with the youngest prevails, permeated by the actions of playing and playing, as shown in the following fragment extracted from the field diary:

On that day, a 12-year-old child arrived at the toy library and called the PBMR intern to play a game of chess. When they started the game, another 4-year-old child approached and asked to play too. There was consent for her to participate. The game of chess, with its rules and strategies, ceased to exist, as the youngest child randomly manipulated the pieces on the board. However, the older child did not mind seeing the game impaired at the expense of the younger child's participation and everyone started to interact harmoniously, in a completely different dynamic from the chess game, but which allowed the younger child to participate (Field Book on 06-21-2018).

Based on Richard Rorty, we understand that solidarity occurs when we include the “other” in the “circle of us”, making it as an equal, seeking similarities that impact and bring us together, exercising “[...] the ability to think in people extremely different from us as included in the “we range” (RORTY, 2007, p. 316). When the older child or adolescent interacts with the younger child, they understand and become familiar with their pain, showing solidarity and care for the younger one. This is our interpretation of the relationships that we experience in the Project, however, we agree with Sarmiento (2003, p. 154), when he states that:

The method is, therefore, not the guarantee of apprehension of the facts of life in the grids with which the researcher intends to read and interpret them, but the *script* leading back to the certainty of the possibility of a path in this search, in the midst of uncertainty and ambiguity.

In our pedagogical mediations, we noticed the demand to provide playful activities involving the families of children and adolescents undergoing treatment, because, once a loved one falls ill, the whole family falls ill together. For Souza and Espírito Santo (2008, p. 32):

In this situation, when living the “cancer experience”, the family faces a series of distressing and painful feelings, dealing with what we call the “experience of falling ill in the family”, such a difficult time for both the patient and the family who go through the same feelings together and experience fear.

This process is due to changes in routine, adaptations, anxiety, among other adversities resulting from the treatment. Mattos (2016) proposes as an alternative for coping with the disease: taking a moment to perform another activity and try to shift the focus away from the problem. Parents and family members gradually became involved and participated in activities mediated by PBMR. In this regard, games and playful activities promoted moments of joy and relaxation, in which family members, playing with their children, strengthened emotional bonds and enhanced moments of lightness, even in the face of such an adverse situation. Empirically, this strategy was evaluated by the “mothers’ interpretation”, reiterated in the following narratives, inserted after Image 2.

In Image 2, shown below, it is possible to see some mothers playing with their children in activities mediated by PBMR. These activities, in particular, were promoted in celebration of Mother’s Day:

Image 2: Children Playing with Mothers.



Source: The authors

After the activities developed in Image 2, a “chat circle” was held with the mothers, in which they had the opportunity to express what they think about the PBMR. This dynamic is part of an evaluation strategy adopted by the Project, the purpose of which is to bring activities closer to the expectations of its participants. Below, some testimonies produced in this interaction between managers and mothers of children who attend the PBMR are shown:

[...] it is a rare moment, when we are facing the disease, there are rare moments for us to have fun, laugh, play, then we can forget. I think I should do this more often.

I liked it a lot because we live in this hospital environment, this is the opportunity for us to walk around and be more present in his life [son], do something together that is not a hospital. And I liked it a lot and so did he.

[...] so then we hardly have time to be playing with him, then when these opportunities arise, it's very good. It's time to be together, keeping each other company, sharing the games and we go back to being a child, stress is put aside, worries are put aside, because when we start to play we literally forget about everything we become children.

[...] when we start playing, we start to understand, he wants to play because he likes it, we start to like it too. So it's already a way for us to help our children get up.

The testimonies presented emphasize the appreciation of the relational dimension. Mothers highlight games as a favorable channel for living with their children in a space-

time different from the routine they are experiencing: “[...] do something together that is not hospital”. Furthermore, we perceive in the narratives playing as something disinterested, which makes the adult happy and entertains: “[...] these are rare moments for us to have fun, laugh, play”; “[...] we go back to being a child, stress is put aside, worries are put aside, because when we start to play we forget about everything, we literally become children”.

Although the consequences of playing can bring benefits to the treatment process, the justification for promoting playful activities in the PBMR is centered on the subject, on the inalienable right of children to play, as one mother says: “[...] he wants to play because he likes it”. In this regard, it is worth pointing out that it is not a question of changing its name, but of changing its perspective. In dialogue with Marcellino (1995), two aspects stand out in our reflection: (a) deconstruct the romantic discourse of hospital recreation, with its idealistic view of childhood, focusing on the right to play in specific actions; (b) the utilitarian bias, in which play is instrumentalized in the biomedical perspective of encouraging treatment resilience.

In the first aspect, we take playing as a human need. Huizinga (1980), in his classic “Homo Ludens”, analyzes how games and playful activities, over time, have been consolidated as a constituent cultural capital of the human species. We are homo sapiens as a species, however, we only humanize ourselves, that is, we acquire typically human characteristics, when we are inserted in a social context and internalize and transform the material and immaterial elements of a given culture. Games and playful activities are cultural manifestations humanizing us, that allow us to relate to the environment and to others, appropriating and giving new meaning to culture. Through games and playful activities, we build our identity, produce culture and assert ourselves

in the world as subjects of ourselves. Therefore, playing during illness is just an unfolding of playing as a human condition.

Regarding the utilitarian bias, games and playful activities are used as efficient tools in promoting education and health. When appropriated by the school, the hospital and other educational institutions, these cultural manifestations are covered with pedagogical intentions, becoming methodological strategies to enhance different types of learning, especially in practices aimed at children. By assuming these characteristics, games and playful activities are configured as externally oriented activities, excluding subjects from the possibility of free choice and self-determination in their recreational activities. In the case of children with cancer, playing has taken on a utilitarian character, in order to enhance adherence to treatment.

Without disregarding the importance of this perspective, in this text we emphasize playing as a child's right, regardless of their sociocultural or health condition. By focusing on mediation centered on the child's gaze, we present some reflections on the experiences of the Projeto Brincar é o Melhor Remédio, the purpose of which is to promote play centered on children, on their protagonism and on their authorship. In this sense, the project is building, via a child perspective, a methodological possibility that better promotes the right to play.

Final Considerations

Sometimes we can choose the paths we follow,
Sometimes our choices are made for us,
And sometimes we have no choice at all (Neil Gaiman).

We emphasize hereby the importance of everyday practices for understanding the logic used by children in their games. A careful look and sensitive listening, built through less invasive and prescriptive relationships on the part of adults, allow the

identification of particular forms of appropriation and reinterpretation of games and playful activities by children undergoing cancer treatment.

In their relationship with recreational activities, different figures of learning emerge, which denote the interests, expectations and needs of children in relation to their playing activities. Recognizing and valuing these figures of learning are necessary procedures for implementing pedagogical proposals that seek to affirm playing as a child's right.

In the specific case of the PBMR, we highlight the cultural productions of children, especially in relation to make-believe, in which the inversion of roles in the physician's and superheroes' games, restored, at least at the time of playing, the control of situation and the autonomy to imagine scenarios in which vulnerabilities are overcome. We also noticed that the transformations undertaken in the volleyball game by the children and by the trainee of the Project enabled the competition, a perspective desired by the subjects, who wanted to experience the excitement and adrenaline arising from this practice.

Among the different figures of learning valued in the PBMR, the distancing-regulation stood out, the epistemic subject of which is the affective and relational one. Solidarity, evidenced in intergenerational relationships, and the participation of the family in games and playful activities, were aspects valued by the subjects in their relationships with recreational activities. This finding led the project managers to plan activities involving subjects of different age groups and families, thus enhancing interactions and the notion of belonging between them.

Turning the patients' view to the child, from the sender to the receiver, from those who teach to those who learn, are necessary challenges to affirm playing as a right of children with cancer, which, despite the hardships and harshness inherent to the disease

and treatment, is able to think and act on themselves. Considering subjectivity and authorship that children undertake in their playing practices is a way of restoring a little autonomy and control over their own lives, dimensions that are profoundly affected by cancer.

In competing approaches, recreation is conceived as a directed play activity and, in the hospital context, an auxiliary tool in treatment adherence. As a result, playing is instrumentalized, with the meaning attributed by the set of pedagogical and therapeutic standards and purposes. Considering our baseline and the evidence highlighted in this study, we defend that the meanings of games are attributed to the children.

Without intending to generalize the reflections in this text to other contexts, when we seek to affirm playing as a child's right, it is necessary to consider their choices, which even include the right not to play. In the case of children with cancer, the ludic field is one of the few presenting possibilities for children's choices. So, let them enjoy this possibility.

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