

THE PLAY OF THE CHILD WITH ADHD¹

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ABSTRACT

The goal of this descriptive qualitative study was to understand the experience of children with attention-deficit/hyperactivity disorder exhibited in the Dramatic Therapeutic Play session, a tool used by nurses to facilitate communication with children allowing the expression of their feelings. Two Dramatic Therapeutic Play sessions conducted with each of the six participating students and subsequent qualitative analysis of data content revealed how difficult it is for these children to experience this disorder. This experience was exhibited in the following thematic categories: having difficulty in maintaining attention; perceiving themselves as different and incapable; experiencing conflicts; and struggling to overcome adversities. This experience proved to be fraught with obstacles, family and school conflicts, feelings of inferiority, and attempts to overcome difficulties. The study also favored catharsis and the possibility of knowing that experience from the point of view of those experiencing it. However, there is a need of further studies on the effect of this intervention on healthcare provided to children with attention-deficit/hyperactivity disorder and other relevant contexts of their lives.

Keywords: Play and playthings. Attention-deficit/hyperactivity disorder. Pediatric nursing.

INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD) is a neurobiological disorder that involves attention and hyperactivity/impulsiveness. It affects neurotransmitters functioning and the frontal cortex region⁽¹⁾. This area is responsible for behavioral inhibition by controlling socially inadequate behaviors by means of the ability to pay attention, memory, self-control, organization, and planning⁽²⁾.

ADHD is also determined by environmental and social factors and may be associated with psychiatric comorbidities⁽¹⁾. Generally, it is diagnosed at school age and its prevalence reaches 4.4% among Brazilian children and adolescents⁽³⁾, and its incidence occurs in male school students⁽¹⁾.

Although school children establish concepts and have a better discursive ability⁽²⁾, they may have difficulties in expressing verbally the meaning of an experience. In this way, the use of

toys becomes an essential instrument for communication between nurses and these children.

The play have been used in nursing care provided to children as a way to meet recreational needs, promote their development,⁽⁴⁾ prepare them for different procedures⁽⁵⁾, and as a resource for communication and intervention. In the form of a structured toy, the Therapeutic Play (TP) has been obtaining positive results in children, families, and professionals⁽⁶⁾.

Of the three types of TP⁽⁷⁾, the Dramatic Therapeutic Play (DTP) helps the professionals enter in children's world and receive information about the meaning of situations experienced by them⁽⁸⁾. This way, it is possible to provide a more humane, effective, and resolute care, from knowing the psychosocial conditions of the users to the treatment of their pathology. Its use is recommended whenever the children face difficult situations and need more than recreation to resolve the associated anxiety⁽⁷⁾.

Even though the literature addresses the characteristics of children with ADHD and some

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of the consequences that this disorder raises in their daily life and their families⁽⁹⁾, there is a lack of studies on the meaning of what it is like to be these children from their own perspective. In this way, the goal of this study was to understand the experience of children with ADHD exhibited in DTP sessions.

METHOD

This is a qualitative descriptive study conducted from June 2011 to December 2012. It addresses the concept of being a child with ADHD, analyzing its habits, attitudes, beliefs, and values in detail⁽¹⁰⁾. The study was approved by the Research Ethics Committee of the Federal University of São Paulo (UNIFESP) under approval No. 0989/11 and developed at the Núcleo de Atendimento Neuropsicológico Infantil (NANI) and Escola Paulistinha de Educação Infantil, both from UNIFESP.

Data collection was carried out through two DTT individual sessions performed by one of the researchers. It began after signing an informed consent and authorization for the recording of sound and image with the assent of children, taking into account the Resolution No. 466/2012 of the National Health Council. Two children only participated in one session due to the expiration of outpatient follow-up.

Six male children, aged between eight and nine years, chosen by the professionals of the services participated in the study. They had been diagnosed with ADHD approximately one year before and had been using Ritalin® (Methylphenidate) for at least six months. In order to preserve the anonymity of children, they chose the following fictitious names: Bob; Jefferson; Max Steel; Pedro; Marcelo; and SpongeBob.

Jefferson, Max Steel, Pedro, and Marcelo attended the NANI and had the comorbidity of learning disability. Marcelo exhibited oppositional defiant disorder as another associated comorbidity. SpongeBob, from NANI, and Bob, who studied at Escola Paulistinha de Educação Infantil, had no comorbidities.

The material used in the sessions consisted of: figures representing the family and the health team; household objects, such as baby bottle,

gun, car, phone, stethoscope, thermometer, measuring tape, syringe, needle, tourniquet, medicine bottle; and material for drawing and geometric blocks, according to the literature⁽⁷⁾.

In order to obtain data from the characterization of the children and clarify some aspects of their games, the researchers talked with the mothers before and after the sessions. Although the mothers were not the subjects of the study, they were considered informants that provided data concerning the children's experiences. With the same purpose, the records of these school children were consulted to collect pertinent information regarding their study performances.

The DTP sessions were recorded using a digital camera following the technique advocated in the literature⁽⁷⁾. This way, each child was invited to play and, after they accepted the proposal, forwarded to a reserved room. They were stimulated to handle the toys and, after establishing 45 minutes for playing, the session begun.

In the first few minutes, the children handed the toys freely. After this contact with the toys, the guiding question was asked, ranging from "Shall we play a child who undergoes follow-up here at NANI?", "Shall we play a restless/distracted/hyperactive child?", or "Shall we play a child who takes medicine to become more calm?", depending on the term better known by the children and according to the information provided by the mothers before the beginning of the DTP sessions. Subsequently, the session continued until completing the time prescribed or until the children did not want to play any longer.

It should be noted that the researcher performed in a non-directive manner, allowing the children to play totally free. At the same time, the researcher reflected on the children's verbal expressions in order to show interest in what they were acting out.

Data collection and the analysis were carried out concomitantly, as proposed by the qualitative content analysis, a methodology that promotes knowing a phenomenon when there is scarce literature addressing it. It is largely used in the health field, because it is a flexible and interpretative analytical method with scientific rigor. It can be divided into three types:

conventional; directed; and summation. In the first—used in this study—the categories are derived from data obtained in the interviews and provide direct information about the participants⁽¹¹⁾.

In this way, a careful reading of the sessions transcribed in their entirety was performed, identifying, highlighting, and coding persisting words, sentences, topics, or concepts within the data. Subsequently, these codes were categorized and grouped based on their similarities, allowing the emergence of thematic categories representing the experiences of children with ADHD⁽¹¹⁾.

To guide the analysis, the assumptions of playfulness highlighted by important theorists, such as Freud, Erikson, Piaget, and Vygotsky, were used as a reference. These theorists emphasize the importance of playfulness in the process of internalizing a difficult situation experienced by children and the strengthening to face it, dominate it, make it bearable, understand it, and even resignify it through role-playing and the repetition of activities that determine stress situations⁽⁷⁾.

RESULTS AND DISCUSSION

Symbolically, playfulness of children with ADHD revealed how hard it was for them to experience this disorder, because they had difficulty in maintaining attention and recognizing that they were distracted, what made them perceive themselves as incapable and different from the other children. This issue generates conflicts between children, school friends, and families. This fact makes them deny the ADHD, determining low self-esteem and even the overestimation of the problems with which they are faced, since they judge themselves unable to face them. At the same time, there are actions aimed at overcoming these difficulties, asking for help and trying to show their needs of belonging and being accepted in a group from which they feel excluded for being different. Finally, they are able to overcome some obstacles posed in their daily lives.

Such experience was observed in the four thematic categories which will be explained and exemplified with statements extracted from the

DTP sessions, in which the letter "C" refers to the children's statements and "R" to the researchers'.

Having difficulty in maintaining attention

This category shows the difficulty of children with ADHD in maintaining attention. It is characterized by not being able to play with the same toy for some time, the need to leave the room during the game, and being easily distracted by external and internal noise.

Throughout the DTP session, the children explored quickly and intensively the toys, catching one, dropping it soon after, and catching another one. Often, this attitude does not permit the preparation of a game with a beginning, middle, and end, making the handling of toys by the children difficult. In addition, they change from one subject to another and leave the room during the session, since they are worried about what is happening outside.

I'm going to check the temperature of the little gun. What is it? Before getting the answer he says: Oh! It's taking too long. He looks at the camera in a curious way after the researcher had placed it; he deals with the toy cell phone and says: Ah, damned! [...] He re-covers the needle, leaves the material aside and says with a low voice: I think I know what I'm going to play. He looks at the toys and says: Aunt, could you take me to the playground later? [...] He walks toward the door and says: I want to ask a little question to my mother. [...] He looks at the ceiling after hearing a noise in the room upstairs and says: What was that noise? He points to the fan on the wall of the room and says: I want to turn on that fan. (Bob)

In the course of the research, it was possible to observe that the DTP sessions took place differently from those we experience in our practice with school children without ADHD. Usually, these children are concentrated in the games, tell stories with a beginning, middle and end, and do not avoid the theme as a result of the stimuli and external noises, because they wish to be engaged in the tasks⁽²⁾. However, hyperactivity and inattention seem to contribute to a non-organized and unusual development of a story.

During the DTP session, the children related experiences of inattention in the interaction with the persons and in the school environment, showing awareness of being distracted and

having difficulty in being concentrated, specially in an environment with excess noise.

He is restless and says: It's because I mess around, so my mother sent me here only because I don't have a problem, because I get distracted by some things. When someone else is talking, I turn around and interrupt. My class makes a lot of mess, then I can't study well. (Jefferson)

Inattention, common in children with ADHD, can disrupt and harm their social relationships and the learning process. This information is shared in the literature which points out inattention with hyperactivity as one of the determining factors of bad school performance⁽¹²⁾. A study conducted with adolescents and young adults with ADHD identified that 95% of them exhibited learning difficulties in at least one discipline, thus leading them to participate in reinforcement programs or hire private tutors as immediate consequences⁽¹³⁾.

It is noteworthy that both the mothers of the participating children and the records consulted reported that the school complaints regarding inattention were, in general terms, the trigger of the referral from the school to the health services or the search of these services by the parents.

Even exhibiting lack of attention in most part of the sessions, at times children focused on activities that required greater attention and dexterity or simply when they enjoyed what they were doing.

He sits next to the researcher and, in silence and focused, watches a game on the camera. (Max Steel)

Children with ADHD are able to focus on an activity that they appreciate and in which they are skillful during hours. The inattention of those school children is therefore a "*selective inattention*". Related to the motivation and pleasure triggered by the task, the children seem to be driven by exciting stimuli, in which the world has to be interesting and whatever else is tedious, prolonged, or repetitive does not have an intrinsic appeal⁽¹⁴⁾.

We believe that, if this ability of concentration was invested and enhanced regarding the school children, the families, and the schools, it would be possible to obtain better results in management and development of those

children. Such action would even minimize the perceptions of disability and difference that they feel with respect to their colleagues.

Perceiving themselves as different and incapable

While facing the condition of being hyperactive, children feel different from their peers, and this feeling is expressed symbolically in their playfulness. They seemed to feel annoyed when they chose two toys that looked alike and felt the need to separate one of them and exclude it from the ludic environment. Also, they were annoyed when they tried to draw animals alike and, since they were not successful, they excluded these animals with the eraser.

Looking at the money in the researcher's hand he says: How many equal ones do you have? [...] I can't have another equal, so I'll give you a 20 one. R: Why can't you have an equal one? C: readily Says: Oh! Because I don't want to! It's boring to have one more... (Max Steel)

He picks up the pencil and starts drawing. When asked to talk about what he drew, he says: I drew a horse, this one (a seal) and the rabbit. I tried to do this one (a rabbit) like that one (another rabbit), but it was not equal, so I'm going to erase it (erasing the rabbit). (Jefferson)

This self-perception is concordant with the results of a study in which stories narrated by children with ADHD revealed feelings of inadequacy, incomprehension, and rejection. They experience an internal conflict between the "*should not*" and what is originally their way of being and performing, as if they could not accept their own feelings, thoughts, and actions⁽¹⁴⁾. Another study shows that when these children are compared with others without the disorder, they exhibit worse results in their belief in doing things the wrong way, feelings of guilt, self-esteem, and general self-perception⁽¹⁵⁾.

Still, the feeling of incapacity exhibited by children with ADHD emerged in DTP session, which could be observed when they were stimulated to take control of the game or questioned about something. Throughout all DTP sessions, they seemed to be indifferent, as if their opinions were not relevant or important. They were not interested in "dictating the rules".

R: And now, what are you going to play? C: He looks carefully at the toy spoons he has in the

hand and the rest of the toys and says: I'm thinking [...] My game has no name. It's unnamed. (Bob)

He picks up the doll, touches the other doll and says: What are these dolls doing? R: What do you think they are doing? C: He raises his eyebrow, moves the mouth and says: I don't know [...] I didn't think anything about what they are doing. (Jefferson)

The children also transform a simple obstacle into an issue that they thought to be great, not considering themselves good enough to solve it. However, they seek alternatives to circumvent the difficulty, although this possibility is fragile and can be easily destroyed. They reveal that the feeling of not perceiving themselves as being good enough to do something accompanies them during school life and interferes with their performance.

He makes a pile with the cubes and says affirmatively: Is it a bridge what I'm building?! [...] Look at the longest bridge in the world. But you will have to go around here, showing the way with his hand. [...] Oh, a little blow will break it down. He blows and smiles. Yes, apparently, it will be more time-consuming. He touches the 'bridge' with the spoon, looks at the researcher smiling and says: You see? It all broke down with just one little touch. (Bob)

R: Do you think you are doing well or not at school? C: Without looking at the researcher he says: Every now and then I'm not very good in my studies. Every now and then. [...] Or not. (Jefferson)

The school life of children with ADHD seems to be pervaded by failures determined by a negative self-image and self-esteem. As a result, they seem to develop difficulties in recognizing their ability to solve problems and performing satisfactorily, acquiring an attitude of "not minding" in order to protect themselves from the frustration of engaging in a task and fail⁽¹⁶⁾.

As stated by Erikson, children at school age establish relationships with the school environment and with the persons that are determinant in their development. It is during this stage that they perceive themselves as working individuals able to produce and, thus, develop a sense of competence. At the same time, school children must cope with a sense of

inadequacy and inferiority which, if enhanced, will be conveyed to adulthood⁽¹⁷⁾. Children with ADHD seem to develop this feeling of inferiority that may be related to the negative factors attributed to them at school and in the family environment.

In addition to studying, other activities which are developed at school—such as drawing—are perceived as difficult by the children. In this situation, the fact of the DTP being guided by an adult proved important to encourage them to perceive themselves capable of doing whatever they wanted.

He draws a little car three times. The first time, he says it is ugly and stops drawing. He picks up another sheet, draws again, but again he doesn't like what he draws. He gets angry and leaves the drawing aside. He starts another one; he says it is getting ugly and that he can't draw right. The researcher then says it's getting very good and beautiful. The child looks at the researcher and starts drawing again. This time he finishes it. (Max Steel)

In the sessions, we observed how it was important for the children to be praised and encouraged by an adult to finish a simple drawing, since children and adults with ADHD have certain difficulty in completing tasks.⁽¹⁴⁾ Transferring this attitude to the daily routine, praise for small children's actions could be a positive source to compose their self-esteem and their capacity for resilience. The latter is regarded as a dynamic process undertaken by the individual to achieve a positive adaptation when exposed to severe and terrifying adversities that constitute an aggravation of biological or psychological development⁽¹⁸⁾.

The negative feelings and characteristics of inattention and hyperactivity exhibited by the children playing seem to contribute to the emergence of internal conflicts between them and their school friends or between them and their family members.

Experiencing conflicts

In the DTP sessions, the children expressed the conflicts that accompany them in their daily life, namely: internal, related to their way of dealing with the disorder; and those experienced in the relationship with friends and family members.

Countless experiences of fighting were heavily dramatized by them in the school environment and outside it. This symbolically demonstrates to what extent these children feel angry, persecuted, and trapped.

He says he's going to play going to school [...] He takes another doll named 'Provocative' and mimics blows. The "Bully boy"! With serious expression, frowning face, and in silence picks up other dolls and makes one of them punch the other's face. (Jefferson)

The cars were going in a straight line and then they saw a jaguar and a tiger attacking a horse and the dog. The dog ran away and the horse tried to run, but it was surrounded. (Pedro)

With two animals in the hand he says: These two always fight. Those who are almost ... those who are not equal. They start fighting because they are different from each other. He looks the other way and says: Why are there animals that fight? R: Why do you think they fight? C: Readily says: Because the two are different from each other, aren't they?! That's why they fight? Just for that? (Bob)

Studies indicate that there are conflicts socially experienced by children with ADHD. These conflicts lead the children to face comments or attributes that are given to them at school, both by teachers and friends who call these children "problem-student", "different", "weird", "messy", "talkative", "quarrelsome", and "disengaged"⁽¹³⁾.

During the talks, the mothers stated that the fights also took place in the family environment. However, it is difficult to identify whether such conflicts had been generated by the features of children with ADHD or they already existed in the family and assisted in the development of the disorder symptoms. A recent study points out strong association between negative family relationships and the symptoms of the disorder⁽⁹⁾. We believe that these conflicts-both in the school environment and in the relationship with the family-feed the feelings of incapacity and perception of difference exhibited by the children.

Still, with regard to manifestations of the conflicts, significant differences were observed between the role-play of the fights in the two sessions conducted with the same child. In the first session, the child had difficulty in

verbalizing his feelings and desires related to the conflicts dramatized, and failed to identify the reasons for the occurrence of fights.

He picks up the doll "Provocative"; he makes it collide in the air with the doll "Nigger" and mimics slapping sounds and says: Fighting, blow! R: Why are they fighting? C: Throws a doll against the other in the air; catches the two of them rapidly; he makes 'Provocative' hit "Nigger" and says: I have no idea! (Jefferson)

In the second session, the fights continued being constantly dramatized, now with greater intensity, earnestness, and aggressiveness. After being questioned, the child found an explanation for the fights, thus evidencing catharsis⁽⁷⁾.

He picks up two dolls and makes one of them kick the other around the body for a few moments, keeping the forehead muscles contracted with expression of anger. R: What are they doing? C: He answers promptly: Fighting. R: What do you mean? Why are they fighting? C: In silence, he makes the dolls kick each other and says: Oh! Could it be because one starts messing with the other? With an expression of sadness, he continues making the dolls fight and says: Ah... because he messed... he messed with the other... And then there was a push and a curse. With expression of anger on his face, the fight continues. (Jefferson)

The conflicts seem to invade the inner world of the children, to the extent of denying their hyperactivity condition, even though they are aware of their diagnosis. This way, when they were asked to play by means of the guiding question, they ignored the invitation or felt disturbed and diverted the subject, referring not to know what a restless/hyperactive child was. They exhibited sadness and spoke in a low voice, claiming that they did not like it and also mentioned other hyperactive children, but they did not see themselves as part of that group.

R: Bob, what about playing a child who is restless and hyperactive? C: With his head down, he says: What do you mean? I've never heard of. [...] I never... I don't like it... It's that I... Why do you want to play this game? (Bob)

R: What do you think if we play a restless child that comes here, at the NANI? [...] C: He looks seriously and says: A child that I know? Look,

some people yes, for example, that boy there (referring to another hyperactive child), he comes every week. (Max Steel)

During the role-play, being a child with ADHD seemed as hard to experience that the child demonstrated he did not accept such a condition through these elusive behaviors. In psychoanalysis, denial-as a defense mechanism-is an unconscious process which allows the mind to find a solution to unresolved conflicts at consciousness level⁽¹⁹⁾.

Thus, by denying the disorder, children show to be unable to assimilate ADHD as part of their daily lives. This mechanism makes them suffer and perceive themselves as different and incapable; also influencing the way in which they face the problems they have to deal with, overestimating them. At the same time, they undertake actions toward overcoming these difficulties.

Struggling to overcome adversities

DTP sessions revealed the action undertaken by the children trying to overcome adversities, trying to be like everybody else, wishing to be part of a group and being accepted. Still, the school children asked for help and even tried a "supreme" formula for resolving a problem, thus being able to overcome it.

In the course of the session, the child puts himself as subject and uses the cubes to build scenarios difficult to be traversed; however, he is successful at the end of the path.

He assembles a stage with the cubes and says smiling: Now I have made a track. There is a track; then he points to another track. This one is another track with this cube and this other one. So that when the car is going to pass, it can't. With a serious expression he says: There it goes and falls this way (the cube on top of the little car), and it goes back down and goes back. The child smiling makes the little car try to move on the track for the first time, being stopped by the cube that falls over it and then going back and being able to continue, and says: There, here it has to be careful not to drop that (the cubes piled at the "end" of the track). Otherwise everything falls over me. [...] R: Did the little car pass or failed? C: Says happily: It did! (Pedro)

Symbolically, this game reflects the resilience of the child with ADHD, also revealed in a study in which individuals with this

disorder, although they experienced numerous problems considered dysfunctional, proved to be less susceptible to the disorder-related adversities⁽²⁰⁾.

In the role-play, the child asked for help and protection, showing how he needed someone to care about overcoming his difficulties. The search for help in school issues and protection was symbolically expressed in the form of a robot and a bird. It is worth noting that, at the end of the role-play, the child says "I died", evidencing his identification with the figure of the bird.

It's another robot! [...]. It helps me study! [...] I did want one, but I don't have as many pieces to make a real robot, that works. R: To help you study what? C: He looks in a reflective way and smiling says: Any subject in which I have doubts. (Marcelo)

With enthusiasm, after piling the cubes, he says: It's a house for birds! Now I'll have to disassemble it. I'm sorry bird, it's time you go to the marsh! Then, he disassembles the house. He mimics what the bird would be saying, smiling: Yes, without a house it dies. Doesn't It!!! Oh, I'm running out of home! Help, for God's sake!! Help me, Dad! Ah!!! Pow! I killed it. He hits the last piece of the house with the fist and says: I died! (Marcelo)

Finally, the child shows the importance of persisting in the search for the cure of the disease, even if it is achieved through difficult means, such as the ingestion of "poisonous fruit" and "potions" with bad tastes and injections; however, it is achieved in the end.

I'm going to play inventions, potions, and medicines. I perform the cures round here. [...] These will be my medicines. R: What is my potion going to taste like? C: Look at me smiling and responds: Lemon. [...] I think it's going to be bad. [...] R: What are you doing with the needle inside the pot (full of "potion")? C: Look at me smiling and says: I'm going to stick you. R: To me? (referring to the doll) C: Yes. (laughs) It will only hurt a little bit. [...] Pic, sticking the sick doll with the needle. [...] Where's my recipe book? Ah! Aha, here, on page nine thousand. In my grandma's recipe book. Supreme Grandma's Cure-all! [...] Stay here that I'll pick a few ingredients, a poisonous fruit. (smiling) He mimics drinking (the poisonous fruit "potions"). He says it tastes "like onion", the other tastes like "apple", and the last

tastes like "lemon juice". He puts the "potion" in the mouth of the "sick" doll. Now I have a fever, says picking up the doll that made the potions. Subsequently, he takes the medicine to improve everything "lemon + pineapple" and says: It got better! (Bob)

Through the role-play, with his own inquiries and claims, the child managed to reflect on some situations experienced in his daily life. He managed to assimilate the experiences and struggle to confront and overcome them.

In this trajectory of children with ADHD, nurses constitute important professionals for these children's care, favoring their potential and assisting them to overcome the difficulties of interaction with their families, friends, and at school. Nurses are skilled professionals for performing an initial identification and necessary referrals, working the potentialities and

difficulties of the families in the management of these children.

FINAL CONSIDERATIONS

The DTP proved crucial to give voice to the children and provided knowledge about that experience from the point of view of those who experience it, offering subsidies for their care and their families'. Also, it enabled a catharsis and favored assimilating the experience of being a child with ADHD. Therefore, we suggest that this tool should be included as an essential part of care provided to this population, and that studies related to the effect of this intervention on these children's lives be conducted, since studies addressing this topic using this approach are currently scarce.

O BRINCAR DA CRIANÇA COM TDAH

RESUMO

Pesquisa qualitativa descritiva que objetivou compreender a vivência da criança com transtorno de déficit de atenção e hiperatividade expressa na sessão de Brinquedo Terapêutico Dramático, ferramenta utilizada por enfermeiros para facilitar a comunicação com a criança e possibilitar a expressão de seus sentimentos. Por meio de duas sessões de Brinquedo Terapêutico Dramático realizadas com cada um dos seis escolares participantes e posterior análise qualitativa do conteúdo dos dados foi revelado o quanto é difícil para essas crianças vivenciarem esse transtorno, vivência expressa nas categorias temáticas: tendo dificuldade em manter a atenção; percebendo-se diferente e incapaz; vivenciando conflitos; e esforçando-se para superar as adversidades. Tal experiência mostrou-se repleta de obstáculos, conflitos familiares e escolares, sentimentos de inferioridade, assim como tentativas de superação. A pesquisa reiterou também o favorecimento da catarse e a possibilidade de conhecimento dessa vivência do ponto de vista de quem a experiencia. No entanto, fazem-se necessários novos estudos relacionados ao efeito desta intervenção no cuidado de saúde da criança com transtorno de déficit de atenção e hiperatividade e em outros contextos pertinentes de sua vida.

Palavras-chave: Jogos e brinquedos. Transtorno do déficit de atenção com hiperatividade. Enfermagem pediátrica.

EL JUEGO DE NIÑOS COM TDAH

RESUMEN

El objetivo de esta investigación cualitativa descriptiva fue entender la vivencia de niños con trastorno por déficit de atención con hiperactividad expresada en la sesión de Juguete Terapéutico Dramático, una herramienta utilizada por los enfermeros para facilitar la comunicación con el niño y permitir la expresión de sus sentimientos. Por medio de dos sesiones de Juguete Terapéutico Dramático realizadas con cada uno de los seis alumnos participantes y posterior análisis cualitativo del contenido de los datos, fue observado lo difícil que es para estos niños experimentar este trastorno. Esta vivencia se observó en las siguientes categorías temáticas: teniendo dificultad para mantener la atención; percibiéndose diferente e incapaz; experimentando conflictos; y esforzándose para superar las adversidades. Esta experiencia estuvo llena de obstáculos, conflictos familiares y escolares, sentimientos de inferioridad, así como intentos de superación. La investigación reiteró también que favoreció la catarsis y la posibilidad de conocer esa vivencia desde el punto de vista del que la experimenta. Sin embargo, son necesarios más estudios relacionados con el efecto de esta intervención en el cuidado a la salud de niños con trastorno por déficit de atención con hiperactividad y en otros contextos relevantes en sus vidas.

Palabras clave: Juego y implementos de juego. Trastorno por déficit de atención con hiperactividad. Enfermería pediátrica.

REFERENCES

1. Santos LF, Vasconcelos LA. Transtorno de déficit de atenção e hiperatividade em crianças: uma revisão interdisciplinar. *Psic Teor e Pesq.* 2010; 26 (4):717-24.

2. Hockenberry MJ, Wilson D. Wong Fundamentos da enfermagem pediátrica. 9ª ed. Rio de Janeiro: Elsevier; 2014.
3. Lenharo M. No Brasil, 4,4% têm déficit de atenção. O Estado de São Paulo/Estadão. 12 maio 2011 [acesso em: 12 jan. 2014]. Disponível em: <http://www.estadao.com.br/noticias/impreso,no-brasil-4-4-tem-deficit-de-atencao,718134,0.htm>
4. Ferreira ML, Monteiro MFV, Silva KVL, Almeida VCF, Oliveira JD. Uso do brincar no cuidado à criança hospitalizada: contribuições à enfermagem pediátrica. *Cienc Cuid Saúde*. 2014; 13(2):350-6.
5. Paladino CM, Carvalho R, Almeida FA. Therapeutic play in preparing for surgery: behavior of preschool children during the perioperative period. *Rev Esc Enferm USP*. 2014; 48(2): 423-9.
6. Maia EBS, Ribeiro CA, Borba RIH. Compreendendo a sensibilização do enfermeiro para o uso do brinquedo terapêutico na prática assistencial à criança. *Rev Esc Enferm USP*. 2011; 45 (4): 839-46.
7. Ribeiro CA, Borba RIH, Rezende MA. O brinquedo na assistência à saúde da criança. In: Ohara CVS, Fujimori E. *Enfermagem e a saúde da criança na atenção básica*. 1ª ed. Barueri, São Paulo: Manole; 2009. p. 282-327.
8. Melo LL, Valle ERM. A brinquedoteca como possibilidade para desvelar o cotidiano da criança com câncer em tratamento ambulatorial. *Rev Esc Enferm USP*. 2010; 44 (2):517-25.
9. Pires TO, Silva CMFP, Assis SG. Family environment and attention deficit hyperactivity disorder. *Rev Saúde Pública*. 2012; 46(4):624-32.
10. Marconi MA, Lakatos EM. Metodologia científica. In: Marconi MA, Lakatos EM. *Metodologia qualitativa e quantitativa*. São Paulo: Atlas; 2011. p. 269-91
11. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res*. 2005 Nov; 15(9):1277-88.
12. Cardo E, Servera M, Vidal C, De Azua B, Redondo M, Riutort L, et al. Influencia de los diferentes criterios diagnósticos y la cultura en la prevalencia del trastorno por déficit de atención/hiperactividad. *Rev Neurol*. 2011; 52 (1):109-17.
13. Rangel Júnior, E. Loo, H. Escola e desenvolvimento psicossocial segundo percepções de jovens com TDAH. *Paidéia*. 2011; 21(50):373-82.
14. Antony S, Ribeiro JP. A criança hiperativa: uma visão da abordagem gestáltica. *Psicol*. 2004; 20 (2):127-34.
15. Capelatto IV, Lima RF, Ciasca SM, Salgado-Azoni CA. Cognitive Functions, Self-Esteem and Self-Concept of Children with Attention Deficit and Hyperactivity Disorder. *Psicologia: Reflexão e Crítica*. 2014; 27 (2):331-40.
16. Fernandes APA, Dell'Agli BAV, Ciasca SM. O sentimento de vergonha em crianças e adolescentes com TDAH. *Psicologia em Estudo*. 2014; 19(2): 333-44.
17. Erikson EH. As oito idades do homem. In: _____. *Infância e sociedade*. Rio de Janeiro: Zahar; 1971.
18. Cicchetti D. Annual research review: resilient functioning in maltreated children: past, present, and future perspectives *J Child Psychol Psychiatry*. 2013; 54(4):402–22.
19. Freud A. O ego e os mecanismos de defesa. 1ª ed. Porto Alegre: Artmed; 2006.
20. Regalla MA, Guilherme PR, Serra-Pinheiro MA. Resiliência e transtorno do déficit de atenção/hiperatividade. *J Bras Psiquiatr*. 2007; 56 (1):45-9.

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