



## Review

# The roll of the education in hospitals: A reflection with basis on Wallon and Vygotsky's studies

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**Education in hospitals is still a new subject for the academia, with a limited bibliography. With the goal of adding to the debate, the paper that follows presents through analysis of images of a pedagogic approach to the patients in hospitals, possibilities of interrelation between education and health. With basis on Wallon and Vygotsky's studies, this paper analyses the interaction between four infants and debates on the different rolls that education within hospitals have upon these infants. Learning as an element to trigger development acquires new elements when done within a hospital. Not only does it bring back the infants self-esteem, but the act of learning brings knowledge that helps the infant to think about the illness and the causes that put him in that position, lowering the normal tension of hospitals. Thus, by bringing moments of construction, expression and development of its knowledge, education plays an important role in the recovery of hospitalized children.**

**Keywords:** education, health, emotion, psychology.

## INTRODUCTION

Increasingly, the hospital has established itself as a field of practice and knowledge to professional and scholars in the field of education. However, the number of the area that does not have a consolidated the corpus of knowledge and indicates the need for more research to enrich the debate.

In an attempt to contribute to this enrichment, this article aims to analyze, based on studies of Henry Wallon and Lev Vygotsky, the contribution of education to rescue the health of hospitalized children. The guiding principle of our analysis is a situation of interaction of four children admitted to the pediatric ward of the Antonio Pedro University Hospital (Niteroi / RJ).

Beside the interactions and children's games, the design is a common activity in the pediatric ward. He assumes a channel for expression of feelings and it was through him that have established our first contact with this group of children. Through drawing, children express their anxieties, their fears, their disappointments and joys. (Taam 2000; Fontes 2003).

According to Wallon (Wallon H 1975), drawing preferred form of expression is indicative of children's thoughts, because it is also a form of language. By design, the child reveals the conceptual knowledge of reality and has the most significant aspects of your experiences.

For this author, the social vocation of the child implies a constant exchange with the environment in which they live. Although medical training, Wallon took the direction of Psychology and Education, emphasizing the concrete man, perceiving it as a whole body-mind,

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or, in new Wallonian: intelligence, emotion-movement.

In dialogue with Wallon and Vygotsky we understand that the individual, using his intelligence, acting on the environment, transforming it and being transformed by it. For Wallon (Wallon H 1941) there are no limits to the acquisition of knowledge by man. It is the culture and language to thinking that provide the tools for their development. The simple maturation of the nervous system does not guarantee the development of more complex intellectual skills.

Wallon understands that the child is a genetically social, that is, born in surroundings which depends entirely on satisfaction of their needs and discomforts, being a biological being born as a member of a social group with its own culture and language (Vasconcello VMR 2002).

For him the body is the first condition of thought, after all psychic function assumes an organic product (Wallon H 1941). However, the author warns us that this is not enough, since the individual is inserted.

Confirming such ideas, Vygotsky (Vygotsky LS 2000) argues that the individual is not separate, it builds and builds in the other interaction. Therefore, human development is seen as a joint venture and not individual. The acquisition of knowledge is a process built by the individual throughout his life, not being ready at birth, or being acquired passively thanks to the actions of the medium.

In a pediatric ward, the development of children is no different. Even sick, they are still interacting, appropriating the information available in the middle and turning them into knowledge. The role of education is, then, stimulate this construction, allowing each child a reflection on the medium, their illness, their feelings and helping to understand what happens to you and around you. Thus, education in the hospital can strengthen self-esteem of children to cope with the situation of hospitalization, as we shall see in the episodes transcribed below.

Remember that all the episodes make up a single scene, recorded and transcribed textually by the first author, while interacting with children in the recreation room (The recreation room was a space located next to the pediatric ward, separated by a partition with three tables and chairs of furniture Childhood Education, a wardrobe and two wooden benches, a steel rack and a TV. There, in addition to education activities, meals and took place parents and children gathered to watch TV, play video games or play). The presentation was in several episodes found an alternative to facilitate its analysis.

### Scene I: Sharing knowledge...

The scene below shows a heterogeneous group of four children (The children in the pediatric ward were accompanied by their parents) aged between five and sixteen, gathered in the recreation room of the pediatric ward HUAP to develop educational activities. To facilitate the visualization of scenes, we use the following legend to identify the lines of the characters involved:

(T) Teacher-researcher; (J) Jessica (All names are fictitious to protect the identity of the subjects ) (girl, 9 years); (C) Candy (girl, 7 years, (S) Suzan (girl, 16 years); (L) Lion (boy, 5 years) and (N) Nurse.

(T) Come here. Come here. Sit here Suzan. Do you know Suzan? ( Suzan was a 16-year-old girl that was hospitalized with suspected of anorexia ) Everyone here knows? Do you know?

(J) This is Suzan. This is Candy. This here is Candy's grandmother. Daniel's father.

(T) Hi, everyone had! I liked it!

(C) And you're my aunt!

(T) Am I your aunt? Why am I the aunt?

(C) Because you are!

(T) Who is the first time here? First time in the hospital, which is hospitalized?

(J) This is my first time. Candy is the second time.

(T) Is your second time here, isn't it, Candy?

(T) to (L): And your turn, is the first time that you are in hospital? Everyone knows why you're here?

(J) I know. Because I have pneumonia.

(T) Is it? And you, Candy? Do you know why you're here?

(C) Pneumonia.

(T) Also pneumonia? The other time was also?

(C) (Uncommunicative and with a faraway look she answers...) was...

(T) Was. And you Suzan?

(S) Anorexia.

(C) What?

(T) Anorexia. Everyone knows what anorexia (Anorexia is a disease that is configured by lack of appetite with severe weight loss and other symptoms resulting from emotional conflict. (See Bueno FS 1986). "The nervous anorexia often arises around puberty or adolescence in girls. (...) The dietary restrictions may get a shock as a result of emotional or psychological conflicts evident, though, almost always, they are setting up in a progressive manner with no apparent cause. (...) A young man laments to be fatter , which

entails the establishment of a slimming. (...) The psychic syndrome is accompanied by a somatic syndrome, characterized by significant weight loss, and some anorexic lose up to half their weight. The weight loss affects the entire body, the face becomes pale, eyes and cheeks become empty, there are wrinkles, breasts wither; the young look old." Ajuriaguerra J 1980) is?

- (J) Is a people who do not eat.
- (T) Is that it, Suzan? Is that true?
- (S) Yes, It is.
- (T) Where do you live? Where do you live, Lion?
- (L) Itaboraí.
- (T) Uau! And you, Candy?
- (C) Fonseca.
- (T) Do you live near here, isn't it? And you, Jessica?
- (J) Rio de Janeiro.
- (T) Rio de Janeiro? In the wonderful city? Is it?
- (J) But is not after the bay, no!
- (T) Where do you live?
- (J) São Gonçalo. Rio de Janeiro.
- (T) Oh... São Gonçalo... São Gonçalo is a municipality in the State of Rio de Janeiro.
- (J) Yeah, I know.
- (T) Do you live in São Gonçalo?
- (J) Portão do Rosa.
- (T) Near downtown, isn't it?
- (J) Do you know the Perfect Love School(The name of the school is also fictitious to protect the identity of Jessica )?
- (T) I've heard, but never been there. Do you study there?
- (J) Yes...

As the activities took place, social interactions tended to widen, making it more complex. The children went to know and to act in common interests with the most constant companions. The interactions triggered by group activities, they helped each child to better understand what was happening with the child and around the child, allowing to master the new environment more safely. The colorful toys and recreation room, where the activities took place, appeared to exercise a fascination about them and their companions, because everyone liked to meet there.

The activity began with a presentation conference. Although the researcher hadn't been presented as a teacher, Candy immediately identified as the aunt (read: teacher) in that group of children. This is a manifestation that rescues the concept of school because of the activities in the recreation room.

Knowing the meaning of their diseases and other diseases of hospitalized children can assist not only to clarify how to prophylaxis and treatment (if any), but

also contributes to develop an emotional stability, from the time the child or adolescent will become aware of what is happening, understanding their limits and possibilities. To get information about an immediate reality that affects specifically extends its framework of knowledge about the world. Is in this sense, that the development of educational activities in the hospital contributes to the health of the child that there is (Taam R 2000; Fontes RS 2003; Fontes RS 2005; Fontes RS 2005).

Wallon reminds us that if the activity is in the interest of the child, that is, that facing his reality next and directly related to the constitution of their subjectivity, the chances of motivating children's participation will be higher. According to this idea, the Hospital Education seems to be the fundamental principle of the whole educational work being developed with hospitalized children. Learning advocated as an engine of development acquires new pedagogical activity in a hospital.

When Jessica says that anorexia is a people who do not eat, she is trying to articulate her spontaneous concepts to scientific concepts connected with the word anorexia. For Vygotsky (Vygotsky LS 2000) spontaneous concepts are built from everyday experience, whereas scientific concepts are systematized for school education. In the case of Jessica and the other children who interacted with her at that time, the acquisition of the scientific concept took place in the hospital.

The acquisition of concepts modifies the process of perception of reality. The formation of the first concepts related to the illness of hospitalized children occurs commonly from medical discourse directed at their partner or another member of the health team, is rarely directed against the child in a language she can understand.

Perhaps one of Vygotsky's major contributions to education has been his effort in trying to understand the relationship between learning and development in school-age children. For him, learning and development are interrelated from the first day of life. Thus, the learning began long before the child goes to school. Alongside this discussion, Vygotsky introduces a new concept of zone of proximal development (ZPD).

## Scene II: The zone of proximal development in the hospital...

While searching the inks, I continued talking with the children.

- (T) Lion, how old are you?
- (L) Five.
- (T) Five? Are you in school?

Lion says no with a head movement.

(T) No?

Lion flatly says no.

(T) Candy did those seven or eight?

(C) Seven.

(L) Seven? Oh God!

(L) Are you studying?

(C) Sure!

(L) Give me the glue, aunt.

(T) Lion, or glue or ink. Okay? Because she did so (referring to Candy).

She first used the ink. Now she is using the glue. What will you do first?

(L) She got what?

(T) She got the paint out. And now she's taking the glue there.

(L) Did she get the paint first?

(T) Was...

(L) I'll get the ink. Then you give me the glue.

Then Jessica showed her draw.

(T) Oh, you smart girl... But, look, Brazil scored two goals or two goal?

(J) Two goal.

(T) Two goal? There are two goals, no?

Jessica spelling and pointing with her finger her writing, couldn't realize her mistake, that was pointed out by Candy.

(C) Two goals.

(T) That's it. Very good, Candy.

The

school theme appeared a few times throughout the interactions. If being in the school seemed like a natural reference for children hospitalized, for Lion to be out of it caused him embarrassment and awkwardness. This fact can be seen in the question that Lion did to Candy: Are you studying? He echoed the question that the teacher-researcher had given him moments before. The answer to Candy to be attending a school sounded like something absolutely natural: Sure!

Lion had never been to school. Perhaps, therefore, did not understand some codes of this social universe. We noticed in Lion, because of his inexperience school, the lack of some skills already presented in children who are in early childhood education center. Or the desire to work with all materials at the same time, when other children were able to establish an order to use the materials available.

His familiarity with Candy, that he chose as a privileged partner in the interaction space, tends to cause changes in their behavior. When interacting with Candy, carrying to the hospital his experience of school, Lion seemed to grasp new experiences related to school culture. For Vygotsky (Vygotsky LS 2000), being sub

ject to more experienced culture tends to favor new learning that stimulate children's cognitive development.

In his studies, Vygotsky proposed to explain the dynamic relationship between learning and the influence on cognitive development. For this, proposed two stages of development.

The first one, called the level of actual development, in which the child is able to develop certain tasks independently; his mental functions are the result of development cycles already completed. The second level is that the child still cannot complete the tasks by itself, potential development level requiring external support, whether material or cultural. Vygotsky called this level of.

Vygotsky's great contribution was, however, to identify a gap between those two levels, that is, between what the child can do alone and what she can only accomplish with the help of another, calling it zone of proximal development.

It is the distance between the real level of development, which is usually determined through the independent solution of problems, and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers (Vygotsky LS 2000).

It's in this zone that learning plays a key role in the child's psychological development. Learning oriented only to the levels of development that has already been achieved is ineffective and insufficient for the development of the child.

The zone of proximal development define, thus, the mental functions that have not yet matured but are in the process of maturation. Vygotsky called these functions "buds" or "flowers" but not "fruits of development". What is a zone of proximal development today will be the real level of development and so tomorrow, prospectively. According to this perspective, the "good learning is in which is good for development". (Vygotsky LS 2000). In designing the learning processes do not coincide with the development and not make them a unique identity. In reality, development processes are slower and process driven by learning.

The way that the individual will go to develop functions that are latent, that is, they are still in process of maturing and will become consolidated functions, can be interfered with educators. From the moment in which the teacher perceives and acts in the zone of proximal development it promotes the expansion of the real level of development processes that are still latent in the more immature members of the culture. When interacting with new knowledge, the human being is transformed. In the essay Vygotsyan, it means that scientific

concepts learned introduce new modes of operation intellectual about reality.

Some psychologists of the last century, however, demonstrated that a person can only imitate their level of potential development. Like language, imitation and learning are specifically human functions, it “presupposes a specific social nature and a process by which children enter the intellectual life of those around them” (Vygotsky LS 2000).

In this sense, we saw that Lion mimicked the actions of Candy, building behaviors related to school culture he didn’t know. These facts shows us that there must be spaces within the hospital where children can interact and exchange knowledge, working pedagogically the information they receive. A teaching hospital must establish and ensure the learning space (Fontes RS 2005).

**Scene III: Knowledge of school...**

(C) Aunt, Lion eats two warmes at lunchtime.

(T) You take account Candy, huh? And you eat as many warm?

(C) To bad one.

(T) Only one? What about you, Suzan?

(S) A quarter of one.

(T) Oh, Suzan, but will increase. Today you will eat half. Isn’t it? So you’ll learn with him (referring to Lion).

(C) Eat middle.

(T) That’s it, Candy. Half means you will eat until the middle of the pot.

(L) I ate two warmes.

It is observed that some knowledge acquired in school are given spontaneously by the children on the hospital situation. When Suzan said ¼ eating a warm at lunchtime and the teacher-researcher encouraged her to eat half of one, due to her illness, Candy immediately replied that Suzan would eat ½ of the pot.

Learning is, thus, a major source of construction of concepts in school-age children, although the child is not aware of them. According to (Oliveira MK 1992), “the educational intervention leads to advances that would not occur spontaneously” (pp.33). The teacher assumes, then, the role of knowledge broker, mediating the exchange and knowledge building within the hospital.

**Scene IV: The procedural knowledge...**

(T) So, okay. What do you want to do... I’ll give...

Before I conclude my argument, Candy shouted:

(C) Color ink!

(T) Ink is complicated. How are you going to paint with ink if one hand is stuck?

Candy was taking intravenous medication in her right hand and complained of pain, followed by walking through a tripod suspending the serum.

(C) I do with the other one.

(T) You do with the other? Let me see if have ink here. You have to take that big role to put on the table, isn’t it?

(C and L) Yeah

We see this episode as children create strategies to adapt to situations and have not stopped their activities. Candy, who had physical (Candy received intravenous medication through a syringe injected into the surface of her right hand ) limitations caused by the carelessness of those who put the serum in her right hand, proposed an alternative solution to the teacher. She suggested the use of the hand that was free to carry out the activity of painting, saying: I do with the other.

The child without knowing it was used a procedural knowledge (know how) that neither the teacher-researcher dominated. This passage shows the importance of language as semiotic mediation channel, communicate and form (Vygotsky, 2000; Vygotsky, 2000).

Speech is another instrument through which culture is transmitted. The language interchanges between social and individual, modifying and building knowledge and subjects. During the development process, the individual interacts with others and the world around him. From the moment that the individual internalizes the cultural codes, and webs of relationships present in their social group, is to use speech as an instrument of thought.

Vygotsky affirms “that though is not simply expressed in words, is through them that he passes to exist” (Vygotsky 2000). Behind the words, there is a logic independent of though which he expresses as “the syntax of the meanings of words”.

Another fact, also marked by the language regarding the use of the verb to want, to use the words of children during the interaction in the recreation room. When the teacher-researcher asked what the children wanted to do and, even before it concluded its reasoning, shouted Candy, in a burst of joy, showing her desire, her want imposed against the adversities of the medium: Paint color!

The next scene will present the role of language in the construction of desires, the exposition of ideas and organization of the child’s thinking.

**Scene V: The role of language in constructing knowledge...**

Candy wanted to monopolize all the colors.

(T) Decide. Which color do you want?

(C) Can be any color.

(T) No. Anyone no. You choose. Look, there are six colors.

(C) Six?

(T) Yeah.

(C) Oh, yeah!

(T) Which do you want?

After think a little bit, Candy decided:

(C) I want yellow.

In another moment...

(T) Did the doctor tell you that you're leaving next week?

(C) No... He said: Until next week, I must leaving.

(T) Okay.

(L) Then I'll paint with this ink?

(T) Yes, you'll. Why? Do you want another one? I just have this one. What do you want? Do you want crayons?

(L) Yes, I do.

(C) He wants to paint the wall.

(T) No, people. The ink to paint wall is to paint wall and not paper. Is that what you want, Lion?

(T) Yes, it is. Have you seen the girl who came to paint the wall?

(C) Yes, I have.

(T) Do you know that she is an artist? She is an artist.

(C) I've seen her here before... I've seen her here before.

(L) Will I paint with this ink? (referring to gouache which was on the table).

(T) Yeah. Look, on paper. You're not going to paint the wall. No.

(L) How do I do with this water?

Caught by producing yellow and green around you, Lion said:

(L) I'm going to do Brazil.

(T) Are you going to do Brazil? Oh, she got! Was it released? So, sit here. (referring to Jessica, who had left to take juice, according to her mother).

(T) Look this hand, Candy!

(L) Candy, why don't you get your sheet of paper a little bit over there?

(T) Do you want me to take another table? It has a table there, too!

(C) I want to stay.

(T) Do you want to stay there?

(C) I want the big one. (Candy refers to banks, where adults often sit to watch TV, which is also in the recreation room).

(T) What about you, Jessica? What do you want to do?

(J) I want to do... flour colored with it here; look?

The possibility of dialogue, to express his ideas contributes to the child rescue their autonomy in the hospital environment, as well as through language the child express feelings, ideas and order organizes actions.

Vygotsky (Vygotsky 2000) developed one of the most original and brilliant discussions on language, in support of human thought and expression, using the analogy with the instrument, while concrete tool of a human thought. According to him, the instrument is seen as an external environment, the sign is designed as a means of internal development human.

Vygotsky works with two basic functions of language. The main function is that of social exchange: it is to communicative with their fellow man creates and uses language systems. The second function of language is that of generalizing though, where the actual language commands, grouping all occurrences of the same class of objects, events, situations, under the same conceptual category.

It is also through language that the child, to express their desires and rejections, construct identity. By encouraging the will and the possibility of want in hospitalized children, the teacher-researcher sought, through the activities of a pedagogical nature, to rescue the identity of being a child with his fantasies, desires and actions, which often is forgotten during a hospital stay (Fontes 2005).

**Scene VI: The role of language in the constitution of identity as a child in a pediatric ward...**

(N) Come here, Lion!

(L) Oh, no!

(N) Come on, put the thermometer. You'll back soon. Come on.

Lion screams in protest.

(L) Aunt, put here.

(N) No. Come over here.

(N) You'll be right back... faster.

Lion begins to cry softly.

(N) Oh... going to cry? You'll back soon.

And led by the nurse, Lion gets up from his chair and goes to the infirmary.

(T) Suzan, when did you arrive?

(S) On Friday.

(C) Brush, aunt. Where is the brush, aunt? Now I want the blue. I want this here. Thin, because I'll do the white (referring to the white band of Brazilian flag).

At the moment, Candy became distracted and began to use the arm for which he received intravenous medication.

(AC) Be careful with that...

(T) Oh, no! Do not use this arm!

(C) Yeah.

It's possible to observe the high turnover of children in the recreation room of the pediatric ward. Group of four children gathered in that space, two were invited to withdraw during the activity, to make some sort of examination or taking medication. But the interruption of activities, which were pleasant, did not occur without protest.

(...) The formation of identity is presented as a complex process by which the child begins to position itself as an individual as opposed to others, the formation of ME involves the assertion of an identity and an expulsion of the others out of this identity (Smolka et al., 1998).

*Differentiation* is a key concept in social-genetic psychology of Wallon. Here, the distinction between me and other only acquired gradually, a process that is done in and through social interactions.

In the course of development, Wallon admits the existence of two alternating phases: a centripetal (We understand that the "centripetal movement in Wallonian theory concerns the internal construction of the subject" Vasconcello 2002) (a predominantly affective) and centrifugal (And "the centrifugal movement with respect to the relationship that the subject has with the outside world" Vasconcello 2002) (a predominance of intelligence). The baby would be so centripetal full-time, primarily occupied with her and I just reacting to stimuli from the physical world. With the social meditation, the baby will become gradually be centrifugal, when the impulsive movements make a significant connotation, facing each other around. At six months, the presence of others is the most exciting. The direction of the socialization process is growing individuation.

The construction of the bodily self is a basic condition for the construction of the psychic self, the central task on stage Wallon called personalistic. However, after leaving the immersion of the physical world and before acquiring self-consciousness, the child then is immersed in a state of syncretic sociability, not distinguishing between his personality and the other (again centripetal). The turning point comes at around three years old when the child is opposed, then, what distin-

guishes it as being different, not-self. Using an expression of Pierre Janet, Wallon will tell us that "in his effort to distinguish the self can't act otherwise than in opposition to society in its primitive form and larval stages of a socius" (Wallon 1975), since the individual is genetically a social being.

In Wallon's theory this relationship between *self* and *nonself*, that is, the *other* does not happen smoothly. It takes a special type of interaction that is the negation of the *other*. It is the expulsion of what is alien from within themselves that makes the *self*. The process started by the symbiosis is on the horizon individuation. Symbiosis fetal prolonged by symbiosis food and affective needs to be stopped to make way for a different individuality, causing the conflict.

For Wallon (1971-1975), the constitution of individuality involves attitudes of opposition to the other. In times of transition from one stage to another, a crisis can generate conflicts in the individual's relationship with others or to himself. In this theory, the conflicts, which Wallon called dynamogenic factors are seen as drivers of human development. In this clash of forces, the child asserts itself by expelling the representation of another, that is, the non-self from within itself as an exercise in differentiation.

With emphasis on the social constitution of the self, Wallon (Wallon 1975) states that "the other is a partner of the self in perpetual psychic life". Even in adulthood, it is still very tenuous border that separates the self from the other, may break down, momentarily, due to the specific situation of tiredness or difficulty in any order.

It was challenging the authority of the nurse who threatened their autonomy, Lion sought to assert their individuality, even for a short time. Lion created strategies for non-stop activity, which could have been done if there was some flexibility in the action of nursing. Although not the majority, some health professionals from the hospital still didn't understand the importance of that moment of recreation for the hospitalized child. Feel pleasure in performing an activity contributes to the welfare of the sick child and acts to restore their health. (Taam 2000; Fontes 2003).

The activity developed by Lion seemed to give him pleasure, as when he was interrupted, he threatened to cry and left in protest of the recreation room. "The cries are a source emotional exteroceptive reaction toward an outward action" (Wallon 1971). Reference (Dantas 1992) tells us that emotion is described in a general sense, as lawless and volatile, unpredictable, and therefore frightening. Maybe that's why it is so rarely reflected by pedagogical theories.

In the interaction between adults and children, whose

emotional temperature is higher, the results of what “wicked circuit” are felt frequently. So rarely thematized, this issue goes well to the fore: the education of emotion must be included among the purposes of pedagogical action, which represents the intimate knowledge of its operation (Dantas 1992).

The emotional activity is one of the most complex features of the human being because she is both biological and social. It is through it that makes the transition and social. It is through it that makes the transition from biological to the cognitive, through socio-cultural interaction. His contradictory nature arises from the fact of participating in two worlds – the biological and social, as well as making the transition between them in the psychological dimension of subjectivity (Wallon 1941).

Hospitalization is a situation that changes the routine of the child and his family. It is natural that the child has an emotional fragility that may impair your understanding of reality. So, reflect on the causes that gave rise to the emotion is one of the functions of education in the hospital.

Except for physical resources, (...) the most appropriate method to reduce [the emotion] is opposing it perceptual or intellectual activity. Whoever observes, reflects, or even imagines, abolishes itself emotional disturbance (Wallon 1971).

Although the emotion brings with it a tendency to reduce the effectiveness of the cognitive subject, the final quality of the behavior that arises will depend on the subject’s ability to regain control of the situation. In this sense, social interaction can be successful and intelligent solutions can be more easily found.

The sensitivity has, thus, two levels: one affective and one cognitive. The educational goal is acting in the cognitive, affective and provides access to the subject not only to build their knowledge, but through it, its own constitution. This means that intelligence depends to evolve since the first months of human life, the achievements made in terms of affection and, dialectically, affectivity depends to evolve over a lifetime, the achievements made in terms of intelligence.

Taking a focus of empirical analysis of the findings presented in the episode narrated, we can infer that the child’s opposition to the procedures of the hospital routine, often invasive and painful, seems to be beneficial for the formation of their identity that is unique and not transferable and therefore, must be respected.

We emphasize that when children were asked to withdraw from the activity in the recreation room for tests, they were no longer desires were so little regarded. In speaking of children, the recreation room appeared as safe space, as a reference to pleasure, a protected place where you can play.

- (T) Do you like to come here, to this little room? Why?
- (L) To play.

### **Scene VII: Play as a reworking of knowledge in the hospital...**

The first picture that has Candy is playing house with Barbie doll an her kit with Jessica.

I got close to observe the interaction between then.

(C) Hi. My aunt came.

(T) What are you doing?

(C) Playing house.

(T) But the little house is not yours. It’s Barbie.

(C) But we are it.

Each girl had a Barbie. All the dolls were the recreation room.

(T) And who is Bob?

(J) Bob is Barbie’s boyfriend.

(C) Yeah!

(T) Which Barbie?

(C) All of them.

(J) Bibibibibi..... Let’s go, honey!

(T) That chic! A red convertible car! Where will Bob take Barbie?

(C) They’re going home.

What does it mean to play house (classic expression of the vocabulary of children) in a pediatric ward? The outline of this brief scene is to show that when children play, they creat an imaginary world safer able to re-establish a reality that will be painful, making it understandable and, where possible, enjoyable. The game provides the nearest peers. Note in this scene, the children were all girls. The interactions flowed spontaneously, without the intervention of an adult, and have supported the exchange of knowledge during the game.

The game can also be read in this case, as an escape route from a reality that can’t be supported as it is. More communicative, Candy dominated the scene of the play safely. Perhaps in other interactions play the theme disease had appeared. But at that moment, the children embodied the fantasy of being their own Barbie, beautiful, elegant, rich, happy and coming home. Through games of imagination, the child projects his unrealizable desires.

Connects to the beings that there are more prestigious for her, those who exercise an attractive (...). But while itself becomes such characters (Wallon 1941).

Although it seems only pleasurable, the toy is a re-elaboration of the frustrations caused by unsatisfied wishes of the child. Perhaps because of this, we can understand the motives of the various references to the



hospitalized child makes his home and school (when already studying), either through drawings or playing house.

We can also observe that although all the objects mentioned in the play had a material base (the three dolls, their clothing, the doll and the car), the house was the only meaning used without reference to the material plane, gaining autonomous status in relation to reality, but significant in the child's imagination, because mentally the child sees the object behind the word (Vygotsky 2000).

Is in the toy and make-believe that the child can perform a variety of action that are beyond your limits of understanding and their own abilities.

The toy comes with a child's ability to imagine, to transcend the real world and build a symbolically possible. The toy actually comes from need and frustrated desire of the child in doing something that she can't at that particular moment. This world of desires achievable that triggers a new behavior in children is what we call a toy.

However, although it seems a purely pleasurable, the toy acts as a re-elaboration of the frustrations of unmet trends and is surrounded by rules that the child constructions from their social environment. "What in real life goes unnoticed by the child becomes a rule of conduct in the toy" (Vygotsky, 2000).

Play the game and take meanings very close in Vygotsky studies. First, because both are guided by rules; and second, because they are born of an imaginary situation. At higher levels of development of higher mental functions, the man changed the game (with hidden rules and imaginary situation obviously) games (with clear rules and hidden imaginary situation).

By acting at the level of development that is not yours, staging an adult behavior and using a language that is not yours, the child creates and operates in its own zone of proximal development, re-elaborating internally (psychologically and emotionally) what captures the external environment.

The equivalent role as the toy and the teaching-learning process in the creation of the zone of Proximal Development is consistent with the central theoretical concern of Vygotsky, which is to emphasize the importance of historical-cultural context in the formation of higher cultural context in the formation of higher psychological structures of the person (Vasconcellos 1998).

Vygotsky (Vygotsky, 2000) pointed out the enormous influence that the toy plays in child development. It's through play that children learn to act in the cognitive sphere detached from the immediate reality and begins to dominate the objects regardless of what he sees,

contextualizing them and re-signifying them.

The meaning of the toy was also a category investigated by Vygotsky. If the first, the meaning is subject to the object when the child constructs his play, the relationship is reversed and the object is subject to the meaning. Vygotsky exemplifies the transformation with the broomstick on wooden horse. Although the child is not yet able to imagine a horse with no reference to a concrete support, she can separate meaning (an imaginary horse) of its concrete object (a real horse).

In the toy, the child operates with meanings detached from objects and actions which are bound in the real world. Similarly, when transferring meaning from one object to another, the child can't distinguish the word of the property of the object it names, the word of the property of the object it denotes. That is, it sees mentally the object behind the word. The same can be said about the action, when the child means his action, that action ceases to have a real existence and becomes embedded within the context of play

In a sense, in the toy, the child is free to determine their own actions. However, in another sense it is an illusory freedom, because there are in fact subordinated to the meanings of objects and the child acts upon them (Vygotsky, 2000).

For Vygotsky, the toy is not the predominant feature of childhood, but is undoubtedly a major factor in its development. He said it's through play that children learn to respect rules and control their own behavior outside this imaginary situation, it would be impossible to understand. The toy starts a series of changes in the internal development, which leads to behave beyond the usual age, both cognitive and affective.

At school age, the toy doesn't disappear, but permeates the child's relationship with reality. The toy is well within its continuation and is manifested in the play of meanings of schooling and work hamstrung by rules, that is, the toy is perpetuated in imaginary situations created by the language games.

Anyway, the play is a right, not a favor we give or not to hospitalized children. It was joking that Candy, Jessica and other children re-elaborated their experience in the hospital, they understood the situation better hospitalization and become healthier.

## CONCLUSIONS

The paper has tried to demonstrate the different dimensions that can take the pedagogical work with hospitalized children. Drawing on studies of Wallon and Vygotsky sought to analyze, by the importance that

social relations take in the hospital, the possibilities of dialogue between education and health.

It's through real interpersonal relationship that the child constructs his subjectivity. Therefore, social interaction, either directly with other members of the culture, whether through the various elements of culturally structured environment, provides the raw material for the psychological development of the individual.

We saw that even hospitalized, the child keep interacting with the environment, learning and developing. A teaching hospital should encourage and stimulate this process by giving the child an opportunity to have their say. The speech, as a channel of expression and instrument of incorporation of thought, should be encouraged through educational activities in which she has the opportunity to express themselves freely.

At the dialogue, the child exposes doubts, fears, anxieties and organize your thoughts. Demonstrates your understanding of the real and the extent to which emotions blur your vision of reality. Reflecting on the origins of emotional states is also one of the dimensions of the pedagogical action in the hospital. By taking the child to reflect on the causes of their emotional distress, education contributes not only to the subject to regain control of the situation, but also promotes self-awareness.

Moreover, the act of learning captures the feeling of self-esteem in children, strengthening their desires and actions before the invasive and painful medical treatment. In this sense, the idea of "school", next the play emerges as an important reference to children recover the experience of children who were forced to abandon, even temporarily, in according to the disease.

Finally, the lessons of Candy, Lion, Jessica and Suzan, express the joy of learning and living, despite the hospitalization. The role of education is thus, to stimulate this learning that drives human development, making the hospital environment less hostile.

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