

Child Life Philosophy

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Children and their families face many stressors when hospitalized such as feelings of isolation and overstimulation due to the lights and sounds of their environment- just to name a few. These challenges can seriously impair development, and can potentially lead to psychological problems long after hospitalization and into adulthood. The responsibility of meeting the psychosocial needs of patients by advocating and reducing trauma that comes with hospitalization falls into the hands of child life specialists making them an integral part of the healthcare system. It is my belief that part of the reason the child life practice has become such an essential component of healthcare is due to their advocacy of play in hospitals.

According to Bandstra et. al., (2008, p. 321), “child life is a nonmedical therapeutic service designed to address the psychological, social, and intellectual needs of pediatric patients.” Child life interventions exist to assess children on a developmental scale in order to measure the level of psychosocial risk patients potentially face with childhood illness (Koller & Wheelwright, 2020). One example of how the child life profession addresses the needs of children is through play. Child life specialists understand the natural language of children is play, and unfortunately there continue to be misconceptions about the usefulness of it by many adults. Erikson (1963) and Piaget (1963) both developed theories stressing the importance of play during a child’s growth and development. Play provides valuable insight into the minds of children facing illness and hospitalization, allowing for accommodations to be made in order to best fit the needs of the child, while also providing a positive, developmentally appropriate outlet to cope with the stressors of hospitalization. Furthermore, through play children gain the ability to express their understanding of the world around them, “to develop mastery of self and the environment” (Li et al., 2007, p. 321).

In a research study conducted on the effects of preoperative therapeutic play on outcomes of school-age children undergoing day surgery, researchers found that anxiety surrounding procedures can impact physical and psychological health, hindering a patient's ability to recover post operation (William LI et. al., 2007, p. 321). However, when preschool aged children were given the opportunity to engage in therapeutic play with medical equipment in preparation for surgery, children were significantly calmer preoperatively and displayed fewer behavioral issues postoperatively compared to their peers who did not engage in medical play.

The bulk of my child life philosophy revolves around Erik Erikson's psychosocial development theory (1963). His theory proposes eight different developmental stages, five of which occurring from birth to 17 years of age. Erikson believed cultural and social factors were the key components to personality development. Furthermore, he believed that development was a continuous process in which an individual faces a key crisis that arises during each stage of psychosocial development (Thompson, 2018). Erikson's theory provides the framework for child life specialists to ensure they are engaging the patient in age-appropriate activities and play-allowing it to be used as a resource to improve mood and supporting parent-child relationships, while providing healthy distraction from the potentially stressful environment they are in (Thompson, 2018). Although, it must be noted that Erikson's psychosocial theory fails to address that chronically ill children do not always fit the mold of what a "normal" childhood looks like, so one must take into account that their age may not line up with the developmental stage they are currently in. Additionally, much like other theories of development, Erikson's psychosocial theory neglects to represent the historical and cultural influences marginalized children experience (Koller & Wheelwright, 2020).

Due to the lack of representation of minority children in traditional child development theories, it is important to look beyond theories such as Erikson's and Piaget's to expand our knowledge for the betterment of our practice and care. According to the 2021 U.S. Census Bureau, by the year 2050 non-white children will become the majority in the United States (Adams et al., 2021). Principle 3 of the Child Life Code of Ethics states we have an obligation to create and sustain an environment that respects every variation of, "race, identity, ability, and community" (Association of Child Life Professionals, 2021), and as of right now, our practice is lacking in research conducted on marginalized patients and their experiences with hospitalization and child life services. The field of child life is built on a foundation of western principles and whiteness, that causes huge potential for a disconnect between child life specialists and the children who receive their care. It is important to recognize the unconscious bias that may occur when developing a plan for treatment, because something we may deem developmentally inappropriate could be completely developmentally on-track for a child from a different culture and background (Adams et al., 2021). The importance of understanding cultural differences can not and should not be understated, because it has the potential to become extremely harmful to our healthcare system. Fortunately, child life specialists possess the resources and the ability to educate themselves by speaking to families who differ culturally from theirs, using their stories and experiences to further expand their cultural humility so that they can ensure their patients receive the most quality care possible that hopefully will make an impact on their lives during and after receiving care.

As a child life specialist, it is imperative that I acknowledge my privilege and use it for the betterment of our healthcare system and the patients receiving treatment. I am always working to expand my knowledge when presented with the opportunity, so I can uphold my

commitment to address the psychosocial needs of children and their families during some of the most challenging times of their lives. I am grateful to have been given the opportunity to work in a field that I am truly passionate about, that also encourages me to continually seek knowledge to enhance our practice as child life specialists.

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