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This weekend, my second weekend in the hospital was a lot different than my first. I got to experience a lot of sibling interaction as well as parent interactions. My first experience with siblings happened in the playroom when A. and his younger brother and sister were sitting at the table coloring. His younger sister had been talking to me for a while when she looked at me and said, “You know one time I knew someone who died.” I was a little taken back by this as I was not expecting her to tell me that. Her brother, A. then looked at me and said, “No she didn’t, she’s joking.” The little sister giggled a bit and then continued to color her picture. I thought this was very interesting because she is in an environment where people do die and I was very curious as to what made her think to make that up and tell me. Neither she nor A. said anything about it again.

The next interaction that I had this past weekend was with a young girl S. She had just arrived at the hospital when I took goop to make at her bedside. As we were making the goop the nurse was in the room prepping her bed for what I assume was a procedure that would soon be happening. I saw S. the next morning when she came to the playroom with her family. She was having a hard time remembering who people were and would start to cry randomly saying that she did not want to be here and wanted to go home. I talked to S. a lot to see how I could help her and she had remembered making goop the day before and wanted to make it again. I thought it was really interesting that she had remembered making goop the day before considering that she did not remember a lot of her family. It made me realize just how important it is that Child Life is available to be there for the patients in a time of need. I also was able to see how important it is to have the playroom where children can get away and not have to worry that a nurse or doctor was going to come in and do a procedure on them. S. would often say that she liked the playroom because she was safe there when her family asked her if she wanted to go back to her room and rest.

I got to interact with G. this weekend again and it was a completely different experience for me. Last weekend he had a lot on tubes connected to him so we were limited to what we could do in his room; however, this weekend he did not have the tubes anymore and he was able to go in the stroller to the playroom and be around other children. I noticed a difference in his interests when he was in the playroom. Rather than staring at nothing he was very engaged with the fish, other children and families, and anything he could put in his mouth! Last week he did not seem to care for the hard toys and rather wanted his soft bear to rub on his cheek.

This past weekend I also noticed a lot of attachment differences. I had two experiences where children did not cry at all when their parents left them with a stranger and one experience where a patient formed an attachment fast. The first two patients that I encountered were very young, J. is 8 months old and D. is 1 year. With both of these children I noticed that when their mothers left them with myself and another Child Life volunteer they were not bothered at all. According to Bowlby’s Stages of Attachment J. should have cried when his mother left the room, showing a secure attachment to her. D. also is in this category of stages of attachment and also did not show any distress when her mother left her in the playroom with a volunteer. Is this because they meet so many new strangers being in a hospital environment? Will they continue to have atypical attachments when they grow up? These were some of the questions I was wondering after my shift. I then engaged with a boy, M. who is 2 years old and I had a different reaction from him than I would have thought. When M.’s caretaker left to take a break he did not seem bothered at all; however, when she came back and I left he cried for me to come back. This completely contradicts the Ainsworth Strange Situation in which a child M.’s age would cry when his caregiver left and be consoled when she returned.

Lastly, I interacted with a few parents and caregivers this weekend who talked to me about how important they thought the Child Life program was for the children. A new patient’s family expressed their gratitude to me for what the program has to offer the children as they continued to discover all of the new things that a Child Life Specialist and her team does. Another patient who had been in the hospital for a while was in the playroom and his grandmother talked to me for a while and told me how amazing the program was and how important we were to the children. She continued to tell me how we are making a difference in the children’s lives. This really touched me to hear the families talk about how great the program is. I think that as a new volunteer that is exactly what I needed to hear. It is a completely different environment being around children in a hospital and I am finding that at some points it is a little tricky to not get a little sad. Hearing these families really brightened my weekend and assured me that I do love being with children and helping them and this is an extremely powerful way to accomplish that!