

the medicine in the small cup, pour it into a large cup because the liquid will appear to be less in a tall, wide container.

- Give a large, flat cookie rather than a thick, small one or do the reverse with meat or cheese; child will usually eat larger size of favorite food and smaller size of less favorite food.

Within the second year, the child increasingly uses language symbolically and is concerned with the “why” and “how” of things. For example, a pencil is “something to write with,” and food is “something to eat.” However, such **mental symbolization** is closely associated with prelogical reasoning. For instance, a needle is “something that hurts.” Such painful experiences take on new significance because memory is associated with the specific event, and fears are likely to develop, such as resistance to people who wear uniform scrubs or rooms that look like the practitioner's office. Because of the vulnerability of these early years, it is essential to prepare children for any new experience, whether it is a new babysitter or a visit to the dentist.

## Spiritual Development

Spiritual development in children is often discussed in terms of the child's developmental level because the evolution of spirituality often parallels cognitive development (Mueller, 2010). The child's family and environment strongly influence the child's perception of the world around him or her, and this often includes spirituality. Furthermore, family values, beliefs, customs, and expressions of these influence the child's perception of his or her spiritual self (Mueller, 2010). Neuman (2011) proposes that Fowler's (1981) stages of faith be used to better understand children and spirituality; she provides an excellent overview of the stages of faith in childhood. The relationship between spirituality, illness in childhood, and nursing has been studied in the context of suffering, terminal illness such as cancer, and end-of-life care. In the past decade, there has