

## Play

Play is the universal language and “work” of children.

It tells a great deal about children because they project their inner selves through the activity.

Spontaneous play involves giving child a variety of play materials and providing the opportunity to play.

Directed play involves a more specific direction, such as providing medical equipment or a dollhouse for focused reasons, such as exploring child's fear of injections or exploring family relationships.

## Play

Play is a universal language of children. It is one of the most important forms of communication and can be an effective technique in relating to them. The nurse can often pick up on clues about physical, intellectual, and social developmental progress from the form and complexity of a child's play behaviors. Play requires minimum equipment or none at all. Many providers use therapeutic play to reduce the trauma of illness and hospitalization (see [Chapter 19](#)) and to prepare children for therapeutic procedures (see [Chapter 20](#)).

Because their ability to perceive precedes their ability to transmit, infants respond to activities that register with their physical senses. Patting, stroking, and other skin play convey messages. Repetitive actions, such as stretching infants' arms out to the side while they are lying on their back and then folding the arms across the chest or raising and revolving the legs in a bicycling motion, will elicit pleasurable sounds. Colorful items to catch the eye or interesting sounds, such as a ticking clock, chimes, bells, or singing, can be used to attract infants' attention.

Older infants respond to simple games. The old game of peek-a-boo is an excellent means of initiating communication with infants while maintaining a “safe,” nonthreatening distance. After this intermittent eye contact, the nurse is no longer viewed as a stranger but as a friend. This can be followed by touch games. Clapping an