

Research Article

Puppets as a strategy for communication with Brazilian children with cancer

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Abstract

Children are considered competent social actors. Although they are able to express their opinions, they may have some difficulties in answering direct verbal questions, requiring researchers and health professionals to enter their world by using auxiliary resources for communication. This study presents the experience of using finger puppets as a playful strategy for improving interaction and communication with hospitalized children with cancer, aged seven to 12. It describes the strategy of making and using puppets as an auxiliary tool to communicate with children with cancer and presents the results and limitations of using puppets in clinical practice. The use of the puppets, creatively and in accordance with the children's motor, cognitive, and emotional development, showed benefits, such as allowing the children to freely express themselves; respecting their autonomy; and minimizing the hierarchical adult-child relationship. The use of puppets is an appropriate strategy to communicate with hospitalized children. This tool can also enrich clinical practice, as it encourages children with cancer to report their experience of being ill and also helps the health team during evaluation and intervention.

Key words

cancer, child, communication, games and toys, puppets, art therapy, qualitative research, play.

INTRODUCTION

The way researchers and health professionals perceive childhood and how it is integrated in society influences the forms of approaching and communicating with children. The formerly dominant assumption that children are passive, dependent, and unable to understand a research issue or clinical investigation, has been overcome and replaced by new participative trends (Christensen & Prout, 2002), which contribute to the investigation. Therefore, instead of investigating *about* children, investigations are now undertaken in partnership *with* children (González-Gil, 2007).

Currently, children are actively participating in research that ensures greater engagement and autonomy in studies (Danby *et al.*, 2011; Sparapani *et al.*, 2014). Although children are able to communicate their opinions, they may experience some difficulty in answering direct verbal questions, requiring researchers to enter a world that is familiar to the children; stories, dolls, puppets, and pictures can be used in order to achieve this purpose (Aldiss *et al.*, 2009). Events are similar in the clinical context where health professionals working

with children are required to use auxiliary resources in order to communicate with them (Lemos *et al.*, 2010). This study presents the experience of using finger puppets as an auxiliary resource to establish communication with hospitalized children with cancer.

LITERATURE REVIEW

Drawing, photographs, dramatizations, toys, storytelling, and puppets can be beneficial for effective communication and to explore children's opinions and narratives (Maria *et al.*, 2003; Sinclair, 2004; Jongudomkarn *et al.*, 2006).

Drawing is an entertaining activity that can be used to facilitate communication with children, building trust and motivation (Horstman *et al.*, 2008). The use of drawings and photographs create an informal atmosphere during the interview or treatment, moving the focus away from questions and responses, which generally fall on the child (Epstein *et al.*, 2006; Horstman *et al.*, 2008). However, the use of images, such as drawings or photographs, is more useful to provide integration and closeness rather than being a source of data itself and has disadvantages related to difficulty of analysis and interpretation of the illustrations (Massimo & Zarri, 2006; Horstman *et al.*, 2008; Soanes *et al.*, 2009).

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The use of puppets and toys in therapeutic play provide an excellent resource for health professionals to assist in understanding the reactions and feelings manifested by children, in addition to encouraging a closer relationship between the child and the professional. The uses of tangible resources make children feel more comfortable when interacting with adults because direct contact with adults may be uncomfortable for the child (Maria *et al.*, 2003; Aldiss *et al.*, 2009; Gibson *et al.*, 2010).

Puppets are small figures, similar to dolls, that can represent human beings or animals, manipulated by the hands, and can be used for dramatization (Epstein *et al.*, 2008). The making and use of puppets dates back to antiquity, when dolls were modelled in clay with articulated heads and limbs. Currently, there are several kinds, for example, hand puppets, finger puppets, rod, string and marionette types, all of which may be used with or without scenery (Synovitz, 1999).

Epstein *et al.* (2008) observe that several health professionals have used puppets for therapeutic purposes since the beginning of the 1950's. The use of puppets has shown positive effects in clinical practice, such as reducing fear and anxiety; coping with illness, hospitalization and surgery; teaching strategies to promote health; and contributing in investigations concerning the children's knowledge about their illness (Epstein *et al.*, 2008). Additionally, puppets are excellent tools in clinical practice because they allow children to express themselves freely, encouraging them to learn while they play (Synovitz, 1999).

Puppets have also been used in research as an auxiliary tool during interviews with healthy preschool and school-age children (Cassidy, 1988; Measelle *et al.*, 1998; González-Gil, 2007), children with type 1 diabetes mellitus (Sparapani *et al.*, 2012), and as a complementary playing strategy to interview children enduring pain (Jongudomkarn *et al.*, 2006). Because this research focuses on children with cancer, we identified studies (Epstein *et al.*, 2008; Melro Filha, 2008; Aldiss *et al.*, 2009; Gibson *et al.*, 2010) that used puppets in order to explore children's experiences, perceptions, and opinions regarding their illness and treatment.

Studies have used puppets for communicating with children in hospitals, wards, outpatient contexts (Jongudomkarn *et al.*, 2006; Epstein *et al.*, 2008; Melro Filha, 2008; Aldiss *et al.*, 2009; Gibson *et al.*, 2010; Sparapani *et al.*, 2012), or in their own homes (Measelle *et al.*, 1998; Epstein *et al.*, 2008; Aldiss *et al.*, 2009). These studies interviewed children aged between four and 12 years old, and one (Jongudomkarn *et al.*, 2006) also included adolescents up to 18 years old.

The results of these studies indicate that using puppets made it easier for the children to express themselves, allowing greater closeness between the researcher and the interviewee, which can also be used to facilitate communication during the treatment of these children.

The benefits of incorporating puppets when communicating with children have been clearly shown; however, little has been found regarding the details of preparing puppets and the strategies used to do so, which could contribute to clinical practice (Epstein *et al.*, 2008). As a result, this research was conducted to: (i) describe the technique of making and using finger puppets as an auxiliary tool to communicate with chil-

dren with cancer; and (ii) present the results and limitations of using finger puppets in clinical practice. This article presents the researchers' experience, based on the use of illustrative excerpts from the field diary and selected quotes from interviews conducted in a qualitative study with children who had cancer, and were hospitalized undergoing chemotherapy.

METHODS

An exploratory study with qualitative data analysis was undertaken. Approval was obtained from the ethics committee at the institution where the data were collected. Informed consent was obtained from each parent and the children also agreed to participate in the research and gave their assent; both parents and children authorized the use of all images illustrating the use of puppets in this study.

Participants/setting

The study was developed at the pediatric oncology ward of a public teaching hospital in Brazil. Data collection was undertaken between April 2010 and May 2011. All children eligible for the current study ($N = 10$) were invited to participate and all accepted. Criteria for participation in the study included: the age of the hospitalized child (7–12 years), receiving chemotherapy, the length of the chemotherapy treatment (minimum of 3 months), and the child's ability to communicate in Portuguese.

School-aged children have already developed cognitive abilities to differentiate their own ideas from others and to express them verbally. They are also capable of dominating symbols and using memoirs of past experiences to evaluate, interpret, and decide about the present (Hockenberry *et al.*, 2006). The age of the participants was limited to seven to 12 because the literature review demonstrated that puppets have been used as an attractive and interesting strategy to communicate with children up to this age.

Ten children (5 boys and 5 girls) between seven and 12 years of age who had been diagnosed with cancer, more specifically osteosarcoma ($n = 3$), acute lymphoid leukemia ($n = 2$), non-Hodgkin lymphoma ($n = 2$), Ewing's Sarcoma ($n = 1$), rhabdomyosarcoma ($n = 1$), and medulloblastoma ($n = 1$) participated in the research. The time between the cancer diagnosis and data collection ranged between four months and two years and nine months and, in addition to chemotherapy, the children had undergone surgery ($n = 7$), radiotherapy ($n = 2$), and one child was receiving autologous bone marrow transplantation.

Procedures for using puppets

Before beginning the process of data collection with puppets, first contact was established with each child and his/her mother during a routine visit at the inpatient clinic. The purpose was to explain the research objectives and data collection procedures using everyday language, and also invite the child to take part in the study; thus, following the advice of researchers (McGrath & Huff, 2001; Melro Filha, 2008; Aldiss *et al.*, 2009) who emphasize the importance of having

previous contact to develop a feeling of closeness. The children and their mothers were encouraged to ask questions. Moreover, this contact served to set a friendly atmosphere between the interviewer and the interviewee.

All participants readily accepted the invitation to take part in the research. The children gave their assent and their mothers also gave consent. From this point on the children were interviewed at their convenience. The length of the interviews ranged from 54–71 mins and only one interview was needed with each child.

The use of puppets as a playful strategy during the interviews with hospitalized children with cancer was structured

in two steps: the *making of the puppet* by the child, followed by the *child's interview using the puppets*.

The making of the puppets. During the interview, the researcher wore a customized apron (Fig. 1) with the objective of creating a playful and interactive data collection environment. The apron had different pockets with pictures representing the hospital, an ambulance and two “houses” which could be a home, a school, or a church, according to the child’s creativity and the unfolding of the interview. It was possible to fit the finger puppets in the pockets of the apron that was used as the setting to conduct the interview (Fig. 2). The researcher had made four puppets previously and the children could play (Fig. 3) and stick them on the apron as they wished.

As an icebreaker, the children were invited to make their own puppets representing themselves (Fig. 4). According to Epstein *et al.* (2008), it is important to take into consideration the puppet’s appearance. Therefore, several types of material were available: a hot glue gun; blunt-ended scissors; glue; six felt-tip pens of different colors; eight tubes of three-dimensional paint in different colors; body and face parts made of ethylene vinyl acetate (EVA) in brown and white; eight different types of blond and black hair made of EVA; six options of colored clothes made of felt; four color options of jumpsuits made of felt; and small laminated paper stars for decoration. The children customized the puppets so that they were aesthetically pleasant and the most similar to their self-images.

Finger puppets were chosen because they are made quickly and easily, requiring little physical effort being appropriate for small settings, such as the apron, and, therefore, suitable for the hospital environment.

The interview using the puppets. Each child was interviewed individually, either on the bed or at the desk (Fig. 5). The first author, an occupational therapist, conducted the interview. The child’s clinical conditions and restrictions were respected and the researchers followed Cameron’s (2005) suggestions regarding conduct procedures for the interviews.



Figure 1. The apron used as a setting during the interview.



Figure 2 (a) and (b) Examples of possibilities of distribution of the puppets on the apron used as a setting.



Figure 3. Finger puppets previously made by the researcher.



Figure 4. A child participant making the puppets.

As recommended, the researcher responsible for conducting the interviews explained to each child the aim of the interview. While conducting the interview, the researcher encouraged the child to freely express themselves, as well as to continue speaking, observing the child's body language carefully, expressing interest and remaining silent when necessary. The adult accompanying the children was given the option of staying during data collection. The interviews were recorded with a digital recorder.

Curtin's (2001) instructions were also followed when conducting the interviews; the questions should preferably be specific rather than generic, using familiar and everyday language. During the interview, the children used the puppets they made and the researcher also used one representing herself, which was chosen among the four puppets that had been made previously. According to Cameron's (2005) guidelines, in interviews with children, the puppets available can be

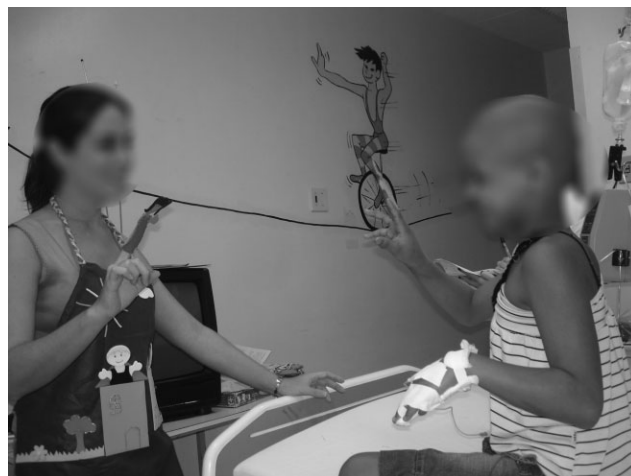


Figure 5. Carrying out the interview, in the form of play.

used by the children to represent family members, friends, and health care staff.

After the interviews, the researcher registered her observations concerning non-verbal data in a field diary: posture, social interactions, tears, smiles, the environment, and the researcher's feelings during the interview. The information in the field diary supports the analysis of data obtained during the interviews (V́ictora *et al.*, 2000). This resource has been used successfully in other studies that also involved children with cancer as participants (Björk *et al.*, 2006; Woodgate, 2006; Aldiss *et al.*, 2009).

Inductive thematic analysis was applied to the data collected and the steps indicated by Braun and Clarke (2006) were followed. The identified themes that are related to the use of puppets are presented in this article.

RESULTS

The use of puppets as a strategy for data collection in qualitative research has advantages and limitations. Puppets enable children to express themselves, allowing better communication. The use of puppets as a strategy is fun and respects the children's autonomy. Hence, there are limitations because the interviewer has to be qualified and have the skills to conduct interviews using puppets, besides age-adequacy. Other aspects to be considered refer to the puppet's appearance and the material used to make them, as well as the validity of the data collected using this resource.

Advantages of using puppets

Based on an excerpt from the field diary, it is possible to identify that the use of puppets facilitated the children's expression of feelings and their verbal communication:

Before we started the interview, the child (male, 9 years old) hid the puppet under his shirt (only the head out), spontaneously stating: "he is shy." I calmed him down, saying that there was no need to be shy, and we started a

game with the puppets talking about different things, familiar to the child, so that he would feel more at ease. (Field diary, interview-2)

The children interacted with the researcher as if she were a character, which allowed them to freely express their experiences in the hospital:

The child (female, 10 years old) started playing and manipulated the puppet, pretending I was somebody else. When asked if anybody of the health care team played with her, the following dialogue started:

- Child: “Yep! Jane Doe does.”
- Interviewer: “Oh! Who is this person?” [chuckles]
- Child: “She is a pretty nice lady (. . .)”
- Interviewer: “Does she often come here when you are in hospital?”
- Child: “Yes, she does.”
- Interviewer: “And what do you guys do?”
- Child: “I paint, I draw, I do crafts, we play, we make puppets, we do lots of things!” (Interview-1)

After the interview ended, some children wanted to continue playing and make other puppets, indicating that this strategy was both attractive and appropriate for their age and developmental stage:

Even after I had collected all the research material and left the room, I observed that the child (male, 9 years old) remained with the puppet on his finger playing alone. (Field diary, interview-2)

Puppets were a useful tool to show that the children were not ready or willing to discuss their illness and its demands. During the interview a child used his puppet to tell the researcher that he would like to talk about anything but his clinical condition, treatment, or illness experience. By exploring the make-believe, the child made up stories around other issues instead of talking about dealing with chemotherapy, avoiding the unfolding of the interview. The child’s wish to not talk about his treatment was respected by the authors:

Conducting the interview was very difficult, because the child (male, 9 years old) insisted on telling only his fictional stories and avoided the subjects proposed. He kept bringing up his family routine and make-believe world. (Field diary, interview-10)

Puppets’ appearance: Feature and settings

It is interesting to observe that the puppets’ appearance was important to the children. In general, they made their puppets similar to their own image or how they would like to be. Results showed that, despite their disease, children saw themselves as they were prior to their illness or portrayed themselves with features that were different from their real ones. This data reinforces the importance of providing the material for the children to make their puppets themselves as assorted as possible:

The blond boy (11 years old) made his puppet brunette. He said he doesn’t like being blond. (Field diary, interview-4)

In spite of being black, the child (female, 12 years old) made a white doll with a hairstyle similar to the wig she was wearing. (Field diary, interview-9)

On several occasions, the puppets that had been made previously and were spontaneously identified by the children as other family members enriched the communication with children:

When I showed the puppets I brought, the child (male, 11 years old) identified the one with a mustache as his father. (Field diary, interview-4)

The apron used as a setting for the interview was widely explored by the children. They used the pockets to depict environments that were familiar to them, including those related to their treatment experience. By doing so, the participants felt encouraged to talk about what it was like being ill, in the hospital, and undergoing chemotherapy.

Respect for the child’s autonomy, by valuing his or her choices, and, consequently, respect for the issue explored with the child are illustrated as follows:

Before starting, the child (male, 7 years old) placed his finger puppet in the apron pocket which represented his house. Then I (researcher) simulated knocking on the door:

- Interviewer: “*Knock knock*. Hi there! Are you ok?”
- Child: “Yep.”
- Interviewer: “Would you like to get out of your house to talk with me?”
- Child: “I’m coming.” (Interview-8)

I told the child (male, 11 years old) that he could choose any place on the apron where he wanted to put the other puppets, and he put the puppet representing his father in one house then he put his brother in the house next to it and his sister in the same house as his father.

- Interviewer: “Is your family very close?”
- Child: “For sure!” (Interview-4)

Materials, setting, and data collection

The materials used for making the puppets, and the size (finger puppet) were shown to be appropriate for communication undertaken on the ward, as they were always cleaned with alcohol prior to the interview, which could be done easily, either on the child’s bed, or on the table.

The interviews were conducted during hospitalization and often during infusion and were considered beneficial by the interviewer because the children were going through the treatment process and, consequently, their reports reflected experiences regarding chemotherapy treatment and hospitalization. In some cases, the children had a splint on one of their arms to preserve venous access. It was observed that this did not impede the children from making nor using the puppet; however, some assistance was needed to make the puppets, which was provided by the researcher.

It was also observed that because of hospital routine, the interviews were sometimes interrupted because the nursing staff had to perform procedures and check the infusion. However, these interruptions did not interfere negatively with data collection; the children quickly re-started playing with the puppets, suggesting that doing so was pleasurable:

The interview was interrupted twice by nursing staff who entered the room, however, the interruption did not bother the child (female, 12 years old) and it was possible to pick up again the conversation. (Field diary, interview-9)

The use of puppets improves communication between the child and the interviewer. Therefore, depending on the objective, the professional should use this strategy at the most favorable time to enrich interaction in order to fully understand the children's overall experience. However, it is always important to consider that the interview should be conducted at an adequate moment respecting the child's health and emotional condition, as well as ethical implications.

Limitations of using puppets

Interviewee interaction is crucial for communication with children using puppets in clinical practice, and requires the interviewer's active involvement, such as gesticulating and using her puppet dynamically, expressing different emotions, and attracting the child's interest. The health professional must be able to act in the setting created in a playful way, including elements that can trigger conversation and also pleasant aesthetics for the children.

Finally, it is believed that finger puppets are suitable playful resources for improving communication with children. However, when interviewing adolescents, other resources are required appropriate for their age range and corresponding to their specific needs and interests.

DISCUSSION

According to Aldiss *et al.* (2009), children may feel insecure about answering questions when they think that the adults master the subject. Toys, such as puppets, are familiar to children and allow them to express their feelings more freely, particularly when dealing with difficult situations (Almeida, 2000). It is believed that the use of puppets encourages sincere and in-depth answers, allowing the professional to access thoughts that the child would not feel comfortable expressing in other situations.

When role-playing, children replace real people for puppets, providing them with physical and psychological safety, detaching them from reality, and allowing them to express spontaneously, without constraint (Bromfield, 1995; Silva *et al.*, 2009); they take an object or situation for another, imagining and making it easier to cope with real life.

Besides facilitating communication and children's free expression, the puppets proved to be an enjoyable activity, appropriate for the school-aged group. In another study (Sparapani *et al.*, 2014), school-aged children were also

motivated by the use of puppets, expressing their desire to continue playing even after the interview had ended. On the other hand, healthcare professionals should be aware that on some occasions, the use of puppets could motivate the child to make up stories about other issues – a development that could not be expected. This is relevant for clinical practice, as this could be related to the child's difficulty to cope with his/her illness and, in this case, the use of the puppet was a way for the child to escape from the challenging situation of dealing with chemotherapy treatment in the hospital.

In this study, the authors followed Bromfield's (1995) orientation that the puppets must not be presented to the children with predetermined features or identities, as this would limit the participants' expression. The puppets' gender, race, and physical appearance influence children's responses and behaviour during communication, reinforcing the importance that the children make their own puppets according to their choices (Epstein *et al.*, 2008).

In relation to the changes in appearance and aesthetics caused by the illness and its treatment, it is noteworthy that all of the children represented themselves with hair, indicating the difference between temporarily altered physical characteristics, and having these characteristics definitely incorporated into their bodies. This distinction involves the perception and interpretation of the health/illness condition. In this way, cancer was seen as temporary and referred to an illness that was not part of him or her; because the illness was not incorporated, it does not alter the image the ill individual has of him or herself. On the other hand, being definitively ill with cancer results from a more abstract elaboration of one's condition, resulting from reflections on oneself that change the construction of the patient's self-image (Muniz & Zago, 2009) and require complex cognitive processes that are not expected in the age range of the participants in this study.

Punch (2002) and Epstein *et al.* (2008) state that when the child has the opportunity to make choices during communication, this reduces the adult-child hierarchical relationship. Thus, in addition to the use of puppets, the use of the apron as a dynamic scenario also stimulated the children's free expression and favored their decision as to what characters to include or exclude during the interaction. Sparapani *et al.* (2014) also used settings modified by the children during interviews, and report that this practice was beneficial in that the children were more freely able to share important aspects of their daily lives and how they manage their illness. It is believed that the ideal place for communication with children using puppets should take into account the purpose of the communication. Puppets create a "magical world" which is pleasant for children; however, small and private environments that are familiar to the child favor conducting in-depth conversations (González-Gil, 2007).

The use of puppets can encourage children to express their problems, as well as their experience of traumatic and unpleasant situations, because the children transfer their feelings to the puppet and detach themselves from the experience (González-Gil, 2007). Thus, it is important that health professionals be adequately trained and skilled to conduct

conversations properly and deal with the content disclosed by children.

According to Irwin and Johnson (2005), some children respond better to dynamic interviews that allow them to walk, play, and explore open spaces. These can be technically difficult to undertake with hospitalized children, especially oncology patients who spend long periods attached to infusion pumps. Although finger puppets are not as dynamic, experience has shown that they are a viable alternative to motivate communication with children with cancer.

CONCLUSIONS

This study demonstrated that finger puppets, as a playful resource, enriched communication with children who have cancer, while also appropriate to use in a hospital setting. The use of puppets is beneficial as they give children the opportunity to express themselves freely. Puppets can be used in a creative way, consistent with the child's motor, cognitive, and emotional development, respecting their autonomy, and minimizing the hierarchical relationship between the interviewer-interviewee or adult-child. It is believed that this tool also enriches clinical practice once it encourages patients to report their experiences regarding their illness, assisting health professionals in assessments and interventions with children with cancer.

Finally, this study reaffirms that the development and use of creative techniques for communication with children can be valuable for health professionals in clinical practice. However, it is important to always take into consideration characteristics that are specific for children's developmental phase and comply with ethical principles of autonomy.

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CONTRIBUTIONS

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REFERENCES

- Aldiss S, Horstman M, O'Leary C, Richardson A, Gibson F. What is important to young children who have cancer while in hospital? *Child Soc.* 2009; **23**: 85–98.
- Almeida FA. Brinquedo terapêutico: vivenciando a experiência de estar hospitalizado através do jogo simbólico. *Acta Paul. Enferm.* 2000; **13**: 129–133.
- Björk M, Nordström B, Hallström I. Needs of young children with cancer during their initial hospitalization: an observational study. *J. Pediatr. Oncol. Nurs.* 2006; **23**: 210–219.
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual. Res. Psychol.* 2006; **3**: 77–101.
- Bromfield R. The use of puppets in play therapy. *Child Adolesc. Soc. Work J.* 1995; **12**: 435–444.
- Cameron H. Asking the tough questions: a guide to ethical practices in interviewing young children. *Early Child Dev. Care* 2005; **175**: 597–610.
- Cassidy J. Child mother attachment and the self in six years old. *Child Dev.* 1988; **59**: 122–134.
- Christensen P, Prout A. Working with ethical symmetry in social research with children. *Childhood* 2002; **9**: 477–497.
- Curtin C. Eliciting children's voices in qualitative research. *Am. J. Occup. Ther.* 2001; **55**: 295–302.
- Danby S, Ewing L, Thorpe K. The novice researcher: interviewing children. *Qual. Inq.* 2011; **17**: 74–84.
- Epstein I, Stevens B, McKeever P, Baruchel S. Photo Elicitation Interview (PEI): using photos to elicit children's perspectives. *Int. J. Qual. Meth.* 2006; **5**: 1–9.
- Epstein I, Stevens B, McKeever P, Baruchel S, Jones H. Using puppetry to elicit children's talk for research. *Nurs. Inq.* 2008; **15**: 49–56.
- Gibson F, Aldiss S, Horstman M, Kumpunen S, Richardson A. Children and young people's experiences of cancer care: a qualitative research study using participatory methods. *Int. J. Nurs. Stud.* 2010; **47**: 1397–1407.
- González-Gil T. Las marionetas como recurso para la realización de entrevistas en profundidad con niños preescolares. *Enferm. Clin.* 2007; **17**: 261–266.
- Hockenberry MJ, Wilson D, Winkelstein ML. *Wong Fundamentos De Enfermagem Pediátrica* (7th edn). Rio de Janeiro: Elsevier, 2006.
- Horstman M, Aldiss S, Richardson A, Gibson F. Methodological issues when using the draw and write technique with children aged 6 to 12 years. *Qual. Health Res.* 2008; **18**: 1001–1011.
- Irwin LG, Johnson J. Interviewing young children: explicating our practices and dilemmas. *Qual. Health Res.* 2005; **15**: 821–831.
- Jongudomkarn D, Aungsupakorn N, Camfield L. The meanings of pain: a qualitative study of the perspectives of children living with pain in north-eastern Thailand. *Nurs. Health Sci.* 2006; **8**: 156–163.
- Lemos LMD, Pereira WJ, Andrade JS, Andrade ASA. Vamos cuidar com brinquedos? *Rev. Bras. Enferm.* 2010; **63**: 950–955.
- Maria EBS, Guimarães RN, Ribeiro CA. O significado da medicação intratecal para a criança pré-escolar, expresso em sua brincadeira. *Rev. Paul. Enferm.* 2003; **22**: 268–277.
- Massimo LM, Zarri DA. A narrative approach for children with cancer. *Ann. N. Y. Acad. Sci.* 2006; **1089**: xvi–xxiii.
- McGrath P, Huff N. "What is it?": findings on preschoolers' responses to play with medical equipment. *Child Care Health Dev.* 2001; **27**: 451–462.
- Measelle JR, Ablow JC, Cowan PA, Cowan CP. Assessing young of their academic, social, and emotional lives: an evaluation of the self-perception scales of the berkeley puppet interview. *Child Dev.* 1998; **69**: 1556–1576.
- Melro Filha SA. A criança e o brincar: a construção do fantoche como instrumento terapêutico aplicado a crianças hospitalizadas. *Rev. Cient. Psicol.* 2008; **1**: 1–14.
- Muniz RM, Zago MMF. A perspectiva cultural no cuidado de enfermagem ao paciente oncológico. *Ciência, Cuidado e Saúde* 2009; **8**: 23–30.
- Punch S. Research with children: the same or different from research with adults? *Childhood* 2002; **9**: 321–341.
- Silva D, Reis PED, Gomes IP, Funghetto S, Poncede-Leon C. Non pharmacological interventions for chemotherapy induced nausea and vomits: integrative review. *Online Braz. J. Nurs.* 2009; **8**. [Cited 7 Jan 2012.] Available from URL: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2009.2098/463>.

- Sinclair R. Participation in Practice: making it meaningful, effective and sustainable. *Child. Soc.* 2004; **18**: 106–118.
- Soanes L, Hargrave D, Smith L, Gibson F. What are the experiences of the child with a brain tumour and their parents? *Eur. J. Oncol. Nurs.* 2009; **13**: 255–261.
- Sparapani VC, Borges ALV, Dantas IRO, Pan R, Nascimento LC. Children with type 1 diabetes mellitus and their friends: the influence of this interaction in the management of the disease. *Rev. Lat. Am. Enfermagem.* 2012; **20**: 117–125.
- Sparapani VC, Jacob E, Montigny F *et al.* The use of puppets as a strategy for communicating with children with type 1 diabetes mellitus. *J. Nurs. Educ. Pract.* 2014; **4**: 186–194.
- Synovitz LB. Using puppetry in a coordinated school health program. *J. Sch. Health* 1999; **69**: 145–147.
- Víctora CG, Knauth DR, Hassen MNA. *Pesquisa qualitativa em saúde: uma introdução ao tema*. Porto Alegre: Tomo Editorial, 2000.
- Woodgate RL. Life is never the same: childhood cancer narratives. *Eur. J. Cancer Care* 2006; **8**: 8–18.