

Prof. Luisella Magnani

Affiliation: Department of Clinic and Experimental Medicine - University of Studies of Insubria, Paediatric Clinic, Varese. Professor of Linguistics and Aesthetics, University of Linguistic Mediation Sciences, Varese; Catholic University of Sacred Heart, Milan www.luisellamagnani.it

'My littleChild, I don't recognize him, anymore. Where is my littleChild?'

In Memory of Giampaolo Magnani born on 5th March 2009 died on 17th October 2010

Objectives

Prevention of Delirium in Preverbal Children undergoing chemotherapies and cortisone therapies, as well as sedative therapies for painful procedures and surgical interventions Prevention as Observation, Participation, Devotion, Emotion, Interpretation within the PreverbalChild's Inscape. Preverbal Children may live Delirium, because of the 'underlying disease and its treatments' (J. Schieveld, 2008) and as E. Ista writes (2012) 'the real incidence of delirium in these patients may be much higher than now observed in daily practice'. Indeed, this incidence is very high in Preverbal Children, and they may show severe and terrific changes in their personality. Terrific, severe and frightful changes in their thoughts, babblings, signs, gestures and behaviors.

Methods

Creating 'synaesthetic atmospheres' (G. Böhme, 2001), using words, 'signs and gestures' (C. Vallotton, 2008)), tailored just for that Child, 'millisecondly' (P. Holinger, 2003), adhering to that Child, creating a new inscape, a new time and a new space for him, 'providing visual and hearing aids, reorienting the patient repetitively' (W. Ely, H. Smith, 2012), wondering what the PreverbalChild thinks of, how he thinks, how his level of consciousness is, how his thought is, where and what he looks at, how he looks at, what his eyes see, how his eyes see, what he feels, what atmosphere is surrounding him, how he lives that surrounding atmosphere, how he perceives and the level of his sensations, perceptions and emotions.

Results

The higher is the PreverbalChild's attentional capacity to participate to these synaesthetic atmospheres, the less is the cognitive capacity to listen to distress, disorganization, disorientation, agitation, fear and pain.

Conclusions

If our behavior creates the purest, highest, sweetest atmospheres the PreverbalChild feels understood, everywhen, everywhere and everyhow, despite anything, against anything, and his mind is reorganized, reordered, reoriented.



Jan Schieveld On pediatric delirium in critical illness. Universitaire Press, 200

Wesley Ely, Heidi Smith et al. The paediatric Confusion Assessment Method for the Inti-Care Unit, German Medical Science, 2012

Claire Vallotton Signs of er Infant Mental Health, 2008

Gernot Böhme Aisthetic. Vorlesungen über Aesthetik Wilhelm Fink Verlag, 2001 Donald Zolan's Paintings (1937 – 2009) www.zolan.co



Winter Wonder - Oil Painting by Donald Zolan, America's Beloved Painter of Children D The Zolan Company, Ilic. All Rights Reserved.