

COMPLEMENTARY SUPPORTIVE THERAPY FOR A CHILD IN REHABILITATION AND PALLIATIVE CARE

JASNA KUDEK MIROŠEVIĆ¹, JASMINKA STEPAN GILJEVIĆ² and DAMIR MIHOLIĆ³

¹Croatian Psychosocial Oncology Association, Zagreb, Croatia

²Children's Hospital Zagreb, Croatia

³ Faculty of Education and Rehabilitation Sciences, University of Zagreb, Croatia

Summary

The study included 23 patients (17 male, 6 female) with malignant diseases (*brain tumor, Wilms tumor, Ewing's sarcoma, Hodgkin's disease*) aged 4 to 17 years, admitted at the Children's Hospital Hematology/Oncology Department, Zagreb. The patients were included in individual complementary supportive therapy programs developed on the concepts of Ex-Gen creative therapy according to diagnosis, clinical picture and needs of each child. For the purpose of this study, *the Multicultural Apperception Test TEMAS ("Tell-Me-A-Story")* was used which is both an evaluation instrument and a form of therapy known as guided imagery.

The study results show that induced spontaneity and creativity had a prophylactic and therapeutic function. This was observable in children's newly developed coping mechanisms and an improved quality of life during their complex treatment and rehabilitation.

KEYWORDS: *guided imagery, thematic apperception test, supportive psychotherapy, child with malignant disease*

KOMPLEMENTARNA POTPORNNA TERAPIJA ZA DIJETE TIJEKOM REHABILITACIJE I PALIJATIVNE SKRBI

Sažetak

Ispitivanje je provedeno na 23 bolesnika (17 muškaraca, 6 žena) s malignom bolešću (*Tumor cerebri, Tumor Wilms, Sarcoma Ewing, Morbus Hodgkin...*) u dobi od 4 do 17 godina, hospitaliziranih na Odjelu za onkologiju i hematologiju u Klinici za dječje bolesti u Zagrebu. Pacijenti su bili uključeni u individualne komplementarne suportivno terapijske programe u konceptu Ex-Gen kreativne terapije, koji su bili koncipirani ovisno o dijagnozi, kliničkoj slici i potrebama djeteta. U tu svrhu korišten je multikulturalni test tematske aprecijacije *TEMAS (Tell-Me-A-Story/Pričaj mi priču)* koji je istovremeno i instrument za evaluaciju i oblik terapije u obliku vođene imaginacije.

Rezultati istraživanja pokazuju da je potaknuta spontanost i kreativnost imala profilaktičku i terapijsku funkciju. To se očitalo u novim mehanizmima djetetovog suočavanja s bolešću i boljoj kvaliteti života tijekom kompleksnog liječenja i rehabilitacije.

KLJUČNE RIJEČI: *vođena imaginacija, test tematske aprecijacije, suportivna psihoterapija, dijete s malignom bolešću*

INTRODUCTION

In the field of psychosocial oncology, within the scope of interdisciplinary and biopsychosocial approach, supportive-therapeutic programs as-

sume a prominent role in treatment and rehabilitation of children with malignant diseases (1-4). Hospitalization and coping with a malignant disease may be characterized in a child existential tension, filled with fear, pain and depression (5-8).

Relating all the knowledge from the fields of bio-medical, humanistic and other sciences, as well as from various fields of arts, a number of scientific journals worldwide emphasize the importance of and need for integrative and holistic approaches in different fields of medical care and rehabilitation of oncology patients (9-12). Today, the therapeutic value of the arts is being recognized to a broader extent. Creative therapies encourage children who have experienced trauma or diseases... to express many emotions experienced in these situations through creative, often non-verbal experiences (13, 14).

Creative art therapy (Ex-Gen therapy) has also established a place in rehabilitation programs for children with malignant diseases. These art approaches offer a supportive, non-confrontational, activity-centered treatment that fosters personal expression and serves as an alternative or catalyst to verbal therapy. The European Academy for Psychosocial Health and Stimulation of Creativity (Europäische Akademie für psychosoziale Gesundheit und Kreativitätsförderung – EAG) defines creative therapy as an integrative deep-psychological and hermeneutic approach (...tieffenpsychologisch und hermeneutisch fundierte Methode), which includes verbal and non-verbal forms of communication... Since inducing of ecstatic, generic and esthetic experience are key words in the development of this integrative prophylactic, somatherapeutic, psychotherapeutic and existential approach, the use of the term “*Ex-Gen therapy*” seems to be appropriate as a denomination for this original model of creative therapy (15).

AIM

The aim of the study was to evaluate a complementary supportive approach to pediatric oncology, by using the Multicultural Apperception Test TEMAS (“Tell-Me-A-Story”) within the concept of creative therapy as a complementary supportive method during rehabilitation and palliative care.

PATIENTS AND METHODS

The study included 23 patients (17 male, 6 female) with malignant diseases (*brain tumor, Wilms*

tumor, Ewing’s sarcoma, Hodgkin’s disease ...) of the chronological age of 4 -17 years, admitted at the Hematology/Oncology Department of the Children’s Hospital in Zagreb. The patients were included in individual complementary supportive therapy programs developed on the concepts of Ex-Gen creative therapy. The programs were designed according to diagnosis, clinical picture and needs of each patient. For the purpose of this study, the *Multicultural Apperception Test TEMAS (“Tell-Me-A-Story”)*, was employed which is both an evaluation instrument and a form of therapy known as *guided imagery*.

The Multicultural Apperception Test TEMAS (“Tell-Me-A-Story”)

In English, TEMAS is an acronym for *tell me a story*. Thematic apperception techniques and other traditional projective tests are based on the psychodynamic assumption that an individual projects onto ambiguous stimuli unconscious drives and presses which are ordinarily repressed. The clinical value of the TEMAS, distinguishing it from other traditional projective techniques, rests on the following factors: a) its use of structured stimuli and diminished ambiguity to pull for specific Affective, Cognitive, and Personality Functions; b) its use of colorful, familiar, and contemporary stimuli to elicit diagnostically meaningful stories; c) the representation in each picture of both negative and positive intrapersonal and interpersonal functions, such as psychological conflicts which require resolution; d) the interaction of cognitive, affective, and intrapersonal functions; and e) the use of a scoring system which assesses both the structure and the content of the TEMAS stories (16).

In his article entitled “Thematic Apperception Test: interpretative assumptions and related empirical evidence” Gardner (17) from Harvard University states (among other things): a) *there is identification with persons in the drama; b) there is both symbolic and indirect as well as direct representation; c) various stories have differential importance; d) indirect determination is more important than direct; e) recurrent themes are important diagnostically; f) temporary as well as permanent processes are reflected; g) events observed but not actually experienced may be revealed; h) group-membership or socio-cultural determinants are reflected as well as individual or personal determi-*

nants; i) disposition and conflicts not observable in overt behavior or consciousness may be reflected.”

Constantino et al. (16) explain the way of communication between a therapist and a child using TEMAS cards as follows: “Please tell me a complete story about this picture...I will show you. The story should answer three questions: 1. What is happening in the picture now? 2. What happened before? 3. What will happen in the future? Following these instructions, the child should be allowed to narrate his or her own story spontaneously. After a child has completed his or her story, the examiner should conduct Structured Inquiries.

Once the examiner (therapist) has recorded the child’s story for each stimulus card separately, the next step was to score the TEMAS functions using the scoring criteria for control variables. For instance, *fluency* is a total count of the words used in a story...*Imagination* refers to the degree of imaginativeness revealed by a story...Criteria for scoring *Personality Functions* are scored on a scale from 1 to 4 for the following variables: *Interpersonal Relations, Aggression, Anxiety/Depression, Achievement Motivation, Self-Concept, Delay of Gratification, Sexual Identity, Moral Judgment and Reality Testing*. Constantino et al. (16) write that “some cases required analysis of the symbolic content of stories. For example, recurring verbalizations of food or eating associated with maternal figures can reflect a “need for love and nurturance.”

RESULTS AND DISCUSSION

The evaluation was performed using the set of 27 controlled variables: *Aggression, Anxiety/Depression, Achievement Motivation, Delay of Gratification, Self-Concept, Sexual Identity, Moral Judgment, Reality Testing, Happy, Sad, Angry, Fearful, Neutral, Ambivalent, Inappropriate Affect, Reaction Time, Total Time, Inquiries, Fluency, Omissions, Sequencing, Imagination, Relationships, Transformations, Conflict and Card Identity*. The TEMAS was designed for use with children and adolescents aged 5-18. Either the entire protocol of 23 cards or a short version of 9 cards may be administered to a given patient. The short form which was applied in this study is designed to be completed in approximately 45 minutes.

Table 1 shows the registered functions of change for the following variables: *Reaction Time*

Table 1.

FUNCTION OF CHANGE STRUCTURE BASED ON THE SIGNIFICANCE OF THE DIFFERENCE BETWEEN ARITHMETIC MEANS

Variable	Arithmetic means –difference score	P
RETI	-0.12	0.213
IDEK	0.36	0.320
TOTI	0.91	0.522
FLUE	48.09	0.624

(RETI), *Card Identity (IDEK), Total Time (TOTI) and Fluency (FLUE)*. Original scores for the controlled variables were processed using the PROM software (18) for analysis of qualitative and quantitative changes between two points of evaluation: before and after supportive-therapeutic programs.

These changes were especially observable in scores obtained for the controlled problem fields: *Affective, Cognitive, and Personality Functions*. It is evident that *FLUE* and *TOTI* variables play a key role in defining the components of change. The arithmetic mean for *FLUE* variable is 48.09 showing that *fluency* increased in the second point of evaluation. Verbal productivity, determined by the total number of words in each TEMAS story, was also improved. More spontaneous verbalization occurred during the second evaluation, which may be interpreted as the child then felt *more relaxed and communicated more successfully* with his/ her surroundings.

Changes in TEMAS scores point to the possibility of stimulating creativity of a child (for variables: *wish for achievement, postponement of satisfaction, rage control, moral judgment*). Figure 1 shows an item (Card No. 21 for the problem field of *Anxiety/Depression, and Aggression*) of the *Multicultural Apperception Test TEMAS (“Tell-Me-A-Story”)*. In therapeutic communication, for example, one child described the picture on this card as follows: “*The boy was thinking that a monster was going to come and eat the cheese...The monster wants to kill me...*” Using inner speech the child thus described the monster (dragon) that might carry the symbolic meaning of a malignant disease (*...wants to kill me...*) faced by the child during treatment and rehabilitation. Monster imagery is common in children’s art and in their play. The monster is usually a projection of the many elements in na-

ture that are beyond the control of the child. Through art and play the child deals with these fears and begins to feel personal power through the realization that fantasies can be controlled and determined by the individual's mind.



Figure 1. Card No. 21 for problem fields of Anxiety/Depression, and Aggression

There were many studies on cancer interventions for children and adolescents with chronic illnesses which have been developed to increase psychological adaptation during hospitalization, and to decrease physical symptoms and side effects (19). Researchers recognize the need for developmentally appropriate methods in creative and arts therapies such as drawing to help children communicate their experiences. Rollins (14) points out that "...international study sought to (a) explore and compare the nature of stressors of everyday life and disease that children with cancer experience, (b) explore and compare the coping measures they use to manage these stressors, and (c) examine the use of drawing to enhance communication."

Observation of the results obtained in older children showed that more successful models of their communication included variables of *cognition* and *bodyness* and therefore offered better options for using child's subjective and rational approaches to developing coping mechanisms during the hospitalization.

CONCLUSION

The study results show that induced spontaneity and creativity had both a prophylactic and therapeutic function. This was observable in children's newly developed mechanisms of coping with their disease and an improved quality of life during their complex treatment and rehabilitation.

REFERENCES

1. Baron P. Fighting cancer with images. In: H. Wadeson (ed.). *Advances in art therapy*. New York: Wiley, 1989; p. 148-68
2. Benson H. *The relaxation response*. New York: Avon, 1975
3. Kagan J. Thematic apperceptive techniques with children. In: A. Rabin and Haworth (eds.). *Projective techniques with children*. New York: Grune and Stratton, 1960; p. 105-29
4. Prstačić M, Čepulić M, Nakić M, Stepan J, Leniček J. Stress, creative therapy in two children with solid tumours and one child with egsostosis. *Paediatrica Croatica* 1995; 39(2): 122
5. Kazak AE, Boeving A, Alderfer MA, Hwang WT, Reilly A. Posttraumatic stress symptoms during treatment; parents of children with cancer. *J Clin Oncol* 2005; 23: 7405-10
6. Mulhem RK, Fairclough D, Douglas SM, Smith D. Physical distress and depressive symptomatology among children with cancer. *Children's Health Care* 1994; 23: 167-79
7. Schulz KH, Schulz, H. Overview of psychoneuroimmunological stress - and intervention studies in humans with emphasis on the uses of immunological parameters. *Hamburg: Psycho-oncology*, 1992; 1: 51-70
8. Stepan Giljević J, Čepulić M, Čizmić A, Nakić M. Neuroblastomas – Approaches to diagnostics and treatment. *Paediatrica Croatica* 2003; 47(3): 81-5
9. Kyngas H, Mikkonen R, Nousiainen EM, Ryttilahti M, Seppanen P, Vaattovaara R, Jamsa T. Coping with the onset of cancer: Coping strategies and resources of young people with cancer. *Eur J Cancer Care* 2001; 10 (1): 6-12
10. Lilienfeld SO, Arkowitz HA. EMDR: Taking a closer look. *Scientific American Mind*. 2006; 17(6): 80-1
11. Singer JL, Anthrobus J. Daydreaming, imaginal processes, and personality: A normative study. In: P. Sheehan (ed.). *The function and nature of imagery*. New York: Academic Press, 1972
12. Ulrich R. View through a window may influence recovery from surgery. *Science* 1984; 224: 420-1
13. Kudek Mirošević J, Šestić G, Petrinčić I, Čepulić M, Stepan J, Prstačić M. Complementary supportive thera-

- peutic programs in paediatric oncology. Proceedings of International Symposium, Hvar, Croatia, Croatian Psychosocial Oncology Association: Faculty of Education and Rehabilitation, University of Zagreb, 2002; 215-21
14. Rollins JA. Tell me about it: Drawing as a communication tool for children with cancer. *J Ped Oncol Nurs* 2005; 22(4): 203-21
 15. Prstačić M, Sabol R. Psychosocial oncology and rehabilitation. Zagreb: Medicinska naklada, 2006
 16. Costantino G, Malgady RG, Rogler L H. TEMAS (Tell-Me-A-Story). Manual. 3rd ed. Los Angeles: Western Psychological Services, 2002
 17. Gardner L. Thematic apperception test: interpretative assumptions and related empirical evidence. *Psychological Bulletin* 1952; 49(1): 1-25
 18. Nikolić B. Analysis of changes in a sample of respondents described by a group of characteristics in two points in time, In *Rehabilitation and inclusion: Proceedings of the 5th Scientific Conference of Faculty of Education and Rehabilitation Sciences, University of Zagreb, Zagreb, 1997*; 103-14
 19. Plante WA, Lobato D, Engel R. Review of group interventions for pediatric chronic conditions. *J Ped Psych* 2001; 26(7): 435-53

Author's address: Jasna Kudek Mirošević, Ph.D., Croatian Psychosocial Oncology Association, Borongajska 83f, 10000 Zagreb, Croatia