ADAPTING CREATIVE AND RELAXATION ACTIVITIES TO STUDENTS WITH CANCER

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The team which forms a comprehensive treatment plan for students with cancer includes, among other experts, special educators. In cooperation with other team members, their role is to enable students to integrate in the educational process, having regard to their individual needs. In the present paper we introduce the study of specific methodical and didactic adaptations which special educators have to consider when planning creative and relaxation activities for students with cancer. Within the research, a multiple case study was carried out. It included various primary and secondary qualitative research methods. The study included three children aged from 7 to 13, treated for cancer during their hospitalization. The data obtained on the sample showed that planning and implementing creative and relaxation activities demand a lot of resourcefulness and flexibility on the part of the special educators. Due to the nature of the problem, particular methodical and didactic adaptations, different from that in other groups of students with special needs, have to be taken into account. Apart from the students' characteristics, various factors, which are a result of the illness, treatment and hospital environment, have to be considered when planning the activities. The results of the study represent a contribution of knowledge to the field of methodology of working with children with long-term illnesses and aim to facilitate planning of support for the children with cancer.

In Slovenia, more than 12 000 people (70 of whom children and adolescents, aged up to 20 years) are diagnosed with cancer each year. Approximately 60 percent of them are younger than 15 (Jereb, 2004; Ćepulić, Nakić, Milić & Ćepulić, 2001). Cancer, being rare among children, represents, however, the first leading cause of death among children (Jazbec & Kitanovski, 2014).

Certain types of childhood cancer are similar to those developed by adults. There is, however, a significant difference in the incident of certain types of cancer in children as compared to adults (Jazbec & Kitanovski, 2014). There is also a difference in defining successful cancer treatment between the two groups (Anžič et al., 1991; Ćepulić et al., 2001, Jazbec & Kitanovski, 2014). While in children successful treatment represents a full recovery with comprehensive physical, psychological and social rehabilitation, success in treating adults, in a large number of cancer types, means prolonging the patients' life by 2 to 3 years (Ćepulić et al., 2001). Today, up to *70*% of *children diagnosed with cancer are expected to make a full recovery* (Jazbec & Kitanovski, 2014). In children, the focus (as compared to the treatment of adults) is on the psychosocial treatment, helping a child to face the illness and its consequences and on their social integration, during and after the therapy.

Emotional factors have a special role in the context of psychosocial treatment, as they influence our psychological well-being and our physical health. There are numerous studies on the impact of emotional stress on the occurrence of illnesses, their course and their treatment, which, however, do not give uniform results. The relation between emotional and/or psychosocial factors with the occurrence of cancer is studied by the psychosocial oncology which involves different experts (Prstačić & Sabol, 2006). In the framework of comprehensive treatment of ill children, different authors (Anžič et al., 1991, Bečan, 2012) draw attention to the importance of school and teacher support, which, besides the family support, represent an important element of a child's social environment. A detailed school role is defined by Bečan (2012), who states that school, representing an important psychosocial environment, is a tie to their normal life, their hope for the future and a condition for their future independent life.

The team, who has a task of developing comprehensive support for children with cancer, includes, among other experts, a special educator. Special educator's role is to encourage the participation of all students, even those with long-term illnesses, who, due to the nature of their illness, need a special treatment. In cooperation with other team members, their role is to enable a student's integration in the educational process, having regard to their individual needs.

Children treated for cancer attend hospital school during their hospitalization. Besides providing continuity of schoolwork, hospital school aims at preventing feelings of loneliness, of being lost, of fear and anxiety, as well as at giving meaning to the time spent in hospital (Bečan, 2012). Anžič et al. (1991) points out similar aims, when she defines school activities for children with cancer as therapeutic. According to her words, they help children see their way forward and give them hope of healing. Their active participation helps to strengthen their will to fight the illness and to live a full life. For this purpose, during the experience of working with severely ill students, the programme of therapeutic (supportive and relaxation) activities was designed, apart from the regular school programme. It includes contents of primary school programme (with a different methodological approach), as well as the contents from everyday life, only partly related to a child's medical condition (Anžič et al., 1991). Creative and relaxation activities are part of the previously mentioned programme as well. The importance of these activities is supported by the findings of experts who study different complementary programmes, within the framework of treatment and rehabilitation of people with cancer (Beebe, Gelfand, & Bender, 2010; Prstačič & Sabol, 2006; Kudek-Mirošević et al., 2000) and other types of chronic illnesses (Beebe et al., 2010). Their findings highlight the use of different artistic media for therapeutic and recreational purposes, with the aim of improving the life quality of patients during the therapy and rehabilitation. Prstačić (2006) in his work highlights the importance of complementary supporting therapy methods in preventing and reducing the adverse effects of treatment in children with cancer, e.g. fear of pain, loneliness, change in the relationship between a child and other family members, mood swings, feelings of guilt, anxiety, depression etc.

Introduction of creative activities can have different purposes (helping to cope with distress, promoting social relations etc.) and different aims, as evidenced by various authors (Beebe et al., 2010; Minou, 2006; Mynarikova, 2012; Šugman-Bohinc, 1994). Creative activities can provoke positive emotions, induce relaxation, cause pleasure, help build and improve the relationships. They are associated with voluntariness, spontaneity, freedom, challenge, opportunity for socialization and personal growth (Šugman-Bohinc, 1994). Šugman-Bohinc (1994) stresses the importance of the participation in an activity, rather than its result.

Literature (Hrenko, 2005; Kudek-Mirošević et al., 2000; Prstačić, 2006; Beebe et al., 2010) is full of examples of how to implement creative and relaxation activities in the care of ill children. Various authors (Šugman-Bohinc, 1994; Poštrak, 2007) emphasize the use of creative activities as means of encouraging communication. Šugman-Bohinc (1994) stresses the fact that creative activities make it easier to approach a child and facilitate the communication, especially in the initial stages. Unpleasant feelings, thoughts or doubts are in fact difficult to express through a direct communication. Jenko (2008) states that creative and relaxation activities enable children with cancer to creatively express themselves, especially through art, as already stated by Trstenjak, (1996) and confirmed by the recent studies (Walsh, Radcliffe, Castillo, Kumar & Broschard, 2007).

Apart from the expressive role, creative and relaxation activities also have a cognitive value (Jenko, 2008). They can be helpful at gaining knowledge and for training various skills. Integrating different work types (pair work, group work) encourages social contacts. The studies (Jenko & Lipec Stopar, 2010) show that there are different reasons for which children are stimulated to participate (a desire to face a challenge, a way of passing time, proving one's abilities even in the hospital environment. Specific characteristics of creative activities enable an individual to be successful, as already stated by Trstenjak (1981).

Authors (Jenko & Lipec Stopar, 2010; Walsh et al., 2007) stress the importance of involving parents in implementation of creative and relaxation activities. Pleasant, stimulating and creative atmosphere as well as active time spending represents an important element of maintaining life quality of hospitalized children and their loved ones. Walsh et al. (2007) established that the participation of both, patients and their relatives in the artistic activities reduces their common anxiety and stress, at least while performing the activities.

The role of creative and relaxation activities, which are planned and implemented by special educators, is described by Hočevar (1999). They are not intended to treat the illness itself. Their intent is to explore the emotions, feelings, relationships and thoughts; to control the anxiety; to provide some quality time; to help form and preserve a positive self-image etc. Special educators can plan the activities, selecting from different art forms. In their work with children they can include art, music, drama, dance etc. They need to follow the same criterion as used at planning schoolwork for hospitalized children. They need to adequately adapt the schoolwork and forms of assistance and support to enable a child to be successful, according to their abilities (Bečan, 2012). They also need to take into account the individual needs, deriving from the nature of the illness and its treatment. They need to consider a child's physical conditions and possible limitations (e.g. of movement). They need to be aware of the changes the illness had brought into a child's every-day life, into family relations and peer relations etc. Severely ill children are often faced with worries, unpleasant thoughts and emotions. Special educators need to consider their possible difficulties in expressing discomfort. In order to prevent its suppression, special educators need to adapt the communication and apply adequate methods to encourage children and adolescents to acknowledge their discomfort and share it with others (Hočevar, 1999; Jenko, 2008). Variety, accessibility and adaptability of creative and relaxation activities enable special educators to have more possibilities for providing an individualised approach in planning the activities.

In the framework of individualized education plan a special educator supplements the adapted teaching methods with various creative and relaxation activities, aimed at providing comprehensive support to hospitalized children. Their application needs to follow the same criterion as used at planning schoolwork for hospitalized children. Special educators need to choose a suitable form of support and adapt the activities to a child's needs. The question then arises as to which specific methodical and didactic adaptations a special educator needs to take into account when planning creative and relaxation activities for children with cancer.

In relation to the identified problem, a partial aim of this research was to build up knowledge about ways of adapting activities to ill children, particularly to children with cancer. We focused on those teaching approaches which are applied by special educators and are aimed at maintaining the life quality of severely ill children. Many children are, due to their illness, unable to cope even with the adapted schoolwork. That is why special educators have to adapt the aims of their work and identify other special-rehabilitation methods, often using creative and relaxation activities for this purpose.

Methods

Participants

We included three children treated for cancer during their hospitalization at the Unit of Haematology and Oncology (The Division of Paediatrics) at the University Medical Centre Ljubljana. Activities involved two boys (aged 7 and 9) and a girl (aged 13) receiving intravenous chemotherapy. During their chemotherapy treatment they stayed in the hospital ward. During the rest period they stayed at home, coming back only for follow-up ambulatory examinations. Parents remained with their children throughout their hospital stay. All children were students of regular primary school, coming from a supportive family environment.

Data Collection Instruments and Procedure

Due to the complex nature of the problem we used a variety of methods and techniques for collecting data. Within the research, a multiple case study was carried out. It included various primary and secondary qualitative research methods. Data on positive ways of adapting work to ill children was obtained by monitoring the effects of the activities on a child. The information was obtained through our own observations and through the feedback we got from the children. Children evaluated the activities and their own well being while performing them on the basis of various visual analogue scales (Figure 1). Before the evaluation we verified each child's interpretation of individual symbols on the scale; they provided an explanation of their evaluation afterwards. At the beginning and at the end of the meeting, each child defined his current mood by selecting a graphic symbol on the scale of facial expressions and explained the selection. Descriptions of individual expressions are given below - envisaged description and those given by the children (Jenko & Lipec Stopar, 2010).

1	2	3	4	5	6	7	8	9	10	11
Blank	Control	Neutral	Happy 1	Sad 1	Angry 1	Vindictive	Angry 2	Sad 2	Happy 2	Sad 3
I don't know	Confused	Serious	Very happy, glad	Medium sad	Slightly angry	Vindictive, mean	In rage, very angry	Melancholic, slightly sad	Happy, glad	Very sad

Figure 1. Scale of graphic presentations of facial expressions (Thayer & Schiff, 1969)

Apart from the secondary qualitative method, our study included primary qualitative methods as well. At each appointment we collected data on children's performance and their responses to the planned activities through a systematic observation, in partially controlled conditions. Information was recorded in a specially designed observation scheme, covering different areas: readiness to cooperate, mood, behaviour, physical appearance and physical changes, way of performing activities and persistence. Individual elements of the observation scheme were applied at the beginning, in the middle or at the end of a session. To verify the selective attention at the beginning and at the end of the session, we used the task which forms an integral part of The Stroop Color and Word Test. It consisted of naming the colour of the word, printed in a colour not denoted by the name, in a limited time of 45 seconds (Jelenc, 1999).

The choice of activities and the basic guidelines for working with an individual child was designed after having studied numerous sources and a vast literature. The choice was adapted to their age, abilities, interest, and personal conditions. Before planning the programme we consulted the departmental psychologist and special educator and we analysed a child's story (BASIC Ph). The analysis of a child's story is a projective technique used to study a patient's strategy of coping with stress (Ayalon, 1995). Information obtained was supplemented by consulting other sources (discussing with children, parents, and teachers).

The sessions were held at the Divison of Paediatrics mostly by a child's bedside. They were carried out in the period of three months. Activities were planned and carried out mostly individually, occasionally in a pair or in a small group. The duration of an activity was adapted to a child's physical and psychological well-being, their treatment schedule and their schoolwork. Most activities were limited to 45 minutes (one school lesson). A purpose, a course and operational objectives were defined for each activity. All observations were recorded in an observation scheme, prepared beforehand. After a session, an analysis of obtained objectives was carried out. When necessary, additional analysis and observations of a child's creative piece of work was made.

Methods of data processing

Qualitative data analysis consists of data and context description, their analysis and integration. The process of a qualitative analysis of children's creative works contains the process of concept explication (Mesec, 1998). In the framework of a qualitative research, the conclusions were based on analytic induction (analytical generalization). We considered rules and principles of the qualitative analysis procedure according to Glaser and Strauss – gradual abstraction of common characteristics of various elements observed (statements, records). Analysing individual activities we focused particularly on the analysis of achieving operational objectives and on defining possible obstacles in achieving them. To illustrate (un)successful approaches in working with children, we associated our conclusions with their feedback (related to implementation of individual activities and children's satisfaction in participating in them), as well as with our observations related to their creative works. Further processing included integrating and consolidating our findings, to extrapolate them to a wider population of ill children.

Results and Discussion

Data obtained from the selected sample show that special educators (managing the activities) need to design several methodical and didactic adaptations when selecting creative and relaxation activities for the children with cancer. Adaptations are, due to the nature of the problem, somewhat different from those applied in other groups of children with special needs. Apart from a child's characteristics, they

need to consider numerous other factors which are the result of the course of illness, treatment and hospital environment.

Observations and the responses of children show that they are encouraged to participate in the activities by their desire and the possibility to prove themselves, to receive a positive acknowledgement through the creative activities. Importance of creating a sense of personal efficacy in a child is confirmed by some of the responses provided by children (explained in Table 1 and Table 2), showing their explanation of the choice of symbols on a visual analogue scale at the end of the activity. The choice of a happy facial expression is mostly related to a finished piece of work. Our research did not confirm Sugman-Bohinc's claims (1994) saying that what is important is not a finished piece of work but rather a participation in the activity itself. To enable a child to feel successful, activities need to be planned in a way to give them a possibility to complete their task in the time given.

Table 1. Child 2 – Explanation of the Choice of Symbols on a Visual Analogue Scale at the End of the Activity

Activity	Choice of symbols on a visual analogue scale at the end of the activity	Explanation
1	Happy facial expression	» …because I've made a leaflet. «
2	Happy facial expression	» …because I've made a leaflet.«
3	Neutral facial expression	The nausea has stopped.
4	Neutral facial expression	»I don't know what to draw ...«
5	Neutral facial expression	Without explanation

Table 2 Child 3 - Explanation of the Choice of Symbols on a Visual Analogue Scale at the End of the Activity

Activity	Choice of symbols on a visual analogue scale at the end of the activity	Explanation
1	Happy facial expression	Without explanation
2	Happy facial expression	» … because I've made a leaflet. «
3	Happy facial expression	Satisfied with the piece of work created
4	/	Without explanation
5	Happy facial expression	»I've enjoyed playing with dust…«

Scheme 1 illustrates an example of a composite activity planning, broken into short, independent steps. Instructions are given to children gradually (after completing one step, they get instructions for the next step). Each step, representing a finished task (with a finished piece of work), it is easier for a child to feel successful. According to Trstenjak (1981), a sense of one's own success provides motivation, freedom, contributes to self-awareness, self-image, self-testing and communication development. With such activity planning we were able to easily adapt to the child's needs, even after numerous interruptions caused by their fatigue, medical examinations, visits etc.

Scheme 1. Composite Activity Planning

<table>
<tr><td>1. 1</td><td>Creating tangrams</td></tr>
<tr><td colspan="2">Tools: a tangram game, drawing tools, a drawing sheet</td></tr>
<tr><td><u>Stimulating creative shape forming, relaxation, amusement</u>
OBJECTIVES:
- Assembling geometric shapes - tangrams to create various figures, following a template.
- Creating figures, according to a specific topic.
- Creating random figures.</td><td>Child is given an instruction sheet and some suggestions for creating various figures.
After the activity of creating figures by using templates, we encourage a child to create figures autonomously. If necessary we help them choose a topic, e.g. ′Assemble shapes to create a flower/tree/car/countryside etc′. A child puts the shapes together randomly, without a predetermined solution.
We encourage a child to choose topics autonomously.</td></tr>
<tr><td>1. 2</td><td>Artistic processing of composite figures</td></tr>
<tr><td><u>Stimulating creativity through art,</u>
<u>Stimulating thinking about the impact of colours on emotional well-being.</u>
OBJECTIVES:
- Outlining the chosen figure on a drawing sheet.
-Inner side of the figure is filled with random patterns, using warm colours.
- The background is filled with lines, using cool colours.
- Answering questions about the drawing.</td><td>After having assembled shapes into random figures, a child receives instructions to outline the figure on a drawing sheet.

A child receives instructions and drawing materials gradually, following the next steps:

1. Inner side of the figure is filled with random patterns, using warm colours.

2. The background is designed, using cool colours.

The background is filled with lines. They can be vertical, horizontal, oblique etc.

3. A child is engaged in observation and discussion about the drawing.

-What does the warm/cool part of the drawing represent?

-Which group of colours would you choose to draw a school / happiness/ joy / childhood/ hospital?

- Observe both parts of the drawing. Which do you find »nicer«?

- Which colour would you choose to paint your room/playroom?

- What is the colour of the hospital room? Why do you think it is painted in that colour? etc.</td></tr>
</table>

Our findings demonstrate that one of the factors which need to be considered when planning creative activities is a choice of techniques. In doing so, we need to take into account the objectives set for working with children. To express less tangible motives (what is happening inside a child's mind, emotions etc.), it is recommended to choose the painting techniques which do not demand attention to details and forms e.g. drawing with chalks on sandpaper, displaying an image by putting matches on paper, drawing with crayons, watercolours etc. We also need to adapt objectives to a child's abilities, their physical and psychological conditions and to the level of the task difficulty. In fact, children were more successful in expressing their emotions when the activity contained a simple work technique. A complex work technique made children become more focused on the procedure itself, not on the content of the activity. Children becoming tired very quickly, we need to pay attention to the duration of the activity and allow enough time for them to get familiar with the work techniques. We noted that they

became more relaxed and creative only when they got familiar with the instructions and rules of each activity.

Expressing concerns, thoughts and emotions can be very difficult to an ill child. This can be facilitated by using activities which enable both verbal and non-verbal ways of expression. An important factor in this case is a trusting relationship between a child and the person who conducts an activity. This is also evident from children's works which become more original as the relationship develops. In addition, the activities need to allow enough freedom and choice. open problems in art, open target situations, as they encourage creative solution finding and represent a challenge. In this way it is easier for us to approach a child's interests, abilities and strengths.

Walsh et al. (2007) stress the importance of parent participation in implementing creative and relaxation activities. It facilitates the creation of a pleasant and encouraging atmosphere. The present study evidences an important role of parents for children's initial motivation for participation. This is particularly true for the first session with a child, when a child and their family still need to familiarize themselves with a new situation. Observations of a child's attitude while engaged in an activity, show that it is suitable to plan various expressive techniques, allowing relaxation and expression of emotions; shorter activities (they stay focused for a short time); less demanding, simple activities (they react turbulently when faced with an obstacle, become nervous, less motivated) and more encouragements. Children should be given a possibility to participate only partly (e.g. they can participate only in one step of the activity). It is a special teaching approach which offers more adaptation possibilities when planning an activity. A child gets involved in an activity when they are ready. This way of working is particularly appropriate when we need to consider some key objectives and principles for using creative activities in the hospital environment (completing a creative piece of work, freedom of choice, including one's own ideas). It is, however, more difficult to predict a child's response, their physical and psychological conditions and the obstacles (Jenko & Lipec-Stopar, 2010).

When a child avoids peer contacts, we can still encourage their sense of participation and involvement (e.g. within the hospital department, with peers from their school), using certain adaptations of creative and relaxation activities. At first, it is suitable to use methods with less direct contact, giving a child a possibility to contribute to the final result of the group. A child can view a finished piece of work in person or in a photo. The possibility to observe a finished piece of work, made by a group, enables a child to feel part of the group, without having any direct contacts.

The use of ICT provides numerous possibilities for realising objectives in the social field. Its use enables children to participate in creative and relaxation group activities, preventing them to feel lonely; it facilitates the exchange of experiences and thoughts with other children who are also struggling with various illnesses and connects them with peers from their home environment. At the same time, its use makes it easier to regulate the intensity and duration of the communication, which is particularly important for children who refuse contacts. Certain means of communication ensure less intensity than others (e.g. e-mail as opposed to a video conference), which can have advantages when working with severely ill children.

Through an appropriate selection of methods, we can use creative and relaxation activities to regulate direct contacts between children and thereby facilitate their gradual integration. Initial involvement of children in group work can be adapted in a way that it demands a minimal collaboration with other group members (exchange of materials), avoiding ulterior emotional distress.

Conclusion

Special educator needs to adequately adapt the work methods and find suitable forms of assistance and support to provide a quality treatment for children with cancer. This is true both for schoolwork as well as for planning creative and relaxation activities, in order to provide comprehensive support to an ill child. Planning and implementing creative and relaxation activities thereby demands a lot of resourcefulness and flexibility on the part of special educators. They need to consider specific methodical and didactic adaptations, which are, due to the nature of the problem, somewhat different from those used in other groups of students with special needs. Apart from a child's characteristics, various factors, which are the result of the course of illness and its treatment, need to be taken into account.

Observations obtained in the study and the children's responses, both contributed to a more precise definition of some efficient approaches, used when working with children with cancer. Adaptations are

related to various aspects of using creative and relaxation activities; from organisation and implementation, to the choice of methods, teaching techniques and contents.

The described approaches contribute to development of a teaching model for children with long-term illnesses and help to overcome the obstacles and problems that often arise when working with that particular group of children. With adaptations of creative and relaxation activities, we proposed some efficient suggestions for encouraging children to express their concerns, thoughts, emotions; to communicate with their peers or with those from the same hospital department. We also identified some organisational adaptations which facilitate coordination of work and children's needs their treatment schedule etc.

This study primarily focuses on the use of creative and relaxation activities, aimed at guiding children in focusing on their inner world and ways of expressing it. A number of authors (Minou, 2006; Mynarikova, 2012; Šugman-Bohinc, 1994, Poštrak, 2007, Walsh et al., 2007) point out the possibility of using creative and relaxation activities for different purposes and with different objectives. By changing purposes and objectives, we change the adaptation needs as well. Therefore, more attention should be paid to studying efficient approaches and suitable adaptations for achieving objectives, relative to: maintaining contacts between children and their home environment, integrating them in peer groups and back to their school class; exchanging experiences with other ill children, facing with late cancer effects; involving parents into implementation of the activities, etc. Efficient ways of transferring this teaching model from the hospital environment to children's school class, together with the activities carried out by the support group, still remains an open issue.

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