

A MEANING OF A GAME SPECIALIST WORK WITH A KINESIOLOGY THERAPEUTICS SPECIALIZATION BY ONCOLOGY SICK CHILDREN

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Introduction

A stay of a child in a hospital means all the time a significant psychological stress, above all if a child is seriously sick. This stress is represented by lots of pain, a fear from “white coats” (from time to time it broke out into a phobia), an unexpected loneliness, a fear from the future, and sometimes food intake disorders (that are corresponding with facts mentioned above) – especially dysorexia. All of these causes result into a progressive change of a child’s personality. It is often happening that from a previously “happy” person is becoming a pensive, gloomy, distressful human that generally looks older than is his or her biological age. An illness is mostly becoming unexpectedly and if evolves – it is often becoming a reason for formation of negative emotions, stress, and frustration. Sometimes elements of anxiety are appearing even in a child age. These manifests are evident by serious children’s diseases in which oncology diseases belong in. The treatment in hospitals is essential by oncology patients. Even if today’s hospitals enable parents to stay with their children and they are trying to shortened a hospitalization time, a stay in such places is all the time stressful for a child including medical treatments. There might some negative own experiences from medical treatments or form inadequate information distribution occur by children patients that are causing fear even if the information are not based on the truth. A child is so that brining lots of information into a hospital that he or she accumulated in previous years (Křivohlavý, 2002). The hospital staff is contributing to treatment processes with lots of nontraditional approaches that could not be realized in hospitals before. Only the modern approaches to patients have helped in implementation of game specialist indicatives that might cope with children all the time in hospitals. A game specialist should be present in every child’s department and his or her obligating is a presence by children’s beds and preparation of activities during the treatment. The main element is a game. Lots of game specialists went trough training in kinesiotherapy, especially in psychomotoric activities that might be applied during a hospitalization.

A phenomenon “psychomotoric” represents especially a close connection of psychical (spiritual processes) and motoric (body processes) aspects. This mutual relationship might be observed nearly continuously on oneself and on other people, e.g. body posture, facial expression etc. (Hermová, 1994). The psychomotoric is a form of a movement activity that is based on an experience from a movement. It leads to recognition of own body, of the environment and experience from movement activities. It is effecting through simple game activities; activities with equipment and tools, contact elements, and various relaxation techniques (Blahutková, 2001). The psychomotoric is equally developing physical, psychical, and social aspects of every human. It has in view an optimization of psychophysiological state of human through game movement activities. It is a form of an active relaxation, a process of regeneration, and an adequate activity for mental stress compensation (Adamířová, 2000). The aims of movement activities from an empirical sphere are a direct experience of joy from a movement, from a game, and from physical exercises and creation of bio-psycho-social-spiritual balance of the human (Blahutková, 2003). A part of psychomotoric activities are relaxation techniques, massages, and psycho stimulations. Psychomotoric games are different from common games in a usage of nontraditional tools, nontraditional approaches, relaxation components; they respect a personality potential, and they are also different in a fact that there are no winners and losers. The winner is simple everyone who participates (Hermová, 1994). A game is affecting very positively, especially in a child age and its incidence might be also observed by sick children. The psychomotoric games are affecting on negative emotions of children through positive approaches and positive experience; the negative emotions are often weakened through the games. During the game there is a relaxing atmosphere – children are losing barriers and their personalities are coming forward, they are expressing their experience, they are not afraid to be opened towards their environment, they are more communicating with hospital staff, they are better accepting the treatment. After the game activities the children are able to cooperate on better level, they trust more to the environment, they are gaining better tolerance to the stress, and therefore the hospitalization time is shortened as well.

The psychomotoric has a significant influence on a positive way of living of a sick child and it is supporting in an optimistic way during the whole treatment process (especially in a relation to the future). For an optimistic harmonizing process, from a causal point of view, it might be counted with a fact that an expatiation ease of actual issues and creates positive conditions for reparation seeking process and its application. It is therefore a part of a treatment (Matějček, 1992). These principles are contributing to the escalation of a sick child’s quality of life – especially in these situations, when a parent or both parents are systematically taking a part in cooperation with a game specialist and they are able to react on sick child’s needs that are lately contributing to a faster recovery.

Chosen casuistry

We were asked for cooperation from a side of a sick girl’s family that had felt ill in her ten with leukemia diagnoses. The cooperation started to realize after

a communication barrier that created a misunderstanding from a hospital management's side. After recognition of family anamneses and after an opening communication with the parents, permission for visitation of hospital was granted to us. We were gladly welcomed by the hospital staff including the attending physician and the head physician. She agreed with the cooperation; she showed an interest about methods of game specialist's work; however a condition was an agreement from a hospital's director. He showed no willingness to cooperate, so that we had to stop the opening experiment. During the hospitalization period of the child we had implemented only an opening interview and then we were cooperating on an external base just with parents and grandparents. The cooperation was difficult; primarily because of the fact that a father left the family and got divorce with the wife – we had to consult them separately. Because the sick girl was a part of a class that we had psychologically tested on personality, we had an opening research available and results from personality's tests (from a time, when the girl was in a good health condition). After ending of the first hospitalization we were visiting the girl in a home environment, we implemented the same psychological analyses using the same test's range and we started to use psychomotoric games. We founded out that there were some total changes in several characteristics of the personality. The girl lost her interest about the environment, she was not communicating at all, she did not want to meet anyone, she stopped eating, and she was crying most of the time. Our first intervention was targeting the family. The cooperation with the family was on a very good level and already after the first month, the girl started to regain an interest about her previous hobbies. The second hospitalization was then realized and afterwards a transplantation of a bone marrow (it was a significant psychical stress for the family). We were cooperating with the family during the whole period; lately we got a possibility to visit the girl with the parents. We led parents and grandparents to the bed only after an agreement with an attending physician, after their pacification, and we were strongly requesting only a positive approach. An ability to cope with such approaches was very difficult that was a reason, why was our intervention in this period targeting also the closer psychological family profile. After ending of the second hospitalization of the girl, we were continuing very carefully in psychomotoric activities and in further cooperation in the family environment. The cooperation was shielded all the time by the same person. In this period we were again contacted by the attending physician with a request for cooperation with other patients. With regard to the unwillingness of the hospital management, we were trying to find a way to the sick children. This mean of cooperation was enabled thanks to a headmistress of a hospital school that had already met game specialists' projects during her practice. Chosen students that showed an interest about the work of voluntary game specialist, started to cooperate with the hospital staff and with the sick children.

At that time, our sick girl was passing trough a chemotherapy that she was taking very hardly. But a very close relation was established between us and she was able to speak about her troubles. We were facing a solid frankness in the family as well; the father was visiting the girl even at home; the former husband and wife started to communicate again. We managed to stabilize the situation and after ending of the chemotherapy we classed the girl into a psychomotoric course within education sche-

me of Pedagogic faculty for special pedagogy students. The courses were attending accompanied by parents or the grandmother and at that time the personality of the girl started to change again. During this period the girl was attending regular classes, a pedagogue was visiting the family and the attending physician agreed with the psychomotoric courses. In the closing lesson of the course (there was the father presented with the girl), the girl took the floor and presented all opening and actual feelings, experience, and impressions. This information was so significant that we were forced to publish the whole cooperation and, after an agreement with the family, present it openly. At the present the young miss is sixteen, she is attending a high school, and she is healthy, still under a medical supervision. The father returned to the family and married the mother again. The family is working.

Research

The aim of our work was in identification of game specialist's influence on personality changes by oncology patients in areas of temperament, extroversion and neuroticism, aspiration and attention, and identification of an influence on some oncology sick children's areas of life; above all on their quality of life, interpersonal relations, and on a development of communication skills. A testing range of personality tests used in the research was affected with the entrance data from the class, in which was the sick girl lately classed. That was the reason why we used the same personality tests:

- J.E.P.I. (Eysenck, 1973)
- Temperament test (Belov, 1971)
- Quotient of aspiration level (Meili, 1965, Blahutková, 1996)
- Attention (Bakalář, 1993).

We consequently assigned to these testes:

- SEQoL (Křivohlavý, 2001)
- Stress test (Selye, 1993).

Our results show that an influence of a game specialist on a positive development of oncology sick child's personality is significant, but also on a contribution of this work on a children's quality of life. We are mentioning only partial results of our work in temperament and aspiration areas.

During the diseases by the oncology sick children occurs a significant shift to neuroticism; the girl turned into her self, she stopped to communicate, she was very frequently crying, and she was refusing a communication with the hospital staff. The main contribution, in a positive shift, is seen in an interest of the family, in cooperation with a psychiatrist and therefore an interest to help during the child's treatment. An essential element during the treatment was an interest of the father (that was no longer staying with the family). During the cooperation with a game specialist a very positive relation (as far as a friendship) was established and therefore there were some possibilities to regulate some approaches in the treatment and currently the communication with the hospital staff was improving (see figure n. 1). The sick girl started to

express herself as a melancholic in the temperament area without any interest about the environment; her outgoing mood was occurring very rarely. She was not able to cooperate, not even establish some relations with sick children; she did not pay any attention to the environment or her self, she turned her interest to the meetings with her father. The very strong relation was established between the girl and her father that was lately recognized by the mother and therefore she enabled father’s visits at home. After ending of the chemotherapy and after the next intervention of a game specialist, the girl started to communicate and started to pay an attention to the society – she established some new relationships and she found her previous hobbies again (see figure n. 2).

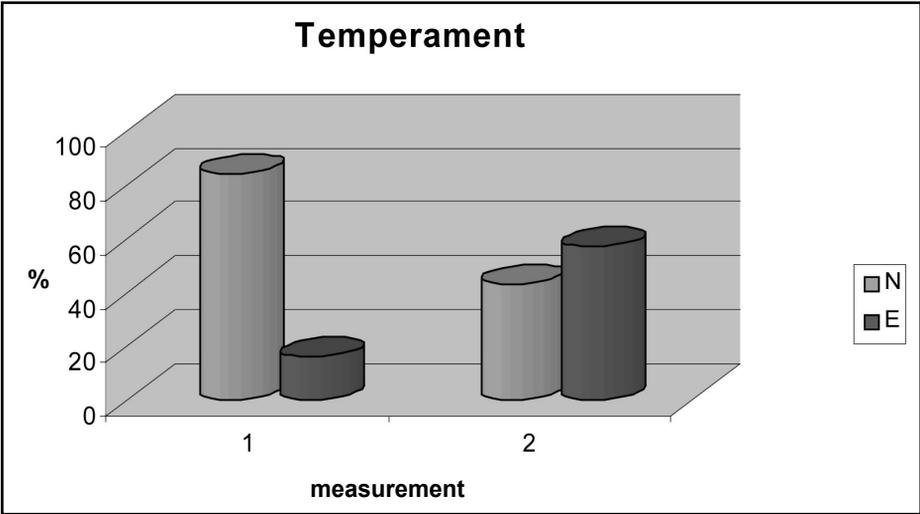


Figure 1: Personality changes by a chosen person during an influence of a game specialist

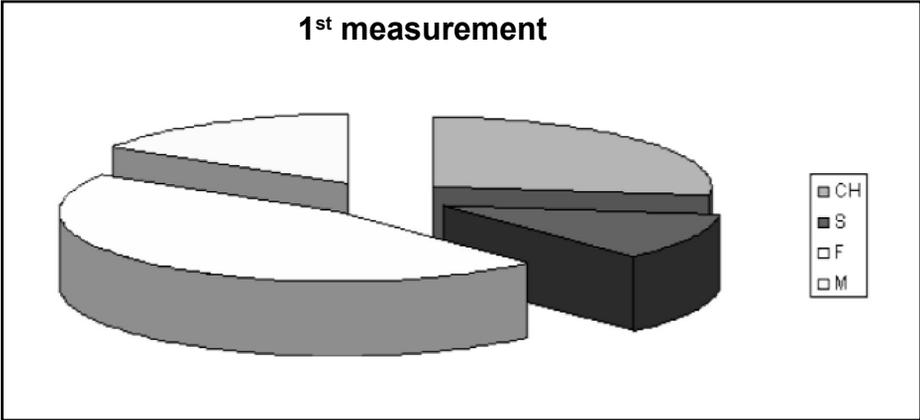
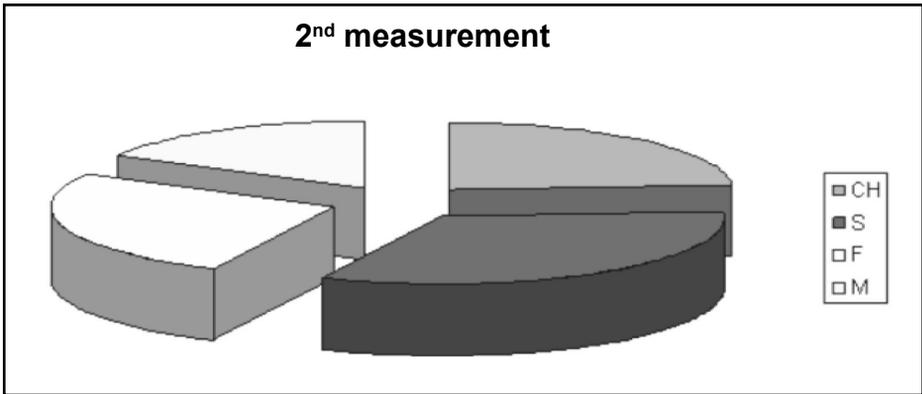


Figure 2: Changes in the temperament during an influence of a game specialist



We noted the biggest difference in an aspiration area. The sick girl did not try to achieve any results at all; she was not disposed to talk even about possibilities of her recovery. The world was fading away for her; she was blaming her self from the diseases; she was trying to find the mistake in herself and she showed no interest about herself and about the environment. During the cooperation we were focusing a significant part of game activities on recognition development of oneself and on recognition of the environment and we paid the main attention to self reflections (e.g. during the chemotherapy hair loses occurred and the girl refused to identify herself with the reflection in a mirror). But after the psychotherapy she started to accept herself. The turning point was observed during the ending of the chemotherapy and during the home game activities – the girl’s family bought several psychomotoric tools; a sponsor’s gift (psychomotoric trolleys) also helped. After an ending of the treatment, the aspiration is progressively getting better (see figure n. 3).

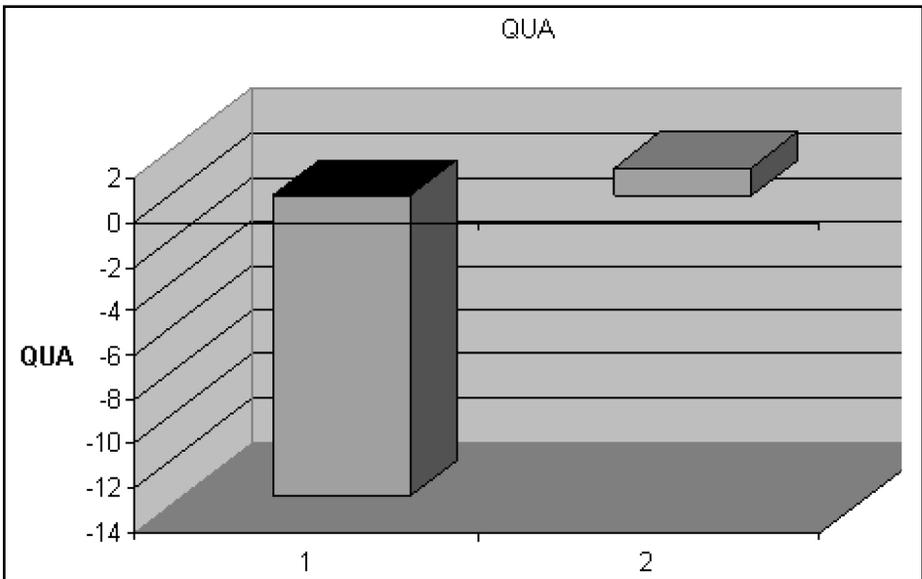


Figure 3: Changes in a sick child's aspirations

Conclusions

Our work brought lots of conclusions that might be relevant for a further usage. Therefore we would like to present them to wider public; especially to doctors, pedagogues, schoolmasters, psychiatrists, but also to hospitals management, so that we can support an improvement process of the health care quality of oncology sick children. The basic aim of the work was experimentally proven and we found out that a game specialist work by oncology sick children has a great meaning. The contribution of a game specialist's work is also seen in a support of a family, during communication with hospital staff, but also during the work with a child's environment (wider family, other patients, and friends). Other contribution of our work is also in current possibilities of cooperation with a hospital school; where we enable students' practices directly in a hospital environment to some beginning game specialists and therefore we help pedagogues in their formidable work. Currently, a positive cooperation with doctors and hospital staff (that are interested in this work and that are praising the positive approaches of children patients, but even of their relatives during the hospitalization) is being observed.