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Historical and Cross-Cultural Aspects of Psychology
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The Book “Rainbow of my Heart” as a Medium to Manage Hospitalized Children’s Emotions

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1 Introduction

Every disease, no matter how mild the symptoms, such as flu, abdominal pain, head dizziness, is felt by someone as a disruption to daily life. Therefore, the disease is not warmly welcomed. Moreover, if someone ends up hospitalized, negative emotions will appear. When children are ill and hospitalized for a long time, their physical condition is no longer the primary factor determining their recovery. They will require a restoration of their psychological and spiritual balance in order to handle their condition during the hospitalization.

Based on the medical record data in 2002 from the General Hospital Center, Dr. Sardjito showed that the number of pediatric patients hospitalized tended to increase every month. The three most common types of diseases from which hospitalized pediatric patients suffered during 2002 were dengue fever (18%), diarrhea and gastroenteritis of infectious origin (16%), and acute nasopharyngitis (the common cold) (12%). The common cold was ranked third among the top ten most common hospital diseases. This phenomenon regarding the common cold stemmed from parents’ fear that the common cold would become dengue fever, prompting them to immediately take their children to the hospital. Although hospitalization is not indicated for the common cold, the common cold is often not the primary diagnosis but is a secondary diagnosis to dengue hemorrhagic fever (Medical Record, 2003).

In addition to particular diseases causing distress in children, other factors also affect the child's condition during hospitalization, especially in public hospitals. Observations suggest that the children are bored and feel a range of emotions including loneliness, helplessness, not knowing what to do, irritability, fearfulness, and anxiety, and there are often tears. Patients treated in hospitals usually experience anxiety as a result of thought disorders or illness. They feel confused and anxious about the results of their treatment and are concerned about the possibility of dying. Hospital patients often show a variety of psycho-
logical symptoms, especially anxiety and depression (Pennebaker, et al., 1977). Moreover, patients feel helpless (Taylor, 1995). In patients with acute illness, patients first experience turmoil when the activity in their lives is suddenly very limited, especially for someone who has a chronic disease. Second, after a person is diagnosed with a chronic illness, a state of crisis occurs, due to an imbalance in their physical, social, and psychological well-being (Moos, 1977). This imbalance occurs because the individual faces the reality that the ways in which they used to deal with problems does not appear to work, resulting in feelings of "disorganization", anxiety, fear, and other emotions (Taylor & Aspinwall, 1990).

Based on the explanation above, a person suffering from pain, either in the form of an acute or chronic illness, will experience physical, social, or psychological changes, especially with regard to patients treated at hospitals, and the individuals must make adjustments to their new situations. These situations often led to the development of negative emotions. Children who are accustomed to doing a lot of activities when healthy will tend to experience stress when hospitalized. They will protest and “act out” when receiving a medical treatment that requires them to limit the amount of movement and activity (Smith & Auman, 1985). However, the most common source of stress for hospitalized children is separation from their parents (Sarasaino, 2002).

Sarasaino (2002) explained that people of all ages have difficulties coping with inpatient care and medical treatment. Hurlock (1996) explained that the pattern of emotions during late childhood is different from the pattern of emotions in adulthood in with regard to the types of situations that evoke emotion and the forms of the emotional expression. This change is due to increased experience and the learning process rather than due to the maturation process itself.

Observer of problem children, Seto Muljadi, states that children experiencing emotional difficulties tend to feel lonely, sad, anxious, and act aggressive disrespectful. Such behaviors will harm the children’s development even though the children may appear smart (Kompas, 1997). Rudolf Steiner (in Armstrong, 2000) refers to the period spanning from seven to fourteen years as "the heart of childhood" (the core of childhood) because of the life of feeling, as symbolized by the heart or heart over the mind. Every moment in time during this period offers children an opportunity to express their emotions.

As disclosed by Armstrong (2000), children in this age group have experienced a variety of polar feelings such as happiness and sadness, hope and fear, jealousy and compassion, and so they have a solid foundation for furthering their emotional life. This means that the expression of honest emotions by children can occur in various forms and should be recognized so they may be given the opportunity to express their true feelings through a positive outlet, such as through art.

Children who are hospitalized are likely to feel bored and feel emotions that not only are easy to change but also tend to be negative. This is likely to occur on a daily basis when hospitalization is a stressful event for children. The physical pain of the child felt on his limbs can be worsen. This is due to the illness itself or medical treatments the children got so they have limit activities to do. Those conditions will affect the children psychological pain and trigger as a perceived stressor. In addition, demands inflicted by the surrounding environment, such as from doctors, nurses, parents, or other family members, will increase the child’s distress. Stressors that come both from within the child because of his condition as well as from the surrounding environment are sources of emotional conflict that will affect the child’s condition, both physically and psychologically. Psychological conditions that suppress the child’s emotional well-being will add to their burden of stress, resulting in a child with stunted emotional expressions. Thus, to obtain states of body and soul that are balanced, a child that is locked, which occurs when emotional expression is controlled, needs to do the clean energy system called catharsis, which teaches them emotion management.

Some ways to manage emotions and remove stress in children, according to Armstrong (2000), include conducting activities to reduce the levels of stress, such as changing their feelings through art, providing self-help skills to combat stress, seeking expert help through professional counseling, using writing and drawing to release emotions, reading with feeling, and involving children in the treatment plans related to them.

According to Campbell (1996), to achieve academic success, children require a means for channeling positive emotions. For that, we recommend, as early as possible, for children to develop a skill they can use to manage their emotions, especially for children being hospitalized for their illnesses. Although it is not easy, children need to be trained to express their feelings in positive ways that do not harm themselves or others. One way to help children release their negative emotions is through writing, which was revealed by Pennebaker (1990) in his research; the main value of writing is its ability to reduce psychological restraints. Experiences which disrupt into the written will provide some new understanding about the emotional event itself. Writing about experiences that are psychologically and perhaps physically disturbing is profitable. Through writing, the child will learn to express their emotions, especially negative emotions, which will serve as an outlet for their feelings of distress due to the physical pain they experience as a result of being admitted to the hospital.

The ability of children to manage their emotions can be facilitated through a medium which promotes writing and drawing as a way to express and control their emotions. It also help them to achieve a balanced body condition and promoting the physical and mental catharsis that may normally be suppressed. "Rainbow of My Heart" is one such medium that may be used as a means to perform emotion management in children who experience trauma or distress.
"Rainbow of My Heart" is a book for children to express their feelings through art, using writing and drawing as a way to recognize and manage their emotions.

Based on the explanation above, the aim of this study is to understand the stages of emotional management in pediatric patients who are hospitalized, using the book "Rainbow of My Heart".

2 Hospitalized children

Patients who are treated in hospitals usually experience anxiety because of thought disorders or illness; they feel confused and anxious about the results of their treatment and are concerned about the possibility of dying. Patients need to learn to make adjustments to new and difficult situations. Unless hospitalized patients can calm their anxieties, their condition may worsen (Mason, et al., 1965). Hospitalized patients often show a variety of psychological symptoms, especially anxiety and depression (Pennebaker, et al., 1977). Patients may even feel helpless (Taylor, 1995). In patients with acute illnesses, they first experience turmoil when the activity in their lives is significantly limited, especially in patients with a chronic disease.

When a person is diagnosed with a chronic illness, a state of crisis will ensue, due to the imbalance in the patient’s physical, social, and psychological well-being (Moos, 1977). This imbalance occurs when the individual faces the reality that the ways they used to deal with problems no longer works, resulting in feelings of “disorganization”, anxiety, fear, and other emotions (Taylor & Aspinwall, 1990). Children's emotional reactions to their circumstances and disease are more or less determined by their levels of cognitive and emotional development.

Helping them understand about their disease and treatment will alter their emotional responses. Parental attitudes toward illness and treatment will also be very influential. Research conducted by Brewster (in Eiser, 1984) with hospitalized children showed that the level of a child's cognitive development affected their perceptions of the disease, how far the child can receive the examination measures, and also treatment and attitudes toward health care workers. The research results are as follows:

<table>
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<th>The Notions of Action, Examination and Treatment, and Attitudes toward Doctor/Nurse</th>
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<td>5-7 years</td>
<td>Caused by human activity</td>
<td>The examination and treatment were punishment; doctors intended to hurt me.</td>
</tr>
<tr>
<td>7-11 years</td>
<td>Caused by disease bacteria</td>
<td>Action has to be understood. Doctor did not mean to hurt, but they lack empathy and do not care.</td>
</tr>
<tr>
<td>11 years and up</td>
<td>Caused by vulnerability or physical weakness</td>
<td>Actions and intention of the physicians were well understood. However, they do not know how much it makes me hurt.</td>
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3 Emotional management

The word "management" has the same meaning as the word "manage," which means to control. The word "management" is defined as the process of performing certain activities by removing the power of others (Tim Dictionary compilers, Center for Language Education and Development, 1990). According to the Oxford Advanced Learner's Dictionary (Hornby, 1974), the words “manage” and “regulate” have a common meaning, namely control. Goleman (1995) stated that the management of emotions is also called self-regulation, which means that the ability to manage emotions is associated with how one accommodates the emotions felt. Individuals with a low ability to accommodate their emotions will continue fighting against feelings of melancholy. While those with a high ability to accommodate their feelings will rebound from emotional declines much more quickly.

A child’s attempt to manage his emotions will be affected by his language development. Children who are able to use language well will have the ability to express what they feel and will perform coping strategies (Sarasino, 2002). Management of emotions is one way to promote emotional and intellectual development, one of the stages for achieving emotional intelligence (Mayer & Salovey, 1997). This explanation by Salovey was actually a modification of an article in which Goleman’s book, “Emotional Intelligence”, was reviewed (Prawitasari, 1998). Mayer and Salovey (In Salovey & Sluyter, 1997) suggest that there are four stages in the development of emotional intelligence, and each stage consists of four primary issues:

1. Perception, appraisal, and expression of emotion. Completion of this stage requires one to acquire, at least, the following four capabilities:
   a. The ability to recognize emotions physically, through feelings and thoughts.
b. The ability to recognize emotions in others through language, sounds, appearance, and behavior.
c. The ability to express emotions appropriately, and express requirement in connection with these flavors.
d. The ability to distinguish different kinds of expression of emotions: proper versus improper, honest versus dishonest.

2. Facilitation of thinking about emotions. Completion of this stage requires the following:
   a. Emotions guide the mind by directing attention to important information.
   b. Emotions can be used as an aid to access memories associated with taste.
   c. Emotional changes can alter an individual’s perspective from pessimistic to optimistic; individuals are encouraged to consider various viewpoints.
   d. Emotional states to encourage differentiation of specific approaches to problem solving; for example, happiness gives way to inductive reasoning and creativity.

3. Understanding and elaborate emotions: proper use of emotional knowledge:
   a. The ability to label emotions and recognize relationships between various words and the emotions themselves, such as the relationship between “like” and “love”.
   b. The ability to interpret the emotions associated with particular relationships; for example, sadness often accompanies loss.
   c. The ability to understand complex flavors, such as the flavor of love combined with hate, or mixtures, such as the combination of fear and surprise create amazement.
   d. The ability to recognize that displacement occurs among emotions, such as the transitions from anger to happiness or from anger to embarrassment.

4. Keeping reflective emotions brief in order to promote emotional development and intellect:
   a. The ability to keep feelings open, regardless of whether they are pleasant or unpleasant.
   b. The ability to engage in reflective emotions or to withdraw emotions after considering all available information.
   c. The ability to reflectively monitor emotions in relation to oneself and others.
   d. The ability to manage emotions in relation to oneself and others by reducing negative emotions and magnifying positive (fun) situations without pressure or exaggerating the accompanying information.

Thus, the emotion management theory described above requires that a person control the expression of negative emotions and increase the expression of positive emotions with regard to himself or others. The ability to manage emotions is an important skill that must be acquired in order to achieve emotional intelligence.

Emotional management is not defined in this study as a way to control the emotions themselves but as a way to lead children to develop the ability to control the expression of their emotions. As such, children admitted to hospitals as inpatients for a condition that is pressing (stressor) will be able to open up about the emotions they are feeling. By the term “management of emotions”, we mean that they will learn to express the emotions that they are really feeling at that time, emotional expressions that are not pretend (false). Every person differs in their ability to control and manage their emotional expressions. Planalp (1999) suggested that there are two ways to control the expression of emotions:

1. Surface acting
   Surface acting is an expression that involves social management rules (display rules) and social expectations (social desirability). For example, someone prosecuted for not displaying an emotional expression of sadness with regard to funerals or not displaying happy emotional expressions when attending a party (Ekman & Friesen, 1975).

2. Deep acting
   Deep acting involves the rules of feeling (feeling rules); these rules not only serve to hold or evoke emotions but also serve to form the end emotion in accordance with social expectations (Hochschild, 1983). Deep acting involves a complex relationship between the emotional expression and the spontaneous strategy because it involves the management of spontaneous emotions that are felt during implementation of the strategy. Strategies can be used for self-management of emotions, management of the emotions of others, or both (Planalp, 1999).

Planalp (1999) proposed that there are several stages of emotion management that utilize deep acting strategies:

1. Management of the events that appear (eliciting events)
2. Management Award (appraisal)
3. Management of physiological reactions (physiological reactions)
4. Expression and impression management (expression and impression)
5. Pursuing a strategy of social and antisocial approach (social and antisocial)
4 The book “Rainbow of my Heart”

On further examination of the name, “Rainbow of My Heart” appears to impart its own philosophy. Pain conditions, especially those that require complete bed rest, give rise to various emotions such as boredom, anger, fear, sadness, and anxiety. These emotions are negative and tend to be easily interchangeable. These emotions have different intensities and can suddenly change in a matter of minutes, and will then affect the mind when ill. The various types of emotions that appear, coloring a person’s mood, is highly individualized. Thus, the name “Rainbow of My Heart” is a good description for the varied array of emotions that can be expressed and felt.

What are the benefits of writing and drawing? The researchers tried to express what they perceived by describing it abstractly with only lines and scratches. After some time, they discovered that there are many techniques that can be used for reflection and introspection in order to improve themselves. When sick and under hospitalized conditions that are perceived as a bad experience, writing and drawing can become positive activities that are useful for reflection and introspection so that any negative perceptions that may arise under those conditions will be relieve or minimized.

Thus, the book “Rainbow of My Heart” was used in this research as a medium for writing and drawing, consisting of colorful paper on which to recount experiences or events experienced as well as the emotions felt. Setyawati et al (2000) previously used a book called “Book of Mirror Emotions” as a means to improve the fluency in the expression of ideas by children. Characteristics used with the “Book of Mirror Emotion” were adapted for use in the present study with the book “Rainbow of My Heart” in order to study emotion management in hospitalized pediatric patients.

4.1 Research method

This study used a qualitative methods approach with a case-study design. The book titled “Rainbow of My Heart” was used with three patients: an 8-year-old (subject 1), 10-year-old (subject 2), and 12-year-old (subject 3). The patients were from different general hospitals in Jogja District, Indonesia. In this study, we used five instruments to collect data: the patients’ medical records, a Trauma Questionnaire, the Scale of Emotional Management for Children as a form of structured interview, the Emotional Impairment Detection Scale (Prawitasari, 2000), and the book called “Rainbow of My Heart”.

4.2 Results

The findings of this study are based on data collected through structured interviews (WT), field notes (CL), Emotional Impairment Detection Scale (SDE), and the “Rainbow of My Heart” books (BPH) from the subject 1, subject 2, and subject 3. In this research, we found that the following stages of emotion management were performed by most patients as a form of emotional coping. We included also the original written from the pediatric patients as follows:

4.2.1 Expressing emotions

Results of this study revealed that the children were able to spontaneously express their emotions.

Before therapy:

- Sad when feeling pain in his body. Happy when allowed to go home (Subject 3, WT).
- Happy if left alone in the room. Fear when he was examined by doctors or nurses (Subject 1, WT).
- Angry when left alone in the room. Fear when examined by a doctor or nurse (Subject 2, WT).

After treatment:

- Fear when feeling pain in his body. Scared when I have to go to the hospital (Subject 3, WT).
- Afraid when left alone at home while still sick. Normal when examined by doctors or nurses (subjects 1, WT).
- Ordinary when left alone at home while still sick. Normal when examined by a doctor or nurse when control (Subject 2, WT).

The emotions felt by the patients described above were also expressed in non-verbal form during the observations conducted by the researchers.

Before therapy:

- Wrinkles around the eyes clearly visible (Subject 3, SDE).
- Foot stiffened, somewhat unclear (Subject 1, SDE).
- The second movement of the upper lip looks very clear. Foot, apparent strain (Subject 2, SDE).

After treatment:

- Arm moves ahead, looks clear (Subject 3, SDE).
- The second movement, downward lip, faintly visible. Arm moving forward, faintly visible. Arm moves back, faintly visible. Seen moving heel, faint (Subject 1, SDE).
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Happy if left alone in the room. Fear when he was examined by doctors or nurses. (Subject 1, WT).

Angry when left alone in the room. Fear when examined by a doctor or nurse (Subject 2, WT).

After treatment:

Fear when feeling pain in his body. Scared when i have to go to the hospital (Subject 3, WT).

Afraid when left alone at home while still sick. Normal when examined by doctors or nurses (subjects 1, WT).

Ordinary when left alone at home while still sick. Normal when examined by a doctor or nurse when control (Subject 2, WT).

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After treatment:

Arm moves ahead, looks clear (Subject 3, SDE).

The second movement, downward lip, faintly visible. Arm moving forward, faintly visible. Arm moves back, faintly visible. Seen moving heel, faint (Subject 1, SDE).
The emotions disclosed by the patients both before therapy and after therapy in the previous are influenced by their previous experiences.

In my heart was sad when my stomach pain. At that time I can not sleep with restless. His father and mother also can not sleep just thinking about my pain. In night at around 22:00 I was in pain once parents loss for pawpaw leaf in the garden because of the evening. Indeed at that time I was so sad. I asked my parents brought to the hospital. After the hospital I was given medication. Then after that was healed and then relapsed again (Subject 3, BPH).

Subject was crying when it will be injected. Subject says no afraid of doctors or nurses, just afraid that if injected, because once upon injection of an intravenous drip and the subject position feel pain (Subject 1, CL).

... And at home I often watch TV because at the time in the hospital I could not watch the TV show because there is no TV. If the home is TV and I am happy at home rather than in hospital. I am now in the hospital and had long in the hospital I felt bored in the hospital want to go home. I am at the hospital could not sleep because many children very loud cry because of fear injected. Finally, I await the day that I’ve been waiting that day I’m going home (Subject 2, BPH).

In these cases it appears that the emotional expression of individuals experiencing events that are very similar will actually vary in accordance with their individual experiences. Expressing emotions not only be understood with the senses, but through physical changes and thoughts also.

4.2.2 Thinking about the events in depth
When the patients experienced pain as inpatients, they generally responded in depth.

Before therapy:
Sad when feeling pain in his body. Glad if being left alone in the room (Subject 1, WT).

Sad when feeling pain in his body. Normal if being left alone in the room (Subject 3, WT).

Fear when feeling pain in his body. Angry when being left alone in the room (Subject 2, WT).

After treatment:
Fear when feeling pain in his body. Afraid when left alone at home while still sore (Subject 1, WT).

Sad when feeling pain in his body. Afraid when being left alone at home while still evening (Subject 3, WT).

Fear when feeling pain in his body. Ordinary when being left alone at home while still evening (Subject 2, WT).

The validity of these statement provided by the patients is strengthened when analyzed in light of the observation performed when the statement were given:

Before therapy:
Frowned vaguely. Arm moves forward, disguised. Arm is moving back, disguised. Heel twitching faintly (Subject 1, SDE).

Wrinkles around the eyes clearly visible. Upward movement of upper lip clearly visible. Hands raised to shoulder, quite apparent (Subject 3, SDE).

Quivering voice sounds a bit obvious (Subject 2, SDE).

After treatment:
The second movement, downward lip, faintly visible. Foot tightened, quite apparent (Subject 1, SDE).

Arm moving forward, quite apparent (Subjects 3, SDE).

The second movement to the upper lip is clearly visible. Moving heel clearly visible (Subject 2, SDE).

The results of the cases presented above are also supported by the patients’ backgrounds. The following paragraphs describe the patients’ experiences of illness and hospitalization and the first-time fears that arise when the disease relapses.

Previously, he has not been sick like this, and this is new for him as a first-time hospital inpatient. The subject is still not willing to be left alone (Subject 1, CL).

In my heart was sad when my stomach pain. At that time I can not sleep with restless well. His father and mother also can not sleep just thinking about my pain. In night at around 22:00 I was in pain once parents loss for pawpaw leaf in the garden because of the evening. Indeed at that time I was so sad. I asked my parents brought to the hospital. After the hospital
I was given medication. Then after that was healed and then relapsed again. Then one day father brings to the big hospital in Klaten want on computer. After my computer does not know the results, only parents who know the results. I was told to get out. Parents just tell you that will be taken to hospital where Sarjito first operation. Only that the parents say, is it not sad to him to know. What is the cause what is abnormal, I think so. Until parents are asked not to tell me. I've grown up, have not been told why the sixth grade illness honestly (Subject 3, BPH).

4.2.3 Engaging in reflective emotions or withdrawal from emotions
When asked about the inpatient conditions, the children tended to feel bored. Events that evoked negative emotions occurred in the following cases:
- Afraid when being left alone at home and still sick (Subject 1, WT).
- Sad when feeling pain in his body (Subject 3, WT).
- Fear before entering the hospital. Fear when feeling pain in the body. Sad when doctor said should not eat favorite food. Angry when being left alone in a room (Subject 2, WT).

With regard to events evoking negative emotions, some responses indicated a reflective withdrawal of emotion. Expressions of withdrawal appeared to differ in each case. E.g., Subject 1 tended to show the need for attention by others.

The subject still did not want to be left alone (Subject 1, CL).

This patient asked to be accompanied at home because she had not been cured, as shown with the following images made on July 7, 2003, the day before she returned home from the hospital.

Figure 1: Crowded home environment (Subject 1, BPH)

Figure 1 shows a crowd in the home environment, her way of expressing her feelings of loneliness at being left alone at home. Whereas in the case of Subject 3, this patient tend to write in order to give value to the deepest emotions he was feeling at the time.

Heroes Stories
In a colonial time many people have died first. For example: ...although Indonesia was attacked with a weapon Indonesia guns remain united despite the advanced people died. Indonesia is not afraid to die in maintain independence. ...although they do not fall. This independence can feel comfortable. Let the hero received beside God Almighty Amen (Subject 3, BPH).

A value of 10 was given to describe the negative emotions of grief that he felt. This finding revealed the intensity of the emotions of sadness experienced by this patient. However, an interesting that self-involvement was performed with respect to the negative emotions felt by that patient.

Subject isolated themselves from many people and showed signs of lost trustworthiness. Subject felt hungry, but refused food from the hospital service. Crying a lot, provided from home since yesterday because nobody visit. (Subject 2, CL).

5 Reducing the expression of negative emotions by increasing the expression of positive emotions

Pediatric patients who must undergo additional in-depth examinations (e.g., laboratory tests) showed anxiety toward their illness.

Parents just say if you'll be taken to the hospital Sarjito place before operating. Only that the parents say, it sad not to be told. What is the cause, what is abnormal, I think so. Until my parents are being asked but did not tell me. I've grown up, have not been told why the sixth grade illness honestly (Subject 3, BPH).

When he needed further treatments, which required additional hospital admissions, the disruption to his activity in life became larger. The amount of emotional pressure experienced will be equal to the amount of physical, social, and psychological change that accompanies the transition from home life to hospital life.
There is a new neighbor next door. I became angry because the fan used by the next-door neighbor is so noisy. He did not want to eat food from the hospital. He said, do not like and do not smell good (Subject 2, CL).

In the above example, life events became stressors that gave rise to emotions of anger as the patient adjusted to the new situation. Feeling socially separated from his friends and unable to perform ordinary activities will make the child feel lonely and bored and cause them to think that they might lose friends.

...and at home I often watch TV because at the time in the hospital I could not watch the TV show because there is no TV. If the home has TV and I am happy at home rather than in hospital. I am now in the hospital and had long in the hospital. I felt bored in the hospital, want to go home (Subject 2, BPH).

From the descriptions above, it appears that these children have developed negative emotions and thus require psychological intervention in order to maintain their emotional health.

6 Discussion

Expression of the emotions that arose spontaneously during writing and drawing is an intrinsic process involving cognitive, affective, and physical elements. Patients who initially responded with emotions of sadness that became emotions of fear after feeling more pain in their bodies as a result of their experiences changed their attitudes as a result of cognitive, emotional, and physical attributes which were different from other patients that appeared to have similar experiences. These emotional reactions involved strategies in order to maintain, improve, control, and/or inhibit emotions in an attempt to achieve a particular goal (Denham, 1998).

In general, based on findings in this study, there are two strategies to control the expression of emotions: deep acting and surface acting. Deep acting is an attempt to spontaneously achieve a goal, strategically manage communication, and spontaneously feel the desired emotions (Conrad & White, 1994; Tice & Baumeister, 1993). Planalp (1999) stated that emotion management strategies can be used for managing emotions in oneself, the emotions of others, or both. The strategy of deep acting, according to the findings in this research, is still in its early stages for the management of emotions in oneself. Such emotions can be managed through four phases: express emotions, think deeply about the events, involve reflective emotions or withdrawal from emotions, and reduce the expression of negative emotions by increasing the expression of positive emo-

The Book "Rainbow of my Heart"
cating these feelings with denial and learned to switch off their expression of negative feelings by rejecting close relationships. In interactions with children, a model of emotional expression of parents (Garner et al, 1997) is in line with the techniques of emotion regulation of the children (Denham, 1998).

7 Conclusion

Children's emotional management, as conducted with the book "Rainbow of My Heart", has four stages: spontaneously expressing emotions, thinking about the events in depth, engaging reflective emotions or withdraw from an emotional situation, and reducing the expression of negative emotions by increasing the expression of positive emotions. The Emotion Detection Impairment Scale scores during the pretest and posttest showed that there was increased capacity for emotional management in young patients after being given the book "Rainbow of My Heart".

8 Future suggestion

The four stages of emotional management need to be explored to understand the caused why they choose those four stages. Using the book "Rainbow of My Heart" also need parents involvement to share and understand what the child feel about their hospitalized experience. The book can be used as a medium communication for family, so that it will support the pediatric children to survive from their condition, physically due to the illness and psychologically due to the stressful situation. The hospital can also consider to use the the book "Rainbow of My Heart" for helping the recovery process for pediatric patients in a moderate illness.

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