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**The effect of art therapy based on painting therapy in reducing
symptoms of separation anxiety disorder (SAD) in elementary
School Boys**

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Abstract

The purpose of this research is to investigate the effect of art therapy based on painting therapy on 30 children recruited from elementarily School Boys with symptom of separation anxiety disorder who were 7-12 years old. To find and select the main subjects, two steps were taken. At the first step, children obtaining scores higher than cut-off in CHILD SYMPTOM INVENTORY-4 (CSI-4) were selected, and at the second step, for final selection, children were attended in the Structured Diagnostic Interview-based on DSM-IV-TR criteria. The researcher adopted interview/observation and the document analysis for qualitative study and went through the painting therapy by 12 sessions twice per week, and each session lasted 40 minutes based on discussion and reviewing from parents and the teacher. An experimental and a pretest-posttest control group design method were applied in this regard. The data were analyzed using descriptive statistics as well as ANCOVA. The finding showed that experimental group did have a significant decrease in the symptoms of SAD while the control group showed no significant difference.

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Introduction

It is normal to be anxious in certain circumstances: during a tornado, before a big job interview, or after you have nearly run over the neighbor's five year old. The Anxiety disorders are when children are anxious when there is no reason to be fearful: Going away from mom at age 8 for a day of school, being afraid of heart attacks and cancer as a healthy 10 year old, and being terrified of speaking at a restaurant at age 13 are a few typical instances (Chandler, 2008).

Much has been learned about anxiety disorders in the last 20 years. In 1980, hardly anyone recognized them in children. By 1995, psychiatrists were finding children who had an anxiety disorder quite often. By 2002, psychiatrists rarely were finding children with one anxiety disorder. Most of them had multiple anxiety disorders. In 2008, we seem that these anxiety disorders are not really separate disorders in the same way as Schizophrenia is a

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psychiatric disorder. They are all really part of the same family of disorders and often a child will have one disorder for a while, then switch to another, or just add another on. Agoraphobia and Panic attacks often go together. More recently, it has been discovered that Panic attacks and agoraphobia are much more common in children who currently have Separation anxiety disorder or had it in the past. Separation anxiety disorder is Unreasonable fear of being separated from parent or caregiver. Way out of line for that child's age, culture, and life so if a child worries about being away from his mother while at preschool at age 4 for a few weeks, that isn't Separation Anxiety Disorder. If a child is very concerned about their mother and is calling her at home, that is unusual, but if the mother just got out of cancer treatment the week before, that is not Separation anxiety Disorder. A sign of Separation Anxiety Disorder Getting nervous if the parent is going to leave, even if they have not left yet. Worrying that something bad is going to happen to a parent. Worrying that they will be lost or kidnapped, Being afraid to go places without parents, Can't be alone at home without parents, Cannot sleep alone, Nightmares about being separated Separation Anxiety Disorder can persist into adulthood. As mentioned above, it is very common for a child to start with this and later develop Panic Disorder or Agoraphobia or all three. As far as causes go, the same things cause Separation Anxiety Disorder that causes Panic and agoraphobia. However, some research now suggests that having a parent with alcoholism significantly increases a child's risk of having Separation anxiety disorder. About 14% of children of alcoholic parents will have Separation anxiety disorder. The treatments are the same and will be covered in the treatment section (Chandler, 2008).

Art therapy group is a combination of disciplines: art and therapy. In an art therapy session the child is involved in making art (painting, sculpting, writing a poem, telling a story, dancing, acting out a scene). Art therapy is the disciplined reflection on these two processes. In the art therapy group the child makes art in the presence of her peers and the therapist. This exposes each child to the images made by other group members on both a conscious and an unconscious level. This also allows them to learn from their peers, and to become aware that other children may be feeling just like them (Kalmanowitz, 2004). It is through this process that the child can begin to make meaning of events, emotions or experiences in her life, in the presence of a therapist. The process of drawing, painting, or constructing is a complex one in which children brings together diverse elements of their experience to make a new and meaningful whole. In the process of selecting, interpreting, and reforming these elements, children have given us more than a picture or sculpture; they have given us part of themselves: how they think, feel and see (Lowenfeld, 1987). Through the group, they learn to interact and share, to broaden their range of problem solving strategies, to tolerate difference, to become aware of similarities and to look at memories and feelings that may have been previously unavailable to them. The image, picture or enactment in the art therapy session may take many forms (imagination, dreams, thoughts, beliefs, memories, feelings). The images hold multiple meanings and may be interpreted in many different ways. The art therapist never imposes interpretations on the images made by the individual or group, but rather works with the individual to discover what her art-work means to her (Kalmanowitz, 2004).

Art is of vital importance to children. It is one way in which a small child can interact with, and understand her environment. This enables her perhaps to participate more fully in the complex and often confusing adult world. Art therapy works on many levels: through the absorption in the art-making process, through the dynamic of relationships, through the dynamic of conscious and unconscious and through reflections on the content of the image itself. At the centre of art therapy is the understanding that all of the above can lead to change. Art Therapy does not rely on previous art skills (Kalmanowitz, 2004). In the art therapy session, the child makes art. The child is encouraged to explore and experiment, to find her own way. In the art therapy session there is no right or wrong way to make art, only a way in accordance with the unique nature of the individual child. Within this, however, clear boundaries or limits are set in which the art therapy session can take place (Kalmanowitz, 2004). Art therapy's purpose, regardless of the circumstance, is to encourage children and adolescents to express their feelings, participate in new tasks, such as those involving focused attention, and to learn creativity (Henley, 1998; Hume & Hiti, 1988; Sundaram, 1995; Zamierowski, 1980).

Art therapy was seen as a powerful tool for encouraging hospitalized children, such as those with paralysis, a fatal kidney disease or even a borderline psychotic child (Prager, 1993; Steinhardt, 1995). Art therapy was even useful for a borderline psychotic child, who as a result to this method, allowed him to be able to enter a normal

school environment (Steinhardt, 1995). Children who undergone this form of therapy have improved on school performance, creativity, self-awareness, and relating to fellow peers (Carter, 1979; Henley, 1998; Steinhardt, 1995).

1. Method

2.1. Participants

Participants were recruited from elementary schools with symptom of separation anxiety disorder that were 7-12 years old. To find and select the main subjects, two steps were taken. At the first step, children obtaining scores higher than cut-off in CHILD SYMPTOM INVENTORY-4 (CSI-4) were selected, and at the second step, for final selection, children were attended in the Structured Diagnostic Interview-based on DSM-IV-TR criteria

2.2. Procedure

The researcher adopted interview/observation and the document analysis for qualitative study and went through the painting therapy by 12 sessions twice per week, and each session lasted 40 minutes based on discussion and reviewing from parents and the teacher.

2.3. Measures

2.3.1. Child Symptom Inventory-4:

The Child Symptom Inventory-4 (CSI-4) is a behavior rating scale that screens for DSM-IV emotional and behavioral disorders in children between 5 and 12 years old. The CSI-4: Parent Checklist contains 97 items that screen for 15 emotional and behavioral disorders, and the CSI-4: Teacher Checklist contains 77 items that screen for 13 emotional and behavioral disorders. The CSI-4 can be scored to derive Symptom Count Scores (diagnostic model) or Symptom Severity scores (normative data model). Scoring is quick and easy with user-friendly score sheets.

2.3.2. Structured Diagnostic Interview-based on DSM-IV-TR criteria

2.4. Statistical methods

An experimental and a pretest-posttest control group design method have been applied in this regard. The data were analyzed using descriptive statistics as well as ANCOVA. Means and standard deviations were computed for each of the measures at pre intervention, post-intervention, and 1-month follow-up.

3. Results

The findings showed that the experimental group did have a significant decrease in the symptoms of SAD while the control group showed no significant difference.

3.1. Treatment outcomes

Descriptive statistics for each of the samples are presented in Table 1

Table 1. Descriptive Statistics

Group	Variable	N	minimum	Maximum	mean	SD
Control	Pretest of SAD	15	6	20	10.73	4.49
	Posttest of SAD	15	6	21	10.86	4.40
Experimental	Pretest of SAD	15	5	18	11.53	3.64
	Posttest of SAD	15	5	15	8.73	2.98

Table2. One-Sample Kolmogorov-Smirnov Test

Group		Pretest of SAD	Posttest of SAD
Control	Kolmogorov-Smirnov Z	0.638	0.765
	Asymp. Sig. (2-tailed)	0.810	0.603
Experimental	Kolmogorov-Smirnov Z	0.607	0.593
	Asymp. Sig. (2-tailed)	0.855	0.873

Table3. Mean Difference between control and experimental group

Group	Mean	Std. Error	Confidence Interval %95	
			Minimum	Maximum
Control	12.03	0.179	11.533	12.528
Experimental	9.08	0.367	8.216	9.951

Table4. Tests of Between-Subjects Effects

Dependent Variable:SAD2

Source	Type III Sum of	df	Mean		Sig.	Partial Eta Squared
	Squares		Square	F		
Corrected Model	390.123 ^a	3	130.041	83.121	.000	.906
Intercept	.645	1	.645	.412	.527	.016
Group	.172	1	.172	.110	.743	.004
SAD1	319.187	1	319.187	204.020	.000	.887
group * SAD1	4.970	1	4.970	3.177	.086	.109
Error	40.677	26	1.564			
Total	3312.000	30				
Corrected Total	430.800	29				

a. R Squared = .906 (Adjusted R Squared = .895)

For the current table, The α level is set at the .05 level. The result of the F test of the product term of painting therapy on symptoms of separation anxiety disorder fails to support the violation of the assumption of the regression homogeneity, F group * separation of anxiety (1, 26) =3.177, $p > 0.05$. Therefore, a single rule of the covariate-based adjustment of the dependent variable scores can be applied to participants across painting therapy method groups. In other words, an interaction effect does not exist. Therefore, you can assess the effects of painting therapy on symptoms of separation anxiety disorder.

Table5. Tests of Between-Subjects Effects

Source	Type III Sum	df	Mean		Sig.	Partial Eta Squared
	of Squares		Square	F		
Corrected Model	385.153 ^a	2	192.577	113.909	.000	.894
Intercept	.091	1	.091	.054	.818	.002
SAD1	351.020	1	351.020	207.628	.000	.885
Group	59.276	1	59.276	35.062	.000	.565
Error	45.647	27	1.691			
Total	3312.000	30				
Corrected Total	430.800	29				

a. R Squared = .894 (Adjusted R Squared = .886)

For the current table, the α level is set at the .05 level. The results of the F-test support the effect of painting therapy on symptoms of separation anxiety disorder, $F(1, 27) = 35.062, p < 0.05$.

4-Discussion

The aim of this study was to the effect of art therapy based on painting therapy in reducing symptoms of separation anxiety disorder in elementary School Boys .Boys showed reducing symptoms of separation anxiety disorder. The explanation for this finding can be said art therapy can help people with their disorders.

The findings were shown as follows:

1. After 12 sessions painting therapy, the subjects showed more adaptive behaviors and emotions.
2. The subjects tended to share his feelings. The communication ability also did have obvious improvement.

The results were discussed, and suggestions for further research and implications for counseling practices were proposed.

Basically, the benefit of art therapy is broad. It can improve lives by helping people improve their mental, emotional, and even physical states. It can raise the quality of life for many people, and it worth considering if it can aid you in some way or another. Again, maybe it's just the act of executing creative expression on your own or with others or maybe it's seeking professional help with a certified art therapist. The benefits of art therapy make it worth exploring as a catalyst for healing. As mentioned, Art therapy group is a combination of disciplines: art and therapy. In an art therapy session the child is involved in making art (painting, sculpting, and writing a poem, telling a story, dancing, acting out a scene). Art therapy is the disciplined reflection on these two processes. In the art therapy group the child makes art in the presence of his or her peers and the therapist. This exposes each child to the images made by other group members on both a conscious and an unconscious level. This also allows them to learn from their peers and to become aware that other children may be feeling just like them (Kalmanowitz, 2004). It is through this process that the child can begin to make meaning of events, emotions or experiences in her life, in the presence of a therapist. The process of drawing, painting, or constructing is a complex one in which children brings together diverse elements of their experience to make a new and meaningful whole. In the process of selecting, interpreting, and reforming these elements, children have given us more than a picture or sculpture; they have given us part of themselves: how they think, feel and see (Lowenfeld, 1987). Through the group, they learn to interact and share, to broaden their range of problem solving strategies, to tolerate difference, to become aware of similarities and to look at memories and feelings that may have been previously unavailable to them. The image, picture or enactment in the art therapy session may take many forms (imagination, dreams, thoughts, beliefs, memories, feelings). The images hold multiple meanings and may be interpreted in many different ways. The art therapist never imposes interpretations on the images made by the individual or group, but rather works with the individual to discover what her art-work means to her (Kalmanowitz, 2004).

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