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Effects of art therapy on anger and self-esteem in aggressive children

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Abstract

Verbal communication is difficult for children and more difficult for aggressive ones. This research use art therapy as an effective intervention to reduce anger and increase self-esteem of aggressive children with 7 to 11 years old. Thirty children were allocated to either a control group or an art therapy group equally and randomly. The intervention was performed once weekly for 10 weeks. Self-esteem and anger were measured at the beginning and at the end of 10 weeks, using the cooper smith Self-esteem Inventory (1967) and nelson & finch (2000) children inventory of anger. After 10 weeks, the art therapy group showed significant reduction of anger ($p < 0/001$) and improvement of self-esteem ($p < 0/0001$) compared with control group, except the educational self-esteem subscale that did not show significant reduction in compare with control group ($p < 0/1$). These finding suggest that art therapy can reduce anger and improve self-esteem of aggressive children. While innate characteristics of art combine with concepts of psychology approaches such as cognitive-behavioral therapy, art therapy could be a considerable intervention, especially for children.

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1. Introduction

Anger is one of the most frequently experienced emotions but when it is of a more enduring nature, controlling it could be a difficult task of emotional interventions. When anger left untreated, childhood behavioral problems characterized by anger and aggression can lead to increased rates of school dropout, juvenile delinquency, substance abuse, and poor peer relationships in adolescence (Asher & Coie, 1990; Loeber, 1991; Cairns & Cairns, 1994; Williams, Waymouth, Lipman, Mills & Evans, 2004). In the past several decades, child aggression

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in school has become a major concern since self-reported aggressive and violent behavior continues to rise among children (Piko, Keresztes & Pluhar, 2006). As Donnellan, Trzesniewski, Robins, Moffitt and Caspi (2005) noted, a relation between low self-esteem and externalizing problems is in doubt. They points out that At least three distinct traditions in the social sciences posit a link between low self-esteem and externalizing problems. First, Rosenberg (1965) suggested that low self-esteem weakens ties to society; according to social-bonding theory, weaker ties to society decrease conformity to social norms and increase delinquency. Second, Humanistic psychologists such as Rogers (e.g., 1961) have argued that a lack of unconditional positive self-regard is linked to psychological problems, including aggression. And finally, neo-Freudians also posit that low self-regard motivates aggression.

Using art therapy is a less threatening intervention for work with children. One of General art therapy goals is to improve self-esteem by giving the opportunity to learn skills and to modify cognitions. Argyle and Bolton (2005); Franklin (1999) found art therapy as an effective intervention to improve self-esteem. Art is a natural language and tendency for most children and art therapy could be used to work with emotionally disorder children. According to Malchiodi (2003), by specific drawing tasks and questions it would be possible to assist children in crisis to depict their experiences, with the goal of reframing negative emotions and thoughts. Liebmann (2008) argued that Art therapy can reach the core of the problem and deal effectively with anger and counted different ways that art therapy may be used with anger: Expressing anger in a symbolic way, Metaphors for anger, expressing feelings that mask anger, expressing feelings behind anger, exercises to look at anger and replacing anger by creativity. In art therapy session these techniques could be use effectively to reduce anger most of the time. Furthermore in order to reduce anger and improve self-esteem, we expect a set of concepts, techniques and skills that could be used by an active role of art therapist, in taking a cognitive-behavioral approach to art therapy. For instance, recognizing dysfunctional ideas and beliefs children hold about themselves, their relations or interactions with environment and helping children identifying and restructuring them by using self-monitoring, problem solving strategies and learning coping responses and new skills. It is noticeable to assume that art therapy may reduce children's anger. The present study clinically assesses the effects of art therapy on anger and self-esteem in school children with highly aggressive behavior.

2. Methodology

2.1 participants

Of the boys and girls aged 7–11 years who consulted or referred the outpatient clinics of psychiatry or mental health centers in Shiraz, cause of showing intense aggressive behaviors, were registered during 2month. A total of 50 families were approached and 30 of these children were randomly and equally assigned either to a control or an experimental group. Parents gave consent before Art therapy Intervention Program. Participants who attended a minimum of seven therapy sessions and for whom both pretest and posttest data were available included in the final analyses.

2.2 Outcome Measures

Children inventory of anger. The ChIA is a 39-item measure that operationalizes anger according to the conceptualization set forth by Ellis in Rational Emotive Behavior Therapy. To measure the beliefs most often associated with anger, the ChIA yields a total score and subscale scores: Frustration, Physical Aggression, Peer Relationships, and Authority Relations .The test may be used for youth aged 6–16. As Flanagan and allen (2005) noted, internal consistency reliability For a sample of 1604 youth, are 0.95 for the total scale, and 0.85–0.86 for each of the four subscales, which are impressive values. Test–retest reliability is 0.75 for the total scale, and ranging from 0.65 to 0.75 for the subscales. Content validity for the instruments is believed to be good, as evidence by feedback from professionals using the scale and the Concurrent validity was established by

examining the ChIA's relationship to other measures. The reliability and validity of CHIA have been previously documented by the Iranian population (Kimiyaey, Raftar & Soltanifar, 2011).

Coppersmith Self-esteem Inventory. The coppersmith self-esteem inventory was developed by Stanley Coppersmith (1967). SEI is adopted by the Iranian population in several previous studies (Ebrahimi Ghavam, 1994) and was used to measure the self-esteem of the subjects under study. The SEI consists of 50 self-esteem items and eight items that constitute the lie scale, which is a measure of a student's defensiveness. The self-esteem items yield a total score and separate scores for four sub-scales: General self-esteem, Social self-esteem, Family self-esteem and Educational self-esteem.

2.3 Art therapy Intervention Program

Throughout the 10-week intervention of the study, participants had the choice of attending a weekly 2-hour art therapy session. The foundation of the structured group art therapy program was based on the cognitive-behavioral approach which incorporated principles from narrative therapy.

Children with their parents attended the program and after collecting data within the first session some explanations about length of the art therapy program, privacy of information and introducing art therapy were given to children and their parents. After that some rules were defined. For instance, being on time, behave respectfully and preparing supplies, including watercolor paint, finger-paint color and etc. When students begin to see more clearly how they relate with one another in the group they gain awareness of the roles they bring to their interactions with others (Sutherland, Waldman & Collins, 2010). The second session was set up immediately after the first one because of parents' tendency to intervention and their critical situations. Image making and imaginary drawing with the goal of self-expression, establishing a sense of belonging and working with children's dysfunctional expectations about being "artistic" were performed. Therefore they engaged in the art-making task without any paper or color. Children started to image making then draw whatever they prefer in their imaginary area. Along with this play like activity, other children encouraged to guess what he/she has drawn. Furthermore some question as the topic of their drawing suggested. For example, what's your expectation about art therapy program? The third session was held in the area of identifying simple feelings and after that classifying them as good or bad thing. So children play-act and draw these feelings in the group setting. The fourth session's topic was a boy/girl looking in a mirror. The goal was to look at anger to explore how they see themselves and improve self-awareness in children. In the next part of this art therapy session was for sharing drawings through discussion, leading to review of children assumptions. In Fifth session, the focus was on the impact of anger and aggression on children's lives. Therefore they responded to this topic with drawing and comments. In this session, children had less difficult times describing what they were drawing with comments. The sixth session provided a framework for monitoring peer relationship. While drawings showed disparagement friendships, art therapy group gave them a chance to build a friendship by learning new skills along with working together, every 2 or 3 child on one project. The seventh session was about negative relationships in children's family and it addressed issues of anger and its management. Threats of physical punishment as a consequence of conflict with authority figures became a main topic to work with. The eighth session's topic was about children's responsibility. The purpose was to explore issues related to aggressive behaviors in comparison with issues related to self-control. In the Ninth session, all children worked on an art project to bring closure to the group art therapy process. They draw a ceremony on a 200*100 paper together with comments about ending of art therapy program. In the tenth session like first session the children answered the inventories together. Then with their parents they joined a small exhibition of art works which was made during the intervention.

3. Results

Statistical processing of the study results was conducted using SPSS software. Descriptive statistics indices such as mean and standard deviation were taken into concern (see table 1). A series of analyses of covariance (ANCOVA) were used to examine the effects of art therapy interventions on self-esteem and anger in aggressive children. Pre-test measurements were used as the covariate in order to control for any differences between treatment and control groups at pretesting. The results of the analysis which are presented in Table 2 and 3, indicate that there are statistically significant differences between treatment and control groups on Self-esteem total score ($P<.0001$, $F=25.19$) and Anger total score ($P<.001$, $F=13.24$). For the subscales of self-esteem, results of analysis indicate that there are statistically significant differences between treatment and control groups on Family self-esteem score ($P<.0001$, $F=36.85$), Social self-esteem score ($P<.052$, $F= 4.15$) and General self-esteem score ($P<.052$, $F=4.15$). Educational self-esteem subscale was the only exception and results of the analysis indicate that there is not a statistically significant difference between treatment and control groups on its score ($P<.1$, $F= 2.88$). For the anger's subscales, results of analysis indicate that there are statistically significant differences between treatment and control groups on authority relationship ($P<.0001$, $F=17.45$), Peer relationship ($P<.003$, $F=10.52$), Frustration ($P<.0001$, $F=18.02$) and physical Aggression scores ($P<.0001$, $F= 19.42$).

Table 1 Mean and standard deviation of self-esteem and anger

	Experimental				control			
	before mean	SD	after mean	SD	before mean	SD	after mean	SD
Anger	119	14.42	100.13	16.5	116.33	15.07	122.86	12.96
Auth rel.	29.26	6.19	24.26	5.48	29.8	5.37	29.46	4.91
Peer rel.	26.73	3.76	24	3.5	26.73	7.79	28	3.56
Frustration	31	4.89	23.73	8.79	30.33	6.7	34.1	7.32
Phys agr.	32	3.2	28.13	3.44	29.46	4.12	31.3	4.32
Self-esteem	28.16	7.86	37.6	6.16	26.4	8.86	26.8	7.21
So. self-esteem	3.40	1.35	6.13	2.06	4.53	1.84	4.53	1.5
Family self-esteem	4.33	1.6	6.6	0.19	4.13	1.59	4.06	1.27
Edu. self-esteem	4.53	1.79	5.46	1.35	4.33	2.02	4.53	1.5
G. self-esteem	14.4	4.62	19.4	3.62	13.4	5.3	13.66	4.73

Note. Auth Rel. : Authority relations; Phys agr. : Physical aggression; so. Self-esteem: social self-esteem; Edu. Self-esteem: Educational self-esteem; G. self-esteem: General self-esteem. For both group N=15.

Table 2 Analysis of covariate to compare experimental and control groups in self-esteem score

Source	Type III sum of squares	df	mean square	F	sig.
Self-esteem pre-test	706.577	1	706.577	34.472	.000
Group	516.504	1	516.504	25.199	.000
Error	553.423	27	20.497		
Total	33240.000	30			

Table 3 Analysis of covariate to compare experimental and control groups in anger score

Source	Type III sum of squares	df	mean square	F	sig.
Anger pre-test	4120.947	1	4120.947	25.443	.000
Group	2144.993	1	2144.933	13.2439	.001
Error	4373.187	27	161.970		
Total	370596.000	30			

4. Discussion

These findings appear to be consistent with the results of previous research which have demonstrated the efficacy of art therapy with children (Carolan, 2001; Douglass, 2001; Gilroy, 2006; Snyder, 1997; Waller, 2006, cited in Pretorius & Pfeifer, 2010; Nadkarni & Leonard, 2007). This may be explained in terms of the nonverbal expression that could be possible by art therapy in a safe way. Art therapy has substantial credentials as an effective way of working with children (and adults) who are often (for complex reasons, including fear, shame and lack of adequate language) unable to verbalize their experience (Liebmann, 2008).

Results of this study reveal that Art therapy is an effective intervention to reduce anger and its dimension. The systematic review of research studies shows that effects of the arts therapies are often expressed in terms of reduced aggression, anger, tension, stress, and cognitive distortion (Smeijsters, Kil, Kurstjens, Welten, Willemars, 2011). In the first place a probable explanation is about safely ways of anger expression that art therapy could provide it for children. Another is imagination in combine with art making. Baljon (2011) noted that we illustrate in this case study how imagination and artwork can help transform destructive aggression into constructive strength.

Further more, by art therapy children could manage difficult emotions such as anger. Art therapy can improve emotional understanding and anger management (Bush, 1997). In art therapy intervention learning coping responses, new skills or problem-solving techniques, increasing sense of belonging, offering nonthreatening way to communicate complex feelings and experiences could be used to explain this process.

Through the art therapy program, self-esteem improvement occurs as a result of the study and is in line with previous findings that revealed art therapy intervention is beneficial for improving self-esteem in children (Chin et al. 1980; Harvey, 1989; Omizo & Omizo, 1989; Argyle and Bolton, 2005; Catterall & Peppler, 2007; Freilich & Shechtman, 2010). In art therapy there is no any 'right' or 'wrong' way of doing art (Liebmann, 2008) thus by facilitating creative expression it could empower self-assertive in children and so it might be an obvious explanation of self-esteem improvement. Art therapy provides an opportunity to increase children awareness, either of self and environment and as Mooney (2000) noted awareness is essential for a strong sense of self or self-esteem and art develops and increases child's awareness.

In this study, different techniques of cognitive-behavioral approach in combination with art were used to improve self-esteem and reduce anger. In most sessions, the emphasis was on problem-solving technique. Also children's art works have been combined with discussions about their beliefs and learning coping response and skills through most sessions. In some sessions children have been encouraged to draw their stories and to express their opinions. Drawing a story may help children with emotional problems who are unable or unwilling to reveal aspects of themselves in discussion (Gabel, 1984, cited in Pratt, 2004). When children draw a topic, narrating the subject and its aspect could be effective and as a result, in this position it's more probable to face with reduced resistance.

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