

The Effect of Art Therapy Based on Painting Therapy in Reducing Symptoms of Social Phobia in Elementary School Boys

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The purpose of this research is to investigate the effect of art therapy based on painting therapy on 30 children recruited from elementary school boys with the symptom of social phobia who were 7-12 years old. This research is an experimental one with pretest and posttest and control group. In this prospective study a group of 30 elementary school boys with symptoms of social phobia were randomly assigned to two experimental and control groups. To find and select the main subjects, two steps were taken. At the first step, children obtaining scores higher than the cut-off point in the CHILD SYMPTOM INVENTORY-4 were selected, and at the second step and for the final selection, children were attended the Structured Diagnostic Interview based on criteria. The researcher adopted interview/observation and the document analysis for qualitative study and went through the painting therapy for 10 sessions twice per week, and each session lasted 45 minutes based on discussion and reviewing from parents and the teacher. An experimental pretest-posttest control group design was used in this regard. The data were analyzed using descriptive statistics as well as ANCOVA. Findings indicated that the experimental group did have a significant decrease in the symptoms of (SP) while the control group showed no significant difference.

Keywords: art therapy, painting therapy, social phobia

In the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) social phobia (also listed as the social anxiety disorder) is defined as a “marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or possible scrutiny by others” (American Psychiatric Association (APA), 1994, p. 416).

With regard to psychological treatments of social phobia, cognitive-behavioral group therapy (CBGT) following principles developed by Heimberg and coworkers (Hope & Heimberg, 1993) is perhaps the most empirically validated method. Briefly, CBGT is a structured form of psychotherapy, which incorporates simulated exposures to feared situations, cognitive restructuring, and homework assignments for in vivo exposure. It is held in a group format, ideally with 6-8 patients and two therapists. The standard treatment period runs for 12 weekly sessions, each about three hours long. The effectiveness of CBGT has been demonstrated in several controlled studies (Heimberg & Juster, 1995; Heimberg et al., 1998) and follow-up assessments have shown that the beneficial effects are still evident five years after treatment termination (Heimberg, Salzman, Holt, & Blendell, 1993). The most important treatment strategy is to assist families with psychosocial interventions to deal with the many behavioral challenges from their child. Several scientifically proven and effective treatment options are available for children with anxiety disorders. The two treatments that most help children overcome an anxiety disorder are cognitive-behavioral therapy and medication. The other intervention for this disorder is group therapy. Group therapy sessions in a year are recommended by the practitioner and the psychologist. (Spers, Gooley, Nicholson, 2003), (Moeller, 2001).

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 bring 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. 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).

Studies have shown that weekly art-based support therapy can be helpful in reducing anxiety and fatigue in patients undergoing chemotherapy treatment (Bar-Sela, Atid, Gabay & Epelbaum, 2007). A new study finds that art therapy can help reduce anxiety associated with pediatric asthma, improving quality of life. In the first randomized clinical trial of art therapy for asthma, researchers found benefits after seven weekly art therapy sessions. Those receiving art therapy show significant improvements in problem solving, communication, quality-of-life, anxiety and self-concept scores (Beebe, Gelfand, Bender, 2010).

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

Method

Participants

Participants, with symptom of SP and 7-12 years old, were recruited from the elementary schools. This research is experimental with pretest-posttest and control group. In this prospective study a group of 30 elementary school boys with symptoms of social phobia were randomly assigned to the two experimental and control groups. To find and select

the main subjects, two steps were taken. At the first step, children obtaining scores higher than the cut-off point in the Child Symptom Inventory-4 (CSI-4) were selected and at the second step, for the final selection, children were attended the Structured Diagnostic Interview-based on DSM-IV-TR criteria.

Procedure

The researcher adopted interview/observation and the document analysis for qualitative study and went through the painting therapy by 10 sessions twice per week, and each session lasted 45 minutes based on discussion and reviewing from parents and the teacher.

Measures

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 (Gadow & Sprafkin, 2002).

Structured Diagnostic Interview-Based on DSM-IV-TR Criteria

Statistical methods. An experimental and a pretest-posttest control group design 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 and post intervention.

Results

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

Treatment outcomes

Descriptive statistics for each of the groups are presented in Table1.

Table 1
Descriptive Statistics

Group	Variable	N	minimum	maximum	Mean	SD
Control	Pre-test of SP	15	5	9	6.60	1.35
	Post-tests of SP	15	5	9	7.20	1.26
Experimental	Pre-test of SP	15	5	9	7.26	1.43
	post-tests of SP	15	4	9	6.73	1.79

Table 2
Tests of Between-Subjects Effects

Dependent variable: SP					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	47.967 ^a	2	23.984	30.837	.000
Intercept	.362	1	.362	.466	.501
SP1	46.334	1	46.334	59.573	.000
Group	8.262	1	8.262	10.623	.003
Error	21.000	27	.778		
Total	1525.000	30			
Corrected Total	68.967	29			

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

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 SP fails to support the violation of the assumption of the regression homogeneity,

F group * SP (1, 26) =2.145, $p > .05$. 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 SP.

Table 3
Tests of Between-Subjects Effects

Dependent Variable: SP					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	50.112 ^a	3	16.704	23.034	.000
Intercept	.385	1	.385	.531	.473
Group	4.004	1	4.004	5.521	.027
SP	44.952	1	44.952	61.987	.000
group * SP	2.145	1	2.145	2.957	.097
Error	18.855	26	.725		
Total	1525.000	30			
Corrected Total	68.967	29			

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

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 SP, $F(1, 27) = 10.623$, $p < .05$.

Discussion

The aim of this study was to show the effect of art therapy based on painting therapy in reducing symptoms of SP in elementary school boys. Boys showed reducing symptoms of SP.

The findings were as follows:

1. After 10 sessions of 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.

These results are consistent with Prager (1993) and Steinhardt (1995) that found art therapy is a powerful tool for encouraging hospitalized children, such as those with paralysis, a fatal kidney disease or even a borderline psychotic child. Steinhardt(1995) found that 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 .Carter (1979), Henley (1998), and Steinhardt (1995) also found that children who undergo art therapy have improved on school performance, creativity, self-awareness, and relating to fellow peers.

Bar-Sela and his colleagues' studies (2007) have shown that weekly art-based support therapy can be helpful in reducing anxiety and fatigue in patients undergoing chemotherapy treatment.

According to the results of the past findings it can be verified that 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.

Research limitations & suggestion

One of the limitations of this study was the study evaluated only short-term effects of art therapy on social phobia due to the limitations of time and resources. Obviously, if the future studies evaluate the long-term effects of the painting therapy it would be useful.

Aanother limitation of the study was that the results of a group of female students cannot be generalized to other populations. Another

limitation is that the effect of painting therapy on reducing symptoms of social phobia cannot be generalized to other disorders. The final limitation is the impossibility of controlling the intervening variables such as environmental conditions, emotional state, and specific individual subjects, which limits the generalizability of the results.

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