EFFICACY OF EXPRESSIVE ART THERAPY AMONG THE YOUNG ADULTS

Rev. Fr. A. Sahaya Belix*[1]

[1]*Director of Youth, Diocese of Kottar, Asaripallam Road, Nagercoil, Kanyakumari, Tamilnadu, India.

ABSTRACT

Expressive Art therapy is an intervention for raising self-esteem, happiness and reducing depression, anxiety and affect. The mind-body approach and the various processes of art therapy treatment can attune psycho physiological processes and help to integrate brain processes holistically to improve affect regulation and enhance well-being. The function of the mirror neuron system has important implications for the practice of psychotherapy and art therapy. On the basis of a trusting therapeutic alliance, art-making and mutual sharing allows the flow of affect, both internal and interpersonal, to move naturally towards emotional connection. Eight young adults were participated in 20 sessions. Expressive art therapy had an effect on lowering the levels of depression, anxiety and the negative affect. After all the sessions, a drastic improvement was observed with self-esteem and happiness of all the participants. So the confidence level, self-examine capacity, individuality of the 8 members were increased gradually during the study period.

KEYWORDS

Therapy, Activity, Young Adults, Self-esteem, Creative art, Healing art and Spiritual emotions.

Author for Correspondence:

Rev. Fr. A. Sahaya Belix,

Director of Youth, Diocese of Kottar,

Asaripallam Road, Nagercoil,

Kanyakumari, India.

Email: sahayabelix@gmail.com

INTRODUCTION

During the adolescent years, youth are faced with constant and dramatic change, both as individuals (e.g., physical, emotional) and in their relationships with others (e.g., family, peers, teachers). For some youth, the stress that accompanies these changes exceeds their ability to cope and contributes to mental health problems, substance abuse issues, or both.

A 2003 survey in Canada showed that young people aged 15 to 24 years were more likely to report mental health and substance use or abuse problems than any other age group. Alone or combined, mental health problems and substance abuse can lead

to damaged relationships, poor academic performance, problems with the law and reduced overall health with a symptoms of anxiety, affect, depression, self-esteem, etc. These problems do not end when a youth makes the transition to adulthood, but often persist, resulting in a lifetime of lost potential and significant costs to communities and our health and social systems.

Affect

A person's affect is the expression of emotion or feelings displayed to others through facial expressions, hand gestures, voice tone, and other emotional signs such as laughter or tears, which can be divided into five types namely, broad affect (Normal range of affect), restricted or constricted affect (intensity of display of feelings), flat affect (absence of any exhibition of emotions), blunted affect (emotion becomes more severe) and labile affect (emotional instability). When the outward display of emotion is out of context for the situation, such as laughter while describing pain or sadness, the affect is termed "inappropriate".

Anxiety

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension and worrying. These disorders affect how we feel and behave and they can manifest real physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, having a serious impact on daily life. People often experience a general state of worry or fear before confronting something challenging such as a test, examination, recital, or interview. Anxiety has many different faces and can even be adaptive, but young people with an anxiety disorder experience panic, shyness, worry or compulsion in a way that makes it hard for them to function in everyday situations.

Self-esteem

In sociology and psychology, self-esteem reflects a person's overall emotional evaluation of his or her own worth. Self-esteem encompasses beliefs and emotions such as triumph, despair, pride and shame. Self-esteem is associated with depression, anxiety, motivation and general satisfaction with one's life (Harter, 1986; Rosenberg, 1986). The self-esteem is divided in to four categories; they are Low Self Esteem, High Self Esteem, Worthiness Based Self Esteem and Competence Based Self Esteem. Low Self Esteemed persons have constant feelings of insecurity, are very cautious, timid, have poor initiative, avoid conflict, and suffer with a lot of anxiety and depression. In the case of High Self Esteem, the persons generally feel good about them, are open to new experiences, feel accepted, and are pleasant to be around. They have a high competence level, which means they have the skill set to succeed in life, and show good mental health, happiness, and are secure in their own identity. The persons, who are comes under Worthiness Based Self Esteem the persons having Competence Based Self Esteem, they measure themselves by their achievements and successes. They compensate their lack of worth by exaggerating the importance of their successes.

Depression

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. People with depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable or restless. They may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details or making decisions, and may contemplate, attempt or commit suicide. Insomnia, excessive sleeping, fatigue, aches, pains, digestive problems or reduced energy may also be present. Some forms of depression are slightly different, or they may develop under unique circumstances. They include Psychotic depression, Post-partum depression, Seasonal affective disorder (SAD), etc. A youth who has clinical depression might be unable to feel happy or might feel sad in a way that interferes with daily living. Though sadness is a normal part of life, clinical depression is intense and prolonged and accompanied by the inability to function at home, at school or in the community.

Happiness

Happiness is a mental or emotional state of well-being characterized by positive or pleasant emotions ranging from contentment to intense joy. A variety of biological, psychological, religious, and philosophical approaches have striven to define

happiness and identify its sources. The smiley face is a well-known symbol of happiness. Humans seem happiest when they have Pleasure (tasty food, warm baths, etc.), Engagement (or flow, the absorption of an enjoyed yet challenging activity), Relationships (social ties have turned out to be extremely reliable indicator of happiness), Meaning (a perceived quest or belonging to something bigger), and Accomplishments (having realized tangible goals).

Art therapy

Art therapy provides a way to gain insight and understanding through self-expression. The fears and other emotions that often accompany panic disorder can be hard to express through words alone, and the creative process of art therapy can help a person tap into and express deep feelings. Words aren't always needed for self-expression you may find it helpful to work through your stress and anxiety through artistic activities, such as painting or drawing. A relatively new form of therapy for social anxiety disorder is art therapy. Art therapy involves using art as a way of expressing feelings and communicating problems. This is helpful to individuals suffering from social anxiety disorder because it provides an efficient, non-threatening form of communication for patients who struggle to express themselves verbally (Crespo, 2003). The second approach to art therapy is called "art-as-therapy" and focuses on the healing ability and relaxing qualities of the art making process itself. The purpose of this therapy is to help patients who are stressed by giving them a relaxing art project to work on and redirecting their thoughts (Holmqvist and Persson, 2012). Working on art projects in groups is common in this "art-as-therapy" approach and seems to be particularly helpful in treating patients with a history of traumatic experiences. This is because it helps them form connections and build social skills (Pretorious and Pfeifer, 2010).

Art therapy is practiced in mental health, rehabilitation, medical, educational, forensic, wellness, private practice and community settings with diverse client populations in individual, couples, family, and group therapy format. Art therapy is an effective treatment for people experiencing developmental, medical, educational, and social or psychological impairment. Individuals who benefit from art therapy include those who have survived trauma resulting from combat, abuse, and natural disaster; persons with adverse physical health conditions such as cancer, traumatic brain injury, and other health disability; and persons with autism, dementia, depression, and other disorders. Art therapy helps people resolve conflicts, improve interpersonal skills, manage problematic behaviors, reduce negative stress, and achieve personal insight. Art therapy also provides an opportunity to enjoy the life-affirming pleasures of art making. Art therapy is an effective intervention for raising the self-esteem.

At the beginning of the twenty-first century, the creative arts therapies are firmly established as an important part of complementary medicine for psychologic and physiologic illnesses. The arts therapies are present in every facet of medical practice in hospitals, hospices, other health care institutions, and private practice. Art therapy was first organized in the 1930s. At the beginning of the twentieth century, psychiatrists studied the artwork of patients to see if there was a link between the art and the illness of their patients. At this same time, art educators were discovering that the free and spontaneous art expression of children represented both emotional and symbolic communications. Since then, the profession of art therapy has grown into an effective and important method of communication, assessment, and treatment with many populations.

Neuroscience has revealed new information on how affect functions in the human brain, and how the brain and the body are interrelated in their influences on illness and wellness. This knowledge has informed and improved the theoretical underpinnings and clinical techniques of art therapy for the benefit of depressed and anxious patients. Hence the present study was framed to find creative solutions to overcome the symptoms of mendal illness like depression, anxiety, affect, low happiness and low self-esteem among young adults.

METHODOLOGY

Selection of participants

During their adolescent stage youth are faced with physical and emotional changes. For some youth the

stress that accompanies these changes exceeds their ability to cope and contributes to mental health, problems like depression, low self-esteem, affect, low happiness and anxiety. Eight members were randomly selected among college students aged between 18-21 years. In order to maintain the identities of my group members, names of bible characters have been used.

Session logistics

The group session will be conducted in youth centre. Two hours (5.00-6. 30P.M) were allocated per session. Other members weren't allowed inside the room once a session started. The group members were only allowed a small tea break during the session if they need. The group schedule starts from July, 2014 and ends in February, 2015.

DATA SOURCES AND DATA COLLECTION PROTOCOLS

Data gathering was done with five standard Questionnaires and are listed below

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The Rosenberg self-esteem scale (RSES), developed by sociologist Dr. Morris Rosenberg is a self-esteem measure widely used in social-science research. The RSES is designed similar to social-survey questionnaires. It is a ten item Likert-type scale with items answered on a four point scale from strongly agree to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures state self-esteem by asking the respondents to reflect on their current feelings.

Geriatric Depression Scale

The Geriatric Depression Scale (GDS) is a 30-item self-report assessment used to identify depression in the elderly. The scale was first developed in 1982 by J.A. Yesavage and others. It is ideal for evaluating the clinical severity of depression, and therefore for monitoring treatment. It is easy to administer, needs no prior psychiatric knowledge and has been well validated in many environments.

Oxford Happiness Questionnaire

This inventory was designed by Argyle, Martin, and Crossland (1989) and is a 29-item questionnaire,

based on a four-point rating scale from (0) agree through to (3) disagree.

Beck Anxiety Inventory

The Beck Anxiety Inventory (BAI), created by Dr. Aaron T. Beck and other colleagues, is a 21-question multiple-choice self-report inventory that is used for measuring the severity of an individual's anxiety.

The Positive and Negative Affect Schedule (PANAS; Watson et al., 1988)

The Positive and Negative Affect Schedule (PANAS) comprises two mood scales, one that measures positive affect and the other which measures negative effect. Used as a psychometric scale, the PANAS can show relations between positive and negative affect with personality stats and traits. Ten descriptors are used for each PA scale and NA to define their meanings. Participants in the PANAS are required to respond to a 20-item test using 5-point scale that ranges from very slightly or not at all (1) to extremely (5).

The questionnaires are presented in appendices

Statistical Analysis

Two ways ANOVA (Analysis of variance) without replication was applied to find the effect of expressive art therapy on the pre and post-test using Microsoft Excel.

SESSION METHODOLOGY

In the following session we will discuss in detail the different modalities used in each session. The standard format used is

Warm up

Activity

Sharing

Cool down

Good bye ritual

RESULTS

Self-esteem

The results on the self-esteem are presented in Table No.1. The results revealed that the self-esteem was increased with all the participants after all sessions. The results between the pre-test and post-test were significantly ($P<0.05$) varied.

Depression

The results on the Geriatric depression scale are depicted in Figure No.1. After all the sessions the depression level was gradually decreased among the eight participants. Three of them are totally get rid of from depression and Significant variation (P<0.05) was existed between the pre-test and post-test for depression.

Based on the Oxford Happiness Questionnaire group members fall under different category, four of them were under somewhat happy, three were under unhappy and one member was moderately happy in the pre-test. In the post test there was a slight improvement was observed and they came under the category of very happy except Martha, Esther and David. The results are furnished in Table No.2. Significant variation (P< 0.05) was observed between the pre and post-test.

Anxiety

Beck Anxiety Inventory results revealed that most of the participants were affected with high level anxiety in the pre-test. After the completion of all the sessions the level of anxiety was decreased and reached the category of low anxiety which is presented in Figure No.2. In the case of Beck Anxiety Inventory also a significant variation (P<0.05) was found between the pre and post-test.

Affect

The affect was assessed using the PANAS scale and the results are given in Table No.3. The results of the pre-test showed that all the group members had negative affect and in the post-test 7 out of 8 participants were comfortable with themselves after the 20 sessions. There was no significant variation (P< 0.05) between the data obtained from the pre and post-test for the affect but a difference was occurred between the types of affect because of the improvement after all the sessions.

DISCUSSION

There were several practical limitations to the smooth flow of the sessions. Some adjustments and adaptations had to be made in the following areas:

Availability of the same room for every session

Exam schedules

Extracurricular activity schedules

Scholarly disruptions

As most of the sessions were conducted after work hours, the sessions began at 5.00 P.M and end nearly 6.30 P.M hence it was inconvenience for the group members.

Table No.1: Rosenberg Self Esteem Scale

S.No	Name	Pre test	State	Post test	State
1	Anna	16	Moderate	26	High
2	Sarah	11	Moderate	21	High
3	Esther	13	Moderate	24	High
4	Martha	18	Moderate	22	High
5	David	12	Moderate	21	High
6	Salomon	21	High	25	High
7	Jude	17	Moderate	22	High
8	Joseph	15	Moderate	20	High

Table No.2: Oxford Happiness Questionnaire

S.No	Name	Pre test	State	Post test	State
1	Anna	3.3	Unhappy	5.23	Very happy
2	Sarah	2.03	Somewhat happy	5.68	Very happy
3	Esther	2.27	Somewhat happy	4.43	Rather happy
4	Martha	3.17	Unhappy	4.98	Rather happy
5	David	1.53	Not happy	4	Moderately happy
6	Salomon	2.03	Somewhat happy	5.01	Very happy
7	Jude	3.03	unhappy	5.20	Very happy
8	Joseph	2.75	Somewhat happy	5.18	Very happy

Table No.3: The Positive and Negative Affect Schedule

| S.No	Name	Pre test	State	Post test	State
1	Anna	22	Negative affect	34	Positive affect
2	Sarah	36	Negative affect	28	Positive affect
3	Esther	28	Negative affect	36	Positive affect
4	Martha	31	Negative affect	21	Positive affect
5	David	43	Negative affect	22	Negative affect
6	Salomon	33	Negative affect	42	Positive affect
7	Jude	21	Negative affect	44	Positive affect
8	Joseph	19	Negative affect	26	Positive affect
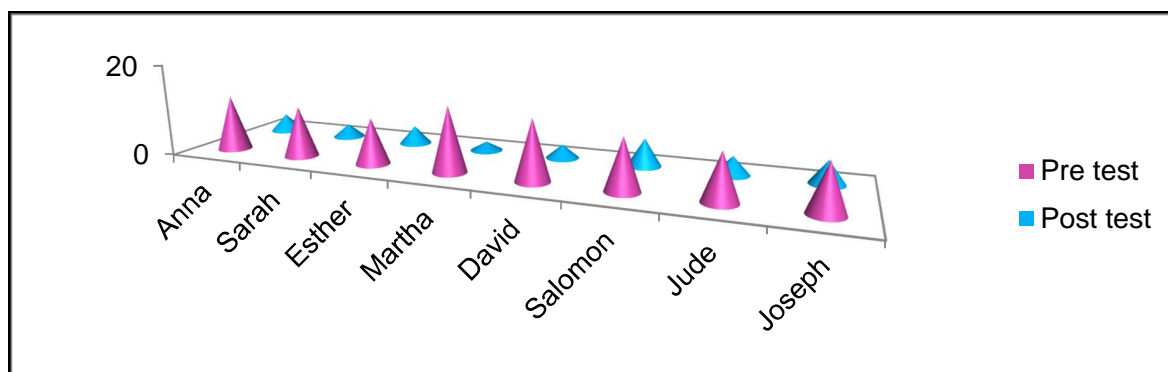
Figure No.1: Geriatric depression Scale
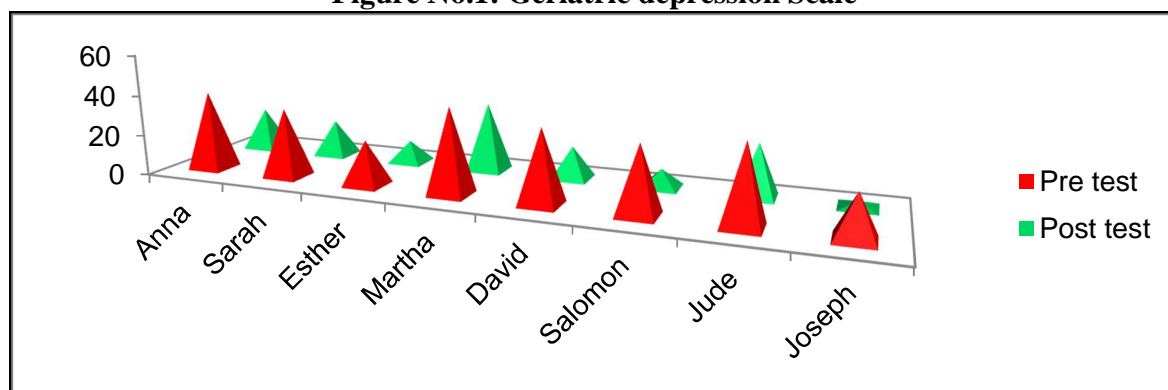
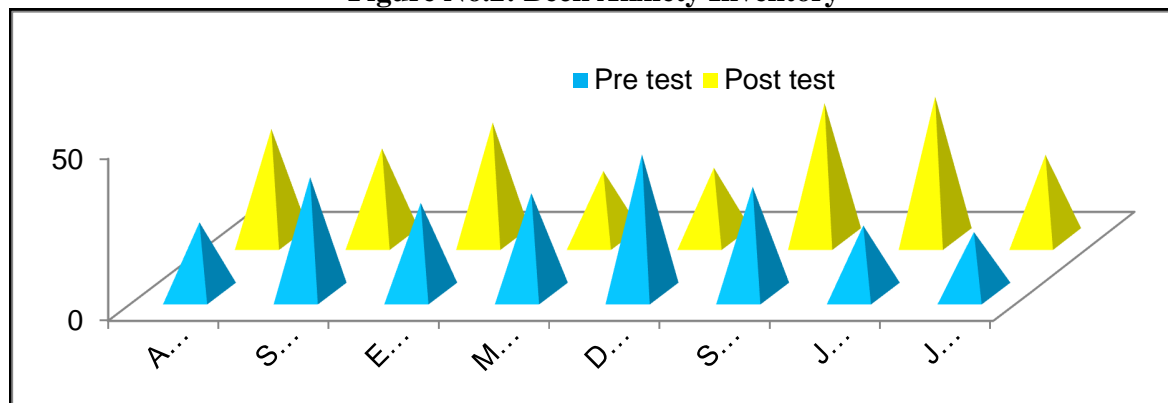**Figure No.2: Beck Anxiety Inventory**

Figure No.3: Positive and Negative Affect Schedule

CONCLUSION

Survey of literature reveals that there are more numbers of literatures accumulated in general aspects of art therapy, but with regards to overcome the young adults problem with art therapy is scanty. Hence, the present study may be a model for the beginners who work with the same topic.

CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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