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The Relationship between Therapy and Students' Anxiety

Capstone Thesis

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Art Therapy

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Abstract

Anxiety causes a high percentage of behavioral concerns and struggles in school aged children and it has become one of the most prevalent psychological disorders in adults (Bernstein, 2016). If left untreated, anxiety negatively influences children's social, emotional, and cognitive development, which continues into adulthood. Children with anxiety tend to demonstrate excessive inflexibility, avoidant tendencies, and an intense need to control situations that they perceive as intimidating (Kra-Oz & Shorer, 2017). The purpose of this literature review is to examine anxiety in latency-aged children and the current practices in treating childhood anxiety. This will also examine gradual exposure therapy through art and play as a mode of treatment to alleviate symptoms of anxiety. Since play and art are two inherent languages of children and have been proven to be effective therapeutic methods for reducing symptoms of anxiety, these modalities can be helpful in alleviating anxiety in children (Khadar, 2013). In this literature review, I narrate the therapeutic relationship between art therapy, exposure therapy through play, and students with anxiety in uncomfortable situations.

The Relationship between Art Therapy, Exposure Therapy and Students who have
Anxiety in Uncomfortable Situations

Introduction

I am a student of Lesley University in the art therapy program and I have an eight-year-old daughter. She sometimes appears to have anxiety when she is exposed to or faced with uncomfortable situations. For example, when she was in first grade, she was excited to ask for soccer class. However, on the first day of the class she refused to play and sat on the bench for two months. Another example is when she entered the second grade. Even though she had the same teacher for second grade as in kindergarten, whom she used to like, and students there were also from her first grade class, nothing new, she refused to enter the classroom and cried for hours. However, as soon as she got used to the environment, she soon became the one who enjoyed the group the most. I have been pondering about these kinds of difficulties of my daughter for the last few years and I have decided to research about the difficulties that other children may have in their daily life as well. I would like to equip them with the tools that I have adopted myself as a student in art therapy, so I decided to research this topic.

According to Ferry (2016), “there are 73.6 million children who are under the age of 18 in the United States. Of those children, it is approximated that 17.1 million had or have had a diagnosable psychiatric disorder. The Children's Mental Health Report created by the Child Mind Institute present that anxiety is prevalent in 31.9% of children with a psychiatric disorder age 13-18” (p.1). At least 80% of children with a diagnosable anxiety disorder were not receiving treatment (Ferry, 2016). The difficulty of school anxiety is one of the most significant topics in psychology, as every year the number of students

with anxiety, described as severe anxiety, insecurity, and emotional uncertainty, tends to increase every year (Nadezhda & Albina, 2016).

School age is an appropriate time for the formation of personal development and various skills to socialize with peers and adults (Nadezhda & Albina, 2016). However, if a student has anxiety, they may become insecure, uncertain, impulsive, or they just simply shut down. Also, anxiety causes the delay of developmental creativity, uniqueness of thought, and curiosity (Nadezhda & Albina, 2016). These students are often characterized as introverted, withdrawn, and may exhibit problems of attachment to caregivers, specifically when exposed to inexperienced situations (Kra-Oz & Shorer, 2017). It has become apparent, that to improve children's academic performance and social-emotional development, there is a need to decrease symptoms of anxiety.

According to Ferry (2016), there are too many children who are experiencing difficulties from anxiety and stress. In my experience, working with school-aged children with anxiety shows the tendency to be inflexible and lack playfulness particularly in unexpected or unstructured situations. Often, these students demonstrate classroom avoidant behaviors by seeking alternative measures such as the art room to release their emotions, express their thoughts, and rest (Ferry, 2016).

I have seen students, including my daughter, who have exhibited symptoms of anxiety in uncomfortable situations such as avoidance of conflict, academic stress, and nervousness. Due to these symptoms, they are not able to fully exercise their abilities and possibilities in these situations. Consequently, this has led me to research about how art activities affect the students with anxiety and how they help and support the students to

decrease their anxiety levels and freely demonstrate what they wish to and what they are able to do.

In this study, I will introduce more of the playful exposure and a term describing the combination between exposure technique and play. Gradual exposure to anxiety producing experiences has proven to be an effective therapeutic method for reducing pediatric anxiety (Kra-Oz & Shorer, 2017). The process of gradual, constant, and repetitive exposures to these anxiety producing situations may result in decreases in anxiety levels and behaviors associated with anxiety (Kra-Oz & Shorer, 2017). The students who are anxious need more playful and stimulating approaches.

I will also discuss the art therapy activities as effective methods for reducing anxiety in school-aged children. The symptoms of anxiety are often imperceptible, and teachers and parents are not always able to perceive students struggling (Montgomery, 2018). However, art educators have different perspectives of their lessons by understanding how students react to materials and prompts, and by engaging in conversation with students about their work. Ferry (2016), a researcher at Moore College of Art and Design, worked with many students who are suffering from anxiety and stress who are always looking for a pass to come to the art room, so they can refresh themselves and express what is on their mind. Ferry (2016) stated, “art is proven to reduce stress and combined with an art curriculum that is exciting and new, it will inevitably alleviate anxiety in these children” (p.2).

Art therapy, such as coloring mandalas, painting, and more activities with various media, can support the students and investigate which therapeutic techniques and methods can be used effectively in reducing student anxiety levels.

In this beginning section, the literature review will give context on the description of school-age children's development (ages 6-9 and 9-12) and the definition of anxiety. Later, I will describe methods of the treating anxiety in children. The literature review will discuss playful exposure therapy, parent led exposure therapy, and art therapy as treatment methods for anxiety in school-aged children.

Literature Review

In this literature review, I will discuss the description of school age children's developments for better understanding of school-age children and the definition of anxieties of childhood: school related, separation anxiety disorder. I will also introduce the playful exposure therapy with two case studies and parent led exposure therapy. By referencing The State Trait Anxiety Inventory (STAI), I will discuss three art therapy activities such as coloring mandalas, art with various art medias, and a painting activity. This literature review is for therapists who work with students with anxiety and provides exposure therapy and art therapy as therapeutic tools to decrease symptoms of anxiety for the purpose of better performance in schools and daily lives (Khadar, 2013). In the next section, I will describe the developmental stages of school-aged children, within the context of physical, intellectual-cognitive, social-emotional, and task development, for a better understanding of their developmental ages and for emphasizing the importance of developmental stages to properly utilize the therapeutic techniques to help children.

Development in Children

Nourishing development indicates that children of all abilities, including those with special health care needs, are able to develop when their physical, cognitive, social-emotional and educational needs are met. If the child has anxiety, they might lose

opportunities to develop when they need to. This section describes physical, cognitive, social-emotional development, and dealing with tasks of children ages 6 to 12 to understand their expected abilities. However, their abilities could be different (Kaneshiro, 2018).

Physical development. Physical development in school-age children most often encompasses strong and smooth motor skills (Kaneshiro, 2018).

Age 6 to 9. The school age starts from age 6 and at this age children need around eleven hours of sleep each night and recurrent rest to meet their best physical development. They start to build preference for a specific side of the body and are able to run, climb, dance and slide. They become interested in art activities and play musical instruments (Myers, 2019).

Age 9 to 12. At this age, children develop more adult like parts and develop harder, larger bones. They start developing secondary sex features, which is puberty. “Puberty is the process of physical changes through which a child’s body matures into an adult body capable of sexual reproduction. On average, girls begin puberty around ages 10–11 and end puberty around ages 15–17; boys begin around ages 11–12 and end around ages 16–17” (Teenage Growth & Development, 2013, para. 4). Their small muscles become well developed and they engage in organized sports such as baseball, basketball, football, and tennis and develop special interests in activities such as art classes, music, and model building (Myers, 2019).

Intellectual-cognitive development. Intellectual-cognitive development in children emphasizes the changes in the brain related to how they think and learn as they

grow. Cognitive development is the composition of thought processes, including decision-making, memory, and problem solving (Cognitive Development, 2019).

Age 6 to 9. At this age, children show more interest in numbers and exhibit longer attention spans. They like active, competitive games and draw symbolic pictures. They like to experiment and enjoy playing with dolls, blocks, and tools (Myers, 2019).

Age 9 to 12. At this age, children recognize problems and can plan solutions, and consider conclusions from what is seen. They enjoy group works such as art and science, and can apply mathematic concepts to daily life. They spend longer times occupied on hobbies and crafts and have enlarged memory and thinking (Myers, 2019).

Social-emotional. Social-emotional development contains the child's experience, manifestation, and management of feelings and the ability to create positive and worthwhile relationships with others (Social-Emotional Development Domain, 2019).

Age 6 to 9. At this age, children are more helpful and careful and desire support and appreciation. They like to work and play with others and prefer same sex groups. They have a strong desire to gratify, express annoyance more verbally and engage in complicated and creative role-play situations. They worry about many effects and demonstrate fear of fantasy creatures (witches, monsters). They are afraid of being alone and question adults' thoughts. They desire to do things on their own and be accepted by peer groups (Myers, 2019).

Age 9 to 12. At this age, children are less self-seeking and may become extremely moody when puberty begins. They argue with others more often and are sensitive and experience offended feelings in social circumstances. They engage in group accomplishments and dislike being annoyed and criticized. They develop a strong

awareness of right and wrong and they are self-conscious of sexual growth (Myers, 2019).

Tasks. According to McTighe (2015), “a performance task is learning activity or assessment that asks students to perform to demonstrate their knowledge, understanding and proficiency” from ages 8-11 (para. 1). Erik Erickson’s Eight Stages of Psychosocial Development explain that school aged children face the task of *industry vs. inferiority* (Erickson’s 8 Stages, n.d.). According to Erickson’s 8 Stages (n.d.), “children begin to compare themselves with their peers to see how they measure up. They either develop a sense of pride and accomplishment in their schoolwork, sports, social activities, and family life, or they feel inferior and inadequate because they feel that they don’t measure up. If children do not learn to get along with others or have negative experiences at home or with peers, an inferiority complex might develop into adolescence and adulthood” (para. 6).

Age 8 to 11. During these ages, the child learns about industry. He or she is actively involved in learning life skills, mostly in schoolwork. The child desires to be successful and to have a positive self-perception as an achiever. He or she also desires to have close friends, in addition to peer acceptance and support. They are able to complete tasks and work with others (Grotberg, 1995). According to Grotberg (1995), “if the child is unable to be successful in all of this industry, he or she may feel inferior and become extremely sensitive to his or her limitations” (p.26). If the parents, teachers, or friends make fun of the child or criticize them, the child will feel unconfident and may begin to doubt his or her self-worth and ability to accomplish experiencing the world (Grotberg, 1995).

The school age is an important time for physical, cognitive, social-emotional development, and dealing with tasks. As the students enter into this age, their abilities and understanding of concepts and the world around them continue to expand. While anxiety is a normal part of children's development, when the students are not able to use coping strategies to mitigate the stress, stressors accumulate over time. Examples of different external stressors may include academic performance, participation on a sports team, or riding the school bus for the first time. Each isolated experience may not appear overly stressful, but the culmination of multiple stressors can overwhelm the child resulting in heightened anxiety.

Anxiety is common for some students. It can even be a sign that shows how the child's development is on the right track. However, if the anxieties grow bigger and become problematic, making the child to be afraid to attempt things in some situations, the child might lose the opportunities to experience growth. The following section will demonstrate methods to help the students who have anxiety to be able to experience the bigger world. I will introduce the definition of anxiety: childhood anxiety, school-related anxiety, and separation anxiety disorder.

Anxiety

Anxiety is a feeling of worry, nervousness, or unease, typically about an impending event or something with an uncertain outcome (Kessler et al., 2005). Anxiety disorders are the most common mental health concern in the United States (Kessler et al., 2005). Excessive worrying is a dominant feature of anxiety disorders as well as other symptomatic behaviors such as distress, fears, self-deprecation and tension (Ramirez, 2013). Anxiety affects the mental state of an individual as well as the physiological state.

According to Bernstein (2016), “the cause of the anxiety is a combination of genetic, environmental, psychological, and developmental factors, over-scheduled children, and poor sleep” (para. 6). In the next section, I will describe what childhood anxiety is and how the anxiety affects children in daily life.

Childhood anxiety. Childhood anxiety is one of the leading causes of anxiety disorders in adulthood if left untreated (Ferry, 2016). Anxiety affects a child emotionally, cognitively, and physically, and can negatively impact development and growth over time. Anxiety affects a child’s ability to function cognitively. Children’s memory, attention, and executive functioning are critical areas of development influenced by anxiety and stress (Ferry, 2016). Children’s cognitive thinking is usually disturbed by amplifying the stressor. The intimidation or danger they are concerned about appears to be much greater than it actually is to them. Just a thought about the anxious situation can trigger them to be more worried and tense. In turn, a vicious cycle develops into the child’s ability to function daily.

In response to these stressors, children with anxiety may develop their own strategies to cope with the situations that cause them distress. Often this implicates their avoidance of the situation or having a parent or other adult deal with the situation for them. Avoiding a situation makes it more likely that the child will feel anxious and is unable to manage it the next time. This behavior makes it more difficult for the child to manage with everyday stresses at home, at school, and in social life. Anxious behavior is common in children as well and they learn to cope with a range of normal worries and fears. However, when their anxiety grows, they tend to stop participating in activities at

school or social life because the anxiety interferes with their ability to do things in some situations (Myers, 2019).

Additionally, high levels of anxiety can cause a delay of the development for school-aged children and it also can cause physical difficulties such as headaches, sleeplessness, stomachaches, and withdrawal from physical activities (Ferry, 2016). It can include irritability, difficulty concentrating and tiredness as well. Anxiety produces physiological changes in children. Stress may induce feelings of panic in which the body responds by increased blood pressure, flushed skin, sweating, rapid breathing, and heart palpitations. The physiological side effects of anxiety may deter children from trying new experiences or challenging themselves, which may delay or stunt social and emotional growth. Emotionally, children may become more self-conscious and decline in self-confidence and self esteem (American Psychiatric Association, 2013). Without this self-confidence, children may regress to earlier stages of development and exhibit difficulties in detaching from caregivers. For the purpose of this literature review, I will be focusing on school specific anxiety as the major stressor in young children's lives. In the next section, I will present what school related anxiety is and how the school related anxiety affects the school life of the students.

School related anxiety. Every year, many students experience anxiety symptoms caused by schoolwork, pleasing their parents, meeting teachers' standards, and adapting to social life. "Anxiety is a loose cognitive-affective structure which is composed primarily of high negative affect, a sense of uncontrollability, and a shift in attention self-focus or a state of preoccupation" (Ferry, 2016, p.4). When children transition to school, there are multiple facets of change. Children shift from relying on caregivers to relying

on peers. There is a greater sense of independence, which may be intimidating to children. Additionally, the structure of the school day requires greater levels of focus and attention that was previously absent in daily life. Schools are becoming increasingly demanding in academic excellence with routines and rigorous exam requirements. There is a need to support these children overcome and cope with their anxiety and stress because childhood anxiety disorders cause distress and impairment (Ferry, 2016). In the next section, I will describe separation anxiety disorder that could be one of causes of children's anxiety when they face new or uncomfortable situations.

Separation Anxiety Disorder (SAD). Separation anxiety directly implicates and relates to the primary caregivers, as children with SAD are fearful to be apart from them (Schneider et al., 2013). Separation anxiety disorder is an irrational fear of being separated from the parent or caregiver. The primary symptom of SAD is getting nervous when the parent is going to leave without them, even if they have not left yet (Schneider et al., 2013). The causes of their worries may vary as follows: worrying that something bad is going to happen to a parent, worrying that they will be lost, being afraid to go places without parents, can't be alone at home without parents, cannot sleep alone, and nightmares about being separated from parents. Separation anxiety disorder can persist into adulthood. It is very common for a child to start with SAD and later develop panic disorder or agoraphobia, or all three. Separation anxiety disorder is diagnosed when symptoms are extreme for the developmental age causing major concern in daily functioning (Schneider et al., 2013). This SAD could be one of the reasons why children manifest anxiety when they are exposed to an uncomfortable situation because they feel unreasonable fear in that situation, a situation where they have to be separated from their

parents, even if it hasn't happened yet.

In the next section, I will present methods of treating anxiety including anxiety in childhood, school-related anxiety, and SAD. The methods are exposure therapy through play, a parent led-exposure therapy, and art therapy with various activities.

Treating Anxiety in Children

Exposure Therapy Through Play. Playful exposures facilitate an integrative therapeutic instrument that can help overcome avoidant tendencies in children and enhance interest in the world through play and creative means. Children with anxiety tend to demonstrate excessive inflexibility, avoidant tendencies, and a requisite for control in situations they perceive as intimidating. Gradual exposure has been exhibited to be an effective therapeutic method for reducing anxiety. "When exposures take place in the context of play, important internal content that can broaden the therapeutic process may be revealed" (Kra-Oz & Shorer, 2017, p. 495).

Children with anxiety are inclined to feel a sense of powerlessness and lack of control over the unexpected situation. According to Kra-Oz and Shorer (2017), "it is our contention that as children stop avoiding the safe and playful atmosphere of therapy, they relinquish omnipotent control and start acquiring real, new experiences" (p. 500). The playful exposure provides the child with a chance to experience new skills, incorporate new behavioral patterns, relate with others in new ways, and many more. These experiences can place the base for a real sense of superiority, a feeling so different from the restrictive obedience to distress that was previously prevalent. Kra-Oz and Shorer (2017) stated, "play is exciting primarily because of the interplay of personal psychic reality and the experience of control of actual objects" (p. 500).

Also, in their play, they can make the world follow their desires and wishes. This forms a shift from a sense of powerlessness to a sense of superiority (Kra-Oz & Shorer, 2017). According to Kra-Oz and Shorer (2017), “the other side of the coin is that through rigid, avoidant behaviors, anxious children gain a sense of omnipotent control because the frightening objects remain under their control” (p. 500). Eventually, children would be able to use the feared objects in real relationships.

In the next section, I will present two case studies described by Kra-Oz and Shorer (2017). In their studies, they present an eight-year-old girl who demonstrates anxiety and avoidant tendencies and a five-year-old boy who was constantly worrying about making mistakes or failing in his schoolwork. The case studies present how playful exposure therapy works for them.

Case study. Jasmin, a seven-year-old girl, had a manifested avoidant tendencies, which increased when she was confronted with difficult situations. She avoided many social meetings that involved competition or struggle and was anxious in unfamiliar or unplanned situations. When playing with her classmates or with her therapist, Jasmin agreed to play in only intense imaginative ways, in which she displayed high levels of control. For example, she was willing to play with others only when she could choose the settings or the characters. Her play was either overwhelmed with disastrous occurrences (e.g., being attacked by a dragon) or characterized by dishonest enjoyable interactions. This may reflect the fact that Jasmin was either overwhelmed with anxiety or avoidant tendencies. For many sessions, the therapist followed Jasmin's interests and allowed a complete freedom to her in selecting the subject of play. The therapist felt that this was important for processing the conflict that she was involved in. However, at certain point

the therapist realized that these play repetitions also established a high level of avoidant behavior. Jasmin tended to avoid circumstances that were beyond her control.

Additionally, there was no adjustment in her ability to engage in age-appropriate interactions outside of therapy sessions. The therapist then decided to provide her a more directive approach and combined the playful exposures within the context of play therapy. After repeating the playful exposures, Jasmin, for the first time, chose to play challenging board games with the therapist. It was clear that this move was difficult for her, but she was able to take the risk (Kra-Oz & Shorer, 2017). Concurrently, her mother reported that she had achieved an improvement in social interactions. This example evidenced that the integration of exposures into play therapy could contribute to children's development. By renouncing her absolute control, Jasmin improved in being able to be in encounter with others, sharing with them, and eventually depending on them. In other words, Jasmin adapted to an awareness of superiority (Kra-Oz & Shorer, 2017). This study shows that within the process of exposures, children became more confident and comfortable with emotions (Kra-Oz & Shorer, 2017).

Children with anxiety often experience less engagement and more instinctual features of the self as "unsafe." When a child with anxiety begins treatment, it is common that particular self-states are more manifest and dominant, however others are concealed, hesitant, or underdeveloped (Kra-Oz & Shorer, 2017). The case study of Ben demonstrates how play therapy can reduce symptoms of anxiety.

Case study. Ben, a five-year-old boy, was continuously concerned about making mistakes or not completing his schoolwork. He was often unwilling to go to school and refused to participate in classroom activities, such as learning the alphabet. In therapy, he

was timid and his play was usually limited. During play therapy, he played with a therapist with plastic animal figurines as if they were his classmates and his teacher. Ben chose the mouse to characterize himself; the dinosaur was the teacher, having the therapist play the teacher; and the rat was Ron, his friend whom he called as a “very naughty boy.” During the session, Ben remained silent when the therapist asked him “Why aren’t you starting to work?” in an angry voice. When the therapist asked the rat (Ron), whom Ben was expected to voice, the same question, Ben was frightened and said, “No, no, I can’t be the rat! You be the rat!” So, the therapist played the rat and modeled some “naughty” behaviors. Ben laughed. In the next session, Ben enjoyed the play and during the next sessions, he was asked to play the classroom scene over and over again. He became more comfortable playing the role. As the play continued, Ben started acting more confident. The combination of play and exposure to slightly aggressive behaviors, which he had previously avoided, empowered Ben to realize and to express aggressiveness and his confident side that usually had been concealed (Kra-Oz & Shorer, 2017).

The playful exposures support children as an integrative therapeutic tool that can overcome anxiety and “enhance interest in the world in playful and creative ways” (Kra-Oz & Shorer, 2017, p. 504). Consequently, processes of independence and separation are established. Children can then represent their entire range of abilities (Kra-Oz & Shorer, 2017). The following section will describe how parent-led exposure therapy can help the child’s anxiety.

Parent-Led Exposure Therapy (PLET). According to Rudy, Zavrou, Johnco, Storch, and Lewin (2017), “a parent led exposure therapy protocol that is adapted

appropriately for developmental age incorporates an active coaching component for parents may be efficacious for the treatment of young children with anxiety disorders” (p.1). Rudy et al. (2017) had studied the parent-led exposure therapy with 22 participants (13 male; 59.10%) ranging in age from 4 to 7 years ($M = 5.36$, $SD = 1.14$) of diverse ethnicities who were presented to a university-based clinic for participation in a randomized measured experiment evaluating the effectiveness of a developmentally based, parent led treatment approach. Particularly, while the treatment procedure was considered for a child as young as 3 years, the youngest participant was 4 years of age. Participants were requisite to meet DSM-5 criteria for an anxiety disorder or, for those participants demonstrating clinical anxiety, achieve a minimum score of 12 on the Pediatric Anxiety Rating Scale (PARS) (Rudy et al., 2017). Participants who were taking prescribed psychotropic medication ($n = 3$; 13.6%) must have been constant on the medication (i.e., no changes in dosage or type) for 10 weeks before the study. Participating parents were mainly mothers ($n = 22$), with fathers ($n = 3$) rotating or partially participating but not for the entire treatment. The PLET began with therapists who operated with families for 10 sessions, two times a week for 5 weeks. The first treatment was a 90-min parent only session and treatment preparation session. Each session lasted up to 60 min and involved exposure therapy using developmentally appropriate, moderated behavioral approaches with participant modeling (PM) and reinforced practice (RP). The first five sessions were therapist-led groups during which the therapist spoke directly to the child, presenting behavioral techniques for relieving anxiety while the parent observed. The last five sessions alternated to parent-led sessions, during which the therapist served as an instructor for the parent while the parent was

accountable for using the educated behavioral techniques for aiming anxious behaviors by leading exposure practices. When each session ended, the therapist suggested a daily family practice at home with what they completed in session with the therapist (Rudy et al., 2017). The therapist evaluated the grade of patient effort and homework agreement on a 5-point scale after each session. After, the PLET group displayed a significantly greater reduction in anxiety symptoms. “Mixed model analyses were used to assess maintenance of gains over the 1-month follow-up period for participants in the PLET condition. Two participants did not complete the 1-month follow-up assessment. There was a significant main effect of time on the ADIS (Anxiety disorders interview schedule) ($F(2,21.17) = 23.17, p < .001$), with participants in the PLET condition showing a significant reduction from pre-treatment to post-treatment ($p < .001$)” (Rudy et al., 2017, p. 2480). PLET proved to be an efficient treatment to reduce students’ anxiety.

According to Rudy et al. (2017), “additionally, for the active treatment participants, significant decrease in anxiety symptoms remained at follow-up, with all but one participant remaining a treatment responder. Thus, the present study supports preliminary efficacy for the PLET protocol within the context of a pilot trial” (p. 2480). Consequently, PLET for young children can be effective in decreasing anxiety symptoms and improving performing in children (Rudy et al., 2017). In the next section, I will introduce the definition of art therapy with various art activities and how it affects the symptoms of anxiety in school-aged children.

Art Therapy

In general, according to Ramirez (2013), “art therapy is a mental health profession that uses the creative process of art making to improve and enhance the physical, mental,

and emotional well-being of individuals of all ages” (p.19). For educational purposes, art therapy is primarily utilized with children who are developmentally delayed, learning disabled, or socially deprived (Ramirez, 2013). However, art therapy has extended beyond clinical settings to educational settings. Recently, certain school systems have integrated art therapy to support the needs of students who are coping with academic difficulties, behavioral, and social emotional challenges (Ramirez, 2013). Art therapy helps to begin a nonverbal method of communication for those who have difficulties with communicating or expressing their thoughts and feelings such as the children who have anxiety, are shy and quiet, are mentally or physically limited, or have been traumatized (Neighbors, 2019).

Art is described by Hodson (2018) as something that “can be pursued scientifically but it will always assert its unique nature through the spontaneous emergence of discovery, often contrary to plans and the most carefully developed strategies” (p.4). Art therapy is described as being the channel to help children to better know their emotions, know themselves, and cope with difficulties during essential developmental stages of life (Ramirez, 2013). Neighbors (2019) stated: “Some studies report findings suggesting that children asked to draw while they talk about their experiences reveal more information than children who merely talk about their experiences. Such findings are interpreted as showing that drawing reduces children’s anxiety, anger, and fear, allows for a stronger connection with the interviewer, helps them organize their communications, and increases memory retrieval” (p.3). In the following section, I will describe the assessment, The State Trait Anxiety Inventory (STAI), and now this instrument issued to investigate the level of anxiety of the college students and

evidences as to how the art therapy helps the participants.

Assessment. I have researched various age groups such as middle to high school and college students for better understanding of the relationship between expressive art therapy and students' anxiety levels. If the symptoms of anxiety in childhood were left untreated, there would be high risk of anxiety persisting, even lasting for college students, age 18 to 24 (Muris & Broeren, 2009). Consequently, college students would have high levels of anxiety, which can negatively influence their academic performance, family, and social life (Noor, Saleem, Arouj, & Azmat, 2017). In the next section, I will indicate how the art activities can decrease the level of college students' anxiety before and after the assessment, The State Trait Anxiety Inventory (STAI), to support them to have better healthy life.

The State Trait Anxiety Inventory (STAI). Participants for this study were 44 (8 male and 36 female) college students, ages 18 and older. The STAI uses reliable and valid measuring methods to measure both temporary state anxiety and longer lasting trait anxiety (Drake, Searight, & Olspn-Pupek, 2014). According to Drake et al. (2014), "it measures feelings of apprehension, tension, nervousness, and worry by asking participants 20 questions about how they feel "right now, at this moment," and how they feel "generally." Higher scores on the STAI are a reflection of psychological stress, while lower scores generally reflect relaxation" (p. 70). High school and college students between the ages of 19 and 39 years are the normative groups for the STAI (Drake et al., 2014). Information was gathered from students in a setting intended to endorse accomplishment of an art-making activity. All participants were asked to color the assigned paper and use 10 different colored pencils that were provided for 20 minutes.

After finishing the 20 minutes drawing activity, the participants finished the measures again. The results of the art-making intervention showed a significantly lower level of state anxiety (Drake et al., 2014). According to Drake et al. (2014), high levels of test anxiety have been connected with a reduced probability of college graduation. A brief, art making intervention became a practical strategy for reducing debilitating levels of test anxiety. This assessment evidences how the art making affects the college students to manage their anxiety in order to successfully graduate from college. Therefore, this assessment manifests that the art making helps various ages, including college students, of school life as well. The next section will indicate more concretely about how the various art therapy interventions such as coloring mandalas, art with various medias, and a painting activity target specifically the level of the anxiety of the students.

Coloring Mandalas. Nadezhda (2016) selected 79 fifth grade students who have high levels of anxiety to work with the school counselor and use art therapy mandalas for relaxation, relieving emotional stress as the coloring process brings joy. According to Montgomery (2018), “mandala is a spontaneous artistic composition created within a circle that often includes repetition of lines, shapes, and colors. The creation of the complex, repetitive, symmetrical form of a mandala can be therapeutic” (p. 10). The premise was that students should work without pressure, as they required high concentration of attention, so students needed positive support from the adults. However, there were a couple rules students needed to follow: 1) The child makes color choices him/herself. 2) The timing is between 40-45 minutes. During the course, while the students painted diverse mandalas, the researcher studied to investigate their state, and got engaged in conversation with the school counselor. After the study, the results

showed that a high level of anxiety had decreased from 16.5% to 8.9% (Nadezhda & Albina, 2016). The study evidenced that the art therapy mandalas were an effective method and technique to reduce school anxiety and can be utilized by teachers, psychologists, and social workers for the prevention of students' anxiety. As the students color the symmetrical and repetitive patterns in its circular form, they were able to concentrate on the mandala, momentarily detaching them from their anxieties and emotions (Drake et al., 2014).

The usage of many different colors in the art therapy mandalas is one of the methods to reduce anxiety. It can be defined as "the use of color to affect the body and its energy system in a way as to bring it back into balance"(Noor et al., 2017, p. 1). Mandalas help with experiencing a meditation-like stage that can bring self-discovery and help eliminate negative thoughts and emotions. A major study led in the United States evidenced that coloring mandalas could be utilized to decrease anxiety of students (Noor et al., 2017). It can be used for students as a self-help activity or as a tool in various settings such as academic, clinical, work, etc. to help overcome anxiety and improve performance (Noor et al., 2017). In the next section, I will describe how the art activity with various medias helps the students who have stress or anxiety.

Art Activity with various medias. In this study, participants were students who were enrolled in an art elective who self-identified as students struggling with stress or anxiety. Twelve students participated in the study and ranged from ages sixteen to eighteen, all of whom were going through puberty. The sessions lasted for eight weeks, and were fifty-seven minutes long (Montgomery, 2018).

The participants each created an art piece with various medias such as clay, markers, and collage materials. Participants were given a choice of materials and an option of using them in isolation or as mixed. After the art-making intervention, participants were asked to verbally share their artwork and reflect on their experience before and after the activities (Montgomery, 2018).

This case study is aimed to utilize qualitative research methods by assessing the journals, questionnaires (questionnaires were used to assess which activities and materials reduced anxiety symptoms in students), and artwork created by students to estimate their changes in anxiety levels, as well as the success of the drawing prompts and materials on decreasing their anxiety symptoms (Montgomery, 2018). According to Montgomery (2018), “the purpose of these activities was not to heal students’ anxiety or stress, but rather to introduce them to accessible art-making techniques that could benefit their overall mental wellness” (p. 57).

The study indicated those positive outcomes regarding the decreasing of anxiety and stress levels among the student participants through the art activities with various medias. As an outcome of the achievement of the art activities, students increased in their artistic confidence and became more inspired to engage in art activities. According to the study, producing art helped the participants in decreasing anxiety levels. Therefore, the study evidenced that the art-making process with various medias such as clay, markers, and collage materials is an effective way to improve students’ emotional state (Montgomery, 2018). The next section describes how a painting activity helps children who have anxiety.

Painting Activity. The purpose of this research is to understand the effect of art therapy on 30 children recruited from an elementary school with symptoms of separation anxiety disorder who were seven to twelve years old (Khadar et al., 2013). The participants were measured with “the Child Symptom Inventory-4 (CSI-4) that is a behavior rating scale that screens for DSM-IV emotional and behavioral disorders in children between seven to twelve years old” (Khadar et al., 2013, p.3). The researcher implemented interviews, observations, techniques, and document analysis. Each participant had 12 sessions of art therapy, meeting twice a week for 40 minutes based on discussion and reviews from teachers and their guardians (Khadar et al., 2013). An experimental and a before and after control group plan methods were used. The data was investigated using evocative statistics as well as Analysis of Covariance (ANCOVA). Means and standard deviations were calculated for each of the measures before and after the intervention, and a 1-month follow-up. In an art therapy session, the students were involved in painting activities. According to Khadar et al. (2013), after 12 sessions of the art therapy, the students presented more adaptive behaviors and emotions, and the students tended to share their emotions, evidencing that their interaction ability had noticeably improved (Khadar et al., 2013). The evidence found that the experimental group had a significant reduction in the symptoms of SAD.

Additionally, there was a benefit from the art therapy group. In the group, the students created art with other group members and this exposed each student to the images created by other group members. This inspired students to learn from other group members and to become aware that other students may be feeling and experiencing similar emotions (Khadar et al., 2013).

Conclusion

In this literature review, I have discussed the description of school age children's developments and the definition of anxieties: childhood anxiety, school related anxiety, and separation anxiety disorder. I also introduced the methods of treating anxiety: exposure therapy through play with two case studies, parent led exposure therapy (PLET), art therapy through the assessment (STAI), coloring mandalas, art activity with various medias, and a painting activity. This literature review was presented for therapists who work with students with anxiety who work with them to decrease their symptoms to have better performances in their school and everyday lives. The research stated how exposure therapy and art therapy affect school-age students who exhibit symptoms of anxiety such as avoidance of conflict, academic stress, and nervousness in uncomfortable situations (Khadar et al., 2013).

Discussion

The aim of this literature review was to investigate effective therapeutic methods for reducing symptoms of students who have anxiety by using the gradual exposure method to anxiety producing experiences through play and art. In several studies, students demonstrated reduced symptoms of anxiety after the therapeutic sessions. The findings of these studies can be concluded as to how the gradual exposure play therapies and art activities can affect the students by decreasing their anxiety levels and letting them freely demonstrate who they really are and what they are capable of. According to Khadar et al. (2013), "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. It is through this process that the child can begin to make meaning of events, emotions or experiences in his/her life, in the presence of art therapist” (p. 1702). The experience of playing, coloring, painting, or creating is a multifaceted process in which students bring together diverse components of their experience to create a new and meaningful whole. As discussed in the literature review, in the process of choosing, understanding, and restructuring these rudiments, students have presented more than just an art; they have presented part of themselves: how they observe, interpret, and feel. Additionally, through the group, they learn to interrelate and share, to extend their range of problem solving skills, to understand differences, to realize similarities and to explore their memories, thoughts, and feelings that they may have not experienced before (Khadar et al., 2013). The image, picture, or performing in the art therapy activities may take many forms (imagination, visions, thoughts, beliefs, memories, emotions). The images embrace various meanings and may be interpreted in numerous ways. The art therapists should never attempt to interpret with their own opinion on the students’ images, but rather be with the students to explore and discover what their artwork means to them (Khadar et al., 2013).

As I can see all of the positive results from exposure therapy through play, parent led exposure therapy, and art therapy such as coloring mandalas, multi media art activities, and a painting activity, I have tried these therapies with my child, who also has anxiety challenges in uncomfortable situations. I have set the similar situation that she usually avoids during her playtime with her favorite dolls and led her to experience the situations little by little during the play. I have tried various art activities such as drawing,

painting, making sculptures with her before and after she was exposed to new environments or uncomfortable situations. I also have tried the art activities in new places such as a museum, play ground, new friend's house, church, etc., so she could have opportunities to experience exposure to in new places but with art activities that would create safe boundaries for her. After using these techniques with my child, I see positive results such as increased self-confidence, positive emotions, and demonstrating of her capabilities.

Therefore, I can conclude that these therapies are effective methods and techniques to support the students who experience anxiety in uncomfortable situations in their daily lives and moreover, may be a method to prevent anxiety disorders. The results of the therapies were positive and hopeful, from my experience with my child. All the studies and findings from the literature presented and my own experience with my own child provide a concrete and valid reason to use these methods to help these children. As I adopt for myself many of the effective methods and techniques of the art therapy, I feel more confident and ready to provide them with the help and support they need. I want to open up doors for these children to gain hope in themselves, realizing that they can actually achieve what they wish for. I want them to display their capabilities as they learn to break out of their shells that have kept them from performing.

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