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## The effect of visual arts on education of coping strategies in annoyed children

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### Abstract

The main goal of this study was investigation of visual arts effect on education of coping strategies in annoyed children. The study design was Semi-experimental. Statistical population included all children 6 to 12 years old (boys and girls) that were Child care homes in Shush and Nasser Khosro at part time. The study samples of present research included 14 annoyed children selected as available samples from two Child care homes (Shush and Nasser Khosro). The questionnaires of Children's Coping Strategies Checklist (CCSC) and Child Symptom Inventory (SCI) were used to collect research data. In addition to descriptive statistics, Independent t-test and dependent t-test were used for data analysis. The results showed using of visual arts is effective on education of coping strategies in annoyed children. Intensity and duration of annoying was determine factor in rate of cooperation and learning in children In general: based on findings: a) visual arts are effective on learning of coping strategies in children. B) Reducing of abnormal behavior and pathologic signs due to increase of children's coping. C) Reducing of abnormal behavior and pathologic signs due to visual arts. Annoyed children will be damaged less if better coping strategies.

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### Introduction

Care for the child's growth and development of young children guide them in their life in learning self-reliance and living independently in the future. Parents or legal caregivers or children family members abuse them physically; and neglect them mentally and emotionally, since they are irresponsible and careless (Kahani, 2004). When a child is harmed, insulted, and beaten, there will be a very destructive affect on his/her mental-behavioral development. It also leads to aggression or depression, loss of confidence or non-social behaviors or addiction to alcohol and drug abuse in the future, (Hemsi, 2006). Child abuse is usually divided into four types: Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect type of Abuse (Hopper, 2005). Among the types mentioned above, the possibility of emotional abuse is considered long term and countless; because of invisibility of wound, you may not notice and follow it to cure (Kempe and Kempe, 2008). Several studies have shown that different varieties of child abuse leave short and long term effects on the children physical and psychological aspects (Harris and Ammerman, 1986;

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Barnett, Miller Perrin and Perrin, 1997). Nowadays, with increasing advances in social and behavioral sciences, there are several ways to prevent and treat this major problem. Among these therapies, we could mention methods based on social skills training, psychotherapy, behavioral therapy, and family counseling (Kahani, 2004). A variety of psychotherapy techniques include a wide range, and art therapy is one wide field of psychotherapy, which in effect is a treating and healing method of psychological distress through the medium of art. This treatment is one of the methods helpful to abused children to express their feelings and thoughts and then to control their stress gaining coping skills. Visual arts, among different types of art including two-dimensional visual arts (designing, drawings and photographs) and three-dimensional arts (sculpture), is the most effective method to help these children. Visual arts include painting techniques, clay sculpture, collage, and photographs, each influencing the observer differently. For example, the use of drawings as "self-created picture books" helps children to portray the kinds, and stages of child abuse and disclosures about them (Hartmann, Makovec and March, 1990). Rousner (2009) in his study showed that performing drama therapy programs for abused children has caused motor skills to be enhanced and auditory memory in children to be strengthened. Thus, given the serious and damaging effects of child abuse and its growing trend in many communities and the necessity and highly importance of raising educational-therapeutic programs on these children, the study was conducted with the aim of determining the impact of the visual arts on teaching coping strategies to abused children.

## Method

The research method in the present study is quasi-experimental method performed with one-group in the form of pre and post-test design. The statistical universe of this study consisted of all 6 to 12 years old male and female abused children, which are kept up part-time in Child Homes of Shoush and Naserkhosro (dependent and under the Children Rights Organization, and Tehran Municipality). The sample included 14 abused children selected by Convenience Sampling Method. To gather the data we used the following two instruments:

### 1.1. *Children's Coping Strategies Checklist (CCSC)*

This self-assessment checklist is a questionnaire in which the children describe their coping activities.

The list includes four main dimensions: active, distraction, avoidance, and protection, and 10 sub-branches including: cognitive decision making, direct problem solving, looking for understanding the problem, positive cognitive reconstruction, emotional withdrawal, physical activity, distraction behaviors, behavioral avoidance, cognitive avoidance, emotion-oriented and problem-oriented support. The original version of this list includes 15 articles. Cronbach's alpha and reliability coefficient of this questionnaire in different studies have been reported from 0.70 to 0.75.

#### 1.1.1. *Morbid Symptoms Questionnaire for Children (CSI-4)*

This questionnaire is a behavior rating scale designed for the first time in 1984 by Gadow & Sprafkin in accordance with DSM-III classification namely SLUG in order to screening 18 emotional and behavioral disorders in 5 to 12 years of age children.

Later in 1987, CSI-3R form was prepared following DSM-III-R classification, and in 1994 its fourth edition (DSM-IV) was slightly revised and released as CSI form. Like previous forms, CSI includes the two forms of teacher and parent. Parent Form comprises 112 questions, which has been prepared for eleven major groups and an additional group of behavioral disorders and Teacher Form contains 77 questions, which covers nine major categories of behavioral disorders. Grading for the CSI-4 is designed in two ways: Screening cut-off score method and score method based on the severity of disease symptoms. In addition, the questionnaire credit for both Teacher and Parent Forms was respectively estimated as 0.93 and 0.90. After selecting the abused children, Morbid Symptoms Questionnaire for Children and Children's Coping Strategies Checklist as a pre-test were given to the group subjects

and they were asked to express their opinion carefully. In the next stage, the educational content of visual arts was trained by a researcher in 12 to 16 sessions, each session 2 hours, and during 2 weeks. After the end of training, Morbid Symptoms Questionnaire for Children and Children's Coping Strategies Checklist were performed again on the group. Finally, the obtained data was analyzed using SPSS Software.

**Results**

Table 1. Mean & SD of Pre-Test & Post-Test of Experimental Group in the questionnaires of Children's Coping Strategies Checklist and Child Symptom Inventory

Variables	Mean	SD	Number
Pre-Test of questionnaires of Children's Coping Strategies Checklist	94.57	7.63	7
Post-Test of questionnaires of Children's Coping Strategies Checklist	110.42	9.65	7
Pre-Test of Child Symptom Inventory	149.42	10.42	7
Post-Test of Child Symptom Inventory	140.57	9.75	7

As it was shown in Table 1, Mean and standard deviation of experimental Group in Pre-Test of questionnaires of Children's Coping Strategies Checklist is 94.57 and 7.63. Mean and standard deviation of experimental Group in Post-Test of questionnaires of Children's Coping Strategies Checklist is 110.42 and 9.65. Also, Mean and standard deviation in Pre-Test of Child Symptom Inventory 149.42, 10.42 and Post-Test of Child Symptom Inventory is 140.57, 9.75.

Table 2. Dependent t table of Experimental Group in the questionnaires of Children's Coping Strategies Checklist

Variable	T	df	Significant Level	Difference of Pre-post Test of questionnaires of Children's Coping Strategies Checklist		Difference of Pre-post Test of Child Symptom Inventory		Means difference
				Mean	sd	Mean	sd	
				Children's Coping Strategies	3.82	6	0.00	

As it was shown in Table 2, Presenting the visual arts variable in the experimental group is influential on the abused children coping strategies and significant at the level of (P<0.01). This means that the visual arts are effective on children coping strategies while they have the ability to raise their coping power. In fact, there is a significant difference between the averages of pre-test and post-test in Coping Strategies Checklist.

Table 3. Mean & SD of Experimental Group in the questionnaires Child Symptom Inventory in Pre-Post Test

Disorders	Pre-Test		Post-Test		Number
	Mean	sd	Mean	sd	
Attention deficit disorder	19.28	2.75	17.34	2.41	7
Hyperactive -Impulsive	17.28	3.54	17.14	3.48	7
Pertinacity and disobedience	16.85	3.53	16.14	2.41	7
Conduct disorder	19	2.30	18.28	2.13	7
Generalized anxiety	16.71	1.88	15.71	1.60	7
Tick disorder	12.57	0.97	12.28	0.75	7
Schizophrenia	6.71	0.95	6.71	0.95	7
Major depression	20	1.41	19	1.15	7
Inclusive growth disorder	21	3.36	17.34	1.05	7

Table 4. Dependent t table of Experimental Group in the questionnaires of Child Symptom Inventory

Variable	t	df	Significant Level	Means
Child disease symptoms	2.29	6	0.04	3.85

According to Table 4. Presenting the visual arts variable on children with disease symptoms had a significant impact on the symptoms reduction especially in terms of type and severity. Thus, the hypothesis that "the type, severity and duration of abuse can determine children's learning and cooperation" was approved, while it was significant at the level of  $P < 0.05$ . This means that as the abuse level of children is higher; their cooperation level in learning-related issues will be lower.

## Discussion

According to the present research findings, the hypothesis saying, "the use of visual arts affects the abused children coping strategies", was approved. The results obtained from this study confirmed other studies such as (Frederick, 2006; Murphy, 2004; Keith, 2000; Mandela, 1996, Pantry, 2001). Meanwhile, it suggested the children exposed to harassment or harassed ones were likely less damaged as they had better coping resources. Using art-therapy, children gain knowledge about the bitter realities surrounding themselves, and learn about how to treat or accept them. In fact, the coping strategies are the individual's conscious efforts to control the stressful events and demands causing individual resources (such as positive affect or optimism, confidence and self-control) to boost and hereby the stress intensity is reduced. When the children are dealing with the problems, understanding and improving the strategies is very important and using effective coping strategies, reduces the adverse outcomes of mental stress in these children, (Sting and De-Marie, 2000). Using art activities the abused children are able to express their damage-causing experiences, get a greater sense of mastery over their feelings and emotions, and this in turn is an important step in reducing disorders, and increasing mental health.

According to the current findings, the assumption saying "Using visual arts is effective in reducing symptoms of illness on abused children." was approved. The results of this study confirmed other studies such as (barivar1995, Melchudy 1998, Kayser and Brain 2005, Morgan 1995, dobas 2002, rancin & kucher 2003, chapman & etal 2001, piterson 2004, andersomn 1995, bacus 1999, pofilo 2002, fenri 1998, tilor 1995, pavli 1987, bors 2005, jone 2008) suggesting that the visual arts were effective on acting out thoughts and feelings of clients suffering from trauma and reducing their symptoms.

About the sexually abused children, or angry adults, disobedient children or teenagers, or disturbed families, art plays an important role as a treatment method for expressing painful and suppressed emotions or unrevealed family problems. Melchudy (1998) used drawings as a projection technique to reduce anxiety and disquietude when working with children and adolescents who had been harassed sexually. He found that art use was useful in gaining basic information for immediate intervention about these children. He also discovered that making a relationship with these children through the art was less traumatic than work relationship, meanwhile they express themselves more comfortably through artistic activities. Kayser and Brain (2005) conducted a research namely "Art Therapy Effect on Post-Traumatic Stress Disorder".

They performed the study on the soldiers who had participated in Iraq and Afghanistan wars, and suffered from post-traumatic stress disorder. These findings indicated that art therapy on long-term was effective and influential on treatment and improvement of this disorder. Morgan and Johnson (1995) tested the effects of drawing assignments on post-traumatic stress disorder nightmares in war survivors. Participants who used art to express their nightmares reported nightmares with less frequency and severity compared to those who made use of writing. Their sleeps was slightly improving, and startle reflexes was reducing during wakefulness.

They also found that using language to express the emotions resulted from damage is less useful than the application of art symbols creating a mechanism to declare nightmares. As you can see in the above studies, since art therapy is a visual phenomenon it has a significant impact on reducing the symptoms in children.

Defense mechanisms' art therapy teaches children the methods of problem solving, and improves social interaction, communication and so on. Holding training courses on parents' behavior, family, staff and rehabilitation personnel as well as the study of art-therapy effect individually on each of the physically sexually emotionally and neglectfully abused children are recommended in separate investigations. In the meantime, the sample limitation to two child homes, non-availability of a wider sample and non-generalizability of conclusions to other children and other disorders were among the limitations of this study.

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