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The effectiveness of clay therapy and narrative therapy on anxiety of pre-school children: a comparative study

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Abstract

Data was collected from thirty six year old children with the objective to examine the effectiveness of clay therapy on reducing anxiety in them. For examining children's anxiety CSI-4 test developed by Gadow & Sprafkin, (1994) was employed which was answered by parents of children. Data was subjected to one- way analysis of variance. It showed significant difference on anxiety scores among groups ($F=74.2$, $p<0.01$). Scheffe test was employed to analyze pairs of means to see if there is a difference, which showed significant difference on anxiety of control group in post-test comparing with clay group and narrative group. No significant difference was found among clay group and narrative group respectively.

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Keywords: anxiety, clay therapy, narrative therapy, children, play therapy

1. Introduction

The present study hypothesizes that clay and narrative therapy as therapeutic tools would reduce the anxiety levels in children. This paper discusses clay and narrative therapy in the context of paediatric psychopathology as seen in anxiety disorder and the efficacy of these therapies in anxiety reduction.

Anxiety disorders represent one of the most common forms of child psychopathology. Studies with community samples suggest that around 8-12% of children meet diagnostic criteria for some form of anxiety disorder that is sufficiently severe to interfere in daily functioning (Anderson et al., 1987; Costello, 1989). Anxiety disorders in children may present in a variety of forms, such as separation anxiety, social phobia, generalized anxiety, panic disorder with or without agoraphobia, obsessive-compulsive disorder and specific phobias (Messer & Beidel, 1994). Anxiety disorders represent a more serious psychological disorder and often they do not dissipate over time without appropriate intervention. Therefore, contrary to the old adage—that they will grow out of it—many children with an anxiety disorder do not grow out of their disorder. Moreover, these severe and chronic conditions also have the potential to significantly impair academic, emotional and social development. Thus, as the understanding of these disorders has evolved, the need to recognize and effectively treat these conditions has become more salient (Beidel & Turner, 2005).

It is important to note that children with anxiety disorders (or any other disorder) rarely seek treatment on their own. Rather, adults often recognize the child's distress and seek intervention on their behalf. Thus, children may have less motivation for treatment and establishing a therapeutic relationship with a child may be a very difficult task. Although the emphasis on the need for a strong therapeutic relationship differs according to an intervention's

theoretical basis, the need for the patient to be cooperative with and motivated to participate in, the intervention cuts across intervention type (Shirk & Karver, 2003).

Therapeutic play with children is an effective clinical intervention that has been successfully utilized by therapists for many years. Various techniques of play therapy have been used ranging from free play to structured projects with great therapeutic success. Clay therapy as a version of play therapy is employed as a therapeutic tool in the present study. Thousands of therapists who currently employ Clay therapy report the usefulness and the effectiveness of this new medium with children (Sherwood, 2004).

Clay has always been a toy of children and more recently a tool of play therapy. Therapists use clay as a means to enhance the therapeutic relationship and support the clinical process. Clay provides children with a natural method of connection and expression (Schaefer & Kaduson, 2006a).

Clay therapy as a therapeutic tool has been effective for children in improving their problem solving skills, in self-esteem enhancement, decision-making processes, and control of impulses and anger. Clay therapy reduces children's fears of counselling, because it holds their interest, provides a wide array of clinical connections by establishing an immediate problem solving environment which complements the ongoing treatment plan, strengthens the clinical relationship, and is also fun (Landerth, 2004).

In the present study Narrative therapy as another version of play therapy was employed to help children to express and explore their experiences of life. Engel (1995) states that every story a child tells contributes to a self-portrait he or she can look at, refer to, think about, and change and this portrait can also be used by others to develop an understanding of the storyteller. The stories we tell, whether they are about real or imagined events, convey our experience, our ideas, and a dimension of who we are. The therapist and child construct a relationship together where the child can develop a personal and social identity by finding stories to tell about the self and the living world of her/him self. The partnership agreement between child and therapist gives meaning to the play as it happens. The stories created in this playing space may not be "true" but often will be genuine and powerfully felt and expressed (Cattanach, 1997; Yılmaz, 2009).

The narrative expressions of both adults and children act as interpretations through which people give meaning that seems sensible to themselves and to others of their life experiences (White, 2005).

It is often difficult for a child to tell how he feels about an adult who has harmed him/her because those influential people—the social worker, the teacher, and the parent—express a view of the perpetrator that is not experienced by the child. If the child's story is heard and acknowledged, then he can become empowered. If the therapist and child co-construct the narrative together through their therapeutic relationship, the child can use the therapist to be heard and is free to explore alternative stories in the safe therapeutic space (Schaefer & Kaduson, 2006b).

1.1. Purpose of the Study

This study was designed to examine the effectiveness of clay therapy and narrative therapy on anxiety of pre-school children. In particular, three hypotheses were tested:

- H1.** Children in clay therapy group would show more anxiety reduction compared to control group.
- H2.** Children in narrative therapy group would show more anxiety reduction compared to control group.
- H3.** There will be significant difference between clay therapy and narrative therapy on reducing anxiety of children.

2. Method

2.1. Participants

Data was collected from 30 kindergarten children using (CSI-4) parent checklist, 10 children randomly assigned to Clay therapy group, 10 to Narrative group and the other ten to control group, their age was six.

2.2. Measures

Child Symptom Inventory – 4: Parent Checklist (CSI-4; Gadow & Sprafkin, 1997)

The child symptom inventory-4 (CSI-4) is a behaviour rating scale that developed by Gadow & Sprafkin measures behavioural disorders in children between ages of 5 to 12 years old. The Parent Checklist contains 97 items that screen for 15 emotional and behavioural disorders.

Disorders being measured by (CSI-4) are: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, Anxiety, Schizophrenia, Major Depressive Disorder, Dysthymic Disorder, Autistic Disorder, Asperger's Disorder, Social Phobia, and Separation Anxiety Disorder.

The reliability of (CSI-4) in test-retest ranges from 0.46 to 0.87, and its internal consistency ranges from 0.74 to 0.94. Criterion validity for (CSI-4) found to be acceptable.

2.3. Procedure

Type of research method employed in this research was pre-test, post-test with control group. After choosing 30 children who had anxiety disorders according to the CSI-4 form, they were assigned randomly to clay therapy, narrative therapy and control group. For narrative therapy group 10 sessions (60 minutes each session) was designed. For clay therapy also 10 sessions (90 minutes each session) was designed. Duration of therapy program was 5 weeks for clay therapy and narrative therapy group.

The therapy started one week later after performing pre-test program. In narrative therapy, telling stories, reading stories, conversation about daily and personal issues, and recognition of thoughts-emotions-reactions was explained. About clay therapy, playing with clay, building statues with clay, colouring the statues, conversation about daily and personal issues and explanation about recognition of thoughts-emotions-reactions was explained. Duration, time, and rules of attending program were explained to children.

During the therapy program the examiner encouraged the students verbally and non-verbally. At the end of tenth session examiner gave some rewards as encouragement. the final post-test was administered 5 days after last session.

Table1. Narrative therapy session

narrative therapy session	
Session one	Acquainting with children and reinforcing the relation between members and psychologist through playing games
Sessions two up to four	The narrative therapy through metaphors (Mills & crowley, 1986): The examiner gets the information about each child according to personal needs, examining psychological status discovering, conflicts and stressful factors and then starts to create stories in which the heroes of stories has the same problems as each child, the stories are designed in a way that the hero find new ways to overcome the problems.
sessions five up to eight	The feeling word game (Kaduson & Schaefer, 1998): Increasing awareness and consciousness of children based on their feelings and emotions.
sessions nine up to ten	The box of buttons technique (kaduson & Schaefer, 1998): The buttons box is used to show the different or even desirable ideas, sayings.

Table 2. Clay therapy session

clay therapy session	
Session one	Acquainting with children and invigoration the establishing the connection between members and psychologist by way of playing games
Sessions two up to six	Clay scaps (Kaduson & Schaefer, 1998): this methods decrease the physical disorders and quarrels also helps to children keep their sense of controlling. Shapes and substances help the children to choose the symbols that motive the creative expressions of personal issues, emotions and experiences.
Sessions seven up to ten	The clay squiggle technique (Kaduson & Schaefer, 1998): As a part of exercising the game therapy this method is effective to the children who have the social-phobia.

3. Results & Discussion

For analyzing and examining the hypotheses of research the difference scores (difference between pre and post test scores) was obtained for each subject separately, then mean and standard digression scores for each research group was obtained (narrative therapy, clay therapy and control group) (Table 3).

Table 3: means & SD of difference scores

group	Means	SD
narrative	2/83	0/707
clay	3/63	1/461
control	-0/71	1/047

Next, three means obtained from three groups compared with each other through one way analysis of variance. Analysis of variance showed significant difference on anxiety scores among groups (F= 74.2, p< 0.01). The results are shown in Table 4.

Table 4: one way analysis of variance for difference scores

Change Sources	Sum of squares	Means of squares	F
Between group	187/550	93/77	74/2**
Within group	64/450	1/264	
Total	252/0		

**P<0.01

For one to one comparison of means, Scheffe test was employed (table 5) .The post hoc comparison using scheffe test indicated that the main scores for narrative therapy group (M= 2.83, SD= 0.70) significantly differed with control group (M= -0.7 , SD= 1.05), clay therapy group(M= 3.63, SD= 1.46) also differed significantly with control group. According to the results of the Scheffe-test, there was no significant difference on difference scores of clay therapy and narrative therapy group, but the mean of these two groups differed significantly with control group. Considering the results obtained for anxiety disorders it can be concluded that the difference between means are significant among groups.

Table 5: scheffe test for comparing of mean difference score among three research group

Group A	Group B	Mean difference
		A-B
Narrative therapy group	Clay therapy group	-0/80
Narrative therapy group	Control group	3/54*
Clay therapy group	Control group	4/34*

P<0/05 *

On the basis of Scheffe test and significant level of difference among means, the extracted homogenous groups have given in table 6.

homogenous subgroups Table 6:

Groups	subgroup	
	1	2
Control	-0/71	
Narrative therapy		2/83
Clay therapy		3/63
Significance Level	1/000	0/114

The pre and post test results result reveal that there was a significant reduction in anxiety in the experimental group as compared to the control group. Results also indicate increase in the anxiety scores of the children in the control group. Results of research in clay therapy and narrative therapy show the reduction of anxiety symptoms in

children with anxiety disorders. Various researches conformed the effectiveness of play therapy on psychotherapy of children suffering from anxiety disorders: on study by Baggerly (2004) on self-esteem, depression and anxiety of homeless children, statistical analysis revealed children receiving child-centred play therapy significantly improved in self-esteem, anxiety, and depression demonstrating a moderate to large effect size. On another play therapy study by Milos (1982) on effectiveness of play therapy on anxiety, depression and adjustment of earthquake victims, he investigated the effectiveness of short-term child-centred group play therapy in elementary school settings with Chinese children in Taiwan who experienced an earthquake in 1999. 65 children (aged 8-12 yrs) were screened. Children in the experimental group scored significantly lower on anxiety level and suicide risk after play therapy than did children in the control group. The effects of the treatment support previous studies of play therapy with American children. These findings reveal the possibility of disaster intervention services adopting Western helping techniques with school children of non-Western cultures.

The present study clearly points out the effectiveness of clay and narrative therapy as supported by previous studies quoted above. The results indicate that the therapies are effective in improving the self esteem, school performance and sociability of the children (as reported by the parents).

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