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HELPFUL EFFECTS OF *CREATIVE EXPRESSIVE-BODILY MAPS OF EMOTIONS* IN PSYCHOTHERAPY WITH CHILDREN AND ADOLESCENTS: A PRELIMINARY QUALITATIVE STUDY

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Abstract:

A tool named '*Creative Expressive-Bodily maps of emotions*' (*CE-BME*) has been used widely among counselling practitioners or therapists in Malaysia's mental health settings. However, limited research was done to examine the helpful & unhelpful process and helpful & unhelpful effects in practice. This preliminary study aims to explore specifically the practical effects of using this tool from the therapist's perspective. This preliminary study used a qualitative approach, namely the grounded theory method, through face-to-face and video call interviews with four therapists from the mental health setting. These therapists conducted sessions for children and adolescents using the *CE-BME* in their sessions. The data through grounded theory analysis in this phenomenological study aims to answer the research question: What are the helpful effects of using the *CE-BME* in psychotherapy with children and adolescents? As a result, seven themes from two categories of helpful effects emerged. With regards to the effects on the client from the therapist's perspective, four themes emerged given by i) experiencing positive emotions, ii) improving in cognition process and insight, iii) positive behaviours in therapy, and iv) inducing problem-solving. In addition, three themes emerged regarding the effects on the therapist, including i) positive emotions toward the therapist, ii) increased skills in the therapy session, and iii) increased competency in handling a young client's case. The finding confirmed the positive effects on emotions, behaviour, and cognition in therapy for young clients who are incapable to express their feelings verbally (from the therapist's perspective) and impacts the

therapist's feelings, behaviour, and competency in handling child and adolescent clients.

Keywords:

Art Therapy Technique, Body Outline, Young People, Helpful Effects, Mental Health Therapist

Introduction

The mental health of children and adolescents worldwide has become more critical in recent years (Abdelazem et al., 2018; Everly Jr & Lating, 2019; Otto et al., 2018; Pennefather et al., 2018; Piko et al., 2016; Wahyuni et al., 2019). For example, one in ten primary school students in the United Kingdom has diagnosable mental health disorders that might affect their schooling (McDonald & Holttum, 2020). Locally, the more significant worry in Malaysia is that over half a million, or 424,000 Malaysian children aged 5-15 years, have suffered from mental health difficulties (Institute for Public Health, 2019).

Various interventions are used to help children in need, either verbal counselling or creative intervention. Among others, art therapy (AT) is increasingly used to assist children in a more practical way to work with clients. Most major AT programmes focus on children with social, emotional, and mental health difficulties, likely enhancing classroom learning outcomes (McDonald et al., 2019; McDonald & Holttum, 2020). In addition, Holland et al. (2020) showed that the trend of self-harm among young people is rising, with looked-after children who are particularly vulnerable. Furthermore, Schweizer et al. (2019) also found that AT offers a specific treatment for children with autism spectrum disorders (ASD) developmental, social, and behavioural problems. Moreover, Gul & Irshad (2018) highlighted that Post-Traumatic Stress Disorder (PTSD) is a typical reaction to any unexpected stressful experience.

It is very challenging to work with youngsters who do not have strong verbal talents. AT can help traumatised children heal in conjunction with behaviour therapy approaches. According to the scientific literature, art interventions can help children cope with cancer therapy's physical and emotional challenges (Derman & Deatrck, 2016). In addition, the number of studies examining clients' perceptions of the benefits of psychotherapy experiences has increased significantly during the past decade. Nonetheless, from the standpoint of therapists, the significant beneficial effects that centre on specific AT activities for young people remain unclear and underreported.

Literature Review

Helpful Effects of Art Therapy and Children Population

Up to date, few researchers have published the literature on the effects of art therapy (AT) on children. In recent years, two systematic review articles on the effects of AT on children have been published. For instance, Cohen-Yatziv & Regev (2019) thoroughly evaluated quantitative research articles on outcome indicators in AT with children published between 2000 and 2017. Thirteen articles met the criteria for inclusion and were allocated to one of three levels of evidence. The clinical categories into which the findings are split include trauma, special education and impairments, non-specific problems, medical diseases, and juvenile offenders. AT's potential advantages in these five clinical groups indicate that it may be helpful to

children in the categories mentioned above. Researchers suggested further investigation on how well AT works with children since they discovered fewer studies compared to prior reviews of studies on how well AT works with adult clients (Regev & Cohen-Yatziv, 2018).

Derman & Deatrck (2016) discovered another research finding consistent with the previous comprehensive review study. The authors reviewed the research evidence on the role of AT or art-making treatments in improving the well-being of children with cancer during treatment. There are six research studies on children with cancer receiving treatment (2-21 years old) using AT/art-making intervention using qualitative ($n = 3$) and combined quantitative/qualitative ($n = 3$) methods. The result indicated the possible therapeutic functions of art interventions. Though the evidence is limited and developmental, art interventions may potentially promote the well-being of children undergoing cancer treatment by reducing anxiety, fear, and pain. They can also promote collaborative behaviours, improve communication with the treatment team, and counteract the disruption of selfhood evoked by cancer treatment.

In a recent study, Gul, Irshad, and Amjad (2021) investigated the prevalence of aggressiveness, disruptive behaviour and self-concept among local and international displaced children. They conducted a study in Peshawar, Pakistan, focusing on AT's efficacy and the behaviour therapy method of progressive muscle relaxation (PMR) in addressing psychological issues in internally displaced children. The researchers examined 192 local displaced children and 90 non-displaced children, where the internally displaced children were shown to be more violent. The results showed that they were more aggressive than their counterparts from other schools. From the study mentioned above, the researchers firmly believe that AT and behaviour therapy techniques may be beneficial in treating post-traumatic psychological problems in children. In other studies, Winter & Coles (2021) showed how a client conceptualises his experience with art psychotherapy for Complex Post-Traumatic Stress Disorder (PTSD) symptoms (C-PTSD) while getting weekly therapy from the United Kingdom (UK)'s National Health Program's community adult mental health service for 18 months. The client wrote about his art psychotherapy experience, while researchers identified some themes of the client's experience. They related his account to art psychotherapist theory and evidence for research. The therapeutic approach helped him to feel in control of the therapeutic process.

The above finding is consistent with McDonald & Holttum's (2020) study. The authors found that children and teachers perceived AT helpful for engagement with classroom learning, relationships with teachers and peers, and learning time. There were no differences in reading, writing and Math scores between children attending AT and children receiving usual education support. Thus, AT may have prevented the increasing educational attainment gap that social, emotional, and mental health difficulties can bring. Moreover, in a different study, McDonald et al. (2019) examined 45 children and 10 class teachers within one UK primary school. The researchers analysed questionnaires from teachers' and children's evaluation interviews, triangulating these with data from a teacher focus group. They found significant and medium effect sizes for positive teacher-rated changes in children's overall stress, conduct, hyperactivity, and prosocial behaviour. Teacher-rated emotional distress and peer problems showed small changes that did not reach statistical significance.

In addition, Schweizer et al. (2019) examined experts' agreement (19 art therapists and 10 referrers) on typical components in AT with children with autism spectrum disorders (ASD). The results assist in understanding the function of AT in ASD therapies. The authors discovered that there is an agreement about typical elements of AT in five areas: the problems that lead to children with autism being referred to AT, the materials and forms of expression, the art therapist's handling, contextual issues (e.g., therapy duration and parental and teacher involvement), and treatment outcome criteria. A focus group discussion involving seven professionals clarified the findings, and agreement was reached on 46 elements relating to the goals, means, and outcomes of AT, including therapists' appropriate attitude and behaviour.

The findings of this study will be used as foundations for future research into the impacts of AT treatment programmes. A research finding by (Tahar et al., 2019) also pointed toward the therapeutic impact of art on students' special education learning behaviour and the level of student acceptance of AT activities in the learning process. The study was conducted using a modified observation check instrument from the ABILHAND-Kids Questionnaire and Child Behaviour Checklist. The study's findings were analysed using tables and graphs by the researcher. The researchers discovered that AT activities benefited students' behaviour and were well accepted in the learning process.

In another study, Gul & Irshad (2018) highlighted the efficacy of AT in conjunction with behaviour treatment techniques for internally displaced children with PTSD. Children with high PTSD 'computer-aided questionnaire' (CAQ) test scores were split into experimental and control groups. The experimental group was treated using art and behaviour therapy methods such as deep muscle relaxation to evaluate its efficacy. The findings showed that AT and behaviour therapy helped treat this group of children. The authors concludes that ART, combined with behaviour therapy techniques, proved to help treat PTSD among war-affected internally displaced children. This finding is consistent with Edwards & Hegerty's (2018) study where they investigated an innovative AT group intervention for teenage females aged between 14 to 16 suffering from mental health issues. The group meets at a community mental health clinic and utilises origami and mindfulness to create a secure and therapeutic environment. Participant comments reveal positive results, showing beneficial mood changes and emotions after group participation. The findings indicate that origami may benefit this group's AT practice. In Malaysia, Jamaludin et al. (2018) studied 66 children aged 10 to 12 in a protection institution. They discovered that a counselling intervention module based on Adlerian play therapy benefited their well-being. The children in the intervention group had increased their well-being in all five categories (basic self, social self, creative self, physical self, and coping skill self) compared to the control group.

About the Present Study

As previously shown, AT has benefited a few particular groups of children, whether in the learning process or intervention and treatment in mental health. For example, Azizah (2015) examined the experiences of 40 creative practitioners in person-centred treatment with children and young people aged between 5 to 18 in the United States (US) and the UK. She discovered that person-centred creative practice positively impacted immediate (during treatment) and continuing (after therapy). However, to the best of our knowledge, no study has been discovered thus far, citing the specific AT instrument as having positive effects on the treatment of children. '*Creative Expressive-Bodily Maps of Emotions*' (CE-BME) as an AT tool or activity may help a mental health therapist intervene for investigation and therapeutic guidance

in a counselling mental health environment (Maznah & Ruhana, 2013). Therefore, this exploratory research aims to examine the helpful effects of the *CE-BME* tool in children treated in mental health settings from the viewpoint of the selected practitioners in Malaysia. The results of this study will assist us in meeting the requirement for our practitioners to utilise the tool more effectively.

Method

Purpose

This preliminary research aimed to collect the experiences of mental health therapists who had used the '*Creative expressive: Bodily Maps of Emotions*' (*CE-BME*) tool. Psychotherapists have actively used this instrument for many years in their everyday practice. The 'Body Outline, Emotion, and Physical Health' tool, originally developed by Maznah & Ruhana (2013) under the Malaysian Ministry of Health, served as the foundation for the research questions aimed at determining the helpful effects for therapists using the tool in intervention sessions with children and adolescents. In addition, the research questions led to the qualitative analysis of the interview procedure; 'What are the helpful effects of using the *CE-BME* in psychotherapy with children and adolescents?'

The research findings will aid therapists in utilising the *CE-BME* tool effectively and meeting the needs of their practitioners. In addition, therapists in the field of mental health who work with children could contribute to the investigation by sharing their perspectives and experiences. This may improve the protocol treatment framework and training requirements for tool development.

Procedures

Face-to-face and video call interviews were conducted using the grounded theory approach (Charmaz & Belgrave, 2012; Corbin & Strauss, 2007) with four therapists from the mental health setting. They have intensively held sessions for children and adolescents using the *CE-BME* instrument and were willing to be interviewed. The interview conducted in March 2020 lasted about 50 minutes to 1.5 hours. Following that, the interviews were audio and video recorded, transcribed, and analysed a few times using the grounded theory concept (Glaser & Strauss, 1967) and ATLAS.ti software (Friese, 2012, 2016, 2017) to generate category codes in the context of action rather than topic (Charmaz, 2006). Using the grounded theory strategy for this preliminary study allowed for a first in-depth look at the helpful effects of *CE-BME* used in the field that came out of the results and can be studied further in future research with larger samples.

Analysis

First, the four transcribed qualitative data were inserted into the ATLAS.ti program and were read with free quotation marks first. In order to identify the open code according to the Strauss/Corbin approach, writing is absent as a necessary step. Therefore, the researcher made use of the quotation comments for this purpose. A quote can be found, commented on, linked to other quotes, and connected to one or more memos (Friese, 2017). Following that, the main codes and categories following the study's objectives were created. Additional codes were created for information from the interviews unrelated to the study topic. Then, the previously

marked phrases are placed under codes by clicking the “right-clicking,” “coding,” and selecting from the resultant coding list. The highlighted statements fall under one core coding category.

The number of items in each code was then examined to determine which category contained the most statements. The analytic findings were organised to make reading the whole dataset easier. Two other researchers, senior researchers and clinical psychologists verified the codes and categories as the credibility of qualitative data through peer checking. Each phrase in the codes is then categorised according to the same themes. Seven themes with two categories were created from 27 quotations for helpful effects, designated as categories and themes.

These preliminary findings are intended to be used as data discoveries and pilot the technique procedure before the real study with a bigger sample is performed (Barker et al., 2016). The Medical Research and Ethics Committee (MREC), Ministry of Health Malaysia, authorised this research in line with the ethical standards since it included health professionals (psychotherapists) from this organisation.

Result

Table 1 presents the core themes and sub-categories that emerged from the qualitative analysis of four therapist experiences. The emergent core themes were grouped in terms of two categories, which are (1) therapist identified helpful effects to the client (therapist’s perspective) and (2) therapist identified helpful effects to themselves — to address one research question.

Category 1: Therapist Identified Helpful Effects to The Client (Therapist’s Perspective).

Theme 1: Experiencing Positive Emotions. The therapist can see that the young clients (children and adolescents) have expressed their emotions through non-verbal and verbal expressions. As a result, the clients seem happy, not stressed, and enjoy the process of therapy undergone.

T2: “...We can see him smiling, we can see he’s having fun choosing which colour, right. The more colours, the more excited he is. In fact, sometimes, when I bring out the colour, we can see that the child looks excited. Just look at the colour, he already feels excited”.

Theme 2: Improve Cognition Process and Insight. The therapist can see that the young clients can identify their issues themselves. It is easier to share what is in their mind or thoughts and feelings. They are more aware of themselves, and the process of mental literacy is faster.

T3: “...He had insight hurry because he saw his colour which part of his body and asked himself why? Oh, I realised actually I had these feelings in my heart. Oh yes, it has many other colours too. Why he said it, then he was aware, it is easy for us as therapists also to help them because he himself is focused on his own process...”

Theme 3: Positive Behaviour in Therapy Sessions. The therapists view the young client as more controlled and focused since they have tasks to complete, particularly if they have a more playful personality. In addition, the *CE-BME* helps boost the client’s creativity and brain function because the colour and tools are appropriate for children.

T4: "...Even children seem to be more controlled, they can focus on therapy. Okay, because they do not have to talk or think, but they have activities like that. So, the children are more controlled".

Theme 4: Inducing Problem-Solving Skills. The therapist observes that the young clients are aware of stress-reduction techniques and that the *CE-BME* management has provided them with guidelines for what they will do later or in the future.

T3: "...When he comes with *Body Outline*, he knows his homework; for example, when he is angry, he likes to slap people, so I said if you use your own *Body Outline*, then how much is the target for less when angry people hit, maybe after this hit the table like we want to change his behaviour through behaviour modification, so the client will make his own schedule and commitment".

Category 2: Therapists Identified Helpful Effects for Themselves.

Theme 1: Inducing Positive Emotions. The therapists also feel stress-free, easy, relaxed, a feeling of pleasure and excitement, fun, trust, more confidence, a sense of accomplishment, and extra strength in the character of the child therapist and the removal of doubts.

T4: "...feeling satisfied because the goal we want to help is achieved. So I don't think I've done it right yet, so the doubts can be overcome".

T2: "...Maybe the excitement is there. That's all I can say because it's something different, it's not something too formal. It's formal, but it doesn't look formal, right".

Theme 2: Increasing Skills in Therapy. Therapists describe themselves as exploring clients, grasping the underlying problems, comprehending the client's emotions, focusing on treatment in terms of direction and intervention, and enhancing their creativity while working with young clients.

T1: "...we can explore, we can get to know our client, we can understand the real issues that are bothering him".

T4: "when I use the *BME* indirectly, it helps me to be more creative, know how to use the art in the process of helping".

Theme 3: Enhancing The Competency in Managing Children's or Adolescents' Cases. The therapists feel competent when they have a tool or method for cases involving children, have evidence that the emotions of children are concrete or that they can be measured, as a psychoeducational training tool that can communicate with parents and other professionals like psychiatrists and as a prevention tool with parents or caregivers.

T2: "...we have a tool to measure children's emotions, like this tool is simple but gives us a lot of information in the process compared to other high-level tools usually for adults".

T4: "...It is a tool where we can raise issues in children, and we give them maybe through talks or parenting classes to prevent them. There is nothing that is the best

medicine to prevent it, so here we can convey it because it is solid and accurate evidence”.

Table 1: Helpful Effects of Using CE-BME in The Psychotherapy Process

Category	Theme	Sub Theme
(1) Helpful effects on the client (Therapists' perspectives)	i) Experiencing positive emotion	<ul style="list-style-type: none"> • Release the emotion (from non-verbal and verbal expression). • The client seems not stressed (the process suits the child's client). • The client feels happy. • Build trust in therapists (therapists give children something they love). • More enjoyment in the process of therapy undergone.
	ii) Improve cognition process and insight	<ul style="list-style-type: none"> • Can identify the real issues of self. • Easy to share what is thought and felt. • More aware of themselves as BME about themselves instead of others. • The process of mental literacy is faster (insight).
	iii) Positive behaviour in the therapy session	<ul style="list-style-type: none"> • More controlled and focused on therapy because there are activities and something to do. • Stimulates the creativity and brain function of the client because of the colours and tools used.
	iv) Inducing problem-solving skill	<ul style="list-style-type: none"> • Know strategies to reduce stress. • There is a guide to the next action.
(2) Helpful effects to the therapists	i) Inducing positive emotions	<ul style="list-style-type: none"> • Feeling stress-free, easy, and relaxed. • Give the therapist a sense of joy/excitement in handling the client. • Therapists feel trusted and more confident. • Have fun and add strength to the character of a child therapist. • A sense of satisfaction as the therapist can help the client and remove doubts.
	ii) Increasing skills in therapy	<ul style="list-style-type: none"> • Able to explore, can get to know clients and real issues. • It is easier to understand the client's emotions and behaviour. • More focus on therapy (intervention/direction in session). • Increase creativity in the therapists themselves. • Feel controlled in conducting therapy sessions with children because there are activities that can be done.
	iii) Enhancing competency in managing case	<ul style="list-style-type: none"> • Has a tool or method for children's cases. • This activity makes the emotion measurable/visible/concrete - as evidence. • This tool is psychoeducational material for parents and caretakers of children for prevention to others.

- This tool is concrete, clear, precise psychoeducation as evidence for lecture material and parenting classes for prevention.

Discussion

A grounded theory analysis was used in this pilot research to uncover key themes in therapists' experiences using the '*Creative Expressive-Bodily maps of emotions*' (*CE-BME*) tool with young clients. This study aimed to discover key themes regarding the helpful effects of utilising it from therapists' viewpoints. However, the small sample size restricts generalisation with a limited group of mental health therapists working with children and adolescents. On the other hand, our results may promise future studies with a bigger sample size in clinical practice.

The most remarkable finding from the data is that utilising the *CE-BME* tool is beneficial to clients and therapists. Therapists also see beneficial or positive impacts immediately (during treatment) and over time (after therapy). This is comparable to Azizah's (2015) findings, which discovered themes of beneficial impacts from practitioners in the context of person-centred creative practice.

Aside from that, what is interesting in this data is that the young clients appear to have more control in therapy, which reflects the findings of Winter & Coles's (2021) study. In this study, an art therapy (AT) client wrote about his experience with art psychotherapy for Complex Post-Traumatic Stress Disorder (C-PTSD). He felt in control of the therapeutic process. In addition, the *CE-BME* or AT tool improves the young client's conduct while in treatment. As one of the therapists said, "*the kid is better regulated and engaged in therapy since there are activities and something to do.*" This aligns with Tahar et al. (2019), who found the positive effect of students' conduct while they are in the learning process when AT activities are included in the class.

Concerning the good feelings experienced or enhanced by both parties (the young clients and therapists), the *CE-BME* instrument, designed especially for emotion, is based on the emotional elements of those who use it. This result is consistent with previous studies by Edwards and Hegerty (2018) on positive improvements in mood and emotions in teenagers with mental health problems, as well as Linda et al. (2018) on children in protective custody. In addition, Jamaludin et al. (2018) discovered that Adlerian play therapy is suitable for children's well-being.

Limitations and Future Directions

It would be valuable to hear from many therapists about their experiences utilising '*Creative Expressive-Bodily maps of emotions*' (*CE-BME*) in therapy sessions with young clients. In addition, research into the highlighted under-explored elements of children's art psychotherapy practice and the usage of specific art therapy (AT) tools would be beneficial, particularly in terms of beneficial and unfavourable impacts. This research also lends credence to the notion that AT tool therapy may be beneficial in treating mental and physical health problems, such as psychosomatics, as early signs of stress for humans.

The limited sample size was a significant drawback of this preliminary research. However, it should also be emphasised that the presence of more therapists with younger clients may have led to systemic disparities in long-term outcomes as well as clients' comprehension and reporting of their therapy experiences.

Future research should explore the possibility of giving therapists knowledge on establishing favourable circumstances in therapy to enable such changes for clients. The main limitation of this study was that client perceptions were not evaluated in addition to therapist perspectives. Other factors could also have influenced client outcomes, like their interest in drawing and colouring; the therapist's personality; and the way the therapist conducted the sessions. Therapists are also likely to be biased when evaluating their own work. Nonetheless, this research was a practical way to identify emerging trends and areas for further investigation. From the study, a basic framework and protocol for using the *CE-BME* with young clients will be made. The young clients' perspective can also help in understanding the effects better despite the therapists' perspectives only. Nonetheless, the current study contributes to a better understanding of therapists' experiences of personally significant shifts in psychotherapy, which ultimately belong to clients and their lives in the future.

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Author Biography

Maznah Ibrahim is a counselling psychology officer with the Ministry of Health, Malaysia and was previously with Protect and Save the Children, an NGO for sexually abused children, for a total of 15 years of professional counselling practice. She is also a certified practitioner and facilitator for creative arts therapy by the Asia Pacific Academy for Creative Arts and Play Therapy in Malaysia. She has experience using creative arts and plays therapy for her daily work with children and adults in mental health settings. Currently, she is undertaking PhD's research under Dr. Azizah Abdullah's supervision, with extensive training experiences and exposure to creative expressive arts therapy in the UK, USA and a few other countries with key scholars from Europe & North America.

Dr. Azizah Abdullah is a senior lecturer at the School of Education, College of Arts and Sciences, Universiti Utara Malaysia. She graduated from the University of Strathclyde, United Kingdom, with her PhD focus on Creative-Expressive Arts and Play Therapy for children and young people. Her main research projects i) Ministry of Higher Education Grant 'Knowledge Transfer Program': Forwarding Creative Arts Therapy From Islamic Perspective To Enhances Quality of Life and Well-being, ii) National collaboration project: Developing Models of Art Therapy-Kinetic Family Drawing (AT-KFD) and Digital Art-Self Therapy for Survivors of Sexual Abused and Domestic Violence, iii) Social Innovation Research at Northern Corridor, Malaysia: Developing Training Manual of Play Therapy for Children with Social, Emotional and Behavioural Difficulties (PT - SEBD), and iv) State Islamic Council research's grant:

Developing protocol of forensic art therapy from Islamic Perspective for sexual abuse and domestic violence, a pilot study. Dr Abdullah was also involved in WHO Panel Forum and discussed the role of Art Therapies under the collaboration project of WHO Arts & Health Lead, Edge Hills University UK, New York University USA, University of Melbourne Australia & Universiti Utara Malaysia, now at the final stage to be published under Jessica Kingsley Publisher, UK.

Conflicts of Interest

The authors declare that they have no conflict of interest.

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