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Gestalt Therapy for Reduction of Anxiety and Enhancement of Social and Coping Skills of Underprivileged Children – the Artistic Way

Juliet Karmakar Mondol¹, Jagdish Sadiza² and Ruchi Varma² ¹Indian Institute of Technology (IIT), Kharagpur, India. ²Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi-110095, India.

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ABSTRACT

The aim of the study was to assess the anxiety, social skills and coping skills of underprivileged children. The objective was to undergo transformation for better adaptability with self and environment by integrating thoughts, feelings and behavior through art. These children were in the age of M- 10.6 years, SD-0.5 and education M-15.06 years, SD- 0.45, from a village in Kharagpur, West Bengal, India. Intellectual functioning of these children was below average in vernacular system of education in their area. Gestalt therapy was applied through art and creative activities to reduce anxiety of children and increase their social and coping skills. In the Experimental group 15 boys and girls were exposed to Gestalt therapy for three months thrice a week. The control group was seen once in a week for the same period which also consisted of 15 boys and girls. Pre and post measures were assessed on Paediatric Anxiety Rating Scale, Social Skills Form and Children's Coping Behaviour Questionnaire for the assessment of their, anxiety, social and coping skills respectively. Parents and teachers were also involved in the process of assessment and evaluation. Intellectual functioning was assessed through Standard Progressive Matrices. Outcome variables of Paediatric Anxiety Rating Scale suggested reduction in their anxiety and increase in verbal pragmatics and social behaviour following diminution of fear and avoidance as per findings on Social Skills Form. Children's ameliorative coping augmented than destructive coping in their day to day life. The results showed an improvement in the level of severity of anxiety symptoms and coping strategies – problem solving. The severity of anxiety symptoms showed a decrease by 35%. The coping skills – problem solving improved by 25%

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Introduction

Living in a sub urban town of Kharagpur, I felt the anxiety of children and adolescents can be reduced if they are made to come to terms with it visually. This can help them to deal with their problems in a mature way.

Immediately I thought of Gestalt Therapy as a way of dealing with their anxiety through art and its analysis. According to my experience here, I felt that these children and adolescents will orient themselves well visually to images which is free hand drawing. Therefore Gestalt Therapy was the best choice as its founders stimulated and inspired creative expression through an abundance of media and materials.

As I worked mainly with the poor economic background children I thought that creative expression in these children was missing because of their self image which was negative and not because they couldn't. They could express themselves but always were in constant doubt of being negatively evaluated by people.

The importance of "Unitary Thesis, The Creativity of structured wholes' was seen in the therapeutic intervention -Through art activities the students were made to come closer to the problem, identify themselves with the problem and taking steps to deal with the problem. There will develop an increased awareness of the problem and involving oneself into various new experiences .i.e there will develop a tendency to search for other solutions if one solution doesn't work and not develop better skills for problem solving.

ability is increased. **Process of Integration**

Therefore the main goal of the activity was "The Reorganization of the Field in search of Good Form". The Interventions of Gestalt Therapist that guided me in my work

Perception of a problem depends upon familiarity, similarity, mental set. Through art I tried to create "Good Form"

as Oaklander said that resolution of a problem by a child or

adolescent will depend a lot on imagination. If the problem is

not solved anxiety may increase which in turn further decreases the ability to solve a problem, thus giving rise to a vicious circle.

The main concept was to develop a better relationship with the

environment so that anxiety is reduced and problem solving

a) To break up the children's and adolescents chronically poorly organised field, as they have some standard ways of perceiving a situation.

b)To unblock their fear of being of "no Worth"/ negatively evaluated by others.

c)To break up the problem into smaller parts so that it can be solved easily and then viewed as a whole.

d)To help in better problem solving.

The activities promoted an interaction between perception and comprehension (Perceiving and Understanding). The drawings helped the participants to look at their problems closely and how to deal with it and how should the transformation of their selves

E-mail addresses: julietkm11@gmail.com

This activity, interactions with participants brought forth" Something New and Valuable" which was they also have abilities to solve problems, they can do other things which they like and therefore can have worth in their society.

The skills acquired during childhood and adolescence play a very important role in the whole round development of the individual which necessarily involves managing people and finding oneself confident when facing an untoward incident. The development of the skills especially coping and social skills will invariably depend upon the mental health that is being shaped in the underprivileged section of the society. In today's fast pacing life the parents especially of the underprivileged children have become very comparative, competing, over ambitious leading to a lot of stress upon the child / adolescent. This leads to the development of anxiety thus leading to the underdevelopment of the social and coping skills. As such there is a wide gap between the understanding of parents, teachers, mentors and the ward about his /her worth. A lack of comprehension that children have a mental life, and a failure to understand developmental psychopathology (WHO, 2003) is present. This phenomena can be most widely seen in children/adolescents India, especially the underprivileged section of the population. India, with about 430 million children has the world's largest child population (http://america.cry.org/site/projects/children-statistics.html).

Though children in India constitute about one third of her populations their interests are not taken into consideration. The result is, they feel they are lonely, they are mere puppets in the hands of their parents and "their" society. Astonishingly, 50% of children in the age group of 6 to 14 do not attend school, National Dropout Rate at the Elementary Level is over 40% Information System for Education. 12), (http://america.cry.org/site/projects/children-statistics.html). As I have worked with a lot of schools it was seen that a number of children did not come to school because they had not prepared for a test, the teacher will scold them, does not like a classmate, therefore the coping required for a situation was not present and social skills development was a distant area which never crossed anybody's mind. Therefore reduction of anxiety and increase of social and coping skills of children aged from 7 years to 17 years was taken into consideration under the paper "Gestalt Therapy for Reduction of Anxiety and Enhancement of Social and Coping Skills of underprivileged Children -The Artistic Way".

Essence of Gestalt Therapy

In Gestalt therapy people are seen as potentially having all the necessary abilities to solve their problems or face their difficulties. Therefore, a person is viewed as a functional, organismic whole that strives toward higher levels of potentiality, actualisation, and integration within and as part of its organism/environment field (Blom, 2004: 4; Kirchner, 2000). Thus, in this study, Gestalt therapy will refer to the psychotherapeutic approach that is based on Gestalt theory. Gestalt therapy strives for the healthy, integrated functioning of the total organism, and is also concerned with achieving wholeness and integration, that ultimately defines the quality of healthy living.

Gestalt Therapy and Art

Work related to Gestalt therapy, art and the underprivileged children in India is very scanty. There has been some work in mourning, bereavement and grief (Stephanie Sabar, 2002). The reason why gestalt therapy was taken into consideration was its artistic feature. Art was the best medium to get near to the feelings, emotions, thoughts about self and society of the underprivileged children.

The art therapy in gestalt would facilitate, self expression, to involve playfully with one –another (in the group),(Nancy Amendt –Lyon, 2001). It would lead to productive thinking which would help the students with better coping by gaining good social skills and productive thinking. It would make these individuals more insightful and therefore dealing with daily problems in much better way. The artistic tools served as means of coming close to inner experiences. Moreover as these children did not have a good communication skill art therapy was thought to the best for the following –

- Solutions to problems can be found out by expanding the thinking horizon
- Coming closer to the problem so that something unusual can be done out of the usual.
- This process of coping with a problem to be taught passively
- To change their perception and develop better social skills
- Increase the level of imagination so that children are better equipped to solve problems (Oaklander's ,1979 1992)
- Self expression and awareness on the non –verbal level also plays a very important part (Perls's, 1977).
- The reorganization of the problem done artistically allows for new, meaningful configurations, (Nancy Amendt –Lyon, 2001).

The Gestalt therapy through art was taken into consideration for this group of children as there are certain things which the children find hard to communicate. These children have a mental set and they behave accordingly to any stimuli on the basis of the mental set that they have. Gestalt theory 's key principle is Field Theory which plays an important role in working with awareness and how the client experiences their world and the meanings they attribute to it. Joyce and Sills (2001,p.24) identify three important aspects of "phenomenological investigation":

- The internal world of the client
- The external world of environment (including therapist)
- The ever changing relationship between them.

Through art an effort was made to make these children realise the relationships between the above mentioned three points for the development of good social skills and coping. The focus of the work was the configuration of the whole self and how it relates to its world / environment. Mackewn (1997,p.49) offers a useful overview of field theory as it relates to gestalt therapy. This overview has been dealt with in this paper which has indirectly helped in the building of of social and coping skills and the reduction of anxiety. The overview is that People cannot be understood in isolation but only as part of their socio cultural background, the field consists of all the "interactive phenomena" of the individual and the environment, human behaviour cannot be linked to any one cause but rather from the relationship between events in the field, individuals constantly change their perspective of the field as they experience it differently, some aspects of the field come into focus, while others move into the background, individuals attribute their own meaning to events and experiences and by doing so contribute to creating their own experience (they "co -create the field"), behaviour and experience happen in the present and can only be explained in relation to the present field. All aspects of the field are "interconnected", a change in one part will influence the whole field.

Gestalt is a German word. The OED (2012) defines Gestalt as "an organised whole that is perceived as more than the sum of its part ", and Gestalt is generally taken as meaning pattern, configuration or form.

The theory of Gestalt assumes that healthy human experience is based on the formation of figure (needs0 against the ground (environment) in a responsive and free - flowing way. Problems occur when this process is disrupted. Early human relational experience is assumed to be important in setting patterns in this process.

This paper tried to show the importance of environment and how we relate to it in our daily lives in solving minor issues. The way we perceive our environment helps us to build a lot of coping skills.

Gestalt is based on an assumption of holism, in that it is impossible to understand self through the interpretation or exploration of one part. The focus of this paper was on the configuration of the whole self of the children aged 7 years to 17 years and how it relates to its world / environment. The core of Gestalt is awareness and helping to increase a client's awareness through the therapeutic process. The" here and now" experience of contact is essential important. This is also an aspect that has been addressed in the paper through art and other group activities. Through this it was thought that the clients will be developing social skills and coping skills as they would come in contact with their environment. Coming into more contact with their environment through artistic activities they will be able to see their environment (ground) from a different perception thus leading to a better management of their needs (figure) which will lead to a reduction in anxiety. Without the reduction of anxiety amongst these children betterment of social and coping skills could not be achieved.

Why Art as a Medium of Reduction of Anxiety

The initial phase of Gestalt therapy is indicative of its withdrawal from classical psychoanalysis and the development of an approach that can appreciate the comprehensive expression of a human being on different levels of experience.

Gestalt and Gestalt psychology may be said to draw on three primary aspects: phenomenology and existentialism; Eastern Religion: and drama and movement (Ellis and Leary - Joyce, 2000). Phenomenology emphasises the importance of experience being seen as subjective, rather than an objective process, in that each individual experiences their own, unique view of their world. Existentialism highlights the importance of choices and individual responsibility. Eastern religions, such as Taoism and Zen, emphasise the importance of being and experiencing in the moment. Drama and movement was an important influence on Fritz Perls, who was interested in the work of Moreno's psychodrama approach. The artistic concept in Gestalt will implies change to be a process -oriented approach that supports the concept of perceiving and understanding. As the paper deals with the Children / adolescent category, gestalt therapy with its creativity instinct was thought to be the best as it can facilitate the ability of human beings to engage playfully and creatively with one another by offering space for impulses to unfold and develop. The artistic activities would help in the reorganization of the familiar, chronically poorly configured elements into something new and valuable. This would lead to a change in perception and understanding. This would also help us know about the implications of our actions. The whole process would bring about a reduction in anxiety.

The section of the society that I was dealing with did orient themselves well with images, shapes, colours and designs, only about 13% of the experimental population had good academic grades. Therefore, it was important to do an activity to bring about a change to which they reacted favourably. If our patients are not reacting favourably to our interventions, then we may be addressing them in a sensory mode to which they are slow to

react or with which they cannot deal properly (Burley, 1998,p. 133).

Gestalt Therapy, Exploring Creativity

In an early article, Fritz Perls (1948) describes working with a sculptor who sought him out because of two crucial disturbances. Perls left the medium of spoken language temporarily and suggested that the artist express his problems by sculpting them. Considering the Cultural interests of Fritz and Laura Perls, it is not surprising that the founders of Gestalt therapy stimulated and inspired creative expression through an abundance of media materials. Fritz Perls loved the theatre, had worked in plays directed by Max Reinhardt, and took over psychodrama elements of Moreno's in his psychotherapeutic approach. Both Fritz and Laura were strongly influenced by German Expressionism and modern literature. Laura Perls emphasised that she considered herself to be a musician and writer before she became a psychologist and a psychotherapist (Kitzler, Perls and Stren 1982).

The artistic activities broadens the psychotherapists communicative abilities and deepens his / her understanding of many aspects of personalities. The activities were very important for my clients as they were new to the concept of psychotherapy and change, nor were they very communicative in the beginning. They started growing communicative as and when they found the activities important and would help them to grow. The influence of the art is reflected in Gestalt therapy's emphasis on intuitively comprehending essentials and enhances the therapist's insight into human nature (e.g., Kelly, 1982)

Creative Expression and Enhancement of Social and Coping Skills

Developing awareness of one's own processes as well as one's own creative possibilities is essential to the psychological wellbeing. Psychological wellbeing will lead to reduction of anxiety and developing of social and coping skills. When one is working is working through conflicts and interpersonal problems within the Gestalt therapeutic approach, various creative means to reach to a productive solution could be found. The main goal of this whole process was to tap into dormant or unexpected expressive possibilities of a person by engaging in the use of a wide range of methods.

Art and Creative Expression in Children and Adolescents

Oaklander (1979,1992) contributed to the gestalt therapeutic approach by working with children and adolescents through the use of art and materials. Her target was to help her clients to become more aware of self and having a fuller experience of here and now of their existence and experience. In this research paper it was taken to task to encourage the imaginative ability of the underprivileged children/adolescents which will also help them to cope with the problems that they were facing in a skilful manner. This will also help them to help their classmates, friends to deal with any issues productively thus enhancing their social skills. Of crucial importance is the phenomenological principle to which Oaklander's approach adheres: the psychotherapist should begin with the child, wherever he or she is at the present moment, should respect the child's needs and defences, enter his or her world gently, and should address the presenting problems.

Socioeconomic Status and Psychological Functioning

A Sociological ranking index, SES can be applied to individuals, groups, neighbourhoods, communities, or populations. A graded relationship has been found between lower SES and risk of negative affect, mood and psychopathology. Lower SES is associated with higher incidence of depression and anxiety (Ansseau et al., 2008: Grant et al., 2005: Himmelfarb & Murrell, 1984: Warheit et al., 1975),

anger (Mittleman, Maclure, Nachnani, Sheerwood, & Muller, 1997; Ranchor, Bouma, & Sanderman, 1996), and hostility (Barefoot et al., 1991; Lynch, Kaplan & Salonen, 1997; Scherwitz, perkins, &hughes, 1991). A meta –analysis examining SES and Depression found that low – SES individuals are 1.81 times more likely to be depressed in general and that the relationship follows a dose – response pattern (lorant et al., 2003). Lower SES also predicted the likelihood of a new episode of depression and the likelihood of depression persisting over time. Similarly, a seven – year longitudinal study found that declining SES predicted increased risk of depression over time (Lorant et al., 2007). In contrast, improvements in SES indices (e.g., attaining more education; wealth or an increase in income) predicted decrease in depression risk.

Gallo and Matthews (2003) call attention to the potential role of negative emotions as mediators of the relationship between SES and health. The existing findings are supportive are supportive of the theory that negative emotions, among them depression anxiety and hostility, play a key role in how SES contributes to negative health incomes (Gallo, Bogart, Vranceanu, & Matthews,2005; Gallo, Penedo, Espinosa de los Monteros, & Arguelles, 2009; Matthews, Rajkonen, Gallo, & Kuller, 2008). These authors also emphasise the idea that low SES neighbourhoods and work environments are stressful and contribute to a high stress burden.

The population taken into consideration belonged to the underprivileged section of the society where they faced a lot of negative emotions and hostility from family. Peers, teachers etc. The artistic activities therefore brought about the negative emotions and feelings that they were going through which in return affect their perception .

Socioeconomic Status and Coping

Individuals of lower SES experience more stressful life events and events of greater magnitude and have fewer social and psychosocial resources to cope with them, which leads to poorer mental and physical health. Poverty and its correlate (e.g. low education) can provide a qualitatively different context in which individuals cope (Evans 2003). The constant struggle for resources to meet basic human needs can severely constrain coping resources. Poverty can also create a sense of helplessness and hopelessness which negatively affects coping.

Coping In Social Context

The topic of coping has occupied a central place in health psychology for almost four decades. Coping is tempered by personality, situation, place and history. Coping does not take place in a social vacuum (Revenson, 1949); rather. It takes place, implicitly or explicitly, in an interpersonal context that can shape and change it. Coping is conceptualized as an individual - level concept, a characteristic of a person. In Lazarus's model, coping is conceptualized as a dynamic process that involves transactions between person's and their environment. Coping Strategies were described originally as serving either a problem - focussed or emotion - focused function (Folkman and Lazarus, 1980). In the former, coping efforts are aimed at managing or eliminating the source of stress; in the latter coping is directed toward managing the emotional distress that arises from stress appraisals. A major move toward linking social factors and coping emerged in a reformulation of the stress and coping paradigm by two members of the original Berkeley Stress and Coping Project.

The Concept of Coping and Social Support

Social support is defined as the perception of experience that one is loved, valued and cared for by others and part of a social network of mutual assistance (Wills & Ainette, Chapter 20, this volume). Social support plays a key role in the stress and

coping process, serving as are source that shapes cognitive stress appraisals and coping choices (and ultimately outcomes). Research has shown a consistent association between support and such mental health outcomes as lowered depression and better adjustment to a diverse array of stressors (Stanton & Revenson, 2011).

As this paper takes into consideration the underprivileged section of the society, the social support for these children is unsatisfactory. These children belong to parents who work as domestic help for others, gardeners, labourers and their ultimate aim is to see them with flying colours in academics. They are not worried about their ability to perform. Therefore and atmosphere of turmoil, blame, abuse exists. This means social support is not that of love, value or care. This means that their coping is also affected.

How Does Social Support Promote Effective Coping

Major belief is social support can help (or hinder) coping efforts. Thoits (1986) defined social support as "coping assistance". Supportive relationships were conceptualized primarily as available resources that could aid individuals' coping in a number of ways – by influencing stress appraisals , providing information about coping options , giving feedback validating or criticising individuals' coping choices, providing instrumental assistance in carrying out the coping actions, or simply being present to help sustain coping efforts.

Coping and anxiety

Some coping styles are adaptive and enable the individual to respond positively to stress; others are maladaptive, serving to increase the stress on the individual. Lazarus 12, anearly proponent of the cognitive school, described how anxiety and coping are products of cognition. Firstly, initial appraisal of an event involves evaluation of whether it is either:

- Irrelevant
- Benign -positive
- stressful

If the event is evaluated as being a stressful one, the individual t hen analyses whether it involves

- harm / loss that has already occurred
- harm / loss that is threatened
- a challenge that may be overcome.

Secondary appraisal then follows in the form of: 'what can I do about it?' If the individual has a firm sense of his ability to deal with the stressor, then appraisal of the threat tends to reduce its perceived intensity and leads to more effective coping. If this sense of self efficacy is lacking, the perception of stress is intensified and adversely affects coping competence. As further information is received concerning the stressor, 'defensive reappraisal' or 'cognitive manipulation' may occur, in order to reduce its stress inducing characteristics. These responses may or may not lead to more effective coping. If the reappraisal and related response is a realistic one in the given situation, it is more likely to be successful. Anticipatory anxiety is an important factor in the coping process and may have a variable influence on outcome. Although worry is generally assumed to have negative effects on performance, Janis 13 noted that the absence of prior 'work of worrying' led to inadequate coping with stress in certain persons. However, according to Rogers, 14 a psychologically defended person who resorts to denial of threat may be seen to cope better with stress than an open, sensitive person. Janis concluded that some 'work of worrying' before a stressful event is beneficial and serves to increase the level of tolerance to the threat. This must be distinguished from neurotic worrying, however, which is disproportionate and maladaptive 'distinguishing characteristic of individuals with panic disorder is

the development of anxious apprehension about the next unexpected panic attack'. Beck and Rush 16 describe how those with an anxiety neurosis tend to perceive a range of ordinary stimuli as potentially dangerous and may exaggerate unpleasant events (catastrophising tendencies). This danger-related thinking increases anxiety which leads to further irrational evaluations and misperceptions of situations. In several studies anxiety disorders have been shown to be associated with a persistent tendency to overestimate situational danger. 17,18,19The cognitive model of anxiety posits that anxious individual sin variably exaggerate the level of threat in a given situation and that this is associated with the following three reactions: in relation to the actual threat. Barlow 15 states that the increased autonomic arousal

- Reduced ongoing behaviour
- Selective scanning of environment for further threats.

Cognitively, this effect is compounded by 'negative automatic thoughts' and 'dysfunctional assumptions'. 20 Beck10,21 reminds us that anxious thoughts and emotions are an integral part of a primitive survival mechanism, i.e. the 'fightor flight' syndrome, and therefore have an essentially protective function. However, in anxiety disorders, intrusive andaversive thoughts are a crucial feature and militate against successful coping. 22 To summarise, 'coping' can be said to possess two functions. Firstly, as a practical problem- solving response, andsecondly, as a way of managing emotions and thoughts adaptively in the face of stress. This is based on Cognitive and behavioural model but the paper tries to enhance coping through art therapy and gestalt to see the effects. Coping styles and strategies mediate between antecedent stressful events, and sub consequences as anxiety, psychological distress and somatic complaints (Endler, Norman S. 1997).

Out of the three coping strategies which are task focussed, emotion focussed and avoidance based, it was seen through dialogue that emotion focused coping was the base for these children/adolescents. Between 10% and 30% of schoolchildren have been found to experience anxiety severe enough to impair performance (Johnson, 1979) As these children grow up and enter adolescence there will be a preoccupation with the search for identity (Collins, 1991). This is the time when they start developing strategies for coping. Frydenberg and Lewis (1994) suggested that adolescents have a hierarchy of coping strategies. It is not known whether these strategies are dispositions or learned behaviours. Coping will depend on many factors that this paper looks into which may be gender, ethnicity, age, family circumstances and the extent or intensity of the concern.

Social Skills

The social skills movement has had a number of historical features not commonly recognized. The earlier signs of social skills training from the 1930s have been largely ignored and more importantly we have consequently failed to anchor ourselves in our intellectual past. We had a good beginning then but it got away, and for 20 -25 years (after the 1930s) what we now term social skills had a limbo status.

Child development and children's prosocial behaviours, in relation to social skills, is a newly burgeoning field, although, as we have seen, it has a hoary past. Flexibility in choice of social variables and components may throw additional light on some knotty issues in the general study of social skills. The paper also tries take into consideration the knotty issues that hinder the development of social skills. Social skills research has permeated most fields of behavioural psychology as well as having atleast a foot in the door among social psychologists and

philosophical and theoretical speculators in almost all settings in which psychological research and practice are carried out.

Definition of Social Skills

In a recent critical review of the social skills literature, Mc Fall (1982) identified two major ways in which the concept of social skills has been used. It has been used in a trait like manner to refer to stable characteristic of persons, and it has been used in a molecular manner to refer to specific component behaviours. McFall found that both of these uses were inadequate on conceptual and empirical grounds and proposed a reformulated conception involving a two – tiered model of Social competence and social skills.

Skills are the abilities necessary for producing behaviour of a task. In general different tasks will require different skills because the specific shape of competent behaviour will vary from one task to the next. Skills are also relativistic because they are tied to the value based criterion used to judge competence. The relativistic property was missing in the clientele that I had for my paper.

The process of skill development

The social skill can be thought of as the sequential transformation processes required to generate behaviour that will be considered appropriate or competent for a given stimulus task. Responding differentially to a stimuli can be broken into three major sequential stages: (1) stimulus decoding, (2) decision making, and (3) response encoding. The stages are interdependent; output of decoding is the input to decision making and the input of decision making is the input to encoding.

The entire information –processing system can be divided into three stages, each major stage can be divided further. Decoding can be divided into reception of information by sense organs, identifying the important stimulus features of the situation and the interpretation of the features existing within our knowledge. The decision making process involves the use of information , transformation and contingency rules stored in long term memory. Contingency rules means the rules that associate specific actions with circumstances (Collett, 1997) . This aspect was tried to be dealt with through art, exploring their thought while reading through the art made by the children / adolescence. The encoding stage of the information – processing sequence involves the translation of a propositional response program into a co-ordinated sequence of observable behaviours.

There are 2 types of deficits in this whole process as proposed by Schlundt (1982a) which are structural and content deficits. Structural deficit involves a defect in the information – processing system itself. A content deficit would involve a defect in one or more of the information transformation or contingency rules that are stored in long – term memory and used in decoding. Faulty rules and behaviours would lead to faulty behaviours.

Del Prette and Del Prette (2001) add that both cognitive abilities od social perception and information processing which define, organize and guide social performance and verbal and non –verbal behavioural abilities which implement the direction defined by the cognitive processed are grouped in the concept of social skills.

Social Skills and Anxiety

High levels of social anxiety have poorer social skills repertoires, as compared to the non –clinical control group (baker& Edelmann, 2002; Horley et al., 2003; Strahan,2003; Wenzel et al., 2005; Thompson and Rapee, 2002) besides showing poorer social competence (Baker & Edelmann, 2002; Strahan, 2003; wenzel et al., 2005).

In the Indian scenario the structural and content deficit exists in the household of these underprivileged children / adolescence. Because of this decoding, decision making and encoding also suffer. Therefore the skill required to achieve a particular behaviour from the other end is also absent.

This paper tries to build up this area and broaden their t5hinking capabilities for better perception and information processing through art and group activities. These activities would make these children more attracted to be present for the regular sessions rather than the conventional talking. An effort was made to rectify the deficits through the concepts of gestalt basically that of pragnanz. It would help in the reorganization of the familiar, chronically poorly configured elements into something new and valuable. This would lead to a change in perception and understanding. This would also help us know about the implications of our actions. The whole process would bring about a reduction in anxiety.

Review of Literature

Review of literature in the area that I have worked is indeed very scanty in my country. Still I searched and found certain works which involved gestalt therapy / art therapy that have showed positive results.

In the middle of the 20th century (1940 -1970) a largely independent assortment of individuals began to use the term "art therapy" in their writings to describe their work with clients. The 1970s through the mid 1980s saw the emergence of an increasing number of publications that presented a broader range of applications and conceptual perspectives (Betensky, 1973; Landgarten, 1981; Levick, 1983; McNiff, 1981; Rhyne, 1973/ 1995; Robbins & Sibley, 1976; Rubin, 1978/1984; Wadeson, 1980). The art therapy literature continues to grow through the mid 1980s to the present. Recently, approximately 21% of art therapists surveyed by the American Art Therapy Association described their primary theoretical orientation as "eclectic," the single largest percentage reported (Elkins & Stovall, 2000). Elkins and Stovall (2000) suggest that only a small number of art therapists operate from a humanistic position (among Humanistic, Gestalt, Existential and Client Centered; the highest response was to the first category, with 2.9%). The term"art therapy" began to be used to describe a form of psychotherapy that placed art practices and interventions alongside talk, as the central modality of treatment (Naumburg,

Art Therapy is a modality that can help individuals of all ages to create meaning and achieve insight, find relief from overwhelming emotions or trauma, resolve conflicts and problems, enrich daily life, and achieve an increased sense of wellbeing (Malchiodi, 1998). The field of art therapy while a recognised form of treatment, is still somewhat of a mystery to many professionals.

It is the researcher's opinion that Gestalt play therapy is a powerful means of helping children to work through traumatic experiences as suggested by the works of Oaklander (2000; 1999; 1998; 1997; 1993), Lampert (2003), Blom (2004), as well as Schoeman and Van der Merwe (1996). In this study, (Melany Constantinou, 2007) the sample size of the population consisted of 6 participants, 5 male participants and 1 female participant. Due to the complexity and intensity of the application of the procedures, and to the limited amount of time available to complete the study, it was not viable for the study to accommodate a larger number of participants. The results showed that Gestalt play therapy techniques allowed the child in the study to work through at least some of his distress. The tasks were specifically aimed at assisting the child to strengthen

himself, and to bring a moment of calmness and wholeness within a very foreign, intrusive and stress provoking reality. Piccininni, Ann (2000) finds results to be positive when working with children through art and play.

Art Therapy as A Mind -Body Intervention

Only recently research in art therapy is beginning to indicate why it can be used as a mind-body method (Malchiodi, 1993,1999). For example, DeLue (1999) demonstrated the physiological effects of drawing mandalas with a group of school-age children, using biofeedback to measure skin temperature along with blood pressure and pulse monitors. Camic (1999) conducted a study using visual art and other art forms along with cognitive-behavioural techniques, meditation, and mental imagery to reduce chronic pain in adults. Others have investigated how art making complements medical treatment and supports patients' abilities to cope with symptoms and stress (Anand & Anand, 1999; Gabriels, , 1999; Hiltebrand, 1999; Lusebrink, 1990). Through art therapy, youths can enhance self expression, coping skills and self esteem, as well as reconcile emotional conflicts and reduce anxiety (Bailey, 2007). Susan I. Buchalter (2004), showed the effectiveness of art therapy for making choices, problem solving, abstract thinking, enhancing creativity and self expression. "Windows to Our Children" written by Violet Oaklander 20 years ago, has become a classic for professionals who work with children, and for parents as well. It is filled with creative approaches to helping kids get in touch with and express their emotions. Dr. Oaklander describes many techniques using play and art therapy, including use of drawings, music, games, puppets, and many other effective avenues to assist children and adolescents in coming to terms with emotional needs, wounds, and challenges. Windows to Our Children is interesting, relevant, and easy to read. It is still used as a required text in many college courses, and should be very helpful to psychotherapists, teachers, parents, and anyone else who spends time with children. Dr. Oaklander is working on a sequel, updating her work with children over the last 20 years.

In a sample of 57 undergraduate students it was seen that art making for some time reduces state and trait anxiety. It was pre and post drawing phenomena . (David Alan Sandmirea, Sarah Roberts Gorhama, Nancy Elizabeth Rankina & David Robert Grimm, pages 68-73; June, 2012) From the review of literature, it is seen that thought art therapy has continued to grow from 1940s till the present no study has been made with the help of art therapy and combining it with any theory. The present study took the initiative to study "Gestalt Therapy for the Reduction of Anxiety and Enhancement of Social and Coping Skills – The Artistic Way". The main aim was to see how effectively the components of Gestalt could be integrated through art into the behaviour and action of the individual. The reason as to why this was important was due to the following -

a) To break up the children's and adolescents chronically poorly organised field, as they have some standard ways of perceiving a situation.

b) To unblock their fear of being of "no Worth"/ negatively evaluated by others.

c) To break up the problem into smaller parts so that it can be solved easily and then viewed as a whole.

d)To help in better problem solving.

The activities promoted an interaction between perception and comprehension (Perceiving and Understanding). The drawings helped the participants to look at their problems closely and how to deal with it and how should the transformation of their selves be.

This activity, interactions with participants brought forth" Something New and Valuable" which was they also have abilities to solve problems, they can do other things which they like and therefore can have worth in their society. Coping and Anxiety A sample of indirectly affected individuals by the 11th September terrorist attack. Maladaptive coping strategies like denial, behavioural and mental disengagement and focus on the venting of emotions were used. Venting of emotions was predictive of longer –term anxiety. (Gabrielle I. Liveranta*, Stefan G. Hofmanna & Brett T. Litzb ,pages 127-139, Jan, 2007), Thus we can say that maladaptive coping can lead to anxiety. Children's coping style affects their anxiety and adjustment. Edgar and Skinner (2003) argue about people using both avoidant and approach strategies in managing a single situation.

Literature examining children's coping in a variety of situations (e.g. cancer patients, hurricane survivors) has found that the strategies most often used by children are wishful thinking, emotion regulation, and problem solving, with wishful thinking commonly being most frequent (Donaldson et al., 2000; La Greca, Silverman, Vernberg, & Prinstein, 1996; Miller et al., 2000; Spirito et al., 1994; Stallard et al., 2001; Tyc, Mulhern, Jayawardene, & Fairclough, 1995; Vernberg, La Greca, Silverman, & Prinstein, 1996). Miller et al. (2000) postulated that the high occurrence of wishful thinking in childhood might be accounted for by children's imaginative cognitions. However, Vernberg et al. (1996) found that although wishful thinking was frequently used, it did not have a distinctive effect on adjustment. The consistency of these findings support the idea of children's coping behavior being fairly stable across situations, and suggest a need to identify those children who use maladaptive coping styles. These children may tend to consistently use such styles, even if ineffective.

Children's coping behaviours improve as they grow older. Donaldson et al. (2000), found that younger childrens coping skills were less as compared to elder ones. (Brown, O'Keeffe, Sanders, & Baker, 1986; Compas et al., 1988; Tyc et al., 1995) also supports the above study. (Curry & Russ, 1985; Skinner & Zimmer- Gembeck, 2007; Spirito et al., 1994) said that older children use cognitive methods like problem solving more, but to my shock the children under study for my research had no clue for this. Because there is no accepted standard in measuring children's coping (Spirito, 1996), past research has had to utilize the few measures in existence, despite possible psychometric inadequacies. Study on 203 Italian Adolescents showed that situational antecedents and anxiety affect the size of coping strategies. (Giovanna Nigro 1996)

The effects of art history enrichment of art therapy task on anxiety, time on task, and art product quality among 13 chronic adult psychiatric day hospital patients were seen. Results indicated art history enrichment task reduced anxiety and increased time on task. Art organization level tended toward significant increase compared with control condition. (Miller, Carol L., p194-200; 1993)

Social skills and anxiety

The experiment by Sheffer et el (2001) showed a relationship between high demand of a good impression about self will lead to hig social competence, high heart rate and high level of anxiety. On the other hand the study showed that a low demand of good impression about self will lead to high level of social competence, low heart rate and less self—reported anxiety.

Social skills deficits can have negative effects on performance and social interactions. Impairment in social skill is one of the causes for social anxiety. When there are high levels of anxiety, social skills don't seem to working well.

Social skills deficit can be of three types

- a) Acquisition deficit, characterised by non occurrence of social skills before the demands of the environment.
- b)Performance deficit, characterised by the occurrence of a specific ability with lower frequency than the ones expected for the demands of the environment.
- c) Fluency deficit, demonstrated by the occurrence of abilities with lower proficiency than the one expected for the social demands. Though there were not any qualitative tools for finding out the deficits among the students under study in this paper but qualitatively the skills were seen to be becoming effective.

The study by Stopa and Clark (2000), revealed that patients with SAD tend to interpretambiguous social situations (e.g. "you have visitors round for a meal and they leave soonerthan you expected") in a negative manner and show a specific tendency to interpret socialevents moderately negative (e.g. "you have been talking to someone for a while and it becomesclear that they are not really interested in what you are saying") in a more catastrophic way, as compared to control groups. In the study by Bogels et al. (2002), the participants with high socialanxiety evaluated their social skills, which they displayed during a conversation, as moredeficient than those with low social anxiety.

In a study (Alsaraireh, Khaeld Shake; 2013), of 250 mothers of students of 1-3 grades in amman City were selected for studying about the predictors of child's social skills from mother attachment styles and anxiety levels among students. The child's social skill was positively affected by the four things of mother's attachment style which are – "confidence", "need for approval", "preoccupation with relationships confidence" and "relationships assecondary". Mother's anxiety level, more specifically the anxiety state or traits had asignificant negative impact on social skills development of a child.

The review of literature does not seem to provide enough data regarding gestalt and art and how effective it could be for enhancing social and coping skills and reduction of anxiety.

Looking at the review it could be said that art was found to be an effective way to deal with psychological issues but no relevant study was carried out. Therefore it was thought to at least carry out this study with a small group to see how effective it could be.

Methodology

The paper entitled "Gestalt Therapy for The reduction of Anxiety and Enhancement of Social and coping Skills among the Underprivileged Children –The Artistic Way" Was carried out with the following aims objectives.

The Aim of the study were

- To Reduce anxiety among underprivileged children
- To Enhance Coping and Social Skills

The objectives for this study were

- To modify the mental set that the respondents had
- To change their perception of the problem
- To change their self image
- To look at a problem from different angles,
- To break the problem into smaller parts for better understanding of the problem
- Understanding the effect of the problem.
- Improving their dealings with a problem.

The Hypothesis upon which this study was based

As these children are less communicable, combining Art with Gestalt will be a very effective way of enhancing their coping and social skills.

Procedure

A letter of consent was first given to the parents, teachers of the coaching centres who agreed to help in the therapeutic activities. After the letters of acceptance were received, time, date and day for the test and art and group activities was decided by the co-ordinator (teacher), administrator, counsellor and the students as they had to adjust their classes. Pre test was done with a group of 15 students of experimental group and control group. The test materials included Standard Progressive Matrices, Paediatric Anxiety Rating Scale, Children's Coping Behaviour Checklist. Simultaneously the tests were also conducted on the control group consisting of 15 students where no art act / group activity was carried out.

Both the groups were seen over a period of three months. The experimental group was seen once a week depending upon the availability of all students. Each group had 15 students each. Both the groups had to undergo pre and post tests. The experimental group had to undergo a lot of activities in between the pre and post period but the control group did not undergo any activity. The children were mostly taken from coaching centres which really wanted to help these students develop in their outlook towards life and its issues. Therefore, the coaching centres took the prerogative to carry out the research as they thought that parents if asked will not understand what it is about and will not allow the student to carry out the test and activities required. The parents aged ranged from -mother 30- 45 years , father 45 to 65 years.

The age group of children were from 07-17 years, studying in government schools, in the vernacular of the respective state. The experimental group were given different activities to develop areas like perception,, self – esteem, analytical, better understanding of the environment in which they live. The activities.

The Activities for the experimental group were as follows

The activities – Their principles –

First activity – Drawing -

My Environment and Myself -

Instructions given – Draw a picture about your environment around you, and place your picture in that drawing, wherever you would like to see yourself. Purpose in Mind -The drawing will give an understanding of how the children perceive themselves in their respective environment. From this what can they understand about themselves, how they view themselves in the society. This activity will help them to see themselves as a person having lots of other talents other than academics which they are really worried about and which is the base of them perceiving others as "good" or "bad " individual. Questions relating to the drawing were asked as a way of showing them that if they think a little bit more they can. To come to terms with the major problem -Most of the Individuals suffered from Low Self worth-Drawings too small as compared to the environment. This led to the feeling "I am not Good", thus being unable to solve the problem. The drawing here is an expression of their inner feelings by tranfering their feelings on an external object -drawing. This interactive session will also develop therapeutic rapport with the practitioner and then they will release their feelings automatically. Note -most of the participants were very restless, fidgety -showing anxiety. Second Activity – Writing – I Think I am, I don't think I am

Instructions -Each one of you will write about your good and bad points, yourself, then everyone will exchange the sheet of paper with your class mate and then the class mate will also write something good and bad about you. The participants were made to sit in a circle to make them feel a part of a big group. When each individual will read out her/ his friends good and bad points then they will understand that everyone has something good and bad, no one is made of only good things. Reading out other's good and bad points also gives them courage to speak up without getting into a quarrel. Thought development .(negative aspects are also acceptable) It also serves as an eye opener that the person might not know about the good points that others are mentioning, hears it suddenly feels good about it. Asking them to read the negative points leads to easy acceptance of negative points and also opens up the door for a better tool to help them get rid of their negative points. (Transformation of the familiar – Reorganization of the field)Outcome -makes them feel good about themselves, increases self worth. Third Activity -Detangling a thread, Straw and Potato (Magic Tricks) Instruction - To detangle the thread, and to push the straw into the potato using their imagination. The threads had knots and they had to detangle it – developed the skill of dealing with the problem step -wise, so that it is easier to solve the problem. In the beginning they were shocked and anxious but later on as they started detangling the thread they became relaxed and could easily detangle the thread. They developed confidence in themselves that they can do it, anxiety also reduced subsequently. Opened up their minds to a better way of problem solving (Unitary Thesis, The Creativity of structured wholes).

Straw and Potato Activity – Asked the participants to push the straw into the potato, lot of attempts were made, some gave up but after talking to them about solving problem by carefully look at smaller parts of the problem they tried and then they succeeded. The point was to make them realise that with little more imagination, organization of things can undergo a change.(Productive thinking and creative adjustment, principle of pragnanz) Fourth Activity -Hope Instruction -Draw a problem that you have. After they have finished it, asked them to draw the solution to the problem. The participants may have many worries that lead to anxiety, thus leading to a reduction in the problem solving ability. By drawing the solution to the problem they could figure out that they can deal with their anxieties if they try to think of ways of coping with the problem without negatively evaluating themselves. Though the adolescents took time to come to terms with their anxiety but nevertheless they developed some hope in their ability of problem solving if they try hard.

In the beginning and end of the test a Social Skill intake form was used which was qualitative in nature. This form was supposed to be filled up by the parents / guardians / teachers/ tutors before and after the tests to see how effective were the activities in bringing about a reduction in their anxiety and improvement in their social and coping skills.

Materials Used

- 1. Standard Progressive Matrices,
- 2. Paediatric Anxiety Rating Scale (PARS),
- 3. Children Coping Behaviour Questionnaire,
- 4. Social Skills Intake Form(to be filled up by respective coaching teachers)
- 5. Letter of approval for parents/ guardians/ school
- 6. Paper, colours, pencils

Standard Progressive Matrices

The Standard Progressive Matrices (Sets A, B, C, D and E), or SPM, is a test of a person's capacity at the time of the test to apprehend meaningless figures presented for his observation, see the relations between them, conceive the nature of the figure completing each system of relations presented, and, by so doing, develop a systematic method of reasoning. The scale consists of 60 problems divided into 5 sets of 12. In each set the first problem is as nearly as possible self – evident. The problems which follow become progressively more difficult. The five sets provide five opportunities for grasping the method and five progressive assessments of a person's capacity for intellectual activity. To ensure sustained interest and freedom from fatigue, the figures in each problem are boldly presented, accurately drawn and as far as possible, pleasing to look at.

SPM was designed to cover the widest possible range of mental ability and to be equally useful with persons of all ages, whatever their education, nationality or physical condition. SPM has been standardised for British people 6 –to 65 years of age (foulds and Raven, 1948;)

Test -Retest Reliability

Test – Retest reliability exists. The shorter intervals are in general associated with higher reliability correlations. Test – Retest reliability was variable, depending upon the methodology and the time intervals.

Internal consistency

Since SPM is a homogeneous test, one would expect a high correlation to emerge with split half measures of reliability. Internal consistency was found to be as a correlation which was 0.90, with a modal value of 0.91 (Banks and Sinha, 1951: Elley and Mac Arthur, 1962; King 1963: Loranger and Misiak, 1959).

Pediatric Anxiety Rating Scale (Pars.) Version 1.2 July 11

Pediatric Anxiety Rating Scale (Pars) Version 1.2 July 11, 1997

This instrument was developed by the Research Units of Pediatric Psychopharmacology (RUPPs) at Johns Hopkins Medical Institutions, Mark A. Riddle, M.D., PI, and at the College of Physicians and Surgeons, Columbia University, Laurence L. Greenhill, PI. This effort was funded by the National Institute of Mental Health, Benedetto Vitiello, M.D., Project Officer. Helpful consultation was provided by Prudence Fisher, Ph.D., Columbia University. The Pediatric Anxiety Rating Scale (PARS) is to be used to rate the severity of anxiety in children and adolescents, ages 6 to 17 years. The PARS has two sections: the symptom checklist and the severity items. The symptom checklist is used to determine the child's repertoire of symptoms during the past week. The 7-severity item is used to determine severity of symptoms and the PARS total score. Scoring: The total score for the PARS is total of the 7 severity items. The total score ranges from 0 to 35. (Codes "8" and "9" are not included in the summation.) For clinical trials, severity is based on the sum of items #2,3,5,6, and 7. Convergent and discriminant validity and reliability of PARS The internal consistency of the PARS was 0.59, suggesting that the items were related but not repetitive. The PARS showed high 26-day test-retest (ICC = 0.83) and inter-rater reliability (ICC = 0.86). The PARS was strongly correlated with clinician-ratings of overall anxiety severity and parent-report anxiety measures, supporting convergent validity. Results for divergent validity were mixed. Although the PARS was not associated with the sum of the Social and Communication items on the Autism Diagnostic Observation System, it was moderately correlated with parent-reported inattention, aggression and externalizing behavior. Overall, these results suggest that the psychometric properties of the PARS are adequate for assessing anxiety

symptoms in youth with ASD, although additional clarification of divergent validity is needed.

Reliability

PARS showed high interrater reliability, adequate test-retest reliability, and fair internal consistency. Convergent and divergent validity were satisfactory. PARS scores were sensitive to treatment and paralleled change in other measures of anxiety symptoms and global improvement. Thus we can say that PARS is a useful clinician-rated instrument for assessing pediatric anxiety symptoms, severity, and impairment, particularly in treatment studies. Further study of the psychometric properties is warranted

Children Coping Behaviour Questionnaire

It is a 57-item coping measure by Brittany C. Hernandez, 2006 with a three-factor solution (Diversion, Ameliorative Coping, and Destructive Coping). The measure showed strong reliability and good preliminary validity data. Results indicate that the Children's Coping Behavior Questionnaire presents a promising new measure of youth's coping The pilot version of the coping measure consisted of 83 items assessing a broad range of coping behaviors. Coping strategies were rated on a 4-point scale, ranging from "never" to "almost always," indicating frequency of use.

Reliability

Cronbach's alpha was calculated for each factor, as well as for the composite scale, to determine the level of internal consistency. Alphas for the three factors and the composite were all strong: Diversion (.93), Ameliorative Coping (.88), Destructive Coping (.87), and Composite (.94).

Construct Validity

Construct validity was estimated through the calculation of correlations between the three factors and the Depression, Anxiety, Social Stress, Personal Adjustment, and Internalizing Problems scores from the BASC-2 SRP (see Table 5). A Bonferroni correction was applied to adjust for the number of correlations being calculated. Using the corrected p-value of .003, Diversion was significantly correlated with the Personal Adjustment score (r = .44). Ameliorative Coping was significantly correlated with the Social Stress (.26), Anxiety (.44), Depression (.29), and Internalizing Problems (.37) scores. Destructive Coping was significantly correlated with the Social Stress (.52), Anxiety (.59), Depression (.50), Internalizing Problems (.63), and Personal Adjustment (-.27) scores. Finally the composite score was significantly correlated with the Anxiety (.25) and Personal Adjustment (.29) scores.

Predictive Value

A regression analysis was conducted to explore if the factors could predict levels of symptomatology. The three coping factors were entered into the model simultaneously. The overall model was significant, F(3,217) = 29.79, p < .001, and accounted for 29% of the 20 variance. In addition, each of the three factors made a significant contribution to the model as a whole: Diversion (t = -3.33, p = .001), Ameliorative Coping (t = 3.89, p < .001), and Destructive Coping (t = 4.56, p < .001).

Internal consistency analyses indicated that all three factors, as well as the composite score, show high levels of reliability. These results indicate that the CCBQ can be used as a total score to obtain a quantitative measure of coping in general, or as a set of three subscales to get a more qualitative picture of which mechanisms youth are actually using to cope. The reliability of the composite score of the CCBQ is quite large, and to be expected because of the large number of items and because the individual coping behaviors, in general, are likely to be related to one another given that they are all behaviors that may be done

in response to a stressor. The high alpha of this score should not be taken to indicate that a total score is necessarily the best use of the measure.

Social Skill Intake Form

This form was a qualitative analysis of the improvements seen in the children/ adolescents by their parents. Teachers/ mentors/ tutors. This was also a pre and post test intervention.

Results

The paper entitled "Gestalt Therapy for The reduction of Anxiety and Enhancement of Social and coping Skills among the Underprivileged Children –The Artistic Way" Was carried out with the following aims and objectives.

The Aim of the study were

- To Reduce anxiety among underprivileged children
- To Enhance Coping and Social Skills

The objectives for this study were

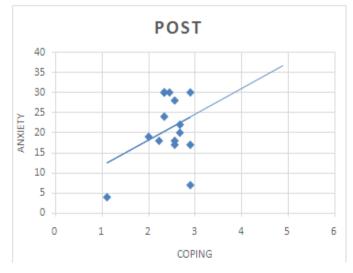
- To modify the mental set that the respondents had
- To change their perception of the problem
- · To change their self image
- To look at a problem from different angles,
- To break the problem into smaller parts for better understanding of the problem
- Understanding the effect of the problem.
- Improving their dealings with a problem.

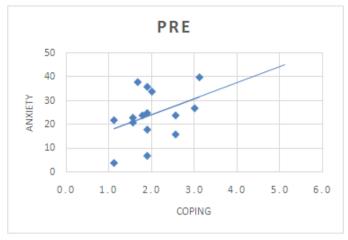
The Hypothesis upon which this study was based was as follows

As these children are less communicable, combining Art with Gestalt will be a very effective way of enhancing their coping and social skills. The results of the study revealed that the correlation between anxiety and coping exists which is positive in nature and this remains to be positive even after the therapeutic intervention. The r values are (Pre and Post) 0.39 and 0.35 respectively.

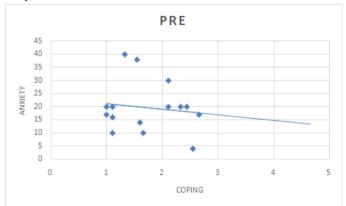
Coping in the experimental group seemed to have improved by 25% whereas in the control group, it improved by only 8%. The T – Test in the pre and post conditions were 4.02716E-07 and 1.72086E-07 respectively. At .05 significance level it shows that a significant difference exists between the two conditions. The severity of anxiety symptoms showed an improvement by

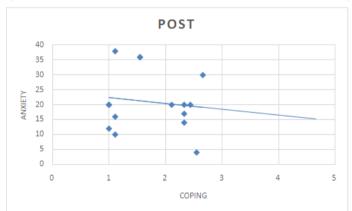
35% after the artistic measures were applied to reduce anxiety and increase coping. The Pre and post scatter plots also showed the positive relationship existing between anxiety and coping which became stronger after therapeutic intervention. The points showed that the relationship between coping and anxiety became stronger after therapy.





A negative correlation was found in the control group where no therapeutic intervention was done.





The social skill improvement was done qualitatively. The report of improvement was taken by the guardians/ teachers. / parents who had initially filled up the form describing their wards chief areas of concern. The social skills improved almost in 90% of the students (Experimental group) specifically in the following areas –

- a) Verbal pragmatics Using and understanding language within social contexts –
- I. Code switching Being able to speak somewhat differently depending on the context and people involved.
- II. Conversational Technique Engaging in the give and take of verbal interaction.
 - b)Social Behaviours Acting in a way that fosters optimal relationships with others.
- I. Self Marketing Building and displaying an image that is appealing to others
- II. Collaboration Working and playing in a cooperative manner with others.

- III. Initiation Technique Knowing how to begin a relationship to enter into a social activity.
- IV. Social Control Regulation maintaining the optimal level of personal choice and will when relating to others.
- V. Conflict Resolution Resolving interpersonal disagreement without aggression.
- VI. Social Conceptualisation Understanding the meaning of different kinds of relationships. Standard progressive matrices were used as an helpful tool to aid in the process of research.

Discussion

This paper was designed with the thought of using Gestalt and Art together to help in the development of the coping and social skills of the underprivileged children in the small city of Kharagpur, west Bengal, India. Simultaneously the reduction of anxiety was the major goal. The hypothesis framed for this study was As these children are *less communicable*, *combining Art with Gestalt will be a very effective way of* enhancing their coping and social skills. For this reason the following aims and objectives were kept in mind.

The Aim of the study were

- To Reduce anxiety among underprivileged children
- To Enhance Coping and Social Skills

The objectives for this study were

- To modify the mental set that the respondents had
- To change their perception of the problem
- To change their self image
- To look at a problem from different angles,
- To break the problem into smaller parts for better understanding of the problem
- Understanding the effect of the problem.
- Improving their dealings with a problem.

As the test revealed that there was an improvement in the coping skills by 25% with also an improvement in the severity of anxiety symptoms by 35%, it could be said that some efforts were made by the clients to improve their social and coping skills.

Through art therapy they could reorganize the notions that they had about themselves in the society. They tried to change their perception of the problem, which was facilitated by the Third Activity - which was Detangling a thread, Straw and Potato (Magic Tricks). This helped them to deal with a problem step wise, so that it is easier to solve the problem. They developed confidence in themselves, tried to deal with the problem in a better way. The main principle on which this was taken was Unitary thesis, The creativity of structured wholes. The activity with straw and potato, lead them to think more, infusing them with the idea that things can be looked at from a different perspective. The Gestalt principle on which this was taken up was productive thinking and creative adjustment, principle of pragnanz. This helped in bringing about the change in their perception of the problem. It also helped them to break the problem into smaller parts for better understanding of the problem

The correlation between anxiety and coping was found to be positive before and after tests. This meant that if anxiety is present coping will be affected . As I have been in touch with these client's mentors , I could figure out from where exactly the anxiety can have its roots . Therefore I asked them to do the First activity – Drawing -My Environment and Myself –This was a very important tool about what is their self perception as this was the root cause of their anxiety. This activity would help them to realise their talents, improving the low self worth that they had about themselves, making them think more to deal with

problems, discussing things about their drawings and themselves with the practioner thus building a rapport for further assistance. Several questions were asked to the clients regarding their drawings (attached in a snap shot), just to make them come closer to their problem, realise their problem and work towards a solution.\One case details are attached to have a better understanding of the procedure. In order to make them feel good about themselves in a group the second activity was carried out. It was named - Writing -I Think I am, I don't think I am. The main aim of this task was to make them realise that they are not as bad as they think. Everyone is made up of good and bad points. We just to need to accept people as they are and learn from our mistakes.It was taken up as a process of improving self worth through the gestalt principle of transformation of the familiar –reorganization of the field.

Therefore through these measure an effort was made to attain the objectives of to modify the mental set that the respondents had, to change their self image and improving their dealings with a problem. The effort bore fruits and therefore a significant difference was found between the two conditions, which are experimental and control group.

The activity of hope also helped them to look at a problem from various angles and made them them realise that nothing is so difficult that they can't do it. If little effort is applied things would be better and easily mangeable.

The social skills as reported by parents / mentors and guardians also showed some improvement as anxiety reduced and coping increased. Improvements were seen in verbal pragmatics and social behaviours. Through the drawing of self perception and environment along with other activity, their perception about self changed. This reduced anxiety, improved coping which further helped in being able to speak to different people depending upon the situation and people. This also helped them in working effectively in a collaborative manner by proper conflict resolution.

Therefore we can say that our aims which were

- To Reduce anxiety among underprivileged children
- To Enhance Coping and Social Skills

Have been achieved as desired in this small sample.

The hypothesis (As these children are *less communicable*, combining Art with Gestalt will be a very effective way of enhancing their coping and social skills) framed in this study was also proved right. A lot of information was gained through their drawings which was very helpful in this study. A snapshot will be very effective in showing this. It is seen that improvements have taken place in the experimental group whereas 8% improvement in anxiety has been seen in the control group without much improvement in their coping and social skills. This clearly envisages that environmental factors also play an important part in the anxiety building, its reduction. As some members of the experimental group were friends with the control group, information about activities percolated which led to this improvement. Some of the members of the control group belonged to educated parents which also helped in reducing anxiety and building up social skills and coping.

Draw backs faced while conducting this research

The main aspects which could hinder research in this area was the firm mental set that children/ adolescents had. It was very difficult for me to break the mental set which was there for the past 15-16 years. The feeling of "I am not good" was generalised to most of the situations in daily activities, separating the client from that thought and carrying out the research was difficult.

Teaching them the applications of the learned behaviour/ technique in social life was difficult as application of the learned material was not something they had learned before. IQ scores of some students was below average, even intellectually defective because of which at times the time taken by the experiment group to complete activities was much more than desired thus disturbing the other activities of the researcher. At times group activities led to fights, blame game because of which starting the activity took much time. Wanted to talk about the findings to the parents in a parents teacher meeting but it could not be organised as people were not much interested in this. Inspite of this there were some positive points that came out of this study which filled me with a lot of motivation to do this task for these children. These children felt that there is someone to understand them, feel for them and is trying to get the best out of them. No matter how hard it was for them, they made an effort to come for the sessions and learn things. Slowly they started to open up thus understanding that they will not be humiliated in front of others.

Conclusion

The paper entitled "Gestalt Therapy for The reduction of Anxiety and Enhancement of Social and coping Skills among the Underprivileged Children -The Artistic Way" was carried out successfully. The aims and objectives were achieved by using the art therapy and gestalt principles. The four activities (self drawing, I am, I am not, detangling a thread, piercing potato and hope) designed for the purpose helped in the reduction of anxiety and enhancement of social skills and coping skills thus proving the hypothesis right. Gestalt therapy people are seen as potentially having all the necessary abilities to solve their problems or face their difficulties. Therefore, a person is viewed as a functional, organismic whole that strives toward higher levels of potentiality, actualisation, and integration within and as part of its organism/environment field (Blom, 2004: 4; Kirchner, 2000). These things were infused into these children/ adolescents through art and creative imagination.

It can be said that art which was a medium of exchange of thoughts in the earlier times, still is, the only thing is that it has to be utilised to its fullest capacity in the best way. Motivation and perseverance showed that if tried these underprivileged children can be helped to build up their skills and deal with the society at large in a positive way. It also brought to light that art can be very effective as tool for therapeutic interventions as these children take keen interest in this kind of activities rather than talk therapy. Something different would attract them to do the task with a lot if fun. As anxiety improved social skills also improved which led to the better decoding and encoding a particular situation thus leading to an improvement in social behaviour. To see the efficacy of art therapy, more researches with this section will be an ideal work to do. It definitely needs a lot of effort to do it but when the results are seen they work as an incentive to do more research in this field.

Bibliography

- 1. Endler, N. S. (1997). Stress, Anxiety and Coping: The Multidimensional Interaction Model. *Canadian Psychology*, 38(3). Retrieved from http://www.questia.com
- 2. Barlow, D. H. (2002). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic*. New York: Guilford Press. Retrieved from http://www.questia.com
- 3. Belfer .L. M., Child and Adolescent Mental health Around The world : Challenges for Progress . JIACAM Volume 1, No. 1, Article 3.
- 4. Brandenburg, S. D. (2007, July 7). Art Therapy Program Helps Children Cope with Issues. *The Florida Times Union*. Retrieved from http://www.questia.com

- 5. Buchalter, S. I. (2004). *A Practical Art Therapy*. London: Jessica Kingsley. Retrieved from http://www.questia.com
- 6. Byrne, B. (2000). Relationships between Anxiety, Fear, Self-Esteem, and Coping Strategies in Adolescence. *Adolescence*, 35(137). Retrieved from http://www.questia.com
- 7. Case, C., & Dalley, T. (1992). *The Handbook of Art Therapy*. London: Routledge. Retrieved from http://www.questia.com
- 8. Eisen, A. R., & Schaefer, C. E. (2005). Separation Anxiety in Children and Adolescents: An Individualized Approach to Assessment and Treatment. New York: Guilford Press. Retrieved from http://www.questia.com
- 9. Endler, N. S. (1997). Stress, Anxiety and Coping: The Multidimensional Interaction Model. *Canadian Psychology*, 38(3). Retrieved from http://www.questia.com
- 10. Kaplan, F. F. (2007). Chapter 5: Art and Conflict Resolution. In F. F. Kaplan (Ed.), *Art Therapy and Social Action* (pp. 89-102). London: Jessica Kingsley. Retrieved from http://www.questia.com
- 11. Keable, D. (1997). *The Management of Anxiety*. New York: Churchill Livingstone. Retrieved from http://www.questia.com
- 12. Piccininni, A. (2000, January 19). Therapist Plays Way into Children's Minds Activities Can Reveal Problems. *Daily Herald (Arlington Heights, IL)*. Retrieved from http://www.questia.com
- 13. Proulx, L. (2002). Strengthening Emotional Ties through Parent-Child-Dyad Art Therapy: Interventions with Infants and Preschoolers. Philadelphia: Jessica Kingsley. Retrieved from http://www.questia.com
- 14. Roberts, M. C. (Ed.). (2005). *Handbook of Pediatric Psychology*. New York: Guilford Press. Retrieved from http://www.questia.com
- 15. Ruiz M. John. & Courtney C. Prather .Socioeconomic Status & Health . Chapter 23, page 539.
- 16. Revenson A. T. Coping in social Context. Chapter 9, Page 193.
- 17. Sabar, S. (2000). Bereavement, Grief and Mourning, A Gestalt perspective . Gestalt Review, 4 (2): 152-168.
- 18. Weigand, J. (2009, November 26). Creative Therapy Finds Place in South Allegheny Schools. *Tribune-Review/Pittsburgh Tribune-Review*. Retrieved from http://www.questia.com
- 19. Weinstein, F. M., Healy, C. C., & Ender, P. B. (2002). Career Choice Anxiety, Coping, and Perceived Control. *Career Development Quarterly*, 50(4), 339+. Retrieved from http://www.questia.com
- 20. Diane Waller, Andrea Gilroy (1992). Art Therapy: A Handbook Open University Press.
- 21. Gerry McNeilly, (2005). Group Analytic Art Therapy. Jessica Kingsley
- 22. Gabrielle I. Liveranta, Stefan G. Hofmanna & Brett T. Litzb. (2007, January 25) (published online). Coping and anxiety in college students after the September 11th terrorist attacks. Anxiety, Stress & Coping: An International Journal . Volume 17, Issue 2, 2004
- 23. Giovanna Nigro (1996). Coping Strategies and Anxiety in Italian Adolescents .Psychological Reports: Volume 79, Issue , pp. 835-839. doi: 10.2466/pr0.1996.79.3.835
- 24. Antonio Paulo Angélico1, José Alexandre S. Crippa2 and Sonia Regina Loureiro2. (2013) Social Anxiety Disorder and Social Skills: A Critical Review of the Literature International Journal Of Behavioral Consultation and Therapy.
- 25. Alsaraireh, K. S. (2013). Predictors of a Child's Social Skills Asit Relates to Mother Attachment Styles and Mother Anxiety Levels among Students in Grades (1-3). *Journal of Social Sciences*, *9*(1), 22+. Retrieved from http://www.questia.com

- 26. Angelico, A. P., Crippa, J. A., & Loureiro, S. R. (2010). Social Anxiety Disorder and Social Skills: A Critical Review of the Literature. *The International Journal of Behavioral Consultation and Therapy*, 6(2), 95+. Retrieved from http://www.questia.com
- 27. Angelico, A. P., Crippa, J. A., & Loureiro, S. R. (2013). Social Anxiety Disorder and Social Skills: A Critical Review of the Literature. *The International Journal of Behavioral Consultation and Therapy*, 7(4), 16+. Retrieved from http://www.questia.com
- 28. Barlow, D. H. (2002). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic*. New York: Guilford Press. Retrieved from http://www.questia.com
- 29. Bogdan, H., & Starr, M. P. (Eds.). (2012). *Aleister Crowley and Western Esotericism*. New York: Oxford University Press. Retrieved from http://www.questia.com
- 30. Brandenburg, S. D. (2007, July 7). Art Therapy Program Helps Children Cope with Issues. *The Florida Times Union*. Retrieved from http://www.questia.com
- 31. Buchalter, S. I. (2004). *A Practical Art Therapy*. London: Jessica Kingsley. Retrieved from http://www.questia.com
- 32. Byrne, B. (2000). Relationships between Anxiety, Fear, Self-Esteem, and Coping Strategies in Adolescence. *Adolescence*, 35(137). Retrieved from http://www.questia.com

- 33. Case, C., & Dalley, T. (1992). *The Handbook of Art Therapy*. London: Routledge. Retrieved from http://www.questia.com
- 34. Chatterjee, P. (2012). *The Black Hole of Empire: History of a Global Practice of Power*. Princeton, NJ: Princeton University Press. Retrieved from http://www.questia.com
- 35. Eisen, A. R., & Schaefer, C. E. (2005). Separation Anxiety in Children and Adolescents: An Individualized Approach to Assessment and Treatment. New York: Guilford Press. Retrieved from http://www.questia.com
- 36. Buchalter S.I. (2009). Art Therapy Techniques and Applications . Jessica Kingsley Publishers.
- 37. Joiner L. (2012) . The Big Book Of Therapeutic Activity Ideas For Children And Teens , Inspiring Arts Based Activities and Character Education Curricula . Jessica Kingsley Publishers.
- 38. L' Abate .L., & Milan A. M. (1985) . Handbook of Social Skills Training and Research . A Wiley Interscience Publication
- 39. Baum A., Revenson T.A., Singer J. (2012) . Handbook of Health Psychology , Second Edition . Psychology Press.
- 40. Reeves A. (2013) . An Introduction To Counselling And psychotherapy, From Theory To Practice . Sage Publications I td