



A case study on the effects of the creative art therapy with stretching and walking meditation—Focusing on the improvement of emotional expression and alleviation of somatisation symptoms in a neurasthenic adolescent



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ABSTRACT

The purpose of this study is to investigate how the creative art therapy with stretching and walking meditation can improve the emotional expression of a neurasthenic adolescent and alleviate her somatisation symptoms. The subject is a female third-year high-school student in D city in South Korea. The art therapy programme was conducted from 22 July 2012 to 30 August 2012, 3–4 times a week, for a total of 21 therapy sessions, with each session lasting 40–90 min. The following research tools were used in this study: a measure of alexithymia as a cognitive-affective disorder, and a measure of somatisation symptoms pre-test and post-test with a follow-up test were conducted and the results were compared. A content analysis of every session was also conducted. The results are as follows. First, creative art therapy led to an improvement in the emotional expression of a neurasthenic adolescent. Second, creative art therapy alleviated somatisation symptoms in the neurasthenic adolescent. The follow-up test revealed that the effects of the therapy continued beyond the treatment period. In conclusion, the creative art therapy with stretching and walking meditation improved the emotional expression and alleviated somatisation symptoms in a neurasthenic adolescent.

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Introduction

Most South Korean adolescents experience stress stemming from academic performance, career questions, interpersonal relationships, and other issues. In South Korea, due to the lack of a leisure culture, the prevalence of a university entrance oriented education system, and an authoritarian social structure, adolescents are often forced to suppress stress rather than express it. As a result, the level of complaints about somatisation symptoms for adolescents in South Korea is relatively high (Lee, Choi, & You, 2000) compared to other countries. Among the somatisation symptoms in adolescents are headache (10–30%) and stomach-ache (10–25%). Following these symptoms, there are tiredness, dizziness, nausea, chest pain and numbness of the hands and feet (Garber, Walker, & Zeman, 1991).

Somatisation symptoms in adolescents are affected by age, gender, family features, social and cultural factors (Sin, 2003). However, alexithymia affects somatisation symptoms in adolescents more than any other factor (Barsky & Klemm, 1983; Kardon, Kleinman, & Rosen, 1982; Romano & Turner, 1985; Sin, 2000). This

is confirmed by research results showing that 59% of adolescents with somatisation symptoms are unable to express their emotions (Bailey & Henry, 2007; Park, Kim, Hyun, & Yu, 2008). These findings demonstrate that alexithymia acts as the main cause of somatisation symptoms (Hunter, 1979). Adolescents with somatisation symptoms caused by alexithymia become isolated from their peers or display aversive behaviour. These symptoms also interrupt their studies, relationships with friends, their adaptation to school life, and cause other social problems (Sin, 2003). Furthermore, young people who experience somatisation have the potential to develop into adults with somatisation disorder (Bass & Murphy, 1995). Therefore, it is very important to implement a treatment to alleviate somatisation symptoms in adolescents who have difficulties in expressing their emotions.

Most previous studies of alexithymia in adolescents and symptoms of somatisation mainly analysed the main causes of somatisation symptoms or presented theoretical research on the correlations between symptoms and alexithymia (Barsky & Klemm, 1983; Kardon et al., 1982; Romano & Turner, 1985; Sin, 2000). Other studies focused on analysing the prevalence rates of these symptoms (Bailey & Henry, 2007; Ham & Park, 2005; Park et al., 2008; Sin, 2000). As a result, relatively few studies assessed therapeutic approaches to alleviate somatisation symptoms in adolescents caused by alexithymia. To address the lack of studies in

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this area, this study proposes the use of a form of creative art therapy to alleviate somatisation symptoms in adolescent caused by alexithymia.

Creative arts therapy can help individuals understand and resolve their psychological struggles and emotional states and to resolve them to restore harmony through creative activities. Creative art therapy offers various expressive materials and related methods that focus on supporting subjects to engage freely in artistic activities. Engaging in freely artistic activities allows subjects to express their suppressed emotions and eases their tensions.

Therefore, this study proposes the implementation of creative art therapy to improve the expressions of emotions and to alleviate somatisation symptoms in a neurasthenic adolescence. The objectives of the research are listed below.

1. To investigate whether the creative art therapy with stretching and walking meditation improves the emotional expression ability in a neurasthenic adolescent.
2. To investigate whether the creative art therapy with stretching and walking meditation alleviates the somatisation symptoms in a neurasthenic adolescent.

Methods

Subject

The subject of this study is a third-year high-school female student in D city in South Korea. She was receiving outpatient treatment for somatisation symptoms caused by neurasthenia. The subject was 168 cm tall and weighed 44 kg. Her face was pale and expressionless. Also, she had difficulties communicating verbally. She reported that she had “a feeling of heaviness in her chest, loss of appetite, and an upset stomach after a meal. I can often see ghosts.” “At night, I feel scared because of the strange voices that I hear. I suffer from insomnia. I am worried that I am losing weight. I am also worried that my hands and feet are sometimes numb. I am concerned about going to a university, and because I cannot express my emotions, I have difficulties in my relationships with friends.” Often, these symptoms caused her to leave school early and, as a result, made her school life difficult.

The somatisation symptoms experienced by the subject were caused by her parents’ authoritative parenting style and her status as a third-year high-school student, preparing for university entrance exams. In other words, the subject’s emotional expression was negatively influenced by her parents’ excessive expectations and interference in her life. Moreover, being in her final year of high school, she had to concentrate mainly on university entrance tests, which further undermined her ability to express her emotions. Due to these factors, the subject was forced to suppress her emotions, and this manifested itself in the form of her somatisation symptoms.

Therefore, this research engaged a form of creative arts therapy that involved stretching and walking meditation, in hopes of improving the subject’s emotional expression and alleviating her somatisation.

Measurements

Measurement of alexithymia

Alexithymia is the cognitive-affective disorder characterized by a person’s inability to express their emotions properly. [Sin and Won \(1997\)](#) revised and adapted to the Korean version of the 20-Item Alexithymia Scale, TAS-20, originally developed by [Bagby, Parker, and Taylor \(1994\)](#) to measure alexithymia in subjects. This measurement is composed of 23 questions, with four reversed questions (questions 4, 5, 19 and 21). Items use a Likert five-point

scale. The total score varied from 20 to 100 points. A score of less than 51 points was considered within the normal range, while a score higher than 61 points was considered to indicate the presence of alexithymia.

Measurement of somatisation based on the Symptom Checklist-90 Revision (SCL-90-R)

The SCL-90-R is an instrument that is used to evaluate a range of mental health conditions. It contains 90 questions to help professionals evaluate mental health symptoms on nine scales (somatisation, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobias, anxiety, paranoid ideation, and psychoticism). Among the nine scales listed above, the measurement of somatisation was used in this study. This measurement is composed of 12 questions measured on a five-point Likert scale with answers ranging from “1 – Do not have at all” to “5 – Very severe.” A score of less than 17 points was considered to be within a normal range. A score of more than 18 but less than 27 indicated the presence of somatisation symptoms, while a score higher than 27 indicated an advanced stage of somatisation symptoms. We used the Korean version of Symptom Checklist-90-Revision ([Kim, Kim, & Won, 1984](#)).

Body image test

A body image test is an accepted practice in the area of creative art therapy. This test utilises a type of projective drawing test to express a subject’s body image. In this test, a body contour image is given to the subject and the subject is asked to indicate the places in the image where he or she experiences physical or psychological pain or where injured. Then, the subject is requested to describe the drawing verbally.

Procedures

In this study, the creative art therapy was conducted from 22 July 2012 to 30 August 2012, 3–4 times a week, for a total of 21 sessions. Every session lasted for 40–90 min. After four months, a post-test was carried out. This study took into account the fact that the subject was a third-year high-school student by having the therapy sessions take place during the summer break. The sessions were conducted at an art therapy lab, a school sports field, and a park located close to this lab.

Data analysis

In this study, a psychological test and content analysis of each session were implemented. The following is the summary of the analyses.

1. In order to understand the effects of the creative art therapy with stretching and walking meditation on the emotional expression of a neurasthenic adolescent, the results of a pre-test, a post-test and a follow-up test on alexithymia were compared.
2. To analyse the effects of the creative art therapy with stretching and walking meditation on the somatisation symptoms in a neurasthenic adolescent, the results of the somatisation pre-test, post-test and follow-up test were compared.
3. To analyse the effects of the creative art therapy with stretching and walking meditation on emotional expression and the alleviation of somatisation symptoms in a neurasthenic adolescent, the body image test results from a pre-test, a post-test and a follow-up test were compared.
4. An analysis of each session of the creative art therapy with stretching and walking meditation was carried out.

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