

Art Therapy Module in Male Adolescent Anger Management

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This study aims to examine the effect of Art Therapy Module in the management of anger among male adolescents. This is a pilot study representative of eight male students involved. A purposive sampling technique was used to select only students with a high level of anger. The instrument used to assess anger was STAXI-2 C/A by Brunner and Spielberger (2009) along with the Art Therapy Module. The Art Therapy Module consisted of eight sessions. Session 1 focused on introduction, relationship building and information on the ethics of group counselling. Session 2 included aspects of anger identification, effects of anger and anger expressions. Sessions 3 and 4 provided in-depth focus on expressions of anger. In sessions 5 to 7 the emphasis was on the healing processes to reduce adolescents' intensity of anger. Session 8 was on the termination process. Results showed that Art Therapy Module effectively reduced anger. These findings have contributed to the acquisition of new anger management skills using creative therapy, in particular using drawing, clay and plasticine to express and manage anger among male adolescents.

Keywords: *Anger, Anger Expressions, Art Therapy Module, Male Adolescents*

INTRODUCTION

Faupel, Herrick and Sharp (2017) state that human beings have different types of positive or negative emotions. Positive emotions include love and affection whilst examples of negative emotions are hatred, anger and rage. Anger is one of the negative feeling people feel often in life (Shaffer, 2009). Anger is a profoundly uncomfortable emotion that sometimes contributes to aggressive actions and violence, making it dangerous to many people (Luutonen, 2007). Although anger is seen as a negative emotion, experts such as Sukhodolsky, Kassino and Gorman (2004) claimed that anger is a normal emotion that should exist for a normal person. They all agreed that failure to manage and control anger, could lead to an anger disorder. According to Jackson, Kuppens, Sheeber and Allen (2011), humans will be angry in response to behavior that is not desired or expected by others. However, normal anger is different from excessive, extreme or abnormal anger and it should be properly managed.

Anger can be experienced by anyone and triggered regardless of time, situation and place. Children, adolescents, adults and the elderly will experience anger for a variety of reasons (Phillips et al., 2006). A study conducted by Zainudin Sharif and Norazmah Mohamad Roslan (2011) found that 74.5 percent of adolescents were involved in various social problems due to anger. Statistics from the Ministry of Education Malaysia (2012) showed that a total of 107,191 school students in Malaysia were involved in cases of disciplinary misconduct. 73.1 percent of the total number are secondary school students. In fact, according to Ahmad Zahid Hamidi (2014), the rate of crime has increased by 47 percent among children and adolescents from 2012 to 2013. The increase is likely due to anger as adolescents are more likely to express anger through aggressive and negative behavior (Averill, 2012).

The issue of anger among adolescents is something that needs to be addressed (Kassinove, 2009; Averill, 2012). According to Andrews et al. (2000), anger among adolescents is a very serious issue as it often involves cases of misconduct and crime. A 2013 study by Norisham among adolescents in Malaysia also showed that anger causes school adolescents involved in disciplinary misconduct and juvenile cases. She said that anger among adolescents in Malaysia is due to the internal conflict where they want to be free to do anything without control of teachers, parents and other adults. According to Faupel, Herrick and Sharp (2017), anger among adolescents has been attributed to desires and requirements that have not been met. While the previous study by Coles et al. (2002) stated that anger among adolescents is caused by dissatisfaction with peer attitudes, the behavior of the spouse, and the control of teachers and parents. Coles et al. said the adolescents were often angry and rebellious because of the need for independence from adult control. Therefore, how well adolescents manage their anger is equally important as learning academically in school (Kassinve, 2009). Failure to treat anger positively will cause adolescents to express their anger negatively, which will eventually lead to violence and juvenile delinquency (Kassinove, 2009; Norisham, 2013; Davis, 2014).

According to Kassinove and Terfate (2002) it is very important for all human beings to know how to manage anger positively. In fact, the same thing has been said by psychological and counselling figures such as Ellis and Tarfate (1998) who stated the importance of managing anger. They also said that the way to control and manage anger will always be studied because the issue of anger will never be resolved as long as there is a human being.

Dahlen (2007) reported that anger can be managed through a cognitive therapy approach developed by Aaron T. Beck. The effectiveness of Cognitive Behavioural Therapy in managing anger has also been acknowledged by Beck and Fernandez (1998) and Van Voorhees et al. (2019). According to Dahlen, most anger management treatments are performed in a highly structured, prescriptive and didactic manner. Both Cognitive Behavioral Therapy (CBT) and Person-Centred Therapy (PCT) have been shown to be effective in reducing anger in combating veterans with PTSD (Van Voorhees et al, 2019). The Van Voorhees et al. study



also used the structured and tailored activities available in the supplementary material. Other than structured and directive approach, the element of art therapy is also the most effective in handling anger (Liebmann, 2008). In art therapy, according to Schouten et al. (2014), drawing, painting, collage and sculpting are used as tools in shaping and expressing feelings, thoughts, and memories. Art therapy offers several advantages specifically in exploring the non-verbal aspect of clients who are unwilling or unable to talk or to express anger.

Managing anger can help individuals think rationally and behave more favorably (Holloway, 2003), and anger should not be blocked or prevented from being expressed (Quartana & Burns, 2007). Preventing anger from being expressed will further increase one's pain and further disappoint oneself (Quartana & Burns, 2007).

In Malaysia, studies on the use of art therapy as an approach in managing adolescents' anger are still limited. Therefore, this study was conducted to examine the effect of Art Therapy Module among male adolescents.

METHODS

This is a pilot study conducted to examine the effect of Art Therapy Module for anger management.

Respondents

Purposive sampling was used to select the respondents to this study. One school was selected on the recommendation of the Penang State Education Office. From the school only 53 form four males students answered the STAXI C/A instrument. Only a total of eight 16-year-old students with the highest score of anger participated as samples in the Art Therapy Module Group.

Data Collection

Researchers used the State-Trait Anger Expression Inventory-2 Child and Adolescent (STAXI-2 C/A) by Brunner and Spielberger (2009) to assess anger among 53 males students. According to Brunner and Spielberger (2009), this instrument will assess not only the state and trait of anger, but also the expression and control of anger. STAXI-2 C/A has 35 items with five subscales. The five subscales are State Anger, Trait Anger, Anger Expression-Out, Anger Expression-In and Anger Control. The alpha coefficient value obtained for the internal consistency of this instrument is between .69 to .88 for the normative group of males between 15 and 18 years of age.

Semi-structured interviews were used to collect descriptive verbatim data from eight male students in order to examine the effect of the Art Therapy Module among adolescents. The Art Therapy Module used had eight sessions with five objectives. The first objective is for adolescents to understand the concept of anger. The second objective is that they know the

causes of their anger. The third objective is to enable them to express their anger through the activities of art therapy. The fourth objective is to help them learn how to control and ease their level of anger. The fifth objective is to enable adolescents to use art therapy activities as a way to manage and express anger. The eight sessions consisted of session 1 where the focus is on introduction, relationship building and information on the ethics of group counselling. Session 2 includes aspects of anger identification, effects of anger and anger expressions. Sessions 3 and 4 provide in-depth focus on expressions of anger. In sessions 5 to 7 the emphasis is on healing processes to reduce adolescents' intensity of anger. Session 8 is on the termination process. The module was validated by seven experts in counseling psychology, expressive art therapy and module development. The content validity score of this art therapy module is 82% and according to Tuckman and Waheed (1981), validity of 70% and above can be classified as high and good validity.

Data Analysis

Descriptive analysis was used to assess the level of anger among students, while semi-structured interviews were analysed using content analysis method. According to Miles and Huberman (2002), the researcher should transcribe all interview information, followed by creating an interview summary form, removing unnecessary data, encoding data and encoding patterns. Researchers used content analysis to define themes and sub-themes on the effects of Art Therapy Module on students' anger management.

RESULTS AND DISCUSSION

The detailed findings based on the STAXI C/A instrument and semi-structured interviews from the eight male students involved were as follows. The findings were from the five subscales of anger: State Anger, Trait Anger, Anger Expression-Out, Anger Expression-In and Anger Control.

Respondent 1

The pre-test results showed that the score and percentage of the respondent's State Anger were 23 and 96%. While post-test score and percentage were 14 and 76%. The pre-test results for the Trait Anger score and percentage were 22 and 83%, while the post-test were 14 and 22%. For Anger Expression-Out, the pre-test and post-test results after the group session were the same at 10 and 74%. The score and percentage of pre-test for Anger Expression-In were 11 and 83% while the post-test were 9 and 53%. For Anger Control, pre-test score and percentage were 13 and 74%, while post-test score and percentage were 9 and 20%. These findings indicated that group sessions using the Art Therapy Module for respondent 1 have been able to reduce his anger and increase the level of the respondent's Anger Control. However, the respondent did not undergo any change in terms of Anger Expression-Out.

In the interview respondent 1 stated that his anger decreased after following the eight sessions of Art Therapy Module. The respondent used the words relieved and satisfied to express his

emotions. The respondent felt relieved and satisfied when he really focused and appreciated earnestly on releasing the angry emotions that are in him in each module activity. The respondent also claimed that he can express his repressed angry emotions through drawing and playing plasticine activities.

Respondent 2

The pre-test results showed that the score and percentage of the respondent's State Anger were 27 and 97%. While post test score and percentage were 22 and 92%, respectively. The pre-test results for the Trait Anger score were 30 and > 99%, while the post test were 27 and 99%. For Anger Expression-Out, the score and percentage of pre-test were 13 and 95%, while the post test were 12 and 90%. The pre-test score and percentage for Anger Expression-In were 8 and 83% while the post test were 13 and 97%. For Anger Control, pre-test score and percentage were 12 and 65%, while post-test score and percentage were 13 and 74%. These findings showed that Art Therapy Module has been able to reduce the level of the respondent's anger and increase the level of Anger Control. However, respondent 2 showed an increased score in Anger Expression-In.

From the interview respondent 2 claimed that he could feel his anger diminish when he paints vividly about his anger. He stated he would press the crayon on the drawing paper to release anger and rage.

Respondent 3

The pre-test results showed that the score and percentage of the respondent's State Anger were 20 and 91%. while post test score and percentage were 17 and 84%, respectively. The pre-test score and percentage were 23 and 92%, while the post test were 21 and 77%. For Anger Expression-Out, the score and percentage of pre-test and post-test were the same at 9 and 61%. The pre-test score and percentage for Anger Expression-In were 13 and 97% while the post test were 12 and 90%. For Anger Control, the score and percentage of pre-test and post-test were 12 and 65%. These findings indicated that Art Therapy Module has been able to reduce the level of the respondent's anger. However, the level of Anger Control of respondent 3 was still the same even after the intervention.

In the interview respondent 3 claimed that he felt relieved and satisfied as he could express his anger during drawing activity. Respondent 3 also enjoyed the activity in the second session that focused on aspects of anger identification, effects of anger and anger expressions. According to him, the activity allowed him to draw freely without being controlled and he could express his repressed anger. He also enjoyed session 4 that provided in-depth focus on expressions of anger. Respondent 3 expressed his anger by punching the plasticine and throwing the plasticine on the wall as hard as he could.

Respondent 4

The pre-test results showed that the score and percentage of the respondent's State Anger were 21 and 92%. While the post test score and percentage were 15 and 76%. The pre-test score and percentage for the Trait Anger were 23 and 92%, while the post test were 17 and 43%. For Anger Expression-Out, the pre-test score and percentage were 10 and 74% and while the post test were 8 and 45%. The pre-test score and percentage for Anger Expression-In were 8 and 38% while the post tests were 10 and 75%. For Anger Control, pre-test score and percentage were 9 and 20%, while post-test score and percentage were 14 and 82%. These findings indicated that Art Therapy Module help reduced the level of the respondent's anger and increased the level of his Anger Control.

From the interview, respondent 4 claimed that he felt relieved and satisfied with the module activity as his anger could be expressed by pressing the color of the crayon on the paper and he felt free to draw anything to express his anger emotions.

Respondent 5

The pre-test and post test results showed that the score and percentage of the respondent's State Anger were the same at 24 and 96%. Similarly, the findings of pre-test and post-test for Trait Anger were 28 and 92%. For anger Expression-Out, pre-test score and percentage were 12 and 90% and post test were 13 and 95%. The pre-test score and percentage for Anger Expression-In were 8 and 38% while the post test were 9 and 53%. For Anger Control, the pre-test score and percentage were 6 and 2%, while the post-test score and percentage were 7 and 6%. These findings indicated that there was no change in the level of the respondent's anger. Yet the sample showed an increased in the level of Anger Control that will help him manage anger.

From the interview, respondent 5 claimed that he was satisfied when he could punch, throw and press the clay in the activity. However, the respondent claimed that he was a little tired of drawing because need to repeatedly used crayons to draw.

Respondent 6

The pre-test results showed that the score and percentage of the respondent's State Anger were 20 and 91% while the post test were 22 and 92%. Score and percentage of pre-test and post-test for Trait Anger were 21 and 77%. For Anger Expression-Out, the pre-test score and percentage were 8 and 45%, and the post test were 9 and 61%. The pre-test score and percentage for Anger Expression-In were 11 and 83% while the post test is 10 and 75%. For Anger Control, pre-test score and percentage were 8 and 16%, while post-test score and percentage were 9 and 20%. The findings showed that there were no changes in the level of the respondent's anger. However the level of Anger Control of the respondent increased that will help him manage his anger.

From the interview, respondent 6 claimed that his anger diminished after he drew things he was angry about. He also expressed his urge to injure others and was able to calm down when he could paint and punch plasticine in the activity modules.

Respondent 7

The pre-test results showed that the score and percentage of the respondent's State Anger were 20 and 91% while post test were 15 and 76%. Pre-test score and percentage for Trait Anger were 23 and 92%, while post test score and percentage were 19 and 54%. For Anger Expression-Out, the pre-test score and percentage were 7 and 26% while the post test were 6 and 10%. The pre-test score and percentage for Anger Expression-In were 11 and 83% while the post test were 9 and 53%. For Anger Control, pre-test score and percentage were 11 and 45%, while post-test score and percentage were 9 and 20%. The findings showed that there was a reduction in the level of the respondent's anger. However the level of Anger Control also reduced.

The respondent claimed that he could openly express grudgeful feelings and feelings of revenge freely during the module activities. And according to him, it was very difficult to forget the particular events that contributed to his revenge.

Respondent 8

The pre-test results showed that the score and percentage of the respondent's State Anger were 24 and 96% while the post test were 15 and 76%. Pre-test score and percentage for Trait Anger were 22 and 83%, while post test score and percentage were 19 and 54%. For Anger Expression-Out, the pre-test score and percentage were 10 and 74% while the post test were 8 and 45%. The pre-test score and percentage for Anger Expression-In were 11 and 83% while the post test were 7 and 30%. For Anger Control, pre-test score and percentage were 11 and 45%, while post-test score and percentage were 8 and 16%. The findings showed that there was a reduction in the level of the respondent's anger. However, the respondent showed a reduction in the level of Anger Control.

From the interview, respondent 8 claimed that he could express anger through drawing. He feels relieved after the module activity. However, the respondent said that he could easily get angry and have difficulty controlling his anger.

These findings have shown that the eight sessions of Art Therapy Module has helped all respondents manage their anger. It supported supported Liebmann (2008), that individuals can express angry emotions through art therapy such as painting. Drawing can help a person express anger and heal angry emotions through art activities such as drawing, coloring, shaping plasticine and making collages. This statement is also consistent with studies conducted by Kopytin and Lebedev (2013); Briner et al. (2012); Rogers (1993).



Changing negative emotions to more positive ones after following the art therapy module can be considered as having successfully experienced emotional healing (Rubin, 2012; Rogers, 1993). According to Malchiodi (2011), art therapy is not an intervention to see the uniqueness and beauty of the artwork created by the client, instead it is to help the client heal the emotions that disrupt their lives to the emotions that make them happy to move on with life. As anger is a controllable emotion, this study has proven that with the help of proper strategies and approaches, anger can be controlled and managed before the occurrence of revenge, hatred or enmity (Kassinove, 2014; Averill, 2012). The art therapy approach to anger management is an effective treatment especially in dealing with behavioral problems including anger (Edwards, 2014; Gladding, 2011). This study proves that Art Therapy Module is an effective approach to use in helping adolescents manage their anger issues.

According to Breiner et al. (2012), through art therapy, individuals will unconsciously get to learn more about themselves from various points of view that they were not aware of previously. It is supported by Liebmann (2008) who suggested using art therapy to manage adolescents' anger. For Orsan (2010), art therapy can reduce the level of anger in a client. According to Orsan (2010), when an angry client drew on a paper, the anger could be dismissed even though the client was silent.

CONCLUSION

This Art Therapy Module is expected to be a great help in expressing and managing adolescents' anger and will help to reduce their discipline-related problems, as well as juvenile and delinquency issues at school. It will also contribute to the acquisition of new skills on anger management using creative therapy.

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DECLARATION OF COMPETING INTEREST

None of the authors have any conflict of interest.



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