

Art Therapy among Overt Adolescent Gays with High Aggressive Level

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Abstract

This is a mixed method study conducted to determine the effects of art therapy as an intervention in reducing aggression level among overt adolescent gays. A total of six (6) participants with their respective parents were covered by the study. The participants, whose ages range from 15 to 21 years, are college students in a Catholic university. They are found to possess high aggression level as revealed by the results of their pretest using the Aggression Questionnaire, and were identified as "confirmed" adolescent gays based on their personal admission.

The participants underwent seven (7) therapeutic sessions within a month. Sessions were undertaken in a modular form - where one module was taken per session. Posttest was administered after all sessions were accomplished. Individual in-depth interviews with participants and their respective parents were undertaken. Interview with participants focused on sharing about their experiences during the therapy sessions while the interview with their parents was aimed at comparing their respective sons' behaviors.

Findings revealed that participants' high aggression level was significantly reduced after the art therapy sessions. This was substantiated by their respective parents' testimonies of having observed positive changes in their behavior after the sessions. Participants themselves were able to identify specific benefits gained from the art therapy that all point to the positive effect of the intervention in their personality.

Art therapy is recommended as a potentially strong tool that may be employed in helping adolescents recognize the use of creative process in addressing internal conflicts and fostering self-awareness and personal growth. Art therapy results may assist and guide parents, as well as counselors, in better understanding the reasons behind the aggressive behavior of children.

Key words: art therapy, gays, high aggressive level

INTRODUCTION

"If you bring forth that which is within you, what you bring forth will save you. If you do not bring forth what is within you, what you do not bring forth will destroy you."

(Gospel of St. Thomas)

It is noted that adolescent years is filled with growth, expectations, challenges and discoveries. For others, it is a stage of life defined by excitements and joys coupled with a period of great stress, fears, frustrations and struggles. These situations are structures that bring confusion, chaos, disappointments, moodiness and uncertainty in the life cycle of growing adolescents. The above-stated descriptions among adolescents created underlying reasons why this particular stage needs to be skillfully and creatively understood.

College students, as growing adolescents, experience dramatic changes in terms of their physical, social and psychological well-being. It is in this stage where their bodies grow larger, stronger, and become sexually mature. They also begin the process of distancing themselves from their adult colleagues and develop stronger attachment towards their peer groups, and explore the sexual relationship characteristic of adult dyads. In terms of their psychological aspect, adolescents become more aware of others' feelings, develop further their ability to think abstractly, and become more concerned about the future (Wallbridge & Osochuck, 1993, cited in Martin & Moore, 1995).

Adolescents are aware of a more differentiated palette of emotions that they experience. Among the more troublesome of these emotions are anxiety, shame, embarrassment, guilt, shyness, depression, and anger. Among the girls, they are likely to have heightened awareness of new levels of negative emotions that focus inwardly, such as shame, guilt, and depression; boys in contrast, are focused on other people such as contempt and aggression. Given the differentiated range of emotions that these individuals experience, it is their major task this time to focus on how they could gain tolerance to one's emotionality.

According to Newman (2003), adolescents are seen to be highly sensitive to social expectations or are overly controlled about expressing or accepting their feelings that could lead to the development of sense of shame about their emotional states. Their attempts to rigidly control or defend themselves against feelings are likely to result in social alienation or maladaptive behavior like aggression.

Moreover, adolescence stage is defined as the age of acute suffering and ecstatic happiness, the age of direct tragedy and grand passion (Sklansky, Mories, Slyvia & Rabischo, 1969). Thus, it is clearly presented that adolescents experience series of changes and challenges in their lives that make the adolescence stage the most "critical" age in the life of man.

Stated in Ginott as cited in Pestano (2000) adolescents cannot be perpetually happy all the time. In fact, it is a time of uncertainty, self-doubt and suffering. It is also the age of cosmic yearnings and private passions, of social concerns and personal agony, the age of inconsistency and ambivalence. In addition, Hurlock (1982) mentioned that it is in the period of adolescence when individuals begin to establish their "sense of gender-identity."

In reality, individuals who identify themselves as lesbians, gay or bisexuals experience certain problems of not being accepted in the society. Many of them are being bullied and encounter negative experiences in school, at home and community.

Negative experiences are associated with negative outcomes that may lead to depression, stress and aggression. For others, it could resort to high risk activities like alcohol, drugs and even crimes.

Today, more than ever, adolescents face a complex environment that is highly troubled and rapidly changing. Many adolescents become impatient with anything that impedes their search for gender-identity.

These special characteristics call for special techniques especially in the field of counseling. For as long as adolescents could find activities and intervention directed towards fulfillment, life will be meaningful (Martin & Moore, 1995).

As explained by Mercado, Dorothy and Jan (1981), psychologist and guidance counselors should focus their attention on early direction, diagnosis and intervention that may serve as preventive measures that could help and assist every adolescent on how to deal with problems that impede their search for self-fulfillment.

Young homosexuals are outwardly perceived as fun-loving, easy going and show a high degree of confidence. Inwardly, however, they feel alone, rejected, scared and miserable (Jegonia, 1998).

For the homosexuals, they feel that the moment they come out of their closet, the consequences will be great because of the possibility of being treated as outcasts in the society. Many of them are afraid to reveal their true identity because it will entail facing the real world as they struggle against a gender-biased society. The discrimination directed at them is the result of not presenting conventional image of human physique, behavior and verbal communication (Rosales, 1989). They are isolated, separated, and alienated from the traditional segments of society. They are shunned, and worst, some people develop homophobic attitude against them. Maher (1998) supported the view that even in Catholic schools, gays were disintegrated socially, institutionally and spiritually in terms of sexual identity.

With the advent of professionalization and licensure of counselors in the Philippines, pursuant to Republic Act 9258, enacted in view of the Guidance and Counseling Act of 2004, there are a number of skills and techniques which professional counselors must adopt in their counseling practice. As a practicing guidance counselor, the researcher is not spared from the glum of arousing interest which is deemed to introduce a new technique that aims to open a new horizon – that is incorporating the power of art therapy in the field of guidance and counseling.

This turned out to be the driving motivation of this study: to determine the effects of art therapy as an intervention in reducing the high aggression level among the “confirmed” overt adolescent gays.

The theoretical underpinnings for art therapy have been drawn from various disciplines which include psychology, sociology, anthropology, physiology, aesthetics and education. In this study, art therapy is used as a psychotherapy which bows in the directions of humanistic and psychoanalytic approaches, and spans social work and counseling (Lark, 2001). In particular, Feder (1981) cites that its therapeutic use serves as a catharsis and venue for interpersonal communications. As an intervention, art therapy offers channels of self-expression helping individuals release their unresolved and unrevealed inner conflicts from their past that lie at the roots of their struggles and unhappiness. The power of art therapy allows individual to express and release their pent-up emotions by removing obstacles that may bar them from disclosing or openly expressing the reasons related to their unresolved inner conflicts.

The development of human aggression can be traced to unfulfilled needs and desires (Wollstein, 2001). High aggression level is one issue to which art therapy may be found successful. This study presumes that individuals with high aggression level may express their deeply repressed emotions through artistic expressions and a creative process that provide self-relief. This can be attained using art therapy tools suited for such purpose towards intensifying effectiveness.

Thus, in this study, art therapy is specifically used as a psychotherapeutic method to reduce the aggressive level of overt adolescent gays. As predicted by Aardweg (1997), homosexuals suffer from unconscious feelings of anger, frustrations and gender inferiority that are attributed to the development of negative aggression.

This study aimed at determining the effects of art therapy among overt adolescent gays with high aggression level.

Specifically, the study sought to answer the following questions:

1. What is the aggression level of the participants before and after the intervention based on the Aggression Questionnaire?
2. What are the perceptions of the parents on the aggression level of the participants before and after the intervention?
3. What benefits did the participants gain from the art therapy sessions?

The study hypothesized that an application of art therapy is effective in helping overt adolescent gays reduce their high aggressive level.

Specifically, it is hypothesized that there is a significant difference between the pretest and posttest results after the intervention based on the Aggression Questionnaire.

It is hoped that this study would serve as an eye opener in the helping profession in implementing an intervention program to help students cope with the changes and challenges of times. Moreover, may it guide them in planning and formulating objectives for guidance programs aimed to fully develop students' potentials amid crisis.

Teachers. The results of this study may provide insights in understanding the challenges behind homosexuality that may help them become more receptive and caring towards their needs by means of helping and guiding them in their social and emotional problems.

Guidance counselors. It is hoped that through this study, Guidance Counselors may be more responsive to the problems of adolescent gays by means of equipping themselves with all the needed skill and competencies. This could be achieved by designing art therapy program suited for the needs of the homosexuals.

School administrators. It aims to facilitate additional insights among administrators in order for them to have a better understanding about the experiences of homosexuals. It may be helpful for the administrators to recognize the needs of the homosexuals to be given more attention.

Psychologists. It is hoped that the study will open a new horizon by means of providing new interventions through the power of art therapy in helping individuals express pent-up emotions because of their degrading experiences in life.

Researchers. The study may serve as basis for further exploration of the efficacy of art therapy on the current issues and concerns of students like suicide, depression, low self-esteem and other unhealthy psychological states.

The main purpose of the study is limited to the measurement of the effectiveness of art therapy among overt adolescent gays with high aggression level.

The participants were confirmed "overt" adolescent gays with high aggression level based on personal admission matched with testimonies uttered by their respective parents. These gay participants, whose ages range from 15 to 21 years old, are enrolled in a Catholic University

Of the six participants, five readily underwent art therapy session after the pre-experimental stage; the sixth participant had his therapy sessions later because he had to attend a class retreat. Hence, the decrease in the aggression levels of this participant may not solely be attributed to the therapeutic interventions.

The following terms defined conceptually and operationally are provided for clarity.

Art therapy. As cited in the journal of the Philippine Guidance and Personal Association Incorporation, art therapy is a creative process that can be a means both of reconciling conflicts and of fostering self-awareness and personal growth; when using art as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a more comfortable relationship between his inner and outer world. In this study, the art therapy was used as an adjunctive tool in allowing overt adolescent gays expressed their emotional difficulties by means of art activities.

High aggression level. Based on the Aggressive Questionnaire, the AQ total and subscale scores are reported as T-scores. The scores ranging from 60T through 69T with a percentile from 82% through 97% falls can be interpreted as high in terms of aggression level. In this study, the overt adolescent gays with high aggression level were considered as participants in the study.

Overt adolescent gays. It pertains to young men whose age ranges from 13 to 21 years old and are emotionally and sexually attracted to a person of the same sex. In this study, the participants were referred to, observed and known by the researcher as homosexuals. In

addition, the participants admitted that their parents and the institution are aware of their being homosexual.

METHOD

This section presents the research design, the description of participants, the instrument, the procedures in conducting the study and the data analysis.

The study employed a mixed-method approach specifically, experimental research supported by qualitative data. As an experimental research, the study used the basic A-B single-subject research (also referred to as *single case experimental design*). Said design can be applied when a number of individuals are considered as one group. Each single-subject study involves at least one baseline and one treatment condition. The baseline refers to a period of time in which the target behavior (dependent variable) is observed and recorded as it occurs without a special or new intervention. The baseline behavior provides the frame of reference against which future behavior is compared. The term baseline can also refer to a period of time following a treatment in which conditions match what was present in the original baseline. The treatment condition, on the other hand, is a period of time during which the experimental manipulation is introduced and the target behavior continues to be observed and recorded.

In this study, the researcher employed the AB single-subject design experiment (also referred as single-case experiment design) because of the low turnout of participants available to take part in the study.

The AB design was the simplest version among the single case designs in which a baseline (“A”) is tracked, and then some treatment (“B”) is implemented. If there is a change, then the treatment is said to have had an effect.

The scores from the pretest served as the baseline, after which the treatment was implemented using art therapy sessions that aimed to reduce the high aggression level among the participants. At the end of the treatment, the posttest results revealed the effects of the intervention.

Interviews of the participants and their respective parents were conducted after the experimental period. The participants were interviewed after their art therapy session at the art therapy room. The participants, together with the researcher, underwent one-on-one interview using voice recorder. The question posed during the interview with the participants focused on the benefits they acquired from the art therapy sessions.

Following the interview with the participants were the individual encounters with the parents. The parents were asked to compare the participants in terms of their aggression acts before and after the intervention.

The interviews with the participants and parents separately were seen to be important aspects of the study as they supported the findings of the study.

The participants, whose ages ranged from 15 to 21 years, were college students of a Catholic university. They were found to possess high aggression level as revealed by the results of the Aggression Questionnaire and were identified as “confirmed” adolescent gays

based on their personal admission, along with their parents' awareness of their sexual orientation.

The researcher utilized the following instruments in gathering the data needed in the study: (1) confirmation questionnaire by the participants and parents; (2) aggression questionnaire; (3) personal data sheet; and (4) in-depth interview questionnaires with the participants and parents.

1. Confirmation Questionnaires by the Participants and Parents

The confirmation questionnaires were used to elicit information that identified participants as overt adolescent gays. The participants during their initial interview with the researcher "admitted" that they were gays. In addition, the researcher conducted separate interview with parents, confirming the participants as homosexuals.

2. Aggression Questionnaire

The researcher administered the Aggression Questionnaire among the identified "confirmed" overt adolescent gays. The test scores determined participants with high aggression level.

The Aggression Questionnaire (AQ) was developed by Arnold H. Buss, Ph., and W.L. Warren, Ph.D. The standardized test is actually an updated version of the Buss-Durkee Hostility Inventory, a long time standard for assessing anger and aggression. It is a brief measure consisting of only 34 items scored on five scales namely: Physical Aggression (PHY), Verbal Aggression (VER), Anger (ANG), Hostility (HOS), and Indirect Aggression (IND). An AQ Total score is provided, along with an Inconsistent Responding (INC) index score as a validity indicator.

Each AQ item describes a characteristic related to aggression, and the individual taking the test rates the description on a scale of 1="Not at all like me" to 5="Completely like me." The items can be read and understood easily by anyone with at least a third reading ability. The brevity and the readability of the AQ makes it particularly suitable and useful for youngsters, as well as for adults who may have difficulty completing more complex verbal measures.

The norms for the AQ are based on a standardization sample of 2,138 individuals, ages 9 to 88. The test can be administered to respondents individually or in groups. For research purposes, administration can be limited to the first 15 items of the inventory, and short version of each scale can be measured.

As a simple paper-and-pencil measure, the AQ can be administered and scored by any trained technician. Interpretation of the results, however, should always be overseen by a professional who has had supervised training and experience in the use of psychological test.

In clinical settings, the availability of five subscale scores on the AQ provides a level of detail that is particularly useful for treatment planning. The AQ can also be used to monitor progress over the course of treatment.

Reliability. The reliability of a test refers to the extent to which scores obtained from test can be expected to remain stable from administration to administration. One way of estimating the stability of test results is by examining their internal consistency (Cronbach, 1951). Internal consistency estimates (Cronbach's alpha) provide a measure that is considered a lower boundary of the reliability of a test score (Cronbach, 1988; Rajaratnam, Cronbach, & Gleser, 1965). Values of .70 and higher are considered adequate.

The internal consistency estimates for AQ scores calculated for the entire standardization sample. For the entire sample, the internal consistency estimate for the AQ Total score is .94. Estimates for the AQ subscale score are adequate, ranging from .71 for the IND score to .88 for the PHY score (median=.77). These values are similar to those reported by Buss and Perry (1992) on the first version of the AQ, and to those reported by Harris (1997). As usual, internal consistency estimates are lower for shorter scales and for younger respondents in the sample, the 9 to 10 year olds, internal consistency estimates for scores on the shortest scales VER and IND are low, and due to caution should therefore be exercised when interpreting scores on these scales for youngsters in this age group.

Another way of examining a test's reliability is to administer the test to the same group of individuals on more than one occasion, and then correlate the scores obtained from each administration. This is known as test-retest reliability. The correlation observed between the AQ Total score they obtained in the two test administration is .80, and the correlations between their subscale scores range from .72 to .80 (median=.74). The test-retest correlation for the AQ scale scores ranged from .66 to .86 (media=.73). Harris reported similarly adequate test-retest stability for the AQ over a 7 month interval.

Validity

The examination of test validity is an ongoing process that involves exploring the extent to which test scores obtained in a variety of settings actually measure, in a consistently meaningful and useful way, those characteristics that they claim to measure.

Concurrent Validity

During the initial development of the AQ, Buss and Perry (1992) examined the relationship of AQ scores to measure a number of personality traits. As indicated in the table written in the manual, for the 1,253 college students in their sample, all the obtained AQ subscale scores (the Indirect Aggression scale was not included in that version of the test) were positively correlated with measures of activity, impulsiveness, assertiveness, and competitiveness. Physical Aggression and Verbal Aggression scores, however were unrelated to measures of emotionality, sociability, self-consciousness, and self-esteem, whereas Anger and Hostility scores showed relatively strong positive relationship to emotionality and self-consciousness, and negative relationships to self-esteem. Buss and Perry also obtained peer nominations for 98 of their students on the traits purported to be measured by the AQ. As shown in the manual, modest positive correlations were observed between the peer nomination and the self-report AQ scores.

More recently, Harris (1997) has also reported positive correlations between AQ scores and measures of affect instability and aggressive attitudes. A large number of additional studies using concurrent measures have reported findings that confirm the construct validity of both the AQ and its parent instrument.

Correlations between AQ scores and several other measures of anger are available for various subgroups in the AQ standardization sample.

The reliability of the Aggression Questionnaire was established by four different means: internal consistency and test-retest for 372 subjects indicate adequate reliability. Ratings were completed within a nine week interval by the same sample and for age groups within the same sample. For the entire sample, the internal consistency estimate for the AQ Total score is .94.

The validity of Aggression Questionnaire was established with respect to construct validity, concurrent validity, discriminant validity, predictive validity. Interscale correlations for AQ scores for college students who completed the initial version of the AQ (Buss & Perry, 1992), and for each normative age group in the current AQ standardization sample. The interscale correlation values are similar for each age group in the AQ standardization sample, indicating similar relationships across age groupings among the constructs measured by AQ subscale.

3. Personal Data Sheet

The personal data sheet, on the other hand, was used to obtain basic information about the participants including their contact numbers and class schedules.

In addition, the researcher made use of the personal data sheet as the reference during the preparation of the art therapy schedule.

4. In-depth Interview Questionnaires by the Participants and Parents

The in-depth interview questionnaires with the parents and participants were used during the recorded interview session which aims to answer the number two (2) and three (3) problems stated in the first chapter.

5. Researcher

Since the study also employed a mix of quantitative and qualitative research, the researcher was also an instrument. The researcher set the stage for discussion of issues involved in collecting data which include collecting of information through semi-structured interview questions via voice recordings among the participants and their respective parents individually. The data obtained were analyzed and led to the development of codes that explain the benefits gained by the participants after the intervention and the description of parents on how participants express their aggression before and after the intervention.

This single-case experiment design was conceptualized for the purpose of establishing the effectiveness of art therapy as a method of intervention in reducing the high aggression level among the overt adolescent gays.

The participants went through three stages namely: (1) pre-experimental stage; (2) experimental stage; and (3) post-experimental stage.

The presentation of the procedure in the application of art therapy among the participants is presented on the next page.

Treatment Procedure in the Application of Art Therapy

A. Pre-Experimental Stage

Selection Procedure

The selection procedure presents the criteria that served as the basis in identifying qualified participants in the study.

The six (6) qualified participants were college students whose age ranges from 13 to 21 years old possessing high aggression level and were identified as “confirmed” overt adolescent gays.

Initially, the researcher coordinated with selected teachers, counselors and college students for possible referrals. The researcher likewise visited different hallways, classrooms and buildings around the university and went through actual observations to target “possible prospects.”

The referred and observed prospects were called for an interview with the researcher at the Guidance and Admissions Office. The questions formulated on both the Confirmation Questionnaires served as the basis in identifying confirmed overt adolescent gays. In order to be identified as confirmed gay, there must be admission on the part of the participant as regards his being homosexual and that their parents are aware of it.

Pre-test of the Aggressive Questionnaire

The confirmed overt adolescent gays were given a standardized test using the Aggression Questionnaire (AQ). The confirmed overt adolescent gays with high aggression level were the qualified participants in the art therapy sessions.

Preparation of the Participants

The researcher called for the qualified participants. Qualified participants were the confirmed overt adolescent gays with high aggression level. The researcher considered “only” the participants willing to take part in the art workshop sessions. The true nature of the sessions was not revealed in order to control extraneous variables that could affect the results of the study. The participants were not aware that in reality they underwent art therapy sessions. Individuals who signified their willingness to participate in the art workshop sessions were told to sign the “commitment contract” and “personal data sheet” in order for the researcher to finalize the art therapy sessions schedule

The researcher laid down the house rules that were to be observed by the participants during the sessions which aim to acquire biased-free results and attain harmonious relationship between the researcher and the participants.

Little amount of motivation was given to the participants, since full concentration and cooperation were observed from the time the art therapy sessions started. The participants found every session interesting and therapeutic.

The Setting

This experimental research was conducted in the Guidance and Admissions Office. Every session, each participant was given an arm chair and a table for the purpose of writing, drawing, painting and doing other related activity.

The researcher asked the assistance of the counselors to maintain silence inside and outside the Guidance and Admissions Office while on session. To do this, other students were not allowed to enter the art therapy room. All sessions required concentration and cooperation from the participants.

B. Experimental Stage Administration of the Art Therapy Sessions

Art Therapy was applied on a single case design basis, and it was carried out for one month. Thus, the seven sessions were undertaken in modular form, with one module per session.

The sessions were based on the participant's preferred schedule. It was agreed by both the participants and the researcher that the sessions will be given everyday except during weekends until they finish the 7th session.

The seven (7) modules were designed by the researcher with the supervision of experts in the field of Psychology. Each module required one (1) hour per session.

Below is a brief description of what transpired during the art therapy sessions.

In every session, there was a mood-setting game for the purpose of creating rapport and trust between the participant and the researcher. Each participant was asked to identify his present feeling choosing from the four major feelings, i.e., happy, sad, mad, and afraid. They were told to state and share their answers to the researcher. This activity helped the participants become aware of their emotions.

The sharing of one's feelings was followed by short recapitulation of the previous session. Feedbacks were solicited from the participants to find out whether they were able to internalize the insight and impact of the previous session. It was then followed by a short input on a specific tool of art therapy, e.g. drawing. This input was intensified during the session proper where each participant was given freedom to express his repressed feelings and unresolved conflicts from their past.

Each participant was encouraged to share his experience while doing the activity and discuss his artwork to the researcher.

Synthesis was given afterwards to capsulize the insights given per session.

Before every session ended, each participant was informed about the next session and was given an assignment to reflect on.

Below is the outline and the format of the activities used for the seven (7) modules of art therapy. For the detailed content of the art therapy module see Appendix G.

- I. Mood setting game;
- II. Sharing of feeling/s
- III. Recapitulation of the previous session and solicited feedback;
- IV. Short input on specific tool of art therapy, e.g. drawing
- V. Activity proper
- VI. Interpretation of art work
- VII. Processing/synthesis; and,
- VIII. Action –plan.

C. Post-Experimental Stage

Post-test Administration of the Instruments

The Aggressive Questionnaire (AQ) was administered a day after the administration of the art therapy. The post-test together with the pre-test results were compared to identify whether positive changes occurred among the participants after the art therapy sessions.

After the posttest of the Aggression Questionnaire (AQ), the researcher revealed to the participants the true nature of the study.

The participants readily accepted the reasons expressed by the researcher regarding the true nature and objective of the study.

The In-depth Interview

The interview sessions with both participants and their respective parents were done using the “In-depth Interview Questionnaires by the Participants and Parents.” The participant-students were encouraged to share their art therapy session experiences and identify the benefits they gained from it. On the other hand, parent-participants were oriented about the study and the objective of the home visit was explained to them. The focus of the interview with parents was to compare the aggression behaviors of their sons before and after the intervention. All participants were assured that the recorded interview session would be handled with utmost care, strictly adhering to the ethical standards set by the Guidance and Counseling Profession.

Ethical considerations

It was ensured that for the entirety of the study, ethical principles and code of conduct were observed. Specifically, the following practices were herein highlighted as manifestations of the strict adherence to ethical standards of the Guidance and Counseling Profession.

At the start of the pre-experimental stage, the participants were informed about the screening procedure in identifying qualified participants for the art therapy sessions. The participants were the confirmed “overt” adolescent gays based on personal admission matched with testimonies uttered by their respective parents. During the experimental stage, the sessions took place in the art therapy room. The identities of both the participants and their respective parents were not disclosed. Data obtained after the sessions were treated highly confidential.

At the end of the post-experimental stage, the researcher revealed to the participants the true nature of the study.

FINDINGS AND DISCUSSION

This chapter presents the findings of the study subject to scientific analysis, and interpreted in the light of related literature and studies. The data are arranged according to the sequence of the questions given in the first chapter.

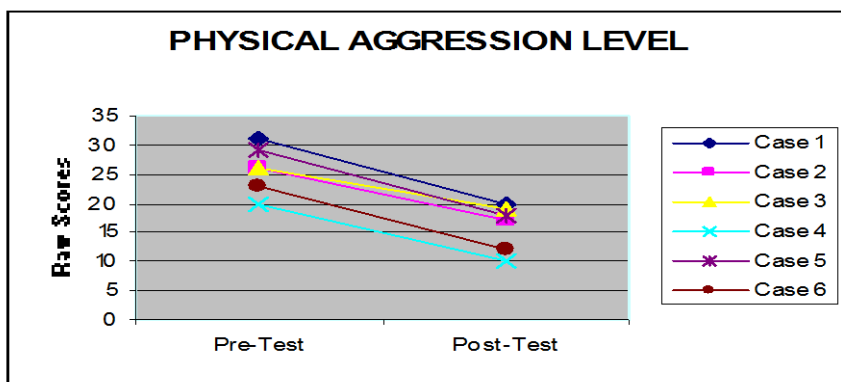
The Aggression Level Before and After the Intervention

The aggression levels pertain to the degree of physical, verbal, anger, hostility and indirect aspect of aggression. In this study, the Aggression Questionnaire was used to determine the aggression levels of the participants. Findings on the participants' aggression levels are presented in the following order: (1) physical aggression; (2) verbal aggression; (3) anger aggression; (4) hostility aggression and (5) indirect aggression. An overall aggression level assessment is also presented.

Physical aggression level. Findings show that participants possess high physical aggression level during the pretest results as presented in Figure 1. According to the Aggression Questionnaire Manual, individuals with high physical aggression indicate a lack of ability to control urges toward physical aggression. These adolescent individuals often have disrupted relationships with authority figures in their environment, and sometimes with their peers.

In comparing the results of the pre-test and posttest, the intervention given is seen to be effective in reducing high aggression level among the participants.

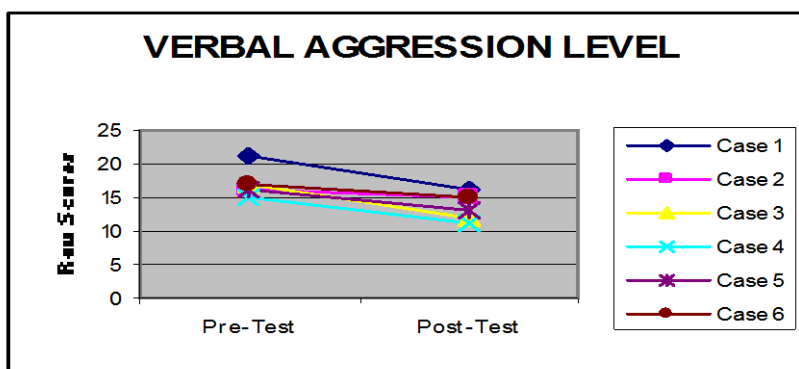
The result is parallel to the discussion made by Vernon (2000) in his study explaining that art therapy can be particularly helpful in addressing aggression among children and adolescent. Vernon cited how adolescent anger and aggression can be triggered. According to the review, it is crucial to understand that adolescents, with their egocentric nature, tend to think that nothing is wrong with their behavior in their cognitive development. Adolescents have a heightened sense of self-consciousness and often have anxious feelings. During this crucial period, individuals begin their search for self-definition and autonomy. It is the stage where peers play an important role in the adolescents' lives. Sense of belonging and being rejected are major issues within their social circles. Among the significant changes that the adolescence stage brings about, the most vital in relation to this study, are the participants' issues about gender identity (Vernon, 2000).



Verbal aggression level. Data show that participants of the study are at high risk to be verbally aggressive during the pretest results as reflected in their scores in the Figure 2. In comparing the results of pretest and posttest, it could be noted that all of the participants had lower verbal aggression levels in the posttest. This seems to indicate that positive changes occurred among the participants after the art therapy sessions.

Based on the Aggression Questionnaire Manual, people with high scores on verbal aggression have the tendency to be more argumentative than most people. High verbal scores are often obtained by youngsters, as well as by adults who feel frustrated or are under stress.

In relation to the results, Wadson (1987) mentioned that individuals with high scores on the verbal scale are commonly aroused to anger by situation they perceived to be unfair. They may feel alienated by or bored with their current circumstances. The power of art therapy will help participants express their hidden emotions, fears, anger and anxiety, and at the same time, provides a sense of freedom among the participants. In addition, artwork may also be used as a diagnostic tool particularly with children and adolescents who often have trouble talking about painful events or emotions rooted in their past.



Anger aggression level. Findings shown in Figure 3 present that pretest scores reveal that the participants had high anger level. Based on the Aggression Questionnaire Manual, individuals with high scores on this scale are often associated with the presence of irritability, frustration, emotional lability, and temperamental gesturing.

People with high anger scores usually benefit from relaxation training, as well as cognitive-behavioral and other arousal-reducing strategies coupled with concrete assistance in identifying and resolving the actual sources of their frustration. Their posttest scores revealed that art therapy can be used in helping individuals with high anger tendencies.

The findings of the study were seen consistent to the benefits of art therapy in helping adolescence struggling with their personal issues. It was mentioned that the best way to utilize art therapy is to use it as a window into the subconscious of an individual, and from there, it can attempt to figure out the underlying problems that an individual may be suffering from (Wadson, 1987).

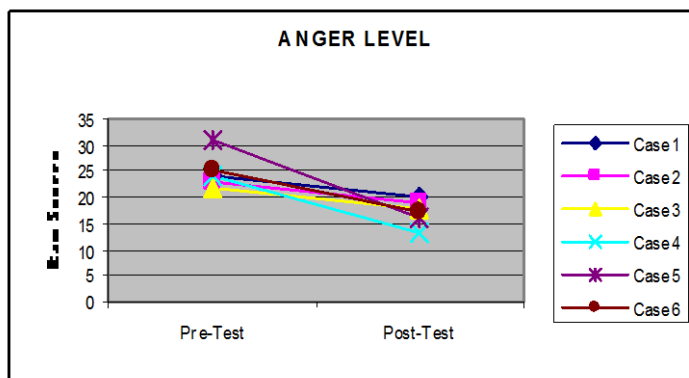
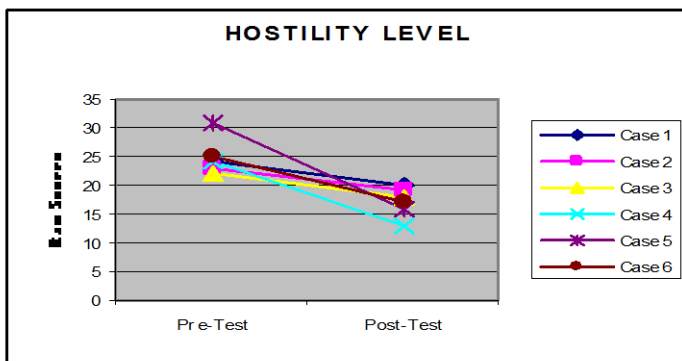


Figure 3. Anger Aggression Level Pretest and Posttest Results

Hostility aggression level. Findings shown in Figure 4 present that pretest scores reveal that the participants had high hostile tendencies. Based on the Aggressive Questionnaire Manual, individuals with high hostility scores would likely be in a state of social alienation, and thus are not well able to take into account the needs or feelings of others. Affective disturbance and social isolation are likely to be present for individuals with elevated hostility scores. They usually experience a high proportion of angry thoughts and generate internalized reactions to perceived assaults on their well-being by others. Affective disturbances and social isolation are likely to be present for individuals with elevated hostile scores. They usually experience a high proportion of angry thoughts and generate internalized reaction to perceived assaults on their well-being with others. They may suffer from the kinds of chronic depressive symptoms associated with dysthymia, eating disorders, social phobias, or obsessive-compulsive disorders.

Individuals with high hostile scores are also likely to give defensive responses to items on other AQ scales. When the hostile scores are high, helping the respondent to critically examine his or her habitually hostile appraisal of other people’s action will be a crucial component of therapeutic or preventive intervention. In the study, participants were allowed to express their pent-up emotions during the sessions. Their posttest scores revealed that art therapy can decrease high hostile tendencies.

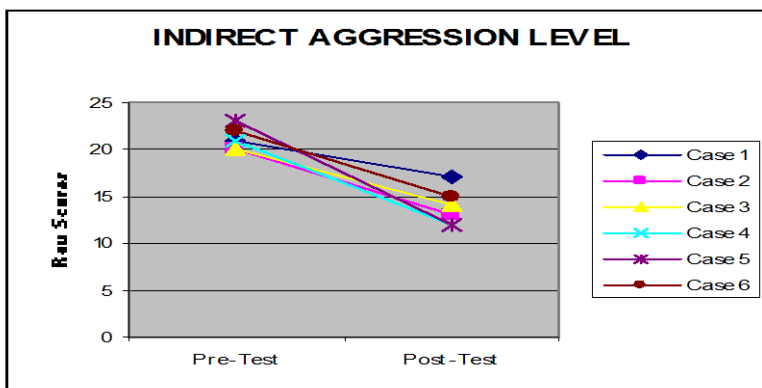
As stated in Fausek (1997), art therapy can be a very powerful process, which may enable long buried feelings to come to the surface and be acknowledged just like in the case of aggression, depression, stress etc.



Indirect aggression level. Findings shown in Figure 5 present that pretest scores reveal that the participants had high indirect aggression level. Based on the Aggression Questionnaire Manual, individuals with high scores in this scale have the tendency to express anger and actions that avoid indirect confrontation. Because the circumstances that provoke these actions usually do not get resolved satisfactorily, individuals with elevated indirect scores are likely to experience high levels of chronic frustrations in some areas of their lives. Youngsters with high indirect scores may be identified as oppositional or avoidant and they will often have disrupted peer relationships.

People with high indirect aggression level usually benefits from therapeutic strategies by helping them examine the counterproductive nature of their ways of handling aggression, and seeking alternative strategies should be practiced. Their posttest scores showed positive changes after the art therapy sessions.

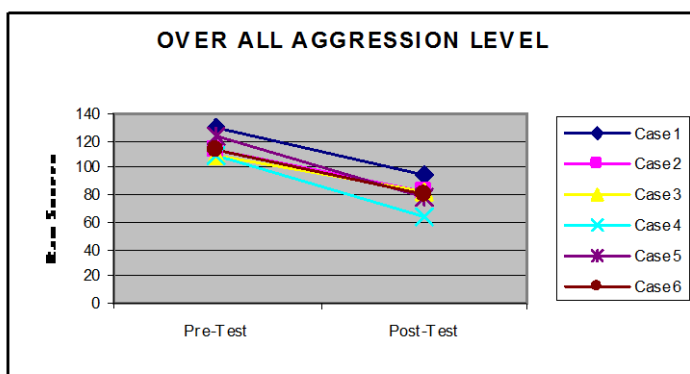
According to Wadeson (1997), art therapy is a form of psychotherapy that uses art-making as a part of the therapeutic process. Like any form of psychotherapy, the therapist provides the holding frame for the therapy, assesses and helps the client set treatment goals, and offers a reparative therapeutic relationship.



Overall aggression level. Findings shown in Figure 6 present the pretest and posttest results of the AQ Total Score among the participants. As revealed in the figure, participants obtained a total scores ranging from 82 to 99 percentile range during the pretest while scores were reduced after the intervention. Based on the Aggression Questionnaire Manual, individuals with high scores can be obtained by someone who reports relatively few but extremely angry or aggressive episodes, as well as, by someone who reports episodes that are less intense but relatively chronic.

People with high AQ Total Score usually benefit from psychotherapeutic intervention. This seems to manifest among the participants after the intervention. Their posttest scores revealed changes in participants' aggression behavior after the intervention.

The findings of the study is similar to the view of Liebman (2004) explaining that art therapy can help people release feelings, e.g. anger and aggression, and can provide safe and acceptable way of dealing with unacceptable feelings.



Aggression Description of Parents Before and After the Intervention

The interview session with parents allowed them to express their perception regarding the aggression behavior of the participants before and after the intervention.

According to the respective parents of the participants, remarkable changes were observed among the participants after the intervention.

The findings on the aggression description of parents before and after the intervention are presented in the following order: (1) easily gets mad – no longer gets mad easily; (2) argues a lot – less argumentative; (3) destroy things – less destructive; (4) always in conflict – seldom in conflict; (5) spreads gossips – no longer spreads gossips; (6) play practical jokes – careful in playing practical jokes; (6) cannot control emotions – learned to control emotions and (7) gives silent treatment – became open.

Before the Intervention	After the Intervention
<p>Easily gets mad</p> <p><i>"Madaling uminit ang ulo ng aking anak."</i> [My son easily flares up.] Case 1</p> <p><i>"Sa tingin ko, mabilis uminit ang ulo niya kapag alam niya na hindi kami sumasang-ayon sa gusto niya."</i> [I think he easily fumes when he knows that we don't agree with his wishes.] Case 1</p>	<p>No longer gets mad easily</p> <p><i>"Hindi ko na siya nakitang madalas magalit."</i> [I don't anymore see him getting angry frequently] Case 1</p> <p><i>"Sa kasalukuyan, napansin ko hindi na siya parating nagagalit."</i> [At present, I noticed that he no longer gets angry frequently.] Case 2</p> <p><i>"Hindi na rin masyadong umiinit ang ulo niya ngayon."</i> [He doesn't easily flares-up nowadays.] Case 5</p>

One of the descriptions mentioned by the parents during the interview with them was that the participants had the tendencies to easily get mad. Based on the Aggression Questionnaire Manual, the anger subscale of the AQ includes items that describe aspects of anger related to arousal and sense of control. Individuals with high anger scores are often associated with the presence of irritability, frustration, emotional liability, and temperamental gesturing. It should be remembered that, for some individuals, anger provides a valuable protection from overwhelming feeling of grief, shame, helplessness, or annihilation. Scores on the anger scale are responsive to building a repertoire of effective and acceptable coping strategies. Thus, when individuals become confident that they have access to effective means for expressing their anger, their usual level of anger is actually decreased.

Comparing the description of parents before and after the intervention, it was revealed that participants learned to control themselves from getting mad easily.

The finding of the study is consistent to the goals of art therapy. Art therapist use the creative process and the issues that come up during art therapy to help clients increase insight and judgment, cope better with stress, work through traumatic experiences, increase cognitive abilities, have better relationships with family and friends, and to just be able to enjoy the life-affirming pleasures of the creative experience (Martin & Moore, 1995).

Before the Intervention	After the Intervention
<p>Argues a lot</p> <p><i>"Madalas din nauwi sa diskusyon ang aming pag-uusap."</i> [Our conversation often leads to discussion.] Case 1</p> <p>"He argues a lot." Case 5</p> <p><i>"Madalas kaming magtalo."</i> [We often argue.] Case 5</p>	<p>Less Argumentative</p> <p><i>"Dati mahilig siyang makipag debate pero ngayon hindi na ganoon."</i> [Before, he liked to enter into debate and arguments, but that is no longer the case at present.] Case 1</p>

Another revelation made by the parents during their interview sessions was that participants had the tendencies to be highly argumentative. Based on the Aggression Questionnaire, people with high scores on verbal aggression have the tendencies to be more argumentative than most people. High verbal score are often obtained by people who are described as "externalizers," particularly those with a relatively high level of social adaptation. These people will often benefit by the same kinds of therapeutic approaches as those with high physical aggression scores, such as discovering and practicing alternatives to verbal arguments when the latter are not appropriate. In addition, these individuals may need help in understanding the negative effects of their behavior on others.

Comparing the statements of parents before and after the intervention, positive changes occurred among participants after the art therapy sessions. According to Malchiodi (2006), art-making process is seen as an opportunity to express oneself imaginatively, authentically, and spontaneously, and experience that, over time, can lead to personal fulfillment, emotional reparation, and transformation.

Before the Intervention	After the Intervention
<p>Destroy things</p> <p><i>"Mayroon pa ngang pagkakataon na dahil sa sobrang galit, nakukuha niyang manira ng gamit namin sa bahay."</i> [There was even an instance that due to his extreme anger, he got to destroy the objects at home.] Case 1</p> <p><i>"Mayroon din siyang ugaling nagtatapon ng mga bagay-bagay kapag hindi nakukuha ang gusto niya."</i> [He also has this attitude of hurting things when he couldn't get his wishes.] Case 1</p> <p><i>"Noong minsan, muntik na ngang nasira ang aming pinto sa pagbagsak niya rito."</i> [There was even a time when he almost destroyed our door due to too much anger.] Case 3</p>	<p>Less destructive</p> <p><i>"Dati pag may ayaw siya, nakukuha niyang manira ng gamit pero ngayon napansin ko wala pa siyang nasirang kagamitan."</i> [Unlike before, he would destroy some objects each time there was something he disliked. At the moment, I've observed that he hasn't destroyed anything lately.] Case 1</p>

The third description expressed by the parents about the behavior of the participants prior to intervention was their tendencies to be highly destructive when mad. Based on the Aggression Questionnaire Manual, individuals with high indirect aggression scores have the tendency to express anger and actions that avoid indirect confrontation. Because the circumstances that provoke these actions usually do not get resolved satisfactorily, individuals with elevated indirect scores are likely to experience high levels of chronic frustration in some areas of their lives. For individuals with scores on indirect aggression, therapeutic strategies should include examining the counterproductive nature of this way of handling aggression, and alternative strategies that must be sought and practiced.

Comparing the description of parents before and after the intervention, participants became less destructive after the intervention. According to Donald (1985), the use of art therapy can help people express strong and sometimes sensitive or destructive feelings such as aggression. It can likewise be used for stress and anxiety management. It is used to explore change. It is of particular benefit to people experiencing difficulties with written and verbal communication.

Before the Intervention	After the Intervention
<p>Always in conflict</p> <p><i>“Isa pang problema na ayaw ko sa anak ko, parati niyang nakakaaway at inaaway ang mga kapatid niya.”</i>[One problem which I don’t like about my son is he frequently quarrels and fights with his siblings.]</p> <p style="text-align: right;">Case 1</p>	<p>Seldom in conflict</p> <p><i>“Masaya ako ngayon kasi parang tumahimik ang bahay namin at hindi na sila nagkaroon masyado ng away ng mga kapatid niya.”</i> [I feel happy now because there seems to have peace in our home and the fights with his siblings are infrequent.] Case 1</p> <p><i>“Sa nakikita ko ngayon, hindi na kami gaanong nag-aaway.”</i> [From what I have observed, as of late, we don’t anymore argue often.]</p> <p style="text-align: right;">Case 5</p>

Parents likewise observed among the participants their high tendencies to be always in conflict with other people indicating high anger level. Based on the Aggressive Questionnaire Manual, arousal reduction strategies should be noted through effective means of expressing anger.

Parents described their respective children to be seldom seen in conflict with people after they have undergone art therapy, substantiating the posttest results showing a decrease in the high aggression level among participants. According to Hanes (1995), art therapy is a human service profession that utilizes art media in assessing and treating emotional problems.

Before the Intervention	After the Intervention
<p>Spreads gossips</p> <p><i>“Madalas silang mag-away ng kuya niya kasi mahilig siyang mag-imbento ng mga istorya na hindi naman totoo kaya nagkakaroon sila ng away ng kuya niya.”</i> [He often quarrels with his brother because he loves fabricating stories which are not true about him that is why they often fight.] Case 2</p>	<p>No longer spreads gossips</p> <p><i>“Hindi ko na siya nakikitang gumagawa ng kwento na hindi totoo tungkol sa kuya niya.”</i> [He does not anymore fabricate stories about his brother.] Case 2</p>

One parent noticed that prior to the intervention, participant had the tendency to spread gossips about other people. After the therapy, it was noticed that the participant learned to control himself from spreading gossips.

Comparing the description before and after the therapy, positive changes were observed. The art therapy sessions allowed the participants express their thoughts and emotions and express them through the power of drawing and paintings. According to Hanes (2000), the “analysis” of the art work produced in art therapy typically allows patients to gain some level of insight into their feelings and lets them work through these issues in a constructive manner. Art therapy is typically practiced with individual, group, or family psychotherapy (talk therapy). While the therapist may provide critical guidance for these activities, a key feature of effective art therapy is that the client/artist, not the therapist, directs the interpretation of the art work. By means of drawing or using other visual means to express troublesome feelings, client can begin to address these issues, even if they cannot identify or label these emotions with words. Art therapy is best valued for adolescents who are unable or unwilling to talk about thoughts and feelings.

Before the Intervention	After the Intervention
<p>Play practical jokes</p> <p><i>“Mahilig din siyang magbiro, na minsan lubhang nakakasakit ng damdamin ng ibang tao.”</i> [He also likes to say things that sometimes deeply hurt the feelings of other people.] Case 2</p>	<p>Became careful in playing practical jokes</p> <p><i>“Hindi na rin siya gaanong nagbibiro ng masasakit dahil alam niya na nakakasakit siya ng damdamin ng ibang tao.”</i> [He rarely cracks jokes because he already knows that he hurts other people in the process] Case 2</p>

Another description disclosed by one parent about his son was his tendency to play practical jokes towards other people causing disruptive peer relationship. After the intervention, participant became careful in playing practical jokes. The sessions were opportunities for the participant to reach a fuller self-understanding about the negative implications of playing practical jokes.

According to Lark (2001), art taps into internal images that hold keys to who a person is and what one believes. Art makes visible those things that are difficult or painful to see or discuss in words. Art helps the client to "see" more clearly and to feel a sense of living in a body. As a client feels, discovers, thinks and creates, new insights are gained about self, relationships, and life patterns.

Before the Intervention	After the Intervention
<p>Cannot control emotions</p> <p><i>“Naku, pag galit ‘yan hindi mo siya makontrol na sabihin ang gusto niya kahit sino pa ang nasa harapan niya.”</i> [When he is furious, you cannot control him from saying what he wants in front of other people.] Case 2</p> <p><i>“Nakita ko na kapag galit na siya hindi niya kayang kontrolin ang sarili niya.”</i> [I could see that he could no longer control himself when he’s mad.] Case 5</p>	<p>Learned to control emotions</p> <p><i>“Hindi mo maiiwasan na hindi magkaroon ng diskusyon sa bahay pero yun nga, pakiramdam ko nakakaya na niyang kontrolin ang kanyang emosyon pag nagagalit.”</i> [You can’t avoid the argumentative discussion at home but, I feel he can now manage to control his emotions when angry.] Case 1</p> <p><i>“Nakita ko rin na nakontrol na niyang huwag sumagot sa amin pag galit siya.”</i> [I noticed that he has learned to control his emotions by restraining himself from answering us back.] Case 4</p> <p><i>“Nakikita ko rin na nakontrol na rin niya ang kanyang sarili na huwag kaming magkasagutan.”</i> [I have also seen how he is able to control himself so that verbal spats will be prevented.] Case 5</p>

Parents likewise described the participants to be hot-tempered. They are the type of individuals that allow their anger to show when they cannot get what they want. Based on the Aggression Questionnaire Manual, individuals experiencing problems controlling their emotions are often associated with the presence of irritability, frustration, emotional liability, and temperamental gesturing. People with problem controlling their anger usually benefit from relaxation training, as well as cognitive-behavioral and other arousal-reducing strategies coupled with concrete assistance in identifying and resolving the actual sources of frustration. After the art therapy sessions, it was observed by parents that participants learned to control their emotions. The findings of the study revealed that art therapy was effective in reducing high aggression level. According to Eby (2006), psychotherapy and spiritual development will allow individuals become aware of negative thoughts and emotions through creative process.

Before the Intervention	After the Intervention
<p>Gives silent treatment</p> <p><i>“Alam na alam mo ‘pag meron siyang ayaw dahil hindi siya kikibo at magsasalita.”</i> [You can fully know when there’s something that irks him because he’s not going to say anything or speak up.] Case 3</p> <p><i>“Magkukulong lang siya sa kwarto niya.”</i> [He would lock himself inside his room.] Case 3</p> <p><i>“Ang anak ko, hindi ‘yan magsasalita pag galit siya, ganoon siya.”</i> [My son is not the type who would talk when he’s angry.] Case 4</p> <p><i>“Hindi ka niya kakausapin nang ilang araw hanggat hindi mo naibibigay ang gusto niya.”</i> [He’s not going to speak to you for several days, not until you grant him his request.] Case 4</p> <p><i>“Pag galit naman iyan, hindi na lang siya kikibo at hindi niya kami kakausapin.”</i> [When he’s furious, he would just keep quiet and refuse to talk to us.] Case 6</p>	<p>Became open</p> <p><i>“Ngayon kahit paano, unti-unti na niyang nasasabi sa amin ang kanyang problema.”</i> [Now, he gradually tells us his problem.] Case 3</p> <p><i>“Pag kinakausap naming siya pag galit, nakukuha niyang sabihin sa amin ang dahilan kung bakit siya galit.”</i> When we talk to him now, especially when he’s mad, he gets to articulate the reason why he’s furious.] Case 3</p> <p><i>“Ngayon naman, na obserbahan ko na parang hindi na siya nagkukulong pag galit siya”</i> [But now, I have observed that it seems he does not anymore lock himself inside his room when he’s mad.] Case 4</p> <p><i>“Napansin ko na medyo natuto na siyang mag-open sa amin kung ano man ang ikinagagalit niya.”</i> [I noticed that he has learned to open up a bit to what infuriates him.] Case 4</p> <p><i>“Naging komportable na rin siyang mag-share ng kanyang mga problema.”</i> [He is now more comfortable in sharing his problems to us.] Case 6</p>

Parents also described the participant-students having the tendency to express their anger through silent treatment. It means that these individuals had the tendencies to express anger in actions that avoid direct confrontation. They may be identified as oppositional or avoidant and will often have disruptive peer relationship. Similar to other forms of indirect aggression, therapeutic strategies should include examining the counterproductive nature of this way of handling aggression, and alternative strategies should be sought. The art therapy sessions allowed the participants to express and communicate their inner feelings. According

to Nancy Verrier (1993), art and creativity are innate and universal modes of communication for every human being. Creativity has no boundaries or limitations. They both represent a significant cross-cultural activity that individuals used to communicate their experiences, desires, feelings, dreams and even insecurities. Moreover, Jung, the first psychoanalyst recognized the power of art and the creative forces, suggests that art provides “a direct line to the unconscious”. Through acknowledgement of our inner archetypes, images and symbols, individuals may access the most powerful tool for transformation. Connecting with the unconscious, where all unknown and unexpressed feelings reside, allows an individual to empower himself through bringing these emotions to awareness or consciousness.

Before the Intervention	After the Intervention
<p>Insensitive with other’s feelings</p> <p><i>“Nagagawa rin niyang makapagsalita ng mga masasakit na salita sa amin.”</i> [He also had the gall to utter hurtful words against him.] Case 5</p>	<p>Became considerate</p> <p><i>“Kapag hindi naming nabibili agad ang mga gusto niya, medyo naiintindihan na niya ngayon.”</i> [When we couldn’t buy what he wants, he can now understand a bit.] Case 3</p>

Prior to the intervention, participants were described to be insensitive about the feelings of other people. After the intervention, the participants learned to be considerate enough in understanding the feelings of other people.

According to Dalley (1997), art therapy provides a safe format in which one can focus on the management of uncomfortable feelings, increase problem solving skills and enhance self-esteem. It offers an opportunity to build a sense of community with others in groups. "It is the capacity of art to be a bridge between the inner world and outer reality which gives the image the role of a mediator. The image mediates between unconscious and conscious, present and future aspects of a client."

The Benefits Gained from the Art Therapy Sessions.

The interview and open ended questionnaires extracted information that allowed participants to express their own testimonies with regard to the benefits they gained from the art therapy sessions. Findings on the benefits gained by the participants from the art therapy sessions are presented in the following order: (1) able to show real self; (2) felt relieved; (3) learned to handle emotions; (4) learned to accept oneself.

Able to express oneself better. The term “express” was mentioned by the participants for a couple of times during their interview. The responses of the participants showed that art therapy became an opportunity for them to express their inner thoughts and feelings.

"Natuto akong ilabas o ipahayag ang mga nararamdaman ko na pilit kong itinatago noon." [I have learned to release or express my feelings that I tried to hide before.]

Case 1

"Naging palagay ako sa pagpapahayag ng mga bagay na matagal ko ng kinatatakutan tungkol sa aking pagkatao." [I have been more at ease in expressing the feelings that I dread for a long time about my real identity.]

Case 3

"Natuto ako paano ipakita ang totoo kong nararamdaman." [I learned how to express what I really feel.]

Case 3

"Sa ngayon, naipadarama kong mabuti ang mga nadarama ko." [Now, I can better express my feelings.]

Case 6

"Naibahagi ko sa inyo ang tunay na ako na kakaunting tao lamang ang nakakaalam." [I have disclosed my real identity which only few people know.]

Case 6

"Dati'y takot akong ipahayag ang sarili ko dahil nadarama kong di ako mauunawaan ng mga tao pero nagawa kong ipakita kung sino talaga ako." [Previously, I was afraid to express myself because I thought people would not understand me, but now I have managed to show who I really am.]

Case 6

The descriptions uttered by the participants were consistent to the characteristics of art therapy as a means of resolving inner conflicts. Art in counseling setting can be used as an icebreaker in exploring personal feelings; as an identity clarifier (ways of understanding oneself) through references to feelings, behavior and body language; as a healing device within the helping process; as coping strategies; activate creative talents; relationship building; developing self-esteem; team building etc. (Feder 1981).

Felt relieved. The participants felt relieved after expressing their unresolved conflicts from their past. The activities gave them the opportunity to communicate their inner thoughts and feelings about their issues and concerns in life.

The following statements were taken from the participants' actual interview:

"Gumaan ang pakiramdam ko pagkatapos kong gawin ang mga sesyon." [I felt lighter after I did the sessions.]

]

Case 1

"Gumaan ang pakiramdam ko." [I felt lighter.]

Case 4

"Nasiyahan ako sa mga therapy sessions." [I felt satisfied after the sessions.]

Case 5

"Naginhawaan ako't naliwanagan pagkatapos ng mga sesyon." [I felt relieved and I was enlightened after the sessions.]

Case 5

"Gumaan ang aking pakiramdam pagkatapos kong ibahagi ang aking pagkatao." [I felt lighter after revealing my identity.]

Case 6

Participants felt relieved after the intervention. The term "Kathartic" is generally attributed to Aristotle who said that "art released unconscious tensions and purges the soul". The cathartic function is based on the finding that the expression of problem or a concern provides relief. Artistic process offers channel of expression and the release of deeply repressed emotions (Feder, 1981). As a treatment, it is best combined with the non-verbal (drawing etc.) and verbal approaches (processing and sharing). Sharing of responses, impressions and personal association are encouraged.

Learned to handle emotions. The participants were able to accept and realize the negative impact of their aggressive acts in dealing with frustrations. As a result, they realized the need to help themselves to learn how to control and handle one's emotions.

"Sa tingin ko, natuto ako paano kontrolin ang aking emosyon."

[Through art therapy, I have learned how to control my emotions.]

Case 3

"Palagay ko'y may mga pagbabagong naganap sa akin lalo na pagdating sa kung paano kontrolin ang aking emosyon na huwag parating magalit." [I suppose there were changes that took place within me, especially when it comes to controlling my emotions and refraining from getting angry.]

Case 5

Another important aspect of art therapy is that it serves a number of interrelated goals. The real value of art therapy is that it can be used to diagnose emotional problems, it can be used as part of a treatment plan to resolve those problems, and it can be used to assess the patient's progress during treatment (Salmon, 1993).

Learned to accept oneself. Through the art therapy sessions, the participants were able to accept their limitations and weaknesses as an individual. According to them, one of the benefits they gained from the art therapy session was its power towards healing. They were able to realize things- that they need to look into themselves and find ways on how they can improve themselves especially in handling their aggression. The following were their answers:

"Natutunan kong tanggapin ang aking kakulangan bilang isang tao." [I learned to accept my inadequacies as a person.]

Case 5

"Higit sa lahat, natanggap kong mabuti ang sarili ko."
[Above all, I have uncovered who I really am.]

Case 6

Drawing is a highly phonological process that has the possibility of reflecting internal processing in therapy which is outside the subject immediate conscious awareness. It is known to be the internal processing through the transformation of thoughts and emotions into visual image on paper (Feder, 1981).

Summary of Findings

This section presents the most significant findings organized based on the stated problems:

1. Findings revealed that participants' high aggression level was reduced after the art therapy sessions.
2. Parents' responses substantiated the aforementioned as they pointed to the positive changes observed among the participants after having been exposed to the series of art therapy sessions. Before the intervention, participants: (1) easily got mad; (2) argued a lot; (3) destroy things; (4) always in conflict; (5) spread gossips; (6) played practical jokes; (7) cannot control emotions; (8) gave silent treatment; (9) insensitive to other's feelings; (10) always suspicious. After the intervention, positive changes were noted among the participants; that they: (1) no longer got mad easily; (2) became less argumentative; (3) turned to be less destructive; (4) are seldom in conflict; (5) no longer spread gossips; (6) became careful in playing practical jokes; (7) learned to control emotions; (8) became open; (9) became considerate; (10) came to be less suspicious.
3. Participants identified benefits gained from the therapy sessions: (1) being able to express oneself better; (2) able to show real self better; (3) felt relieved; (4) enhanced creativity; (5) learned to handle emotions; (6) learned to accept oneself.

Conclusions

Based on the findings of the experimental study, the following conclusions were derived:

1. The Art therapy is an effective therapeutic tool in reducing aggression level among the overt adolescent gays.
2. The parents' testimonies on the positive changes in the behavior of the participants support findings on the effectiveness of the art therapy intervention in reducing aggression level of overt adolescent gays.

3. The participants' responses revealed that art therapy sessions allowed them to express their pent-up emotions from their past and provided safe and acceptable way of dealing with unacceptable feelings.

Recommendations

Based on the findings and conclusions of this study, the following recommendations are offered:

1. Art therapy is recommended as a potentially strong tool that may be employed in helping adolescents recognize the use of creative process in addressing internal conflict and fostering self-awareness and personal growth.
2. Art therapy results may assist and guide parents, as well as counselors and educators, in better understanding the reasons behind the aggressive behavior of children.
3. Homosexuals may consider art therapy as an intervention in helping them find a more comfortable relationship between their inner and outer world.

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