



An-Najah National University
Faculty of Graduate Studies

**THE EFFECTIVENESS OF EXPRESSIVE ART
THERAPY ON DEPRESSION, ANXIETY,
STRESS, AND QUALITY OF LIFE AMONG
CHILDREN LIVING IN HIGH-RISK AREAS
IN PALESTINE**

By

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Dedication

I dedicate this work to relatives, friends and family members.

Acknowledgements

I would like to extend my sincere thanks to everyone who supported me in completing this research.

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Declaration

I, the undersigned, declare that I submitted the thesis entitled:

**THE EFFECTIVENESS OF EXPRESSIVE ART THERAPY ON DEPRESSION,
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IN HIGH-RISK AREAS IN PALESTINE**

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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Date: **23/10/2025**

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List of Abbreviations

Abbreviation	Meaning
EXAT	Expressive Art Therapy
ADHD	Attention Deficit and Hyperactivity Disorder
PTSD	Post-Traumatic Stress Disorder
AATA	American Art Therapy Association
ASD	Autism Spectrum Disorder
WHO	The World Health Organization
MMD	Major Depression Disorder
QoL	Quality of Life
PCBS	Palestinian Central Bureau of Statistics
DSM-5	Diagnostic and Statistical Manual of Mental disorders-Fifth version
ICD-10	International Statistical Classification of Diseases and Related-Health Problems 10 th version
APA	American Psychiatric Association
HRQoL	Health-Related Quality of Life
CAHRAs	Conflict-affected and High-Risk Areas
OECD	Organization for Economic Co-Operation and Development
UN	United Nation
BDI	Beck Depression Inventory
UNICEF	United Nations International Children's Emergency Fund
DASS-Y	Depression, Anxiety, and Stress Scale- Youth version
PedsQL	Pediatric Quality of Life Inventory
SPSS	Statistical Package for the Social Science

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Abstract

Background: In times of conflict and crisis, children are the most vulnerable group in society. Political conflict have a serious consequences on psychological state, including decrease symptoms of depression, anxiety, and stress. It also negatively impact their social, academic, emotional functioning, and their behaviors. Therefore it is necessary to provide appropriate intervention which allows them to express their negative feelings in appropriate ways. This study aimed to measure the efficiency of expressive group art therapy in improving psychological state, and quality of life for children living in risk areas in Palestine.

Methodology: Current study used quasi-experimental design, to assess the effectiveness of expressive group art therapy in decreasing symptoms of depression, anxiety, and stress, and also in improving quality of life. (79) Students, aged between (7-12) years old were participated in the study. After conducting pre-test and post-test for both experimental and control groups, the results were collected and analyzed.

Results: The findings have shown that symptoms of depression, anxiety, and stress for children in the experimental group decreased, and also in their quality of life has improved.

Conclusions: The findings highlighted the role of expressive group art therapy in decreasing symptoms of depression, anxiety, and stress for the study sample, and also in improving their quality of life. This therapeutic approach could be a valuable tool for parents, teachers, and mental health workers in supporting children's mental health in risk areas.

Keywords: Anxiety; Children; Conflict affected areas; Depression; Expressive Art Therapy (EXAT); Stress; Quality of Life.

Chapter One

Introduction

Areas exposed to political conflict and violence, such as the context of the Palestinian-Israeli conflict, suffer from economic and social disruption, and this disruption leads to physical and psychological suffering for the population in those areas (Agbaria et al., 2021). The accumulation of risk factors at the environmental, social and economic levels leaves significant psychological impacts manifested in depression, anxiety and post-traumatic stress disorder, children are the most vulnerable to these effects (Vahidniya et al., 2024).

Worldwide, more than one in ten children are affected by armed conflict. These children suffer from constant fear and grave violations of their fundamental rights. (Kadir et al., 2018; Save the Children, 2022). Difficult living conditions, poverty, and limited access to healthcare and education are some of the indirect consequences of conflict. Direct consequences include direct conflict, physical injuries, and displacement. Furthermore, social media is exacerbating fear and anxiety among populations. (Rozanov et al., 2019).

Emotional distress and low mood are among of psychological functioning linked to childhood violence, hostility, and trauma (Catani, 2018).

The extent of the impact on the child is determined by the severity and duration of the trauma, and also the presence of post-trauma support, so that, it is important to have appropriate therapeutic intervention to decrease the negative psychological and social effects of conflicts (Frounfelker et al., 2019).

Expressive arts therapy (EXAT) is a form of therapeutic intervention that joint creative, non-verbal communication strategies, for example, painting, collage, sculpting, to help people to process trauma, regain resilience, and to recover their emotional well-being(Kim et al., 2016).

Lim et al. (2022) mentioned that in areas where political conflicts, there are 28% of individuals are suffer from depression, 30.7% have anxiety, 23.5% experiencing trauma. And these outcomes highlight the emergence of appropriate therapeutic interventions to address mental health issues in that population.

As showing in research, war-related trauma and psychological distress are associated. Whereas, exposure to conflict and health-related quality of life (HRQoL) are associated negatively (El-Khodary & Samara, 2018; Yang et al., 2021). Residents of conflict zones frequently experience psychological problems including depression, anxiety, dissociation, PTS, and social withdrawal (Rozanov et al., 2019).

Despite this, limited research has focused on therapeutic interventions targeting children in conflict-affected areas, even though they represent one of the most affected groups. A meta-analysis by Zhang et al. (2024) confirmed the effectiveness of art therapy in reducing anxiety, particularly among youth. Similarly, Johan et al. (2022) demonstrated that group art therapy significantly decreased anxiety and depression among adolescents. Berkouche (2024) used art therapy with case suffering from severe separation anxiety. She found that art therapy sessions has positive impact on improving well-being. Also, art therapy helps children to process and effectively express their emotions, improving emotional regulation and coping mechanisms by stimulating imagination, creativity, and projection of the internal fears.

Although international studies have documented the positive effects of art therapy on psychological well-being, there remains a lack of research focusing on children in conflict zones—particularly in the Palestinian context.

The researcher seeks to fill the gap by investigating the effectiveness of expressive group art therapy in improving the mental health and quality of life of Palestinian children exposed to violence and instability and experiencing psychological distress.

Current study was conducted in the Palestinian village of Asira al-Qibliya, located south of Nablus, which is one out of the six villages that subject to repeated attacks by Israeli occupying force and settlers. This village is surrounded by military installations and settlements, such as Yitzhar, which large groups of settlers set out from it from time to time, attack the village, and setting fire to the land, and sometimes houses. Also, they harassing farmers and villagers and preventing them from accessing their lands. In addition to the checkpoints which have been set up by occupation forces, restricted the movement of village's residents. This restrict access to agricultural lands and threaten residents' safety. All these practices effected the QoL for residents. Whereas aimed to make the area uninhabitable, allow voluntary migration to facilitate land seizure, and thus annexation of the West Bank (Asira Al-Qibliya Village Council, 2024)

Despite some variability in outcomes, the literature provides compelling evidence for the inclusion of EXAT in therapeutic programs targeting children in high-risk or trauma-affected environments.

1.1 Expressive Arts Therapy (EXAT)

Expressive Arts Therapy (EXAT) is a dynamic and integrative approach to psychotherapy which integrates the senses and fosters emotional expression through the use of multiple creative art forms. Unlike the traditional psychotherapy methods which rely mainly to speech, EXAT includes modalities such as visual arts, movement, music and drama in order to stimulate emotions, and that support personal development and emotional regulation. This approach believes that some individuals prefer non-verbal methods (such as drawing or movement) to communicate rather than spoken language, and therefore offers a comprehensive therapeutic framework (Malchiodi, 2022).

The practitioners of EXAT use a diverse range of expressive tools in order to promote non-verbal communication and emotional exploration. These expressive tools include drawing and coloring, painting, sculpting, storytelling, theatrical improvisation, dancing, music-making. These forms enable clients to express their feelings and emotions which may be difficult to be expressed by words, especially if working with children or people who have experienced trauma (Deshmukh et al., 2018).

The American Art Therapy Association (AATA) has determined the main objectives of using EXAT, the goals included improving sensory integration and motor coordination, building self-understanding, boost self-esteem, enhancing emotional awareness and resilience, build problem-solving skills, and supporting social skills and personal development and growth (Scarce & Wilson, 2022).

Types of Expressive Arts Therapy

EXAT approach integrates four main modalities: visual art therapy, which focuses on using materials such as paint, clay, and collage to help individuals externalize and express their emotional experiences. Music therapy involves active listening, singing, and rhythmic in order to trigger and regulate feelings. Drama therapy uses methods such as role-play, story-telling, and character exploration to process uncover emotions. Dance therapy emphasizes bodily movement as a way to promote emotional, cognition, and

physical integration in order to improve mental-health and well-being (American Dance Therapy Association, 2024).

Group Art Therapy Types and Theories

The group-based EXAT offers distinct therapeutic benefits by allowing individuals to interact with others in a shared creative environment. Within the group context, participants observe different styles of expression and encounter alternative perspectives, allowing them to experiment with new behaviors and modes of communication. This process often mirrors familial or social dynamics and facilitates empathy, social bonding, and interpersonal learning. Group therapy therefore serves not only as a treatment model but also as a developmental environment that encourages psychological growth (Williams & Tripp, 2016).

According to Robb (2022b) there are seven types of groups in art therapy:

- **Psychotherapy group** which aimed to help members cope, change, and reducing personal problems.
- **Open studio group** which builds safety and structure, self-acceptance and acceptance of others, and provides opportunity to explore self and others in order to generate new perceptions
- **Psycho-educational group** which aimed to increase awareness and teach skills
- **Support group** which brings people sharing the same experience together
- **Social action or system group** which focuses on individual's out world and its impacts
- **Wellness group** which focuses on increase mental health and wellbeing, and does not focus on pathology or symptomology
- **Task-oriented group** could be creating product, providing a service, or solving problems.

Current study used the psychotherapy group type, whereas aimed to improving mental health and interpersonal functioning through connection and interpersonal engagement.

There are many theories that can be used in group art therapy, and the therapist must ensure that theory used serve the best benefit for client. Robb (2022a) presented these theories in her book as following:

- Studio based group therapy: this approach focuses on participation in creative arts and believe that everyone is an artist. Also, this approach emphasize art's ability to foster positive interactions between individuals. Group art focuses on collective participation through creative art making. Furthermore, collective participation can reduce feelings of isolation among group members.
- Feminist theory: it is one of important approaches in art therapy, it posits that individual's suffering stems from social and cultural conditions. It focuses on individual empowerment and its personal experiences, challenging stereotypical roles, and promoting equality and self-esteem. In feminist group art therapy, members identify, deconstruct, and confront the forms of structural inequality they see in their experiences throughout art making.
- Social action theory: this theory views art making as a participatory and collaborative process through which societies identify and percept their reality, and identify their needs and strength in order to achieve individual's wellbeing and social justice.
- Existential theory: in existential art therapy, individuals confront their concerns anxieties (related to death, illness, loss, etc.) through art making. The goal is to alleviate and understand difficult emotions and express existential concerns through artwork without judgments.
- Psychodynamic theory: this approach considered the group image as a piece of art with which each member of the group interacts on a subconscious level. It combines artistic expression, group dynamic, and the unconscious of individuals and the group. It views arts as a window into unconscious experiences, conflicts, and emotions which cannot be expressed verbally. This approach also considers art a means of releasing repressed feelings.
- Adlerian theory: this theory views people as social beings influenced by societal force, where individuals must be understood through their social context, their sense of self, their early family interaction, and their sense of belonging. Therefore, Adlerian therapy focuses on developing and enhancing members' social awareness, as well as improving their interpersonal skills and sense of belonging through group art activities. In this approach, the group functions as a microcosm of society, enabling members to experience collaboration, belonging, and the building or new relationships.

- Interpersonal neurobiology theory: according to Badenoch and Cox (2018), interpersonal neurobiology serves group therapy in three ways: psycho-educational of early brain development, the acting of group as a source of regulation, and natural integration. Learning about early brain development helps group members to understand their challenges as a neurobiological issues, which reduce feeling shame and blame while increasing self-compassion. Learning about brain development leads to the group acting like a source of regulation while revealing implicit memories. So group members understand that some struggles revealed in therapy may be due to the neurological issues rather than personality flaws. And that increase empathy and respect among group members.

Art therapist must have at least a master's degree in art therapy, and have been trained in that field, allow them to practice in many settings, such as, hospitals, schools, community centers, psychiatric clinics, and private practices (Schwarz et al., 2018). According to American Art Therapy Association (2022) to guide the therapeutic process effectively, art therapist must preserve high level of attentiveness and responsiveness throughout the session, as well as interpret both verbal and non-verbal cues.

Previous studies have proven the effectiveness of EXAT among various population and psychological conditions. For example, study by Abbing et al. (2019) found that therapeutic interventions based arts are significantly decreased level of anxiety in adult women who experienced generalized anxiety disorder, panic attack and social phobia.

As well as, Rezazadeh et al. (2020) study showed that drawing and music interventions have successfully reduced levels of depression and anxiety among children recovering from burn injuries.

Alwledat et al. (2023) study used short-term EXAT program on stroke survivors. The findings showed there are significant improvement in depression, anxiety, and stress

Lastly, Buser et al. (2024) used a long-term program with children in school age who live in conflict areas, the findings found expressive arts activities significantly improved emotional resilience and psychological well-being.

1.2 Depression

Depression is a prevalent psychological disorder that highly affects individual's mood, behavior, and cognition. Depression manifests through persistent feelings of sadness, emotional irritability, loss of interests. Other common symptoms including, significant weight changes, sleep disturbance, loss appetite, feeling worthlessness, difficulty concentrating, as well as, thoughts of death or suicide (World Health Organization, 2023).

Around the world, depression out of leading causes of disabilities and disease burden. Previous studies shown that this prevalence is high among youth and children, it is affecting their academic, social, developmental functioning (Bernaras et al., 2019). Moreover, research indicates that quality of life (QoL) tends to decline before the onset of depression and remains impaired during the episode, gradually improving only with effective treatment and recovery (Hohls et al., 2021).

According to the World Health Organization (2023) approximately 3.8% of the global population experiences depression with a higher prevalence among adults (5%) and older adults aged 60 and above (5.7%). An estimated 280 million individuals are living with depression worldwide with the rate among women exceeding that of men by nearly 50%. Furthermore over 700,000 people die by suicide each year and more than 10% of pregnant and postpartum women experience depressive symptoms. In Palestine depression rates are alarmingly high. Following the Israeli aggression on Gaza in 2021 a survey conducted by the World Bank and the Palestinian Central Bureau of Statistics reported that 50% of the population in the West Bank and 71% in Gaza showed signs of depressive disorders. These findings reflect the immense psychological toll of ongoing conflict economic hardship and loss with 10% of respondents reporting the death of a family member (Wafa News Agency, 2023).

The prevalence of major depressive disorder (MDD) varies significantly across countries ranging from 2% to 21% with lower rates in some Asian countries and higher rates in certain European nations (Gutiérrez-Rojas et al., 2020). One of the most serious outcomes of depression is suicide. Among adolescents 8% of those diagnosed with MDD report suicidal thoughts or behaviors before reaching adulthood. Risk factors of depression suicidal thoughts or prior attempt, dysfunctional family environment, biological and genetic factors. In the year of 2016, there were 12.8% of American adolescents (12-17 years) who have experienced at least one major depressive episode (Mullen, 2018).

Depression Symptoms

The two main international diagnostic classification manuals; the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and the International Classification of Diseases (ICD-10) categorized depression disorders based on duration, intensity, and frequency. According to intensity and functional impairment of symptoms, depression may be diagnosed as mild, moderate, or severe (National Collaborating Centre for Mental Health, 2010).

According to American Psychiatric Association (2013b) classification, Mild depression: is characterized by the presence of five symptoms at least, including either depressed mood or anhedonia, with minimal but noticeable impairment in daily life. Moderate depression: represents a middle point between mild and severe forms, with more pronounced symptoms. Severe depression: involves significant disruption to social and occupational functioning and may be accompanied by psychotic features.

Also, according to duration, depression was categorized as acute or chronic. Acute when symptoms persist for two weeks at least and less than two years. Chronic depression, when symptoms continue for more than two years (American Psychiatric Association, 2013b).

Among children, depression often presents differently than in adults. A rapid review and meta-analysis by Black Dog Institute (2022) found that the prevalence of depressive disorders in children under 13 years was approximately 1.4%, with rates for major depression at 0.86%, dysthymia at 0.35%, and disruptive mood dysregulation disorder at 2.47%. Furthermore, the differences according to gender were minimal, with slightly more common in males (1.13%) compared to females (0.99%). Although the rates of depression in children have remained generally stable over the years, the findings show that the burden remains significant and sometimes undiagnosed.

The DSM-5 have outlined a nine core symptoms of depressive disorder. For the diagnosis of depression, at least five of following symptoms must be present nearly every day for a minimum of two weeks with at least one of the two main symptoms, depressed mood or loss of interest. The symptoms must cause significant distress or impairment in functioning and not be attributable to a medical condition. Common symptoms include changes in sleep and appetite, fatigue, diminished concentration, irritability or

psychomotor retardation, low self-worth, and suicidal ideation (American Psychiatric Association, 2013a).

Theories Explained Depression

Many theories seek to explain the etiology of depression, such as biological theory which highlighted the role of genetics, neurochemical imbalances, brain structure, and the hormonal regulation in contributing to symptoms of depression. In youth, neurological conditions such as sleep disorders, epilepsy, or neurodevelopmental disturbances may also trigger depressive episodes in the absence of psychosocial stressors (Bernaras et al., 2019; Hulatt, 2022).

The behavioral theory approach suggests that depression disorder arise from a lack of positive reinforcement and avoidance of rewarding activities. Individuals experiencing depression often withdraw from social interaction and pleasurable experiences, People with depression often withdraw from social interaction and pleasurable experiences, and that reinforcing the negative emotions. Behavioral activation strategies are intended to reverse this cycle by motivate engagement in goal-directed and meaningful activities (Hulatt, 2022). Lewinsohn and Graf (1973) attempted to emphasize the role of environmental reinforcement and social interaction in maintaining or alleviating depressive symptoms.

In cognitive approach, Aaron Beck's cognitive model believed that onset and persistence of depression resulted from the distorted thinking patterns and negative schemas. People with depression are tend to interpret themselves, their environment, and their future in a negative way. This view characterized by themes of failure, rejection, and hopelessness (LeMoult & Gotlib, 2019). The maladaptive patterns of thoughts are not only influence mood, but also perpetuate the disorder through biased information processing and reinforcement of negative beliefs.

The psychodynamic perception supposed that depression arises from the unsolved challenges and conflicts, repressed emotions, and unconscious processes stemming from personal experiences in early childhood stage. The unconscious mind may hold negative and painful feelings like shame, guilt, or anger which make individual feel sense of sadness and low-self-esteem. On another hand, psychodynamic therapy attempts to uncover and solve these underlying conflicts, defense mechanisms, and patterns of coping with others (MentalHealth.com, 2025)

1.3 Anxiety

“Anxiety is a natural emotional and physiological response that serves as a survival mechanism, help individuals to anticipate and respond to potential threats. While mild anxiety is adaptive and protective, excessive or persistent anxiety can become maladaptive, impairing daily functioning and overall well-being” (Aparecida Gelfuso et al., 2014).

It is necessary to differentiate between anxiety and fear. Anxiety is characterized by apprehension about uncertain or future events, when anxiety becomes chronic, disproportionate, and uncontrollable may develop into an anxiety disorder, significantly interfering with social, academic, or occupational functioning. While fear is the immediate reaction to a real perceived external threat. (Schmidt et al., 2018).

Anxiety Prevalence and Symptoms

Anxiety disorders are one of the most widespread mental health disorders which affects people regardless of age group, children and adolescents are the most effected. The presence of anxiety symptoms and left undertreated may persist into adulthood and increase the risk of other psychological distress for example depression which sometimes is co-occur with anxiety, and the risk of substance abuse (Szabo & Lovibond, 2022). There are six types of anxiety disorder, include generalized anxiety disorder (GAD), social anxiety disorder, panic disorder, separation anxiety disorder, phobias, and selective mutism (American Psychiatric Association, 2013b)

According to the Whorld Health Organization (2024), anxiety disorders are often accompanied by intense psychological distress and physical symptoms, including muscle tension, increased heart rate, breathing difficulties, sleep disturbances, and gastrointestinal discomfort. The presence of such symptoms over extended periods leads to cognitive, behavioral, and emotional dysregulation, making it difficult for individuals to manage daily responsibilities. Additionally, anxiety disorders often co-occur with depression, and that may raise the risk of suicidal ideation.

Globally, anxiety affects approximately 7.3% of the population, making it one of the most widespread psychological disorders (Baxter et al., 2013). Within this spectrum, specific phobias are the most common subtype, affecting over 10% of individuals. Studies have also showed that women are 1.5 to 2 times more likely than men to experience anxiety,

particularly beginning in adolescence (Thibaut, 2017). In the United States, around 34% of adults report experiencing an anxiety disorder at some point in their lives, with notable variations in types and severity. For instance, 6.2% of individuals develop generalized anxiety disorder, 13% experience social anxiety, and 5.2% report panic disorder, with or without agoraphobia (Szuhany & Simon, 2022).

Also, cultural factors significantly contributes to increase prevalence of anxiety disorders, as many studies have reported higher rates in Western population compared to African and Southeast Asian communities. And these differences may be due to cultural attitudes toward mental health, accessing to mental health services and stigma.

The symptoms of anxiety are wide-ranging and may include persistent worry, restlessness, irritability, difficulty concentrating, muscle tension, palpitations, nausea, and sleep disturbances. Physical symptoms often reinforce cognitive and emotional discomfort, creating a self-perpetuating cycle of distress. Many individuals engage in avoidance behaviors, withdraw from situations or environments that provoke their anxiety. Over time, this avoidance may limit social interaction, reduce coping efficacy, and hinder academic or occupational performance (Garza-Ulloa, 2023).

Theories Explained Anxiety

Many psychological theories attempted to provide an explanation of anxiety, for example, Terror Management Theory, Psychoanalytic Theory, Learning Theory, and Cognitive Theory.

In the 1980's, Greenberg, Solomon, and Pyszczynski explained anxiety through terror management theory that it is stem from the individual awareness of mortality. This theory suggests that when individual reminded of his limited time on life, he engages in both conscious and unconscious defenses in order to reduce existential dread and restore psychological stability, such as reinforcing personal values, religious beliefs, and cultural norms (Vinney, 2024).

From a psychoanalytic perspective, Freud proposed that anxiety arises from internal conflicts between the id and ego or as a result of early childhood helplessness (Kirman, 2023). He identified three types of anxiety: neurotic anxiety, related to unconscious drives; realistic anxiety, related to external threats; and moral anxiety, stemming from guilt and self-judgment when one violates internalized moral standards (Calvo, 2023).

The learning theory of anxiety explains anxiety as a learned response to threatening stimuli. Through classical conditioning, individuals may associate neutral stimuli with fear-inducing experiences. In operant conditioning, avoidance behaviors may be reinforced because they reduce anxiety temporarily, even though they may worsen the condition over time (Calvo, 2023).

The cognitive theory of anxiety posits that individuals with anxiety interpret situations in catastrophizing and irrational ways, often overestimating danger and underestimating their coping abilities. These distorted thought patterns trigger and maintain anxious responses even in non-threatening situations. Eysenck's cognitive model suggests that individuals with high trait anxiety store more fear-related memories in long-term memory, making them more susceptible to anxiety due to their emotionally charged cognitive structures. Negative emotional states also enhance the retrieval of fear-based content, reinforcing the anxiety response (Strongman, 1995).

1.4 Stress

Stress can be defined as a psychological or physiological response to an external pressure from outside, or internal demands which individual cannot handle or overwhelmed. World Health Organization (2023) defined stress as “a state of worry or mental tension caused by a difficult situation.”

This response is not inherently harmful; in fact, mild or short-term stress can be adaptive and motivating. However, chronic or intense stress can lead to serious mental and physical health complications, reduce quality of life, and impair social and occupational functioning.

Stressful events vary greatly in nature and intensity, and so do individuals' responses to them. For some, stress may arise from illness, trauma, family conflict, or overwhelming responsibilities. For others, it may be the result of persistent threats, such as violence, displacement, or financial insecurity. National Institute of Mental Health (2020) notes that stress can be acute—lasting for a short period and resolving after the triggering situation ends—or chronic, which persists over time and has cumulative negative effects on both mind and body.

The concept of stress was first formalized in 1936 by Hans Selye, who defined it as “the non-specific response of the body to any demand”. In 1956 he published his book “stress

of life”. Selye's research demonstrated that the human body exhibits similar physiological responses to a wide range of stressors. Based on this work, he developed the General Adaptation Syndrome (GAS), a three-stage model describing the body’s reaction to stress: alarm, resistance, and exhaustion. In the alarm stage, the body initiates a fight-or-flight response to prepare for perceived danger. If the stressor persists, the body enters the resistance stage, attempting to adapt and cope. Prolonged exposure eventually leads to the exhaustion stage, in which the body’s adaptive capacity is depleted, increasing vulnerability to physical and mental illness (Fehr & Washburn, 2024).

The impact of stress extends beyond emotional tension. Physiological symptoms such as headaches, gastrointestinal issues, fatigue, changing in appetite, muscle pain, and sleep disturbances are commonly reported. In addition, stress is associated with irritability, difficulty concentrating, forgetfulness, and feelings of helplessness. Prolonged exposure to stress hormones, such as cortisol, has been linked to cardiovascular disease, immune suppression, and neurocognitive decline (World Health Organization, 2023).

Stress can be classified into different categories. Acute stress is a short-term reaction to an immediate threat, such as an argument or a sudden accident. It typically subsides once the situation is resolved. In contrast, chronic stress involves long-term exposure to adverse conditions, such as poverty, family dysfunction, or political violence. Without effective coping strategies, chronic stress contributes to long-lasting damage to the brain, heart, immune system, and emotional resilience (Medline Plus, 2022).

Theories Explained Stress

Several theories have explained stress in psychological framework, such as, Theory of Emotions, Emergency Theory, and Biological Theory.

James-Lange’s theory, which known as Theory of Emotions, was first developed in the late of 19th century. This theory proposed that emotions are the outcomes of psychological changes. Based on this view and perception, the physical responses such as increase heart rate and rapid breathing occur first, and the brain interprets physical responses as a specific emotions like fear or stress (Sincero, 2012).

In contrast, the Cannon-Bard theory, also known as the emergency theory, posits that emotional and physiological responses to stress occur simultaneously rather than sequentially. This theory was supported by neurological studies involving animals, where

physical responses such as growling and defensive behaviors occurred even when cortical brain structures were removed. Philippe Bard later refined this model, arguing that the thalamus plays a central role in processing stressful stimuli by sending signals to both the cerebral cortex and the sympathetic nervous system, thereby producing simultaneous mental and bodily reactions (Dror, 2014).

The biological theory of stress, also grounded in Selye's work, which emphasizes the role of the nervous and endocrine systems in mediating stress responses. Selye maintained that the body's reaction to stressors—whether physical, emotional, or environmental—follows a uniform pattern. Over time, repeated activation of this response contributes to a range of stress-related disorders, including hypertension, immune dysfunction, and depression. The exhaustion stage of his model reflects the body's inability to maintain equilibrium, which may result in severe physical and psychological breakdown (Fink, 2016).

The emotional experience of stress is often shaped by cognitive appraisals—how individuals perceive and evaluate stressors. Personal beliefs, coping skills, and available social support play a significant role in determining whether stress leads to growth or dysfunction. Individuals who perceive stressors as manageable tend to demonstrate resilience, while those who view them as overwhelming may experience anxiety, depression, or burnout.

1.5 Quality of Life (QoL)

Quality of Life (QoL) is a multidimensional concept that encompasses individuals' perceptions of their overall well-being across various domains of life, including physical health, psychological functioning, social relationships, education, environmental conditions, and spiritual or existential fulfillment. According to Teoli and Bhardwaj (2024), both of positive and negative experiences in areas such as social integration, emotional stability, financial security, and physical safety are reflections of QoL, so that, it is necessary to assess QoL in vulnerable population in the conflict-affected areas, in children particularly, where environmental and psychological stressor often impair QoL.

Theories Explained Quality of Life

Many theoretical models proposed to explain the way individual evaluates his QoL. One such model is livability theory of Ruut Veenhoven. Which posits that life satisfaction is

influenced by continuous flow of affective experiences, whereas positive emotions and feelings of pleasure are generated by life circumstances contribute to a higher perception of QoL, while negative emotions diminish it. Also, this theory highlighting the role of both personal and societal resources in facilitating a satisfying life. As theory suggests that happiness is result from the interaction between individual capabilities and opportunities provided by external environment (Veenhoven, 2024).

Capability theory by Amartya Sen suggests that QoL is individual's ability to do and to be what he value. Sen argues that QoL is about having the freedom and opportunities to lead a meaningful life develop one's potential and contribute to society. For example, access to education is not only view as a service, but as a capability to achieve their goals and improve overall well-being (Mäki-Opas et al., 2022).

Scitovsky (1993) developed the joyless economy theory, which introduces the distinction between comfort and pleasure in the pursuit of well-being. This theory argues that people often prioritize convenience over genuine enjoyment, leading to a pattern of consumption that satisfies basic needs, but does not necessarily enhance emotional fulfillment. According to this, individuals may sacrifice deeper sources of happiness due to limited resources, time, or energy that resulting in a lifestyle focused more on routine than on the meaningful experiences (Sirgy, 2021).

Maslow has developed the hierarchy of needs, which provides another useful perspective on QoL. He proposed that human needs are organized in hierarchical structure which beginning with basic needs and progressing through social connection esteem and ends with self-actualization. This model suggests that individuals must start with fulfill lower-level needs until the higher-order psychological and existential goals. This fulfillment contributes to a greater sense of satisfaction and well-being (McLeod, 2007; Ventegodt et al., 2003).

Maslow's framework highlighted the importance of addressing fundamental life conditions. Such as security, social belonging, and personal development in efforts to improve QoL in different populations.

In conflict-affected contexts, especially for children, quality of life is shaped by a host of structural emotional and interpersonal factors. Restricted access to education food insecurity exposure to violence, and disrupted family dynamics severely compromise children's opportunities for growth and well-being. Measuring QoL among children in

such environments offers valuable insight into the long-term effects of political and social instability and serves as a foundation for designing appropriate psychosocial and health interventions.

Children's QoL in the conflict-affected and high-risk areas are shaped by a host of structural emotional and interpersonal factors. Difficulties in reaching education and food, insecurity exposure to violence, and disrupted family structure, are severely compromise children's opportunities for growth and well-being. QoL measuring in this context provides valuable insight into long-term effects of political and social instability and severs as a foundations for designing appropriate psychological and health interventions.

Current study explained QoL as a subjective yet measurable construct that reflects the children's perceptions of their physical, emotional, social, and academic functioning, as captured through the Pediatric Quality of Life Inventory (PedsQL). The higher scores on this scale indicate better QoL, and improvements following therapeutic interventions such as expressive art therapy suggest enhanced emotional resilience and coping capacity.

1.6 Childhood in Palestine

During childhood, individual undergo rapid changes in physical, cognitive, emotional, and social development. United Nations Convention on the Rights of the Child considered the child is any human who under the age of 18 (Lansdown & Vaghri, 2022). According to developmental psychology, there are three developmental stages that human pass through in childhood, starting with infancy (from birth to 2 years), then early childhood (2-7 years), ending with middle childhood (7-14 years). Each stage is characterized by different features in term of language, perception, social skills, and emotional regulation (Britannica, 2020; BROWN & BERAN, 2007). The environmental and social conditions surrounding the child can affect these development, it can have a positive impact that enhancing this development, or negative impact that may hindering it.

In Palestinian context, the realities of childhood are significantly shaped by decades of political conflict, occupation, and economic hardship. According to the Palestinian Central Bureau of Statistics (PCBS), children under the age of 18 represent approximately 43% of the population, with 41% residing in the West Bank and 47% in the Gaza Strip. These children are frequently exposed to traumatic events such as home demolitions, military raids, settler violence, displacement, and restrictions on mobility. The cumulative

effect of such exposure is chronic psychological distress, often expressed through anxiety, depression, fear, bedwetting, sleep disturbances, and difficulty concentrating (Awad, 2025).

Recent data indicate a rising toll on children's safety and survival. On average, four children are killed every hour in Gaza due to military aggression, and dozens more have lost their lives or sustained injuries in the West Bank. These experiences strip children not only of physical security but also of their sense of normalcy, trust in the future, and opportunities for emotional and social development.

Traumatic Events and Its Impact on Children

According to what was published in War Childhood Museum (2025) website Previous psychological and psychiatric studies found that living in armed-conflict zones such as Afghanistan, Cambodia, Lebanon, Palestine, etc. leaves enduring episodes in children and adolescents. Many studies focused on psychological effects of war among children for many reasons, these reasons was summarized as following:

- The prolong expose to conflicts and violence leads to “risk in development of multiple and sometimes protracted forms of bio-psychological maladjustment”. Also, the trauma of war may lead to long-term of psychological consequences among children.
- The children considered as an active participants in society; in conflict environments, children develop special coping and survival strategies.
- Despite the traumatic events which they have experienced, children of war have the ability to develop psychological resilience which enables them to grow into an active participants in society.
- Inadequate housing, poverty, domestic violence, social isolation, and many other issues must be addressed in the aftermath of war to avoid traumatic events consequences and enhance psychological resilience.

Despite these overwhelming challenges, Palestinian children often display remarkable resilience, shaped by unique social, cultural, and familial factors. According to Hassan (2024), several psychological and social dynamics distinguish the experiences of Palestinian children from those of children in other war-affected contexts:

First factor was the capacity for self-response, where the child used to adapt to develop coping mechanisms aligned with challenges he experienced. Usually, this happens without formal psychological support, instead of that, it relying on instinctive or social learned resilience.

Second factor, is the pattern of social upbringings. This emphasize community solidarity collective identity, and shared struggle. For example, children's play, aspirations, and conversations emphasize awareness of political reality which shaped by intergeneration narratives of resistance and survival.

Third factor is emotional support and sense of belonging in children are the results of informal protective factors, such as support and solidarity within families and communities.

The last factor is exposure to global media and communication technologies which allow people to compare their conditions with children elsewhere, which make them aware of inequality and intensifying their psychological distress at the same time.

Childhood is entitled to special assistance and care, as reaffirmed in the United Nation Convention on Rights of the Child. in Palestine, children in the West Bank, Jerusalem and Gaza which are under military occupation, are routinely denied their basic needs for living, right to adequate housing, right to education, and also denied access to health care. Additionally, complex, and old Palestinian legal system is insufficient to protect children (Defense for Children Palestine, 2025).

Theories Related to Child Development and Their Explanation of the Suffering of Children in High-Risk Areas

Previous literature reviewed that Palestinian children are face numerous life challenges which negatively impact their mental health and QoL, and consequently, their psychological and emotional development. In order to better understand these phenomena, and to explain the development of children in risk areas, the researcher adopted theories related to child development such as psychosocial theory and cognitive development theory.

Psychosocial theory focused on social interaction to describe lifelong changes and development across eight levels, and each level the human face psychological and social conflicts. Based on Erikson's theory of psychosocial, the child develops self-confidence

and feeling of competence during the school age. Successful adapting to new social and academic demands leads the child to feel competent, while failure leads to sense of inferiority (Cherry, 2025b). In the risk areas, exposure to risks and conflicts weakens a child social and academic performance which leads to sense of inadequacy and incompetence.

Piaget's cognitive developmental theory focuses on the development of person's thought processes and their role in understanding and interaction with reality. A child's thinking differ from an adult, requiring several stages of intellectual development (Cherry, 2025a). However, the unstable environment in high-risk area can hinder the natural cognitive development. Constant stress negatively impacts the concentration and academic performance of Palestinian children.

This lived realities determines the emerge need for therapeutic psychological interventions to relief psychological burdens which Palestinian children have. Acute experience of conflicts is not only affect their QoL, it also affects their future potential.

Expressive art therapy as psychological intervention provides a valuable platform for emotional expression, psychological healing, and trauma processing, specifically in environments where mental health services is limited or overwhelmed.

1.7 The High-Risk Areas

Current study addressed the issue of the risk of armed conflicts in conflict-affected areas, in addition to communities facing expulsion.

According to Organization for Economic Co-operation and Development OECD (2016), the High Risk areas CAHRAs are characterized by “the presence of armed conflict, widespread violence or other risks of harm to people. Armed conflict may take a variety of forms, such as a conflict of international or non-international character, which may involve two or more states, or may consist of wars of liberation, or insurgencies, civil wars, etc. High-risk areas may include areas of political instability or repression, institutional weakness, insecurity, collapse of civil infrastructure and widespread violence. Such areas are often characterized by widespread human rights abuses and violations of national or international law.” (Organization for Economic Co-operation and Development OECD, 2016).

European Union (UN) defined CAHRAs in regulation 2017/821, under article 2 as, “areas in a state of armed conflict or fragile post-conflict as well as areas witnessing weak or non-existent governance and security, such as failed states, and widespread and systematic violations of international law, including human rights abuse.” (Bellasio et al., 2023)

Due to the Gaza war, Palestine’s ranking in the 2024 Global Peace Index dropped to 145th, its biggest decline over the past decade. In terms of rising tensions, Palestinian media stories with negative sentiment toward Israelis rose from less than 30% in 1999 to 85% in early 2023. Meanwhile, media stories with negative sentiment toward Palestinians among Israelis rose to 92% in early 2023, up from more than 30% in 1999 (Institute for Economics & Peace, 2024).

According to what published in ACLED website, Palestine is the most dangerous place in the world in 2024 (Paris & Murillo, 2024).

1.8 Expressive Arts Therapy (EXAT) and Its Effects on Children’s Depression, Anxiety, Stress, and Quality of Life

Expressive Arts Therapy (EXAT) shows potential intervention for reducing psychological distress and enhancing well-being among children, especially those living in environments marked by trauma and instability. A growing body of research has examined its effectiveness in addressing symptoms of depression, anxiety, and stress, and in improving quality of life (QoL) among vulnerable populations.

In pediatric health contexts, Raybin et al. (2024) studied the effects of creative arts interventions on children diagnosed with cancer. Their findings revealed a reduction in anxiety symptoms following six months of therapy. Similarly, Raybin et al.(2022) . evaluated the effects of the same intervention on QoL in pediatric cancer patients and found that children who received more intensive doses of creative arts therapy demonstrated significant improvements in overall QoL, especially in physical and emotional functioning.

To evaluate the effectiveness of group EXAT on depression and anxiety, Johan et al. (2022) conducted an experimental study with a sample of youth aged between 14 to 18. Participants were divided into two groups (control and experimental), the experimental group received sessions of multiple expressive group arts therapy activities. Post-

intervention assessments showed that there were a clear decline in depression and anxiety levels. This support the clinical utility of EXAT with adolescents dealing with emotional problems and distress.

Raghibi and Jafari Kahkha (2022) found that using EXAT with individual recovering from substance abuse contributes to improve resilience and emotional regulation, the therapeutic intervention led to significant improvements in adaptive coping and emotional stability. The EXAT program contained (10) sessions, each session lasts 45-minutes. Another study by Leys et al. (2021) have emphasized the role of using EXAT intervention in improving psychological resilience, which contributes to mitigating symptoms of depression, anxiety, and psychological distress.

EXAT has also been shown to benefit caregivers. Sunaringsih et al. (2020) conducted a quasi-experimental study on mothers of children with neurodevelopmental disorders. The program consisted of seven EXAT sessions aimed at emotional release and stress reduction. Results confirmed the intervention's effectiveness in lowering stress levels, demonstrating its broader applicability beyond direct child participants.

However, not all findings are uniformly positive. A study by Huyett (2018) examined the effects of EXAT on individuals with various mental health conditions, including major depressive disorder (MDD), PTSD, and schizoaffective disorder. Although participants reported increased engagement and satisfaction, the study found no substantial change in QoL scores over the 10-session program, highlighting the importance of contextual and individual factors in determining therapeutic outcomes.

In a randomized controlled trial, Abdulah and Abdulla (2018) evaluated the impact of creative arts therapy on QoL among children aged 7 to 13 undergoing cancer treatment. Participants in the intervention group received 10 structured sessions focusing on painting and craftwork. Post-intervention assessments showed that children in the experimental group experienced significant enhancements in their health-related quality of life, compared to those who did not receive any intervention.

Visser and Du Plessis (2015) explored the impact of group EXAT on adolescent girls who had experienced sexual abuse. The 10-session program was designed to enhance self-expression and emotional resilience. Participants reported increased self-esteem and a greater ability to maintain healthy interpersonal relationships, indicating that expressive arts interventions can play a pivotal role in trauma recovery.

Kim et al. (2011) study focused on middle-school-aged children from military families. The eight-session EXAT program encouraged active group participation through creative expression, which helped foster interpersonal connections and emotional processing. The children reported increased comfort in social interaction and improved communication skills, highlighting the social benefits of group-based art therapy.

In a study conducted by Stuart and Tuason (2008), African American adolescent girls residing in a shelter were provided with 10 sessions of EXAT involving painting, dancing, and psychodrama. The participants experienced notable reductions in anxiety and stress, as well as improved self-esteem, further affirming the therapeutic value of EXAT in marginalized and at-risk groups.

In one early study, investigated the impact of EXAT on anxiety levels among orphaned children. The intervention consisted of 10 structured sessions incorporating various expressive arts activities, including mandala coloring, clay modeling, still-life drawing, and free-form painting. The results showed a significant reduction in anxiety symptoms, suggesting that even short-term exposure to art-based therapeutic techniques can yield positive psychological outcomes in children experiencing grief and loss.

The previous studies highlighter the potential role of group EXAT in relief and reducing symptoms of psychological distress, depression, anxiety, and stress, while enhancing emotional resilience and regulation, then the overall quality of life.

1.9 Conceptual and Operational Definitions

The current study has employed both conceptual and operational definitions to explain the main examined variables, and also to ensure the consistency of measurement throughout the research process. Clear definitions are important for establishing theoretical alignment, selecting appropriate instruments, and interpreting results accurately.

Expressive Art Therapy (EXAT) is defined conceptually as an emerging integrative therapeutic approach that utilizes multiple art forms—such as visual arts, music, movement, drama, writing, and poetry—for personal growth and emotional healing. It is grounded in the belief that engaging in creative expression can promote transformation on both individual and collective levels (Estrella, 2023).

In this study, EXAT is operationally defined as a structured therapeutic program consisting of two 50-minute sessions per week, involving a variety of expressive art activities. The intervention is designed to reduce symptoms of depression, anxiety, and stress, and to enhance children's quality of life. The effectiveness of the intervention is measured using the DASS-Y scale to measure levels of depression, anxiety, and stress, and the PedsQL scale for quality of life.

According to international standard the term “children” is conceptually defined as individuals from birth up to the age of eighteen, unless a younger age of legal majority is specified (Vaghri et al., 2022).

For this study, the term is operationally limited to children aged 7 to 12 years who are living in conflict-affected regions.

Conflict-affected areas are conceptually described as geographic zones characterized by the presence of armed conflict, political instability, widespread violence, in addition to any other conditions that pose significant threats to human life and well-being. These regions often suffer from weak governance, social fragmentation, and violations of international human rights law (Responsible Business Alliance RMI, 2017).

For this study, the term specifically refers to Palestinian villages subjected to ongoing military aggression and settler violence, which disrupt daily life and compromise the safety and psychological health of their residents.

Conceptually, depression is a common mental health disorder that negatively influences the way individuals think, feel, and behave. It is characterized by persistent sadness, loss of interest or pleasure, low self-esteem, fatigue, and cognitive difficulties. World Health Organization (2023) refers to depression as a state of extreme sadness and hopelessness, while the American Psychological Association defines it as intense emotional suffering that lasts longer than a few days (Onyemaechi, 2024).

Operationally, depression in this study is measured using the DASS-Youth scale, with scores at or above 80% indicating clinically significant levels of depressive symptoms.

Conceptually, Anxiety is defined as an emotional state marked by excessive worry, fear, and anticipatory tension regarding potential threats or adverse outcomes. According to American Psychiatric Association (2013b), anxiety becomes a disorder when it persists most days for at least six months and significantly interferes with daily life.

Operationally, anxiety is assessed using the DASS-Youth scale, and a score of 80% or higher is considered indicative of high anxiety.

Conceptually, Hans Selye described “stress” as the body’s nonspecific response to any external demand. More broadly, it is understood as a state of emotional or physiological strain resulting from perceived threats, challenges, or pressures that exceed an individual's coping resources (Fink, 2016).

Operationally, stress is also measured via the DASS-Youth scale, with scores of 80% or more identifying individuals experiencing high levels of stress.

The World Health Organization defined Quality of Life (QoL) as an individual’s perception of their position in life, within the context of their cultural environment and personal goals, expectations, values, and concerns. It is a multifaceted construct encompassing psychological, physical, and social domains (Kim, 2024).

For this study, QoL is assessed using the PedsQL scale, which includes 15 items measuring four domains: physical functioning, emotional functioning, social functioning, and school functioning. Higher total scores reflect a better perceived quality of life among participating children.

Through previous definitions, current study establishes a consistent and structured framework for investigating the effects of expressive group art therapy on children’s mental health and quality of life in conflict-affected regions.

1.10 Problem Statement

The lack of security and stability in conflict-affected areas puts children at risk of serious psychological disorders. People there are suffer from constant fear and numerous psychological problems due to ongoing political aggressions and attacks. These experiences negatively impact children’s behaviors and emotions, as well as, their development and QoL (UNICEF, 2020).

As reported by parents, teachers, and mental health workers in Palestine, children are suffer from many patterns for emotional distress, such as chronic sadness, nightmares, sleep disturbance, fear of night raids and regressive behaviors such as bedwetting (Elbedour et al., 2007). These symptoms reflect children’s internal suffering, in addition to high-cost developing in environment that lacks of safety.

The researcher's experience as a kindergarten counselor in conflict-affected area confirmed these challenges. Many mothers and caregivers reported noticeable emotional changes in their children, including increased anxiety, withdrawal, and appetite and sleep problems. These persistent patterns prompted the researcher to examine the long-term effects of conflict on children's mental health and ability to function.

Due to limited access to healthcare and education, ongoing psychological threats, and insecurity in such context, children's QoL is significantly diminished. (UNICEF, 2020; Kim et al., 2023). Living without consistent emotional or environmental security hinders children's ability to thrive and develop resilience.

while war-exposed children are at higher risk for depression, anxiety, post-traumatic stress, and poor well-being (Betancourt et al., 2013), few interventions have been systematically studied or implemented among Palestinian children, especially those using non-verbal group creativity methods.

Expressive Art Therapy (EXAT) integrates visual art, music, movement, and drama, has shown encouraging results in helping children express trauma and develop coping skills (Kalmanowitz & Ho, 2017), but it remains scarce its application in militarized settings like Palestine

The current study aims to fill this research gap by evaluating the effectiveness of group EXAT program in reducing symptoms of depression, anxiety, and stress, and improving the quality of life among Palestinian children in living in risk areas.

Also it examines the ability of group EXAT program in providing a culturally appropriate and scalable mental health intervention for children experiencing the psychological consequences of protracted political conflict.

1.11 Aims of the Study

- Current study aimed to evaluate the effectiveness of expressive group art therapy (EXAT) in decreasing symptoms of depression, anxiety, and stress, and also in improving quality of life (QoL) among children living in risk areas in Palestine.
- This study investigates whether participation in a structured EXAT program can lead to measurable psychological improvements in children aged between (7) to (12) years who experience social instability and political violence.

1.12 Importance of Study

Current study has both theoretical and practical importance in mental health, expressive art therapy, and childhood fields, particularly in such a context of conflict-affected and high-risk.

Theoretical importance, current study contributes to growing body of research that focuses on therapeutic potential of non-verbal, creative modalities in trauma-informed care. The research provides evidence on the role of creativity and expressive arts in shared environment and its impact on well-being and emotional healing, especially in politically complex environment.

Practical importance: this study provides empirical support for the implementation of low-cost accessible, and culturally adaptable psychotherapy for children in areas affected by conflicts. EXAT offers a valuable and available alternative to traditional talk therapy approaches, especially for children who may have difficulties to express their emotions and feelings verbally.

In addition, the findings of this study may guide psychologists, social workers, school counselors, and mental health workers in designing and implementing targeted psychological and psychosocial interventions for children in the high-risk areas. The findings also can inform local and international humanitarian efforts in order to support children mental-health and well-being in such a context affected by conflicts and risks.

Finally, this study contributes to the urgent task of protecting and promoting mental-health and psychological well-being for children in Palestine, ensuring their rights to receive mental-health care, and dignified life.

1.13 The Study Questions

This study aimed to answer the two main following questions:

- First: Is expressive group art therapy effective in reducing symptoms of depression, anxiety, and stress among children living in risk areas in Palestine?
- Second: Is expressive group art therapy effective in improving quality of life among Palestinian children in a living in risk areas?

1.14 Researcher's Commentary

Based on the theoretical foundations and previous research reviewed in this chapter, it is evident that children living in conflict-affected areas such as Palestine face a unique set of psychological challenges. These include not only elevated levels of depression, anxiety, and stress, but also profound disruptions in their sense of security, belonging, and emotional well-being. While the literature offers a solid foundation regarding the impact of trauma on children's mental health, there remains a notable gap in interventions that are both culturally grounded and contextually appropriate for children exposed to chronic political violence.

Most of the existing studies on expressive arts therapy (EXAT) have focused on populations such as children in foster care, war survivors in refugee camps, adolescents exposed to abuse, or pediatric patients with cancer. While these studies have consistently demonstrated the positive impact of EXAT on emotional regulation, resilience, and quality of life, there is a lack of empirical research examining its effects among children living under military occupation and daily threats, such as those in Palestine.

The researcher believes that expressive group art therapy holds great promise as a non-verbal, creative, and accessible therapeutic modality that is especially well-suited for children who may struggle to articulate their trauma through conventional talk-based therapies. Moreover, its group-based nature motivates peer support and social connection, which are critical in restoring a sense of normalcy and shared experience in conflict zones.

This study provides a unique applying for EXAT program which is structured tailored to Palestinian children needs aged (7-12) living in high-risk area. The researcher seeks to evaluate psychological and functional outcomes of this intervention, using age-appropriate and reliable tools to assess depression, anxiety, stress, and quality of life. Thus, the study is not only addressing significant research gap, it is also inspire to support local mental health practice and contribute to global conversations on trauma recovery in children.

As a conclusion, this chapter has provided an empirical and theoretical foundation in order to understand the psychological impact of experiencing conflict for children, the importance of QoL as an outcome, and essential role for EXAT program as an intervention. More depth examination of previous studies will be provided in the next chapter to build a critical review of existing literature.

Chapter Two

Methodology

2.1 Study Design

This study used quasi-experimental design in order to evaluate the effectiveness of expressive group art therapy program (EXAT) in decreasing levels of depression, anxiety, and stress, and in improving quality of life (QoL) for experimental group.

The intervention was conducted throughout two months, from October to November 2024. Two nonequivalent groups were formed: an experimental group that received the EXAT intervention, and a control group that did not receive any therapeutic input.

To assess the impact of the intervention, a pre-test/post-test procedure was applied to both groups, allowing the researcher to examine changes in the dependent variables before and after the program.

2.2 Study Population

The study targeted students aged between 7 to 12 years old, from the both genders, residing in Asira al-Qibliya, a Palestinian village frequently exposed to military raids and settler violence and which considered a risk area.

The high-risk environment leads to multiple psychological and behavioral suffering and challenges, such as: concentration difficulties, sleep disorders, sense of fear and anxiety, aggressive behaviors, and regressive behaviors (e.g., bedwetting, strong attachment to parents).

2.3 Study Sample and Sampling Procedure

Seventy nine of healthy children were participated in this study. The participants were selected using a convenience sampling technique. A community center affiliated with the Asira al-Qibliya Village Council helped in selecting the study sample. Participants were non-randomly assigned to either the experimental group or the control group, depending on their availability and expressed willingness to engage in the intervention sessions.

Before data collection, the researcher held an orientation meeting with parents to:

- Educate them about expressive art therapy
- Explain children’s mental health in the context of war
- Introducing the study objectives
- Obtain verbally informed consent

2.4 Study Instruments and Validation, and Reliability

This study utilized two psychometrically validated instruments to assess psychological outcomes among children: the Depression Anxiety Stress Scales–Youth version (DASS-Y) and the Pediatric Quality of Life Inventory (PedsQL). In addition, a structured Expressive Art Therapy (EXAT) group intervention program was developed and implemented.

2.4.1 Depression Anxiety Stress Scale – Youth (DASS-Y)

Depression Anxiety Stress Scale – Youth Version (DASS-Y) developed by Szabo and Lovibond (2022). Measures depression, anxiety, and stress in youth aged 7–18. Arabic version translated using forward–backward translation. Validity confirmed by construct validity using Pearson correlations for results of control group members ($r = .605-.956$, $p < .01$) Cronbach’s Alpha: Depression: $\alpha = .828$, Anxiety: $\alpha = .836$, Stress: $\alpha = .819$, Total: $\alpha = .937$. Test–retest stability: $r = .895$. Spearman–Brown coefficient: $.872$ Obeid et al. (2024) have applied DASS-Y scale on (758) Lebanese adolescents to evaluate the scale within a sample of Arabic-speaking adolescents. The finding indicated that DASS-Y is reliable, valid, and easy to use among Arabic-speaking youths.

Table 1

DASS-Y scoring and interpretation

	Depression	Anxiety	Stress	Total
Normal	0-6	0-5	0-11	0-23
Mild	7-8	6-7	12-13	24-29
Moderate	9-13	8-12	14-16	30-39
Severe	14-16	13-15	17-18	40-46
Extremely severe	17+	16+	19+	47+

2.4.2 The Pediatric Quality of Life Inventory (PedsQL)

Pediatric Quality of Life Inventory (PedsQL) developed by Varni et al. (2005). Measures four domains: Physical Functioning (PF), Emotional Functioning (EF), Social Functioning (SF), School Functioning (SchF). Available in Arabic and validated in the Palestinian context. Versions for both self-report and parent-report. Kamel et al. (2024) study used PedsQL questionnaire to assess QoL among obese children, and Massad et al. (2011) used the questionnaire on Palestinian preschoolers who live in Gaza-strip to assess their QoL, in addition to Kohlbry et al. (2023) study which used the scale to assess QoL for thalassaemia patients in the West Bank and Gaza.

2.5 Art Therapy Intervention Plan (EXAT)

After receiving professional training in art therapy, the researcher designed a 10-session expressive art group therapy program (see table (1)). The program was implemented at the Community Center of Asira al-Qibliya Village Council, providing a safe, accessible, and child-friendly space for group sessions.

The program was reviewed by five expert reviewers (arbitrators) with doctoral qualifications in psychotherapy and expressive therapy (see table (2)). Based on their feedback:

- Two sessions were added after there were 8 sessions
- Content validity was confirmed with a 80% approval rate

Key Features of the EXAT Program:

- Duration: First semester of the academic year 2024 (**10 sessions**).
- Frequency: Two sessions/week
- Length: 50 minutes/session
- Format: experimental group sessions(57 children)

2.6 Study Variables

The study included a set of independent and dependent variables which were identified according to the objectives of current study.

First: Independent variables: EXAT program, age, gender.

Second: Dependent variables: Depression, anxiety, stress, QoL

2.7 Study Procedure

The ethical approval was obtained from the Institutional Review Board (IRB) at An-Najah National University. Later, the researcher has issued a formal letter in order to facilitate current thesis. The Village council of Asira al-Qibliya approved conducting the study within the community.

The implementation of group EXAT program intervention was carried out directly by the researcher. The researcher had previously received a professional training in expressive art therapy and self-educated with previous experience with group therapy techniques. The researcher collaborated closely with a certified art therapy specialist during the program implementation in order to ensure high level standards of therapeutic quality and ethical practice. The collaboration ensured that each sessions adhered to therapeutic principles, responded sensitively to children's needs, and maintaining fidelity to the designed activities.

The researcher has developed the therapeutic intervention program, the program was reviewed by five academic experts: two expert EXAT practitioners, two are from faculty of medicine, and one child support specialist. Based on their feedback, two additional sessions were added to enhance therapeutic coverage. The EXAT sessions were implemented at the Village Council of Asira al-Qibliya building, which offered a safe, child-friendly space suitable for therapeutic group activities.

After obtaining verbal consent from parents, baseline data (pre-tests) were collected from participants using validated instruments. In order to participate in the study, volunteers from village council distributed DASS-Y questionnaire to the study community.

In order to participate in the study, students who scored 24 or higher were selected to participate. The sample were divided into two groups, control and experimental group, based on the accessibility of session location. Experimental group consisted 75 students, while the control group consisted 22 students. This differ was due to the fact that majority of participants wanted to be benefit from therapeutic program. The program lasted two months duration. Post-test administered one week after the final EXAT intervention session to evaluate the program efficiency.

2.8 Data Collection Procedures

The EXAT therapeutic program was developed by the researcher to align with the objectives of the study based on the theoretical principles of EXAT and utilized activities published on websites and references that specialized in EXAT. And no specific pre-existing program was used.

The program included activities aimed to achieve study objectives (reducing symptoms of depression, anxiety, and stress and improving QoL), and this activities was:

- Self-portrait activity which aims to enhance self-confidence.
- The emotions wheel activity helps the child to learn how to understand and process their feelings and increase self-awareness.
- “Make a painting from nature” activity purposes to sharpen perception.
- Coloring mandala aims to relieve stress and regulate emotions.
- Free movement activity aims to express feelings by movement, relief stress, and improve feeling of belonging.
- The story-telling activity can help build self-expression and relieve stress.
- The final activity was “the wishing tree” which intended to provide children opportunity to think about their dreams, goals, and also help to enhance the sense of belonging by create group painting.

The ten sessions were held in the village council building, and there were both indoor and outdoor sessions depending on the session objectives. The program lasted for two months, with two sessions per week at time pre-arranged with parents.

All sessions lasted 50 minutes and were divided into four parts:

- First part: welcome the children (5 minutes).
- Second part: relaxation (5 minutes).
- Third part: explanation and application the artistic activity (30 minutes).
- Fourth part: concluding activity and listening to the feedback (10 minutes).

Due to the large size of participants in experimental group (57) and difficulty of applying the intervention for all participants at the same time, the researcher divided them into two groups according to age group. Each group received the same intervention sessions consecutively and at different time interval in order to facilitate dealing with them and obtain the best benefit. Also the researcher enlisted the help of volunteer assistant who

assisted in organizing the session, preparing the place, and helping to manage the participants given that they were children, in addition to distributing materials of the activity, and taking attendance. The meeting room was prepared with tables, each table seats 5 children to work as group.

The experimental group participants received EXAT intervention, while the control group participants did not received any intervention during the EXAT program period. Parents of participants in the control group were given brochures including summarizing the EXAT program activities which were implemented with experimental group participants during the sessions, so they could implement them with their own children.

2.9 Ethical Considerations

Ethical approval was granted from An-Najah University Institutional Review Board (IRB) on August 21, 2023 before the start of data collection (Appendix D). Also, a verbal consent from parents of participants was obtained before any data was collected, which insured the rights and welfare of child participants were protected throughout the study, including voluntary participation, anonymity, and data confidentiality.

Taking into account the following considerations:

- The names of the participants were kept anonymous.
- The voluntary participation and withdrawal.
- The data were used by the researcher and the supervisors only for research purposes only.

2.10 Data Analysis

For the purpose of data analysis, Statistical Package for Social Sciences (SPSS) software version 31.0 was used to produce the descriptive and analytical results of the study's data. Descriptive results included frequencies and percentages of children's demographic data, as well as the mean and standard deviation (SD) of overall and domain scores of DASS-Y and PedsQL scales, and their minimum and maximum values.

In addition, analytical results included the investigation of significance of differences in mean scales scores between pre-test and post-test phases using paired sample t-test, while mean differences tests were used to investigate the relationship between children's demographic and the pre-test and post-test mean differences in scores of scales between the two phases, using independent samples t-test, in addition to ANCOVA test to

determine the effectiveness of EXAT procedure on post-test total DASS-Y and PedsQL scores, with a p-value of 0.05 to consider these tests to have significant results, and using Cohen's d for the determination of effect size in t-tests, which was interpreted according to conventional benchmarks (small = 0.2, medium = 0.5 and large = 0.8 and above).

Chapter Three

Results

The following chapter provides the descriptive and analytical results of the current study, where descriptive results are concerned with distributing the demographic data of children using frequencies and percentages, as well as the description of their DASS-Y and PedsQL scores in means and standard deviations.

On the other hand, the analytical results are concerned with answering the main study questions related to effectiveness of EXAT on post-test results, using the suitable inferential statistics.

3.1 Part 1: Demographic data of the children

The distribution of children's demographic data, as described in Table 1, shows that the percentage of female children (50.6%) was slightly higher, and was not significantly different between the study groups (p -value = 0.053), with more children in age group between 10 and 12 years old (54.4%), who were significantly higher in the control (90.9%) than experimental group (40.4%, $X^2 = 16.358$, p -value < 0.001). The following figures illustrate the distribution of children's demographic data.

Table 2

Distribution of children's demographic data

Variable	Values	Total		Control		Experiment		X^2	p-value
		N	%	N	%	N	%		
Gender	Male	39	49.4%	7	31.8%	32	56.1%	3.757	0.053
	Female	40	50.6%	15	68.2%	25	43.9%		
Age	7-9 YO	36	45.6%	2	9.1%	34	59.6%	16.358	<0.001
	10-12 YO	43	54.4%	20	90.9%	23	40.4%		

Figure 1

Distribution of children's gender

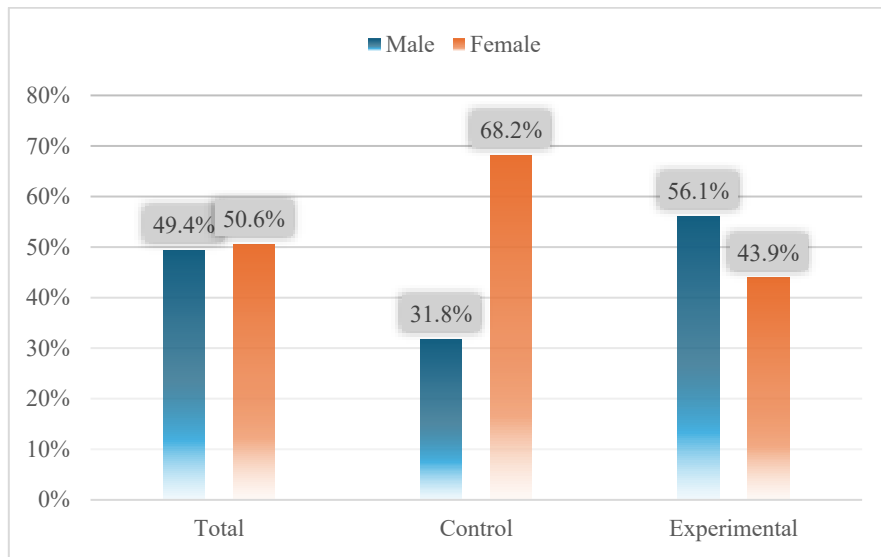
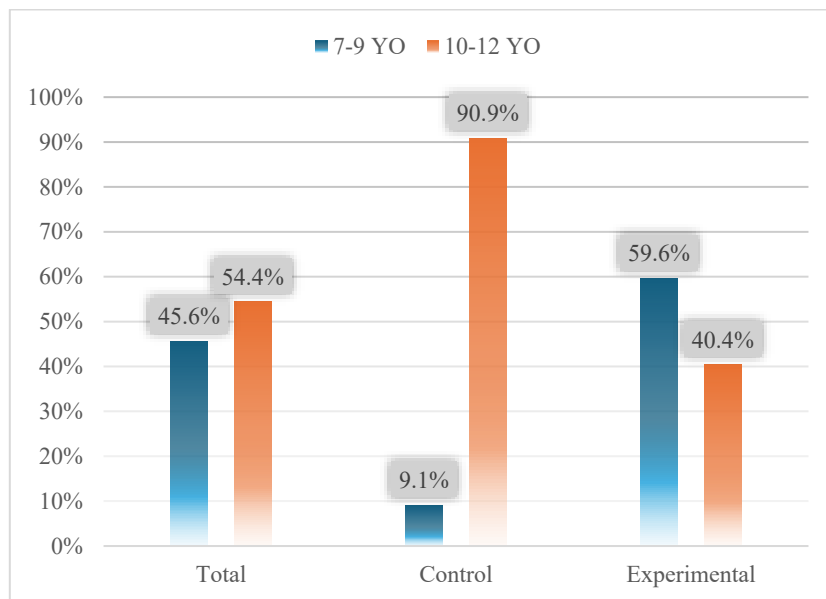


Figure 2

Distribution of children's age



3.2 Part 2: Depression, Anxiety and Stress among Children

The description of children's mental health is described in Table 3, which shows that the overall depression scores significantly decreased among all children from a mean of 8.35 ± 2.76 to 7.77 ± 2.80 , with a mean difference of 0.58 ± 0.91 points ($t = 5.660$, $p\text{-value} < 0.001$). Similarly, the anxiety scores significantly decreased among all children from a mean of 8.29 ± 2.60 to 7.49 ± 2.46 , with a mean difference of 0.80 ± 0.95 points ($t =$

7.442, p -value < 0.001), while stress scores significantly decreased among all children from a mean of 12.75 ± 2.13 to 11.78 ± 2.12 , with a mean difference of 0.96 ± 1.07 points ($t = 8.010$, p -value < 0.001).

Overall, the total DASS-Y scores significantly decreased among all children from a mean of 29.38 ± 4.57 to 27.01 ± 4.83 , with a mean difference of 2.37 ± 2.02 points ($t = 10.414$, p -value < 0.001). The following figure illustrates the differences in pre-post scores among all children in terms of DASS-Y domains and total scores.

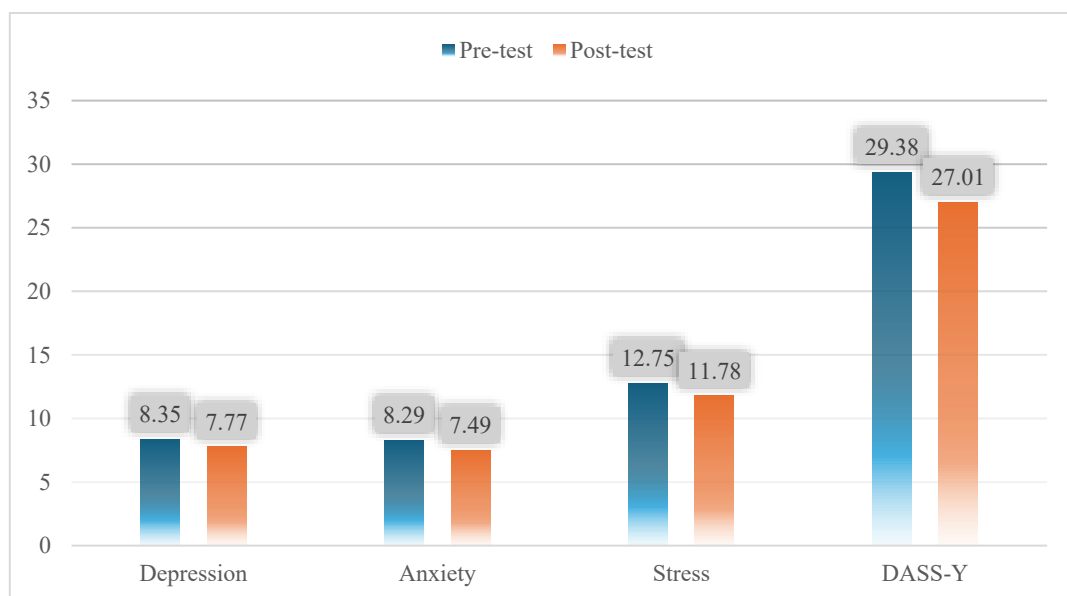
Table 3

Description of depression, anxiety and stress scores among all children and differences between pre-test and post-test phases

Domain	Pre-test		Post-test		Diff.		t-test value	Cohen's d	p-value		
	Mean	SD	Min-Max	Mean	SD	Min-Max					
Depression	8.35	2.76	3-15	7.77	2.80	3-16	0.58	0.91	5.660	0.637	<0.001
Anxiety	8.29	2.60	2-14	7.49	2.46	2-13	0.80	0.95	7.442	0.837	<0.001
Stress	12.75	2.13	9-18	11.78	2.12	8-17	0.96	1.07	8.010	0.901	<0.001
DASS-Y	29.38	4.57	24-40	27.01	4.83	20-40	2.37	2.02	10.414	1.172	<0.001

Figure 3

Differences in DASS-Y domains and total scores between phases among all children



When the pre-test and post-test scores for DASS-Y domains and total scores were compared across study groups (control vs. experimental), Table 4 shows that pre-test scores of depression were significantly higher among control group (mean = 9.36 ± 2.92) than experimental group (mean = 7.96 ± 2.62 , $t = 2.06$) with a medium effect size (Cohen's $d = 0.517$, p -value = 0.043), while the opposite applies for pre-test scores, where the mean scores were higher among experimental group (mean = 8.82 ± 2.41) than control group (mean = 6.91 ± 2.64 , $t = -3.09$), with a medium effect size (Cohen's $d = -0.775$, p -value = 0.003). On the other hand, neither pre-test stress (p -value = 0.777) nor total DASS-Y scores (p -value = 0.536) were significantly different across study groups.

The situation was different in post-test scores, where post-test depression scores were significantly higher among control group (mean = 9.45 ± 3.05) than experimental group (mean = 7.12 ± 2.42 , $t = 3.22$), with a large effect size (Cohen's $d = 0.984$, p -value = 0.003), while post-test stress scores were significantly higher among control group (mean = 12.64 ± 2.08) than experimental group (mean = 11.46 ± 2.05 , $t = 2.28$), with a medium effect size (Cohen's $d = 0.537$, p -value = 0.025), which also applies for post-test total DASS-Y scores, where they were significantly higher among control group (mean = 28.91 ± 4.32) than experimental group (mean = 26.28 ± 4.85 , $t = 2.22$), with a medium effect size (Cohen's $d = 0.558$, p -value = 0.029). It is worth noting that these results are among the whole sample of children.

Table 4

Differences in pre-test and post-test DASS-Y scores between study groups

Domain	Group	Pre-test					Post-test				
		Mean	SD	t-test	Cohen's d	p-value	Mean	SD	t-test	Cohen's d	p-value
Depression	Control	9.36	2.92	2.06	0.517	0.043	9.45	3.05	3.22	0.894	0.003
	Exp.	7.96	2.62				7.12	2.42			
Anxiety	Control	6.91	2.64	-	-0.775	0.003	6.82	2.74	-	-0.384	0.130
	Exp.	8.82	2.41	3.09			7.75	2.32	1.53		
Stress	Control	12.64	2.24	-	-0.071	0.777	12.64	2.08	2.28	0.537	0.025
	Exp.	12.79	2.11	0.28			11.46	2.05			
DASS-Y	Control	28.86	4.21	-	-0.156	0.536	28.91	4.32	2.22	0.558	0.029
	Exp.	29.58	4.72	0.62			26.28	4.85			

Therefore, the pre-post differences of DASS-Y domains and total scores were compared across study groups, where Table 5 shows that such differences were significantly higher among experimental than control groups. In further details, children in experimental group significantly showed more decrease in depression scores by a mean of 0.84 ± 0.922 compared to control group, with a mean increase of 0.09 ± 0.426 , with a large effect size ($t = 6.13$, Cohen's $d = 1.142$, $p\text{-value} < 0.001$), which also applies for anxiety scores, where the children in experimental group had a decrease by a mean of 1.07 ± 0.942 , compared to decrease by 0.09 ± 0.526 among children in the control group, with a large effect size ($t = 5.84$, Cohen's $d = 1.153$, $p\text{-value} < 0.001$), as well as the differences in stress scores, where children in the experimental group showed a mean decrease of 1.33 ± 1.006 , compared to having no change (mean = 0.00 ± 0.436) among control group, with a large effect size ($t = 8.20$, Cohen's $d = 1.502$, $p\text{-value} < 0.001$).

Overall, the children in the experimental group showed a decrease in total DASS-Y scores by a mean of 3.30 ± 1.558 , which was significantly higher compared to control group (mean increase by 0.05 ± 0.486), with a large effect size ($t = 14.48$, Cohen's $d = 2.472$, $p\text{-value} < 0.001$).

Table 5

Relationship between group type and pre-post differences in DASS-Y domains and total scores among the children

Domain	Group	Pre-post difference				
		Mean	SD	t-test	Cohen's d	p-value
Depression	Control	0.09	0.426	6.13	1.142	<0.001
	Exp.	-0.84	0.922			
Anxiety	Control	-0.09	0.526	5.84	1.153	<0.001
	Exp.	-1.07	0.942			
Stress	Control	0.00	0.436	8.20	1.502	<0.001
	Exp.	-1.33	1.006			
DASS-Y	Control	0.05	0.486	14.48	2.472	<0.001
	Exp.	-3.30	1.558			

Before conducting ANCOVA test to determine the effectiveness of EXAT on post-test DASS-Y scores, potential covariates (age, gender and pre-test DASS-Y scores) were examined for their correlation with post-test DASS-Y scores using point biserial

correlation, where neither gender ($r_{pb} = 0.145$, $p = 0.202$) nor age ($r_{pb} = 0.198$, $p = 0.080$) were significantly related to the outcome, therefore excluded from covariate analysis, and only pre-test scores were included as a covariate due to strong correlation ($r_{pb} = 0.909$, p -value < 0.001).

Based on ANCOVA test, the Levene's test indicated that the difference in error variance is significant ($F = 17.416$, $df = 1$, p -value < 0.001), but as the sample size is relatively large and strength of ANCOVA to variance inequality, the results can be interpreted with caution. After pre-test DASS-Y were adjusted, the group showed statistically significant effect of post-test DASS-Y scores ($F = 94.887$, p -value < 0.001 , $\text{partial } \eta^2 = 0.555$), which indicates a large effect size. The model also showed that the adjusted post-test mean scores of DASS-Y were lower in experimental group (mean = 26.3 ± 4.9) than control group (mean = 28.9 ± 3.3), which suggests that the intervention effectively reduced DASS-Y scores.

Table 6

Testing the effectiveness of experiment on post-test DASS-Y scores among children

Source	df	F	p-value	Partial η^2	Interpretation
Pre-test scores	1	848.839	<0.001	0.918	Covariate significant
Group type	1	94.887	<0.001	0.555	Group effect significant

3.3 Part 3: Quality of Life

Among all children, Table 7 shows that the pre-test PedsQL scores were significantly lower (mean = 17.58 ± 3.04) than post-test PedsQL scores (mean = 18.33 ± 3.15), with a large effect size ($t = -9.647$, Cohen's $d = -1.085$, p -value < 0.001), indicating that the baseline QoL among all children was significantly lower compared to following EXAT.

Table 7

Description of Quality of Life (PedsQL) scores among all children and differences between pre-test and post-test phases

Domain	Pre-test			Post-test			Diff.		t-test value	Cohen's d	p-value
	Mean	SD	Min-Max	Mean	SD	Min-Max	Mean	SD			
PedsQL	17.58	3.04	10.5-22.75	18.33	3.15	11.5-23.75	0.76	0.70	-	-1.085	<0.001
									9.647		

When PedsQL scores were compared across study groups, Table 8 shows that the baseline (pre-test) scores were also significantly lower among control group (mean = 16.43 ± 2.79) than experimental group (mean = 18.02 ± 3.04), with a medium effect size (t = -2.13, Cohen's d = -0.533, p-value = 0.037), indicating that the baseline QoL was significantly better among children in the experimental group. Similarly, children in the experimental group significantly had higher post-test PedsQL (mean = 19.06 ± 2.99) than control group (mean = 16.45 ± 2.80), with a large effect size (t = -3.52, Cohen's d = -0.884, p-value < 0.001), indicating a better QoL among children in the experimental group in the post-test phase.

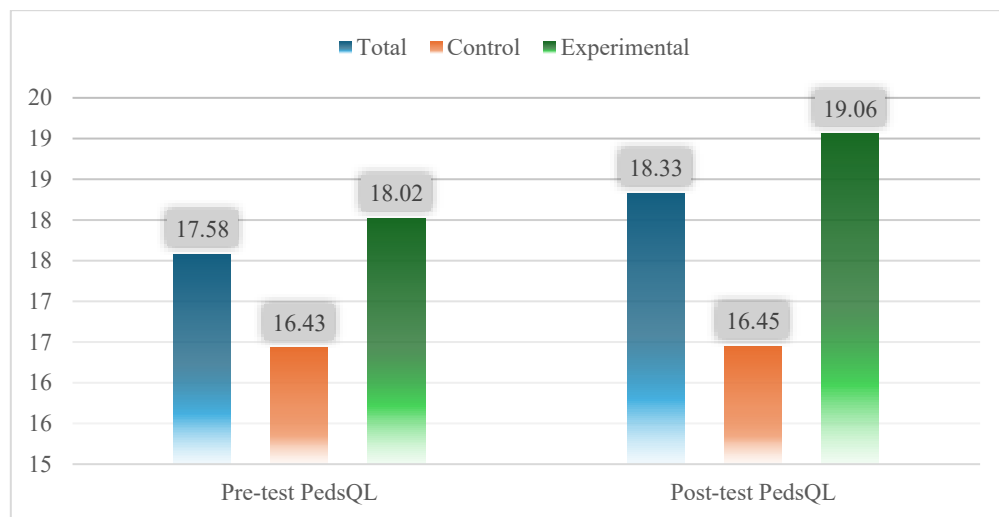
Table 8

Differences in pre-test and post-test PedsQL scores between study groups

Domain	Group	Pre-test					Post-test				
		Mean	SD	t-test	Cohen's d	p-value	Mean	SD	t-test	Cohen's d	p-value
Depression	Control	16.43	2.79	-2.13	-0.533	0.037	16.45	2.80	-3.52	-0.884	<0.001
	Exp.	18.02	3.04				19.06	2.99			

Figure 4

Differences in PedsQL scores between pre-test and post-test phases across study groups



When the pre-post PedsQL scores differences were compared across study groups, Table 9 shows that children in the experimental groups showed better improvement by a mean of 1.040 ± 0.616, compared to children in the control group, who showed an improvement by a mean of only 0.023 ± 0.107, with a large effect size (t = -12.011, Cohen's d = -1.926,

p-value < 0.001), which indicates that the improvement in QoL was significantly better among children in the experimental group.

Table 9

Relationship between group type and pre-post differences in PedsQL scores among the children

Domain	Group	Pre-post difference				
		Mean	SD	t-test	Cohen's d	p-value
Depression	Control	0.023	0.107	-12.011	-1.926	<0.001
	Exp.	1.040	0.616			

Before conducting ANCOVA test to determine the effectiveness of EXAT on post-test PedsQL scores, potential covariates (age, gender and pre-test PedsQL scores) were examined for their correlation with post-test PedsQL scores using point biserial correlation, where neither gender ($r_{pb} = 0.196$, $p = 0.084$) nor age ($r_{pb} = -0.084$, $p = 0.464$) were significantly related to the outcome, therefore excluded from covariate analysis, and only pre-test scores were included as a covariate due to strong correlation ($r_{pb} = 0.975$, p-value < 0.001).

Based on ANCOVA test, the Levene's test indicated that the difference in error variance is significant ($F = 32.092$, $df = 1$, p-value < 0.001), but as the sample size is relatively large and strength of ANCOVA to variance inequality, the results can be interpreted with caution. After pre-test PedsQL scores were adjusted, the group showed statistically significant effect of post-test PedsQL scores ($F = 60.63$, p-value < 0.001 < partial $\eta^2 = 0.444$), which indicates a large effect size. The model also showed that the adjusted post-test mean scores of PedsQL were higher in experimental group (mean = 19.06 ± 2.99) than control group (mean = 16.45 ± 2.80), which suggests that the intervention effectively increased PedsQL scores.

Table 10

Testing the effectiveness of experiment on post-test PedsQL scores among children

Source	df	F	p-value	Partial η^2	Interpretation
Pre-test scores	1	2336.5	<0.001	0.968	Covariate significant
Group type	1	60.63	<0.001	0.444	Group effect significant

Chapter Four

Discussion And Conclusions

4.1 Discussion

Current study aimed to investigate the effectiveness of using EXAT on depression, anxiety, stress, and quality of life among children living in high-risk areas in Palestine based on the quasi-experimental approach, which is one of appropriate approaches for studying the effect of therapeutic interventions on people. Following chapter presents the discussions of research's results, offers explanations for findings of study based on theoretical framework and relevant previous studies, and limitations of the study. Finally, this chapter will highlight the key recommendations of the study.

This study gains its importance from addressing the topic of mental health and QoL in children, which is interest to those working in the field of mental health and childhood. Whereas the situation in high-risk areas directly impact children's mental health and their QoL as previous studies have demonstrated.

This program has components that include ways to reduce these psychological symptoms and increase QoL. The study's results came from using these key elements. The therapy includes many activities like painting, drawing, and making crafts. These help children show their feelings without words, relax more easily, and feel better about themselves. As well as, helping them to deal with negative feelings.

The results indicate the efficiency of the group EXAT program in decreasing symptoms of depression, anxiety, and stress among children living in high-risk areas in Palestine, and also its efficiency in improving their QoL.

4.2 Discussion the results of first question

Formulation of the first question “is expressive group art therapy effective in reducing symptoms of depression, anxiety, and stress?”

For answering the first question the researcher used the paired samples t-test to compare the overall levels of depression, anxiety, and stress for the experimental group before and after the program. And also the results of the two groups in the post-test were analyzed and compared to test the differences between the two groups.

The researcher used the paired samples t-test to compare the levels of depression, anxiety, and stress for the experimental group before and after implementing the program, the results indicated that the total DASS-Y scores significantly decreased in the post-test. Whereas mean was 29.38 ± 4.57 then decreased to 29.38 ± 4.57 for all children, with a statistically difference (p-value < 0.001). This reflect the success of the EXAT program on reduce psychological distress among children living in high-risk areas.

Between the two groups, post-test total DASS-Y scores for experimental group (mean = 26.28 ± 4.85) is lower than the post-test scores of control group (mean = 28.91 ± 4.32). This indicates a significant improvement in psychological state for children in the experimental group comparing to children in the control group, and that change due to EXAT intervention.

For depression: The results indicate a significant changes in depression level after applying the therapeutic intervention, as the mean has changed from a mean of 8.35 ± 2.76 to 7.77 ± 2.80 , with a statistically difference (p-value < 0.001). And also there was a significant changes between the control and experimental groups.

Results of depression show the success of therapeutic program in decreasing symptoms of depression among children living in high-risk areas.

This result is consistent with the findings of the Zhang et al. (2024) study, and Johan et al. (2022) study which investigating the effectiveness of art therapy in treating depression. And these studies used art making as a therapeutic intervention for children and adolescents.

This result can be attributed to the effectiveness of the treatment program and the nature of some activities aimed at regulating emotions, expressing oneself and one's feelings, in addition to increasing self-awareness. It can also be attributed to group activities aimed at enhancing cooperation, improving communication, and increasing self-confidence, as well as free movement activities.

The differences can also be attributed to the fact that some sessions were held outdoors, which the children preferred.

For Anxiety: These outcomes indicate a significant improvement in anxiety after applying the therapeutic intervention, as the mean has changed from (8.29 ± 2.60) to (7.49 ± 2.46), with a statistically significant difference (p-value < 0.001).

The findings of analyzing anxiety scores indicated that using expressive art intervention successfully reduced level of anxiety. And that indicates the effectiveness of EXAT in reducing symptoms of anxiety.

As this study demonstrated, which agrees with the study by Zhang et al. (2024), Johan et al. (2022) on adolescents, and Kheibari et al. (2014) on orphan girls. Which investigated the effectiveness of using EXAT in decreasing anxiety for adolescents and orphan girls. And that indicates that EXAT is effective in decreasing anxiety.

This result can be attributed to the effectiveness of the treatment program and the nature of some activities that aim to regulate emotions and relieve stress (such as coloring and free drawing activities) and imaginative activities (the hero and the wish tree).

For stress: The stress mean has decreased from (12.75 ± 2.13) to (11.78 ± 2.12) , which indicate a significant decrease in stress level, whereas $(p\text{-value} < 0.001)$, which is considered statistically significant. The differences between the means in pre-test and post-test for experimental group indicate the success of using EXAT intervention in reducing stress.

the findings indicate the efficiency of EXAT in relieving stress, which supports Stuart and Tuason (2008) A study which also used 10 sessions and reflect the efficiency of EXAT in reducing stress.

These changes were attributed to the therapeutic program, which included stress-reducing activities, as well as relaxation during each session. Finally, choosing the right place and timing had a significant impact on the children's commitment to the program.

4.2.1 Discussion the results of the second question

“Is expressive group art therapy effective in improving quality of life among children living in high-risk areas in Palestine?”

For answering the second question, the researcher used paired sample t-test in order to test the differences between the means of PedsQL pre-test and post-test for experimental group. Also the researcher used independent sample t-test in order to test the differences between the means of experimental and control groups in the PedsQL post-test.

The results of PedsQL scores indicated a significant improvement in QoL among children, in the experimental group. Whereas the post-test scores (mean = 18.33 ± 3.15)

is significant higher than pre-test scores (mean = 17.58 ± 3.04), p -value $< .001$. The changes between pre-test and post-test examine the success of EXAT intervention in improving QoL among children participated in the experimental group.

The mean in the experimental group (mean = 19.06 ± 2.99) is significantly higher than that of the control group (mean = 16.45 ± 2.80), indicating an improvement in QoL for the experimental group compared to the control group, whereas (p -value $< .001$). So that differences between the control group's results and the experimental group results was due to EXAT intervention.

This findings agrees with Abdulah and Abdulla (2018) study, which found that using expressive art therapy intervention is effective in improving QoL.

The results indicate the efficiency of group EXAT intervention in improving mental health and well-being, and also the importance of continuing to use it. It helps reduce symptoms of depression, anxiety, and stress while making life better for children in conflict areas. The changes in DASS-Y and PedsQL results was due the EXAT therapeutic intervention.

Depression, anxiety, and stress have inverse association with QoL, the lower level in QoL, the higher level in these disorders. And this support the joyless economy theory.

There is a correlational relationship between living in a conflict zone and increasing levels of depression, anxiety, and stress as Lim et al. (2022) mentioned in his study. Also, residents of areas where conflict is prevalent have low QoL, as demonstrated by this study, and which agrees with study of El-Khodary and Samara (2018).

Another study used PedsQL to assess QoL. Such as, Raybin et al. (2022) study which PedsQL questionnaire to to monitor the QoL level of sample of undergoing cancer treatment children aged 3-18 years. This study aimed to investigate the effectiveness of EXAT in improving QoL among undergoing treatment cancer children. The results of this study indicates that EXAT intervention were effectiveness in improving QoL among undergoing cancer treatment children.

One study employed the original DASS-Y (DASS-21) to measure levels of depression, anxiety, and stress levels. For instance, Lindsey et al. (2018) used EXAT and mindfulness techniques to help six eighth-grade students cope with stress.

Many studies used pretest-posttest control group design to examine the effectiveness of EXAT, for example Abdulah and Abdulla (2018) study and Johan et al. (2022) study.

Some studies have used 10 sessions of EXAT group intervention, for example, Kheibari et al. (2014) investigated the effectiveness of EXAT in reducing anxiety. Also, Stuart and Tuason (2008) examined EXAT role in decreasing anxiety and stress, and improving self-esteem in their study. In addition to Visser and Du Plessis (2015) study which used expressive arts group intervention in improving positive self-esteem and maintain positive relationships among adolescent girls who sexually abused. In addition to study of which was conducted on addicts undergoing rehabilitation to test the effectiveness of group EXAT in resilience and emotion regulation.

Many studies used less than 10 sessions of group EXAT intervention. For example; Kim et al. (2011) study. And Sunaringsih et al. (2020) study, which used EXAT group intervention in reducing the level of stress among a sample of mothers of children with neurodevelopmental disorders.

4.3 Conclusions

In summary, the current study supports previous research about the efficiency of group EXAT intervention for different categories (such as children, adolescents, and mothers...). The findings show that group EXAT program has successful impact in reducing symptoms of depression, anxiety, and stress, and thus improving QoL for children living in high-risk areas in Palestine.

Using a quasi-experimental method, the study has proved that group EXAT program effectively deal with negative feelings and decreased level of psychological distress.

This thesis creates a strong base for more studies in the future about children living in high-risk areas.

It is necessary to educate society about children's mental health issues, for parents particularly. And how to recognize and eliminate negative feelings and emotions for children.

Finally, this can be done through workshops and training that use expressive art therapy. This thesis could be a helpful guide for parents to benefit from art therapy activities with problems their children may have such as anger and aggressive behavior, shyness and introversion, inability to express their needs, in addition to unwanted behaviors.

4.4 Delimitations of the study

Study sample: a convenient sample of children (7-12years) who live in armed conflict area.

Study location: conflict-affected and high-risk areas: Asira al-Qibliya village.

Study duration: the program were applied in the period October and November 2024.

Study instruments: includes expressive art therapy program intervention, in addition to questionnaires (DASS-Y test and PedsQL test).

4.5 Limitations of the study

This study contains a number of methodological limitations that should be taken into account. First, the study was limited to a specific age group ranging between 7-12 years old. Because emotional skills develop during this period, this age group were chosen. The study did not include other age group that might differ in their psychological or behavioral characteristics. This limits the possibility of generalizing the study's findings to other age groups.

Second, the study did not include any individuals from different categories such as mothers, caregivers, teachers, or specialists, although including their perspectives might have added a better understanding of children's emotional and psychological changes.

Third, the study was limited to a sample from Asira al-Qibliya village only, even though neighboring villages also considered high-risk areas, due to this considerations of accessibility and implementation. Therefore, the significance of the findings is limited to the cultural and social context of that area.

Fourth, the study used only two valid questionnaires to measure the levels of psychological distress (depression, anxiety, and stress) and QoL and did not use additional tools such as interviews and observations. This limits the findings to quantitative measurement only.

Fifth, the therapeutic EXAT program only included ten sessions, whereas the program was developed in order to decrease symptoms of depression, anxiety, and stress, and thus improving QoL. And this number of sessions might not be sufficient for severe cases which need a therapeutic intervention to produce long-lasting change in children's psychological state and QoL.

4.6 Recommendations

In light of the results obtained by the current study, and the positive indicators it revealed regarding the impact of applied intervention program, a number of aspects emerged that require further development in the psychological field. The recommendations are an important part of research process, aiming to guide researchers and practitioners in utilizing the results of study.

Based on the importance of current study, and in order to maximize the practice application of its findings, the researcher presents the following set of recommendations:

- **First recommendation: working to raise awareness and educate individuals about mental health and the importance of psychotherapy.**

The results of current study indicate the success of EXAT therapy in improving the mental health and relief psychological distress among children participated in the intervention group, in addition to a significant improvement in their scores in PedsQL questionnaire. This demonstrates the importance of having a suitable treatment plan to use in cases such as living in risk area. Furthermore, it is important to work in raising awareness about mental health and the role of psychotherapy in general, and EXAT in particular, in addressing the psychological effects of daily pressures that Palestinian people experiencing due to the nature of life in Palestine in general, and in the high-risk areas in particular.

- **Second recommendation: the need to refinement and complete the program to better meet participants needs**

The results highlighted the efficiency of group EXAT program in reducing symptoms of depression, anxiety, and stress, and improving QoL among the children despite the limited of the number of sessions. However, the limited number of sessions may affect the long-term sustainability of program's impact. For this reason, the researcher recommends the importance to design or develop a treatment program which is longer-term, includes more sessions, and provides a follow-up period to assess whether the change continues after the end of the program. The extending of number of sessions is not only for deepening the impact of the therapeutic intervention, it also allows them to generalize skills they learned to new life situations, and provides the therapist ample time to observe the patient's closely. And also, the researcher recommend to conduct the follow-up

assessments after several weeks or months, to identify and evaluate factors that may enhance or hinder the continuation the changes.

- **Third: Activating the role of the family and school in the therapeutic process.**

The family and school environments are crucial in the development of children's behavioral and emotional aspects, and they have a significant impact on child's emotional and social growth, especially in the early stages in development. Therefore, the researcher recommends directly involving the family and school during the therapeutic process in order to deepen and sustain the program's impact on the child. This can be achieved by engaging parents, teachers, and school counselors in the intervention process through parallel guidance sessions or extensive educational tools that help the school and family to determine and address problems and provide appropriate support for the child. In this study, the researcher involved parents (the mothers) only, and held an educational session for them. Parents of children in the control group were provided with brochures summarizing the activity given to the experimental group so they could carry out these activities with their children.

- **Fourth: conducting a related future studies on different samples and greater diversity in environments**

Current study was limited to a specific sample of children within a specific environment of a particular age group. The researcher recommends expanding the scope of future related studies to include more diverse groups in terms of age, socioeconomic status, and cultural background. The researcher also recommends implementing the group EXAT program in different settings such as schools, community centers, clinics, and shelters. The aim of diversifying the sample and environment is to test the effectiveness of EXAT program under different conditions.

Furthermore, the researcher recommends conducting comparative studies between different types of psychotherapies to determine the most effective therapeutic approach with children living in risk areas.

- **Fifth: EXAT program for children in the high-risk areas should be available to improve their psychological status and QoL.**

The findings indicated a significant improvement in psychological status and QoL for children living in high-risk area. This reflects its potential benefit is not limited only for children with clear problems, but also for all children as a preventative therapeutic program. Based on that, the researcher recommends making the EXAT program available to all children within psychological and educational centers. Furthermore, this program can be integrated into classroom activities or enrichment programs.

In summary, the recommendations above indicate the importance role of the study's outcomes and its potential to contribute the development of therapeutic practice for children living in high-risk areas. Adopting and following these recommendations and using them by relevant specialists and organizations could be effective in improving and enhancing the quality and effectiveness of psychological therapeutic programs. As well as, these recommendations represent a call for researchers to conduct further in depth studies that contribute to expanding a scientific knowledge for this field, and also providing practice solutions which are appropriate and suitable for local environment.

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Appendixes

Appendix A

Table of arbitrators

Name of arbitrator	University	Specialization
Dr. Ahmad Hanani	An-Najah National University	Professor
Dr. Thseen Nazir	Ibn Haldun University	Professor
Dr. Fayez Mahamid	An-Najah National University	Professor
Dr. Yousef Thiab	Al-Quds Open University	Professor
Dr. Denise Berte	An-Najah National University	Professor

Appendix B

Table of expressive group art therapy program

This program has taken 10 sessions in 50 days, two sessions per week, 50 minutes duration.

Main goal: decrease symptoms of depression, anxiety, and stress, and improve QoL.

Number of the session	Title of the session	Topic of the session	Session objectives	duration
The first session	Introducing EXAT program Pre-test	Provide a brief about EXAT program, activities and number of the sessions, time of meetings. Applying questionnaires	The researcher introduces himself to the mothers, and the program plan, tools and activities. Discussing with the mothers the importance of children's mental health and the impact of wars and conflicts on children's psychology. Also discussing with the mothers the negative behaviors in their children that appeared after the war. Obtaining consent from parents to conduct the study and conduct the pre-test Agree on a regular time to hold meetings.	50 mins.
The second session	Introductory activity	Freely interact	Help the children comfortable interact	50 mins.

		through icebreaker activity	with each other through the icebreaker Getting know between researcher and participants and participants between each other. Setting the group rules	
The third session	Free drawing: Self-portrait	Using drawing to create a self-portrait of the child that reflects aspects of his personality or life	Helping the child to self-reflect, accept himself and raise self-confidence by applying the “self-portrait” activity	50 mins.
The fourths session	Drawing and coloring: spin the emotions wheel	Using colors to identify different feelings and linking them to colors	Promote well-being by helping the child learn how to understand and process their feelings and increase self-awareness through activity application.	50 mins.
The fifth session	Crafting: Make a painting from nature	Create a meaningful painting by going out into nature and collecting natural objects such as branches,	Improve mental health and sharpen perception by teaching children to do “make a painting from nature” activity	50 mins.

		leaves and stones.		
The sixth session	Coloring: mandala coloring	Using different colors in coloring the mandala	Reduce stress and regulate emotions by applying the activity "coloring mandala"	50 mins.
The seventh session	performing: free dance/movement	Allow children to move freely without restrictions through dancing	Giving the child the opportunity to express feelings, get rid of negative feelings and relieve stress and feeling of belonging and sharing with others through free movement	50 mins.
The eighth session	Story-telling and drawing: tell your hero's story	Tell a story by creating a storyboard that tells the story of an imaginary hero who overcomes challenges as an alternate personality for the child.	Improve emotional regulation and minimize feelings or defeat through storytelling activity "tell your hero's story".	50 mins.
The ninth session	Drawing: the wishing tree	Create a group painting by drawing on cardboard in the shape of tree leaves	Providing the opportunity for children to think about their dreams, goals and desires through drawing, and also enhancing the sense of	50 mins.

		and then sticking them on a tree model.	belonging and encouraging group members to work as a team by creating a group board that includes their drawings that reflect their wishes (wish tree activity).	
The tenth session	End the program and post questionnaires	Feedback, close and apply post questionnaires	Discuss the positives and negatives of the program. Evaluate the program and discuss the goals achieved and changes in children's behavior. End and conduct post questionnaires.	60 mins.

Appendix C

The EXAT group program in reducing symptoms of depression, anxiety and stress, and improving QoL among children living in risk areas in Palestine

The first session (50 minutes):

- a) **The main objective:** this session is opening session for participants and their mothers. Aimed to introduce expressive arts therapy.
- b) **The minor objective:** establishing relationship between researcher and participants, creating an atmosphere of trust between the researcher and the group members and their mothers, giving the group members and their mothers a complete idea about the program and the importance of the research, getting to know the expectations of the mothers of the children participating in the program from the treatment program, setting the group rules.
- c) **The procedures and activities:** participants were invited with their mothers to attend this session in order to introduce the program and its importance and to discuss what will be presented during the sessions and the questionnaires that will be presented before and after the program. Finally, mothers were asked to discuss their children's behavior and problems that appeared after the war situation.
- d) **Tools: --**

The second session (50 minutes):

- a) **The main objective:** this session is intake session. Aimed to apply pre-test (DASS-Y and PedsQL questionnaires).
- b) **The minor objective:** the minor goal was to strengthening the relationship between the researcher and the children group and relationship between the group members.
- c) **The procedures and activities:** the researcher welcomed her participants and introduced herself and her laws to them, she asked everyone in group to introduce himself/herself to other by name, age, mood and hobbies. In the end of this session, the questionnaires were explained and distributed among children to be filled with parents.
- d) **Tools:** DASS-Y questionnaire and PedsQL (5-7years parental version and 8-12 years self-version)

The third session (50 minutes):

- a) **The main objective:** this session aimed to help children how to understand themselves and their thoughts and feelings, encourage self-reflection and accepting the self by doing the (self-portrait activity)
- b) **The minor objective:** explain the activity for children and help them for doing it.
- c) **The procedures and activities:** the researcher welcomed the children and created a comfortable environment for the children to be comfortable by setting outside in free environment, play calm music.
- d) **Techniques and tools:** this activity needed some tools like white empty A4 paper, pencil, multiple coloring materials and mirror.

For doing this activity, the child will look at himself/herself on mirror, looking in his/her face shape, and do different facial expressions. Then start to draw self.

The researcher checked on each child individually to ensure that they understood the activity and helped them apply it.

The fourth session (50 minutes):

- a) **The main objective:** this session aimed to increase self-awareness and learn how to understand processes emotions by applying (spin feelings wheel) activity.
- b) **The minor objective:** explain (spin feelings wheel) activity to children, ensure they understood it and can apply it.
- c) **The procedures and activities:** the researcher welcomed children, and explained the activity for children. And create suitable environment for this activity.
- d) **Techniques and tools:** this activity needed an empty A4 paper, pen/ pensill, coloring materials.

For doing this activity, the child took his/her time to think about his/her different feelings they feel. The researcher help the child to draw a big circle and divide it into 4-8 parts, the child draws and color his emotions and feelings in each parts of circle.

The fifth session (50 minutes):

- a) **The main objective:** this session aimed to teach children to relief stress and build self-esteem by doing (make art from nature) activity.
- b) **The minor objective:** explaining (make art from nature) activity and make sure they have understood it and can apply it.
- c) **The procedures and activities:** the researcher welcomed children, and explained the activity for children. And create suitable environment for this activity. She prepared outdoor seating suitable for activity.
- d) **Techniques and tools:** this activity needed A4 cardboard and glow.
For doing this activity, the researcher asked children to collect components from the surrounding environment, such as leaves, stones, branches, etc. And stick them on the paper in a way that matches what they feel. The researcher played Qur'an in the speaker as background sound.

The sixth session (50 minutes):

- a) **The main objective:** the main objective in this session is to help children to relief stress and stress management by coloring mandala activity.
- b) **The minor objective:** explaining (Mandala coloring) activity and make sure they have understood it and can apply it.
- c) **The procedures and activities:** the researcher welcomed children, and prepared suitable environment for doing the activity, she played relaxing music and explained how to do the activity and it is importance and benefits.
- d) **Techniques and tools:** the coloring mandala activity needs an empty A4 paper, and coloring tools (such as crayons and wax crayons).
To start the activity, the children took a deep breath while listening to relaxing music as background sound, then they started to color mandala shapes as they feel.

The seventh session (50 minutes):

- a) **The main objective:** help children to improve emotional regulation by (free movement) activity.
- b) **The minor objective:** explaining (free movement) activity and make sure they have

understood it and can apply it.

- c) **The procedures and activities:** researcher prepared suitable environment for doing this activity, she prepared appropriate music to evoke their emotions and made the session outdoor in a free place to make children feel comfortable and feel the environment around them.
- d) **Techniques and tools:** the researcher used a speaker for playing the music, the children listen to music and move freely in harmony with their emotions stimulated by music.

The eighth session (50 minutes):

- a) **The main objective:** minimize feelings or defeat, build self-confidence by doing the activity (tell hero's story)
- b) **The minor objective:** explaining (tell hero's story) activity and make sure they have understood it and can apply it.
- c) **The procedures and activities:** place was prepared to do the activity, the researcher prepared the tables and drawing tools for children.
- d) **Techniques and tools:** this activity needed a human shape printed on paper size A4, drawing tools such as pencils and crayons.

The researcher asked children to close their eyes and imagine they are a super heroes and think of situations they feel they were heroes. Then they started to create their own heroes. Children had choice to tell their own stories for all.

The ninth session (50 minutes):

- a) **The main objective:** this session aimed to help children express their needs and feelings by applying the last activity (wishing tree).
- b) **The minor objective:** apply the wishing tree activity for improving well-being.
- c) **The procedures and activities:** the researcher prepared the outdoor, and the tools for doing activity.
- d) **Techniques and tools:** this session needed a large cardboard sheet, drawing and painting tools and cardboard leaves.

The researcher drew a big tree without leaves on the sheet, cardboard leaves. She asked the children to close their eyes and take a deep breath and think of anything they wish and hope before they draw it on the leaf. After they drew on leaves, the children have stuck leaves on the drawn big tree.

The tenth session (50 minutes):

- a) **The main objective:** this session was conducted after ten days from the previous session. It aimed to evaluate the EXAT program. And apply the post-tests
- b) **The minor objective:** applying DASS-Y and PedsQL questionnaires.
- c) **The procedures and activities:** the session started with discussion between participants and their mothers about children behavior changes after the program. The post-tests were filled out during the session.
- d) **Techniques and tools:** post-test questionnaires and pencils

Appendix D

The ethical approval

An-Najah National University
Faculty of Medicine & Health Sciences
Institutional Review Board

جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة اخلاقيات البحث العلمي

Ref: Masa. August. 2023/29

IRB Approval Letter

Title of Research:
The Effectiveness of Expressive Group Art Therapy on Decreasing Depression, Anxiety, Stress and Improving Quality of Life Among Orphaned Girls in Nablus City


Submitted by:
Shatha Deek

Supervisor:
Ahmad Hanani, Thseen Nazir

Approved:
21st August. 2023

Your Study Title "*The Effectiveness of Expressive Group Art Therapy on Decreasing Depression, Anxiety, Stress and Improving Quality of Life Among Orphaned Girls in Nablus City.*" reviewed by An-Najah National University IRB committee and was approved on 21st August. 2023

Hasan Fitian, MD
IRB Committee Chairman

 IRB
Institutional Review Board

Nablus - P.O Box :7 or 707 | Tel (970) (09) 2342902/4/7/8/14 | Faximile (970) (09) 2342910 | E-mail : IRB@najah.edu

Figure 1 The Ethical Approval

Appendix E

Assessment tools

مقياس DASS-Y للاكتئاب و القلق و التوتر عند الأطفال

Depression Anxiety Stress Scales – Youth Version (DASS-Y)

الإسم: _____

العمر: _____ الجنس: ذكر انثى

التعليمات: يرجى تحديد العبارة التي تنطبق عليك خلال الاسبوع الماضي. لا توجد اجابات صحيحة أو خاطئة.

تنطبق بشدة	تنطبق	تنطبق قليلاً	لا تنطبق		
3	2	1	0	1. كنت أتضايق من أصغر الأشياء	
3	2	1	0	2. شعرت بالدوار، و كأنني على وشك الإغماء	
3	2	1	0	3. لم أستمتع بأي شيء	
3	2	1	0	4. واجهت صعوبة في التنفس (التنفس بشكل سريع على سبيل المثال). بالرغم من أنني لم أمارس مجهود رياضي ولم أكن مريضا/ة	
3	2	1	0	5. شعرت أنني أكره حياتي	

3	2	1	0	وجدت نفسي أبالغ في ردود أفعالي تجاه بعض المواقف	.6
3	2	1	0	شعرت أن يداي ترتعشان	.7
3	2	1	0	شعرت بالتوتر بشأن الكثير من الأشياء	.8
3	2	1	0	شعرت بالزعب	.9
3	2	1	0	لم يكن هناك شيء جميل أتطلع إليه	.
3	2	1	0	كنت أنزعج بسهولة	.
3	2	1	0	واجهت صعوبة في الاسترخاء و الراحة	.
3	2	1	0	لم استطع التوقف عن الشعور بالحزن	.
3	2	1	0	كنت أنزعج عندما يقاطعني الناس	.
3	2	1	0	شعرت أنني سأصاب بالهلع (الخوف الشديد)	.
3	2	1	0	كرهت نفسي	.
3	2	1	0	شعرت بأنني لست بخير	.
3	2	1	0	كنت أنزعج بسهولة	.
3	2	1	0	شعرت بأن قلبي يخفق بشدة، بالرغم من أنني لم اقم بأي مجهود بدني	.
3	2	1	0	شعرت بالخوف من غير سبب	.1
3	2	1	0	شعرت بأن الحياة مخيفة	.1

Depression Anxiety Stress Scales – Youth Version (DASS-Y)2 Figure

مقياس (PedsQL) لقياس جودة الحياة عند الاطفال

Pediatric Quality of Life Inventory (PedsQL)

تقرير جودة الحياة للأطفال (سن 8-12)

الإسم:

التاريخ:

في الصفحة التالية قائمة بالأمور التي قد تكون مشكلة لك.

الرجاء أن نخبرنا عن حجم المشكلة الناتجة لك عن كل واحدة منها خلال الشهر الماضي بوضع

دائرة حول:

0 إذاً هي ليست مشكلة ابداً

1 إذاً هي ليست مشكلة في معظم الأحيان

2 إذاً هي مشكلة في بعض الأحيان

3 إذاً هي مشكلة في أحيانٍ كثيرة

4 إذاً هي مشكلة في معظم الأحيان

خلال الشهر الماضي، ما حجم المشكلة الناتجة لك عن كل مما يلي..

بشأن صحي و أنشطتي (مشاكل بخصوص)	ليست مشكلة أبداً	ليست مشكلة في معظم الأحيان	هي مشكلة في بعض الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في معظم الأحيان
من الصعب عليّ أن أمشي مسافة تزيد عن 100 متر	0	1	2	3	4
من الصعب عليّ أن أركض	0	1	2	3	4
من الصعب عليّ أن أمارس الأنشطة الرّياضية أو التمارين	0	1	2	3	4
من الصعب عليّ أن أرفع شيئاً ثقيلاً	0	1	2	3	4
من الصعب عليّ أن استحمّ دون مساعدة الآخرين	0	1	2	3	4
من الصعب عليّ أن أقوم بأعمال في المنزل	0	1	2	3	4
لديّ آلام و أوجاع	0	1	2	3	4
أشعر بالتعب	0	1	2	3	4

Pediatric Quality of Life Inventory (PedsQL)3 Figure

بشأن مشاعري (مشاكل بخصوص)	ليست مشكلة أبداً	ليست مشكلة في معظم الأحيان	هي مشكلة في بعض الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في معظم الأحيان
أشعر بالخوف	0	1	2	3	4
أشعر بالحزن	0	1	2	3	4
أشعر بالغضب	0	1	2	3	4

4	3	2	1	0	أجد صعوبة في النوم
4	3	2	1	0	أقلق مما سيحدث لي

كيف أنسجم مع الآخرين (مشاكل بخصوص)	ليست مشكلة أبداً	ليست مشكلة في معظم الأحيان	هي مشكلة في بعض الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في معظم الأحيان
لديّ مشكلة في الانسجام مع الأطفال الآخرين	0	1	2	3	4
الأطفال الآخرون لا يريدون أن يكونوا أصدقائي	0	1	2	3	4
الأطفال الآخرون يسخرون مني	0	1	2	3	4
لا أستطيع فعل أشياء يقدر الأطفال الآخرون بنفس عمري على فعلها	0	1	2	3	4
من الصعب عليّ مجاراة الأطفال الآخرين أثناء لعبهم	0	1	2	3	4

الأنشطة المدرسة (مشاكل بخصوص)	ليست مشكلة أبداً	ليست مشكلة في معظم الأحيان	هي مشكلة في بعض الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في معظم الأحيان
من الصعب عليّ الإنتباه في الصف	0	1	2	3	4
أنسى الأشياء	0	1	2	3	4

4	3	2	1	0	من الصّعب عليّ القيام بالواجبات المدرسية
4	3	2	1	0	أتغيب عن المدرسة بسبب شعوري بالمرض
4	3	2	1	0	أتغيب عن المدرسة للذهاب إلى الطبيب أو إلى المستشفى

تقرير جودة الحياة للأطفال (سن 5-7)

التقرير الوالدي

الإسم:

التاريخ:

في الصفحة التالية قائمة بالأمر التي قد تكون مشكلة **طفلك/طفلتك**.

الرجاء أن نخبرنا عن حجم المشكلة الناتجة **طفلك/طفلتك** عن كل واحدة منها خلال الشهر

الماضي بوضع دائرة حول:

0 إذاً هي ليست مشكلة ابداً

1 إذاً هي ليست مشكلة في معظم الأحيان

2 إذاً هي مشكلة في بعض الأحيان

3 إذاً هي مشكلة في أحيانٍ كثيرة

4 إذاً هي مشكلة في معظم الأحيان

خلال الشهر الماضي، ما حجم المشكلة الناتجة لطفلك عن كل مما يلي..

الصحة الجسدية و الأنشطة (مشاكل بخصوص)	ليست مشكلة أبداً	ليست مشكلة في معظم الأحيان	هي مشكلة في بعض الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في معظم الأحيان
المشي مسافة تزيد عن 100 متر	0	1	2	3	4
الرَّكُض	0	1	2	3	4
المشاركة في أنشطة اللعب أو التمارين	0	1	2	3	4
رفع شيء ثقيل	0	1	2	3	4
الاستحمام دون مساعدة الآخرين	0	1	2	3	4
القيام بأعمال المنزل مثل المساعدة في ترتيب ألعابه/ألعابها	0	1	2	3	4
الشعور بالألم	0	1	2	3	4
التعب	0	1	2	3	4

الحالة المعنوية (مشاكل بخصوص)	ليست مشكلة أبداً	ليست مشكلة في معظم الأحيان	هي مشكلة في بعض الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في معظم الأحيان
الشعور بالخوف	0	1	2	3	4
الشعور بالحزن	0	1	2	3	4
الشعور بالغضب	0	1	2	3	4
صعوبة في النوم	0	1	2	3	4
القلق مما سيحدث له/لها	0	1	2	3	4

الأنشطة الاجتماعية (مشاكل بخصوص)	ليست مشكلة أبداً	ليست مشكلة في معظم الأحيان	هي مشكلة في بعض الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في معظم الأحيان

4	3	2	1	0	الانسجام مع الأطفال الآخرين
4	3	2	1	0	عدم رغبة الأطفال الآخرين في اللعب معه/معها
4	3	2	1	0	التعرض للمضايقة أو السخرية من الأطفال الآخرين
4	3	2	1	0	عدم القدرة على عمل الأشياء التي يستطيع الأطفال الآخرون في مثل سنه/ سنّها على فعلها
4	3	2	1	0	مجازاة الأطفال الآخرين أثناء لعبهم

هي مشكلة في معظم الأحيان	هي مشكلة في أحيان كثيرة	هي مشكلة في بعض الأحيان	ليست مشكلة في معظم الأحيان	ليست مشكلة أبداً	الأنشطة في المدرسة/الروضة (مشاكل بخصوص)
4	3	2	1	0	الإنتباه في الصف
4	3	2	1	0	نسيان الأشياء أو نسيان عمل أشياء معينة
4	3	2	1	0	إتمام جميع نشاطاته/ها في الروضة أو المدرسة
4	3	2	1	0	التغيب عن الروضة أو المدرسة بسبب مرض
4	3	2	1	0	التغيب عن الروضة أو المدرسة للذهاب إلى الطبيب أو إلى المستشفى



جامعة النجاح الوطنية
كلية الدراسات العليا

فاعلية العلاج بالفن التعبيري على الاكتئاب، القلق، الضغوط
النفسيّة، و جودة الحياة لدى الأطفال الذين يعيشون في مناطق
عالية الخطورة في فلسطين

إعداد

شذى علاء يوسف ديك

إشراف

د. أحمد حنني

د. تحسين ناظر

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2025

فاعلية العلاج بالفن التعبيري على الاكتئاب، القلق، الضغوط النفسية، وجودة الحياة لدى

الأطفال الذين يعيشون في مناطق عالية الخطورة في فلسطين

إعداد

شذى علاء يوسف ديك

إشراف

د. أحمد حنني

د. تحسين ناظر

الملخص

الخلفية: إن الصراع السياسي في الاراضي الفلسطينية له آثار سلبية على الصحة العقلية لسكان ولأطفال خاصة. تناولت الدراسة الحالية أهمية استخدام تدخّل علاج نفسي للتعامل مع المشكلات النفسية الناجمة عن الصراعات المستمرة. حيث هدفت هذه الدراسة إلى فحص فعالية العلاج الجماعي بالفنون التعبيرية في خفض أعراض الاكتئاب والقلق والتوتر لدى الأطفال الفلسطينيين في المناطق الخطرة، بالإضافة إلى تحسين جودة حياتهم.

المنهجية: استخدمت الدراسة الحالية المنهج شبه التجريبي لاختبار فعالية العلاج الجماعي بالفنون التعبيرية في خفض أعراض الاكتئاب والقلق والتوتر وتحسين جودة الحياة عند الأطفال الذين يعيشون في مناطق الخطر في فلسطين. بلغ عدد المشاركين في الدراسة 79 طفلاً في المرحلة المدرسية تتراوح أعمارهم ما بين (7-12 سنة)، حيث تم تقسيمهم الى مجموعتين، 57 منهم في المجموعة التجريبية التي تلقت العلاج. تم إجراء إختبار قبلي وبعدي على كلتا المجموعتين لتقييم مستويات الاكتئاب والقلق والتوتر وجودة الحياة قبل وبعد التدخل العلاجي، ومن ثم تمت مقارنة النتائج وتحليلها.

النتائج: أظهرت النتائج أن برنامج العلاج الجماعي بالفنون التعبيرية كان له أثر واضح في خفض أعراض الاكتئاب والقلق والتوتر، بالإضافة الى فعاليته في تحسين جودة الحياة عند الاطفال الذين يعيشون في مناطق

الخطر. تبحث هذه الدراسة العلاقة بين العيش في مناطق الخطر والنزاعات ومستويات الضائقة النفسية وجودة الحياة.

الخلاصة: تقودنا نتائج هذه الدراسة إلى النظر في فعالية برنامج العلاج الجماعي بالفنون التعبيرية في خفض أعراض الاكتئاب والقلق والتوتر، بالإضافة الى تحسين جودة الحياة . كما يمكن للأباء والمعلمين والمرشدين في المدارس والعاملين في مجال الصحة النفسية استخدام هذا البرنامج للتعامل مع المشاكل النفسية والسلوكية عند الأطفال في المرحلة الدراسية الأساسية.

الكلمات المفتاحية: الاكتئاب؛ القلق؛ التوتر؛ جودة الحياة؛ العلاج بالفنون التعبيرية؛ مناطق الخطر؛ الأطفال.