Guided Imagery Music Reduces School Phobia: A Case Study

Tasya A. Chandra, Tarumanagara University, Indonesia
Monty P. Satiadarma, Tarumanagara University, Indonesia
Debora Basaria, Tarumanagara University, Indonesia

Abstract
Guided imagery and music is a form of music therapy introduced by Helen Bonny in 1970. This method is using music as an imagery trigger to a client, and the client is asked to portray the image in forms of paintings, drawings or literal description. This study was conducted to a 15 years old girl who experienced school phobia. She repetitiously felt nausea at school, experienced giddiness and headaches from the time she arrived at school up to lunch time; she often asked permission to go to the clinic and requested to go home earlier. As a result, she had low performance in school evaluation. The Hamilton Anxiety Rating Scale (HARS) indicated severe level of 38 (severe). Six (6) GIM sessions were conducted to her, and each session included the GIM phases which are: the prelude, the relaxation and focus, the music and imagery, and the integration. The prelude phase consisted of description of problems, the relaxation and focus phase consisted of relaxation while listening to music. The music and imagery consisted of the process of portraying the images based on the music being listened. The integration phase consisted of the process of expressing the images into drawings or paintings. The post-test result indicated the HARS score was 15 (normal to mild). The phobia was eliminated, and the girl now has returned to school normally.

Keywords: Music Therapy, Guided Imagery Music, School Phobia

Introduction

Anxiety is a common problem that are experienced by many people, as common reaction to a harming or pressuring situation (Kaplan, Saddock, and Grebb, 2007). This reaction is usually characterized by uncomfortable feeling followed by autonomic symptoms such as headache, short breath, upset stomach, and anxious. Over anxiety, can also be a disturbance, that will cause dysfunction in some important area in a person's life. In DSM-V (APA, 2015), anxiety is defined as fear of future threat, and Anxiety and Depression Association of America (ADAA) stated that anxiety is the highest disorder in American population right now, which affect almost 40 millions of people or around 18% or US population (Kessler et al., 2005)

There are many forms of anxiety disorders, one of the anxiety disorder that quite common is social anxiety disorder. This form of anxiety disorder usually comes with feature and symptoms of the feelings of anxiety that comes when the person is in a social situation, or in a crowd, and surrounded by strangers, which will result in fear of being in a crowd, fear of being observed by others, and fear of being humiliated (Haugaard, 2008). Children and teenagers with social anxiety disorder usually comes with symptoms of stomach ache, head ache, giddy, fast heartbeat (tachycardia), sweating, or feeling of about to pass out. For children with this disorder, social situation can be more frightening and causes the anxiety symptoms, rather than in a situation where they are separated from parents.

Generally, anxiety can cause disturbance in a person daily life, especially in functioning in work place, and also in social interaction (Haugaard, 2008). For person with social anxiety disorder, crowd situation will disturb their function, where they feel like they are being observed, which will cause disturbance in their daily life. Many of social anxiety disorder cases in children and adolescence, are related to school phobia, or refusal to school, which shown by their high number of absence because they don't feel well at school, or at time where they have to go to school (Knollman et al, 2010). This will also affect their socialization and achievement at school, because children with social anxiety disorder tend to refuse participating in school activity such as sport, and withdrawing from other students (Haugaard, 2008). This will also make these children feel lonely, and criticize themselves, and also looking for the causes of why they can't be like any other students (Ollendick & Becker, 2002).

Intervention programs for anxiety disorders, especially for social anxiety disorder become an important thing to help people with high level of anxiety. A few intervention program that has been done to reduce anxiety in adolescence, such as *cognitive behavioral therapy, relaxation therapy, behavioral therapy, family therapy, art therapy*, and *music therapy.* In this research, we will be focusing on using music therapy and art therapy as an intervention to reduce anxiety. This research will use the Guided Imagery and Music method that are founded by Bonny (Wigram, Paderson, & Bonde, 2002) where music is used as a form of media to guide the imagery that are seen by the client when they hear a composition of music, and ask them to portray it in a form of literary and art.

Literature Review

Anxiety

Barlow (by Nelson & Israel, 2015) define anxiety as an emotion state that oriented on the future, characterized by perceptions of uncontrolled things that are predicted to harm the person. Kaplan (2007) also defined anxiety as a response to a threatening situation, and it can be considered as a normal response that go through development, changes, new experiences, and also finding identity. Mash & Wolfe (2015) defined anxiety as an emotion that are dominated by strong negative emotion, shown by tense body as a reaction or anticipate threat in the future. Nelson & Israel (2015) differ between anxiety and fear, where fear is a reaction to a present threat and characterized as an alarm reaction, and anxiety is a negative emotion that oriented to future threat, characterized by inability of a person to control the anxious feelings of future threat. Anxiety is also different with worry, where worry are defined as a negative thought that are uncontrollable (Nelson & Israel, 2015).

Social Anxiety Disorder

Social anxiety disorder is characterized by fear of social situation, where the person is surrounded by strangers, and feel that he/she will look bad or judged in front of others. Usually, these people will have an increasing of anxiety level when they are in a certain social situation, such as meeting their parents in law, taking a driving license test, speaking in a meeting, etc. Stein & Stein (2008) stated that person with social anxiety disorder have fear of having bad impression from others, and tend to avoid it. They fear of doing something that made them feel ashamed or humiliated in front of other people. This will result in avoidance and withdrawal from social situation, which they tend to feel small in front of strangers (Mash & Wolfe, 2015).

Social anxiety disorder is different from general anxiety. The differences are the capability if a person to handle the increasing of anxiety effectively. Stein & Stein (2008) stated that for a general to normal anxiety, they planned and act to handle this anxious feeling, which sometimes do not go as it planned. When the situation is repeated for a few time, the anxious feeling will decrease, and they can act more normal. But for a person with social anxiety disorder, they have a different process of handling their anxiety, and their performance and functioning will be disturbed because of their anxiety, so many of them choose to avoid situations that will trigger their anxiety, even though this will make another problem, and their anxiety will also increase (Golding & Gross, 2010).

School Phobia

School phobia, defined by Csoti (2003), is a complex disorder that involves a range of disorders, including separation anxiety, agoraphobia, and social phobia, although the anxiety is centered around the school environment. School phobic child is usually afraid of leaving secure home environment, and the safe presence of the main care givers. School phobia is different from truanting, where truant students are

intentionally do not go to school, but also refuse to be at home too (Csoti, 2003). In school phobic children, they do not attend school because they feel symptoms that are so severe and not truants, because they have a specific anxiety about school and remain at home with their parents presence. School phobic have fear and anxiety to go to school, where truant student doesn't have (Csoti, 2003).

Music Therapy

Music Therapy is a method that use a control use of music, where it will take an effect on human physiology, psychology, and integration on emotion from a person during a treatment of a disorder or disease (Choi et al., 2008). Choi et al. (2008) stated that music therapy methods are divided by two major methods, which are active music therapy and passive music therapy. Active music therapy use music to engage client to be involved with the music actively such as playing an instrument, dance to the music, or singing. Passive music therapy use music as a relaxation method, which the client asked to listen to a piece of music to create a mental relaxation. There are several common approaches that are used in the process of music therapy, one of the most common approach is Bonnie Guided Imagery and Music Therapy.

Bonnie Guided Imagery and Music Therapy (GIM)

Guided imagery and music (GIM) is an approach of music therapy form introduced by Helen Bonny in 1970. This approach is a form a receptive music therapy, where the main procedure is actively listening to music (Wigram, Pederson, Bonde, 2002). Bonny (Wigram, Pederson, Bonde, 2002) define GIM as a process where the imagery is triggered by the music. Another definition about GIM is an approach in music psychotherapy which specifically use a classical music as a program to open and triggered personal experience. This approach is a holistic, humanistic, and transpersonal approach, which open all aspects of experience, psychological, emotional, physic, social, spiritual, and other aspects in human life (Goldberg, in Wigram et. al., 2002). GIM technique has three components inside it, which are music, imagery, and art. The music that are used is carefully chosen for each client, according to their history and in keeping with their present mood, and the areas of concern the guide wishes to address. It is possible for the music to be the same selection on a number of different occasions, or it can be different for each session, according to the need of the traveler (Bonnie, 2010). The first piece of music needs to match the mood and energy of the traveler. The Music is seen as a projective screen and co-therapist. It gives structure and holds, evokes sensations and feelings and may become an object for transference (Bonnie, 2010). Images that comes is a response to music. It comes in many forms and involve the senses. Visual images, for example, include relived early life experiences of personal value or importance. Events in which there is ambivalence or an unsatisfying completion come up for review. Life events, small or large, come up. Usually these have been caught deep in the subconscious where most therapies do not reach. The music, carefully chosen, is able to access the feelings around these events and allow a reliving of the original experiences (Bonnie, 2010).

Form of art is used to review the imagery and feeling sequences for the purpose of making more concrete the events that have taken place. This form of art helps the traveler to clarify the experience; validate (give assurance of the value of what happened), highlight, emphasize feelings; and connect images or feelings with everyday life events (Bonny, 2010).

Research Hypothesis

To describe more accurately about how guided music and imagery reduces school phobia, and to question the effectiveness of this method in reducing anxiety, an assessment and intervention was designed for the subject. The hypotheses tested in this phase of the study included:

H0: Guided imagery and music therapy method have no effect on reducing anxiety in school phobic children
H1: Guided imagery and music therapy method have a positive effect on reducing anxiety in school phobic children

Research Method

Subject

The participant of this research is a 15-year-old girl, anonym as YL. She shows symptoms of anxiety disorder and school phobia, which she felt nausea at school, experienced giddiness and headaches from the time she arrived at school up to lunch time; she often asked permission to go to the clinic and requested to go home earlier. These feelings made her refuse to go to school, because she feels that those nauseous feelings only come up when she is at school. She also feels ashamed and embarrassed as she repetitiously stays in clinic because she feels sick, and feels that she is different from other student. Another additional information, YL have a problem with the relationship with her mother, which she felt not very close to her, since her mother is working in another city.

Procedure

Assessment of the level of anxiety is conducted as a baseline or pre-test of this research. Level of anxiety is assessed using Hamilton Anxiety Rating Scale, a likert anxiety scale that scales anxiety into 3 level; normal, moderate, and severe.
Six GIM session then conducted to the participant. Each session consists of four phases, which are prelude, relaxation and focus, music and imagery, and integration.

Phase 1: Prelude

The prelude is the guide to get to know the client, his life history, his present concerns, and his aims for treatment. Each session will begin with a discussion about client's story and problems, and also a possible goal for the session. The traveler (how

we called the client) and the guide will agree upon a focus, intention, or key image the client wants to work on.

The intention is like a steering wheel: it gives purpose and meaning to the journey as it engages the traveler to explore the inner landscape. The chosen intention enables the guide to choose the appropriate music for the session, matching the energy and the mood level of the client.

Phase 2: Relaxation and focus

In this phase, the client or the traveler is asked to lie down on on a couch or reclining chair with the guide close by instructing. The therapist is using one of two progressive methods of relaxing the body and mind: 1) Tension/release (tighten muscles and release them); or usually a breathing technique with inhale/exhale of breath. I usually added a verbal suggestion to "let go." in the relaxation process. The purpose of this relaxation technique is to prepare the traveler by minimizing the kinesthetic body responses to allow a deeper state of consciousness, to concentrate on the auditory and visual senses, to get beyond our usual busy mental processes, and so the client keep focusing to the guide's voice.

Phase 3: Music and Imagery

The music is basically seen as an auditory co-therapist and partner of the guide. It acts upon the body, mind, and spirit of the traveler. The guide is cooperating with the music. When the traveler focusing on the music, the guide will ask questions to help the clients focus on the imagery. Frequently asked questions are such as, "Where are you right now?", "What are you drawn to?", "What do you feel?", "What colors do you see?", "Are there any other person beside you?". Other guides that are used while the GIM usually are instructions, like, "look around you, you can see the blue sea right in front of you. You can feel the breeze of the wind on your face, you can smell the sea, you can feel the cold water and the wave of the sea touching your feet, and you feel very calm and relax"

Phase 4 Integration:

When the music comes to an end the traveler/client is brought back to the usual state of consciousness by bringing to a close the imagery experiences.

With eyes open and sitting up the guide helps the traveler review the imagery and feeling sequences for the purpose of making more concrete the events that have taken place. This can be done with several methods.

Sharing verbally with the guide brings insight and understanding. Although no effort is made to interpret the meaning of the images, the guide helps the traveler to clarify the experience; validate (give assurance of the value of what happened), highlight, emphasize feelings; and connect images/feelings with everyday life events. Evoked images have a "life of their own."

Other methods is relive the images in paintings and art such as literal creations. This help turning the images in the imagery "alive", and helps to apply it in the real world

Another anxiety level assessment is conducted at the end of sixth session, as a post-test or evaluation of anxiety level. Researcher might also evaluate the number of school attendance 2 weeks after the intervention, to evaluate on the school phobic symptoms.

Result

Hamilton Anxiety Rating Scale Result (Pre-test & Post-test)

Table 1
HARS level comparisons during pre-test and post-test

Subject	Pre-test	Post-test
YL	37 (Severe)	18 (Normal)

The results from the pre-test and post-test that conducted before and after the treatment is given shows significant decrease on the anxiety level, which shows before the treatment conducted, her anxiety level was at the severe level, and after the treatment is conducted, the anxiety level decrease to normal level. This shows that the treatment has an effect on reducing the anxiety level of the subject. Another evaluation is also make, by comparing the number of absences and leave because of sick feeling, before and after intervention is conducted. The evaluation is conducted two weeks before the treatment, and two weeks after the treatment is conducted. The result shows that there is significant decrease on the number of absences and the number of early leave.

Table 2
HARS level & absence in pre-test and post-test

	HARS Level	Absence (in two weeks or 10 days of school day)	Sick Leave (in two weeks or 10 days of school day)
Pre-test	37 (Severe)	3	7
Post-test	18 (Normal)	0	2

Discussion

Main Theme and Focus of Problems

The main theme and focus of the problems mostly focus on relationship with her mother, school grades and performance, and social interaction in peer groups. These three main problems are the main core problems that resulting her in feeling anxiety

in public area, especially at school. Her relationship with her mother started off badly since the first session, since her nauseous feeling seems related to her mother presence. She said there are also times when she didn't feel sick, usually when her mother drove her to school. She also telling me about her feelings towards her mother, her disappointment about her mother about her mother working in another city that she felt since last year. There are feelings of left behind, unloved, and also anger that are repressed since her mother didn't live in the same city with her. Expressing it through music seems to reduce the anger, and letting her accept and let go the anger she's been feeling. Improvement of her communication with her mother also help her to deal with her anxiety and anger towards her mother, since the cooperation of her mother is also a big factor to reduce her anxiety and school phobia.

The topic of social interaction comes out in two sessions, which she feels she cannot fit in to the peer groups. Feeling of ashamed and embarrassed due to frequent sickness and absence lead to her withdrawing from the peer groups. Reducing the anxiety is likely impact the decrease and vanishing of the feeling of sickness, which allow her to start interact with her peer groups without worrying that she might feel sick or nausea. The effect of decreasing anxiety also taking impact on her school performance, which she can now concentrate and focus on studying without feeling nausea and sick. Her increasing of her school grades and performance shows that the GIM has decreased the anxiety and school phobia.

Contributing Factors

Evaluating on the results, we can see that there are a few of contributing factors that helps this research. One of the factors are the cooperation and collaborations with her family, especially her mother, which helps a lot in the progress of the intervention. Her mother willingness to listen to her disappointment, and also trying to get close to her is also helping this intervention to work.

Music choices are also a contributing factors, which the music that are chosen must be matched to client's mood, but also encouraging her to move on and lighten up.
Emotion and relationship development between therapist and clients are also an important factor, which also helps the intervention to work.

Conclusion

The aim of the study is to see the effectiveness of Guided Imagery and Music to reduce anxiety in school phobic students, and also to improve and fix problems that comes as the main core of the anxiety. From the results of the research, we can conclude that the intervention method of guided imagery and music is an effective method to reduce anxiety and school phobia in children. This are shown by decreasing of the symptoms of anxiety that shows in school, like the decreasing number of school absences, vanishing of nausea and sick feelings, and also shown in the decreasing anxiety level on Hamilton Anxiety Rating Scale.

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