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## DIAGNOSING ANXIETY AND USING BODY-ORIENTED THERAPY: A STUDY OF 5<sup>TH</sup> GRADE PUPILS

**Annotation.** Modern schoolchildren are often subject to stress, experience difficulties in learning and adapting to new conditions, changes in the learning process. Therefore, we asked ourselves the question of diagnosing the level of anxiety of schoolchildren and the possibility of its prevention with body-oriented methods of therapy. The purpose of the study was to diagnose the level of anxiety of schoolchildren in grade 5 and conduct therapy with body-oriented methods. The article summarizes the approaches to body-oriented therapy, a diagnostic study of anxiety of schoolchildren of the 5th grade is conducted, and methods and a program for the prevention of anxiety are proposed. For the diagnosis, methods were used – an anxiety test (R. Tamml, M. Dorki, V. Amen); child anxiety test (G.P. Lavrentieva, T. M. Titarenko); diagnosis of school anxiety – Phillips questionnaire; technique “Ladder” (V. G. Schur). The study was conducted on the basis of a school in Almaty, it was attended by 55 students of grade 5. Directions of work on prevention include diagnostics, correctional and developmental training, consultations. A training of 7 lessons was developed using body-oriented therapeutic techniques. At the initial stage – 76.6% of schoolchildren in the sample showed a high and medium level of anxiety, 23.4% – a low level. Such results are explained by the transition of students from elementary school, where one teacher teaches, to the middle link, where students need to adapt to different teachers, different classrooms, different requirements of subjects.

**Key words:** adaptation of schoolchildren, body-oriented therapy, prevention and development training.

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### Мазасыздық диагностикасы және денеге бағытталған терапиялар әдістерін қолдану: 5 сынып оқушыларын зерттеу

**Аңдатпа.** Қазіргі оқушылар жаңа жағдайға бейімделуде және оқуда оқыту үдерісіндегі өзгерістерге орай біршама қиындықтарды бастан өткеріп, күйзеліске жиі ұшырайды. Сол себепті біз оқушылардың мазасыздық деңгейін диагностикалау мәселесін және оның алдын алудың мүмкіндіктерін қарастырдық.

Зерттеу мақсаты – 5 сынып оқушыларының мазасыздық деңгейін диагностикалау және денеге бағытталған әдістер арқылы терапия жүргізу. Мақалада денеге бағытталған терапиялардың түрғылары жинақталып дәйектелген, 5 сынып оқушыларының мазасыздануы бойынша диагностикалық зерттеу жүргізілген және мазасыздықтың алдын алудың әдістері мен бағдарламасы ұсынылған. Диагностикалау үшін мазасыздық тесті (Р. Тэммл, М. Дорки, В. Амен); баланың мазасыздығын анықтау тесті (Г.П. Лаврентьева, Т.М. Титаренко); Филипптің мектептегі мазасыздықты диагностикалау-сауалнамасы; «Баспалдақ» (В.Г. Щур) әдістемесі қолданылды. Зерттеу Алматы мектептерінің базасында жүргізілді, оған 5 сыныптың 55 оқушысы қатысты. Алдын алу бойынша жүргізілген жұмыс бағытында диагностикалау, түзету-дамыту тренингтері және кеңес беру қамтылды. Денеге бағытталған терапевтік әдістеме қолданылған 7 сабақтан тұратын тренинг

дайындалды. Алғашқы кезеңде оқушылардың 76,6% мазасызданудың жоғары және орташа деңгейін, 23,4% – төменгі деңгейді көрсетті. Мұндай нәтижелер оқушылардың бір ғана мұғалім сабақ беретін бастауыш мектептен орта звеноға өтуіне байланысты олардың әртүрлі мұғалімдерге, әртүрлі кабинеттерге, пән бойынша әртүрлі талаптарға бейімделулеріне тура келетіндігімен түсіндіріледі.

**Түйін сөздер:** мазасыздық, оқушылардың бейімделуі, денеге бағытталған терапиялар, алдын алу және дамыту тренингі.

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### **Диагностика тревожности и использование методов телесно-ориентированной терапии: исследование школьников 5 класса**

**Аннотация.** Современные школьники часто подвержены стрессам, испытывают трудности в обучении и адаптации к новым условиям, изменениям в процессе обучения. Поэтому мы задались вопросом диагностики уровня тревожности школьников и возможностью ее профилактики телесно-ориентированными методами терапии. Цель исследования – диагностика уровня тревожности школьников 5 классов и проведение терапии телесно-ориентированными методами. В статье обобщены подходы к телесно-ориентированной терапии, проведено диагностическое исследование тревожности школьников 5 классов и предложены методы и программа профилактики тревожности. Для диагностики использовались методы: тест тревожности (Р.Тэммл, М.Дорки, В.Амен); тест на тревожность ребёнка (Г.П.Лаврентьева, Т. М. Титаренко); диагностика школьной тревожности – опросник Филлипса; методика «Лесенка» (В. Г. Щур). Исследование проводилось на базе школы г.Алматы, в нем приняло участие 55 школьников 5 класса. Направление работы по профилактике включает диагностику, коррекционно-развивающий тренинг, консультации. Был разработан тренинг из 7 занятий с использованием телесно-ориентированных терапевтических методик. На начальном этапе – 76,6% школьников выборки показали высокий и средний уровни тревожности, 23,4% – низкий уровень. Такие результаты объясняются переходом школьников из начальной школы, где преподает один учитель, в среднее звено, где учащимся нужно адаптироваться к разным учителям, разным кабинетам, разным требованиям предметов.

**Ключевые слова:** тревожность, адаптация школьников, телесно-ориентированная терапия, тренинг профилактики и развития.

## **Introduction**

Modern schoolchildren are subject to stresses, which can be caused by failures at school, exams or final tests, relationships with peers and parents, teachers, self-searching, etc. Anxiety is a feeling of uncertainty, the expectation of something bad or negative event.

**The purpose of the study** was to diagnose the level of anxiety of schoolchildren in grade 5 and conduct therapy with body-oriented methods.

**Research Methods.** The article summarizes the approaches of body-oriented therapy for the prevention of anxiety in students, in particular, V. Reich about removing muscle clamps, the Retri method. A program for diagnosing anxiety in schoolchildren was developed, which included the following methods: R. Tamml, M. Dorki, V. Amen anxiety test (Dermanova, 2002); test for child anxiety

(Lavrentieva G.P., Titarenko T. M., 2017); diagnosis of school anxiety – Phillips questionnaire; technique “Ladder” (Schur, 2017). A training program for the prevention of anxiety among schoolchildren was developed, which was tested at school No. 38 in Almaty with 5th grade schoolchildren. 55 pupils participated in the search experiment.

## **Definition of Anxiety**

Anxiety is an increased tendency of a person to worry, anxiety and fear, most often without foundation. Both disquiet and anxiety are an integral part or consequence of stress. The main difference between them is that disquiet is an episodic state, anxiety is persistent (May, 2001; Spielberg, 2001; Shcherbatykh, 2007; Prikhohan, 2007).

A comparative analysis of the concept of “anxiety” showed that most of the researchers, in particular O.X. Maurer understands this concept

as the individual psychological peculiarity of each person, which manifests itself in the ability to regularly experience peace of mind in different social and life situations, even if there are no grounds and prerequisites for this (Pogorelova, 2002). In our study, we will use the definition and approach of the scientist A. M. Prikhozhan, who defines anxiety as experiencing a certain emotional discomfort (Prikhozhan, 2007).

The occurrence of anxiety, according to the scientist, is associated with a premonition of ill-health, the onset of danger. For the first time, the term “anxiety” was introduced into psychological science by Z. Freud (Freud, 1990). Anxiety is understood as emotions that have a negative connotation.

### Theories of Body Oriented Therapy

An analysis of the literature allowed us to distinguish the following most common types of body-oriented therapy:

- vegetative therapy of V. Reich;
- bio-energetic psychoanalysis of A. Lowen;

- psychotonic F. Glaser;
- somatic therapy of D. Boadell;
- the somatic process of S. Keleman, etc. (Batanova, 2017; Sandomirsky, 2005; Reich, 2000; Ergas, 2013; Watkins, Noble & Driscoll, 2015)

One of the first researchers in the field of body-oriented psychotherapy was Wilhelm Reich. He described that protective behaviors manifest themselves in muscle tension and shortness of breath. For correction and stress relief V. Reich suggested using direct contact with the body. For example, massage, soft touches, controlled pressure on certain areas of the body.

The researcher also wrote about the important role of breathing regulation. Wilhelm Reich divided the entire human body into 7 segments and distinguished 7 types of muscle blocks, or as he called them, “muscle shells”: ophthalmic, maxillary, throat, pectoral, diaphragmatic, abdominal, pelvic (Reich, 2000).

A detailed layout of the “shell” is presented in Figure 1.

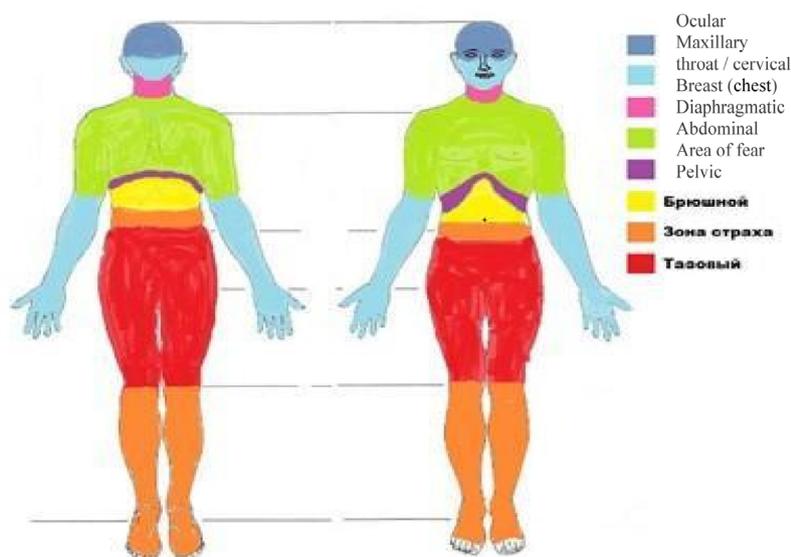


Figure 1 – Location of muscle blocks (Reich, 2000)

As can be seen from the figure, the name of the muscle blocks coincides with their location in the human body. It is logical to assume that this or that block has a direct effect on the organ of the body located in the immediate vicinity. It is the “shells” that can provoke the development of diseases that will be unsuccessfully treated with medications. We often mistake the muscle block for the disease.

Let us analyze the above muscle blocks (Sandomirsky, 2005):

1. Protective shell in the eye area. This block creates the effect of a fixed mask, due to which the eyes look. Muscle spasm holds tears, fear. The treatment of spasm is as follows: a person should open his eyes as wide as possible, imitating the emotion of fear or surprise. Thanks to this, the forehead and eyelids are mobilized. It is also effective to carry out

such an exercise: rotation of the eyes in different directions 20 times, eye movement up, down, side, diagonally.

2. Jaw spasm blocks the muscles of the neck, throat and chin. With such a block, the jaw is excessively compressed or relaxed, i.e. the muscles are either too tight or do not fix the jaw in the correct position. Such blocks are responsible for blocking the emotions of anger, crying, and also interferes with the work of the muscles of the face and complicates facial expressions. If a person imitates speech or crying, makes faces or makes other movements that activate the muscles of the lips and jaw, then the shell can relax. With regular special exercises, the block is removed forever.

3. The throat carapace blocks the deep muscles of the neck and tongue, making speech and breathing difficult. Such a block keeps crying, screaming, emotions of anger. If the eye shell can be relaxed with exercises, then the throat is not subject to physical impact, since its muscles are activated only with vomiting, screaming. This explains the difficulty in working with this type of muscle block.

4. The chest shell is responsible for blocking the broad muscles of the chest and shoulders, shoulder blades, chest, arms with hands. Emotions of joy and sadness, laughter and sadness, anger, passion are blocked. Since the chest is responsible for breathing and is directly involved in the activity of holding and increasing breathing, it is logical that this is where the formation of the block occurs. To relax the shell, you need to perform exercises to stabilize breathing.

Next will be described the techniques used to work on breathing. We use hands to achieve the goal, hugs, strikes, destruction of something. Thus, both positive and negative emotions can pass through the hands. When transmitting negative emotions, a block is formed that can be removed using special exercises on the hands.

5. Shell in the area of the diaphragm. The diaphragm includes the solar plexus, internal organs, muscles of the lower vertebrae. The shell in this area is expressed as follows: the spine bends forward, which serves as the formation of a gap between the human body and the surface when lying. It is difficult to exhale in this position. The cause of the carapace is anger. You cannot remove this block by passing the previous four. Removing the block in the diaphragm is carried out by working on breathing and improving the gag reflex.

6. The area of the carapace in the abdomen includes the broad muscles of the abdomen and muscles of the back. The occurrence of tension in

this area is associated with the expectation of an attack, fear of tickling, suppression of anger and hostility. A block in this area is removed quite simply subject to effective work on previous blocks. An effective exercise is to alternately retract and inflate the abdomen.

7. The last muscle block is formed in the pelvic and lower extremities. The stronger the protective shell, the more the pelvis is pulled back. At the same time, the gluteal muscles are in constant tension, a person experiences a painful feeling in the pelvic and buttocks, painful. The carapace that forms in the pelvic area suppresses excitement, anger, and pleasure. To unlock the carapace, you must perform the following exercises: kicking, hitting the pelvis on a hard surface, and "cycling" (Reich, 2000: 100).

To remove or unlock the carapace, it is necessary not only to perform special exercises, but also to undergo a course of psychological assistance, which will help eliminate the causes of muscle blocks. The main goal of therapy is to connect the body and consciousness. Bioenergy therapy as an integral part of body-oriented therapy promotes harmonization of the body and consciousness of a person, and also focuses on exercises on the legs and pelvis of a person. In total, the method includes a set of 7 exercises:

1. Breathing exercise.
2. Grounding exercise.
3. Exercise to protest.
4. Exercise for voice.
5. Exercise for the coordination of voice and body.
6. Sagging exercise.
7. Exercise "Pelvic bridge" (Lowen, 2014: 79).

Performing exercises helps to normalize coordination of movements, the emergence of control over breathing, emotions. A person begins to better understand himself and his inner world, anxiety gradually passes and arises less and less.

The Retri method (also called Re-3) is also often used by modern psychotherapists to correct feelings of anxiety. In addition, it contributes to increased efficiency, optimization of the body. Increase mental activity. The method consists of three components (three "RE"). It:

- 1) muscle RE-laxation;
- 2) age-related RE-aggression;
- 3) RE-construction of individual experience based on the subconscious (Sandomirsky, 2017).

Based on a generalization of these approaches, we have developed a program for the prevention of anxiety for students, which we will describe below.

**The results of the research.**

The directions of work of a social educator with anxious children include three vectors: diagnostic, correctional and developing, counseling. A program for the work of a social educator with

anxious children was developed. The goal of the program is the prevention of anxiety and teaching schoolchildren simple methods of removing muscle clamps and body-oriented therapy. The contents of the directions are given in table 1.

**Table 1** – Directions of work

№	Areas of work	Direction content	Types of jobs	Forms of work, interaction methods
1	Diagnostic direction	Identify schoolchildren problems and their root causes	Application of diagnostic techniques: anxiety test (R.Temml, M.Dorki, V.Amen); test for child anxiety (Lavrentieva G.P., Titarenko T. M); diagnosis of school anxiety – Phillips questionnaire; technique «Ladder» (Schur V.G.)	Individual form (sometimes group). Conversation, explanation, persuasion, encouragement;
2	Correction and development direction	The holding of trainings	Training work – 7 lessons	Exercises, conversation, clarification, persuasion, demonstrations; group form
3	Consulting direction	Counseling for anxious children	60 min – one consultation; total: 2 consultations for each child	Conversation, clarification persuasion; individual form
The amount of hours			11 hours (for each child)	

**Diagnostic study**

The study involved 55 schoolchildren of 5 classes. The experiment is carried out in two groups: formative (30 pupils) and control (25 pupils). The duration of the experiment was one quarter (3 months). At the first stage, a diagnostic conversation is conducted with each student. At the second stage, 7 trainings are held (group work in class). In the third stage, 2 conversations are held. The following diagnostic tools were selected for diagnosis:

- R.Tamml, M. Dorki, V. Amen anxiety test (Dermanova, 2002);
- Test for anxiety of a child (G.P. Lavrentieva, T. M. Titarenko, 2017);
- Diagnosing School Anxiety: Phillips Questionnaire;
- Methodics “Ladder”, V.G. Schur (Schur, 2017).

Consider each test and its features, analyze the results of schoolchildren. Anxiety test, developed by R. Tamml, M. Dorki, V. Amen, is a set of drawings that describe a typical situation in the life of a primary school schoolchild. The set consists of 14 drawings 8.5 \* 11 cm in size. The drawings differ by gender: for girls, girls are depicted, on the cards for boys – boys.

Each figure also depicts two heads: one funny, the other sad. The test is carried out individually with each student. The student is shown a picture and asked to choose a suitable facial expression and comment on their choice. The schoolchild’s answers are recorded in a special protocol (Dermanova, 2002).

The test results for this technique throughout the sample are presented in table 2.

**Table 2** – Diagnostic results at the beginning of the experiment according to the test of R. Tamml, M. Dorki, V. Amen

Test R. Tamml, M. Dorki, V. Amena	Experimental group, %	Control group, %
High level	36,6	16,6
Average level	40,0	46,6
Low level	23,4	36,8
Total	100%	100%

As can be seen from table 2, in the first group 36.60% of children showed a high level of anxiety; 40% of children showed an average level; 23.40% of children showed a low level of anxiety. Thus, the majority of students are prone to anxiety syndrome of a high or medium level (76.6%). Only 23.40% of students have a low level of anxiety. In the second group – 16.6%, 46,6%, 36,8% respectively. Therefore, it was precisely this group that we took for the experimental one.

The next test for checking anxiety was the child's anxiety test developed by G.P. Lavrentieva,

T. M. Titarenko. The test is a questionnaire or questionnaire consisting of 20 statements to which the child must answer “yes” or “no”. For each positive answer, 1 point is assigned, points are summed up and the level of anxiety is determined on a special scale (Lavretieva, 2017). According to the scale of the questionnaire, scores from 20 to 15 characterize a high level of anxiety, scores 14-7 – an average level and scores from 6 to 0 – a low level. In other words, the less a child gives positive answers, the lower his level of anxiety (Lavretieva2, 2017).

**Table 3** – Diagnostic results at the beginning of the experiment according to the test Lavrentieva G.P., Titarenko T.M.

Test G.P. Lavrentieva, T. M. Titarenko	Experimental group,%	Control group, %
High level	33,3	8
Average level	40,0	36
Low level	26,7	56
Total	100%	100%

As a result, we received the following data (table 3): in experimental group – 33.3% showed a high level of anxiety, 40.0% – medium and 26.7 – low; in control group – 8%, 36%, 56% respectively. Fluctuations in data are insignificant, the difference is explained by a different approach to data analysis.

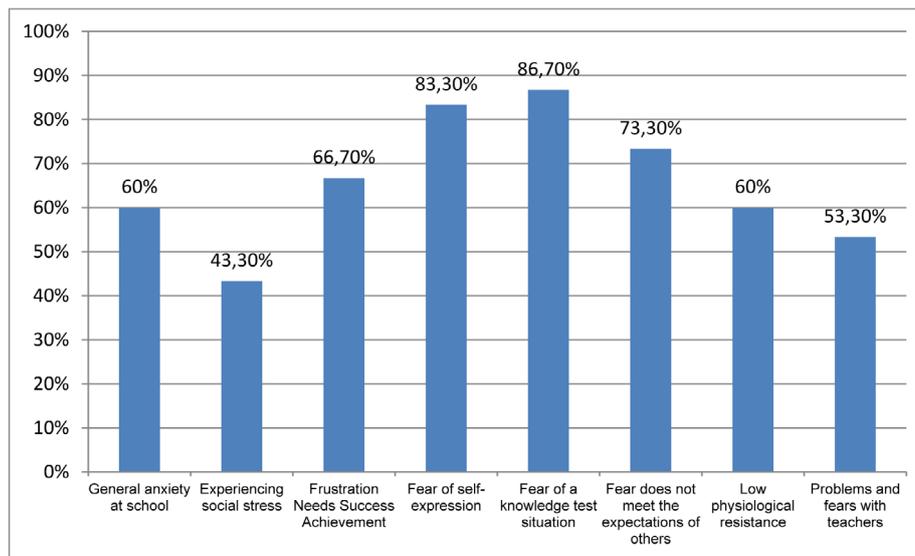
Analyzing the statements with the greatest number of positive answers, we can conclude that anxious children with similar symptoms are anxious and externally. As a rule, children with a symptom of increased anxiety are shy, impatient, restless, often complain of nightmares, etc. If parents and teachers pay attention to the behavior of schoolchildren and their complaints, then anxiety can be detected earlier and its treatment will be more successful.

We highlighted a number of statements, to which the majority of respondents answered positively: “there are terrible dreams”; “Usually anxious, easily upset”; “Not sure of himself, his

strength”; “I’m afraid to encounter difficulties”; “I can’t stand the expectations”; “Often I can’t hold back my tears.”

The next tool for diagnosing anxiety in students was a test on the Phillips questionnaire. The test is a list of 58 questions that students must answer “yes” or “no” (Questionnaire, 2016). Testing can also be carried out in a group, which greatly simplifies testing and saves the time of a social educator or psychologist

Significantly different way of analyzing the data. If in the previous tests the number of positive and negative answers was calculated, then this technique offers a table with codes. To determine the level of anxiety of the student, it is necessary to calculate the number of discrepancies between the answers of the respondents and the code table. The more mismatches, the higher the level of anxiety (Questionnaire2, 2016). The results of the analysis of schoolchild responses are shown in Figure 2.



**Figure 2** – The results of the responses of students to the Phillips questionnaire

According to the method of processing the results, if the total number of mismatches exceeds 50%, then the child has an increased level of anxiety. If the number of mismatches is more than 75%, then the level of anxiety is increased.

As can be seen from the above diagram, students have an increased level of anxiety. The overall anxiety of the sample of children is 60%. This can be explained by the fact that fifth graders moved from elementary school to middle school. There was a sharp transition to a new learning system: the transition from one office to another, in elementary school all the lessons were held in one office. Another cause of stress was the change of the class teacher, the emergence of a large number of new teachers. These and other factors contribute to increasing the level of anxiety of students.

43.3% of schoolchildren surveyed are experiencing social stress. The reason for this is not only the complexity of the educational process, but also the difficulties in communicating with peers. Fear of being rejected in a team, family relationships.

The need for success is one of the most important for a person and his successful adaptation in modern society. The child seeks to become successful, to be accepted into the team, to take a leading position from early childhood. It is enough to recall with what joy the child accepts praise. Tries to complete a task or work to be praised and appreciated his achievements. No wonder the method of “carrot and stick” is one of the most effective in raising children. 66.7% of schoolchildren are anxious that they will not be evaluated or not appreciated. This

figure is close to the critical threshold of a high level of anxiety, which indicates the presence of serious problems for students with self-esteem.

The fear of self-expression is closely related to the previous factor. A person needs to express himself, but often children are afraid to do it, because they believe that they may not be appreciated or not accepted. In this regard, a cognitive dissonance arises between the desire to realize oneself and the inability to do so. 83.3% of schoolchildren surveyed have a problem with self-realization. In the future, this may become a serious psychological problem.

The fear of a knowledge verification situation is common to almost all school students. 86.7% of the schoolchildren surveyed feel fear and anxiety when checking their homework, answer at the blackboard or survey. This is due to the fact that if the student answers incorrectly, he will receive a “bad mark” and he will be punished at home. To combat this type of fear, it is necessary to conduct a series of conversations with parents in order to reduce the child’s fear of parental punishment. Teachers should also be more attentive to anxious children, help them overcome their fear of testing knowledge.

Fear of not meeting the expectations of others is characteristic of 73.3% of schoolchildren. This is due to excessive requirements of parents for children, teachers for students, etc. In such a situation, the child is under constant pressure from others and is forced to make a large amount of effort to meet their expectations and requirements. In connection with these students is constantly experiencing a sense of fear and anxiety. Which does not live up to

expectations and will be punished. Over time, this feeling develops into chronic anxiety.

Low physiological resistance is characteristic of children of this age. According to the test results, 60% of schoolchildren have low resistance.

More than half of the students surveyed (53.3%) have problems and fears with teachers. This is due, first of all, to the fact that the students completely changed the teaching staff, and they get used to new people. Secondly, fear appears because of the fear of not making friends with the teacher, disappointing him, which will lead to complaints from parents from the school. Thirdly, the teacher associates students with rigor, poor grades, and possible troubles. In this regard, most students develop fear when communicating with a teacher.

The next tool for diagnosing the level of anxiety in students was the test “Ladder”, developed by V.G. Schur. This technique is aimed at studying the child’s self-esteem, his perception of himself.

The test is a blank with a schematically drawn staircase of seven steps. The conditions are explained to the child: it is necessary to position oneself on one of the steps. On the top step there should be the best guys, on 2 and 3 good, on 4 – neither good nor bad, on 5 and 6 – bad, on 7 – the worst. The child should comment on his choice (Enikeev, 2003)

The interpretation of the results is as follows:

– if the child placed himself on the first step, then we can say that he has an overestimated self-esteem. For elementary school students, such self-esteem is the norm. Often, students who put themselves on the first step cannot explain their choice in any way. This is due to the fact that until adolescence a person can not engage in introspection.

– If a child chooses the second and third steps for his position, then he has a sufficiently adequate self-esteem, he can evaluate himself and his activities at their true worth.

– Starting from the fourth step, the choice of the student means low self-esteem. The choice of the fourth step shows that the child’s self-esteem is underestimated. This means that there is a certain psychological problem. Also, such a choice shows that the child evaluates himself depending on the situation. For example, he is good when he gets a good grade or helps someone, bad if he gets a bad grade at school or does not fulfill an assignment.

– Fifth and sixth steps mean low self-esteem. A certain event may influence the choice of such a position. For example, on the eve of a student received a low rating or offended someone. This may affect his choice: he will classify himself as “bad guys.” In this regard, it is necessary to re-diagnose in children who choose these positions. But if the child gives a clearly reasoned answer why it is bad, then this indicates the presence of a number of psychological problems and low self-esteem

– The seventh step means a very low self-esteem. Such a choice signals the presence of serious mental problems in the child, the presence of personal and emotional distress. In such cases, it is necessary to provide qualified assistance, take a course with a psychologist. Otherwise, such self-esteem will affect the destructive development of the individual (Method “Ladder”) (Schur, 2016).

We conducted a test according to the method “Ladder” among students of the forming group. The results are shown in Figure 3.

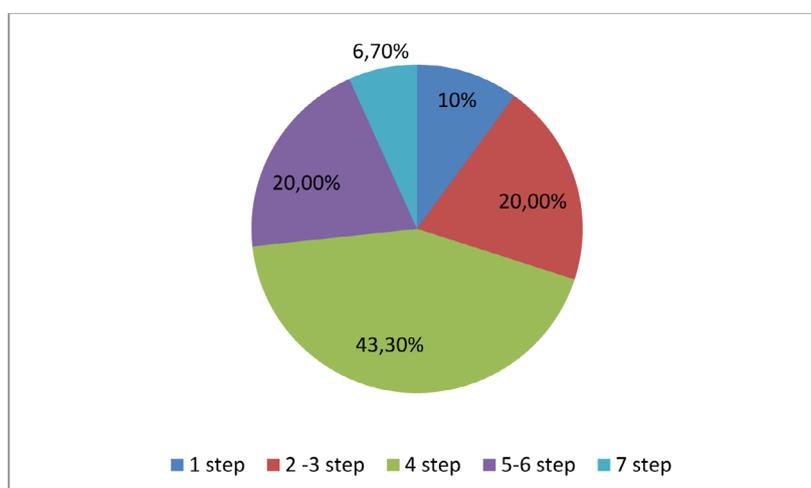


Figure 3 – Results of schoolchildren by the method “Ladder”

As can be seen from the above diagram, most of the students chose the middle steps, which indicates an adequate level of self-esteem in the classroom. Only 10% of students placed themselves at the highest level, which is responsible for overpriced self-esteem. At the age of 10-11 years, this is the norm, since children in this period only begin to face the stringent requirements of society.

2nd and 3rd step chose 20%. A fifth of students relate to “good guys,” but realize that they are not perfect.

The fourth step was chosen by the largest group – 43.3%. These students consider themselves “average,” “neither good nor bad.” In the future, some of them will choose higher or lower positions. Therefore, with the students of this group, it is necessary to conduct a series of trainings and discussions on the development of self-esteem and overcoming complexes.

5 and 6 steps characterize children with low self-esteem. This position was chosen by 20%, this is the third largest group. Students who choose these steps associate themselves with “bad children.” The reason for this may be poor schooling, poor academic performance, a quarrel with someone close to you, problems in relationships with parents or a tense atmosphere in the family. Such children need to work with a class teacher, a psychologist and social work to develop adequate self-esteem and prevent the development of chronic anxiety.

Schoolchildren who choose 7, the last step, make up the smallest group – only 6.7%. These children have problems with low self-esteem, they consider themselves “bad”, worse than others. There may be several reasons: poor performance, unreasonable expectations of parents, unstable relationships with classmates, etc. It is these children who more than others need the advice of a school psychologist or social educator.

A feature of this test is that for each age period the frequency of choosing one or another step is characteristic. In other words, in pre-school age, most of the children are characterized by high self-esteem, in another period – the choice of lower steps.

This should be taken into account when interpreting the results (Karelin, 2007).

Despite the psychophysiological characteristics of fifth-grade students, it should be noted that according to the results of the last test, approximately 24% of students have problems with low self-esteem. This suggests that almost a quarter of the class hypothetically has a risk of developing increased anxiety. To prevent this, it is necessary to conduct a training course with a psychologist or social worker on working with self-esteem, to raise it and prevent the development of anxiety, inferiority complex and other negative consequences for the full development of a full-fledged personality.

#### Formative Experiment Results

For the forming experiment, the sample was divided into the experimental and control groups. Moreover, in the experimental group we took a group with high rates of anxiety. This turned out to be the first group. In it, we conducted 7 group trainings with students. In addition to the trainings, two individual discussions were held with each student: one conversation before the training course, the second after.

During the first conversation, the fears and anxieties of the child, the reasons causing his anxieties were discussed. A program was also developed, the actions of the student for this period were discussed.

During the second conversation, which took place after the trainings, the results of the classes, the successes of the students, their achievements were discussed. As the results of the conversation showed, the training had a positive effect on students: reduced overall anxiety, increased students’ self-esteem, helped to learn to control themselves and their emotions, to cope with their fears. In particular, thanks to the trainings, the level of anxiety associated with learning activities and building relationships with teachers decreased.

Let us compare the results of the forming group before attending training sessions and after using the method of Lavrentiev G.P., Titarenko T.M. The results are shown in table 4

**Table 4** – Diagnostic results after training sessions

Test Lavrentieva G.P., Titarenko T.M.	Formative Group	
	Before training, %	After training,%
High level	33,3	13,3
Average level	40,0	33,3
Low level	26,7	53,4
Total	100	100

Analyzing the above data, it can be noted that the number of schoolchildren with a high level of anxiety has significantly decreased. As a result, the number of schoolchildren with a low level of anxiety has increased. Methodology for determining the level of anxiety Lavrentieva G.P. and Titarenko T.M. confirms that regular classes with anxious children

help reduce anxiety and restore schoolchildren's self-esteem.

For repeated testing of the experimental group, diagnostics was also carried out according to the test of R. Tamml, D. Dorki and A. Amen. Table 5 shows a comparative analysis of the results of the experimental group before training and after (table 4).

**Table 5** – Diagnostic results after training sessions

Test Tamml R., Dorki D. and Amen A.	Formative Group	
	Before training, %	Before training, %
High level	36,6	30
Average level	40,0	33,3
Low level	23,4	36,7
Total	100	100

As can be seen from the table 5, thanks to the training, the number of children with a high level of anxiety decreased: from 36.6% to 30%. The number of schoolchildren with an average level of anxiety decreased slightly: from 40% to 33.3%. The number of schoolchildren with a low level of anxiety increased: from 23.4% to 36.7%.

To prove the reliability of the results, the Student t-criterion was used, a special calculator was used (<http://medstatistic.ru/calculators/averagestudent.html>) (Calculator, 2017).

The obtained criterion turned out to be greater than the allowable critical value.

Thus, we can conclude that the body-oriented therapy program described in this study, as well as the properly designed training program and individual interviews, have had a positive effect on children with increased anxiety.

## Conclusion

Thanks to the training, the number of children with a high level of anxiety decreased, the number of schoolchildren with an average level of anxiety decreased slightly: from 40% to 33.3%, the number of schoolchildren with a low level of anxiety increased: from 23.4% to 36.7% according to the G. P. Lavrentieva, T. M. Titarenko test.

The body-oriented therapy program described in this study, as well as the compiled training program and individual interviews, allowed a positive effect on children with increased anxiety.

As guidelines for the removal of anxiety in children, we offer:

- treat the child with respect;
- use the facilitative position, support the student and help cope with self-doubt;
- try not to publicly compare the child with other children;
- often praise the child, do not focus on his failures.

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