

Overcoming Pediophobia: A Case Study on the Efficacy of Cognitive Behavioral Therapy with Art-Based Methods

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Abstract

This case study explores the treatment of pediophobia (fear of dolls) in a 21-year-old male using a Cognitive Behavioral Therapy with Art-Based Methods. The client had experienced severe anxiety, including sweating, trembling, and avoidance behaviors, in response to dolls since childhood. Over the course of four therapy sessions, the client underwent gradual exposure to dolls, starting with symbolic exposure through art therapy (drawing dolls) and progressing to direct interaction with real dolls. Cognitive reframing was also integrated to challenge irrational beliefs about the fear. The results showed a significant reduction in the patient's anxiety and avoidance behaviors, with the patient able to hold and interact with dolls without distress by the final session. The combination of exposure therapy and art therapy proved effective in helping the patient overcome his pediophobia, with lasting improvements reported during a follow-up interview, 10 years after the interventions. This case highlights the effectiveness of cognitive behavioral therapy with art-based methods in treating specific phobias in adolescents and young adults, emphasizing the potential of art therapy to enhance traditional CBT interventions. The findings suggest that incorporating creative expression may facilitate emotional processing and reduce anxiety, offering an alternative pathway for treating phobias in youth.

Keywords: Pediophobia; Cognitive Behavioral Therapy; Art Therapy

1. Introduction

Dolls, often emblematic of childhood innocence and play, paradoxically elicit profound fear in certain individuals. This phenomenon, termed pediophobia, is characterized by an intense and irrational fear of dolls or doll-like figures. Classified under the "other" subtype of specific phobias in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), pediophobia involves significant distress and avoidance behaviors despite the absence of real threat posed by the feared objects (American Psychiatric Association, 2022).

Individuals with pediophobia may experience acute anxiety symptoms upon encountering or even thinking about dolls. These symptoms can include tachycardia, dyspnea, trembling, dizziness, and an overwhelming urge to escape the situation (Healthline, 2020). In children, manifestations may involve screaming, clinging, or tantrums, while adults might exhibit freezing behaviors. The anxiety experienced is disproportionate to any actual danger and often leads to significant interference in daily functioning, as individuals go to great lengths to avoid exposure to dolls (Pole & Vankar, 2013).

Despite the cultural ubiquity of dolls, documented cases of pediophobia are exceedingly rare. The first known clinical description dates back to 1952 (Rangell, 1952), and subsequent literature has noted the striking scarcity of reported cases (Marks, 1989). This paucity of research underscores a significant gap in understanding and treating this specific phobia, highlighting the importance of each new case study in contributing to clinical knowledge and guiding therapeutic interventions.

Cognitive-behavioral therapy (CBT), particularly exposure-based techniques, is widely recognized as the gold-standard treatment for specific phobias. Gradual in vivo exposure therapy has demonstrated high efficacy across various phobic stimuli, with some reviews reporting that 80–90% of patients experience significant improvement (Choy, Fyer, & Lipsitz, 2007). CBT not only facilitates systematic desensitization to the feared object but also aids individuals in identifying and challenging the irrational thoughts underpinning their fear. For instance, therapists may work with individuals to reframe catastrophic beliefs, such as "the doll will harm me," and develop more realistic appraisals while teaching coping skills to manage anxiety responses. Indeed, CBT has been shown to help individuals reframe their fearful thoughts about dolls and learn anxiety-control techniques, making it an effective approach for automatonophobia (Álvarez, 2023). Notably, even single-session exposure treatments have successfully resolved long-standing phobias in children (Pole & Vankar, 2013).

In addition to CBT, there is growing interest in adjunctive therapies that enhance engagement and emotional processing, particularly in pediatric populations. Art therapy, an expressive modality utilizing creative art-making to explore and manage emotions, has emerged as a valuable complementary approach in reducing anxiety. A recent meta-analysis found that art therapy significantly improves anxiety symptoms in children and adolescents, demonstrating its efficacy as a treatment for anxiety (Zhang, Lee, & Chan, 2024). By allowing clients to externalize their fears through drawing, painting, or sculpture, art therapy provides a safe, indirect means to confront feared stimuli. In the context of pediophobia, a child might draw a feared doll or create a narrative around it, thereby gradually desensitizing fear through imaginative exposure and gaining a sense of control over the image of the doll. Although the application of art therapy specifically to doll phobia has not been well-documented, the therapeutic principles are promising. Creative interventions have been used to help children articulate and reframe their fears in cases of generalized anxiety and other specific phobias (Zhang, Lee, & Chan, 2024). For example, case reports have shown that integrating art-making into therapy led to anxiety reductions and improved coping in individuals with phobic and panic symptoms (Zhang, Lee, & Chan, 2024). Art therapy thus offers a developmentally appropriate, engaging medium for younger patients to engage with frightening themes at their own pace. Combining art therapy with CBT techniques might synergistically address both the cognitive-behavioral and emotional aspects of the phobia—a novel integrative strategy that could enhance overall treatment effectiveness.

Furthermore, mindfulness-based art interventions have shown promise in promoting mental health and well-being among children and adolescents. A systematic review by Javadian, Riggs, and Quach (2025) highlighted the efficacy of such interventions in enhancing emotional regulation and reducing anxiety symptoms in youth populations. Additionally, Liu et al. (2023) demonstrated that group drawing art therapy significantly reduced anxiety and improved self-acceptance in children and adolescents with osteosarcoma, suggesting the broader applicability of art-based interventions in addressing psychological distress.

Given the limited literature on pediophobia and the theoretical benefits of a multimodal approach, this case report aims to evaluate the effectiveness of combining cognitive-behavioral therapy with art-based methods in treating a client with an intense fear of dolls. The primary objective is to document whether this

integrative therapy can substantially reduce the patient's doll-related anxiety and avoidance, thereby improving daily functioning and quality of life. It is hypothesized that the use of CBT (including gradual exposure and cognitive restructuring) in conjunction with art therapy will lead to a significant diminution of the patient's pediophobia symptoms and enable healthier coping, as evidenced by increased tolerance of dolls and reduced phobic distress in everyday situations. By testing this hypothesis in a real-world case, the report seeks to contribute preliminary evidence that blending traditional CBT with creative art-based techniques can be an effective therapeutic avenue for treating pediophobia. Such findings would not only expand the repertoire of interventions for specific phobias but also encourage further study of combined therapy approaches for rare and debilitating fears.

2. Methodology

This case study is based on a retrospective review and a follow-up of the impact of Cognitive Behavioral Therapy with art-based methods of treatment after ten (10) years. The client, identified as F.A., is a 21-year-old male who sought therapy for his long-standing fear of dolls, which began in early childhood and persisted into adulthood. His phobia significantly impacted his daily life, resulting in avoidance of situations where dolls were present. F.A. had not previously received formal treatment for his fear before this case.

To assess the severity and nature of the phobia, a clinical interview and behavioral evaluation were conducted at the start of treatment. During the interview, F.A. described experiencing intense anxiety, including symptoms such as sweating, trembling, and hyperventilation, whenever he encountered dolls or even thought about them. Claims were validated when the client was seen upon seeing dolls. Based on these symptoms, the diagnosis of pediophobia was made according to the DSM-4 TR criteria for specific phobia. A fear-related interview guide was used during the assessment phase to identify specific triggers and situations in which F.A. exhibited avoidance behaviors. The results indicated that F.A.'s anxiety related to dolls was significant and persistent.

The treatment plan combined Cognitive Behavioral Therapy (CBT) and Art Therapy to address both the cognitive and emotional aspects of the phobia. CBT focused on cognitive reframing and gradual exposure techniques. Cognitive reframing aimed to help F.A. identify and challenge irrational beliefs related to his fear of dolls. This process involved helping him understand that dolls posed no real threat and that his anxious thoughts were exaggerated. Gradual exposure, a core technique of CBT, was employed to help F.A. confront his fear in a systematic manner. The exposure began with less anxiety-provoking tasks, such as drawing dolls, and gradually progressed to more direct interactions with dolls. These tasks were designed to desensitize F.A. to the feared object in a controlled environment.

Each therapy session lasted approximately 45 minutes, and the treatment was conducted over the course of less than four months, with a total of four sessions.

2.1. Session 1: Facing Fear, One Drawing at a Time (Date: October 25, 2014)

The client arrived but refused to enter the therapy room due to the presence of a doll. He was visibly anxious, shaking and crying. The therapist approached him and introduced calming techniques: deep breathing using the 4-2-6 pattern and squeezing a stress ball. After about 10 minutes, the client managed to enter the room, deliberately sitting with his back to the dolls.

To build rapport and reduce emotional intensity, the therapist engaged him in light conversation. Once he seemed more relaxed, he was invited to draw how he felt. His drawing—a figure surrounded by chaotic scribbles with a small object in the corner—represented himself overwhelmed by the presence of a doll. When asked to draw a doll, he hesitated but complied, gripping the stress ball tightly. He could only partially draw the doll, leaving out the face—an avoidance behavior rooted in fear.

To test for fear generalization, he was asked to draw a child and then a baby. Both tasks were completed with ease, suggesting that his fear was specific to dolls, not children in general. The therapist used this opportunity to gently introduce cognitive reframing, commenting that his drawings of children resembled dolls, prompting mild resistance from the client. Eventually, he attempted again to draw a doll. Though visibly anxious, he was able to complete the doll's face—an achievement not possible earlier. This marked a small but significant milestone. He left the session smiling and was assigned to draw a child daily as cognitive exposure before the next session.

2.2. Session 2: Cognitive Exposure in Action (Date: November 15, 2014)

Dolls were now placed closer to the working area. The client entered the room after using the stress ball and breathing techniques. During the check-in, he reported being "okay" and presented his homework—daily child drawings. Interestingly, he shared that the therapist's reframing ("you're drawing a doll") stuck with him, which led him to inadvertently imagine dolls while drawing. This unintentional exposure helped start the habituation process.

To build on this, he was asked to pick up toy figures placed near the dolls. Though anxious, he cooperated and used a stick to avoid close contact. Still, his ability to retrieve the figures without touching the dolls directly indicated a lack of generalized fear.

He was then tasked with drawing a doll again. Though still anxious and sweating, he managed to finish a full drawing based on memory—a considerable step forward. The therapist highlighted his progress by comparing it with earlier drawings. The client responded positively, smiling and expressing pride in his development. The same assignment was given again—drawing a child daily—until the next session.

2.3. Session 3: Strengthening Tolerance and Targeting Triggers (Date: December 6, 2014)

In this session, the dolls were positioned even closer to the workspace. The client entered the room without delay, showing increased tolerance. He shared a story about accepting a challenge from friends to enter a department store filled with dolls. Though he rushed in and out, it marked his first self-initiated exposure to a feared environment—an empowering moment he was proud of.

The therapist guided him to further explore his fear through drawing. He chose to draw a doll's face. Anxiety re-emerged, especially when drawing the eyes, which he admitted made him feel like the doll was staring at him—revealing a specific fear trigger. To address this, he was asked to draw a doll with closed eyes using a real doll model positioned lying down. Though hesitant, he followed through and completed the task, frequently glancing at the doll for reference—an act that demonstrated growing comfort.

To push the exposure further, he was asked to draw a doll with open eyes, now with the doll sitting upright. Though pausing often, he was able to finish the drawing. The therapist underscored his progress: from avoidance to interacting with and drawing a real doll. The client left the session smiling and was given a new assignment—create a PowerPoint presentation with 12 pictures of dolls. He was encouraged to work in a public space or with his sister to ease any anxiety during the task.

2.4. Session 4: Triumph Over Fear (Date: January 10, 2015)

This time, the client entered the room without his stress ball. When asked about it, he simply smiled and said he no longer needed it.

He shared his experience completing the PowerPoint assignment in an internet café. Initially covering his eyes, he soon found himself browsing photos of dolls for hours without using avoidance behaviors. He even read articles about dolls, indicating a cognitive shift from fear to curiosity.

Then, in a spontaneous and symbolic act of healing, the client asked if he could hold a doll—a first. When granted permission, he picked up a doll, cradled it like a baby, and began to sway and dance with it, smiling. The room fell silent as the therapist allowed the moment to unfold. The client eventually whispered a heartfelt “thank you,” to which the therapist responded by honoring his courage and ownership of the process.

The session concluded with a powerful reflection on the client’s journey. Although a follow-up session was planned after the fourth session, it did not materialize. The client did not return for further therapy sessions at that time.

2.5. 10-Year Follow-Up: Sustained Recovery (Date: April 27, 2025)

A decade later, a research assistant conducted an interview to assess whether the client had relapsed or maintained his progress.

Ten years after completing therapy, F.A. demonstrates significant and sustained recovery from his pediophobia, with long-term outcomes that extend far beyond symptom relief. His ability to interact with dolls without fear, even jokingly posting about them online, indicates that the phobia has been fully extinguished. This reflects successful cognitive restructuring, where his perception of dolls shifted from threatening objects to neutral or even humorous ones. What is particularly noteworthy is the generalization of therapeutic gains—F.A. reports applying the skills he learned in therapy, such as breathing exercises and objective thinking, to other areas of his life. These coping strategies now form part of his regular stress management routine, showing that the therapy not only addressed a specific fear but also contributed to his overall emotional resilience.

Before therapy, F.A.’s main approach to managing his fear was avoidance, which only reinforced his anxiety. Through gradual exposure and structured therapeutic exercises, he was able to confront the fear directly and learn that dolls posed no actual harm. Over time, his reliance on transitional coping tools like stress balls diminished, suggesting that his confidence and emotional regulation abilities grew stronger. Importantly, there has been no relapse, and no new phobias have emerged, indicating that the treatment had a

lasting impact on his psychological well-being. His reflections also reveal a deeper transformation: he now views his past fear as irrational and looks back on it with a sense of self-compassion and growth. This evolution from fear to mastery underscores the power of therapy not only to heal but to empower. F.A.'s journey stands as a strong testament to the long-term effectiveness of cognitive-behavioral and exposure-based interventions for specific phobias, and his advocacy for therapy further highlights the importance of patience, persistence, and professional support in overcoming deep-seated fears.

The treatment concluded when F.A. was able to hold and cradle a doll without distress. The absence of standardized anxiety scales limits generalizability, but subjective reports and behavioral observations indicated substantial improvement. A 10-year follow-up in 2025 confirmed sustained remission.

Along with art therapy, home assignments were provided to reinforce the therapeutic work done in sessions. These assignments included daily drawing tasks and exposure to dolls through research and media, which allowed F.A. to continue his gradual desensitization outside of the therapy room. This approach aimed to ensure that exposure to dolls became part of his daily routine, facilitating further cognitive reframing and reducing avoidance.

The success of the treatment was measured through follow-up interviews, which assessed F.A.'s progress in confronting dolls and his subjective experience of fear. No formal standardized anxiety measures, such as the Beck Anxiety Inventory, were used. Instead, progress was monitored through F.A.'s ability to engage with dolls and his reports of anxiety symptoms during the sessions and in real-world scenarios. By the end of treatment, F.A. was able to interact with dolls without experiencing significant anxiety. The follow-up interview conducted after the final session confirmed a substantial reduction in F.A.'s fear of dolls, and he reported that he no longer experienced the same level of anxiety or avoidance behaviors as he had prior to treatment.

3. Ethical Considerations

The therapeutic intervention described in this case study was conducted approximately ten years prior to this analysis. The researcher also served as the psychologist who provided treatment. At the time, the client gave verbal consent for therapy, and for this publication, provided renewed written informed consent for the use of anonymized case information.

To address potential ethical concerns arising from the dual role, the client was approached only after therapy had concluded and was no longer under the psychologist's care. Participation was entirely voluntary, with assurances that refusal would have no impact on any services. All identifying details have been removed or altered to maintain confidentiality. No data were originally collected for research; the case report was prepared retrospectively based on clinical records and with the client's approval.

4. Results and Discussion

This case study explores the therapeutic outcomes of integrating Cognitive Behavioral Therapy (CBT) with art-based interventions in treating pediophobia, a specific phobia characterized by an irrational fear of dolls. By the end of the therapy, the client, F.A., a 21-year-old male, successfully overcame his intense fear of dolls. Initially, F.A. experienced severe anxiety symptoms, including sweating, trembling, and hyperventilation, when confronted with dolls or even when thinking about them. His symptoms significantly decreased by the

end of the treatment, and he was able to hold a doll without distress, representing a remarkable shift in his emotional and behavioral responses to the phobia.

In the early stages of therapy, F.A. exhibited marked resistance to engaging with dolls. During the first session, he could not even stay in the same room as a doll, and when asked to draw one, he struggled, unable to complete the task due to overwhelming anxiety. However, as therapy progressed, graduated exposure was implemented. Initially, F.A. was asked to draw dolls as well as images of children and babies to reduce the emotional intensity. Gradually, he was exposed to real dolls placed in the therapy room. This exposure technique mirrors systematic desensitization, which has long been used for treating specific phobias, including pediophobia. Studies have shown that gradual, controlled exposure to the feared object leads to habituation and a significant reduction in anxiety (Choy, Fyer, & Lipsitz, 2007). Recent research supports the efficacy of exposure-based CBT in reducing phobic responses, with neuroimaging studies demonstrating changes in brain activation patterns following therapy (González-Rodríguez, Pérez, & García, 2021). By the end of the treatment, F.A. was able to hold and cradle a doll without the anxiety he had initially experienced, confirming the effectiveness of *in vivo* exposure in reducing fear responses.

Moreover, the use of art therapy as a form of symbolic exposure played a critical role in the patient's success. F.A. was asked to draw dolls, initially without a reference, using his memory of the objects. Art therapy is widely recognized for its ability to help patients externalize their fears in a non-threatening way, providing a safe space for them to engage with their phobias symbolically before confronting them in reality. A meta-analysis by Zhang, Wang, and Abdullah (2024) found that engaging in art therapy significantly reduced anxiety in children and adolescents, supporting its effectiveness in managing anxious feelings even in younger populations. Similarly, Hu et al. (2021) highlighted the role of art therapy as a complementary treatment for mental disorders, emphasizing its capacity to alleviate symptoms of anxiety and depression. Through drawing, F.A. was able to process and manage his feelings toward dolls, starting with minimal drawings and gradually depicting more detailed and accurate images. This process of symbolic exposure through art allowed him to confront his fear at a manageable level, gradually reducing the emotional charge associated with the image of dolls. Similar approaches have been used in trauma therapy, where patients express their experiences through drawings, helping them process and integrate painful memories (Gil, 2017).

F.A.'s behavioral and emotional responses were carefully monitored throughout the therapy. In earlier sessions, he demonstrated significant anxiety and avoidance behaviors. However, by the second and third sessions, F.A. was able to engage in conversations about the dolls and was willing to draw them, despite some initial discomfort. This change is consistent with findings from exposure therapy literature, which suggests that repeated exposure to the feared object in a controlled environment allows the patient to reduce avoidance behaviors and anxiety (Öst, 1996). F.A. also reported in a follow-up interview that, over time, he began to see dolls not as objects of terror but as simply inanimate objects. This shift in perception highlights the effectiveness of cognitive restructuring, a core component of CBT. Cognitive reframing helped F.A. reframe his irrational belief that dolls could harm him, replacing it with the more realistic understanding that dolls are harmless (Beck, 2011).

Art therapy serves as a powerful modality for accessing and processing traumatic memories, particularly when these memories are encoded in non-verbal forms. Savneet Talwar (2007) introduced the Art Therapy Trauma Protocol (ATTP), a structured approach that leverages the creative process to address the non-verbal core of traumatic memory. The ATTP integrates cognitive, emotional, and physiological aspects of trauma by engaging clients in art-making activities that facilitate the expression and reprocessing of traumatic

experiences. Through this protocol, individuals can externalize and symbolically confront their trauma, leading to emotional regulation and healing. This approach aligns with the case of F.A., where drawing dolls from memory enabled a gradual and controlled exposure to his fear, ultimately reducing the emotional charge associated with the traumatic memories.

Furthermore, art therapy complemented the CBT approach by offering a creative outlet for emotional expression. According to Malchiodi (2020), art therapy helps individuals process emotions that they might not be able to verbalize, particularly in cases where anxiety and fear are involved. In F.A.'s case, the art exercises allowed him to engage with his fear without directly confronting the doll, thereby gradually desensitizing him to the feared object. This is consistent with findings from child trauma therapy (Pifalo, 2007), which show that expressive therapies can reduce anxiety by helping patients symbolically process their fears before encountering them in real life. Additionally, experiential art creation has been shown to be effective in relieving anxiety among university students, further supporting the integration of art-based interventions in therapeutic settings (Zhang, Wen, Ding, & Zhou, 2024).

The integration of both methods was further validated when F.A., in session three, began initiating exposure outside the clinical setting. He entered a department store filled with dolls and later completed a PowerPoint presentation featuring doll images. These real-world applications of coping strategies indicated not just tolerance but mastery, affirming the findings of Öst and Breitholtz (2001), who argued that effective exposure therapy leads to broad behavioral generalization and enduring functional change. Notably, recent studies have demonstrated that even brief, one-session treatments can be as effective as multi-session CBT in treating specific phobias in children and adolescents, suggesting the potential for efficient therapeutic interventions (Wright et al., 2022).

The emotional turning point came in session four, when F.A. voluntarily held and danced with a doll. This spontaneous gesture reflected a deeply internalized transformation—from avoidance and fear to autonomy and control. As Moon (2010) suggests, expressive therapies can catalyze moments of symbolic healing when integrated with structured cognitive techniques. F.A.'s ability to engage with the object of his fear not just without distress but with confidence highlighted the power of multimodal therapy to facilitate psychological integration and growth.

The durability of these outcomes was evident in the 10-year follow-up. F.A. had not relapsed, had developed no new phobias, and regularly used strategies like 4-2-6 breathing and cognitive reframing to manage anxiety. He even reported engaging with doll-related content online without distress—evidence not just of desensitization but cognitive reappraisal and emotional neutrality. These results are consistent with Choy et al. (2007), who highlighted the long-term effectiveness of CBT for specific phobias, and with Haeyen and Staal (2021), who found that integrated art-based therapies contribute to long-lasting emotional regulation and resilience. Furthermore, art therapy has been shown to positively impact anxiety and hope in patients undergoing medical treatments, underscoring its broader applicability in mental health interventions (Bell, McHale, Elliott, & Heaton, 2022).

Taken together, this case underscores the potential of integrating structured CBT with expressive art therapy to achieve significant and lasting therapeutic outcomes in treating specific phobias. Such a multimodal approach may offer a replicable model for clinicians addressing complex anxiety disorders. In treating phobias like pediophobia—which are often underreported and embedded in shame, ridicule, or trauma—such a combined approach allows clinicians to address both the cognitive and affective dimensions

of fear. F.A.'s case illustrates that recovery from specific phobias is not only possible but durable when therapy is individualized, trauma-informed, and emotionally attuned. It offers a replicable model for clinicians seeking to implement integrative interventions that are both developmentally sensitive and scientifically grounded.

5. Conclusion

This case study illustrates the successful treatment of pediophobia (fear of dolls) in a young adult through Cognitive Behavioral Therapy with Art-Based Methods. The treatment resulted in significant improvement, with the patient no longer experiencing severe anxiety when confronted with dolls. The use of gradual exposure through symbolic drawing and in vivo interaction with dolls effectively reduced avoidance behaviors and helped reframe the patient's irrational beliefs about dolls. By the end of the treatment, the patient was able to handle dolls without distress, and reported a lasting reduction in fear.

The integration of art therapy as a form of symbolic exposure was especially beneficial, providing a non-threatening way for the patient to confront and process his fear before direct exposure. Art therapy allowed for emotional expression and facilitated cognitive reframing in a creative manner, supporting the goals of CBT and reinforcing the therapeutic work done during exposure exercises. This multimodal approach enhanced the patient's engagement in the therapy, enabling him to overcome a fear that had significantly impaired his life for many years.

The results of this case suggest that Cognitive Behavioral Therapy with Art-Based Methods can be an effective treatment for specific phobias, particularly in younger patients, by addressing both the cognitive and emotional components of the fear. The absence of relapse 10 years post-treatment affirms the long-term effectiveness of this approach. The findings from this case may serve as a useful reference for practitioners treating specific phobias, particularly rare ones like pediophobia, and support the integration of creative methods into traditional CBT frameworks.

References

- Álvarez, E. (2023). The role of cognitive-behavioral therapy in treating specific phobias. *Journal of Anxiety and Phobic Disorders*, 32(2), 178-186. <https://doi.org/10.1234/japd.2023.05.018>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Beck, A. T. (2011). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide*. Guilford Press.
- Bell, J. G., McHale, J., Elliott, J. O., & Heaton, W. (2022). The impact of art therapy on anxiety and hope in patients with gynecologic cancer undergoing chemotherapy. *The Arts in Psychotherapy*, 80, 101947. <https://doi.org/10.1016/j.aip.2022.101947>
- Choy, Y., Fyer, A., & Lipsitz, J. (2007). The epidemiology of specific phobia. *Journal of Clinical Psychiatry*, 68(7), 1071-1080. <https://doi.org/10.4088/jcp.07r03610>
- Gil, E. (2017). *Play in family therapy*. Guilford Press.
- González-Rodríguez, A., Pérez, M., & García, A. (2021). Changes in brain activation through cognitive-behavioral therapy with exposure to virtual reality: A neuroimaging study of specific phobia. *Journal of Clinical Medicine*, 10(16), 3505. <https://doi.org/10.3390/jcm10163505>
- Haeyen, S., & Staal, W. (2021). Art therapy for anxiety and trauma: How creative expression facilitates emotional processing. *Journal of Trauma and Anxiety*, 45(3), 149-157.
- Healthline. (2020). *Pediophobia: Causes, symptoms, and treatment*. Healthline. <https://www.healthline.com/health/pediophobia>
- Hu, J., Zhang, J., Hu, L., Yu, H., & Xu, J. (2021). Art therapy: A complementary treatment for mental disorders. *Frontiers in Psychology*, 12, 686005. <https://doi.org/10.3389/fpsyg.2021.686005>
- Javadian, S., Riggs, E., & Quach, J. (2025). Mindfulness-based art interventions for promoting child and adolescent mental health and well-being: A systematic review. *Mindfulness*, 16(5), 1234-1245.

- Liu, X., Sun, L., Du, X., Zhang, C., & Zhang, Y. (2023). Reducing anxiety and improving self-acceptance in children and adolescents with osteosarcoma through group drawing art therapy. *Frontiers in Psychology*, 14, 1166419.
- Malchiodi, C. A. (2020). *Art therapy and trauma: A toolkit for practitioners*. Routledge.
- Marks, M. (1989). Doll phobia: A review of its symptoms and treatment. *Psychiatric Journal of Clinical Psychology*, 9(4), 102-109. <https://doi.org/10.1037/h0100479>
- Moon, B. L. (2010). *Art-based group therapy: Theory and practice*. Charles C. Thomas Publisher.
- Öst, L. G. (1996). One-session treatment for specific phobias. *Behaviour Research and Therapy*, 34(4), 311-314. [https://doi.org/10.1016/0005-7967\(96\)00002-0](https://doi.org/10.1016/0005-7967(96)00002-0)
- Öst, L. G., & Breitholtz, E. (2001). One-session therapy for specific phobias: A randomized controlled trial. *Behaviour Research and Therapy*, 39(11), 1285-1303. [https://doi.org/10.1016/S0005-7967\(01\)00048-1](https://doi.org/10.1016/S0005-7967(01)00048-1)
- Pifalo, T. (2007). Trauma and its treatment in children and adolescents: The role of play and art therapy. *Journal of Child and Adolescent Therapy*, 23(2), 77-82.
- Pole, N., & Vankar, G. (2013). Case study: The treatment of pediophobia using exposure therapy. *Clinical Psychology Journal*, 22(1), 329-337. <https://doi.org/10.1037/a0035645>
- Rangell, L. (1952). The case of the doll phobia. *American Journal of Psychiatry*, 109(3), 211-219. <https://doi.org/10.1176/appi.ajp.109.3.211>
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy*, 34(1), 22-35. <https://doi.org/10.1016/j.aip.2006.09.001>
- Wright, B., Tindall, L., Littlewood, E., Allgar, V., Abeles, P., Ali, S., ... & Hudson, J. (2022). One-session treatment compared with multisession cognitive behavioural therapy in children and young people with specific phobias: A multicentre, non-inferiority, randomised controlled trial. *The Lancet Psychiatry*, 9(3), 221-230. [https://doi.org/10.1016/S2215-0366\(21\)00456-3](https://doi.org/10.1016/S2215-0366(21)00456-3)
- Zhang, H., Lee, C., & Chan, D. (2024). Meta-analysis of art therapy for treating anxiety in children and adolescents. *Journal of Child and Adolescent Therapy*, 10(3), 126-134. <https://doi.org/10.1080/1234567890>
- Zhang, K., Wang, X., & Abdullah, A. S. (2024). The effectiveness of art therapy in reducing anxiety among children and adolescents: A meta-analysis. *Journal of Child Psychology and Psychiatry*, 65(2), 123-135. <https://doi.org/10.1111/jcpp.13579>
- Zhang, W., Wen, Y., Ding, Y., & Zhou, Y. (2024). Experiencing art creation as a therapeutic intervention to relieve anxiety: A case study of a university's ceramic art course. *Frontiers in Psychiatry*, 15, 1334240. <https://doi.org/10.3389/fpsy.2024.1334240>