

# Breaking Ground with Simple Art

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# PTSD

- Post-traumatic Stress Disorder
  - Mental health condition that is triggered by a terrifying event – either by experiencing it or witnessing it

## Symptoms

- Reliving the event
- Avoidance
- Hyperarousal
- Depression
- Anxiety
- Physical symptoms or chronic pain
- Employment problems
- Relationship problems
- Substance abuse

# Epidemiology

- National Comorbidity Survey Replication (NCS-R), conducted between 2001-2003, estimated lifetime prevalence of PTSD (based on DSM-IV criteria) among adult Americans to be 6.8%.
- Findings were very similar to first survey conducted in early 1990s: 7.8% in general population.
- Particularly for veterans:
  - National Vietnam Veterans Readjustment Study (1986-1988): estimated lifetime prevalence was 30.9% for men and 26.9% for women
  - Gulf war veterans (1995-1997): 10.1%
  - Operation Enduring Freedom/Operation Iraqi Freedom (2008): 13.8%

# Treatment of PTSD

- Cognitive behavioral therapy
  - Learn to identify thoughts about the trauma and its aftermath that causes stress or fear and replace these thoughts with less distressing ones.
- Exposure therapy
  - Goal is to have less fear about patient's memories by repeatedly discussing them using "desensitization" and "flooding" techniques
- Eye movement desensitization and reprocessing
  - While thinking/talking about traumatic memories, patient will focus on other stimuli like eye movements, hand taps and sounds.
- Medications: SSRIs
  - Celexa, Prozac, Paxil, Zoloft
- Group therapy
  - Build relationships with others who understand similar experiences.

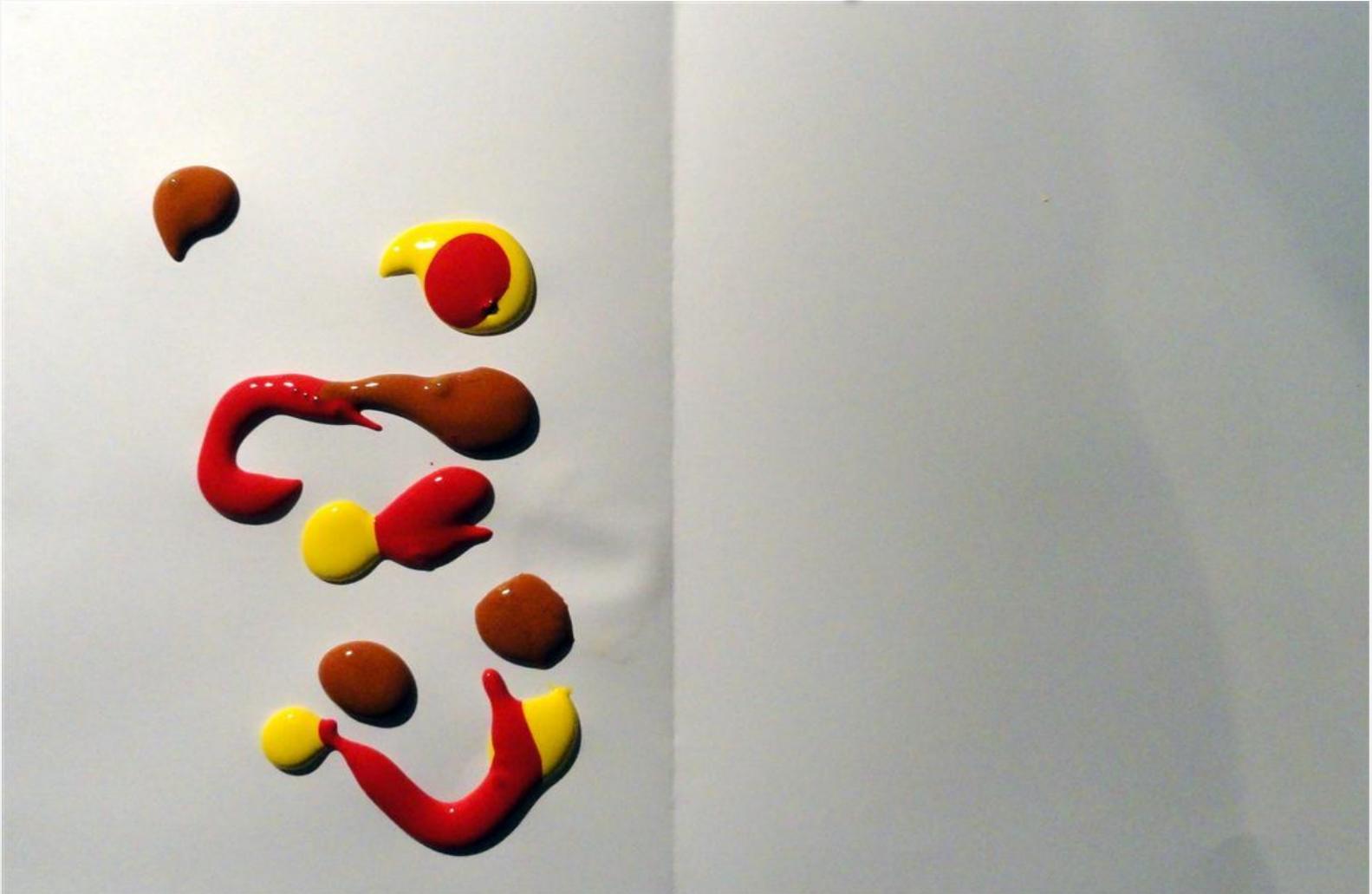
# Art Therapy

- Helps to externalize difficult emotions and memories that can not easily be discussed by the veteran
- Gains insight into the patient's PTSD symptoms
- Has a calming effect, reduces stress
- Offers opportunity to discuss art with peers and express emotions

## Limitations:

- May feel limited by artistic skills
- Must bring up unwanted memories to portray
- May not be open to discuss or interpret

# Activity



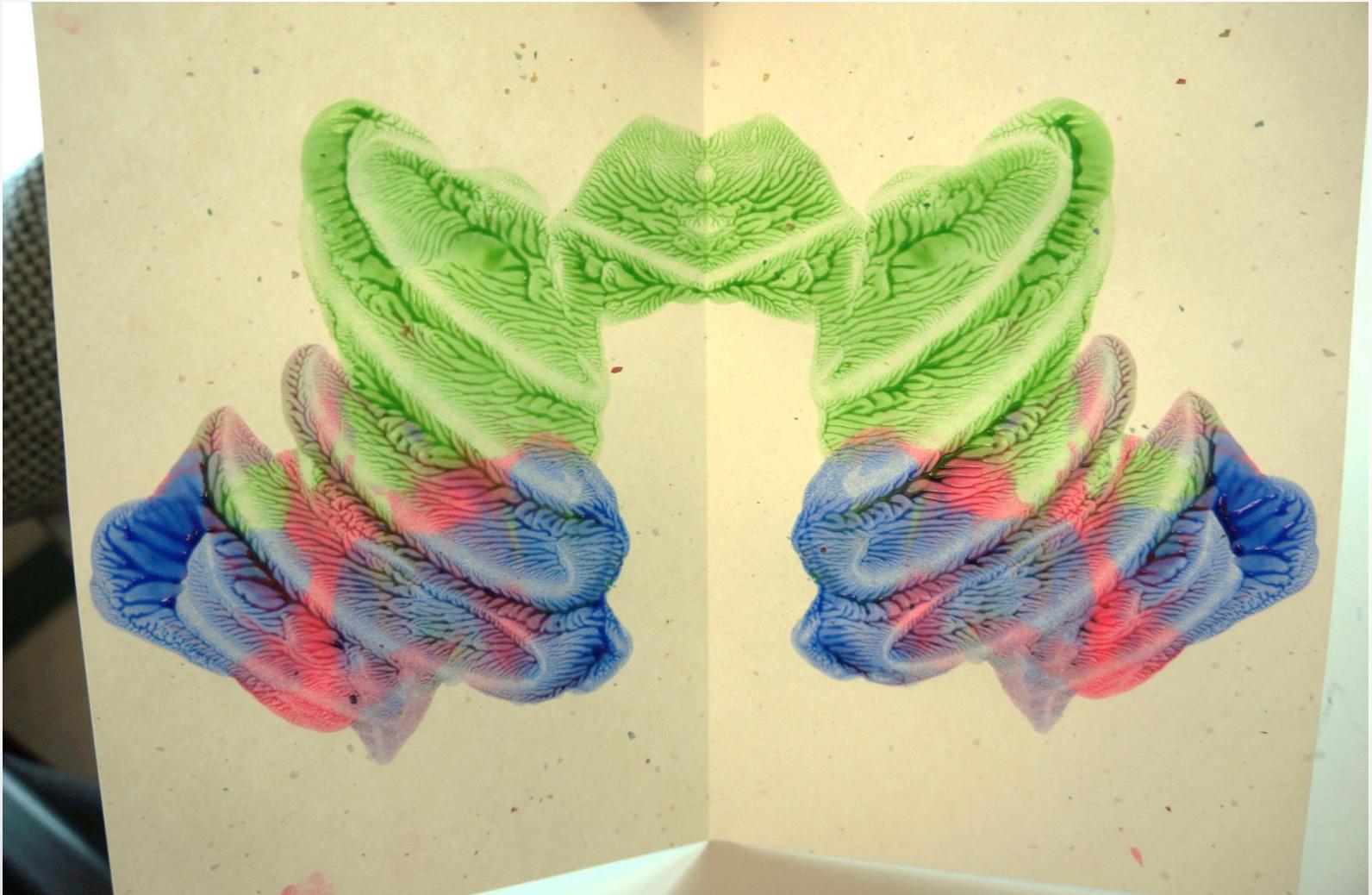
# Activity

- Worked with 10-15 PTSD Veterans as a group in the presence of a facilitator
  - Activity was a required part of their program (Participants signed in after)
  - All were fully capable of doing artwork
  - Participants were random and varied week to week. Did not establish a strong personal connection or continuity
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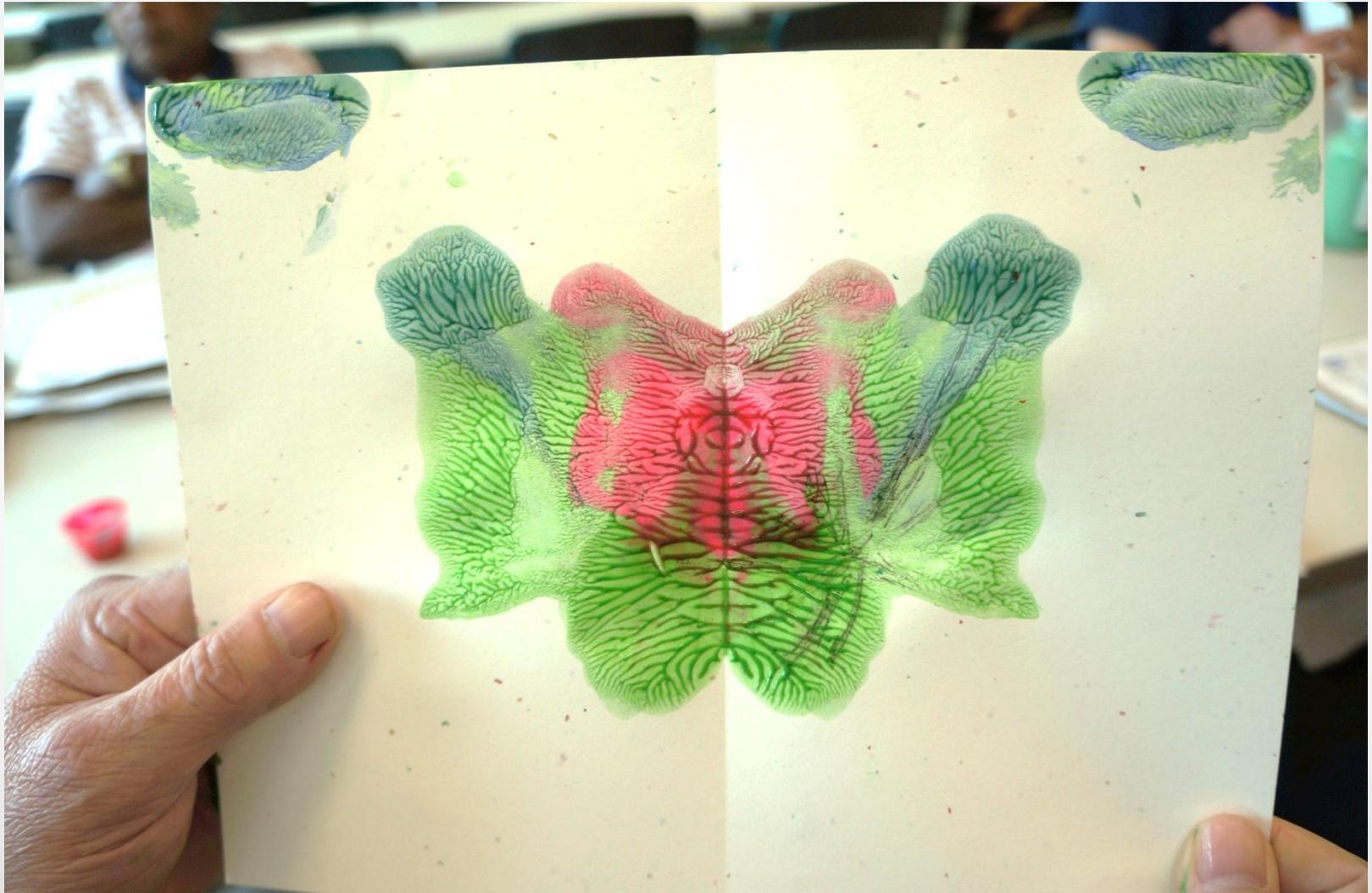
# Activity

- Began activity through introductions
  - Simply asked: name and something they wanted to share about themselves
- Participants were terse, struggled to find something interesting to mention or opted to pass
- Seemed eager to leave
- Participants did not talk to each other

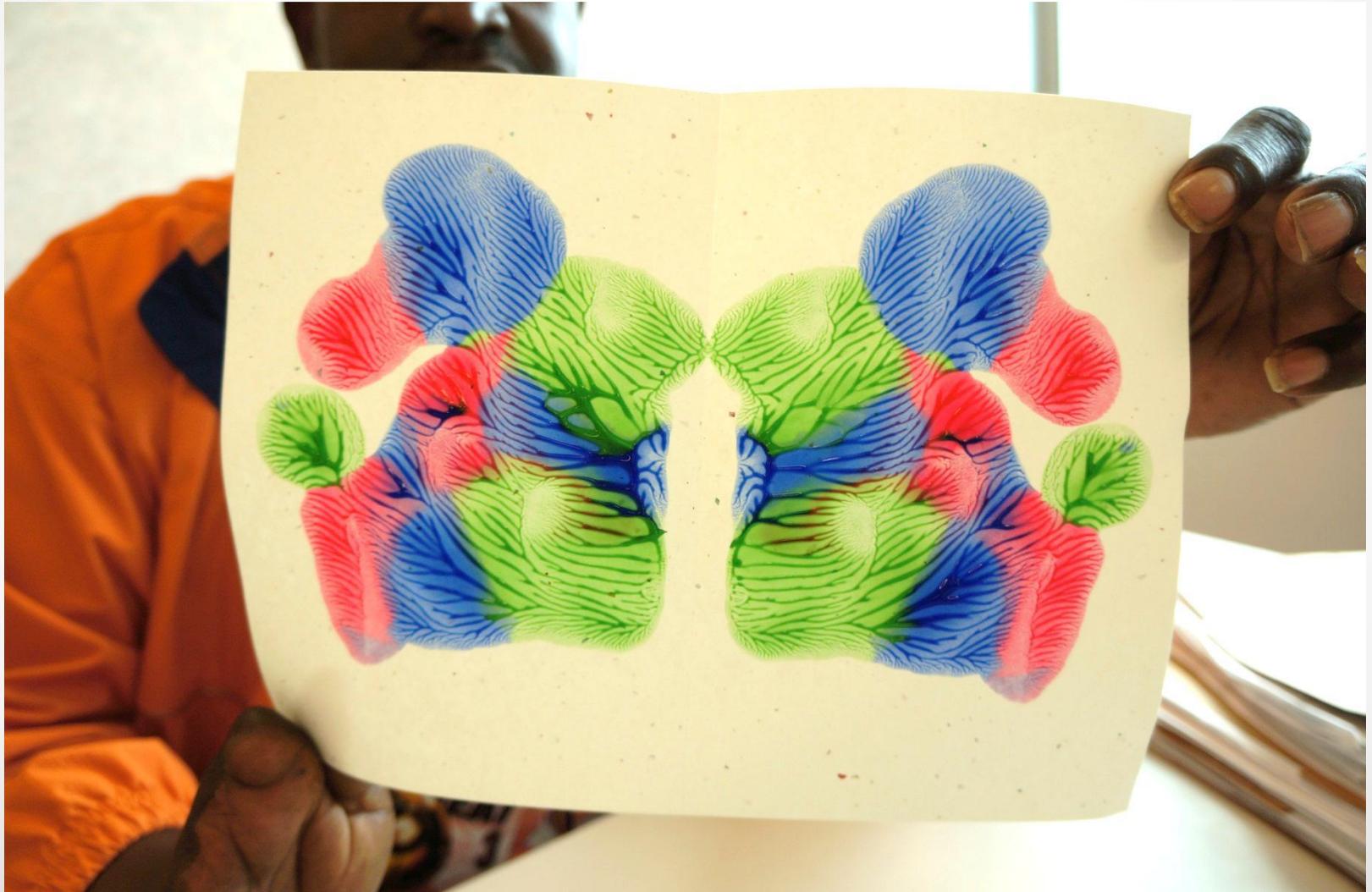
# Product



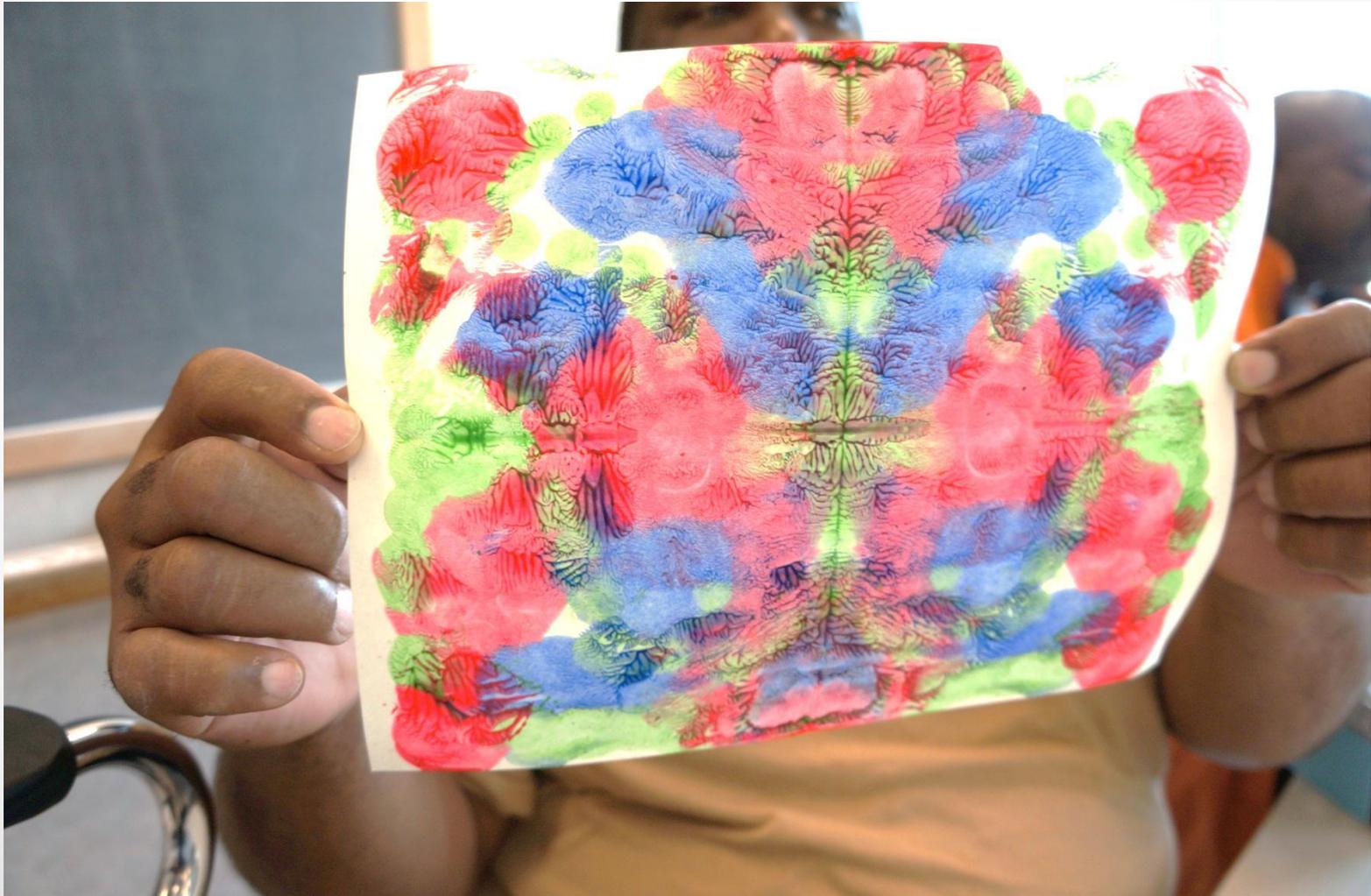
# Product



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# Product



# Product



# Surprise Ending

- Participants suggested other interpretations to others' artwork
- Freely mentioned personal things about themselves triggered by the art
- One participant was skipped over and was “upset” because he wanted to show his work
- Some triggered deeper thought
  - Universe, space, time
- None of the participants kept their art even though some signed their piece

# Unique Points

- Doesn't require participants to have any artistic skills
- Everyone begins on the same page
- Takes very little time
- Art is created without intention and so the flow of discussion is controlled by the participant
- Does not require participants to bring up traumatic memories
- Helps the participant become more comfortable and thus, more likely to discuss personal experiences and participate in group activity.



# Focus Questions

- Why did participants not take their artwork home?
  - Had no need for it or no place to put it
  - Seen as part of a required activity and did not place much value in it
- Did the participants have any color preference?
  - There were only three colors provided: red, green and blue. There seemed to be no significant preference for color choice.
  - Would be interesting to see if participants have preference for dark vs. light colors
- What limitations does this activity have?
  - Can't delve deep into discussion due to large group
  - Interpretation is solely controlled by the participant rather than the facilitator

# Final Goals

- Working on a short paper that gives an overview of art therapy as treatment for PTSD and how this abstract art is a unique activity which focuses on “breaking the ground” to establish a comfortable environment that fosters open discussion.
- Paper will also include self-reflections from this activity
- Working with VA administration to allow collage to be hung in the hallway



# References

- American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders*, (5th ed.). Washington, DC: Author.
- Kessler, R.C., Berglund, P., Delmer, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6): 593-602.
- Kulka, R.A., Schlenger, W.A., Fairbanks, J.A., Hough, R.L., Jordan, B.K., Marmar, C.R., ... Cranston, A.S. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel.
- Kang, H.K., Natelson, B.H., Mahan, C.M., Lee, K.Y., & Murphy, F.M. (2003). Post-Traumatic Stress Disorder and Chronic Fatigue Syndrome-like illness among Gulf War Veterans: A population-based survey of 30,000 Veterans. *American Journal of Epidemiology*, 157(2):141-148.