

PTSD and Art Therapy[#]

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PTSD

Post-traumatic stress disorder (PTSD)⁽¹⁻⁴⁾ is an emotional disorder that may be caused by a one-time traumatic event, such as a natural or man-made disaster, or by repeated traumatic experiences, such as physical abuse, community violence, or maltreatment. The term *post-traumatic stress disorder*⁽⁵⁾ was coined in the mid-1970s but was formally recognized in 1980.

It involves a pattern of symptoms that some individuals develop after experiencing a traumatic event such as severe natural disasters – a tsunami, for example. The majority of PTSD symptoms revolve around imagery. Nightmares and flashback intrusive thoughts are often examples of survivors reliving the imagery of what had happened to them. Images of the self are used to help survivors incorporate what has happened into their daily lives and this has helped them to regain power.

Children and adolescents, females, and people with learning disabilities, or those who experience violence in the home seem to be at greater risk of developing PTSD after a traumatic event. It has been suggested that child abuse may interact with mutations in a stress-related gene to increase the risk of

PTSD in adults, and that susceptibility to PTSD is hereditary. Children and adolescents respond differently to trauma-inducing events than do adults; they often display PTSD symptoms through creative expression, such as drawing, painting, play, or storytelling.

Diagnostic symptoms of PTSD include re-experiencing the original trauma, and increased arousal, such as difficulty in falling asleep or staying asleep, anger, and hypervigilance. Diagnostic criteria require that the symptoms *last more than one month* and cause significant impairment in social, occupational, or other important areas of functioning. The standard diagnostic criteria for PTSD can be obtained in the *Diagnostic and Statistical Manual of Mental Disorders IV*, published in 1994 by the American Psychiatric Association (ISBN 0890420610).

Prevention and early intervention strategies: Disaster-preparedness training may provide important preventive factors against developing PTSD. Some medications have also been found to help prevent the development of PTSD. Medicines that treat depression, decrease the heart rate, or increase the action of other body chemicals are thought to be effective tools in the prevention of PTSD when given in

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the days immediately after an individual experiences a traumatic event.

Psychotherapeutic interventions: Basic counseling practices, including education about the condition and provision of safety and support services, have been advocated for trauma-related problems such as PTSD.

Cognitive behavioral therapy (CBT) has been proven to be an effective treatment for PTSD, and is currently considered the standard therapy for PTSD.

Exposure therapy involves assisting trauma sur-

vivors to re-experience distressing trauma-related memories and reminders in order to facilitate habituation and successful emotional processing of the trauma memory. Most exposure therapy programs include both imaginal confrontation with the traumatic memories and real-life exposure to trauma reminders.

Epidemiology : The World Health Organization has published estimates of PTSD impact for each of its member states as follows:

Age-standardized disability-adjusted life year (DALY) rates for PTSD per 100,000 inhabitants in the 25 most populous countries,⁽⁶⁾ ranked by overall rate (2004)

Region	Country	PTSD DALY rate		
		Overall	Females	Males
Asia/Pacific	Thailand	59	86	30
Asia/Pacific	Indonesia	58	86	30
Asia/Pacific	Philippines	58	86	30
Americas	United States of America	58	86	30
Asia/Pacific	Bangladesh	57	85	29
Africa	Egypt	56	83	30
Asia/Pacific	India	56	85	29
Asia/Pacific	Iran (Islamic Republic of)	56	83	30
Asia/Pacific	Pakistan	56	85	29
Asia/Pacific	Japan	55	80	31
Asia/Pacific	Myanmar	55	81	30
Europe	Turkey	55	81	30
Asia/Pacific	Viet Nam	55	80	30
Europe	France	54	80	28
Europe	Germany	54	80	28
Europe	Italy	54	80	28
Asia/Pacific	Russian Federation	54	78	30
Europe	United Kingdom	54	80	28
Africa	Nigeria	53	76	29
Africa	Dem. Republic of Congo	52	76	28
Africa	Ethiopia	52	76	28
Africa	South Africa	52	76	28
Asia/Pacific	China	51	76	28
Americas	Mexico	46	60	30
Americas	Brazil	45	60	30



Art Therapy

Art therapy^(7,8) has long been practiced in many countries, especially in the West, as an alternative means for treating mentally traumatized persons. It is not yet implemented routinely in Thailand. To the author's knowledge, there have been only a few trials with art therapy in caring for tsunami victims,⁽⁹⁾ including the present author's institution of *art therapy in mentally disturbed children following a severe natural disaster in Uttaradit Province in May 2006*.⁽¹⁰⁾

In this communication, the author describes briefly his experience in caring for victims of a catastrophic event that occurred in Uttaradit Province in May 2006 and studying the victims who became mentally disturbed as a result. That event caused vast destruction of most of the residents' houses and farmland and caused great mental trauma. Study samples comprised eight school children aged 7-14 years (five boys and three girls) whose property and relatives' lives were lost. The subjects were selected by the psychiatrist member of the team who was of the opinion that they were not so severe that they would require conventional psychiatric therapy. They were followed-up weekly for 12 weeks by the same psychiatrist to observe the course of their illness. Art therapy was started at the same time by the author attending the weekly sessions. He provided the children with the supplies necessary for doing art work and urged them to draw anything they wanted on the paper provided every week. Their weekly products were photographed for subsequent interpretation of their mental progress. At the end of the research session, their mental progress was judged by comparing the results of the psychiatrist's opinion about the interpretation of the drawings. It was concluded that the art therapy practice in this group of children yielded considerable success, as evidenced in seven of the eight subjects (87.5%). The investiga-

tors suggest that art therapy is effective for managing children suffering from mental trauma caused by natural disasters.

The general concept regarding how art therapy achieves effective treatment for mentally traumatized persons involves the provision of symbolic language as a means of communication alternative to verbal communication, through creative expression such as drawing and painting. It is much like the psychological method of "exposure therapy" used in assisting trauma survivors to re-experience distressing memories. In the author's opinion, the two therapeutic interventions exercise the same mechanism by homeopathy cum hormesis.⁽⁸⁾

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