

Post-traumatic Stress Disorder and Art Therapy*

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This presentation elaborates on three essential keywords, namely, post-traumatic stress disorder (PTSD), exposure therapy, and art therapy. Descriptions of the three terms must be furnished to create common understanding of their meaning before proceeding to the details of a number of case studies.

Post-traumatic stress disorder^(1,2)

PTSD is an emotional illness that usually develops as a result of a one-time traumatic event, such as a natural or man-made disaster, or a repeated traumatic experience, such as physical abuse, common violence, or maltreatment. Sufferers of this disorder re-experience the traumatic event or events in some way; tend to avoid places, people, or other things that remind them of the event (avoidance behavior); and are exquisitely sensitive to normal life experiences (hyperarousal). Its features persist for longer than 30 days, which distinguishes it from the briefer “acute stress disorder.”

Children and adolescent females, people with learning disabilities, and those who experience vio-

lence 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 than do adults to trauma-inducing events; they often display PTSD symptoms through disturbing creative expression, such as drawing, painting, play or storytelling.

The term *post-traumatic stress disorder* was coined in the mid-1970s but the disorder has been recognized as a formal diagnosis since 1980. Earlier, it was called by different names, such as “soldier’s heart,” “combat fatigue,” “shell shock,” and “post-Vietnam syndrome,” among others.⁽³⁾

Diagnostic symptoms for PTSD include re-experiencing the original trauma(s) through flashbacks or nightmares, avoidance of stimuli associated with the trauma, and increased arousal, such as difficulty falling asleep or staying asleep, anger, and hypervigilance. In order to meet the criteria for a condition to be recognized as PTSD, the symptoms must last

*Paper presented at the First International Conference on Art in Violence, organized by Eastern Illinois University, Chicago, IL, USA, September 30, 2010.

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more than one month and cause significant impairment of social, occupational, or other areas of functioning.

Epidemiology: The World Health Organization has published estimates of PTSD impact for each of its member states as shown in Table 1.

Exposure therapy^(4,5)

There are many treatments for PTSD, including basic counseling practices, cognitive behavioral

therapy, eye movement desensitization and reprocessing, exposure therapy, interpersonal psychotherapy and medicinal therapy. However, one of the most effective treatments currently available is *exposure therapy*.

Exposure therapy is considered a behavioral treatment for PTSD. This modality involves assisting trauma survivors to re-experience distressing trauma-related memories and reminders in order to facilitate habituation and successful emotional pro-

Table 1 Age-standardized disability-adjusted life year (DALY) rates for PTSD per 100,000 inhabitants in the World's 25 most populous countries,⁽⁶⁾ ranked by overall rate (2004)

Country	Region	Overall [138]	PTSD DALY rate	
			Females [139]	Males [140]
Thailand	Asia/ Pacific	59	86	30
Indonesia	Asia/ Pacific	58	86	30
Philippines	Asia/ Pacific	58	86	30
United States of America	Americas	58	86	30
Bangladesh	Asia/ Pacific	57	85	29
Egypt	Africa	56	83	30
India	Asia/ Pacific	56	85	29
Islamic Republic of Iran	Asia/ Pacific	56	83	30
Pakistan	Asia/ Pacific	56	85	29
Japan	Asia/ Pacific	55	80	31
Myanmar	Asia/ Pacific	55	81	30
Turkey	Europe	55	81	30
Viet Nam	Asia/ Pacific	55	80	30
France	Europe	54	80	28
Germany	Europe	54	80	28
Italy	Europe	54	80	28
Russian Federation	Asia/ Pacific	54	78	30
United Kingdom	Europe	54	80	28
Nigeria	Africa	53	76	29
Dem. Republic of Congo	Africa	52	76	28
Ethiopia	Africa	52	76	28
South Africa	Africa	52	76	28
China	Asia/ Pacific	51	76	28
Mexico	Americas	46	60	30
Brazil	Americas	45	60	30

cessing of the trauma memory. Most exposure therapy programs include both imaginal confrontation with the traumatic memories and real-life exposure to trauma reminders. Indeed, the success of exposure-based therapies has raised the question of whether exposure is a necessary component in the treatment of PTSD. However, it is recognized that some people are hesitant to go through *exposure therapy*.

This therapeutic intervention is usually performed by having a person fully confront (or be exposed to) the thoughts, feelings, or situations frightening them. This may be done by directly exposing someone to a fearful object or image, for example, showing something through the use of the imagination. By dealing with the fear and anxiety, the traumatized person can learn that the fear and anxiety will lessen on their own; eventually, the extent to which certain thoughts, feelings, and situations are viewed as threatening will be reduced.

Art therapy⁽⁶⁻⁹⁾

Art therapy has long been practiced in many countries, especially in the West, as an alternative means for treating mentally traumatized persons. Literally, art therapy involves the practice of utilizing art materials in the treatment of patients in the special sense of "art psychotherapy." The general concept regarding how art therapy offers effective treatment for mentally traumatized persons involves the provision of symbolic language as an alternative means of communication to verbal communication, through creative expression such as drawing and painting. The main objectives of treatment are the strengthening of individual creativity and the expression and elaboration of the patients' thoughts and emotions; the discipline is called *expressive art therapy*.

However, the author believes that the process

of using art therapy in severely mentally traumatized persons is similar to "*exposure therapy*", which is conventionally used in assisting trauma survivors to re-experience distressing memories. Thus, in the author's opinion the two therapeutic interventions utilize the same mechanism of homeopathy cum hormesis.^(9,10)

Formally, art therapy practice is not yet routinely implemented in Thailand. Recently, Dr. Frances E. Anderson,⁽¹¹⁾ a visiting art educator as Fulbright Senior Specialist in Art Therapy to the Faculty of Fine and Applied Arts, Chulalongkorn University, purposely mentioned: "There is a growing interest in Art Therapy in Thailand; it began with the aftermath of the tsunami. Yet there are no Art Therapy training programs in the country." To the author's knowledge, side-line treatment has long been practiced by some psychiatric personnel;⁽¹²⁻¹⁸⁾ a few trials have been undertaken in caring for tsunami victims⁽¹⁹⁾ and also the work "*Art therapy in mentally disturbed children following a severe natural disaster in Uttaradit Province May 2006*" has been published.⁽²⁰⁾ Another study is in progress on convicted prisoners serving vigorous sentences; they are considered eligible cases suffering severe emotion-disturbed distress.

Art therapy for PTSD⁽²¹⁻²⁵⁾

Art therapy has been used to help war veterans, refugees, people who survived natural disasters and sexual assault/domestic violence, all of whom are people susceptible to PTSD. The main objective of treatment is the strengthening of individual creativity and the expression of their thoughts and emotions. Currently, a new modality has evolved to include the conventional "expression therapy" concurrently with assisting the trauma survivors to re-experience distressing memories/emotional processing of the trauma memory through images similar to psy-



chological “exposure therapy.”

In this communication, the author is obliged to describe his experience in caring for victims of a catastrophic event that occurred in Uttaradit Province in May 2006. That event caused vast destruction of most of the people’s houses and farmland, and caused great mental trauma among the residents who survived. The 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 providing care. That member was of the opinion that the trauma was not so severe that the children 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 while 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 with the author’s analysis 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 investigators suggested that art therapy is effective for managing children suffering from mental trauma caused by natural disasters.

The illustrations in the following pages show the pictures drawn by the eight children. The pictures are accompanied by descriptions of their imagery expressions interpreted by the author.

Case 1. TS: 7-year-old boy

The boy very reluctantly produced the first drawing (Fig. 1a) that comprised a hut and a tree without any living creature; the entire scene appeared in a lonely atmosphere marked by intense sadness.

Figure 1b is the picture obtained on the fourth visiting session. It depicts signs of some life, i.e. humans and animals are present; the boy indicated that they show the school building and some of his friends.

Figure 1c was drawn at the end of the therapeutic session (week 12) depicting the silhouette of an army tank and objects which represented a boy at this age level, denoting recovery of his mental state from the impact of the disaster. Obviously, art therapy has helped him with regard to aspects of working concentration and the release of unhappiness that he had experienced.

Case 2. SM: 8-year-old boy

The boy drew pictures reflecting hardness in his mind, as noted in his stiff brushstrokes and heart figure symbols among other nearby structures such as army tanks (Fig. 2a-b). Vivid and flashing marks and lines were likely reflecting the response to his stress, anxiety, and confusion.

After a number of art therapy sessions, the boy seemed to calm down, as evidenced by his drawing of a villager, chicken, and domestic pets with more subtle colors and milder tones (Fig. 2c & d).

Case 3. TK: 11-year-old girl

Both her drawings (Fig. 3a & 3b) displayed the image of her lively village and surroundings containing a perfect environment. She seemed to quickly gain her emotional control and became more interested in expressions of self-esteem. It is likely that



Fig. 1a-1c



Fig. 2a-2d



Fig. 3a-3b



Fig. 4a-4d

the girl did not benefit from our art therapy session or that she did not require such assistance.

Case 4. KB: grown-up 12-year-old girl, twin sister of case No. 5.

Her early drawings of houses, apparently of her village before the catastrophe, reflected her un-

acceptable feeling toward the catastrophe. The drawing was of a lonely and sad-looking house, without any sign of life (Fig. 4a). In a subsequent picture showing both her twin sister and herself, they stood beside their teacher. The tint of dull color tone depicted a sad atmosphere (Fig. 4b). The next picture was of a torrential stream of water washing away

most trees leaving only a few behind (Fig. 4c). Inasmuch as she was becoming more cheerful with her art-making and perhaps because of the social contact with the therapists, her recovery mood retrogressed somewhat when she realized the art therapy program would end soon. She produced a final picture mimicking her sadness with little hope (Fig. 4d).

Case 5. KB: 12-year-old sad and quiet girl, the twin sister of case No. 4

The girl drew her first picture showing a house in a natural landscape (Fig. 5a). The picture she drew after a few sessions (Fig. 5b), likely owing to her more enthusiastic mood, had more objects in it than the first; there were a number of green trees around houses, a blue stream and green mountains. She used brighter colors than in the previous drawing.

During her third session (week 5), she added

pictures of humans to depict a scene of social life with the expression "I love you" (Fig. 5c). Figure 5d (in week 5) perhaps represented her emerging sadness produced by the memories of her environment before the disaster. Then she drew a cartoon when she was in a good mood, showing a couple representing herself and her twin sister (Fig. 5d). At the end of the session, her drawing reflected a more joyful mood and positive attitude with a picture of happy sea animals.

Case 6. ST: 12-year-old boy

Initially on his entering into the art therapy program, he drew a village scene showing a perfect country setting as it had been before the devastation, with a prominently strong, bright sun (Fig. 6a). Then after a few sessions, he expressed a more playful mood in his drawing, showing a person (himself) as a sports-



Fig. 5a-5d



Fig. 6a-6b

man next to a Superman symbol (Fig. 6b). The works of this boy indicate that he started with a desire to leave out the tragic event and depict instead his super-hero, which depicted him as Superman and therefore capable of great achievement. Thus, his mentality recovered quickly.

Case 7. SP: 12-year-old boy from a better-off family

He first produced the picture of a village scene with a lone house and mountains in a simple style with no life at all (Fig. 7a). He drew this picture (Fig. 7b) quickly to show the flooded scene with a house and various other things under water. Then his mind was changed from trauma to joy as he drew a picture of himself as a soccer player (Fig. 7c); at the last session, he applied bright and vivid colors, perhaps to express freely his more positive feelings (Fig. 7d).

This drawing suggests that the boy had crossed over the path from the traumatic experience that he had suffered, to a point showing that he had gained

his inner strength quickly.

Case 8. AT : 14-year-old boy

His first picture (Fig. 8a) shows a scene of simple rural life with rice field, farmhouse and a worker, probably his father. The following figure (8b) displays a typical rural scene drawn in harmonic colors of mountain, sun, and a stream. In Figure 8c, he drew a picture of a typical Thai-style village house in the midst of a western Christmas scene with snow and pine trees.

This boy showed steady progress in recovering from the disaster in which he lost his father. He proceeded to quickly and successfully express his inner and creative thoughts.

Postscripts

The purpose of this presentation is to show the author's early experience in art therapy and give an idea of art therapy practice in Thailand. The author started off with his knowledge of PTSD and its conventional treatment and then proceeded to discuss



Fig. 7a-7d



Fig. 8a-8c



art therapy in treating PTSD victims. He then showed his art therapy practice on the PTSD victims of a natural disaster caused by torrential rain and mudslides that destroyed most of a village's property and many lives. He concluded that a certain benefit of art therapy was apparent; the positive result was significant in 87.5 per cent of patients.

From this initial experience, the author will continue to use art therapy with PTSD natural disaster victims. In particular, he will accumulate trauma drawings for reinforcing his expertise in data analysis.

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