

Anxiety and Art Therapy: Treatment in the Public Eye

Amanda Chambala, Binghamton, NY

Anxiety is one of the most common mental health problems in the United States today. It is the number one mental health problem among American women and ranks as a close second to substance abuse among men. In fact, alcoholism is the only other disorder that affects a greater number of people throughout the country. Fifteen percent of the American population is affected by a wide range of anxiety related disorders (Bourne, 2005). However, only a quarter of affected individuals will seek and receive treatment (Danton, Altrocchi, Antonuccio, & Basta, 1994)

According to Bourne (2005), anxiety disorders began to climb at an alarming rate during the 1990s and have only continued to worsen after tragic events such as the September 11th, 2001 attacks on the World Trade Center and the crisis of the U.S. American economy. Bourne claimed that western society is currently experiencing a greater degree of stress than any previous historical period. Today, people are experiencing a loss of stability and continuity in many areas of their lives.

As an art therapist and anxiety sufferer myself, I had an opportunity to offer art therapy to adults who were hospitalized on a psychiatric unit in New York. I designed an art therapy program that included eight weekly art therapy groups that focused on various aspects of anxiety. After the 8 weeks of sessions were complete, clients had the option to participate in an exhibition of their artwork. The exhibition served as a forum for educating the public about the nature of anxiety disorders and symptomatology. This viewpoint presents my experiences using art therapy in treating those suffering from anxiety.

Art Therapy

The power of art therapy for persons diagnosed with anxiety lies within the idea that the creative process allows clients to engage in both self-expression and personal exploration (Liebmann, 1990). Art making enables clients to step back, look inside, and identify their strengths and weaknesses by creating visible depictions of their mental states. Examining tangible images and forms representative of the self allows a person to gain a clearer understanding of factors contributing to his or her personal development and what life changes need to be made. In my experience,

Editor's note: Amanda Chambala, MA, is a graduate of the graduate art therapy program at Marywood University, Scranton, PA. The author would like to thank Ms. Kim Scimana-Hayden, ATR-BC, LPC, LCAT for her support and guidance. Correspondence concerning this viewpoint may be addressed to achambala@yahoo.com

the self-actualization and disclosure inherent to art making seem to be very helpful to persons with anxiety disorders.

Art therapy is appropriate for people suffering from anxiety disorders for several reasons. First, expressing oneself by creating form, color, and design is often more beneficial than solely relying on words for self-expression and communication. As Liebmann (1990) stated, "A picture is often a more precise description of feelings than words, and can be used to depict experiences which are 'hard to put into words.' It can sometimes be a good way of cutting through tangled verbosity" (p. 13). Many clients find that sharing artwork with their therapist is much less intimidating than telling their stories aloud. Even those suffering from disorders unrelated to anxiety may feel nervous and pressured during sessions. For clients suffering from anxiety, being asked to verbally share information about their backgrounds may cause additional stress.

Secondly, due to the ambiguous nature of anxiety, treatment involves identifying the cause of worry and exposing clients to this stimulus. Those diagnosed with generalized anxiety disorder (American Psychiatric Association, 2005) for example, are consumed with excessive worry about general life circumstances. Because the origin of anxiety cannot be pinpointed, treatment includes the development of coping mechanisms such as cognitive-behavioral therapy and relaxation techniques (Bellenir, 2000). For other anxiety disorders, however, identification and exposure are useful techniques, both of which can be facilitated through the creation of visual representations of anxiety stimuli.

Treatment

Art therapy was utilized as an anxiety intervention over a period of 8 weeks on an inpatient psychiatric unit. The population included both young and older adults with a variety of illnesses, including schizophrenia, bipolar disorder, and major depression, co-occurring with their anxiety related disorders. Sessions were voluntary and conducted in group settings of four to eight clients. Each group focused on a different aspect of anxiety treatment through the use of art therapy. Approximately seven groups were co-led by the author and a rehabilitation therapist.

Each group session was conducted in a similar format with four basic parts. Before the sessions began, I explained the purpose of the group along with the intent to write about the sessions. Clients were asked to introduce themselves by stating or drawing their first names and sharing one of the following in each session: rate of anxiety on a numerical scale, personal relation to the concept of anxiety,

physical symptoms experienced when nervous, and personal coping mechanisms for tension.

The second part of the session was psychoeducational and involved providing information about the numerous causes, symptoms, and emotions related to anxiety. Members from the group were also encouraged to share information about their knowledge of the topic. This portion of the session served to help clients understand their experiences with anxiety and tension better, no matter how mild or severe.

Next, the art directive was explained and the individual group members began creating images about their anxiety. The directives included drawing or painting anxiety as it appeared to each client, drawing or painting coping strategies for panic and worry, using clay, and creating a drawing in response to guided imagery while practicing relaxation techniques. Figure 1 illustrates the various coping strategies clients identified as facilitating their anxiety relief. Most of the clients created symbols of personal leisure activities in which they engage to distract themselves from feelings of anxiousness, and one client created a symbol of an individual in his support system. Clockwise from the bottom left we see a running sneaker, a skateboard, a cross, a motorcycle, a basketball, a radio, a tree, someone's father, the moon (representing nature), a pet snake, birds (representing nature), and chamomile tea flowers. Figure 2 is one client's pictorial response to the guided imagery exercise. It is his visual representation of a safe place he pictures in his mind when feelings of worry arise.

Because the clients varied from group to group, with few overlapping members, the directives were repeated and not conducted in a sequential manner. Although a variety of mental disorders were being treated and only a few members were receiving treatment primarily for anxiety, all but one member easily identified personal feelings of anxiety.

After spending twenty to thirty minutes creating artwork, clients were asked to voluntarily share their images. Although some groups were reluctant, others were eager to speak. One group in particular was especially willing and the members spontaneously shared their art experiences. All eight members were fully engaged in the group process and the group seemed very cohesive. In some sessions, many clients were quick to offer support to and express understanding of one another.

Lastly, the groups were informed of the author's intent to organize an exhibit of client artwork for psychoeducational purposes. A brief history of anxiety disorders was explained, including the high prevalence rates of anxiety and the fact that millions of Americans suffer from untreated anxiety disorders. Members were given the opportunity to contribute their artwork to the exhibition with the intention of educating the public about the severity of anxiety-related disorders. Group members were asked whether they would like to be notified of the show's opening date and if they would like their work returned to them. Group members were very generous in donating their work and said they would indeed like to be notified when the show opened.



Figure 1



Figure 2

Characteristics of Art Making

Although no empirical data were collected, careful review of the clients' artwork demonstrated some similar characteristics, as follows:

1. *Wide range in color usage:* When asked to draw or paint their anxieties clients combined an array of colors. Some stated that each color represented a different emotion of their anxiety, and others said the colors represented all the thoughts running through their minds (Figure 3).
2. *Abstract images:* Many clients represented their anxieties with abstract images. Aside from outward behaviors, anxiety cannot be seen, only felt, just like any other emotion. Art therapy gives clients the opportunity to make the invisible visible. Exploring the nature of one's anxiety may also help clients to identify the causes of their tension and worry. Landgarten (1981) explained, "this modality provides a concrete statement which is helpful in pointing out other areas for useful exploration" (p. 137).

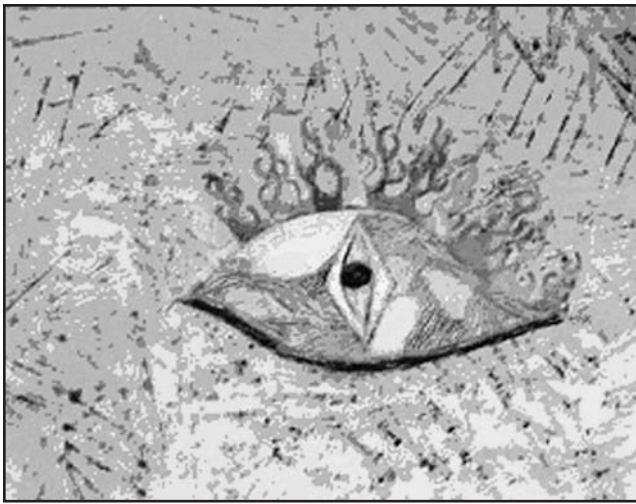


Figure 3

3. *Working Rapidly*: The majority of clients responded quickly upon being asked to make artwork representative of their anxieties. They began immediately and worked vigorously, using broad strokes to make bold marks. This response appeared to reinforce the fact that most people are familiar with anxiety and can envision it as a problem that many others share.

Overall, art making allowed clients to experience some form of containment and identification with regard to their excessive worries, to identify their personal strengths and weaknesses through creative expression, and to leave treatment with tangible reminders of their personal coping strategies. During the guided imagery group session, clients appeared significantly calmer after participating than when they first arrived.

Exhibition of Artwork Discussion

The client exhibition consisted of a variety of highly expressive paintings, drawings, and claywork. Educational information was hung alongside artwork and included statistical information about anxiety disorders, diagnostic and treatment rates, and client testimonies regarding thoughts and feelings about living with anxiety. The exhibition was shown twice, once at a private university art gallery, and once as a permanent exhibition at the inpatient unit where the work was created. The show was both thought-provoking and inspirational, and it served as an emotional educational tool regarding the complex nature of anxiety disorders.

Artwork created by people with mental illnesses has received public attention for decades (MacGregor, 1989). In 1985, selections from Hans Prinzhorn's collection first traveled to American museums. Prinzhorn, a nineteenth century German psychiatrist, amassed a collection of 6,000 artworks by patients living in the dark desolation of Europe's mental asylums. Spaniol (1990) wrote that Prinzhorn's collection paved the way for the entrance of patient artwork into mainstream culture by opening the eyes of the American artesian community with its "power-

ful visual imagery and symbolic content" (p. 70). Spaniol's seminal article provides additional guidelines for the ethical treatment of artworks made by clients for the purpose of public exhibition.

Today, more clients with psychiatric disabilities are showing their artwork throughout different communities. Clients are given the opportunity to be seen as artists, to play a different role in the culture, and to educate the public about mental illness. These opportunities enable clients to break through the biases surrounding psychiatric diagnoses. Moon (2006, p. 69) stated "there are potential emotional gains made possible for clients through the empowering aspects of publicly displaying artworks" and concluded that art therapists are provided with an opportunity and a responsibility to support and defend clients and their artwork.

In this collection of artwork by the author and her clients, the main goal of the exhibition was to educate the public about the nature of anxiety. Clients were given the opportunity to share their personal knowledge of the topic by communicating through the creative process of art making. Along with their artwork, many contributors wrote artists' statements to further describe their work as reflective of their experiences with anxiety. As a whole, the show advocated understanding and acceptance of psychiatric disabilities, and communicated the significant need for treatment among the general population due to the high diagnostic rate of anxiety related disorders.

References

- American Psychiatric Association. (2005). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Bellenir, K. (Ed.). (2000). *Mental health disorders sourcebook* (2nd ed.). Detroit, MI: Omnigraphics.
- Bourne, E. (2005). *The anxiety and phobia workbook* (4th ed.). Oakland, CA: New Harbinger.
- Danton, W. G., Altrocchi, J., Antonuccio, D., & Basta, R. (1994). Nondrug treatment of anxiety. *American Family Physician, 49*, 161-166.
- Landgarten, H. (1981). *Clinical art therapy: A comprehensive guide*. New York: Brunner/Mazel.
- Liebmann, M. (1990). *Art therapy in practice*. London: Jessica Kingsley.
- MacGregor, J. (1989). *The discovery of the art of the insane*. Princeton, NJ: Princeton University Press.
- Moon, B. (2006). *Ethical issues in art therapy*. Springfield, IL: Charles C Thomas.
- Spaniol, S. (1990). Exhibiting art by people with mental illness: Issues, process and principles. *Art Therapy: Journal of the American Art Therapy Association, 7*(2), 70-78.