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The Effectiveness of Art Therapy on Social Anxiety Disorder

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Social anxiety disorder is a debilitating condition plaguing 3-7% of individuals today (Lampe, 2005). Despite the effectiveness of cognitive behavioral therapy in treating this condition, only 19% of social anxiety sufferers seem to seek out treatment (Lampe, 2005). Art therapy is a new form of treatment that provides a method of using art to help patients express their feelings. This form of therapy is particularly useful for patients who struggle to express themselves verbally (Crespo, 2003). Very little research has been done on the effects of art therapy on social anxiety disorder. In fact, much of the research in general about art therapy is limited. As a result, I plan to test the effectiveness of art therapy on social anxiety disorder against cognitive behavioral therapy which is already well established. 200 total participants will be studied. 100 will receive six months of cognitive behavioral therapy and 100 will receive six months of art therapy.

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Anxiety is a distressing feeling of uneasiness or worry. Most people experience some degree of anxiety. If this anxiety is severe and persistent, it is defined as an anxiety disorder. Anxiety disorders are not uncommon (Beutel, Bleichner, Heymann, Tritt, & Herdt, 2011). According to a recent study of patients in mental hospitals, 15.8% suffered from an anxiety disorder (Beutelet al., 2011). A common type of anxiety, social anxiety disorder, afflicts 3-7% of people in most western countries (Lampe, 2005). Social anxiety disorder is defined as a disorder involving severe anxiety of being judged by others. Common situations that seem to cause fear in social anxiety sufferers include meeting strangers, attending parties, giving a speech, and eating in front of others (Ameringen, Mancini, Oakman, & Farvoldn, 1999).

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A history of trauma is commonly associated with social anxiety disorder. Traumatic childhood experiences including sexual abuse, physical abuse, illness, and separation from parents were found to be significantly higher in clients suffering from this disorder than those who were not (Bandelow, et al 2004). Similarly, severe social anxiety disorder is more prevalent in individuals whose parents had been emotionally abusive, overprotective, critical, emotionally neglectful, and physically neglectful (Bruce, Heimberg, Blanco, Schneier, & Liebowitz, 2012). Patients who had a history of severe parental abuse were more likely to quit taking anxiety medications and were less likely to develop a strong relationship with their therapist (Bruce, et al., 2012). The most common and most effective treatments for social anxiety disorder are drug therapy and cognitive behavioral therapy (Rodebaugh & Heimberg, 2005).

Cognitive behavioral therapists teach a patient to reconstruct their negative thought patterns into a more positive direction. Cognitive behavioral therapists also recognize

the typical avoidance of social situations and reduce this with cognitive restructuring and exposure therapy (Rodebaugh & Heimberg, 2005). First a patient learns cognitive restructuring, whereby the patient identifies negative thoughts and replaces them with positive thoughts. The second step is exposure therapy which involves directly exposing oneself to situations that would commonly be avoided (Rodebaugh & Heimberg, 2005). To address the self-consciousness that social anxiety sufferers commonly experience, cognitive behavioral therapy teaches patients to direct their attention to be less internal and more external (Lampe, 2005). One type of internal thinking pattern that cognitive behavioral therapy aims to correct is post-event processing. Post-event processing commonly occurs after an anxiety provoking social situation and involves negative self-evaluations. (Lampe, 2005) Cognitive behavioral therapy aims to treat negative post-event processing by encouraging social anxiety sufferers to identify their negative self-evaluations about an event and make them more positive (Lampe, 2005). The main problem with cognitive behavioral therapy is the low rate of social anxiety sufferers who are seeking out this treatment. The National Comorbidity Study, researchers concluded that the amount of social anxiety sufferers who seek out treatment is only 19% (Lampe, 2005).

Drug therapy is another common treatment option for patients with social anxiety disorder. The most commonly used medications for this disorder affect serotonin and gamma-aminobutyric acid. These medications include selective serotonin reuptake inhibitors, and benzodiazepines. Low serotonin levels are related to neuroticism, anger, and depression, which all contribute to the negative thinking patterns common in social anxiety disorder (Rodebaugh & Heimberg, 2005). Gamma-aminobutyric acid levels also seem to be directly linked to anxiety and neurosis (Rodebaugh & Heimberg, 2005). Likewise, individuals who have higher levels of gamma-aminobutyric acid were less likely to develop post-traumatic stress disorder following an automobile accident (Vaiva, et al. 2006).

There are a few notable concerns with drug therapy in the treatment of social anxiety disorder. First, the effectiveness of the medication for social anxiety is variable; for some people, medications only produce slight

decreases in anxiety. This slight decrease may encourage some clients to be more confident, but it may also discourage others (Rodebaugh & Heimberg, 2005). Clients who feel discouraged by the medication they are taking may become hopeless and even quit taking that medication (Rodebaugh & Heimberg, 2005).

Combining cognitive behavioral therapy and drug therapy also can cause some difficulties. Individuals suffering from social anxiety disorder have a tendency to discredit their positive experiences (Rodebaugh & Heimberg, 2005). When taking medications, socially anxious individuals often attribute increases in their confidence in exposure therapy to the effects of the medication. As a result, when these clients discontinue taking their medication, they may lose the confidence that they had previously gained through exposure therapy and once again become anxious (Rodebaugh & Heimberg, 2005).

A relatively new form of therapy for social anxiety disorder is art therapy. Art therapy involves using art as a way of expressing feelings and communicating problems. This is helpful to individuals suffering from social anxiety disorder because it provides an efficient, non-threatening form of communication for patients who struggle to express themselves verbally (Crespo, 2003). As a result, seeking out this form of treatment could potentially be easier for social anxiety sufferers than seeking out cognitive behavioral therapy.

There are two major approaches to art therapy (Holmqvist & Persson, 2012). The first is called "art-in-psychotherapy" and is influenced by Sigmund Freud's theory (Holmqvist & Persson, 2012). The purpose of art in this case is to bring up repressed memories that had been previously buried in the unconscious by drawing or painting with no direction or conscious effort (Holmqvist & Persson, 2012). It is based on patients' drawings or painting meaningful feelings or experiences. This is believed to help a patient bring out his or her repressed memories and then open up about these problems to their therapist (Holmqvist & Persson, 2012). Lamont, Brunero and Sutton (2009) describe one case study of a patient suffering from borderline personality disorder. Over a four week period, she created paintings of her trauma in art therapy sessions, which allowed her to share these experiences with her therapists. Previously she would not open up about these traumatic

experiences. Art therapy also helped her to cope with difficult experiences she faced while in a mental hospital. She created a painting based on her time spent in solitary confinement and explained to the therapists that this changed her mood about the experience from anger to acceptance (Lamont, et al. 2009). Considering that trauma has led to the development of social anxiety disorder in many patients (Bandelow, et al. 2004), it is possible that creating paintings and drawings of these traumas could be beneficial in helping patients to share and to cope with their past experiences. Art therapy could potentially provide a helpful alternative to selective serotonin reuptake inhibitors in eliminating the negative mood and thinking patterns that are usually found in combination with social anxiety disorder.

The second approach to art therapy is called “art-as-therapy” and focuses on the healing ability and relaxing qualities of the art making process itself. The purpose of this therapy is to help patients who are stressed by giving them a relaxing art project to work on and redirecting their thoughts (Holmqvist & Persson, 2012). Working on art projects in groups is common in this “art-as-therapy” approach and seems to be particularly helpful in treating patients with a history of traumatic experiences. This is because it helps them form connections and build social skills (Pretorius & Pfeifer, 2010).

Of course, there are several approaches to art therapy and more often than not, a combination of many approaches is used. The “supportive approach” is an approach to art therapy that involves a therapist teaching a patient how to improve their artistic ability, while encouraging them. In this way, art therapists using this approach are not unlike art teachers and their aim is to raise an individual’s self esteem (Crespo, 2003). Group art therapy is common in this approach. It usually involves individual’s critiquing each other’s works, which can help patients build communication skills and overcome their fear of being judged by other’s (Crespo, 2003). Fear of judgment is a major aspect of social anxiety disorder. I believe that the “supportive approach” has great potential for treating this disorder and could act as a form of exposure therapy.

Drawing oneself in the mirror is a common technique used in art therapy. This technique is usually used with patients suffering

from schizophrenia or depersonalization and the aim of it is to help them reconnect with their body (Crespo, 2003). This technique would only be beneficial to social anxiety sufferers if they experienced co morbid schizophrenia or depersonalization symptoms. There are still more techniques and since art therapy is a relatively new form of therapy, there is no clear consensus as to which approach is the most effective (Holmqvist & Persson, 2012).

Research on art therapy is wrought with limitations. For example, Pretorius and Pfeifer (2010) based their conclusions on 25 participants and did not use random assignment. Also, participants were placed into groups using non-random assignment. A lot of the research involves individual case studies, which do not give the findings a high degree of generalizability (Holmqvist & Persson, 2012). One study followed a patient suffering from borderline personality disorder who painted her traumatic experiences to help her cope with them (Lamont, Brunero, & Sutton, 2009). Another case study reported on a patient whose self-esteem increased as a result of using different art styles to communicate her feelings (Greenwood, 2011). While both of these case studies show patients whose mental health improved significantly overtime, they only focus on one patient’s experiences, and the results are not generalizable. Additional data are needed to determine whether art therapy could be helpful for individuals suffering from social anxiety disorder in comparison with other forms of therapies.

Cognitive Behavioral Therapy has existed much longer than art therapy. As a result, there are currently more studies have been conducted to its effectiveness. Art therapy on the other hand is a much newer field and suffers from a lack of quality research. Despite this, there have been some studies where art therapy has been effective and it does seem to be a great way to help socially inhibited individuals to open up. I believe that art therapy has a lot of potential and that new methods should be developed and researched to increase the effectiveness of this treatment approach. Given the evidence for each of these treatment methods, I hypothesize that art therapy and cognitive behavioral therapy will both be effective but cognitive behavioral therapy will be more effective.

PROPOSED METHOD*Participants*

200 participants will be selected based on certain criteria. The patients must be diagnosed with social anxiety disorder. Participants must not be on any medication for the duration of this study to ensure that it doesn't interfere with other therapy. The participants will all be between ages 20 to 40, which will eliminate any variation due to age. Participants will then be randomly assigned to one of two groups. Each group will contain 100 participants.

Materials

Participants in both groups will receive a pretest and posttest of their anxiety using The Beck Anxiety Inventory. The Beck Anxiety Inventory is a questionnaire that is used to measure anxiety. It features 21 multiple choice questions about an individual's anxiety symptoms over the past month (Appendix A).

Procedure

One of the groups in this study will consist of 100 individuals undergoing cognitive behavioral therapy. The cognitive behavioral therapy group will consist of the standard procedure of cognitive restructuring and exposure therapy for social anxiety. The 100 individuals will be attending an art therapy group. This group will contain elements of the "art-in-psychotherapy", "art-as-therapy", "supportive", and approaches. Patients will be able to draw and paint their stressors to help open communication with their therapists. There will also be group art projects conducted so that researchers could determine if this will help patients' social skills. All participants will be asked to fill out the Beck Anxiety Inventory before and after the six month study. The change in participants' scores from the cognitive behavioral therapy group and the art therapy group will then be compared. If participants in cognitive behavioral therapy group attain lower posttest scores on the Beck Anxiety Inventory than participants in the art therapy group, researchers can assume that cognitive behavioral therapy is more effective than art therapy and vice versa.

CONCLUSION*Significance*

The nature of social anxiety disorder makes it very difficult for patients to seek out treatment. Many individuals suffering from this disorder have trouble communicating their emotions to therapists and either avoid sharing their experiences or avoid seeking treatment altogether (Lampe, 2005). Art therapy provides a form of treatment that involves expressing one's feelings and experiences nonverbally (Crespo, 2003). As a result, this may provide a very helpful alternative to CBT for sufferers of social anxiety disorder. There has not been much research about art therapy in treating this disorder but I believe it could be beneficial. In fact, there has been a lack of strong evidence of art therapy's effectiveness in general. As a result, it is crucial for the effectiveness of art therapy to be studied, especially for a population that often avoids seeking out established therapy treatments.

Limitations

One limitation of this study is that it is only testing the effects of art therapy on clients with social anxiety disorder. Further research of art therapy's effectiveness will need to explore other mental illnesses such as schizophrenia in order to determine whether or not art therapy works better in some populations than others. Age may also be a limitation in this study because the participants in this study will all be young adults. Future research should test a variety of different age groups such as adolescents and seniors to determine how each group responds to art therapy in order to maximize external validity. The two main approaches to art therapy have been combined in this study to determine art therapy's overall effectiveness in reducing anxiety symptoms. The "art-as-therapy" and "art-in-psychotherapy" approaches are not always combined however and future research should be aimed at determining whether one approach is more effective than the other. Finally, this art therapy program will contain both group projects and individual art therapy. Future research should focus on the effects of group art therapy versus individual art therapy.



APPENDIX A

Beck Anxiety Inventory
 Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

- 0: Not At All
- 1: Mildly but it didn't bother me much.
- 2: Moderately – it wasn't pleasant at times
- 3: Severely – it bothered me a lot

-Numbness or tingling	0	1	2	3
-Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion				

	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3

Column Sum
 Scoring - Sum each column. Then sum the column totals to achieve a grand score. Write that score here

Interpretation

A grand sum between 0 – 21 indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between 22 – 35 indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that exceeds 36 is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.

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