

Self-Disclosure Through the use of Small Objects: A Theoretical Study on the Influence of  
Using Projective Tools with Adolescents with Symptoms of Anxiety

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## **ABSTRACT**

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This theoretical research paper looks at the influence of small objects as a potential projective tool for helping with self-disclosure for adolescents with symptoms of anxiety. While there has been research on the use of small objects as projective tools with children and some adults with pathological or psychological difficulties, there is a gap in the literature pertaining to its use and influence on self-disclosure for adolescents with anxiety. The purpose of the study is to explore how the use of small objects as projective tools might influence an anxious adolescent's process of self-disclosure in a therapeutic setting. Through a synthesis of existing literature the research looks to bridge and merge research findings to consolidate information gathered into cohesive data.

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## Table of Contents

<b>List of Figures.....</b>	<b>i</b>
<b>CHAPTER 1. INTRODUCTION.....</b>	<b>1</b>
Definitions.....	2
Self-disclosure.....	2
<b>CHAPTER 2. RESEARCH DESIGN.....</b>	<b>3</b>
Methodology.....	3
Reason behind method and approach.....	4
Considerations for the drama therapy researcher.....	4
Why study the topic.....	5
Ethical considerations.....	6
Population of study.....	6
<b>CHAPTER 3. LITERATURE REVIEW.....</b>	<b>7</b>
Anxiety in Adolescence.....	7
Contributing Factors to Anxiety Symptoms.....	8
Biological factors.....	8
Psychological factors.....	9
Comorbidity.....	11
Projection.....	12
Person-to-person projection.....	12
Person-to-object projection.....	13
Distancing.....	13
Distancing on a continuum.....	14
The World Technique.....	15
The Projective Process and Anxiety.....	16
Projection, anxiety and small objects.....	16
Defenses and their connection to anxiety.....	18
Art Therapy, Anxiety and Projective Tools.....	19
Fear, panic, trauma and the use of small objects.....	19
Drama Therapy, Anxiety, and Projective Processes.....	22
Story making with a child with selective mutism.....	23
The experience of storytelling with children with anxiety.....	24
Being Witnessed.....	26
Reducing stage fright anxiety.....	26
Increased arousal in the presence of others.....	29
Self-Disclosure.....	31
Self-disclosure and anxiety.....	31
The anxious adolescent and self-disclosure.....	32
Influence of intergenerational transmission, social skills and anxiety.....	34
Projective Techniques and Self-Disclosure.....	36
The use of small objects as projective tools with adolescents.....	36
Small objects as assessment tools in drama therapy and symptoms of anxiety.....	38
Projective techniques as assessment in art therapy.....	40
<b>CHAPTER 4. FINAL REMARKS.....</b>	<b>43</b>
Discussion.....	43
Use of projective tools with adolescents.....	43

Projective techniques used for assessment and treatment.....	45
The importance of working with adolescents with anxiety .....	46
What the findings provide to group processes in Creative Arts Therapies.....	47
Influence of other on self-disclosure.....	48
Future Areas for Research .....	50
<b>References .....</b>	<b>52</b>

## **List of Figures**

Figure 1. Small objects used in an art psychotherapy session. The figure shows an example of an image created by a client using small objects in an art psychotherapy session.

## CHAPTER 1. INTRODUCTION

Anxiety derives from an Indo-Germanic source, originating from the word “angh” used to describe the sensation of narrowing, constricting, and tightening around the chest or throat (Horwitz, 2013). As a performer in the dramatic arts and a developing mental health professional, the experience of anxiety symptoms has provoked my curiosity toward the process of self-disclosure for an adolescent in a therapeutic environment involving projective processes. When I was an adolescent I was intimidated by the very thought of social interaction, especially with my peers. However, I had an intense desire to break out of my shell. I grew up in a family of musicians and was told many stories of my grandfather performing onstage as a musician and entertainer of sorts before I was born. When I transitioned from middle school to high school I joined the musical theatre production offered to students at my school. The process was scary for the young adolescent I was becoming. To this day I owe many thanks to the young me who decided to embrace that anxiety and to the theatre community for their faith and support in my process. As a performer I am often asked the question: how are you able to stay so calm on stage? My answer often surprises spectators when I reveal that I am often met with anxiety when I perform, even though my performance may indicate the contrary. A word commonly used to express this phenomenon is performance anxiety or “stage fright” (Rappoport, 1989, p.1).

Rappoport (1989) has suggested that:

Stage fright is not really “fright” but a combination of fear, anxiety, and fright and that the stage does not have to be a concrete stage in a theatre. It can refer to any situation where a person must, as a part of one’s major life-function, communicate to others. (p. viii)

In adolescence there are many opportunities for social communication, creativity, and emotional intensity (Siegel, 2013). Conditionally, there is a higher propensity for an adolescent's autonomic nervous system to dysregulate and increase opportunity for the development of anxiety responses to threat stimuli (Siegel, 2013). Although adolescence is a period of novel experiences and opportunities for anxiety provoking situations, not all is dreary for the adolescent experience. Creativity and innovation are also prosperous in adolescence (Siegel, 2013). With this in mind, the research looks to explore the use of small objects as projective tools on the process of self-disclosure for adolescents with anxiety. The use of projective tools such as small objects through drama therapy and art therapy have been looked at in the literature review to inform the research as they provide opportunity for exploration of creative, interpersonal experiences and for self-exploration (Landy, 1986). Drama as described by Warren (2008) is a process in which verbal, physical and emotional connections are made through communication of our imaginations with one another. Thus, the use of creative arts mediums may be used to encourage the process of self-disclosure through various forms of communication fostered by the adolescent. This paper has looked at the use of small objects as projective tools and their influence on self-disclosure in further depth with adolescents with symptoms of anxiety.

## **Definitions**

**Self-disclosure defined for the research.** The definition that has been chosen to support the research was inspired by a study conducted by Rappoport (1986). Rappoport (1986) explored the process of communication through art, music, and movement with a group of eight participants, with backgrounds as musical artists, varying in age from 21 years old to 36 years old. Non-verbal communication was used to facilitate "pure communication" and to reduce

defense mechanisms (Rappoport, 1986, p.135). Non-verbal communication was achieved through a joint painting task in which speaking was prohibited between the participant pairs. Following the activity participants were given the opportunity to discuss their experience through verbal communication in group processing (Rappoport 1986). The definition that has been used to define self-disclosure in this study is: “revealing intimate aspects of oneself to others” and expression through verbal or non-verbal communication (Myers, Spencer, & Jordan, 2009, p.546). The research focused on insight gained through the use of small objects as projective tools. The key words that have informed the research on self-disclosure are: communication, and expression.

## **CHAPTER 2. RESEARCH DESIGN**

### **Methodology**

Methodology has been defined as “the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of methods to the desired outcomes” (Crotty, 1998). The research has followed a qualitative method using a bibliographical theoretical approach. A theoretical approach has been taken to subsidize the gaps in current literature on self-disclosure through the use of projective techniques with the adolescent population living with symptoms of anxiety. A constructivist and transformative perspective has been taken to support the methodological foundation of the study (Creswell, 2014). Principles of symbolic interactionism have also provided support through the process of the literature review to contribute to the understanding and synthesis of literature findings. Van Den Hoonaard (2012) has described symbolic interactionism as a process in which an object or subject researched is given meaning through a synthesis of shared understanding. The research is not exhaustive meaning that the literature review was selective in the process of gathering

information which in part may reduce the credibility of the research findings (Lincoln, & Guba, 1985). However, being selective in the literature review process allowed for a more focused search and to facilitate the process of synthesizing the literature appropriate to the time constraints of the research.

**Reason behind Method and Approach.** Tracy (2010) suggests that theoretically significant research “[...] builds on past research but provides new conceptual understandings that can be used by future researchers” (p.846). The theoretical approach has enabled the synthesis and integration of existing theories, ideas and concepts from existing literature pertaining to: anxiety, self-disclosure, and projective techniques; as well as Creative Arts Therapy processes using small objects. It is recommended that further research be conducted. Future research may contribute significant support to the findings in this theoretical study. Analysis of research findings from the theoretical perspective taken has provided strength in support of the research question: how might the use of small objects as projective tools influence the process of self-disclosure for adolescents with symptoms of anxiety?

**Considerations for the drama therapy researcher.** It is important to note that there are significant challenges for researchers studying the discipline of drama therapy with respect to the context of work having a primary focus on playing with subjective material, such as: feelings, images, values and creative processes (Landy, 1986). Despite these challenges drama therapists continue to encourage the expansion of research in the field and acknowledge the adversity that comes from the study of a rather nonconventional discipline (Landy, 1986). As a researcher in the field of drama therapy I am inspired by Landy’s hopes of expansion in research toward drama therapy. In Landy’s (1986) “Drama Therapy: Concepts and Practices” he provided tips to drama therapy researchers to define the research process. Landy’s (1986) research tips have

provided support in the research process through exploring research practices that have been used by past drama therapy researchers.

**Why study the research topic?** According to Barron (2006) a thorough review of present literature is necessary before any social research can pursue methodical undertakings. A thorough study of the current and past literature has revealed that there is a need to research the use of projective techniques with adolescents with anxiety and its influence on self-disclosure due to the lack of research on the topic. There is value in treating anxiety in adolescence as current research has suggested that there are financial costs associated with long term anxiety including: treatment costs, work place disability, lost productivity and lost work days (Dozois, 2015; McRae, O'Donnell, Loukine, Rancourt, & Pelletier, 2016). A study by *The Mental health commission of Canada* has emphasised the significance of investing into mental health programs across Canada and suggests that investing in mental health care is predicted to result in financial prosperity (McRae, O'Donnell, Loukine, Rancourt, & Pelletier, 2016).

An additional cost to living with symptoms of anxiety are the difficulties in maintaining relationships with familial and interpersonal relationships. Family studies and twin studies have provided insight into the genetic and environmental influences on individuals with anxiety disorders (Dozois, 2012; Weiten, & McCann, 2010). As well, studies of environmental influences and social learning have suggested a correlation between parental social competency skills with their young adults competency skills, that will be looked at in greater detail later in the paper (Burke, Wosidlo, & Segrin's, 2013).

A third cost of long term anxiety to consider is the impact on life functioning for individuals with anxiety. There are studies that suggest that anxiety creates employment barriers for individuals with prolonged social anxiety (Dabos, & Rousseau, 2013; Himle, Weaver, Bybee,

O'Donnell, Vlnka, Laviolette, Steinberger, Golenberg, & Levine, 2014; Lamey, 2014). The effects of social anxiety that were found to impose barriers for employment were: perceived disability with regards to employment experience, social skills, educational attainment, interview skills and low motivation for working in social environments. I term these three costs of living with symptoms of anxiety *The Three f's (financial, family, and function)*.

Treating mental illness at the onset is predicted to reduce long-term effects, supporting the need to explore therapeutic processes with adolescents living with symptoms of anxiety (Boylston, French, & Varley, 2016; Mallott, & Biedel, 2014). The literature review also revealed that while there have been research studies on projective techniques used with children there is a gap in the literature pertaining to the study of the influence on self-disclosure through the use of small objects as projective tools used with adolescents with anxiety (Armstrong, 2007; Owen, 2008).

### **Ethical Considerations**

The cultural specificities of the research limits the generalizability of the research findings. The findings predominantly support research on western concepts of anxiety and have not considered adolescents of migratory status. Additionally, biases in the research may emerge from family members and personal experiences of anxiety. There is also the possibility of misrepresentation of the data through subjective interpretation of literature findings due to the subjective context of the study and in the definitions.

### **Population of Study**

It has been reported that anxiety disorders are within the top two most common disorders in Canada effecting 10 percent of the population (McRae, O'Donnell, Loukine, Rancourt, & Pelletier, 2016). It is predicted that the numbers of people effected by anxiety will

continue to increase if funding into mental health support is not given precedence by investors (McRae, O'Donnell, Loukine, Rancourt, & Pelletier, 2016). Additionally, anxiety is the only disorder that has been reported as effecting all ages, with the highest prevalence in adolescents and adult women according to McRae, et al. (2016). For the purposes of the research adolescent's with symptoms of anxiety including: Social Anxiety Disorder (SAD), Selective Mutism (SM), Generalized Anxiety Disorder (GAD), Post-Traumatic Stress Disorder (PTSD), and stage fright (performance anxiety) have been selected for theoretical analysis.

According to Siegel (2013) adolescence ranges from 12 to 24 years of age in reference to maturation and growth occurring in the brain during this time. Eckart, Loffredo and O'Connor (2009) contend that there is variation in each person's developmental process but offer that in general the period of adolescence ranges from 10 to 21 years of age. It seems as though there is still much debate in terms of a defined age of adolescence. For the purpose of this paper, the research will include information according to the age range of adolescence specified by Siegel (2013) from 12-24 years old as the most recent definition found in the literature.

### **CHAPTER 3. LITERATURE REVIEW**

#### **Anxiety in Adolescence**

Since the days of ancient Greece anxiety symptoms have taken prominence in social culture (Horwitz, 2013). Young men who set out for combat were discouraged from showing fear in battle to avoid losing social prestige and being named a coward (Horwitz, 2013). Although it is uncommon in today's Western society for adolescents to be trained to swallow their fears and anxieties in preparation for combat Mallott, and Beidel (2014) suggest that adolescence is a period for building status within peer groups which requires a degree of comfort in communicating with peers. For an adolescent with symptoms of anxiety preparing for a day at

school may feel as if preparing for combat. Studies have suggested that early intervention is appropriate and should be implemented when initial signs and symptoms of anxiety are presented (Boylston, French & Varley, 2016; Mallott, & Biedel, 2014). Mallott, and Beidel (2014) caution that parents of adolescents may take a perspective that as their adolescent ages the anxiety symptoms observed will pass and decide not pursue treatment. In accordance, Boylston, French, and Varley (2016) have suggested that some traits of anxiety may yield as the adolescent gets older, however there is still a strong possibility that the anxiety symptoms will perpetuate into more serious conditions or even develop into comorbidities.

### **Contributing factors to Anxiety Symptoms**

**Biological factors.** According to Connolly, and Bernstein (2007) there are two primary biological factors that contribute to the development of anxiety in children and adolescents. They are: child temperament, and genetics. Respectively, the temperamental style of “behavioural inhibition” has been linked to the development of Social Phobia and SAD in adolescence (Connolly, & Bernstein, 2007, p.269; Guyer, Jarcho, Pérez-Edgar, Degnan, Pine, Fox, & Nelson, 2015). Behaviour inhibition (BI) has been described as a temperament marked by avoidance and removal from social or novel situations (Guyer, et al., 2015). BI alone may not be enough to predict the adolescent’s development of competencies for social interaction. BI paired with parenting styles and parent’s social skills have been suggested to present greater risk factors for poor social competency development for children and adolescents (Burke, Wosidlo, & Segrin, 2013; Guyer, et al., 2015).

Parenting styles that have been suggested to promote healthy social skill development pertain to the *authoritative* parent (Guyer, et al., 2015). The *authoritative* parent has been described as emotionally warm, supportive, and able to communicate clear and firm expectations

to their children (Guyer, et al., 2015). The second parenting style that Guyer, et al. described is the *authoritarian* parent (not to be confused with the *authoritative* parenting style). The *authoritarian* parent is described to have a lack of empathy, is unsupportive, has difficulty expressing expectations to their children and is rather controlling (Guyer, et al., 2015). BI paired with the *authoritarian* parenting style has been suggested to provide the greatest risk combination to an adolescent for developing SAD and impacting the relationship building skills that are so pertinent in adolescence (Guyer, et al., 2015). What this suggests is that a child with BI temperament paired with a parent who is warm and empathetic (the *authoritative* parent) may be less likely to develop SAD as an adolescent. Whereas, a child with BI temperament living with a parent who is controlling and lacks empathy (the *authoritarian* parent) may be at greater risk for developing SAD in adolescence.

Children of parents with anxiety are also at higher risk for developing anxiety disorders in adolescence (Burke, Wozidlo, & Segrin, 2013; Dozois, 2012). Twin studies have provided supporting information to our understanding of genetic and environmental influences on the development of anxiety in children and adolescents (Connolly, & Bernstein, 2007; Dozois, 2012; Weiten, & McCann, 2010). Notably, compared to individuals without a history of genetic predisposition to anxiety disorders individuals with family members diagnosed with anxiety have been found to be four to six times more likely to develop an anxiety disorder (Dozois, 2012).

**Psychological factors.** The western views of anxiety that we know today emerged from the 19<sup>th</sup> century moving toward more widely accepted terms of diagnosis by considering the somatic functions of anxiety, and neurological factors (Horwitz, 2013). A figure worth noting with regards to the psychological factors involved in anxiety formation is Sigmund Freud. Freud made significant contributions to our understanding of anxiety today (Horwitz, 2013). Starting

out as a neurologist Freud depicted several forms of anxiety recognized today including: phobias, obsessions, generalized anxiety, and panic attacks (Horwitz, 2013). Freud's theories of repressed sexual energies gave way to psychoanalytic thinking and the foundation for unconscious processing, projection, transference and symbolism (Horwitz, 2013; Johnson, & Emunah, 2009; Weiten, & McCann, 2009). There is credit due to Freud's foundational work to the practices of many Creative Arts Therapies and Psychotherapy (Johnson, & Emunah, 2009). The study at hand is particularly interested in the process of projection through the use of small objects in the Creative Arts Therapies by means of conscious or unconscious thought.

Behaviourists have also contributed to our understanding of anxiety in terms of its acquisition. Behaviourists traditionally believe that anxiety and fear are acquired through learning and that it is influenced by environmental stimuli (Dozois, 2012; Weiten, & McCann, 2009). Classical conditioning is considered to be one of the earliest contributors to our understanding of behavioural responses to environmental stimuli as conditioned by association (Dozois, 2012; Weiten, & McCann, 2009). Essentially, it is believed that the pairing of a neutral stimulus (conditioned stimulus) with a threatening stimulus (unconditioned stimulus) may elicit symptoms of fear and anxiety (Dozois, 2012; Weiten, & McCann 2009). Hence an individual may learn to reduce the anxiety symptoms by avoidance of the threat stimuli (Dozois, 2012; Weiten, & McCann 2009).

A third psychological factor to consider are the cognitive aspects accompanied with anxiety. Several studies have identified traits in adults with anxiety such as: they often perceive the world as dangerous, have uncertainties about the future, and have a low sense of confidence in their competencies to cope with threatening situations (Dozois, 2009; Bögels, & Zigterman, 2000). Bögels, and Zigterman (2000) conducted a study to assess the cognitive processes of

children with anxiety to see if there was a correlation with the traits of anxiety identified in adults to also be found in children. It was found that children with anxiety expressed diminished confidence in their ability to cope with threatening situations, and they reported more negative cognitions assigned to ambiguous situations as compared to the control group in the study (Bögels, & Zigterman, 2000). While no studies were found specifically addressing the cognitive traits for adolescents with anxiety, we might infer that because there was a correlation found between adults and children with regards to cognitive traits that the adolescent population may also apply more negative cognitions to ambiguous stimuli, have a lack of confidence in their capabilities to cope with threatening stimuli, and express anxiousness toward the future.

**Comorbidity.** Classical period records of diagnostic criteria reveal that comorbidity of anxiety and depression were of the few comorbid mental disorders to be diagnosed at the time (Horwitz, 2013). Melancholia was the term used to describe the comorbidity of anxiety and depression expressed by feelings of fear and sadness over extended periods (Horwitz, 2013). Today depression and other anxiety disorders are recognized as being highly comorbid with anxiety (Connolly, & Bernstein, 2007). Other psychiatric conditions that have been found to be comorbid with anxiety for children and adolescents include: Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Learning Disorders, Language disorders, and alcohol abuse (Connolly, & Bernstein, 2007). Chiefly, children with anxiety disorders have been reported as being more susceptible to the development of alcohol abuse in adolescence (Connolly, & Bernstein, 2007). Alcohol consumption has been thought to serve as a means to reduce anxiety symptoms for the anxious adolescent, but can have serious and dangerous repercussions for the adolescent's health and development (Connolly, & Bernstein, 2007; Ohannessian, 2014). Conditionally, it is important to consider the effects of comorbidities

when treating an adolescent for anxiety disorders (Connolly, & Bernstein, 2007). The overlapping of symptoms for comorbid disorders makes diagnosis and treatment of anxiety difficult (Connolly, & Bernstein, 2007).

## **Projection**

To understand the influence that small objects may have on the process of self-disclosure for an adolescent with symptoms of anxiety it is important to review the source and theories behind the process of projection. According to Jones (2007) “projection involves placing aspects of ourselves or our feelings into other people or things” (p.137). Respectively, projection has taken the form of two relating theoretical perspectives (Jones, 2007; Landy 1983). The first relates to the projection of feelings one has onto another person or projection of ourselves onto another person referred to as person-to-person projection (Jones, 2007; Landy 1983). The second form that projection takes is that of projecting internal feelings and experiences onto objects referred to as person-to-object projection (Jones, 2007; Landy, 1983). The research at hand focusses on the latter approach, the use of small objects as a means for projecting oneself outwardly as a form of self-disclosure.

**Person-to-person projection.** Projection has been recognized as a process in which an individual imagines that another person feels or is as the individual perceives themselves to be (Jones, 2007; Landy, 1986). Projection can also be used as a means of defense to protect oneself from the cognitive dissonance they feel toward another person by projecting those feelings onto the other person (Freud, 1966; Jones, 2007; Landy, 1986). This concept can seem rather intricate. To break it down, what is meant by the effect of cognitive dissonance experienced is when an individual feels one way about a person that is inconsistent with another cognition they may have (Weiten, & McCann, 2010). The individual then acts to reduce the anxiety felt by projecting onto

that other person (Landy, 1986). Freud (1966) referred to instinctual defenses as part of the ego's response to the process of transference. What is meant by transference is how our past experiences and relationships may influence what we project onto others when we encounter another person (Johnson, & Emunah, 2009; Freud, 1966). Defenses and their connection to anxiety have been looked at in more detail in the next section.

**Person-to-object projection.** Another way a person may project is by using objects to project aspects of oneself onto. In essence “one projects aspects of oneself outwardly in order to play and test reality from a safe distance” (Landy, 1986, p.95). Objects that have been traditionally used as projective tools include: masks, puppets, dolls, small objects, video, make-up, painting, and drawing (Hays, & Lyons, 1981; Jones, 2007; Landy, 1983; Landy, 1986). Jones (2007) suggested that dramatic projection may also take the form of play with small objects. Through the process of using the small objects the individual may “project aspects of themselves into the dramatic material [...] and externalize inner conflicts” (p.83). The use of small objects as projective tools from a dramatic perspective is particularly relevant to the research concerning the process of self-disclosure from adolescents living with symptoms of anxiety. The use of small objects enables the client to explore and gain insight through the dramatic process of enacting the various objects used as projective tools (Jones, 2007). Thereby, facilitating the process of communicating feelings and experiences through a creative and distanced process (Jones, 2007).

**Distancing.** According to Landy (1983) Distancing refers to the interaction of two individuals in which a person may achieve balance of the states of closeness and separateness through playing with physical proximity, emotionality, or even intellectually by choosing to analyze rather than empathize with another person. Distancing can also refer to the internal

process or “intrapsychic phenomenon” (Landy, 1983). Landy (1983) suggested that one might create distance at an intrapsychic level by creating distance from what one is feeling, thinking and by creating distance from one’s own self-image. The self-image that one takes on refers to the many roles that we play in life (Landy, 1983). For instance, I may play the role of graduate student in the context of an academic environment, but at a family reunion I may play the role of daughter or sister. Moreno (1994) believed in role reciprocity suggesting that “each role exists dynamically in a context and in relation to others” (as cited in Johnson, Pendzik, & Snow, 2012, p.229). From my understanding, this means that each role that we play in life coexists and interacts to some degree. The intrapsychic level of distancing is appropriate to the subject of using small objects as projective tools and has been expanded on in the research.

**Distancing on a continuum.** Distancing can be understood to exist on a continuum according to Scheff (1979). To understand distancing on a continuum we must first look at its components. There are three dimensions of distancing that are discussed in the literature (Landy, 1983; Scheff, 1979). The first to be discussed is *overdistancing*. An individual who is *overdistanced* is said to differentiate themselves from another person in order to maintain separateness and “will project his own thoughts and feelings onto others, thus seeing others as reflections of himself” (Landy, 1986, p.99). *Overdistancing* alone would create an imbalance of attention and a disconnection between feeling and thought (Freud, 1966; Landy, 1983). Contrary to an individual who is *overdistanced* is someone who is *underdistanced*. An individual who is *underdistanced* in their interactions may push for intense emotional and physical closeness, have high levels of empathy for others, and have difficulty maintaining boundaries between the self and others. Again, *underdistance* alone would create an imbalance of attention and create a disconnection from feeling and thought (Landy, 1983).

Scheff (1979) looked at distance in relation to the human experience and regarded the distancing process to be on a continuum in which *overdistancing* at its most extreme is regarded as a more cognitive process in which both past and present events are not within one's consciousness (repression). In other words, in the present moment the individual's state of mind blocks out memory of pain from a past event from the individual's conscious state through a process called repression (Landy, 1986). On the other hand, *underdistancing* at the highest degree is described as the experience of extreme emotions in the present moment through a process of transformation (Scheff, 1979). *Undersistancing* is experienced through the recall of previously repressed emotion (Scheff, 1979).

A state of balance lies between *overdistancing* and *underdistancing* (Landy, 1983). This balance is referred to as *aesthetic distance* (Landy, 1986; Landy, 1983). To understand the process of the distancing on continuum in terms of the experience of anxiety symptoms Landy (1986) has discussed the process in further detail. Landy (1986) suggested that "everyday life presents endless moments of anxiety and potential conflict that lead to psychic imbalance" (p.101). Restoration of balance calls for moving toward *aesthetic distance* (Landy, 1986). A person who becomes easily *overdistanced* may become overwhelmed by anxiety (Landy, 1986). However, if *aesthetic distance* is achieved the individual may be able to cope with the anxiety experienced without becoming overwhelmed (Landy, 1986). Various methods within the Creative Arts Therapies use creative mediums to facilitate *aesthetic distaining* and balance such as *The World Technique* described next (Jones, 2009).

**The world technique.** According to Zoja, and Seaman (2011) Margaret Lowenfeld's *The World Technique* was of the first projective techniques to use small toys for the treatment of nervous and difficult children. The research at hand was inspired by the concepts and practices

involved in *The World Technique*. *The world Technique* was created as a treatment process rather than a technique aimed for providing diagnosis (Zoja, & Seaman, 2011). Traditionally, *The World Technique* has been used with children, particularly those with verbal difficulties (Zoja, & Seaman, 2011). *The World Technique* uses small objects called *miniatures* of various forms including: humans, animals, fences, vehicles, houses and other miscellaneous objects (Jones, 2007, p.145).

Contrary to the popular belief in child psychotherapy at the time, Lowenfeld's approach in *The World Technique* emphasised the child's personal process without interpretation from the therapist (Zoja, & Seaman, 2011). Rather, the transference of emotion, thoughts and memories are transferred onto the projected items rather than onto the therapist (Zoja, & Seaman, 2011). This perspective was thought to give agency to the child and to acknowledge the child's intrinsic ability to give meaning to their own mental processes (Zoja, & Seaman, 2011). What makes *The World Technique* particularly versatile is that it does not require special skills from the client to participate in the process (Jones, 2007). This may suggest that the use of small objects as projective tools to be appropriate for working with multiple populations not limited to the use with children due to its versatility and ease. The use of small objects may then be considered a relevant projective tool for working with adolescents. Additionally, because *The World Technique* was effective in working with nervous children one might also infer that the process of using small objects to be transferable to working with adolescents with anxiety.

### **The Projective Process and Anxiety**

**Projection, anxiety, and small objects.** According to Jones (2007) "projection is often the inspiration for creative activity" (p.137). Jones (2007) followed this statement by providing a depiction of the famous painting *The Scream*, and shared the influence of the projective process

experienced by the creator Edvard Munch in creating it. It was said that Munch was awestruck by the image of a sunset engulfing the contours of a fjord appearing as if the sun was screaming (vibrantly and loud) to nature (Jones, 2007). Jones (2007) suggested that this experience was representative of how Munch engaged in the process of projecting his feelings of anxiety and despair onto the sun. Indeed, it would seem as though Munch's representation of feelings of anxiety were projected into his artwork. Although Munch's selected object (the sunset) for projection is much larger than what the research has focused attention to, it appears as though he was able to communicate his experience through a projective process.

Landy (1986) suggested that the use of projective objects in therapy work particularly well for treating individuals with affective disorders and anxiety disorders. The three forms of anxiety symptoms that Landy (1986) suggested as appropriate for the use of projective objects as treatment were: phobias, panic attacks, and traits of Obsessive Compulsive Disorder (OCD). According to Landy (1986) the use of projective objects in therapy work to effectively desensitize client's with phobias by first introducing objects that are *overdistanced* and progressively working up to objects that resemble more closely the feared subject until balance is established.

Landy (1986) also suggested using projective techniques for working with individuals who experience panic attacks. Through the use of projective objects it is said that an individual who experiences panic attacks may gain insight into the condition of panic and begin to reduce symptoms by moving toward balance (Landy, 1986). The exposure to the feared stimuli is approached at a safe distance by using the projective objects (Landy, 1986). Repetition of the projective process to the feared stimulus is suggested to provide the client with the opportunity to imaginatively represent the condition, and work toward a balanced state (Landy, 1986).

Finally, Landy (1986) shared a case example of treatment of an individual with OCD. The client used projective objects to identify three roles that contributed to his symptoms of anxiety (Landy, 1986). The client discovered that a pattern of 3 was thematically present in each of his sessions. From this discovery the client realized that he had experienced great distress after his younger brother was born disrupting the family dynamic of 3, his parents (mother and father), and himself (Landy, 1986). The distanced feature of using projective objects in therapy assisted with the client's self-exploration process and provided the client with insight into the onset of his condition (Landy, 1986).

**Defenses and their connection to anxiety.** The concept of *Id*, *Ego* and *Superego* have a long history in psychoanalytic theory and have significance in our understanding of unconscious processes involved in transference and contributes to our understanding of dramatic processes like projection (Johnson, & Emunah, 2009). It is understood that the *Ego* acts in defense to balance the instinctual impulses elicited by the *Id* (Freud, 1966). In other words, the repression of impulses (brought on by *Id*) fraught by defenses (*Ego* in action) is thought to develop into perpetuated symptoms (Johnson, & Emunah, 2009; Freud, 1966).

For an individual with anxiety for instance, the presentation of an anxiety provoking stimulus may activate the individual's autonomic nervous system (increasing: heart rate, blood pressure, and body temperature) creating a behavioral reaction in the form of a flight response (Dozois, 2012). The flight response is characterized by physiological symptoms in response to threat stimuli creating great discomfort for an individual (Weiten, & McCann, 2010). Consequently, the flight response may lead to avoidance of the anxiety provoking stimuli (avoidance functions as a defense mechanism) and develops into perpetuated symptoms of anxiety (Dozois, 2012). An individual may experience heightened stimulation of the autonomic

nervous system while on a stage for example. The discomfort experienced while being on stage may result in the individual's avoidance of experiences involving public presentation and develop into a general fear of communicating with another individual. Rappoport (1989) suggests that stage fright may occur in the event that any person must communicate with another person and is expressed by the presence of anxiety and the inhibition of creative expression. The next section has gone into more detail pertaining to the use of creative processes as a means for facilitating communication and self-disclosure.

### **Art Therapy, Anxiety and Projective Tools**

Prendiville, and Howard (2017) compiled works by creative psychotherapy professionals in their book titled "Creative Psychotherapy: Applying the Principles of Neurobiology to Play and Expressive Arts-Based Practice". The following is a case example of an arts-based psychotherapy session using small objects as projective tools in therapy with a client with symptoms of anxiety as a result of a traumatic experience. This section discusses the physiological responses to sensory stimuli and the process of communicating with small objects as a projective experience with a mid-aged trauma survivor.

**Fear, panic, trauma and the use of small objects.** Donnelly shared her experience of working with a client who had gone through a traumatic automobile accident (Donnelly, 2017, Chapter 8). The client was described as "a mid-aged widow of two adult children" (Donnelly, 2017, p.147). The client presented with symptoms of fear, panic and difficulty sleeping as a result of flashbacks to the traumatic event (Donnelly, 2017, Chapter 8). Donnelly suggested that when working with clients with traumatic episodes it is more effective to engage in processes that activate the client's somatosensory responses to channel conscious memories rather than engaging in verbal psychotherapy (Donnelly, 2017, Chapter 8). Donnelly took the approach of

activating bottom up processing, working from sensory information and moving toward a more cognitive process (Donnelly, 2017, Chapter 8). Posner, and Raichle (1994) have suggested that bottom-up processes may even occur regardless of the individual's conscious state. Meaning that when aroused a person's unconscious mind takes in the sensory information through automatic processing. In her work with the client Donnelly started by introducing sand to activate sensory stimulation which in part assisted the client to communicate with Donnelly (Donnelly, 2017, Chapter 8). The soothing sensation of the sand stimulated the client's limbic system and facilitated processing and self-disclosure (Donnelly, 2017, Chapter 8). According to Weiten, and McCann (2010) "the limbic system is involved in the regulation of emotion, memory, and motivation and has been linked to the tendency of some people to be optimistic in their approach to life" (p.102). By regulating emotion, memory and motivation it seems as though the process of self-disclosure is enhanced. However, Donnelly cautions that for some clients the use of sand can be overstimulating (Donnelly, 2017, Chapter 8).

In the sessions that followed Donnelly encouraged the client to use "small world objects and materials" to create an image and to communicate with the selected objects using *aesthetic distancing* to help establish feelings of safety (Donnelly, 2017, p.148). The objects selected by the client (see figure. 1) assisted with the client's process of disclosing difficult material and allowed for the client to have a conversation with the object (a little girl) as if she were communicating with herself as a little girl by projecting onto the object (Donnelly, 2017, Chapter 8). The client discovered that she was able to identify with aspects of herself in the little girl nested in the pile of feathers (Donnelly, 2017, Chapter 8). The client described her relationship with the object as the little girl appearing vulnerable and broken as compared to her "internal adult" role which she described as empathetic and strong (Donnelly, 2017, p.148).

Donnelly provided the client with a photo of the image that she had created using the small objects to bring home with her as a coping strategy (Donnelly, 2017, Chapter 8). It was reported that the client used the image to reduce anxiety symptoms when waking in a panicked state at night (Donnelly, 2017, Chapter 8).

Here we see how the use of small objects have been used to both facilitate the process of self-disclosure for an individual who had experienced a traumatic event and the use of the small objects to assist with reducing symptoms of anxiety. Although the therapeutic process worked with an adult client with a history of trauma the findings seem to provide strong evidence for the use of small objects in psychotherapy. I suggest that Donnelly's approach using small world objects may be transferable to working with the adolescent population to facilitate self-disclosure and to provide affect regulation techniques to reduce anxiety symptoms.

Additionally, the activation of sensory stimulation using the sand seemed to have worked effectively with the mid-age widow client, but Donnelly also cautioned using sensory stimulating objects since its properties may be overstimulating for some. It would be interesting to see how the adolescent population would respond to the autonomy of creating their own small world using small objects. Adolescents are often perceived as having a reputation for wanting to do things their own way (Siegel, 2013). However, control may seem inhibited or imbalanced for an adolescent experiencing symptoms of anxiety since anxiety has been linked with feelings of lack of control (Gallagher, Bentley, & Barlow, 2014).



*Figure 1.* A small object used in an art psychotherapy session. The figure shows an example of an image created by a client using a small object in an art psychotherapy session.

### **Anxiety, Drama Therapy and Projective Processes**

This next section looks at two studies conducted by drama therapy graduate students from Concordia University. Each study examines projective processes when working with children, these include: story making, and catharsis through fairy tale. The studies also discuss anxiety related symptoms such as those found in: SM, and anxiety disorders in children. The methodological underpinnings of the studies reviewed consist of: a case study, and a theoretical paper.

**Story making with a child with selective mutism.** Owen (2008) conducted a case study with a 6 year old client with selective mutism, and studied the impact of communicating through story making in a drama therapy setting. Owen (2008) provided systematically detailed descriptions of her sessions and included various methods of working with her client through story making. For the purpose of the paper, the research has focused primarily on the use of projective processes used with the client.

Owen (2008) was interested in learning about how a child with selective mutism and her therapist could communicate through story making in the drama therapy setting and recorded the changes in communication throughout the therapeutic process. Owen (2008) used story making as a projective process and tool as a means for the client to project their inner experiences, to identify roles, and to identify treatment needs of the client. In her work with the client, projection emerged through enactment of roles. In the beginning process the client assigned the therapist to play the role of a *silent student* as she played in the role of *teacher* played out in the imaginative space of a classroom (Owen, 2008). Over time, the client engaged in a process of role reversal in which a perspective shift occurs by having the client take on the role previously assigned to the therapist (silent student) and the therapist to take on the role of the client (teacher). The role reversal process is suggested to expand the client's view of reality through the process of changing roles with another person (Garcia, & Buchanan, 2009, Chapter 18).

Owen (2007) and the client were able to apply the roles of *silent student* and *teacher* to the use of objects in their later sessions through projection. It was found that when the objects were introduced in their sessions the client was better able to express feelings of helplessness, fear, and sadness through the story making process. The distanced quality of the play with objects appeared to facilitate deeper exploration of the client's issues (Owen, 2007). The client

also expressed feelings of anger toward a “little yellow bird” toy in the role of teacher in the story to express her frustration from feeling nervous and upset in the classroom setting (Owen, 2007). As such, “the gradual move towards a less distance stance allowed Shannon (the client) to communicate feelings and express emotions regarding certain issues in her life” (Owen, 2007, p. 29).

While the use of objects facilitated the process of disclosing feelings, it was found that the client appeared more comfortable communicating feelings of anger and frustration through the *embodiment* process (Owen, 2007). Jones (2007) described *embodiment* as the primary function in which to communicate with others through the manipulation of voice, gesture and expression. It is said that the body communicates on both a conscious and unconscious level (Jones, 2007).

From this study it may be inferred that while projective processes through the use of objects may be an effective way in which to facilitate the process of self-disclosure for the child client, other projective process such as *embodiment* may also be effective in facilitating other forms of emotional disclosure. In Owen’s (2007) study projection through the use of objects facilitated the communication and expression of helplessness, fear, sadness and anger for a child with SM. However, the *embodiment* process seemed more appropriate for facilitating the communication and expression of feelings of anger and frustration with sensitivity to the client’s comfort level. It would be interesting to compare the various methods of projection with the adolescent population and to see if the different projective processes would elicit different disclosures of emotions.

**The experience of storytelling with children with anxiety.** Armstrong (2007) took a theoretical approach to understanding the influence of catharsis through fairy tale in drama

therapy for children with anxiety. Armstrong (2007) found that projective elements involved in the use of fairy tale processes in drama therapy provide children with an *aesthetic distance*. That is, creating a dynamic of both emotional closeness and distance at appropriate levels for creative exploration and for catharsis to be achieved. Landy (1986) described catharsis as “the ability to recognize contradictions, to see how conflicting aspects of one’s psychic life or social life, of one’s thinking, speaking, or feeling can exist simultaneously” (p.101).

Armstrong (2007) suggested that the therapeutic benefits to the experience of catharsis in drama therapy are that it facilitates emotional expression, reduces anxiety, and provides insight to the child about the conditions of their anxiety. However, it was also noted that catharsis is not a permanent fix for experience of anxiety symptoms but rather it relieves the anxiety in the present moment (Armstrong, 2007; Scheff, 1979). Furthermore, Armstrong (2007) stated that while catharsis can be achieved using fairy tale in drama therapy, catharsis can be achieved through other therapeutic means as well.

Additionally, Armstrong (2007) posited that children with anxiety are less likely to engage in physical activity, imaginative play, and spontaneous play or participate through verbal expression. This seems to provide support for the use of projective processes as a means for working with children with anxiety symptoms. Respectively, the use of dramatic projection is considered effective in providing the client with an indirect approach to exploring emotional material from a distance (Armstrong, 2007; Jones 2007; Landy, 1986).

From this study, it may be inferred that the use of dramatic projection may be used to facilitate the exploration process due to the distanced nature of projective techniques. However, it seems as though there are limitations to the total achievement of anxiety symptom resolution for children. Rather, the projective process of using fairy tale in drama therapy may result in

catharsis and provide temporary symptom relief. Taking this into consideration, it would be interesting to see if the use of small objects with the adolescent population would reflect similar results. If this is the case, then it would be pertinent to consider the implications of temporary relief and the experience of catharsis on the process of self-disclosure through the use of small objects.

### **Being Witnessed and Anxiety**

**The experience of stage fright.** Rappoport (1986) examined the history, etiology and an approach to treatment for stage fright. Rappoport (1986) conducted a mixed method study involving the synthesis of data from a theoretical overview of stage fright, interviews and psychological profiling through diagnostic testing and a case study report that looked at the experience of stage fright among a group of eight musicians using expressive psychotherapy. Rappoport (1986) proposed that the use of expressive psychotherapy as an effective method for working with stage fright due to the “non-threatening” structure of the techniques to help facilitate “verbal blocks” (p.17). The use of visual imagery in Rappoport’s (1986) study was used to transform the unknown and abstract ideas into a more structured form. At the beginning of the study Rappoport (1986) had five basic beliefs that contributed to the process. It was believed that anxiety exists for everyone but becomes a problem when it is intense, chronic, and interferes with daily functioning. Second, that anxiety is enhanced by the unknown. Third, artists are highly exposed to anxiety of the unknown. Fourth, “Stage fright may be expressed as blocked communication as a result of a defensive wall built in response to early trauma”, and finally that inhibited communication can be facilitated through the use of Creative Arts Therapy (p.15). Due to the extensive information presented in Rappoport’s (1986) study the research at hand has

focused on the first stage of the group treatment process using projective techniques as a catalyst for communication of feelings.

Participants in the study ranged from 21-36 years old with the majority being in their early to mid-twenties (Rappaport, 1986). In preparation for the group treatment process the participants were administered tests to measure levels of anxiety (Rappaport, 1986). The *Spilberger Test* was used to identify levels of anxiety expressed by the participants (Rappaport, 1986). It was found that among the women 50% were found to have an anxiety level higher than the average young adult according to the measurements from the *Spilberger Test* (Rappaport, 1986). A *Situational Anxiety* questionnaire was also provided. The *Situational Anxiety* questionnaire was used with group members who had partaken in musical performances outside of the study before the commencement of the group therapy process (Rappaport, 1986). Rappaport (1986) considered the group dynamics within sessions as well as the situational content occurring outside of the therapy sessions as influence to each participant's experience of the content disclosed throughout the study. It was found that both males and females in the study tested high for levels of anxiety compared to the average young adult.

The first stage was designed to reduce the participant's defences through non-verbal experiences using projective tools including: the use of stones, painting and expression through musical content (Rappaport, 1986). The group had a general consensus toward feeling embarrassed and had minimized the affectedness of their stage fright symptoms which made it difficult for any individual to feel comfortable disclosing their feelings, let alone coming together as a group to discuss. Rappaport (1986) alluded to the fact that because their defenses were high on initial encounter of the group process, the creative components provided a basis for the participants to communicate their reaction to the feelings provoked by being in the group and the

affiliation to stage fright. The affiliation between sensations of stage fright and being in the group provided insight to participants toward the sense of exposure they often feel when performing on stage as similar to how they were feeling in the group (Rappoport, 1986). One member of the group had disclosed that she was experiencing feelings of guilt for being the focus of the room and suggested that she was not worthy of such attention (Rappoport, 1986). Other members of the group resonated with the individual's comment (Rappoport, 1986). For some, themes of guilt and worth appeared in their artistic expression through painting, and musical expression (Rappoport, 1986). Participants expressed their needs, vulnerabilities, and insecurities by projecting onto stones, or through painting and music (Rappoport, 1986).

Description of how the objects were used to elicit disclosure were not discussed in detail, but from the study the reader gets the sense that each participant had been influenced by each other's disclosures through the identified themes of guilt, worth, family, belonging and shame expressed through the use of expressive arts (Rappoport, 1986). Studies have suggested that the effects of disclosing personal content seem to have an effect on the likelihood that others will respond by self-disclosing reciprocally (Hitz & Schuldt, 1994; Myers et al., 2009; Rotenberg & Chase, 1992; Schneider, 1984). The phenomenon of one person's self-disclosure of personal content eliciting a reciprocal response of self-disclosure from others has been referred to as the effect of *disclosure reciprocity* (Myers et al., 2009; Rotenberg & Chase, 1992; Schneider, 1984). In accordance with Rappoport (1986) and studies on *disclosure reciprocity*, consideration of a participant's influences within and outside of the therapeutic setting is imperative to understanding the influences on a client's self-disclosure (Hitz & Schuldt, 1994; Myers et al., 2009; Rotenberg & Chase, 1992; Schneider, 1984).

Additionally, reviewing Rappoport's (1986) study has provided insight into the influence of the use of small objects as projective tools with adolescent's experiencing symptoms of anxiety in the form of stage fright. Rappoport (1986) suggested that the use of projective techniques in stage one of the group process assisted with the participant's ability to communicate their "inner selves in a non- threatening way" in which subconscious feelings could be explored through creative modality (p.210). It was found that the participant's expression of defensiveness was linked to traumatic memories from their childhood, and that the use of non-verbal communication facilitated breaking down their defenses and provided a sense of confidence in their creative abilities (Rappoport, 1986). Rappoport's (1986) study addressed how a group's process can influence an individual's content of self-disclosure and how the use of projective techniques can help to reduce defensive traits as a way to facilitate the process of self-disclosure within a group therapy setting.

**Increased arousal in the presence of others.** A second study that looked that the influence of others on an individual's ability to communicate has been reviewed in Zajonc's (1965) theory of *Social Facilitation*. Zajonc (1965) looked at the influence of the presence of an audience on an individual's social performance in his study on *Social Facilitation*. The *Social Facilitation Paradigm* dates back to 1897 originating from Triplett's interest in bicycle racing, leading to his observation of enhanced performance from competitor racers when in the presence of others (Myers, Spencer, & Jordan, 2009; Zajonc, 1965). *Social Facilitation* has been given different definitions over time, the common definition used in current literature is the definition provided by Myers, Spencer and Jordan (2009) defining social facilitation as "the strengthening of dominant (prevalent, likely) responses owing to the presence of others" (p.217). Suggesting

that a person with strong communication skills may perform better when in the presence of others.

The presence of an audience increases arousal (anxious responses) enhancing the individual's performance favorably when the individual perceives to be skillful at completing the task at hand (Myers, Spencer, & Jordan, 2009). Adversely, when anxiety levels are high and the individual has significant difficulty in performing the task, the addition of an audience may actually worsen the individual's performance abilities. For instance, an individual who is skillful at giving oral presentations such as those you may see giving a *Ted Talk*, the anxiety experienced when in the presence of a live audience during their presentation may elicit the a response in favour of the performance. However, an individual with SAD in a similar situation may be inhibited to perform by the anxiety experienced resulting in poorer performance when giving an oral presentation, even if presented to that of a smaller crowd.

The effects from the *Social Facilitation paradigm* become a concern to parents and teachers when a child or adolescent experiences difficulty in social interaction and when impacting performance in the school environment. Characteristically, such a situation is common for adolescents with SAD (Dozois, 2012). The school environment often requires the adolescent to participate in giving oral presentations, and to engage in social interaction which may enhance the experience of anxiety and impede on the adolescents ability to perform well academically and socially when communicating in front of their peers. Likewise, Individuals with low self-esteem have been found to experience social events anxiety provoking even when feeling successful in their encounters (Myers, Spencer & Jordan, 2009). They maintain the cognition that they are incapable of meeting expectations that others may have of them (Myers, Spencer & Jordan, 2009).

## **Self-disclosure**

There is an intrinsic desire for others to know us for our true selves and to feel accepted by others (Myer, Spencer, & Jordan, 2009). Over time an individual is likely to disclose more with an individual as the development of a relationship blooms (Myers, Spencer, & Jordan, 2009). This process has been defined as *disclosure reciprocity* “the tendency for one person’s intimacy of self-disclosure to match that of a conversational partners” (Myers, Spencer, Jordan, 2009, p.408). Studies on *disclosure reciprocity* reveal that a person is more likely to share intimate details about themselves with others who have shared reciprocally intimate material (Hitz, & Schuldt, 1994; Myers, Spencer, & Jordan, 2009). Other studies on *disclosure reciprocity* suggest that reciprocity of intimate material shared is age dependent stating that younger children have been found to engage in less *disclosure reciprocity* as compared to older children (Rotenberg, & Chase, 1992). This next section looks at the influence of anxiety, age of the individual, and the influence of intergenerational transmission on the process of self-disclosure in more depth.

## **Self-disclosure and Anxiety**

Anxiety is a naturally occurring response for all people, functioning to protect us from potential threat (Horwitz, 2013). Therefore, people have a propensity for anxiety, especially for individuals with social anxiety when confronted with the prospect of social communication (Rappoport, 1989). In accordance, Beatty (1986) suggested that anticipation of an event involving communication with another person activates anxiety responses for individuals with general traits of anxiety. Pickard, Rijdsdiik, Happé, and Mandy (2017) have suggested that social communication difficulties in the pre-teen years are predicted to increase the risk of social anxiety development in adolescence.

Individuals with high levels of social anxiety have been reported to disclose less than individuals with lower levels of anxiety in social situations (Gee, Antony, & Koerner, 2012). This can be particularly adverse for individuals with high levels of anxiety because self-disclosure of personal material has been linked with increased likability and relationship development (Gee, Antony, & Koerner, 2012; Myers, Spencer, & Jordan, 2009). Even more detrimental to an individual with social anxiety is that they often have an intrinsic desire for positive regard from others, yet they often become inhibited by their diminished self-confidence concerning their ability to perform in social situations (Gee, Antony, & Koerner, 2012).

When an individual is able to have trust in their relationships anxiety the fear of losing the affection from the other is reduced, resulting in a sense of comfort to disclose with the other person (Holmes, & Rempel, 1989). Notably, an adolescent may be particularly sensitive to trust development. As an adolescent develops, so are their neurological processes for social-emotional perception required for development of trust in relationships (Kragel, Zucker, Covington, & LaBar, 2015). Hence, it is important to consider the implications of anxiety, and the complexities involved in neurological development, interpersonal and the environmental influences on the adolescents development when looking at the influences on an adolescent's process of self-disclosure.

**The anxious adolescent and self-disclosure.** According to Boylston, French, and Varley (2016) adolescents have been reported as being more likely to disclose “the nature, severity, intensity of their anxiety and associated thoughts and feelings with direct questioning” whereas, young children are better able to communicate through the use of projective tools such as: play objects, and drawing materials (p. 425). Conceivably, as Boylston, French, and Varley (2016) have suggested that adolescents may be more willing than children to communicate their

experiences through the approach of verbal communication. Likewise, Freud (1966) reported having great difficulty communicating with a little girl about her absences from school due to her anxiety symptoms. It was suggested that the little girl's defenses were elevated each time that an individual attempted to converse with her about her anxiety symptoms (Freud, 1966). Freud (1966) suggested alternative ways of eliciting communication with children in therapy by means of: analyzing their dreams, engaging in fantasy play, and through analysis of their artwork.

Additionally, it has been reported that there is a correlation between alleviation of an adolescent's experience of loneliness through the process of self-disclosure. Weeks (1989) found that an adolescent's loneliness could be predicted by the level of the adolescent's self-disclosure. It was found that adolescents who disclosed more were found to be less lonely than those who did not among a group of adolescent inpatients with symptoms of social anxiety (Weeks, 1989). The proceedings of the experiment were statistically analyzed to produce the results of Week's (1989) study. Weeks (1989) recommended that psychologists and counsellors encourage their clients to self-disclose as a means for reducing feelings of loneliness in clients with social anxiety.

The findings may be indicative that the use of small objects with children may be a more effective way for facilitating children's process of self-disclosure, as compared to the adolescent population. Even still, the use of small objects as projective tools with the adolescent population may still be an effective method for facilitating the process of self-disclosure in combination with verbal communication. Furthermore, self-disclosure has been suggested to decrease feelings of loneliness in adolescents with social anxiety, emphasising the importance of the process of self-disclosure when working with adolescents with symptoms of social anxiety. It would be interesting to see if adolescents would have a preference for the type of small objects used (more

appealing to the adolescent population) as compared to the small objects that children have been reported to select (i.e. puppets, toys, and drawing), and if the objects offered would make a difference in the manner in which the adolescent choose to disclose (verbally or non-verbally). Additionally, it would be interesting to know if loneliness symptoms could be alleviated through self-disclosure in other anxiety disorders.

### **Influence of intergenerational transmission on social skill development and anxiety.**

A study by Burke, Woszidlo, and Segrin, (2013) looked at the influence of intergenerational transmission between 255 mother-father-young adult triads to understand if there is a relationship between parent's social skill development and the young adult participant's social skill development. The team hypothesised that should there be a correlation found between mother-father-young adult social skill deficits then it is predicted that the young adult may experience lower quality of life with regards to disturbance of psychosocial abilities, loneliness and anxiety (Burke, Woszidlo, & Segrin, 2013). A second hypothesis suggested that due to parental genetic and environmental influences: "parents' loneliness will predict their young adult's loneliness, and parents' anxiety will predict their young adult's anxiety" (Burke, Woszidlo, & Segrin, 2013).

The majority of participants were Caucasian (Burke, Woszidlo, & Segrin, 2013). The average age of the fathers participating was 53 years old, and mothers age averaging 51 years (Burke, Woszidlo, & Segrin, 2013). The average age for the young adult participants was 21 years (Burke, Woszidlo, & Segrin, 2013). Participants were recruited from various universities in the Midwestern and Southwestern parts of United States (Burke, Woszidlo, & Segrin, 2013). Social skills were assessed using Buhrmester's (1988) *Interpersonal Competence Questionnaire* and Ryff's (1989) *Positive Relations with Others Scale* to assess disclosure and positive relations

with others (as cited in Burke, Woszidlo & Segrin, 2013). Loneliness was measured using Russell's (1996) *UCLA Loneliness Scale* and social anxiety was assessed using Leary's (1983) *Interaction Anxiousness Scale* (as cited in Burke, Woszidlo & Segrin, 2013).

Results revealed a correlation between father's social skills matching that of their young adult's social skills, suggesting that fathers with strong social skills yielded strong social skills in their young adults (Burke, Woszidlo, & Segrin, 2013). Likewise, poor social skills in father's yielded poor social skills in their young adults (Burke, Woszidlo, & Segrin, 2013). Additionally, father's scoring higher on loneliness were found to have children with social skill difficulties (Burke, Woszidlo, & Segrin, 2013). Social skills were found to be associated with anxiety and loneliness for all family members consistent with Bandura's (1986) Social Learning Theory, meaning that family members learned social interaction by observing interaction styles of one-another (as cited in Burke, Woszidlo & Segrin, 2013). This suggests that intergenerational transmission can predict psychosocial difficulties within the family system. Mothers who reported higher loneliness were found to have young adults with high scores of loneliness. Significant results were also found for both mother and fathers with their young adult's scores of anxiety. This suggests that higher parental anxiety was indicative for high anxiety in the young adults.

Burke, Woszidlo, and Segrin's (2013) study provides insight into the influence of intergenerational transmission in terms of parental contributions to the adolescent's symptoms of anxiety and efficacy in social communication. While my research is concerned with the adolescent's individual process of self-disclosure it is important to consider any contributing factors that may influence the individual's experience. In short, high anxiety in parents predicted high anxiety in the young adults, presence of mother loneliness predicted loneliness in young

adults, however; loneliness in fathers predicted reduced social competency in young adults. Finally, social skills were found to have a high correlation with levels of loneliness and anxiety levels in parents and young adults, this was suggested to be the result of social learning and intergenerational transmission of traits of anxiety.

### **Projective Techniques and Self-disclosure**

According to Waiswol (1995) projective techniques are effective tools for facilitating the process of self-disclosure for a client in a psychotherapeutic setting due to the indirect communication style involved in using projective tools allowing for the client to surpass discomforts from the emergence of emotional vulnerabilities, defense mechanisms and resistance to therapy. Waiswol (1995) also suggests that the use of projective techniques may work to minimize the client's anxiety responses to therapy in the beginning processes of the therapeutic alliance. The following sections have reviewed the process of using small objects as projective tools with the adolescent population, and the use of projective tools in drama therapy and art therapy as assessments.

**The use of small objects as projective tools with adolescents.** According to Landy (1986) objects are considered the most distanced and abstract projective tools compared to dolls or puppets. The abstract component of working with small objects may be particularly appealing to an adolescent because it allows for the possibility to explore creatively, involves abstract thinking, and gives agency to the client pertaining to providing meaning to their own experience (Landy, 1986). As Siegel (2013) suggests adolescence is a particularly important period in an individual's life in which the adolescent begins to develop creative and new conceptual ways of thinking, abstract reasoning, and scepticism. According to Siegel (2013) these developmental milestones are major contributors to the richness of life.

Additionally, for the adolescent experiencing symptoms of anxiety the use of small objects as projective tools may help to establish balance by providing the adolescent with a sense of control. Waiswol (1995) suggested that clients may feel vulnerable to the therapeutic experience at first due to their novelty to interpretation and meaning making, thereby reducing their sense of control in the therapeutic situation. An adolescent with symptoms of anxiety may be more susceptible to feeling vulnerable to a lost sense of control as symptoms of anxiety have correlated with an individual's perceived experience of feeling out of control according to the American Psychiatric Association (2013).

Gallagher, Bentley and Barlow (2014) found that a diminished sense of control and vulnerabilities to negative emotions were correlated with the development of anxiety disorders. Consistent with the DSM-5 (American Psychiatric Association, 2013) Gallagher, Bentley and Barlow (2014) found that the highest correlation of perceived sense of control to be predicted for individuals with GAD. Markedly, the results in Gallagher, Bentley and Barlow's (2014) study were not found to be generalizable to all ages or to all anxiety disorders.

In their concluding remarks the authors suggested that further research be conducted to strengthen their report concerning the association of perceived lack of control and the development of specific anxiety disorders (Gallagher, Bentley, & Barlow, 2014). Although the results from Gallagher, Bentley, and Barlow's (2014) study were not found to be generalizable to all ages, given that adolescence is a period for gaining a sense of autonomy I can see the value in providing the adolescent with an outlet to experience a creative process which enables self-expression and abstract dimensions of exploration. Nonetheless, the results from Gallagher, Bentley, and Barlow's (2014) study may be particularly relevant for providing support for the

use of small objects as projective tools with adolescents experiencing symptoms of GAD as a means for establishing balance of perceived control.

### **Small objects as assessment tools in drama therapy and symptoms of anxiety.**

According to Jones (2007) projective techniques are effective assessment tools for two reasons. Projective techniques are thought to reveal “[...] emotional conflicts, drives and unconscious motivations” (Jones, 2007, p.297). Secondly, the use of objects provides information about the individual’s interpersonal traits revealed through patterns and constructs found in projected activity (Jones, 2007). The use of small objects as projective tools have been found to provide support to the client as a means to externalize emotionally difficult material and situations (Landy, 1983). In accordance Jones (2007) suggested that “dramatic forms and processes, whether playing with objects or playing roles, connects outer expression in drama with inwardly held feelings or life experiences” (p.83)

Chesner used small objects as projective tools through a drama therapy technique called *Spectrogram* as an assessment tool for working with clients (Chesner, 2012, Chapter 10). Chesner described the *Spectrogram* assessment as allowing “clients to express themselves symbolically, creatively, and in action” (Chesner, 2012, p.234). It is suggested that the *Spectrogram* technique in assessment provides an opportunity for the therapist to witness the client’s creativity and action (play with the small objects) in addition to “facilitating different levels of disclosure” (Chesner, 2012, p.234).

Chesner shared an experience of working with a “young man” with symptoms of depression and anxiety using small objects as part of the *Spectrogram* form of assessment with the client (Chesner, 2012, Chapter 10). The age of the client was not specified in the literature but the client has been referred to by Chesner as the young man (Chesner, 2012, Chapter 10).

The young man expressed two major concerns influencing his daily life (Chesner, 2012, Chapter 10). The first concern was work related. The client perceived himself as being forgotten and rather disregarded when it came to promotion or advancement (Chesner, 2012, Chapter 10). The second concern that the young man had was in his personal relationship with his partner (Chesner, 2012, Chapter 10). The young man perceived himself as incapable of providing his partner with what they needed in life (Chesner, 2012, Chapter 10).

The assessment started by the therapist giving the young man the instructions to create an image of a significant time in the young man's life (Chesner, 2012, Chapter 10). The young man was prompted to consider a time or age in which change had occurred in his life (Chesner, 2012, Chapter 10). The *Spectrogram* followed. The client chose a dog as a small object to represent himself at eight years old, and a broken button to represent his younger brother (Chesner, 2012, Chapter 10). The client set out shells and buttons surrounding the dog and broken button to represent other children in his image encircling the brothers (Chesner, 2012, Chapter 10). After creating the image the client was asked to describe what was happening in his image creation (Chesner, 2012, Chapter 10). The young man did not seem to need any further prompting from the therapist (Chesner, Chapter 10). The client described the image as representing a time in which his younger brother while playing on the streets was verbally assaulted by the group of kids for his physical and learning disability (Chesner, 2012, Chapter 10). As the young man told his story feelings of shame, anger and resentment were disclosed with the therapist (Chesner, & Snow, 2012, Chapter 10).

In accordance with research on SAD, it has been suggested that individuals with SAD typically have more perceived barriers than the average person when it comes to employment and career development (Himle et al., 2014; Lamey, 2014). The young man expressed concern

for his possibilities of advancement in his career and assumed his position to be compromised as a result of his aloofness (Chesner, 2012, Chapter 10). In addition, individuals with SAD have been found to present with negative self-schemas and negative beliefs or judgements attributed to the self and others (Dozois, 2012; Lamey, 2014). The young man also assumed that he was perceived as incapable of satisfying the needs of his partner and assumed that his work associates had little regard for him (Chesner, 2012, Chapter 10). It has also been suggested that individuals who were bullied in childhood are at greater risk for developing SAD (Dozois, 2012; Lamey, 2014). The bullying experience that the client and his brother were subject to as children may have had a negative effect on the young man's psychosocial experiences as a child and resulted in the development of anxiety symptoms as he aged.

The assessment did not test for diagnosis of the young man's expressed symptoms, rather the results provided insight into the young man's development of identity, his response to a difficult situation, and the symptoms that emerged from the difficult situation. Through the assessment the client was able to make connections between his symptoms of anxiety to the concerns he presented at the beginning of the session pertaining to his symptoms of anxiety (Chesner, 2012, Chapter 10). The client gained insight into the onset of his condition and disclosed his affective responses toward the projected material with the therapist. It would appear as though the small objects used as projective tools assisted the young man in gaining insight, making personal connections with the projected material, and assisted in the process of self-disclosure with the therapist.

**Projective techniques and assessment with art therapy.** According to Waiswol (1995) "the free association of projective tests are useful for observing the nature of anxieties and inhibitions" (p. 245). Free association is a term that has been used by psychoanalysts in

accordance with Sigmund Freud's understanding of unconscious experience to internal conflict (Freud, 1966; Weiten, & McCann, 2010). Weiten and McCann (2010) have defined free association as an experience in which "clients spontaneously express their thoughts and feelings exactly as they occur with as little censorship as possible" (p. 661). One projective test that has been used with clients to observe the emergence of anxieties, inhibitions and as a means for exploring their inner thoughts and feelings is the *Bridge Drawing Technique*.

Bridge drawings have been used as a projective techniques in art therapy as a means for transitioning nonverbal communication by progressively building the client's competency levels to disclose verbally (Hays, & Lyons, 1981). Hays, and Lyons (1981) conducted a study looking at the use of bridge drawings with an adolescent population using the *Bridge Drawing Technique* as assessment. The study was conducted with 150 normally developing adolescents (lacking emotional pathology, or intellectual disturbance), between the ages of 14-18 years of age, with a fairly equal distribution of male to female student ratio, and of black and white ethnicity (Hays, & Lyons, 1981). The study lasted 45 minutes in a classroom setting (Hays, & Lyons, 1981). The students were instructed to: first draw a picture of a bridge, second to draw an arrow to indicate the direction of travel, third to place a dot on the page to represent where they would place themselves in relation to the image, fourth to turn the page over and provide their name and sex, finally the students were given the option to give a verbal description of the image (Hays, & Lyons, 1981).

Twelve themes emerged through the bridge drawings with the adolescent population, those themes were: directionality (expressed as movement toward good or bad), placement of self in the picture, places drawn on either side of the bridge, solidarity of bridge attachments (expressed as instability of past or future), emphasis by elaboration, bridge construction

(depicted by material composition of the bridge), type of bridge depicted, matter drawn under the bridge, vantage point of the viewer, axis of the paper (horizontal or vertical), consistency of Gestalt (incongruity of images), and written association to the drawing (Hays, & Lyons, 1981). The themes helped to establish interpretive associations and to illuminate individual differences between distressful content, and hopeful content (Hays, & Lyons, 1981). The bridge study with the adolescent population was found to be transferable to populations with psychoemotional and pathological disorders (Hays, & Lyons, 1981).

Worth noting was the utilization of the *Bridge Drawing Technique* with an adult female with substance abuse difficulties (Hays, & Lyons, 1981). The client presented with severe symptoms of anxiety pertaining to her fear of death (Hays, & Lyons, 1981). In the client's bridge drawing, themes of directionality (bad on the left and good on the right), instability of bridge attachment, absence of matter drawn under the bridge, and placement of the bridge placed high up on the page making the underside of the bridge appear bottomless (Hays, & Lyons, 1981).

Hays, and Lyons (1981) reported that the client described the bridge "as being very high in the air" and suggested that she had placed herself just barely out of the darkness in the image (p.215). The client in this example seemed to resonate with the images created in the bridge drawing and was able to creatively represent the sensations associated with her anxiety symptoms and fear of death. The sensation of shallow breathing and rapid heart rate described as a condition of anxiety could very likely be represented by the height of the bridge, the higher up one is in the atmosphere the more difficult it becomes to breathe and the possible accompaniment of increased palpitations from being up high. Additionally, the fear of death could have been represented by being engulfed by darkness.

Hays, and Lyons (1981) concluded that the *Bridge Drawing Technique* can be used in art therapy both as a projective assessment tool and as treatment. Hays, and Lyons (1981) emphasised the importance of establishing various methods to best understand and to communicate with clients using creative modalities and finding ways to facilitate the client's creative expression and self-disclosure of thoughts, and feelings. The 12 themes are suggested to assist in the process of communication within the therapeutic alliance and are recommended to assist in making connections for the client (Hays, & Lyons, 1981). Hays and Lyon's (1981) study involved the use of bridge drawings as a projective technique has provided support for using projective techniques with the adolescent population to encourage self-disclosure through creative medium. Appropriately, the *Bridge Drawing Technique* functioned to facilitate the process of disclosing thoughts and feelings through projective material (nonverbal communication) and acted as a bridge to verbal communication. The study also posited that the projective aspects encapsulated in the *Bridge Drawing Technique* facilitated the process of self-disclosure for an individual with symptoms of anxiety through symbolic imagery and creative interpretation.

## CHAPTER 4. FINAL REMARKS

### Discussion

**Use of projective tools with adolescents.** More research studies have looked at the use of small objects as projective tools in work with children (Armstrong, 2007; Boylston, French & Varley; 2016; Connolly, & Bernstein, 2007; Freud, 1966; Lowenfeld, 1939; Owen, 2008). This may be indicative that the use of small objects may be more effective or more commonly used when working with children, or clients who have restrictions to verbal communication. Nonetheless, the research suggests that there may be potential for small objects to be used as

projective tools in work with the adolescent population as well. Although adolescents have been found to disclose more freely via verbal communication, there are still questions as to whether the pairing of nonverbal communication through the use of projective tools and verbal communication to be just as effective for an adolescent's process of self-disclosure (Boylston, French, & Varley, 2016).

A common thread in adolescence is the draw toward autonomy, novelty seeking, and creativity (Siegel, 2013). Autonomy is something that has been described as an important part of an adolescent's development (Siegel, 2013). Margaret Lowenfield (1939) had a vision when she created *The World Technique* and that was to provide the individual with the freedom to form their own interpretations through the projective process (as cited in Zoja, & Seaman, 2011). Studies in the Creative Arts Therapies seem to support the process of providing autonomy to the client through the use of projective tools (Jones, 2007; Landy, 1986). Donnelly's work with the mid-aged widow client with symptoms of PTSD demonstrated how the use of small objects was used to provide her client with the autonomy to explore her inner thoughts, feelings, and memories and to use the small objects as a device in which to communicate with (Donnelly, 2017, Chapter 8). The option to disclose inner thoughts and feelings to the small objects rather than directly to the therapist seemed to allow for a deeper connection with the objects being projected onto and were later found to reduce anxiety symptoms in the client that emerged from waking in a panicked state.

Through the research it seems as though novelty seeking and creativity can also be achieved through projective techniques. Rappoport's (1989) work with musicians in group psychotherapy explained how the use of projective techniques provided enough distance for the participants to communicate their inner processes in a non-threatening way. The process of non-

verbal communication was effective in reducing their defences and provided the participants with a new sense of confidence in their creative abilities (Rappoport, 1989). For the anxious adolescent the prospect of gaining a new sense of self-confidence and the fostering of creativity through creative arts therapy approaches may be particularly relevant to enhancing the experience of reaching the developmental milestones that are so pertinent in the age of adolescence (Siegel, 2013).

For individuals with anxiety, self-confidence issues and distrust seem to be quite high (Holmes, & Rempel, 1989; Kragel, Zucker, Covington, & LaBar, 2015). Making the process of relationship development particularly difficult for an adolescent with high levels of anxiety. As mentioned, relationship formation is particularly important in adolescence (Mallot, & Beidel, 2014; Siegel, 2013). Studies have suggested that self-disclosure enhances a person's likability factor (Myers, Spencer, & Jordan, 2009). Respectively, it was suggested that self-disclosure from one person may elicit a chain reaction in disclosure from others in reference to the theory of *disclosure reciprocity* (Myers, Spencer, & Jordan, 2009; Rotenberg, & Chase, 1992). This brings to question, can the use of small objects through projective tools enhance self-disclosure for adolescents with anxiety?

**Projective techniques used for assessment and treatment.** While the research has not found a clear answer to the question of whether small objects as projective tools are effective in enhancing self-disclosure in adolescents with anxiety, it has looked at the current use of projective techniques for assessment and treatment. Small objects as projective tools have been used for both treatment and assessment. Landy (1986) used projective objects to treat individuals with phobias, panic attacks, and traits of PTSD. Other assessments in drama therapy used small objects to assess a client's psychological state through the *Spectogram* technique using small

objects (Johnson, Pendzik, & Snow, 2012). The research revealed that the assessment provided the client with insight into the onset of his anxiety symptoms through telling a story from his past by projecting roles onto the small objects (Johnson, Pendzik, & Snow, 2012). While the assessment was not used to diagnose the client, the therapist received information from the client's disclosure using the small objects pertaining to the onset of his condition, which allowed for the client and therapist to move forward in the therapeutic process (Johnson, Pendzik, & Snow, 2012).

A second assessment looked at in the research was *The Bridge Drawing Technique*. The *Bridge Drawing Technique* was described as both a tool for treatment and assessment using projective processes (Hays, & Lyons, 1981). The *Bridge Drawing Technique* was used with adolescents to facilitate communication using a set of 12 themes as reference (Hays, & Lyons, 1981). The *Bridge Drawing Technique* was described to facilitate an individual's process of self-disclosure by gradually building the individual's competency level to a point at which they could transition from disclosing non-verbally (through the drawing of the bridge) to verbally discussing the image created (Hays, & Lyons, 1981). It was also found that the *Bridge Drawing Technique* was successful in facilitating self-disclosure for a young adult with anxiety through the process of using symbolic imagery and interpretation of the drawing (Hays, & Lyons, 1981). These results may provide support for the use of the drama therapy and art therapy projective techniques as assessment and treatment for adolescents with anxiety.

**The importance of working with adolescents with anxiety.** The research revealed that there is a high prevalence of Canadians living with anxiety disorders. Anxiety is considered to be one of the top two most common disorders with 10 percent of Canadians effected (McCrea et al., 2016). The long term effects that I referred to as *The Three f's*, including: financial costs, family,

and function are all costs associated with the prevalence of anxiety symptoms. An individual living with symptoms of anxiety may be hindered in their ability to find or maintain employment, have difficulty in establishing or maintaining close relationships, and effect their financial stability (Dabos, & Rousseau, 2013; Himle et al., 2014; Lamey, 2014). McCrea et al. (2016) suggested that the government may benefit from investing in mental health care to reduce the costs associated with missed work days, work place disabilities, and production loss.

It has also been suggested that if early intervention is not pursued the risk of adolescents developing more sever anxiety disorders or comorbidities increase (Connolly, & Bernstein, 2007; Guyer et al., 2015). This becomes a problem when treating for anxiety symptoms. Comorbidities make the treatment process much more difficult (Boylston, French, & Varley, 2016; Mallot & Biedel, 2014). Alone, anxiety may be treated for but the process becomes more complex when the overlapping of symptoms presented by comorbidities coexist. Commonly, depression, ADHD, ODD, learning disorders, and alcohol abuse have been reported as comorbidities to anxiety in adolescence (Horwitz, 2013; Connolly & Bernstein, 2007; Ohannessian, 2014). There are serious health and developmental repercussions to alcohol abuse in adolescence (Ohannessian, 2014). Even more concerning is that alcohol abuse has been described as a coping mechanism to reduce the symptoms of anxiety in adolescence (Ohannessian, 2014). If therapy and the use of small objects as projective tools can be found to reduce the alcohol consumption rates in adolescents with anxiety, I believe that it is worth the efforts to research further into its use.

**What the findings provide to group processes in the Creative Arts Therapies.** The theory behind the *Social Facilitation Paradigm* may reveal that the group therapy process may either enhance or inhibit the anxious adolescent's experience of self-disclosure depending on the

themes of the group and the content being discussed (Myers, Spencer, & Jordan, 2009). Adolescents may show more resistance to share content that may elicit anxiety resulting in diminished ability to communicate with the group in accordance with the *Social Facilitation Paradigm* (Myers, Spencer, & Jordan, 2009; Zajonc, 1965). On the other hand, the theory of *disclosure reciprocity* posits that there is an enhanced likelihood that an individual will disclose when others disclose reciprocally intimate material (Myers, Spencer, & Jordan, 2009; Rotenberg, & Chase, 1992). This may mean that within a group process adolescents with anxiety may share more when others in the group share a significant amount of emotional material that matches the level or intensity of emotional material shared by other members in the group. In corroboration, the findings from Rappoport's (1989) study with the group of musicians with stage fright anxiety support the influence of group processing on an individual's likelihood for self-disclosure. It was found that the use of projective tools facilitated the process of self-disclosure from group members, and enhanced connection building, thematic imagery, and self-confidence in the participants.

In corroboration, the findings from Rappoport's (1989) study with the group of musicians with symptoms of anxiety through stage fright support the influence of group processing on an individual's likelihood for self-disclosure. It was found that the use of projective tools facilitated the process of self-disclosure between group members, and enhanced connection building, thematic imagery, and self-confidence in the participants. The participants in Rappoport's (1989) study were in consensus that the experience of communicating with the group echoed the sensation felt when performing onstage. Thereby, inhibiting the participant's level comfort to self-disclose. The use of project tools facilitated the process of self-disclosure in their early sessions and allowed for the progression to verbal disclosure in the form of group processing.

**Influence of others on self-disclosure.** It is important to consider the external influences outside of the therapeutic environment as well when considering possible influences on self-disclosure through the use of small objects as projective tools with adolescents with symptom of anxiety. Through analysis of the results from Burke, Woszidlo, and Segrin's (2013) study synthesized with the results from the study conducted by Weeks (1989) a pattern can be seen in the anxious adolescent's levels of loneliness and self-disclosure. External influences such as intergenerational transmission of anxiety traits combined with heightened levels of loneliness may predict diminished social competency and inhibition of the adolescent's process of self-disclosure. This seems to suggest that work with the adolescent alone may not be enough to facilitate the process of self-disclosure due to the external factors contributing to the adolescent's social competencies and likelihood that they will disclose. With this in mind, the use of small objects as projective tools may be more likely to result in temporary relief of symptoms of anxiety due to the influence of external factors contributing to the adolescent's process of self-disclosure. Similar to the results found in Armstrong's (2007) theoretical study, the projective process may only elicit temporary relief of symptoms. The nature of the process of projection may elicit an experience of catharsis in a therapeutic session while working with small objects, but the catharsis experienced may not be enough to resolve the client's symptoms of anxiety when they leave the therapeutic environment and return to life outside. However, it is suggested that therapists may have a means for providing their clients with coping strategies to reduce anxiety symptoms at home. Such as that demonstrated in the work of Donnelly with the client who had experienced symptoms of PTSD (Donnelly, 2017, Chapter 8). A photograph of the client's small object creation was given to the client to take home with her as a coping strategy.

As a result, the client had reported a reduction in anxiety symptoms from looking at the photo when waking in a panicked state.

Environmental and genetic factors indeed seem to play an important part on the anxious adolescent's process of self-disclosure. Contributing to the argument of influences on the adolescent's process of self-disclosure, it was found that the behaviour inhibition (BI) temperament paired with parenting style and parent's social skills predicted the level of social competency development in children and adolescents. BI was linked to a higher risk of developing social phobia and Social Anxiety Disorder (SAD) in adolescence. Another pattern noticed is the prevalence of SAD in adolescence and the emergence of poor social confidence, and social competence infiltrating the process of self-disclosure. Guyer et al. (2015) found that an adolescent with an *authoritarian* parent paired with BI were most likely to develop SAD resulting in a reduction in interpersonal skills. This predicament may be particularly relevant to Weeks (1989) discovery that adolescents with social anxiety who disclosed less were found to express more loneliness than those who reported higher in self-disclosure. This may indicate that adolescents with a predisposition to anxiety living with parents with an *authoritative* parenting style (warm, empathetic, understanding) may develop to have less symptoms of anxiety compared to the adolescent living with a parent with *authoritarian* (controlling, non-empathetic) parenting style. It seems as though there are multiple factors at play in the formation of anxiety in adolescence. This theoretical study while enticing may have raised more questions than it provided answers to in the process.

**Future areas for research.** The research process has opened my eyes to the modern world methods of disclosure and while it was not discussed in this paper I believe that there is value in researching the influence of media technology such as: *Facebook, Instagram, Twitter*

and other popular media sites on an adolescent's process of self-disclosure. Additionally, through the research process I began to wonder whether or not the use of small objects as projective tools could infantilize the adolescent population. The topic of infantilization with adolescents with anxiety and the use of projective techniques may be another area for future researchers to look into. Finally, while this theoretical study found supporting evidence for the influence of small objects as projective tools on the process of self-disclosure for an adolescent, one question still remains: can the use of small objects through projective tools enhance self-disclosure for adolescents with anxiety? A researcher interested in doing a quantitative research study in the field of Creative Arts Therapies may be particularly appropriate for looking further into answering this question.

Finally, through this process I have gained a tremendous amount of gratitude to the experiences and people that have influenced me in getting to this point. I couldn't feel more blessed to have been given the opportunities to see my own anxieties challenged and to experience the love and compassion from those who were witness to these experiences. The hope is that this research stimulated interest in the topic, that the findings have contributed significantly to the field of Creative Arts Therapies, and that the research inspires future researchers and the reader to explore their interests and passions despite the challenges that they may unveil.

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