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Security Blankets: The Art of Maladaptation

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Security Blankets: The Art of Maladaptation

A Senior Honors Project by
Megan Stobaugh

Fall 2018

Security Blankets: The Art of Maladaptation

Megan Stobaugh

Department of Painting & Drawing

Honors Research Project

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The Honors College

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Annette

Logan

Adam

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Senior Honors Project in Art

Fall 2018

ABSTRACT

In times of stress or trauma, each person has their own means of coping. There are countless ways to deal with stressors in a positive way, such as journaling, problem solving, or meditation. However, many distressed individuals turn to negative, or maladaptive, coping mechanisms. These are behaviors which seem to help ease distress in the moment, but prove to have negative consequences. While they vary greatly, some common maladaptive coping mechanisms include substance and tobacco use, self-harm, disordered eating, violence, and isolation.

This project aims to shed light on the subject of maladaptive coping mechanisms, as it is an increasingly wide-spread issue all over the world. Each image is accompanied by quotations from the subjects, which offer some insight into the mind of a person dealing with these behaviors. The goal is to express the individuality and unique value of each of subject. People who struggle with behavioral psychoses are often reduced to their vices while their character is disregarded. By creating a series of portraits from case studies of real people shouldering the stigma of these behaviors, I hope to facilitate a dialogue about the prevalence of these issues and the judgements we tend to make towards them.

Security Blankets: The Art of Maladaptation

Maladaptive coping can be described as any behavioral response to stressors that causes more harm than help to the individual in the long run. While it may be easy to think of several positive and constructive ways to deal with everyday disturbances, employing these strategies does not come easily to everyone. For some people, the immediate response to negative stimuli is to turn to maladaptive coping methods. Many of these coping methods cannot be visualized or measured, such as rumination, avoidance, dissociation, victimization, and overcompensation. These sorts of behaviors are much more subtle than others, and many people who experience them are unaware of the behavior entirely. However, some other common maladaptive coping mechanisms are much more obvious. These include substance use, disordered eating, self-harm, violence, and tobacco use. The commonality between these types of behaviors is that the individual is aware of them, perturbed by them, and often controlled by them.

One notion that is important to understand about maladaptive coping is that in most studies, these behaviors prove to be a symptom of pre-existing mental illness rather than a precursor for psychosis.^[1] That is to say, for example, that substance use does not cause mental illness, but rather tends to be a result of underlying psychological conflict. Similarly, children and adults who already suffer from a mental illness without external stressors are more likely to

[1] Aldwin, Carolyn M. and Tracey A. Revenson. "Does Coping Help? A Reexamination of the Relation Between Coping and Mental Health." *Journal of Personality and Social Psychology* 53, no. 2 (1987), 303.

develop maladaptive coping mechanisms.[2] It should also be noted that these mechanisms do not necessarily arise from ignorance of better means of coping. In one study, Dr. Sarah K. Hamill discovered that when proposed hypothetical situations, individuals with maladaptive coping mechanisms were able to recognize healthy coping skills as frequently as those who tend to cope in positive ways.[3] Thus, people who cope ineffectively are not unaware of better means of coping, but are simply unable to employ those methods themselves.

While there is still much research to be done in understanding the complexities of selecting coping skills, one researcher, Dr. Michael Anestis, proposed that a similarity exists between people who are maladaptive in that they are unable to “weather the experience of negative affect.” [4] While everyday stressors may seem manageable to most people, those who are prone to negative methods of coping may have more exaggerated perceptions of stress. In his research, Anestis discovered that individuals who turn to maladaptive coping mechanisms experience heightened levels of urgency, which is classified under the umbrella of impulsivity.[5] When one finds themselves in a state of impulsivity, they are unlikely to consider the

[2] Aldwin and Revenson, “Does Coping Help?” 303-305.

[3] Hamill, Sarah K. “Resilience and Self-Efficacy: The Importance of Efficacy Beliefs and Coping Mechanisms in Resilient Adolescents.” *Colgate University Journal of the Sciences* 35, no. 1 (2003), 123-126.

[4] Anestis, Michael D. “The Role of Urgency in Maladaptive Coping Behaviors,” (Masters Thesis, Florida State University, 2007), 4. <https://fsu.digital.flvc.org/islandora/object/fsu:168340/datastream/PDF/view>

[5] Anestis, “Urgency,” 3-5.

consequences of their actions. The same applies to the impulse-control dynamic of maladaptive coping.

Personality researcher Michael F. Scheier and colleagues offer three criteria, or “dispositions” that lead to the use of negative coping strategies: excessively focusing on stressors (sometimes referred to as “rumination”), behavioral disengagement, and mental disengagement. They define behavioral disengagement as a refusal to confront the stressor through avoidance, while mental disengagement is the formation of a set of actions that distracts from thoughts pertaining to the stressor.[6] Studies like Scheier’s have found that whether or not a person will have these dispositions is based on a series of complex factors, ranging from personal history to biology and even gender. It has also been proposed that much of an individual’s ability to develop positive coping skills arises from their support system in early years. “Coping shapes how children and youth bounce back from daily stressors,” say behavioral researchers Melanie Zimmer-Gembeck and Ellen Skinner. “Such episodes can be opportunities for the development of regulatory capacities and coping efficacy, if stressors are manageable, personal and interpersonal resources are sufficient, and parents (and other adults) help children channel setbacks and failures adaptively -- by learning and growing from them.”[7] According to this

[6] Schier, Michael F. and Charles S. Carver. “Assessing Coping Strategies: A Theoretically Based Approach.” *Journal of Personality and Social Psychology* 56, no. 2 (1989), 269.

[7] Zimmer-Gembeck, Melanie J. and Ellen A. Skinner. “The Development of Coping: Indications for Psychopathology and Resilience.” *Development and Psychopathology* 28, no. 4.2 (November 2016), 487.

theory, the development of coping strategies develops over a lifetime, and the support and demonstration of role models for coping is pivotal to healthy development.

I chose maladaptive coping mechanisms as the topic of my research project because several of the disorders rooted in these behaviors comprise a large portion of the mental health concerns in the U.S. This has become especially prevalent in recent years in terms of substance use, especially opioids. Aside from the wide-spread nature of this topic, I have also experienced maladaptive coping firsthand. I believe that a better understanding of these behaviors could allow for strides in the fields of psychology and psychiatry, which are proving to be increasingly pivotal in the health and safety of our nation.

Much of the data that has been collected on maladaptive coping mechanisms comes from those behaviors which are of medical concern, including substance use, self-harm, and disordered eating. According to the latest findings of the National Survey on Drug Use and Health, about 63.4 million Americans aged twelve or older are tobacco users.[8] National marijuana use has soared to over twenty-four million users, and four million Americans use marijuana to a disorderly degree. About one in four Americans experiences chronic binge drinking, and 24.6 million suffer from full-blown alcoholism. Over 11.5 million Americans

[8] Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2017, 6-30.

misuse prescription medications, and approximately 948,000 are chronic heroin users.[9]

According to the National Association of Anorexia Nervosa and Associated Disorders, over 30 million Americans suffer from an eating disorder,[10] and the International Society for the Study of Self-Injury states that between seventeen and eighteen percent of young people across the world have engaged in self-injurious behaviors.[11]

In order to create a dialogue about the highly prevalent issue of maladaptive coping, I decided to put together an exhibition of portraits. Each portrait would be of an individual who struggles with maladaptive coping mechanisms, and they would each have an opportunity to recount their own experiences through both written and visual narrative. Each portrait would be woven with paraphernalia related to their respective coping mechanisms, and the images would be accompanied by a written narrative in a pamphlet for viewers to read during the exhibition. The first step in preparing for my project was to collect volunteers. I first reached out on social media with little success, which is not surprising due to the sensitivity of the subject. I then reached out to my friends and family, who were able to refer me to people who may be willing to participate. This means of collecting participants certainly narrowed the demographic of my project, and if I were to conduct a similar project in the future, I would certainly look into

[9] Substance Abuse and Mental Health Services Administration, *2016 National Survey*, 6-30.

[10] National Association of Anorexia Nervosa and Associated Disorders. "Eating Disorder Statistics." Accessed April 1, 2018. <http://www.anad.org/education-and-awareness/about-eating-disorders/eating-disorders-statistics/>

[11] International Society for the Study of Self-Injury. "About Self-Injury." Accessed April 1, 2018. <https://itriples.org/category/about-self-injury/>

more effective means of reaching potential subjects. Nonetheless, I contacted several of the individuals referred to me as well as a few that I knew personally, and ended up with a solid group of about eight participants.

However, it was around this time in the process when I was informed that I needed to consult the Institutional Research Board to be sure that I was qualified to “conduct human research.” After consulting at length with a member of the board, it was decided that I did not need to complete a certification because my research was more about the presentation of facts than experimentation. However, the IRB member and I agreed that it would be beneficial to myself and my participants to create a written agreement in which all aspects of the project were outlined in explicit detail. I drafted a document which explained each step of the process, as well as any potential risks that would come about from participation in the project. This was especially relevant for individuals whose behaviors were illegal. I found that most of my participants were very open about their past behaviors, and one subject had even become a sponsor and life coach to help others deal with their negative coping mechanisms. After having this document of informed consent reviewed by the board member, I passed it along to my participants for signatures. This is when I began to lose participants. Perhaps the notion of signing a consent form made some people nervous, or perhaps they simply did not keep up with their emails. Either way, I spent several weeks obtaining permission from a total of five subjects, including myself.

Then it was time to conduct interviews with the participants. The coping mechanisms that were to be discussed in the exhibition among the participants were self-harm, marijuana dependency, opioid use, alcoholism, tobacco use, and disordered eating. I sent each participant an email with questions regarding the coping mechanisms which they specified on their consent

form. I was sure to explain that they were free to answer in as much or as little detail as they wished. The comfort and safety of my participants was important to me above all else. In each interview, my questions were aimed towards building a narrative about how one becomes afflicted with each behavior. I wanted each story to reveal the individual history of the participant, while at the same time expressing how easy it is for anyone to become consumed in a maladaptive coping situation. The questions that I proposed varied depending on the participant, but the goal was to find out key information such as the time period that the behavior developed, the motivation behind the use of the behavior, and the recognition that the behavior was, in fact, maladaptive.

Upon reviewing my participants' responses to my questions, I made a few interesting observations. Each of my participants stated that their maladaptive coping began when they were in their teenage years, especially between the ages of thirteen and sixteen. This may not be surprising, since the teenage years come with their own unique set of stressors. I also noticed that many of the behaviors discussed seemed to be socially driven, at least to some extent. This may also account for the age range in which these behaviors began to appear. Certainly one can assume that factors such as peer pressure and social judgment may play a role in the behavioral development of young people. If I were to conduct a similar project in the future, I might find it helpful to evaluate the theory of adult role models as pivotal resources in the development of coping mechanisms through questions based more around the family dynamic of participants. Perhaps it would have also been informative if I had asked my participants whether they have developed any positive coping strategies as alternatives to their maladaptive ones. This would also offer insight to any viewers who may be dealing with these sorts of behaviors, in terms of either themselves or loved ones.

I used the responses from these interviews to create a series of narratives which would be displayed alongside the portraits. The questions I chose allowed me to write chronological histories for each individual, explaining the motives behind their behaviors and how these behaviors have affected them in the past, present, and future. At the end of each interview, I asked the participants to describe themselves as they would to someone who does not know them, in terms of personality traits, interests, passions, etc. I closed each narrative with these statements to solidify the individual values of each participant, in the hopes that the viewer would recognize the humanity behind each behavior.

Once I had a solid grasp of each of these stories, I was able to begin working on the portraits. I asked each participant to send me a photograph of themselves on which I would base their portrait. I decided to make the portraits larger than life-sized so that they could take on a sort of iconic context. This was especially important for individuals dealing with substance use, as society's judgments about users can leave them alienated and marginalized. Since these paintings were created using oil paint, they dried very slowly. When painting with oils, one must make effective use of their time by working on some other element while a previous element dries. This means that I was never working on less than two or three of these six-foot-high paintings at a time.

The processes and materials used in each image became the most expressive part of the project. Different types of paraphernalia that I wove into the portraits included cigarette butts, ash, broken glass, aluminum cans, razor blades, plastic bags, rolling papers, nutrition labels, and cloth measuring tapes. As I wove more and more items into the canvas, I allowed the portrait to become disrupted by the materials. The paraphernalia began to pierce the painted flesh and weave in and out of orifices. In this way, each participant began to be literally and

metaphorically consumed by their respective behaviors. Once each painting had dried, I used oil pastels overtop of the paint to describe the clothing of each individual with aggressive, agitated mark making. This helped to create movement and visual interest within an otherwise stagnant and simple portrait. After having each participant approve their completed portraits, it was time to install the exhibition.

It is not uncommon for objects or behaviors that one relies on to be referred to as “security blankets.” I decided to use this phrase as a theme for the exhibition, and thus titled the show “Security Blankets: The Art of Maladaptation.” I left the canvases on which I had painted the portraits unstretched, allowing them to retain their qualities of fabric. I then added hand-made fringes to the edges of each piece to further the blanket reference. Along with the scale of the paintings and the act of weaving materials in and out of the images, I was able to create the sense of each piece being part painting, part textile.

When it comes to hanging paintings, the process is usually simple: one uses a few nails or screws to support the uppermost stretcher bar. However, since these paintings had no stretchers, installing them was going to be a bit more tricky. I did not want to simply pin the paintings to the wall; instead, I wanted them to be free from the walls as if hovering. After consulting with gallery director Arnie Tunstall, we decided that a “sleeve and dowel” method would give me the effect I wanted without allowing the paintings to sag or revealing the unsightly blankness of the backs of the canvases. First I cut thin strips of canvas and joined them to the back of each painting, just below the top. This created a long, narrow sleeve across the back of the painting. I then cut dowel rods just slightly longer than the sleeve and slid them through. I would later install cup hooks large enough to hold the dowel into the wall at a carefully measured distance so as not to bunch the sleeve while also holding both ends of the dowel securely.

After each piece had been arranged, installed, and carefully lit, they still did not seem complete. I decided to lay a pile of paraphernalia beneath each painting, serving as evidence of excess, but perhaps also creating a vigil-like environment for the viewer to experience. This seemed to create a unifying element between the images, and also made the gallery space appear more full. I decided to arrange the pieces so that a viewer could stand against a single wall and see all of the images at once. I set up a few chairs against this wall so that people could sit down and read the pamphlet at their own pace while being able to view the subjects that were being referred to in the narratives.

For the location of the exhibition, I chose the Projects Gallery at Folk Hall. This was a confined space that had a door, which would be very important for the viewing of the work. While I had been diligent in considering the safety of my participants up to this point, I now had to keep in mind the safety of potential viewers. On either side of the doorway to the exhibition, I posted large signs that warned visitors of potential triggers. A trigger is anything that may cause an individual to experience psychological symptoms including but not limited to panic, unhealthy urges, or even the reliving of previous trauma. For example, one portrait which referred to self-harm was woven with razor blades. If a viewer happened to be dealing with this issue themselves, then seeing this sort of material unexpectedly could instill in that individual unwanted thoughts or dangerous urges. A closed space allowed me to warn my viewers of the content within, and prevented any unwanted confrontation between the viewer and the subject matter.

The pamphlet which accompanied the exhibition offered insight to viewers by allowing them to connect with each person depicted in the paintings. The pamphlet consisted of an abstract explaining the project, the five narratives written for the participants, an artist bio, and

perhaps most importantly, a list of crisis hotlines relating to each of the behaviors depicted. I was also sure to inform viewers that counseling is available to students through the university's counseling center as well as the Clinic for Individual and Family Counseling.

Throughout the duration of the exhibition, I received positive feedback from my peers and project readers. Viewers seemed to find the exhibition to be emotional, informative, or even powerful. With the permission of my participants, a few of the pieces were even chosen to be displayed in other local exhibitions. Overall, I felt that the project was a success. I think that it proved to be a meaningful exercise in empathy for not only myself, but also my participants, project readers, and those who viewed the exhibition.

As I continue my studies outside of this honors project, my work deals with themes of bodily fixation, compulsive behavior, and disorderly anxiety. It is my hope that continuing to produce work involving these sorts of widespread issues will contribute to local conversation regarding the pursuits of health and happiness for ourselves, our loved ones, and our community. I believe that projects such as this one allow for a different (and perhaps more effective) form of communication about topics which can themselves be difficult to communicate. The joining of scientific research and fine arts continues to offer opportunities for powerful and diverse engagement from all areas of study. This sort of multidisciplinary approach is representative of the collaboration that occurs in some of the best cases of problem solving. As I move forward in my education and beyond, I hope to continue to facilitate collaboration for the betterment of those around me.

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The Exhibition

The Myers School of Art
Projects Gallery
October 11-16, 2018

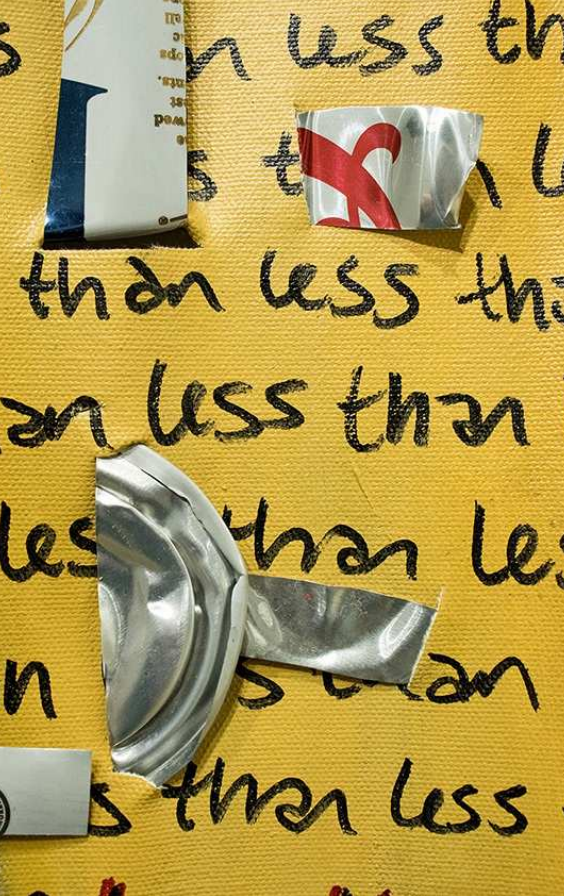
Security Blankets:
The Art of Maladaptation

WARNING

This project references behaviors
which some viewers may find
triggering. Viewer discretion is
advised.

Security Blankets:
The Art of Maladaptation







The Only Way

72" X 36"

Oil, yarn, and rolling papers on canvas

2018

Adam was once a nervous person who had trouble connecting with his peers. When he was fifteen, he began smoking marijuana with his friends. Smoking made him feel more sociable, more likeable, and for him it “removed the sense of feeling out of place.” It didn’t take long for marijuana to become a problem for Adam. By sixteen, he was using it as a means of coping with depression and anxiety. What began as a social behavior was now one that wasn’t just for fun. “As soon as you start doing it by yourself, it’s a full-blown coping mechanism,” Adam says.

Using marijuana as a social activity backfired for Adam as well. “Hanging out with people who smoke...that’s the only thing they want to do,” he admits. Besides affecting his mental state, his dependency on marijuana is a large burden on his finances. Adam says he doesn’t have the money to do “normal, human things” like going out to eat or seeing a movie. Even if he could do those things, however, he holds that it wouldn’t be fun like it is when sober people do it. “Even when you get baked and *then* go do something,” he says, “it illegitimizes the experience.”

Adam continues to struggle with his health as a result of this coping mechanism. Aside from the presumed decline in the health of his lungs, his habits with marijuana also keep him from eating and sleeping regularly. Adam admits that he needs marijuana to function, saying “It’s the only way that I eat.”

Adam is a friendly and creative individual with a host of different talents and interests. He is enthusiastic about everything he does, and shares that enthusiasm with everyone he meets. He is generous, caring, and likes to make people laugh.



Follower

72" X 36"

Oil, yarn, ash, and cigarette butts on canvas
2018

Julie had her first cigarette when she was a teenager in high school. Like many people, she smoked as a social activity with friends. However, this began to change when she lost her dear cousin to a car accident. Julie was in her early twenties at this time, and losing such a beloved family member took a large toll on her. As the loss weighed more heavily upon her, so did her urge to smoke. Smoking helped to distract her from any emotional distress she was experiencing.

Today Julie smokes in times of severe stress, which come often for her when she is working. She is dependable to a fault, and often steps out of her duties to make sure that coworkers' responsibilities are taken care of as well. This need to put others before herself has caused her plenty of trouble with her health and well-being in the past.

With cigarettes reaching prices of over six dollars per pack in the state of Ohio, the burdens that Julie experiences from this coping mechanism are mostly financial. However, she admits that she sometimes feels ashamed of her smoking.

Julie describes herself as "introverted, intuitive, and empathic." She enjoys gardening, animals, and spending time with family and friends. She likes to find humor in everyday situations. Julie is an active member of her church and a devout follower of Jesus.



Overachieving, Overeating

72" X 36"

Oil, yarn, nutrition labels, and measuring tapes on
canvas

2018

When she was around thirteen, Megan (like most preteen girls) began to have concerns about her appearance. What began as a concern quickly became an obsession, and she developed a severe eating disorder. By age fifteen, Megan had lost fifty pounds and was hospitalized for malnutrition, dehydration, and bradycardia.

Megan was already an overachiever and the pressure that she put on herself in every aspect of life was just the same with her weight. Losing weight made her feel like she was finally doing something right or “good” enough. However, enough was never going to be enough for her. There was always room for “improvement” in the form of more weight loss. The methods she used to maintain such a low weight verged on torturous. These behaviors were validated by the compliments she received from her peers. People who suffer from eating disorders are often trying to find some sort of control in their lives, and Megan was no different. But the disorder that promised her control also took it from her. The thoughts that told her that losing weight would solve her problems were the very ones that continued to ridicule her when she did.

Recovery took years of medical supervision and psychiatric help. Despite being recovered, Megan still struggles every day with her eating habits, especially in times of stress. She works each day to combat negative thinking about herself, her body, and what she “should” and “shouldn’t” do in terms of eating. “You may be able to get rid of behaviors,” she says, “but changing your mind set is much more difficult.”

Megan is a caring and sensitive person who is freely giving of herself to others. She is an honors student, an artist, and an aspiring administrator.



Misfits Like Me

72" X 36"

Oil, yarn, aluminum, and glass on canvas

2018

Annette was fifteen when she had her first drink, and it became a means of coping almost immediately. She felt like she was fitting in with her peers when she was drinking. "I was a part of," she says, "even if the group was other misfits like me." Drinking gave Annette a newfound confidence that she didn't have before. She felt more attractive, more able to talk to people, and less fearful and timid.

Annette saw the person she was when she was drinking as someone who wasn't self-conscious like she usually was. She wasn't a loner and she wasn't "less than," as Annette typically felt she was.

By the late 80's, Annette knew she had a problem. "I was ashamed of myself and my behavior when I was drinking, but the guilt and shame were so strong that the only thing I considered doing about it was drinking more to numb the shame." This vicious cycle that is so common among substance users would go on for many years of Annette's life.

Annette was able to overcome the hold that alcohol had on her, and has now been sober for twenty-four years. She shares her story with others to help them achieve sobriety. Annette still describes herself as a loner, but has plenty of hobbies and interests to keep her occupied. She follows a disciplined exercise routine, and enjoys reading, yoga, and spending quality time with her cats.



All That Matters

72" X 36"

Oil, yarn, plastic snack bags, and razor blades on
canvas

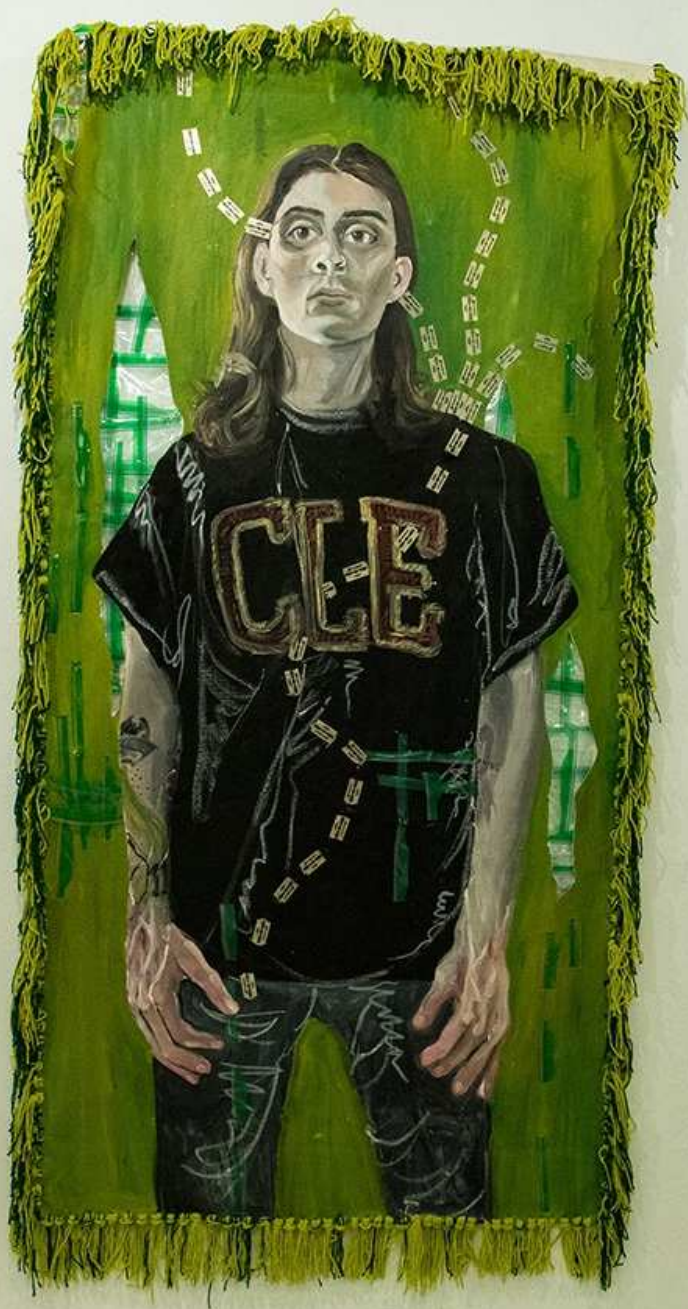
2018

Logan was fifteen years old and going through chemotherapy when he first began using opiates. Terrified of the excruciating pain that kept him up at night, he took prescribed oxycodone pills with increasing frequency. He began abusing them after he completed chemotherapy. "They relaxed me and made me feel numb," he says. He knew that he had a problem when he began to enjoy the preparation of the pills. "It became like a little ritual," says Logan. "Not only did I like the feeling, I liked the preparation of it... That's when it became an addiction."

Recovery began for Logan when he was suspended from school for having drugs on his person. False rumors were spreading that Logan was selling drugs, and the evidence was present in the several empty plastic bags in his backpack. While some of the bags were indeed used to transport his own pills, many of them were actually for cookies (Logan admits that he has quite the sweet tooth).

The recovery process was not easy for Logan, and he experienced relapse along the way. Determined not to go back to using opiates, he unfortunately adopted another coping mechanism: self-harm. He hit his breaking point with this new means of coping when a particular injury was so severe that he was rushed to the emergency room and required stitches.

Logan has been sober from opiates for about four years, though he doesn't like to keep track. "I'm not doing them now, and that's all that matters," he says. Logan is a talented musician and plays in several bands. He loves skateboarding and government conspiracy theories (especially ones about aliens). His humor and kindness make him a popular and loyal friend.



About the Artist

Megan Stobaugh is a senior at the University of Akron pursuing a BFA in painting and drawing with a minor in art history. Outside of this exhibition, her work maintains themes of anxiety, compulsion, and bodily fixation. She strives to create work that communicates feelings and urges that are not as easily vocalized. Her interest in tactility and repetitive processes is an important aspect of her work.

Megan is the president of the Akron Painting and Drawing league, and has been the recipient of such awards as the Gillette Study of the Arts Abroad Scholarship and the Harris Stanton Gallery Scholarship. After completing her BFA, she plans to return to school for a masters in art administration or higher education administration. Her dream career would be to work for a non-profit arts organization, while continuing to create and exhibit art to a wider audience.

RESOURCES

Tobacco Quitline: 1-800-QUIT-NOW

Alcohol Hotline: 800-331-2900

National Institute on Drug Abuse:

1-800-662-HELP

National Eating Disorders Association:

800-931-2237

Self-Injury Foundation: 1-800-334-HELP

Crisis Hotline: 1-800-273-TALK

*If you are a university student, free counseling is available through the Counseling Center and the Clinic for Individual and Family Counseling.

UA Counseling Center: 330-972-7082

Clinic For Individual and Family

Counseling: 330-972-6822

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