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A Qualitative Study to Determine How Art Therapy May Benefit Women with Addictions Who Have Relapsed

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A QUALITATIVE STUDY TO DETERMINE HOW ART THERAPY MAY BENEFIT WOMEN WITH ADDICTIONS WHO HAVE RELAPSED

By

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ABSTRACT

Chemical dependency addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Addiction interferes with an individual’s physical, mental, emotional, and spiritual development. This qualitative study focused on women who have relapsed from previous attempts at sobriety and investigated how art may allow for deeper personal exploration and emotional expression. Each participant was given the opportunity to express her concerns about her multiple attempts in recovery and the use of art for clarification of her needs. The women were interviewed regarding their ideas of harm reduction, relapse prevention, and motivation in recovery. Using a heuristic philosophy for the collection of data and materials, this study profited from empirical information acquired through observation, inquiry, and content analysis of daily journals. Using a grounded theory approach, the interview style changed according to the individual’s needs and as additional material and responses was collected. These interviews, discussion of personal art, observations made during the session, and content analysis of journals from both therapist and client were triangulated to find common themes about these women’s ideas about the recovery process from addictions. The benefits of art therapy with people with chemical dependency addictions were gleaned from the nine weeks of qualitative research.
CHAPTER ONE

INTRODUCTION

Addiction is a state of being enslaved to a habit or propensity to something that is psychologically or physically habit-forming to such an extent that its cessation possibly causes severe agony (McNeese & Dinitto, 2005). It is a primary, chronic disease of brain reward, motivation, memory, and related circuitry (Simoneau & Bergeron, 2003). In this proposal, the word addiction specifically refers to the use and abuse of chemical substances.

Addiction interferes with an individual’s physical, mental, emotional, and spiritual development (Bernheim & Rangel, 2004; Chickerneo, 1993; Cook, 2004). Like other chronic diseases, addiction involves cycles of relapse and remission (Chiauzzi, 1991; Marlatt & Gordon, 1985). It is greater than an individual problem because it affects the family, social networks, communities, and society as a whole (Chiauzzi, 1991; McNeese & Dinitto, 2005). Without treatment or engagement in recovery activities, addiction is a progressive disease, which can result in disability or premature death.

Unlike traditional drug treatment programs, art therapy is beneficial for clients to help explore their emotions (Feen-Calligan, 1995; Holt, 2009; Julliard, 1999; Lusebrink, 2004; Stephenson, 2006). Art therapy is a form of expressive therapy, which is a tool to heighten unconscious emotions and thoughts. This creative outlet can offer an individual the opportunity to become present within him or herself, while enhancing communication between the conscious and unconscious minds (Feen-Calligan, Washington, & Moxley, 2008; Wadeson & Allen, 1983). This dual process therapy assists clients in the discovery of what underlying thoughts or feelings are being communicated in the artwork and what the art means to them (Lusebrink, 2004; Matto, Strolin, & Mogro-Wilson, 2008; Wadeson & Allen, 1983). Through art therapy, clients can gain insight and judgment, and may develop a better understanding of themselves and the way they relate to the people around them.

When individuals with chemical dependency addictions seek rehabilitation, specific necessities should be prioritized to better fit the individual’s needs. Although recovery programs
offer flexibility and a variety of types of rehabilitation programs, a lack of empathy towards
certain populations within this society may ostracize specific cultures, such as women.

Biases exist within society, including race, social economic status, and-specifically for
this study-sex. While men have it tough, women are in a difficult position when it comes to
addiction. Women are judged more than men for their substance abuse behaviors (Kaufman,
1994; Lewis, 1994). Chemically dependent women may have the additional stigma of being seen
as more “sick” and deviant than chemically dependent men. Pregnant women are at an additional
risk when abusing substances as they run the risk of impairing the baby.

Many rehabilitation programs do not seem to offer treatment to women, or lack programs
tailored specifically to women’s needs, such as childcare (Lewis, 1994; Lewis 1993). Reviewing
the effect of the individual’s gender and culture on the progression and maintenance of substance
abuse problems are encouraged, as each aspect effects the type of treatment received. In addition,
there is a need for a multicultural viewpoint or knowledge about the population to obtain a
holistic view on treatment. Cultural biases may vary within available recovery facilities, as
women are more likely to be labeled when seeking medical assistance because of “pressures
related to the welfare of their children” (Lewis, 1994, p. 42).

Consequently, this study focused on women who have relapsed from previous attempts at
sobriety. This research paper investigated women’s thoughts on recovery and explained how art
may allow for deeper exploration and expression. Each participating client was provided the
opportunity to express her concerns about multiple attempts in recovery. They were interviewed
regarding their ideas of harm reduction, relapse prevention, and motivation in recovery.

Using a grounded theory approach, the topics for the sessions change according to the
individual’s needs and as additional material and responses are collected (Glaser & Strauss,
1994). The acquisition of the theory based on the research continued to form as the study
continued. The interviews, discussion of personal art, observations made during the session, and
content analysis of journals from both therapist and client were triangulated to find common
themes about these women’s ideas about the recovery process from addictions.

**Purpose and Justification of Study**

Confronting denial of addiction does not guarantee sobriety for a recovering addict (Brooke,
2006; Brooke, 2009; Chickerneo, 1993; Feen-Calligan, Washington, & Moxley, 2008; Holt &
Kaiser, 2009; Julliard, 1999; Kumpfer, 1991). It is possible that the individual is aware of his or
her addiction and continue to use, despite the apparent negative affects (Lusebrink, 2004; Marlatt & Gordon, 1985). Much of what drives an addict to substance abuse is a need for control or escape from their reality. After an addiction was established in a person’s daily life, the neurological effects become stronger, overtaking the individual’s primary response system and the individual experiences psychological issues, including a change of mood and perception of others in their immediate surroundings (McNeese & Dinitto, 2005).

Motivation was imperative for rehabilitation to be productive, as it bolstered an individual’s recovery in a positive manner, reducing the lack of opposing ideas, which led to relapse (Marlatt & Gordon, 1985; McNeese & Dinitto, 2005; Simoneau & Bergeron, 2003). Pressure to remain sober may emit from various areas in a person’s life. These internal or external forces generated the individual’s initiation and persistence of seeking recovery. Along with the individual’s motivation for recovery, harm reduction, relapse prevention, and coping strategies also need to be addressed with the population that struggles with sobriety.

Although there are a large number of treatment facilities and programs for addiction, many who have taken advantage of the treatment opportunities continue to relapse (Marlatt & Gordon, 1985; McNeese & Dinitto, 2005). This study investigated the issues associated with recovery and healing of adult women from their drug addiction. Art therapy is beneficial for the expression of emotions associated with recovery and may offer a safe milieu to discuss issues surrounding the recovery process (Feen-Calligan, 1995; Gussak, 2009; Holt & Kaiser, 2009; Julliard, 19991).

This research clarified the role, if any, that art may play in the recovery process from chemical dependency addiction for women. It also identified commonalities, themes, and differences from women in active recovery with the use of art as a primary component in the recovery process from chemical dependency addiction.

**Research Questions**

How do women with chemical dependency addictions view the entire process of recovery, including the success and the obstacles? How might art contribute to the experience of recovery for women in recurrent rehabilitation with chemical dependency addictions?

**Definition of Terms**

**Addiction**- a compulsive need for and use of a habit-forming substance (as heroin, nicotine, or alcohol) characterized by tolerance and by well-defined physiological symptoms upon
withdrawal; persistent compulsive use of a substance known by the user to be harmful (McNeese & Dinitto, 2005)

Art Therapy- the therapeutic use of art that combines the process if creative visual expression with psychological and spiritual healing. This will be defined later completely in the literature review.

Adult Women- females over the age of 18 years with substance abuse addictions. Specifically those women whom have previously attempted recovery four or more times.

Grounded Theory- a model that uses the data collected throughout the research study to decipher a working theory during the study (Glasser & Strauss, 1984).

Harm Reduction- a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence.

Heuristic Research: encouraging a person to learn, discover, understand, or solve problems on his or her own, as by experimenting, evaluating possible answers or solutions, or by trial and error (Moustakas, 1990).

Substance Use- use of controlled substance beyond recommended and regulated use, to achieve a high (DSM IV-TR, 2000).

Substance Abuse- a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances (DSM IV-TR, 2000).

Substance Dependency- a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems (DSM IV-TR, 2000).

**Brief Overview of Study**

This study consisted of three adult women with chemical dependency addictions, who have been involved in recurrent recovery over three times, and who currently live in a therapeutic community in southeast United States. The participants were interviewed and engaged in art therapy as individuals, for two-hour sessions, once a week for three weeks. The clients were seen consecutively. In this brief therapy model, the clients discussed personal goals and challenges during the recovery process, as well as engaged in therapeutic activities with art materials. The participants were encouraged to keep a daily journal to assist in the organization of thoughts and a record of cravings. The therapist maintained a journal of personal reactions to each session.

Using grounded theory, a final triangulation of therapist’s observations, transcripts of interviews
and discussion, exploration of the art, and content analysis of the client’s journal and the researcher’s personal journal identified common themes and perspectives of women in active, recurring recovery from chemical dependency addictions.
CHAPTER TWO

LITERATURE REVIEW

The aim of this qualitative study was to investigate any benefits that art therapy may have in addressing substance abuse addictions. The recovery process is currently provided through support groups, individual therapy sessions, outpatient, outpatient-intensive, residential drug treatment centers, and residential therapeutic communities. Wessell and Edwards (2010) reviewed trends in rehabilitation for people with substance use disorders, dividing the research into three stages of care: detox, rehabilitation, and aftercare.

Exploring alternatives for chemical dependency treatment becomes imperative in that there is generally a high risk for relapse without addressing the specific issues associated with the substance abuse (Feen-Calligan, Washington & Moxley, 2008; Kelly, Myers, & Brown, 2002; Matto, Strolin, & Mogro-Wilson, 2008). Many times, the addiction may stem from negative past experiences and shame surrounding a constant need for using (Douglas, Chan, Gelernter, Arias, Anton, Weiss, Brady, Poling, Farrer, & Kranzler, 2010; McNeese & Dinitto, 2005; Ouimette, Read, Wade, & Tirone, 2010). One alternative that has been demonstrated to be successful is using art therapy with people that have a chemical dependency (Canty, 2009; Feen-Calligan, Washington, & Moxley, 2008; Matto, Corcoran, & Fassler, 2003; Matto, Strolin, & Mogro-Wilson, 2008).

Art therapy is an invaluable therapeutic tool for use with all divisions of problems and may become a leading therapy intertwined with psychology approaches as an alternative to the regularly used 12-step model. This chapter provided literature that explores alternative therapies for addiction, substance abuse’s effects on the brain, coping strategies and relapse indicators, and art therapy used in different populations.

Defining Addiction and Hypomanic Personality Traits
Addiction is behavior associated with harmful consequences, over which a person has impaired control (McNeese & Dinitto, 2005). The authors described this behavior as a state of being enslaved to a habit that is psychologically or physically habit-forming to such an extent that its cessation could result in trauma. Addiction is a primary, chronic disease of brain reward,
motivation, memory and related circuitry. Concrete descriptions of certain characteristics or
criteria of cultural aspects that can predict substance use were unavailable, as addiction does not
discriminate. In this proposal, the word addiction referred to the use and abuse of chemical
substances.

Researchers associated addiction with specific personality traits, including hypomania,
which includes extraversion, intense emotions, hyper-confidence, ambition, and impulsive
attitudes (Meyer, Rahman & Shepard, 2007). Hypomanic personality predicted manic episodes,
substance abuse, and engagement in pleasurable, but potentially harmful activities. Individuals
with hypomanic personality features have been classified as at risk for general addictive issues,
not only alcohol or drugs. Although hypomania was associated with intense pleasure-pursuing
activities and has the potential to result in high achievement and mastery of activities, it has the
possibility to lead to more harmful consequences (Lusebrink, 2004). Consistent with previous
findings, Meyer, Rahman, and Shepard (2007) concluded a correlation between hypomanic
personality features and addiction. Even after being informed of the consequences of their
actions, these individuals with hypomanic traits continued to seek out and craved these activities
(Kossak, 2009). Such bold ambition has also been linked to addictive personalities, personality
disorders, and strong leadership roles.

Dissimilar to the trait of hypomania, anhedonia is the inability to gain pleasure from
enjoyable experiences (Franken, Rassin, & Muris, 2007). This deficit in pleasurable emotions
was associated with various categories of mental illnesses, including depression. As a part of the
symptomatology associated with chemical dependency addiction, anhedonia disabled the
individual’s conscious understanding of the risks involved with the use of this substance (Meyer,
Rahman & Shepard, 2007; McNeese & Dinitto, 2005). Additionally, anhedonia was a factor
involved with relapse while in recovery, and other risky, maladaptive behaviors (Franken,
Rassin, & Muris, 2007).

Chemical dependency addiction is the impaired control over the drug and like other
chronic diseases, addiction involves cycles of relapse and remission (Marlatt & Gordon, 1985;
McNeese & Dinitto, 2005). The neurological effects of chemical drug use included: mimicking a
neurotransmitter; occupying neurotransmitter receptors; metabolism of neurotransmitter;
blocking the reuptake of a neurotransmitter, neurotoxicity; or a combination of these effects.
Blevins (1994) described the pharmacology of abused drugs as a focus on the electrochemical
transmission system of neurons through several different ways. The pharmacological impact of chemical drug use was severe distress on the mesolimbic dopamine system (McNeese & Dinitto, 2005).

With such a great impact on an individual’s dopaminergic reward system, the continued use of a substance, with knowledge of its harmful consequences, led to impaired control over the drug (Bernheim & Rangel, 2004; Blevins, 1994; Marlatt & Gordon, 1985). The individual was unable to maintain their lifestyle without using drugs and eventually physical symptoms of withdrawal occurred with the lack of use. Many people with addictions concerned themselves with relief of withdrawals, while the initial, positive effects diminish (Lindesmith, 1938; Tapert, Senses Ozyurt, Myers & Brown, 2004).

As the addiction grew stronger, the effects of the drugs gradually reduced, as the symptoms of withdrawal increased greatly (Bernheim & Rangel, 2004). This created a reversal of effects when using the drug. Substance use interfered with normal cognitive functions and led to erroneous connections to hedonic rewards or pleasure.

Meyer, Rahman and Shepard (2007) illustrated the definitions of both addiction and hypomanic personality traits as closely linked. The pursuit of potentially dangerous activities was another aspect of the addiction, which typically led to life of crime. Control of these personality traits were key to successful completion of treatment for people with addictions (Meyer, Rahman & Shepard, 2007; Tapert, Senses Ozyurt, Myers & Brown, 2004). Researchers have been working on different approaches for recovery to access the different personality traits of all substance abusers in hopes to find at least one treatment model to fit every person in need.

Addiction is greater than an individual problem because it affects the family, friends, communities, and society. Addiction may interfere with among other things, an individual’s physical, mental, emotional, and spiritual development (Lewis, 1993; Lewis, 1994; McNeese & Dinitto, 2005). Addiction led to changes in the structure and functions of the brain and it affected a person’s self-control and ability to make sound decisions. Addiction was defined as a scientific phenomenon based on the user attributing the feeling of discomfort of withdraw symptoms with the use of the drug to alleviate the symptoms (Lindesmith, 1938; McNeese & Dinitto, 2005). Kaufman (1994) described addiction and associated personality traits transcend through a combination of genetics, childhood, adolescence experiences may shape the individual’s
cognitive development. Without treatment or engagement in recovery activities, addiction was progressive and can result in disability or possibly death.

**Cognitive Effects on the Brain Changes**

Substance abuse affected all biological systems in the body and significantly impaired psychological functioning. Cognitive functioning reflected a person’s ability to retain and use effective coping strategies. Without such functioning, i.e. effective coping mechanisms, a person will fall victim to environmental cues and relapse (Bernheim & Rangel, 2004; Chiauzzi, 1991; Marlatt & Gordon, 1985; Tapert, Senses Ozyurt, Myers, & Brown, 2004).

Canty (2009) reviewed past experiences within a two-year program, aimed at rehabilitating people with substance abuse addictions. The author stated that drugs offered a great defense mechanism against unwanted or uncomfortable feelings, so it was no surprise that most people with addictions were otherwise vulnerable to such discomfort. Creating a safe environment to divulge emotions was important for both the client and the therapist (Brown-Miller, 1993; Ferszt, Hayes, DeFedele, & Horn, 2004; Gussak, 2009; Kaplan, 2000; Kaufman, 1994; Kossak, 2009; Kumpfer, 1991; Lusebrink, 2004). Early events affected subsequent behavior for an individual; nurture and early development experiences were stored in the brain (Canty, 2009).

The right brain responded to visual stimuli and was central to the development of a sense of self (Canty, 2009). Creating art may be an effective way to reach the damaged right hemisphere, in order to begin the healing process. Releasing the brain from these noxious patterns may spiral new growth, and enabled new paths of regulating emotions (Bernheim & Rangel, 2004; Blevins, 1994; Kossak, 2009). “Childhood neglect appears to produce fewer endogenous opiate receptors and hence less inbuilt capacity to experience emotional pleasure, which may be a possible link to addiction” (Canty, 2009, p.15).

As the center for self-regulation, the right brain was shaped by early attachment with the mother imago, or mother-like figure (Canty, 2009). This term refers to the primary caretaker of a child, whether it was the biological parent, or a governess. This right hemisphere of the brain perceived emotional states of others, controlled survival functions, and enabled coping measures to deal with stress (Blevins, 1994). Self-awareness and empathy were also located within the right hemisphere, so interference with this development limited the ability to regulate emotions, form attachments, and empathize (Canty, 2009).
Patterns of intense substance use affected the frontal lobe in the brain. This area was responsible for recognizing future consequences resulting from current actions, choosing between good and bad actions, override and suppress unacceptable social responses, and determine similarities and differences between things or events (Tapert, Senses Ozyurt, Myers, & Brown, 2004). Therefore, it was also involved in higher mental functions. The frontal lobes played an important part in retention of longer-term memories, which were not task-based. These were often memories associated with emotions derived from input from the brain's limbic system. The frontal lobe modified those emotions to fit socially acceptable norms.

“Resent research emphasizes an integration of both hemispheres of the brain in order to retrieve information that has failed to respond to verbal/cortical processing” (Matto, Strolin, & Mogro-Wilson, 2008, p. 286). A multi-modal approach was most effective when addressing substance abuse addictions (Feen-Calligan, Washington, & Moxley, 2008). The addiction process may not be rational or even conscious, as it was an autonomic process. Traditional cognitive behavioral therapy accessed the left hemisphere of the brain and ignored experiences stored in the right hemisphere (Matto, Strolin, & Mogro-Wilson, 2008).

The aim of rehabilitation therapy was to decrease the risk for relapse by targeting emotional regulation. Participants responded strongly to a dual processing therapy with lowered amounts of cravings and increased self-efficiency (Matto, Strolin, & Mogro-Wilson, 2008). A multi-modal approach was helpful to capture a holistic understanding of the individual and address the barriers to the individual’s sobriety.

An effective treatment option included a dual processing method to reach the non-verbal part of the brain (Matto, Corcoran, & Fassler, 2003; Matto, Strolin, & Mogro-Wilson, 2008). This proved worthy as not everyone was capable of verbal expression. A known strategy to reach the unconscious side of a person included art, dance, and creative writing (Brooke, 2006; Brooke, 2009). These creative therapies were believed to be influenced directly by an individual’s unconscious psyche and emotional mood. An intuitive process can easily access an individual’s primary processes, also known as primitive experiences with the materials (Wadeson, 2010).

Possible explanations for substance use, abuse, and dependency included childhood trauma, posttraumatic stress, or high anxiety situations as antecedent events (Douglas, Chan, Gelernter, Arias, Anton, Weiss, Brady, Poling, Farrer, & Kranzler, 2010; Ouimette, Read, Wade,
& Tirone, 2010; Starks, Goulb, Kelly, & Parsons, 2010). Other explanations included family difficulties, social influences, and media saturation.

Early theories of substance abuse focused on instincts, drives, and the unconscious effects of the drug for pleasure or self-destruction (Kaufman, 1994). The author noted that when an individual was young, the effect of the father status was highly influential. Whether the father was present in the family with substance abuse issues, dead, incarcerated, or simply abandoned the family, it effected the cognitive development along with the self-esteem of the individual. Within the context of family of origin, the individual was susceptible to the use and abuse of substances when their basic needs were not met during their life.

**Relapse and Predictions**

It was common for some people to relapse and began abusing drugs again. Relapse does not signal failure; however, it indicated that treatment should be reinstated, adjusted, or that alternate treatment was needed to help the individual regain control to recover (McNeese & Dinitto, 2005). The environment surrounding the newly rehabilitated individual greatly influenced the effectiveness of recovery and whether it would be sustained. An individual must be willing to identify triggering situations and the physical cues associated with these behaviors. Coping strategies were important to sustain sobriety amongst tempting situations, but depended on a person’s neurocognitive abilities. Motivation for a healthy recovery was another important aspect of the recovery, which ultimately guided the recovery process.

Triggers in the environment disabled normal brain functioning by redirecting the focus on reward and pleasure seeking. Continued exposure to substance abuse cues eventually led to relapse if not properly addressed (Tapert, Senses Ozyurt, Myers, & Brown, 2004). Addiction and substance use systematically interfered with normal cognitive functions and led to erroneous connections to hedonic rewards or pleasure (Bernheim & Rangel, 2004). Habituated semi-automatic responses were able to increase decision-making speed, yet also led to critical mistakes in other situations (Cleveland & Harris, 2010; Meyer, Rahman, & Shepard, 2007).

The hedonic forecasting mechanism (HFM) was responsible for the association of environmental cues to short-term hedonic responses, pleasure or pain (Bernheim & Rangel, 2004). Addictive substances interfered with this cognitive function and redirected this association to connect the skewed information to a forecast of exaggerated hedonic responses. Marlatt and Gordon (1985) noted an influence of situational and mental factors as predictors for
potential cause of relapse. The authors also identified three stages of high risk associated with the highest relapse rates: negative emotions, interpersonal conflict, and social pressures. Cleveland and Harris (2010) found that one’s daily mood was directly effective on the cravings felt by the participants. An important part of relapse prevention was the individual’s ability to assess their own high-risk situations, by daily self-monitoring their behaviors.

With a reconnection in cognitive functioning, people with addiction have found it difficult to relate pleasure for activities not associated with addictive behaviors. Treatment for substance abuse reconstructed these maladaptive behaviors so the patient was able to control their decisions. Without proper treatment, these misdirected cognitive functions became stubborn and unwilling to negotiate. For this reason, prevention from addiction of substance abuse and other dangerous activities was necessary.

It was important to hone coping skills when one addresses addictions. These skills enabled a person to delay their reaction or relapse within certain risky situations. Positive and active coping skills, such as seeking counseling or support groups, promote self-sufficiency and predict low levels of substance use, while negative coping skills, such as avoidance, predicted high levels of relapsing (Tapert, Senses Ozyurt, Myers, & Brown, 2004). Coping skills were necessary for treatment success. Maladaptive coping skills in potentially risking situations led to relapsing. Tapert, Senses Ozyurt, Myers, and Brown (2004) stated that adults with long histories of alcohol abuse and dependence had neuropsychological deficiencies and lowered cognitive abilities as a result of this addiction. Coping strategies such as self-blame and criticism were ineffective (Bernheim & Rangel, 2004).

**Current Treatment Models for Addiction**

Traditionally, treatment models for chemical dependency were put into one of the following drug treatment modalities; detoxification, outpatient treatment, intensive outpatient programs, or therapeutic communities, depending on the needs of the individual (Brown-Miller, 1993). Intensive outpatient programs were available for those that are in danger of relapse programs, while therapeutic communities were prepared for those who lack permanent living situations, lack socialization or family support, and who need to learn the basics of living skills.

Currently, drug-treatment centers incorporated the acceptance of health insurance for services, possibly creating additional treatment options (McNeese & Dinitto, 2005). The amount of differing treatment modalities for recovery varied according to the needs of the community.
 Radical efforts for drug addiction treatment were also available, including animal-assisted therapy, dance or music therapy, wilderness therapy, and art therapy.

Although researchers and counselors were searching for a larger variety of essential treatment options, a few key factors tailored into whether the individual with an addiction would enter, complete, and retain sobriety. One of these specific factors was finding or having the motivation to change. DiClemente, Bellino, and Neavins (1999) discussed a transtheoretical model of change. These stages of change in the client were precontemplation, contemplation, preparation, action, and maintenance. The level of motivation that an individual moved through to gain the impetus to seek treatment assisted the clinician to understand the individual’s treatment needs.

Motivation was a key contributing factor for recovery and varied for each individual. Holt and Kaiser (2009) developed a continuum on which motivation sits. The progression from the primary, or precontemplation stage onto the later stages described the steps and energy required to advance through this series. The authors identified a primary goal to resolve any ambivalence for the client, before moving forward in recovery. This uncertainty stemmed from the desire of the individual to continue to use or lack of confidence in the recovery process. The aim of many substance abuse treatments arose directly from a primary goal of addressing the denial of the addiction (Alcoholics Anonymous, 2001). However, admittance of the addiction would not complete the recovery process; it was a continuation in recovery that resulted in a full recovery (Julliard, 1999). Normalizing this ambivalence began the process of change and assisted the clinician to match treatment models for the client.

Maintaining the motivation for treatment was another obstacle while in recovery (Holt & Kaiser, 2009). Reasons for seeking treatment could be intrinsic, extrinsic, or amotivational (Simoneau & Bergeron, 2003). Intrinsic motivation stemmed from an internal desire; extrinsic was from an external source; amotivation dealt with when one was forced into rehabilitation, even for legal reasons. The individual’s goal and motive for recovery decipher the type of motivation that ultimately fueled or end the drug treatment process’s effectiveness.

A multimodal theory of recovery was most beneficial to suit those individuals that do not fit within the parameters of a single therapy type. Breslin, Reed, and Malone (2003) reviewed a list of holistic approaches to substance abuse treatment, including dance movement therapy, tai chi, and leisure or recreational skills therapy. These approaches integrated the spiritual aspect of
an individual into the treatment, as well as physical movement. Embracing personal responsibilities and spiritual awakening were two main points or steps in rehabilitation from chemical dependency (Feen-Calligan, 1995; Julliard, 1999). Art therapy was only one aspect of the various expressive therapies available.

**Art Therapy**

Kaplan (2000) explained that art therapy has its origins in psychodynamic theory, recognizing art as a cognitive process. Kramer (1971) built on the concepts of sublimination, or redirecting one’s energy, and an emphasis on ego strength. The reconstruction of energy in an acceptable and productive way increased the positive experience of art therapy. Rosal (1996) reviewed Naumberg’s successful use of cognitive behavioral approaches to release the unconscious, repressed information. This release enabled the client to embrace any issues hidden within a person’s subconscious. Matto, Corcoran, and Fassler (2003) focused on the value of dialogue, because the person with an addiction was trying to change the content of their lives with the drug use, by manipulation and games both covert and overt messages sent out.

Art therapy served as a dual-processing technique because it addressed the right and left hemispheres of the brain, along with the limbic system. Canty (2009) reviewed the value of art therapy because the structure of sessions, integrating both hemispheres of the individual’s brain. The left brain used both analytical and sequential processes, while the right hemisphere functioning within intuitive and syncretistic process. Verbal information was processed in the left hemisphere and visual-spatial processing information was in the right brain (Lusebrink, 2004). Through the activation of the right brain, the individual used imagery as a visual representation of an idea.

Art therapy has also been seen as an effective tool for entering group dynamics (Brown-Miller, 1993; Feen-Calligan, Washington, & Moxley, 2008; Kramer, 1971; Wadeson, 2010; Wadeson & Allen, 1983). The goal of group therapy was to generate self-awareness by interpreting their behavior and helping the client realize their real problems (Matto, Corcoran, & Fassler, 2003; Wadeson & Allen, 1983). Addiction treatment has taken advantage of both group and encounter formats to aide in treatment, such as Alcoholics Anonymous, which uses the 12 Step Program (Alcoholics Anonymous, 2001). Julliard (1999) developed a formula of effective addictions treatment, laid out using various art therapy directives associated with the twelve steps.
program. These art directives incorporated the visual representations of the different steps involved in this specific form of treatment.

**Art Therapy and Addiction**

Art therapy was a new psychological approach, which incorporates art into therapy for persons that find expressing their thoughts and emotions formidable. The process of art therapy was based on the recognition that man’s most fundamental thoughts and feelings derived from the unconscious, reaching an expression in images rather than in words (Wadeson, 2010). Through pictorial projection, art therapy encouraged the use of symbolic communication between the client and counselor (Gussak, 2009; Kaplan, 2000; Kossak, 2009; Rosal, 1996). Utilizing the metaphors found in the artwork, the clients became verbally articulated, thus enabling the administrator to collect both qualitative and quantitative data.

As a contemporary treatment method, art therapy has gained recognition using the art process to imbue the creative spirit as an outlet for the client (Chickerneo, 1993; Feen-Calligan, Washington, & Moxley, 2008; Julliard, 1999). The client worked with the media, possibly with a directive in mind. Then, they were able to use reflective distancing as they approached the artwork within a different context. This form of therapeutic approach uses artistic interactions, the product, and metaphors to identify possible relationships to personal complex for a client (Wadeson, 2010). The aim was to create a visual representation that communicates an idea.

Many times clients experienced the ease of self-expression through the art process, and “become aware of their inner selves” (Feen-Calligan, 1995, p. 49). This humanistic method incorporated the promotion of self-expression to attain understanding and insight of the self (Stephenson, 2006; Wadeson & Allen, 1983; Wadeson, 2010). Through art therapy, a client gained self-awareness and use of problem-solving skills. Creating art alleviated feelings of rejection, abandonment, and depressions, possibly increasing self-confidence and self-worth (Canty, 2009; Feen-Calligan, Washington & Moxley, 2008; Matto, Corcoran, & Fassler, 2003; Matto, Strolin, & Mogro-Wilson, 2008; Wadeson, 2010). Along with these, the art process provided a safe milieu to bring clarity of the issue, thus increasing self-esteem and a sense of pleasure from this life enhancement. These cognitive processes engaged the individual’s internal locus of control, exercising an enjoyment of the experience (Kaplan, 2000; Wadeson, 2010; Wadeson & Allen, 1983).
Wadeson (2010) defined the advantages of art therapy, including imagery, decrease in defenses, objectification, permanence, spatial matrix, creative and physical energy, and self-esteem enhancement. These benefits coincided with theoretical findings of the benefits of art therapy with prisoners, including promoting disclosure, encouraging the client to express himself or herself in an acceptable form, and assisting in the expression of abstruse material that may not otherwise be expressed (Gussak, 2009).

Using art therapy, clients were able to use the materials to express themselves as they saw fit. Intuition was a large part of the art therapy process, allowing for further language acquisition for expression. Cognitive flexibility diminished with substance use, thereby reducing language expansion as well. Art therapy addressed the nonverbal portion of the individual’s language capabilities, thereby enabling emotional expression (Wadeson, 2010).

A substance abusing population applied art therapy processes to bypasses verbal expression (Feen-Calligan, 1995; Tapert, Senses Ozyurt, Myers, & Brown, 2004). Art therapy functioned as a new approach for treatment from addiction, allowing for the application of these skills in all situations. “Art making and art therapy have been a conscious part of the recovery from addictions” (Chickernoe, 1993, p.5).

Art therapy was an important therapeutic tool for everyone no matter what cognitive level a person was. Verbalizing one’s inner thoughts and feelings was important to heal the problems that lay beneath the surface (Stephenson, 2006; Wadeson, 2010). People with addictions were no exceptions to this rule as their addictions typically emanated from negative past experiences (Canty, 2009). Overcoming these obstacles was difficult and unattractive if these issues were deeply rooted. Art therapy permitted the use of art to externalize these emotions allowing the client to work out their feelings. Art therapy encouraged the use of metaphors while discovering a deeper correlation between these metaphors and the client (Kaplan, 2000; Kramer, 1971; Rosal, 1996; Stephenson, 2006; Wadeson, 2010). People with addictions may discover utilizing art therapy accessed the ingrained negative characteristic of their past behaviors and elicited positive traits and personal strengths to focus on during therapy.

Art therapy techniques were helpful to clients in several ways. The directives assisted in supporting the diagnosis of the clients, serving as a projective test and looking at graphic indicators (Kaplan, 2000; Wadeson, 2010). These therapeutic directives also served as research techniques to assist in gathering collective date, both objective and subjective. Art therapy
promoted the daily reflection of the triggers, coping strategies, and support systems for those adults with substance abuse problems. Art directives addressed treatment goals such as enhancing verbal expression; facilitation between thoughts, feelings and behaviors; enhancing work or personal issues such as self-awareness, attitude, and developing self-growth; avoiding the use of substances, and confront triggers that lead to substance abuse.

Much of what drives an addict to substance abuse was either a need for control or an escape from reality (Bernheim & Rangel, 2004; Canty, 2009; Lindesmith, 1938; Tapert, Senses Ozyurt, Myers, & Brown, 2004). People that suffer from addiction typically avoided experiencing their emotions as they can be overwhelming (Ferszt, Haynes, DeFedele, & Horn, 2004). Art therapy allowed for emotional expression in a safe environment using visual elements such as symbols (Ferszt, Haynes, DeFedele, & Horn, 2004; Williams & Taylor, 2004). It was an effective process for the recovery and healing of addiction by addressing the root cause of addiction.

Techniques used in art therapy enhanced the therapeutic relationship and communication between client and therapist (Wadeson, 2010). Art served as a therapeutic outlet for the clients to use metaphors for their thoughts and feelings. The therapist and client were able to communicate through the artwork. Art therapy served as treatment model for chemical dependency addictions.

Research shows that combining addiction treatment medications, if available, with behavioral therapy was the best way to ensure success for most patients. Treatment approaches that were tailored to the individual’s drug abuse patterns and any co-occurring medical, psychiatric, and social problems, and led to sustained recovery and a life without drug abuse (Matto, Corcoran, & Fassler, 2003; McNeece & DiNitto, 2005). Art therapy was a valuable therapeutic tool for use with all populations and became a leading therapy joining with psychology approaches, as an alternative to the regularly used 12-step model. Within one’s addiction, maladaptive behaviors impeded the recovery process, so naturally clinicians looked at the motivations behind treatment (Simoneau & Bergeron, 2003).

**Summary**

Treatment facilities must take in consideration the specific needs of their population that they serve. Those providing services must examine the effects of gender, social economic status, education, and culture toward the development and maintenance of substance abuse problems in the facility (Lewis, 1994). These aspects of an individual affected the type of treatment rendered.
There was a need for a multicultural viewpoint and knowledge base about the different cultures, to give a holistic view on treatment. An important role of therapy was to uncover the cycle of addiction, through which these clients may gain the tools necessary to reframe the actual issue. This revealed the individual’s ingrained past experiences and emotions that may account for such behaviors.

The following chapter will review the guiding philosophy and data gathering methods for this study. It will define the framework used to further research about substance abuse rehabilitation and assist in the understanding of the role that art may have in the recovery process.
CHAPTER THREE

METHODOLOGY

Description of Research Design
This qualitative study on the work with three clients suffering from substance abuse relapses and relied on data gathered through transcribed interviews and discussions, observations, and content analyses of the clients’ diaries and the researcher’s personal journal. Through a heuristic model, the study examined how women with chemical dependency addictions view the recovery process, and whether art contributed to the experience of recovery. To gain a holistic understanding of the challenges, goals, motivation of women within the recovery process, grounded theory was used to form a theory based on perpetually reconsidering the data gathered.

Each client was seen for three sessions of art therapy interventions. Each session was two hours long, and the three clients were seen consecutively. The first hour consisted of an interview-style discussion with the client, while during the second hour the client was encouraged to use the available art materials to complete an art piece of their choice. These two-hour sessions occurred once a week for three weeks.

In this brief therapy model, the clients discussed personal goals and challenges during the recovery process, and engaged in therapeutic activities with art materials to allow for personal expression. The participants were asked to keep a diary to assist in the organization of their thoughts. This personal memoir was analyzed for content, such as their cravings and physical cues associated with the desire to use drugs, coping skills, feedback on the reliability of these tools, and identification of possible themes of situations evoking negative emotional reactions.

I recorded observations, feedback, and personal reactions to each session in my own personal journal. A content analysis of this personal journal and the client’s daily chronicle revealed a correlation between both perspectives during this study. A final triangulation of the transcribed interview, observations, and a content analysis of the written material, revealed common perspectives of women in active, recurring recovery from chemical dependency addictions.
Guiding Philosophy

The study examined how women view the process of their recovery, and whether art contributed to the experience. A heuristic research model served as the outlining structure for this study. This model allowed for the collection of empirical data based on interactions, exploration, and the analysis of the subject to understand it. “Heuristic inquiry is an attempt to understand the meaning and essence of some part of life through inner self processes, and it affirms imagination, intuition, and spontaneity” (Chickerneo, 1993, p.14). Heuristic research consists of three stages: immersion, acquisition, and realization. This type of practical inquiry includes an honoring of the individual within its Humanistic roots.

The researcher’s immersion, or concentration, of the subject matter includes an initial interest in the recovery from chemical dependency addictions. Traditionally, this stage emphasizes self-disclosure in order to help facilitate another’s testimony, yet this study used a direct approach to find what is already there in reality through interviews and maintaining a daily chronicle of their internal processes (Chickerneo, 1993).

The second stage of heuristic research involved the acquisition of information, in this case, from women in active recurrent recovery. The interviews, observations, and reactions to the clients informed the common ideas and realization through review of the data. After each interview, the records were reviewed for additional topics to assist in the planning and structure of the subsequent session. The third and final stage of this research model was the realization of a theory based on the material gathered during the entire process.

A heuristic research model seeks to reveal the essence or meaning of a phenomenon of human experience (Moustakas, 1990). Through this study, the heuristic model was used to understand how women with chemical dependency addictions view the entire process, including the success and the obstacles of recovery, and whether art might have contributed to the experience of recovery for women in recurrent rehabilitation with these addictions.

Data Gathering Model

Several heuristic concepts identify with self-dialogue, tactic knowing, and intuition (Moustakas, 1990). This approach to qualitative inquiry required the absence of predetermined theories and hypothesizes. This heuristic research focused on the discovery, experience, and definition of this phenomenon, thus there was a need for a delayed theory, solely based on the empirical information accumulated through the study.
Glaser and Strauss (1984) developed a systematic research approach that discovers, or uncovers a theory based on the systematically revealed data, identified as grounded theory. This strategy primarily focused on the acquisition of experience-based information as a process to generate a theory. The authors explained the nature of humans to hypothesize on a topic prematurely, possibly overwhelming the need to prove such theory. Refocusing the efforts of research towards gathering the empirical data, this approach allowed for an effective uncovering of this knowledge from perpetual and consistent analysis.

For this study, the data collected in each session was analyzed and organized weekly. Commonalities of possible theories on the women’s perspectives of the struggle in recovery, from chemical dependency addiction were identified. Grounded theory was used in this research to generate a theory on the data as it is collected.

Upon completion of the sequential sessions, for a single client, an additional examination of the collected data from the interviews was conducted. This grounded theory model used information obtained during each interaction with the client to reformulate a theory, constantly adjusting for newer point of observations. This final analysis indicated similar responses echoed throughout homogeneous subject matter, lending to the final evaluation of the data and theory.

Each interview was audio taped and transcribed by the researcher, on a weekly basis. These records were reviewed following each session and coded for possible commonalities within the current session. Comparing the dialogue of each interaction with clients proved congruent ideas among all of them. From these commonalities within the interview script, observations, and reactions to the session, future sessions and interventions were developed to accommodate these possible changes to a theory in the following weeks. For example, if common themes were found within the data collected pointing to specific ideas among the women, the direction of this qualitative study would explore these ideas to possibly develop the theory.

Using grounded theory and heuristic research methods, the researcher identified commonalities of how women with chemical dependency addictions view the process and its obstacles of recovery. This research paper also looked at the influence art making may have on the experience of recovery for adult women in recurrent rehabilitation. The combination of a heuristic model and grounded theory method investigated these ideas using empirically based
data. Upon completion of each individual session, including after each client and at the end of the study, the information was reviewed to formulate a theory.

**Data Gathering Methods**

**Description of the Sample**

This study involved three women between the ages of eighteen and fifty, with chemical dependency addictions, residing in a therapeutic residential community in the southern United States. These women were either voluntarily or court-ordered to attend the rehabilitation program; each having a primary diagnosis of chemical dependency. The target population consisted of women that have attempted recovery three or more times. The participants volunteered for the study based on the previously mentioned criteria. These women choose to participate in this study to further this research. Verbal and written consent was obtained for each participant. See Appendix B for a copy of the consent form. This research did not require Animal Subjects Approval, yet did require approval from the Human Subjects Committee. See Appendix A for the Institutional Review Board (IRB) Approval Letter.

The participants were asked to volunteer from the larger population currently living at a residential therapeutic community in southeastern United States. This facility, a comprehensive prevention, intervention and treatment agencies in the southern United States, is part of a larger non-profit community-based agency that has been in operation for nearly 40 years. This community was known for initiating, managing, and coordinating delinquency and substance abuse prevention/intervention programs in the southern region.

**Interview**

An initial interview with each participant was conducted to inquire about her previous rehabilitation attempts, possible reasons for relapse, situational cues for each instance of relapse, and thoughts about their sobriety. For this study, consent was obtained within the first session with each client. During each session, the individual and therapist covered a different topic or aspect related to substance abuse rehabilitation. These topics included personal motivation, harm reduction, relapse prevention, coping skills, and spirituality, among other things. These identified topics may have changed according to the participant’s needs during this study. During the two-hour session, the client discussed topics related to relapse and recovery from chemical dependency. She was then offered to create art from a large selection of materials.
An interview was conducted with each woman before each individual art sessions. Within this informal interview, the clients were asked a number of semi-structured questions related to specific topics including personal motivation, harm reduction, relapse prevention, and coping skills. An example of a question included, “could you describe your coping strategies when you encounter a triggering event?”

The women were encouraged to discuss their previous experiences in recovery, including their opinions as to why abstinence was interrupted with relapsing behavior. Such discussion focused on possible triggers for participant, type of substance abused, social economic-based questions, and last date/time of usage.

The discussion period begin with a mood check of the individual, to better understand the individual’s current emotional state. This mood check consisted of the participant verbally rating their mood on a scale from one to five. At the beginning of the primary interview, each participant was asked to discuss their thoughts on why the previous recovery attempts were successful and unsuccessful, along with their beliefs about substance abuse, and the role, if any, that art had in this recovery process.

The second and third sessions began with a mood check-in with the client, followed by a short review of last session. The client was introduced to the topic for discussion and offered an opportunity to add additional thoughts on the previous subject matter. Within the grounded theory approach, the proposed topics are always subject to change, according to the needs of the study, and the qualitative data gathered in each encounter.

**Art-making Process**

For each of the three sessions, the client engaged in an audio-taped interview with the therapist first, then offered the chance to use the art materials to create art as they desire. During the art creation process, the client chose to interact with the therapist, or remain quiet during the session. Art materials were offered in the hopes to inspire the participant to fully engage in the art process. These included acrylic paints, colored pencils, markers, oil and chalk pastels, plain and decorated paper, magazines, and other miscellaneous collaging materials.

They were encouraged to utilize the different media in a manner that reflects their emotional states or an idea to explore. The participants may have felt uncomfortable with the artistic paraphernalia; however, a certain level of discomfort is expected, so the participants were
encouraged to initially explore the materials. Within the room, other artistic expressions were available to encourage creative and invigorating exploration.

During the second hour of each session, the client had the opportunity to participate in the therapeutic use of art to express their thoughts and emotions surrounding recovery. The clients used any of the materials available as they saw fit. The research offered a non-structured art directive for this portion of the session. If the client struggled with the art process, optional structured directives were offered, depending on the needs of the client and the topic discussed previously. These directives included crisis directive, recovery bridge drawing, cost-benefits collage, depict yourself a year from now, barriers to recovery, identifying and depicting emotions related to recovery, self-portraiture, and drawing with eyes closed and with nondominate hand to experience and accept powerlessness.

During the following discussions, the individual evaluated her artwork in terms of asking other things: how it felt to create the work; what thoughts came to mind during and after the art was created; what did she learn about herself creating the piece; what would she like other people to take from this artwork, and does it remind her of anything. These reflective questions enabled the participant to begin an inward process of self-evaluation and she was encouraged to detail these responses in her dairy.

At the close of the third week, the participant’s artwork was discussed in a final art review with the participant. The review was used to clarify the beneficial properties, if any, that art therapy holds in the process of rehabilitation from chemical dependency addiction. A retrospective look at the artwork created within these sessions, coupled with the participant’s journal, assisted in the identification of the role, if any, that art played in the recovery process from chemical dependency addictions. The participants were encouraged to identify personal themes or interrelated content within the artwork. This final discussion ended the participant’s recommended involvement with this study.

**Content Analysis**

In addition to the written observations recorded during each interview, the audio-taped records of the interactions were transcribed in detail, which established a comprehensive account of this discussion. This script was reviewed for additional knowledge and direction for the participants’ next session. The topics of discussion were loosely structured as they may have changed due to an influence by the previous session. The interviews were audio-taped, with the participant’s
permission, and then transcribed by the researcher. These scripts were reviewed and coded for common themes or ideas.

According to Chiauzzi (1991), identifying the participants’ negative feelings, social pressures, treatment-related problems, difficulties in relationships, and cravings were valuable to understanding possible causes of their relapse and progress for success. The participant could use this information to develop strategies for handling anger, using their leisure time, and responding to emergencies. Since relapse is an ongoing process, these individuals were asked to keep a journal, monitoring warning signs, including triggers and cues.

The therapist’s observations along with reactions to the session were recorded in a personal journal. The participants were encouraged to maintain a daily chronicle to assist in the organization of ideas and a record of cravings and cues.

An additional content analysis of a personal journal of reactions by the researcher was also conducted. This journal included behavioral observations of the participants during the sessions, including responses to the discussions and art-making processes. While watching the women work with the art materials, notes included problem-solving techniques, visual reactions of the individual, and any of the participant’s commentary during this second hour. These written books were reviewed as a content analysis at the close of the three weeks. This review was used to identify commonalities between the two perspectives of the sessions along with the ideas of women in active, recurring recovery from chemical dependency addictions.

**Internal and External Validity**

A final triangulation of therapist’s observations, transcripts of interviews, and content analysis of the personal journal and the participant’s diary identified common themes and perspectives of women in active recovery from chemical dependency addictions. From both the constant review of the data as it is collected and a final analysis, this study determined how women with chemical dependency addictions view the recovery process, and whether art contributes to the experience of recovery.

As the observer in this research, and a participant in the act of journaling reactions to the sessions, there posed a possibility for internal bias as a participant-observer. The participant/observer relationship created a researcher’s bias. This was reduced with the use of both grounded theory and heuristic research model. The theory was a result of the triangulation of the therapist’s observations, coded transcriptions, and a content analysis of the therapist’s and
client’s journal. Each client was seen consecutively, so the theory and method was continuously reviewed as the study progresses.

I must declare, at this point, my interest in this issue as personal. I have dealt with the repercussion of close family members’ struggle with chemical dependency addiction. I realize the impact of this disease as well as a need for effective rehabilitation. However, rather than seen as a bias or a hindrance to objective evaluation, this level of engagement and immersion in the subjects matter was seen as a necessary and primary phase of the heuristic model (Moustatkas, 1990). Within this comparative analysis, I was able to gain evidence based on experiences from several perspectives on this phenomenon.

I will continue my research as a professional, making sure to account for these biases not to cloud my ideas, nor the outcomes. This study retained integrity through the duration of the research. I plan to preserve in the field of art therapy as a component of treatment for chemical dependency addiction. This research was solely a point to begin my professional contribution.

Summary
This qualitative study reviewed the work with three individuals suffering from substance abuse relapses, currently residing in a therapeutic community. Thru a heuristic model, the study examined how women with chemical dependency addictions view the recovery process, and whether art contributed to the experience of recovery. The study relied on data gathered through transcribed interviews, observations, and a content analysis of the clients’ diaries and the researcher’s personal journal. To gain a holistic understanding of the challenges, goals, motivation of women within the recovery process, grounded theory was used to form a theory as the data was regularly reviewed.

Each client was seen for three sessions of art therapy interventions, each session was two hours long, and the three clients were seen consecutively. The first hour consisted of an interview-style discussion with the client, while during the second hour the client was encouraged to use the available art materials as they see fit. These two-hour sessions were held once a week for three weeks.

In this brief therapy model, the clients discussed personal goals and challenges during the recovery process, as well as engaged in therapeutic activities with art materials to allow for person expression. The participants were asked to keep a diary, which was analyzed for content. The researcher also maintained a personal journal throughout this duration of the study. A final
triangulation of the transcribed interview, observations, and a content analysis of the written material, revealed common perspectives of women in active, recurring recovery from chemical dependency addictions. This study focused on women’s views of recovery from chemical dependency addictions and reviewed whether art can contribute to the recovery process.
CHAPTER FOUR

RESULTS

The following chapter will review the data collected during this qualitative study. To maintain confidentiality within this study, pseudonyms were used instead of actual names. The study relied on data gathered through transcribed interviews, observations, and a content analysis of the clients’ diaries and the researcher’s personal journal. The women involved in this study volunteered their time and honesty to help understand the recovery process from chemical dependency addictions.

The following are three case studies based on the information gathered. These women were chosen to participate in this study because of their experiences in the recovery process and frequent stays within inpatient rehabilitation centers. The three participants were selected based on their varying levels of response to the art therapy process.

Taylor
Taylor (a pseudonym) is a Caucasian woman, between 40 and 50 years old, divorced, with children. She was at one time an elementary school teacher and has a college degree. Her drug of choice was opiates, referred to only because of the alkaloids in opium and the natural or semi-synthetic derivatives of opium in pill form. If these painkillers were unavailable, she would consume pure alcohol, such as vodka. Taylor has been actively using opiates for over 15 years since a calamitous car wreck, leaving her injured for life. She claimed that her tolerance for these pills will “never go down” as a result of her long-term heavy usage. She spent nearly $1000 a month on drugs, doctor’s appointments, and prescriptions when she was actively addicted.

Taylor was on her third recovery stay at the same facility and admitted to never intending “a lifelong sobriety” before. She described her relationship with her mother as “horrible, we have no relationship. [We’ve] never gotten along…It’s always been volatile.” She noted a struggle of control over Taylor’s life as a lifelong issue. “I’ve tried for years to have a relationship with her. I don’t care if I have one anymore. I don’t care if I never lay eyes on her again.” Taylor agreed that this broken relationship has caused tremendous stress and hurt throughout her life.
Taylor’s father was absent during her childhood and she remembered, “I looked like my biological father, she hates him. [My mother] told me that a lot when I was a child. You know, you look just like him and I hate him.” The relationship with her younger brother is also strained; “we despise each other.” The two are unable to spend time together during family gatherings without arguing in the first day. “He’s a border patrol agent and I’m a junkie.” Taylor’s current boyfriend has been incarcerated for nearly three years. “It was beautiful until he went to prison. She noted, “He’s a very safe relationship now. We can’t fight and argue. He can’t mess me up right now.”

Taylor referred to herself as a responsible mother, although she has used several drugs with her eldest child before. She expressed both guilt and shame about how poor her parenting was towards her to youngest children, the twins. She confided that she was heavy into her addiction when she became pregnant. Taylor admits to “functioning in a blackout” and she would worry about whether they were fed daily. “I was not responsible with them. I was just too deep into it.” She added, “I feel bad for what I’ve done to my kids, but I can’t go back and start over. I have to go forward.”

During the first interview, Taylor was on guard. She seemed uncomfortable; she continuously shifted in her chair, she crossed her legs crossing away from the interviewer, and sipped from her coffee repeatedly during the interview. She appeared more comfortable as the interviews continued, becoming visibly relaxed and setting her cup down for extended periods of time. Little eye contact was maintained for the duration of the interviews. Taylor made jokes during the discussions in attempts to lighten the mood.

Taylor became quiet and gently cried as she spoke about her incarcerated boyfriend, feeling lonely and friendless at the facility. “I feel very alone right now.” She confided, “I’m not going to be completely happy without him.” Taylor has limited positive relationships in her life, yet she was able to identify components of a healthy relationship.

In social situations, Taylor strives to be the leader, the voice of authority and knowledge, and outwardly states her wish to elevate the maturity level of the program. Taylor’s history at the facility included: getting caught with substances; being off property for an extended time; not being where she should be for van pick up; participating in verbal altercations with other strong personalities; arguing with nurse and director to regain her pain meds for her back; and constant bickering about the program’s rules aloud to those that would listen.
Taylor tended to latch onto other consumers during each stay at the rehabilitation center. She planned to move in with another recovering addict from the facility once she graduated, but this failed every time as one or both consumers relapsed shortly afterwards. “I was real determined this time to come in and not make any friends in here.” Taylor’s attitude in the facility reinforced her lack of trust in others and feelings of isolation. “It’s very hard for me to approach people. I’m just very sarcastic. I hurt people’s feelings when I’m trying to be funny.” Taylor disclosed, “It’s hard for me, I tend to bottle [emotions] up, unless I have somebody I can go to. I don’t go into my emotions like I should and that’s just something I don’t do.” Taylor mentioned, “I’ve got to let go of my guilt and resentments, because I realize that’s what put me right back where I was before.”

Taylor’s reasoning for her previous relapses included boredom, excessive spare time, and reverting back into the pattern of ‘old people, places, and things’. This is a term used within the community of chemical dependency addictions, which refers to old habits, environments, and using associates. “I didn’t even think about it. I just pulled in and got some [pills].” Taylor admitted that her triggers included, “knowing it’s there…seeing somebody I know they’ve probably got something.” Taylor’s coping skills consisted of removing herself from the situation. She added, “I’ve got to control my thinking. It’s a vicious cycle.”

Taylor’s personal statements included, “I’m intelligent, but I have no common sense. I don’t feel like I’ve accomplished very much.” This negative self-talk perpetually clouded her thoughts while she attempted to remain sober. Taylor noted her disappointment in her lost ambitions, unsuccessful attempts to remain sober in the past, and high levels of stress regarding her personal progress in the program. “I’m tired of being the person that I’ve been…the one that screws up and lets everybody down.” When alluding to her ‘bottom’, a term used to describe an extreme low point in a person’s life, Taylor stated, “It just hit me all of a sudden. Look at where you are; look what you are doing. It was the most depressed I’ve even been.”

When asked her advice for other recovering addicts, Taylor stressed the importance of establishing a sober network, the need for a structured environment with responsibilities and guidance, attending daily meetings, finding a sponsor, and staying focused on your own recovery. “I don’t recommend [that] you come in here and get a boyfriend.” Taylor admitted to never completing the 12-steps as set forth in the 12-step program. She listed this as one of her current treatment goals. She answered the questions associated with recovery, but quickly
reverted to a continued argument over not being allowed to take her normal muscle relaxers while in recovery. This was a pattern noted throughout the study with this participant, and continued to create stress between Taylor and the other staff members.

When asked about the use of art therapy within the recovery from chemical dependency addiction, Taylor stated, “I think your art therapy is good for the people who do it.” Taylor appeared quite resistant to doing art at first, but complied with the request; if only for a few minutes. She stated that she appreciated art for its decorative properties, and realized that it can help with personal insight. During the art-making process for this study, Taylor requested to complete artwork side by side with the researcher, chatting as she worked. Taylor noted, “I don’t have any fun here.” She spoke about her lack of interest in creating another scrapbook for her current stay. “There’s nothing I really want to remember this time. I was just wondering what was keeping me on edge and what’s different. I’ve had absolutely no good time. It’s a depressing atmosphere.” She expressed her wish to create a collage associated with recovery in a positive format.

At the end of each session, Taylor attempted a final interaction at the closing of each session. At the close of the first interview, Taylor was thankful for being able to vent. After the second session, she initiated a high five. Following the third session, Taylor wanted a hug, as tears welled up in her eyes. There was an increased attachment observed as the weeks continued. Taylor’s fondness evolved further as the study continued in the same facility with the two other participants. Behaviors noticed outside of the interview sessions included Taylor’s increased chattiness, she was more persistent to sit near the researcher during casual conversations with other individuals, and she expressed excitement about completing her final art project. She encouraged others to view the larger work in progress.

**Art-making Process**

Initially, Taylor was highly resistant to the art process. She reluctantly accepted the invitation to participate in this study because it included art-making. For Taylor’s first art piece, she wanted to create a “recovery collage” of words and pictures influenced by items that reminded her of positive memories. Taylor spent over 40 minutes shuffling through precut magazine cutouts before the session was over. She expressed the need to complete her collage outside of the sessions for this study and committed to do so within the next two weeks. As she sorted through
the images, she spoke about the current stressors in the residency. No artwork was done in this session; however, the collage was completed several weeks later.

For her second session, Taylor completed a large mandala with oil pastels. She drew sections of colors horizontally across the page. She worked from one edge of the circle, creating bands of color, then combined these fragmented sections of color with overall strokes of color. She stated that these final strokes were in an attempt to blend it all together (see Figure 1). While she worked, Taylor spoke about the need for her medication, the continued battle of control and communication with her mother, and an upcoming visit with her children. Her eyes were focused on the page, stopping only to change colors. Her color choices included many of the available colors. She repeated only the oranges, pinks, and purples, but denied any connection to these specific hues.

![Figure 1. Taylor’s Mandala](image)

Taylor worked quickly with the art materials, yet remained confined by the lines on the paper. She used short strokes and worked quickly across the circle, applying light pressure with the drawing materials. These fast and repetitive marks on the page appeared as a soothing technique, used by Taylor when drawing. She finished filling the mandala in within 15 minutes. Afterwards, she quickly packed up the materials, and sat with her coffee once again in her hand. She was reluctant to complete another piece, nor did she talk about the one she had completed.
Taylor stated that she is not “artistic” and does not care to “draw like a child.” She admitted that she enjoyed creating art and venting.

For the third art-making session, Taylor refused to complete another art piece within the session, yet became increasingly excited about showing off her completed collage (see Figure 2). Taylor was given an 18” x 24” frame to house the collage. She filled all but the corners of the collage with magazine cutouts. She incorporated colored construction paper for backing and special craft scissors to make fancy edges on each of the cutouts. Taylor included pictures of flowers, shells, a cross, and a mythical fairy in the collage.

![Figure 2. Taylor’s Recovery Collage](image)

Large words like ‘fun’, ‘journey,’ ‘magic,’ and ‘higher purpose’ stuck out from among the myriad of words and phrases. These chosen slogans and idioms were significant for their positive messages as reported by Taylor. These cutouts were sectioned off by distinct sections, each backed on a different color of paper: pink, purple, and red. These grouping of statements
and pictures seemed to colonize according to their messages. Among the top right and the bottom left corners of the collage were slogans associated with spirituality, karma, and grace. The top left corner, backed in purple colored paper, held a theme

Taylor did not wish to title her piece, yet expressed satisfaction with its final state. This final art piece was hung proudly in her bedroom as a reminder of her personal progress. During the final weeks of this study, Taylor’s collage fell from the wall and the glass broke. She showed tremendous sadness when she reported this to me the following day. She denied a replacement for the frame and stated, “It was what was supposed to happen.” Taylor’s nonchalant response was accompanied with a shrug of her shoulders and a quick turn to put the collage back into her room for safety.

A review of Taylor’s journal reinforced behaviors observed during the interviews, such as relaxation near the end of each session, judgement of others, and feelings of entitlement while in the facility. Taylor was consistent with the context of her entries as they circulate similar issues regarding her meds and the level of daily stress while at the treatment community. Within Taylor’s journal, she described feelings of possible flight from the facility, due to the stress, yet reported that she will continue her efforts to graduate the program.

**Summary**

Taylor completed all three sessions for this study. There was an instance where she had to reschedule our meeting time, as she went to bed early, after a day of job hunting. Taylor stated that she was having a highly stressful day and needed a “mental health day to recover. I just needed to remove myself yesterday.” She was also involved in an emergency visit to hospital with one of the other consumers at the facility. Taylor reported feeling abandoned at the emergency room as well as anger towards the staff members. She described the hospital visit with intensity as she claimed to deflect the doctor from prescribing painkillers to the patient, reminding him that the two of them were in a rehab center together. Taylor was proud of herself for being responsible although she was given the opportunity to use.

Taylor’s inclusion in this study was purposeful in that she was originally resistant to the art process. Her reluctance to complete artwork while in session lends to her paranoia and mistrust of others. Taylor was able to visually express herself through the use of precut materials and collage techniques. Her mood and communication skills improved over the weeks. Taylor was observed interacting with other women in the program without confrontation over the
following weeks. Her attendance to the groups offered at the facility increased as well as her participation in the discussions. Taylor was honest, open, and appreciative throughout this study. Her affection increased as the study continued with a personal invitation to attend her graduation ceremony.

Taylor was reluctant to discuss her artwork beyond the formal qualities within it. She remained apathetic toward the artwork and it’s influence on her experience in the study and her recovery. She accepted the enjoyment felt by creating the artwork; however, she refused to comment further. Taylor’s shyness and unenthusiastic comments about the art pieces reinforced her need to preserve control over the situation and conversation. While attempting to process her final collage, Taylor snickered at the thought of having a significant attachment to her art.

Taylor’s responses to the reflection questions exemplified her personality traits, such as her indifference used as a barrier for allowing people to see her internal process. Taylor seemed to hold many guards both in the art therapy sessions and in her personal life. Her artwork also reinforced how uncomfortable she was with the exploration of art materials. Taylor resorted to a known technique of collaging and refused to try materials that are more fluid. Her sarcastic remarks echoed a sense that she was uncomfortable with this exploration of personal content.

Whitney

Whitney (a pseudonym) is an African American woman, between the ages of 30 and 40, married, but in the progress of getting a divorce, and has children. Although she had no formal education, Whitney previously worked as a caretaker for the elderly. Her self-proclaimed drug of choice was powder cocaine, and eventually added “alcohol, pills, and extacy to the list”. Whitney noted that in her active addiction, “I had no control over it. It had control over me.” She admitted to having “lost a lot” due to her drug use, including her relationship with and custody of her children. “I used the cocaine to cover up the hurt and the pain of my marriage and I had done hit rock bottom.”

Whitney was on her third rehabilitation stay in a residential facility. She noted, “Its like when you relapse it gets worse, you pick up more, and the ‘yets’ are to come.” Whitney described the relationship with her mother, “[She] expected my life to be totally different than what it turned out to be. I was her baby…my mom’s little princess, and when I got pregnant at the age of 15, my mom was very, very disappointed in me. When I got pregnant with the second baby, I think she gave up on me then.” Whitney admitted that addiction runs in her family and
both parents were actively using as she grew up. “I’m the daughter of addicted parents and its time for that cycle to break. I think I broke that cycle. When I came to the program again, it was a relief to her.”

Whitney’s impending divorce came after a lifetime of her husband’s infidelity, while maintaining a large family, including eight children. She admitted that she used drugs with her husband to keep him home. Whitney confided that her addiction continued as the kids grew older and her husband began emotionally abusing her early on. “Everything that would happen, no matter what, it was my fault. He said that so much, that I actually believed every thing [was] my fault.” This domestic separation occurred after 25 years together. “He was the first man that I was with. He spoiled me. I depended on him…everything was practically his.” Looking back on her life, Whitney’s goals focused on financial independence, the ability to support her children when needed, arranging a family reunion, and eventually having a traditional wedding. “I accepted the things that he did because I wasn’t clean. I just thought it was okay, because I was sick.”

During the interviews, Whitney was fidgety, frequently shifting in her seat. Excessive use of non-verbal communication was noted during the interviews, along with slowed speech, and poor word choices; she corrected her vernacular frequently. Whitney remained optimistic when discussing her progress in the recovery program. “It’s a purpose for me to be where I am at. I feel I am ready...nothing is going to stop me.”

In social situations, Whitney was talkative, jovial, and enjoyed talking and telling jokes. Whitney was capable of expressing her needs when they are not being met. In the facility, Whitney took on the role of encouraging the others. She believed herself to be a role model and actively participated in giving feedback during group discussions. Whitney stated that other consumers in the facility had encouraged her to begin evangelical work. Around the facility, Whitney was known for her positive affirmations, such as when faced with something difficult or negative, she would “put something positive in front of it.”

Whitney thought back on her relapses and stated, “relationship[s] are a big part of my relapse.” She would use drugs to keep her husband home and then use them to cope with his infidelity. Additionally, she blamed her early drug use on her early pregnancy at age 15, and moving in with her husband at age 16. “He kinda helped raise me.” She was financially dependant on her husband; he emotionally abused her daily. “My husband did a lot of damage to
me.” As a result, Whitney admitted to having trust issues and noted her need for cope strategies when negotiating uncomfortable emotions. “I’ve been damaged so much with trust and my heart get[s] emotional.”

When asked advice for other recovering addicts, Whitney stressed the importance of staying affiliated with the program and the people, getting a sponsor, going to meetings, and staying strong as an individual. “Put yourself and your recovery first. Focus on you, you got to do it for you.” Whitney reminded me that she is in recovery for one thing, and “that’s to get myself together and to give back what I’ve learned.” In addition to focusing on one’s self in rehabilitation, Whitney advised others to take it one day at a time. “Recovery is for the rest of your life. Its up to you. We got to learn to deal with these feelings without picking up.” Whitney urged others to follow her lead because, “I stopped listening to my mind, because my mind sometimes plays tricks on me. I listen to my heart now.”

Whitney stated that art therapy to help with recovery from chemical dependency addictions is “relaxing and beautiful. It can be what you want it to be. You can make something and when you get through, you can actually see what’s on your mind.” In the art-making sessions, she chose to use the structured art materials during this process. “Actually, I’m learning and getting something out it.” During the art-making process, Whitney grew quiet and began sucking her tongue, yet it was unclear why. Her final art piece was a painting of herself and her eight children as flying birds. It was titled, “Free at Last.”

A strong attachment to her higher power was noted in each of the sessions. This term was frequently used within the chemical dependency community, referring to a source of positive energy and strength. Many individuals take this term to suggest a source of spirituality, or a power greater than himself or herself. Whitney’s higher power is a Christian God. She spoke of him in depth as a close, personal friend, and included him in every conversation, almost to the point of proselytizing. “I cannot do this, live life, without my higher power.” Whitney attributed this statement to growing up religious. She found it easy to move into her grand affections for her higher power now that she is struggling to remain sober. “My number one motivation is my higher power.” Whitney expressed that she had a need to prove herself to others, not through her words, but her actions. This was another theme that arose during her interview sessions.
**Art-making Process**

During the art-making process, Whitney varied her interactions. She would initially await instruction before beginning and then became focused and highly involved in the process. Whitney spoke about her children, her lover, and plans for the upcoming holidays. She noted the absence of a preconceived idea when beginning the artwork. At first, Whitney chose markers and a large mandala to complete. She spent 20 minutes filling the entire circle with a single yellow marker, drawing a smiley face with the words “Don’t worry be happy” (see Figure 3). When asked about its meaning, she began to sing the song related to this slogan. She stated that it was a reminder of “putting something positive in front of it.” Whitney maintained a positive attitude through the entire session.

![Don’t Worry Be Happy](image)

**Figure 3. Whitney’s Mandala Drawing**

For her second art experience, she used acrylic paints on 18”x 24” sheets of paper. She painted on three pieces of this sized paper, filling each surface with varied colors, none of which were mixed together. The first painting of the series began with a yellow circle in the center of the page (see Figure 4).

Whitney applied even strokes of paint extending outward from this circle. Various lines curved around the edges of the page. Whitney continued to saturate the page with even strokes, using each of the six colors available. As she filled the bottom of the page with lines, she noted
her lack of interest in using black paint, identifying it as “lifeless”. Before setting the page to the side, she filled the circle with a red horseshoe shape and several green dots. Whitney identified this first painting as freeing, allowing her to explore the qualities of the paint.

![Figure 4. Whitney’s First Painting](image)

Whitney’s second painting began with quick strokes with a large brush, working around the page in even, pointed lines (see Figure 5). She gripped the long brush close to the bristles as a writing utensil. While she was working on this piece, Whitney spoke about her mother and the disappointment felt by both parties. As she continued working, the even spaced dots of paint began overlapping. She became unaware of dipping her brush in different colors, noticing it only after painting on the paper.

When processing the painting, Whitney noted it looked “angry,” because of the sharp jagged lines of red paint. She became quiet after distinguishing this piece in conjunction to talking about her mother while painting. She noted the inability to finish the central section with red paint, stating that she was “done with it,” and quickly setting it aside. Whitney recognized her art as an expression of her inward emotions, especially while discussing her mother.
In Whitney’s third painting, she used similar strokes as her first piece of the session. She started her brush at the bottom left of the page, flowing upward and to the right with the paint. Whitney’s next gestures echoed this same brush stroke, continuing on the page with similar lines. She repeated the dots of paint between the curved lines, filing the composition with various hues of mixed color. She was unable to identify additional meaning in her painting, yet indicated a change in her mood as the paintings progressed. Whitney indicated that she enjoyed the process, especially the ability “just to paint.”

Figure 5. Whitney’s Second Painting

Figure 6. Whitney’s Third Painting
Whitney’s third and final art piece was on an 18”x 24” canvas with acrylic paints (see Figure 7). Preparation for this final piece took a few minutes more, after which Whitney sat staring at the blank canvas for a few minutes. She began slowly, making short wispy marks of blue paint all over the page. She added a ground line, overlapping colors of green, blue, and black.

An accidental mistake on the canvas created a red section on the right side of the composition. Whitney claimed that this “mistake” was because she mistook the color red for another. She continued to paint around it “unintentionally missing it.” When discussing this red area, she brainstormed that red means “stop, fire, or it is something landing.” She was reluctant to delve further into the significance behind its appearance, yet incorporated it into the justification of her title, “Free at last.” Flying in the blue sky were nine black birds near a yellow sun in the top right corner. Whitney stated that the birds are herself and her children, flying away from the red area, but nowhere in particular.

![Figure 7. “Free At Last”](image)

Whitney reported feeling “like a real artist” as she worked with the art materials and displayed great pride with her finished piece. After the final session, Whitney was observed exhibiting her canvas to the other consumers and staff members in the facility. Another consumer offered to barter for this painting, to which she replied a sharp “no.”
A review of Whitney’s journal revealed additional support for behaviors observed during the interviews, such as relaxing towards the end of each session, high self-esteem, and a focus on her emotions while in the facility. Whitney was consistent with her entries as they revolved around finding a job and her appreciation of time spent with her lover and children. In her journal was a love letter written about her higher power and his influence on her life at the treatment facility.

**Summary**
Whitney completed each of the three sessions for this study. There was an instance where she had a scheduling conflict, which required the session to be rescheduled for the next day. This particular situation involved her new job and work schedule. This was an unavoidable situation, but easily rectified. Whitney also experienced an enjoyable visit with her mother between the sessions. She reported, “She saw me for the first time. She looked at me and hugged me. It was like wow!” Whitney revealed this visit was a boost for her motivation in the program. “I’ve been waiting for that for so long. That’s all I want. I believe one day it will be back to the way it was before, when I was a little girl;” clearly she was idealizing the situation.

Whitney’s self-esteem was elevated by both her progress in the program and the encounter with her mother. Whitney’s stated, “I am important. I tell myself that I am and special. It’s a purpose for me. I am a strong woman.” This was evident in her artwork created between the second and third sessions (see Figure 5 & 7). Whitney noted how she improved her ability to express her emotions over the recent weeks. “My way [of] dealing with them before [was] I didn’t like to be aggravated. I didn’t like to be stressed out, so I picked up and used because I didn’t want that feeling.” She reported, “learning to accept them, and deal with them in a healthy way.”

In her artwork, Whitney created visual expressions of herself and important relationships in her life. She reiterated the need to maintain a positive outlook, as well as a focus on herself while in recovery. While reflecting on the art, Whitney discovered a newfound independence from her husband. She was relieved to see that his influence has decreased as time passed. She remarked on these new personal strengths, such as freedom to explore and creative expression. “I was never really creative before.”

Whitney gained an evident positive outlook towards her progress in the program. “Everything is falling exactly how its supposed to be. I can think straight and everything is right.
I’m doing what my higher power wants me to do.” Whitney conducted a group discussion during the weeks of our sessions. She described the role plays that she outlined for the consumers. “Each time I do a group, I feel like its something I got to get across.” Whitney’s altruistic intentions increased. “Save somebody’s life, that’s all that matter[s].” She decided to open her own treatment center once she was healthy. “I can bring the sunshine.”

Jessica

Jessica (a pseudonym) is a Caucasian woman, between the ages of 40 and 50 years old, divorced with children. She was in the army and worked as a nurse for nearly 20 years, before losing her license due to her drug use. Jessica began using drugs at an early age as a form of rebellion against her domestic responsibilities as the eldest of six siblings. “I felt like I was being taken advantage of.” Her drug of choice was crack cocaine, which “quickly became street-level.” She supported her habit with prostitution, which then led to her “recidivism in the legal system.” Jessica is currently in her fourth rehabilitation facility, and is hopeful about her recovery.

Jessica claimed that she was a genius, reasoning that her family is full of them. She developed a sense of worth based on what she could do, including her grades in school. Jessica described herself as detail-oriented, arrogant, and a workaholic. “That has become a lifetime pattern. I pick up addiction in other forms.”

Jessica described the relationships with her mother and father as both estranged. “I was always envious of the relationship that my sister and my mother had.” While discussing other personal relationships, Jessica confided, “I don’t have a lot of close relationships.” She appeared saddened when speaking about her lost opportunity to rekindle a connection with her birth mother before her sudden death. She lowered her tone and shifted her eyes to the floor. “My sister felt that intrinsic love and affection from my mother that I was always missing. I had always intended on getting close one day and now that one day was gone.”

Jessica expressed feeling shameful for remaining estranged from her children for over six years, but is working to repair those relationships. “I was a controlling mom. It hurts every time I think about that. I can’t do anything about the past, but I can change the future.” Her role models included her stepmother and her younger sister for their resiliency and confidence. “I want to show my value on the outside like they do. Its kind of who I want to be.” Jessica stated that at times she missed “being a mom.”
During interviews, Jessica maintained eye contact, smiled often varying the speed and patterns in which she spoke. Jessica’s body language was engaged at all times, leaning forward with both feet on the floor. Jessica spoke at an even tone, except for when she described her birth mother and the relationship with her higher power. She was raised Jewish, but never felt close to “the God of her childhood.” Jessica decided to convert to Christianity only a few years ago, after a long incarceration.

In social situations, Jessica enjoyed answering questions and consistently added to the group’s discussion. While at times her insights were applicable, she seemed to strive mostly for control over the conversation. Jessica was part of the structured checks and balances system instilled at the treatment facility, which means that she made the other consumers aware of their responsibilities towards their actions. Jessica noted that she enjoyed having authority and continued to offer help to others with their treatment work. When asked about the role she played in the facility, she claimed to be “the authority one.”

Jessica explained that grief led to her previous relapses when she experienced the death of her mother, a divorce, and the loss of her career. She decided that it takes her “5-6 years to get over her grief,” during which she typically turns to drugs as an escape from reality. “I was overwhelmed with my hurt and anger. I tried being clean for a while. I just wasn’t ready.” Jessica experienced a debilitating medical issue a few years ago, which resulted in emergency surgery. Although this was a near-death condition, Jessica’s addiction took control of her life and she continued to use drugs. “I felt an incredible sense of now what, like loneliness and fear came barreling down on me.” She remembered preparing for rehab, and convinced herself that “its okay if I use before going to rehab. I couldn’t stop.”

Jessica offered advice to others in recovery, such as establishing a sober network, the need for a structured recovery environment, getting connected to the people in Narcotics Anonymous (NA) and Alcoholics Anonymous (AA), finding a sponsor, and having the right motivation for recovery. Jessica remembered several instances where her motivation and commitment was wrong. She allowed herself to romanticize the drugs, otherwise known as *euphoric recall*, where the individual’s memory evokes a somatic response in the body.

When asked about the use of art therapy within the facility, Jessica stated that she enjoyed creating art, as it was relaxing and fun. “I don’t really know what portion of the hole it really is…what part of the puzzle it is, but it defiantly fills a place. I’m not good at it, but I don’t
have to be. I like that part. It’s okay that I’m not good at art.” Jessica was eager to try new materials and complete artwork during each session. In reference to the on-going art therapy groups available at the facility, Jessica stated, “I trust the process.”

Jessica practiced principles of spirituality in her life, noting that it is important that she felt “serenity and peace” once again. “I see God in everything.” Jessica was able to offer excellent personal insight both verbally and visually in her artwork. “God has a purpose and a plan for my life.” As we spoke, Jessica reverted many of the questions back to God and “giving it up to him.” She stated that she lives by “spiritual principles and putting them into practice. What I am looking for is a sense of wholeness and completeness.”

During this study, Jessica experienced a deepened sense of sorrow after an incident involving another consumer. “I’m beating myself up a little bit.” She explained that as a part of the structure in the facility, she was responsible for a specific consumer while off campus. This individual embellished a lie to get her to the local courthouse, so that she could run away from authority. After this elaborate ruse, Jessica expressed resorting to negative self-talk and thoughts of using drugs almost immediately. “I was a fool to trust her. I started telling myself: you’re a loser. Who are you trying to kid? You’re never going to get this right. Might as well go and use. Your life is always going to be crap. You’ve ruined everything.”

Jessica remarked on experiencing painful emotions: “It’s just a feeling, it will go away. As much as it hurts, or as much as change is hard, or as much as you don’t want to, or the drugs call you back, it is just a feeling. It is not going to kill you.” Her outlook on uncomfortable feelings was, “It’s God’s job to deal with that. I have to pray about stuff all the time. You go immediately into negative zone when the first thing goes wrong that is out of your control.” As we processed the event, Jessica admitted, “I’m angry with her. I feel like I let the program down. What if she kills herself in her addiction this time and I had a small chance to stop it?” This negative thought pattern diminished Jessica’s self-esteem during the session. We took advantage of this moment to unfold the negative thought pattern associated with addictive behaviors. Jessica’s spirits lifted through the remainder of the session, and improved her guilty feelings to accept things out of her control. As a critical part of this discussion, Jessica was able to identify ‘safe zones’ or places impervious to triggers for her addiction. She left the session with a better understanding of the incident and her role in it.
**Art-making Process**

Jessica’s first art piece was an illustration of herself climbing 12 steps (see Figure 8). This is an allusion to NA’s 12 Step Program and her progress thus far. “I am on the third step moving to the fourth.” These steps she referred to were established by Alcoholics Anonymous (2001). Step 1: We admitted we were powerless over alcohol—that our lives had become unmanageable. Step 2: Came to believe that a Power greater than ourselves could restore us to sanity. Step 3: Made a decision to turn our will and our lives over to the care of God as we understood Him. Step 4: Made a searching and fearless moral inventory of ourselves.

Jessica admits to never completing the full 12 steps in her recovery. “I did the 1, 2, 3 shuffle. I never really worked all the steps. I worked 1, 2, 3 and then get a new sponsor. I worked 1, 2, 3 and then get a new sponsor. I worked 1, 2, 3 and then get a new sponsor. I didn’t really do the program as it is suggested.” This piece was on an 18”x 24” paper with chalk pastels. On the bottom of the page, Jessica drew black sections, and stated “life is bleak and hopeless…very dark.” She added faces of members of her sober peer network underneath the steps. Additionally, Jessica drew two generic faces; one in red, the other in blue. These are the faces of members in Narcotics Anonymous. A yellow and orange sun appeared just above the higher steps, adding to the illusion of light. The absence of “side traps” was noted in the illustration. “I don’t want the traps.”

![Figure 8. “The Way”](image-url)
Jessica noted an emotional connection to the different colors that she associated with each step. She explained that the colors progress, starting “in darkness…progresses to bright white…gaining hope.” She called attention to the use of all colors available, her attention to details, and the need to fill the entire page. Jessica stated that she added the light blue color in patches around the whole art piece to “brighten it up.” She titled the piece “The Way.”

For her second art piece, Jessica requested the same materials, chalk pastels and an 18”x24” paper. She continued practicing techniques of the application of these materials, but the content varied. This second piece was of equal sections of color, curving around the page in a horseshoe shape. Jessica worked slowly, taking care to add equal pressure as she used the materials. She remained quiet while she worked; perpetually blowing off the excess chalk build up on the page, noting that she wants it to “look perfect.”

![Image of a colorful spiral artwork titled “The Wave”]

Figure 9. “The Wave”

She became upset when one of the chalk pieces broke in her hand. After reassuring her it was okay, Jessica reluctantly began working again. She stated that she enjoyed the second piece more, because she was able to just use the materials and become involved in the process of creating. She was unable to attribute a specific meaning to the piece, yet noted that she enjoyed the process of working “mindlessly.” She named this piece “The Wave.”
Her final piece used acrylic paints on two medium-sized canvases, sizes 11”x 14”. Jessica painted two large flowers, which she said were her daughters (see Figure 10). She began painting two elaborate red flower petals and then the green stems. Jessica worked slowly and stopped to ask for help several times. After further encouragement to complete it alone, Jessica began adding yellow to the petals. She remarked on how it helped them “pop out” and continued adding layers of colors on the flowers and stems. As she worked with the materials, she became agitated at her inability to paint flowers realistically.

Jessica began filling the background with blues and blacks, smearing a few of the strokes. She whimpered when she realized that the manipulation of the materials was not going according to her plan. Jessica was encouraged to take a moment to breathe, and then to continue working. She repainted the flowers, swirling the colors around the center of the petals, and noted that she liked it better this way. She added black and blue paint to the flowers and stems, which added depth to the picture.

![“Red Flowers at Night”](image)

Figure 10. “Red Flowers at Night”
Jessica repainted the same flowers over five times, each stroke changing the form slightly. She encouraged input while she painted and when receiving none, she noted, “therapist grunts are annoying.” Jessica reported having two crack dreams recently and stated that it “doesn’t mean there are wholes in my recovery, it just means that my subconscious is busy.” She continued defining the purpose of these dreams that the “dreams mean nothing, but [her] body wants drugs.” She noted that the flowers are curving in a counterclockwise pattern, which reminded her of how she enjoys “moving against the grain.”

Jessica had to be told firmly when to stop working with the materials. She stated that she could paint for hours. During the final art review, Jessica remarked on liking the paints more than the chalk pastels, because of how her piece had evolved before her eyes. Originally, she juxtaposed the canvases (see Figure 10). As we processed the artwork, she began to play with the line up of the canvases. Jessica’s final decision was to offset the two canvases to “create a more interesting” composition (see Figure 11). Jessica stated that she was painting flowers because, “flowers are pretty and they’re blooming. Bloom where you are planted.” She repeated this statement several times while processing the painting. Jessica titled her painting, “Red Flowers at Night.”

Figure 11. “Red Flowers at Night”
A review of Jessica’s journal revealed additional support for behaviors observed during the interviews, such as how she enjoyed her involvement in the study, narcissistic tendencies, and extreme attention to details. Jessica stated, “I have to be perfect.” She was consistent with her entries as they focused on issues of her struggle between control and surrender to the program and rules, job hunting, and the consumer’s appreciation of time spent on fieldtrips away from the treatment facility. Entries in Jessica’s journal were consistently dedicated to her higher power and his influence on her life at the treatment facility.

**Summary**

Jessica completed all three sessions for this study. There was only one instance where the session was pushed back due the instance described in detail above. At the end of each session, Jessica expressed her thanks for being offered the opportunity to be involved in the study. She remained honest, open, and appreciative throughout this study. Her affection increased as the study continued and extended an invitation to attend her upcoming graduation from the program. Jessica made plans to reunite with her daughters within the weeks of our sessions. She also made authentic efforts to let go of her resentments towards several of the other consumers in the program.

As Jessica progressed through the three sessions, behaviors were noted. She began smiling more often when walking around as well as allowed others to answer the questions in the group discussions. She began offering help to the staff members when appropriate and decreased her judgmental statements towards others. Jessica’s self-esteem showed improvement, as she began taking better care of outward appearance and actively looking for a job. She maintained the notion that art therapy allows a person to express their nonverbal desires and requested additional art materials to continue working.

Her answers for many inquiries were involving God and his intentions for her life. Jessica seemed honest, but also disingenuous in her replies. Jessica answered all questions with an archetypal response or slogan found in the culture associated with chemical dependency addictions. This was also evident in her artwork. Her first art piece was a literal illustration of the recovery process. She drew herself on an upward climb on the steps of recovery, including her sober peer network. The absence of “side traps” was purposeful, as Jessica refused to deal with her triggers.
During the interviews, Jessica denied answering several questions pertaining to uncomfortable topics, such as emotions and relapse. She strove for perfection in her life, which started at an early age. When working with unfamiliar art materials, she quickly became discouraged, but pleased with the outcomes. In each session, she required “a few extra minutes” to finish working on the art piece, which reinforces her need for control and perfection.

**Discussion**

The women reviewed their various triggers, experiences in treatment facilities for chemical dependency, and previous relapse situations. Commonalities between the participants’ testimonies include personal relationships as relapse triggers. The inability to cope with life events, intense emotional experiences, and remaining in unhealthy environments were also leading factors for relapsing. The following sections will review each theme found in the data collection from this study.

**Each Individual**

Between the participants, the life histories were quite different, including their family size and origin. All three women were single parents, working to regain their career and custody of their children. Each participant had individual needs for recovery, including person issues to work on such as domestic violence, trauma, and co-dependency. The education levels of the participant varied, as well as legal obligations. Each participant was approximately three months into the six-month program.

The experiences in recovery vary according to the life experiences of the individual. The number of different facilities attended for rehabilitation ranged for each of the women. One participant had only ever attended the current facility in her three rehabilitation stays, whereas a second participant has visited twice, and this was the first stay for the third. Although the three women have stayed at the same therapeutic community together, their individual experiences differ.

The participants were chosen for their extended involvement with and knowledge of the recovery process from chemical dependency addictions, as well as their interest in art therapy. Although the first participant, Taylor, had very little to contribute to the art process, her resistance to creating art helped define herself as vulnerable and cautious. Both Whitney and Jessica allowed this process to begin personal identification through the artwork. These women appeared to have a more satisfying experience in the study.
**Emotional Triggers**

Emotional responses were the leading cause for drug use, such as loneliness, fear, anger, hurt, and sadness. As stated before, personal relationships were common among each of the women. An individual’s negative self-talk was a key factor in their relapse as well. One participant stated, “Drugs are a symptom of a problem and the real problem is I’m not adept at living life. I can’t cope with life, like most people can. I need an escape route….something to feel better.” Several important relationships discussed pertained specifically to the individual’s paternal and maternal relationships, intimate relationships, and with their children.

‘Old people, places, and things’ was another common thread leading to relapse. This term described an individual’s previous lifestyle, also known as “active addiction.” These habitual environments were deceitful as it encouraged the individuals to lower their guard, thus becoming susceptible to triggers. People in recovery are skillful justifiers and required additional personal accountability. Allowing oneself to fall back into their previous routines could eventually end in retrogression into active addiction.

**Structured Recovery**

Through the interviews and observations with of the all participants, various common themes of recovery were discovered, such as what constituted a healthy relationship and a positive environment promoting a successful recovery. Structure and accountability were both important, including mandatory Urine Analysis (UA), a daily routine to follow, and constant supervision. At several times it was noted that mixing the sexes in a residential facility was “a bad idea”; this included staff members and consumers alike. Although, it was necessary to maintain personal relationships while in recovery, consumers should always refrain from starting relationships while in recovery, or directly following graduation of a program.

Although creative therapies were well received in the recovery setting, the use of unconventional methods were unhelpful: e.g. tarot cards, and re-breathing. These techniques were reported by the participants as useless and insignificant. Follow-up discussions after the clients watched related videos or experienced intense situations seemed to benefit them. Each individual’s experience varied, so they must be allowed to process their reactions and thoughts to the event.

Consistency was another factor that promoted a healthy recovery from chemical dependency addictions. This was not limited to the rules and responsibilities of the consumers,
but also between staff members. The environment should be both structured and dependable. Individualized treatment plans became more habitual in the setting and beneficial for the clients.

**Art Therapy in Progress**
The art therapy sessions helped the women to overcome many challenges faced within this residential therapeutic community. The clients gained personal awareness and practiced problem-solving skills while working with the art materials. Creating art alleviated negative feelings and increased the women’s self-confidence through completion of each session. This study provided a safe environment to bring clarity of personal issues, while promoting self-disclosure and encouraged the participant to express herself in an acceptable form. These cognitive processes engaged the individual’s internal locus of control and exercised an enjoyment of the experience. Art therapy permitted the use of visual expressions to externalize emotions, which allowed the client to process her feelings externally through the art. The participants found a correlation between these metaphors through the reflection on the artwork.

As evident in their journals, these women were proficient in restating the slogans and mottos as set forth in the recovery culture. Consistently, the participants lacked journal entries regarding the topics covered in the three sessions for this study. The extent to mentioning the study or sessions included only a line or to about how freeing it was to vent. This unstructured creative writing aspect of this study was less effective than the art therapy sessions, as a point of internal exploration. Beyond these abbreviated entries in each journal, the remaining few accounts focused on the consumers’ personal lives and stressors. This reiterated the need for individualized treatment plans.

As the interviews continued, similar thoughts about the role of art within the recovery from chemical dependency addictions were identified. The participants claimed the art process as “relaxing, fun,” and sometimes “beautiful.” The participants were additionally able to identify deeper personal insights through their artwork and shown great pride in their completed works. Art served as a form of expression to confront and explore personal insight. The art directives were open-ended to encourage ownership, dominance of the process, and successful efforts to use the art materials.

**Philosophies Revisited**
While the initial research method for this study remained unchanged, each participant’s interview styles and order of questions were varied according to the flow of each session. The
participant’s mood and daily activities were taken into consideration for the progression of the three individual sessions. From the first participant to the second, the style of the interview and set up of the room were both modified to better accommodate the following sessions. From the second participant to the third, sensitivity to specific issues, such as relationships and spiritual beliefs were taken in consideration. Using grounded theory, each session was interpreted for the beneficial and unsuccessful techniques were considered for the subsequent session.

Heuristic research encourages the immersion of the researcher into the culture to better understand the human phenomenon which is studied. Additional time was spent at the facility, attending groups throughout the day, and time was set aside for simply chatting with the consumers while on break. While in this environment, I was taught slogans, the language, and the natural progression of the recovery process. While in sessions with my participants and observing the various interactions while in the therapeutic community, I gleaned useful information about the culture and lifestyles of those with chemical dependency addictions.

This study offered a chance to discover the theories behind art therapy and the recovery process from addictions. While in the art therapy sessions, the three separate participants gained a higher sense of self, as well as increased their capacity for communication and relating to others in a positive manner. Increased attachment to others heightened levels of openness, serving as a sign of developing trust in healthy relationships. Improvements in the participants’ attitudes were observed by those involved in the study, in addition to others in the facility. A sense of pride was noticed in the participants for each art piece they completed. Art therapy session with these individual was successful as it improved the lifestyles of those in active recovery as it enable these women to express themselves in a creative way.
CHAPTER FIVE

CONCLUSION

This study consisted of interviews and art-making with three adult women with chemical dependency addictions, who had been involved in recurrent recovery at least three times. They lived in a non-profit therapeutic community in the southeastern United States. These women were either voluntarily or court-ordered to attend the rehabilitation program; each had a primary diagnosis of chemical dependency. The participants were seen for three sessions of art therapy interventions. Each session was two hours long, and the three clients were seen consecutively. The first hour consisted of an interview-style discussion with the client; during the second hour the client was encouraged to use the available art materials to complete an art piece of their choice. These two-hour sessions occurred once a week for three weeks.

This qualitative study on art therapy with clients suffering from substance abuse relapses relied on data gathered through transcribed interviews and discussions, observations, and content analyses of the clients’ diaries and the researcher’s personal journal. In this brief therapy model, the clients discussed personal goals and challenges during the recovery process, and engaged in therapeutic activities with art materials to allow for personal expression. The participants were encouraged to keep a daily journal to assist in the organization of thoughts and to create a record of cravings. This personal memoir was reviewed for content and identification of possible themes of situations evoking negative emotional reactions. The therapist also maintained a journal of personal reactions to each session and documented observations made during these interactions.

The life histories of all of the participants in this study were quite different, including their family size and origin. All three women were single parents, working to regain their career and custody of their children. Each participant had individual needs for recovery, including personal issues to work on, such as domestic violence, trauma, and co-dependency. Education levels of the participants varied, as well as individual legal obligations.

The experiences in recovery fluctuated according to the life experiences of the individual. Each woman had attended a mix of different treatment facilities, or revisited the same
rehabilitation each time. One participant had only attended the current facility in her three rehabilitation stays, whereas a second participant had visited twice, and this was the first stay for the third individual. Although the three women stayed at the same therapeutic community together, their individual experiences differed.

These three women participated in this qualitative study, completing three sessions that focused specifically on the recovery process. An important role of therapy was to uncover the cycle of addiction, through which these clients gained the tools necessary to reframe issues. The interviews revealed each individual’s past experiences and emotions that accounted for their addictive behaviors.

**Grounded Theory Revisited**

A heuristic research model served as the outlining structure for this study, which sought to reveal the essence of this phenomenon of human experience with chemical dependency (Moustakas, 1990). This heuristic research consisted of three stages: immersion, acquisition, and realization. Through this model, this study examined how women with chemical dependency addictions viewed the recovery process, and whether art contributed to this experience. The first stage of ‘immersion’ was easy, simply attend the group meetings and meet the consumers in the facility. Within the ‘acquisition’ of information about the phenomenon, the use of terms and slogans used in the community of chemical dependency culture were necessary to communicate effectively. The final stage ‘realization’ of the theory, was formatted around the grounded theory model.

To gain a holistic understanding of the goals of therapy, challenges faced, and motivations of women within the recovery process, grounded theory was used to form a theory. This theory of research based it’s theoretical knowledge on the accumulation of data. The term has been described as a spiraling effect of gathering, analyzing, realizing, and adjusting to accommodate the information received.

In this study, information gathered from the first case study, Taylor, included the need for rigid boundaries on the completion of the artwork inside the art therapy sessions. She did not want to complete art in the sessions, nor speak about what she produced. For the following sessions, it was recommended that the artwork be completed in the session. The interviews with Taylor also confronted several issues of seating arrangements in the room. Several times, a table would be positioned between myself and the participant. This was also rectified in the following sessions.
In the sessions with the second participant, Whitney, we were interrupted several
different times by other outside distractions. She also spoke about her higher power with such
deepth, emotion, and included him in every conversation, almost to the point of proselytizing. She
was highly intensive about her relationship with her higher power, and used him as a coping skill
for various things. Taking this information into the third set of sessions with the following
participant, Jessica, I understood why acceptance and sensitivity were particularly important
when working with this population.

The accumulation of data from each session and each participant increased my awareness
of the culture and daily struggles that this population faced. I would have continued this study
onto other participants; however, my preliminary study ended. This was an excellent point in my
research, which will be discussed further with the ideas for future research.

Using the grounded theory method of data collection, a final triangulation of therapist’s
observations, transcripts of interviews and discussion, exploration of the art, and content analysis
of the client’s journal and the researcher’s personal journal identified common themes and the
perspectives of women in active, recurring recovery from chemical dependency addictions.

Clients discussed personal goals and challenges during the recovery process. They also
discussed their life in active addiction and personal relationships. Some of these themes and
commonalities among the participants included: emotional and relationship triggers for relapse,
negative self-talk, and emotional responses to uncomfortable feelings, such as loneliness and
hurt. Various accounts of relapses by the participants, centered on giving up and surrendering to
the drug use. The individual had no internal locus of control. To graduate a treatment program
and return to the same environment, enviably relapse will happen. There was a need for a
structured treatment environment, as well as a living environment. The participants added that
accountability and responsibility were helpful in the recovery process.

**Research Questions Revisited**
The proposed research questions for this study were as followed. First, I wanted to understand
how women with chemical dependency addictions viewed the process of recovery, including the
success and the obstacles found along the way. I asked the participants about their life when they
were actively addicted, about their personal relationships, regrets, triggers, and coping skills.
Additionally, we discussed any topics that the participant brought up in the interview. Each
participant reflected on her life while in recovery and discussed current stressors. I used motivational interviewing style of interviewing, for which I was trained in this approach.

Secondly, I wanted to review whether art contributed to the experience of recovery for women in recurrent rehabilitation. I wanted to use art therapy techniques for processing the artwork, yet allow the consumer to approach the open-ended directive as she pleased. I allowed the participant an open-studio format to explore the media. All but one participant was enthused to have permission to create art for an hour. Several times, each of the participants would comment on how she enjoyed making art in her own space, away from the crowd and the noise.

The participant’s journals were less successful, as far as the acquisition of information in a creative writing aspect of this study. The women were not excited to be writing in their spare time and gave the journal assignment little effort, as evident by the lack of entries. These entries did not explore further than a sentence or two, once or twice, about others in the facility. Congruently, no information was gained from the content analysis of these journals. All together, the inclusion of the journals served as support for behaviors observed in the sessions.

Through the acquisition of data involving transcribed interviews, observations, and content analyses of both the clients’ diaries and the researcher’s personal journal, the perspectives of the recovery process were concluded. As discussed earlier, the commonalities among the participants were identified, along with reasons for relapsing, such as being involved in unhealthy relationships (e.g. mother, father, and lover), inability to express emotions, and negative self-talk. Intense emotional experiences, such as loneliness, fear, anger, hurt, and sadness, and remaining in unhealthy environments were all factors accounting for relapsing. One participant declared,

“It’s not that I do drugs or alcohol, it’s that I can’t cope with life on life’s terms. Therefore, I need some kind of escape. Drugs are a symptom of a problem and the real problem is I’m not adept at living life. I can’t cope with life, like most people can. I need an escape route….something to feel better.”

In addition, each woman expressed her needs for recovery in a treatment community, such as a structured daily routine and consistency of the rules. People in recovery from chemical dependency addictions proved to be skillful justifiers and required additional personal
accountability. The environment surrounding newly rehabilitated individuals greatly influenced the effectiveness of recovery and whether sobriety would be maintained. Allowing oneself to fall back into previous life routines, typically ended in relapsing as triggers in the environment disabled normal brain functioning. Treatments for substance abuse reconstructed these maladaptive behaviors, so the patient was able to identify and control their decisions. Coping skills and motivation were key contributing factors for recovery and varied for each individual. The participant’s goals and motives for recovery deciphered the type of motivation that fuel the effectiveness of the drug treatment process.

Several different perspectives were gained on the recovery process from chemical dependency addictions. In addition, the participants were asked whether art contributed to this experience. Although each of the women answered this inquiry to the best of her ability, the answers revolved around art for its initial benefits, such as increasing relaxation and aesthetics. The participants acknowledged that creating art was a form of expression and it was easier to explain themselves through the art.

**Role of Art Therapy**

The role of art therapy was identified through less direct approaches, such as observing the art-making and processing portions of each session. The participants described art therapy as “calming” and as “fun”. These women increased their focus during this time and became highly involved in creating art as the study continued. The participants concluded that the process allowed for personal insight into their lives, using metaphors as each described her perspective and emotions experienced.

The process of art therapy was based on recognizing that man’s most fundamental thoughts and feelings derived from the unconscious, reaching an expression in images rather than in words (Wadeson, 2010). Through pictorial projection, art therapy encouraged the use of symbolic communication, utilizing the metaphors found in the artwork. This enabled both qualitative and quantitative data to be collected for the study, and encouraged the use of visual expression outside of the study.

Art therapy addressed treatment goals such as increase self-esteem, anger management, decrease co-dependency, increase healthy relationships, increase communication and thought-stopping, increase problem-solving and coping skills, and processing trauma. Through the art,
the participant was able to both express herself and create a metaphor that assisted in the communication of her perspective.

The art therapy sessions served as an environment for learning the system and language of the community built around chemical dependency addictions. As with heuristic theory, art therapy focused on the discovery, experience, and definition of this phenomenon. The first stage of this approach was immersion in the subject matter, which was possible through this study. I gained an appreciation for the perseverance of the society and lifestyle of those in recovery from chemical dependency addictions. Terms such as ‘old people, places, and things;’ ‘one’s bottom;’ ‘higher power;’ and ‘thirteenth-steppers’ were learned from interactions with the participants and others in the treatment facility. Comprehension and use of this jargon assisted in the acceptance of this study. I was well-received in the culture of people with chemical addictions.

These participants viewed the process of recovery as a steady, upward climb. Several different metaphors were used to describe their progress in recovery, such as being “in a deep whole, or in the dark, with no way out…until a recovery ladder appears, leading upwards, into the light.” These metaphors were used to identify possible relationships to personal complexes for the participants, while the aim was to create a visual representation that communicated an idea.

Overall, several benefits did emerge for the clients:

- The clients gained self-awareness and used problem-solving skills when working with the materials.
- Creating art alleviated feelings of rejection, abandonment, and depression, and increased the women’s self-confidence and self-worth.
- The art process provided a safe milieu to bring clarity of personal issues, thus gaining knowledge and perspectives.
- These cognitive processes engaged the individual’s internal locus of control and exercised an enjoyment of the experience.
- The art process promoted self-disclosure and encouraged the participant to express herself in an acceptable form.
- Art therapy permitted the use of visual expressions to externalize emotions, which allowed the client to resolve conflicts that arose.
• Art therapy encouraged a correlation between these metaphors and the client through reflection on the artwork.
• Deliberate contemplative questions were asked in the art therapy sessions, which enabled the participant to begin an inward process of self-evaluation.
• Art therapy elicited positive traits and personal strengths to focus on during therapy. These benefits assisted in the realization of an emerging theory on the benefits of art therapy with this population. Theoretical constructs served as a baseline for my preliminary theory on the use of art therapy as an effective therapeutic approach in the process of recovery from chemical dependency. The theories that emerged from this study with women that were chemically dependent are as follows. The use of this creative therapeutic approach allowed the participants to freely and without judgement, express themselves non-verbally, in a safe environment. In several instances, the participants recreated the same stroke on the page or canvas, possibly as a way of self-soothing, which was a calming effect. The art therapy also allowed the participant to verbalize the unconscious material not attainable through verbal processing methods. Art therapy served as a useful creative therapy within a residential therapeutic community.

These women discovered that using art therapy accessed the ingrained negative characteristics of their past behaviors. As previously stated, art therapy served as a dual-processing technique because it addressed the right and left hemispheres of the individual’s brain, to reach the non-verbal part of the brain. Through the activation of the right brain, the individual used imagery as a visual representation of an idea.

Cognitive flexibility diminished for individuals with continued substance use, thereby reducing language expansion and articulation. Traditional cognitive behavioral therapy accessed the left hemisphere of the brain and ignored experiences stored in the right hemisphere. Art therapy addressed this nonverbal part of the individual’s language capabilities, as the right brain responded to visual stimuli. Verbalizing one’s inner thoughts and feelings was important to heal the problems that lay beneath the surface. Creating a safe environment to purge these uncomfortable emotions, was valuable for the participants to feel comfortable with disclosure.

The aim of rehabilitation therapy was to decrease the risk for relapse by targeting emotional regulation. Participants responded strongly to this dual-process therapy with lowered amounts of cravings and increased self-efficiency. A multi-modal approach was helpful to
capture a holistic understanding of the individual and address the barriers to the individual’s sobriety. These barriers to sobriety were echoed in the treatment goals set forth in each individualized treatment plan.

Art therapy sessions addressed these treatment goals such as enhancing verbal expression; facilitation between thoughts, feelings and behaviors; enhancing work or personal issues such as self-awareness, attitude, and developing self-growth; avoiding the use of substances, and confronting triggers that led to substance abuse. Through a combination of art therapy, processing the artwork, and allowing the client to work within her established metaphors, the participants’ self-awareness and internal locus of control improved.

The individual responses to art therapy varied with each participant according to their background knowledge and comfort level with creativity. One participant was resistant to the art process and she insisted on using a known media for her, collaging. She was comfortable with this technique, and asserted her control over the session. The art offered the participants a chance to relax and express themselves visually. One participant enjoyed being given the chance “just to paint.”

At no point did any of the participants require a directive to begin working, but instead worked intuitively. These creative products were influenced directly by the individual’s unconscious psyche and emotional mood during the session. This intuitive process easily accessed the primary processes, also known as primitive experiences with the art materials. The connection was obvious to the participant as they chatted without focusing on what she was creating. Once the individual reflected on the artwork, she could see the connection to the artwork. It was important to note the use of therapy when the client was unaware that it was penetrating their verbal barriers.

Limitations of the Study
With every research study, limitations exist. The number of participants used and the different forms of information gathered for this qualitative study were both limiting factors. This included the length of interview times. The highly structured schedule at the facility limited the amount of free time available for participation in this study. The number of participants was also limiting. Although the study was only nine weeks long, the information gathered was helpful as a basis for this qualitative study. If the number of participants was increased, the data would continue to reveal theories associated with art therapy used with chemical dependency treatment approaches.
No audio was not recorded during many of the art-making and processing times. The conversations were not recorded and thus not transcribed. Although observations and topics discussed during the art-making process were documented in a personal journal, reviewing the audio may have added to the comprehension of the material discussed when it was reviewed.

A longer time in which to have conducted this research would have been easier to schedule the sessions. With a tight schedule at the facility and additional factors, such as job hunting, medical appointments, and legal obligations, timing the sessions became an issue at several stages of the study. Increasing the number of interviews with each participant may have satisfied the inflexible time constraints, allowing for smaller interview times. Additionally, the participants would have the opportunity for more personal interactions in the study.

If the number of participants involved in the study was maximized to include more than three women, it would have added supplementary information and an increase of perspectives of recovery and art therapy. There were approximately twenty consumers residing at the facility. Using grounded theory, the spiraling effect of the acquisition of data, realization, and accommodation would continue beyond this primary study. A larger sample, such as twenty, would have encompassed a bigger range of individuals in the facility, offering the chance to gain further comprehension of the culture surrounding chemical dependency. This may have added an additional multicultural component to the data collected. As is stands, two of the three participants were Caucasian, while the third was African American. This was an accurate reflection on the ratio of the consumer’s ethnicities in the treatment center, although may not emulate an accurate

I did not reinforce the need to write in the diaries given to each participant, which lessened the amount of time and energy that each participant spent on this creative writing process. Consistently, the participants lacked entries in the journals provided. Unfortunately, this impeded the use of a content analysis of these personal accounts. Time was not allotted for the participants to journal ether at the beginning or end. This creative writing aspect of the study was aimed at allowing the resistant participants to write without a predetermined topic. This unstructured directive was not effective.

In a future research study, I would do a few things differently. The creative writing aspect of the study was not successful as far as the content found within each diary. The participants lacked more than five entries each, and none of them reflected on the sessions, cravings, or
artwork. The extent to the entries included a letter written about her higher power. Several entries regarded stressors in the environment. These short 2-3 sentences were glimpses of the possibility of using a creative writing aspect. Documenting the individual’s inner dialog enabled her to recognize the thinking errors. This ensured personal reflection on the experience in the facility, daily stressors, and the art therapy process.

**Suggestions for Future Research**

Through the acquisition of my first research study, I reflected on the process, evaluating its strengths and weaknesses. With every data analysis, there was always issues that came up to avoid in future research attempts. This section was designed to add suggestions for future research, such as distractions, limited space, and arranging consistent days and times to have the sessions.

The interview sessions were originally scheduled for once a week, for three weeks. Within the culture of a residential treatment community, this was not always feasible due to the highly structured environment and daily schedule. There were a few scheduling issues conflicts, so meeting time had to push back. Along with scheduling issues, there were several distractions and issues finding a private room to conduct this study. Unfortunately, this was a side effect of completing a research study in a therapeutic residential facility. Although many of these distractions were unavoidable, the times that a private room was available was not void of its own distractions, such as a phone ringing.

The three participants chosen were all about at their three-month mark in the facility. Varying the length of stay so far in the therapeutic community may offer additional perspectives. Each of these women had at least three stays in a residential therapeutic community. Varying the number of stays in a residential facility, may offer additional attitudes about the recovery process and what therapeutic approaches work with this population.

For clinicians that wish to pursue working with this population I will emphasize several points learned from this experience. First and foremost, sensitivity and acceptance are key concepts to take from this study. Working with these participants, I learned very much about their love and reliance on a higher power. Each participant had beliefs and perspectives of her own, that may not meet your own. Along with these parameters, a clinician must become familiar with the culture, slogans, and lifestyle of adults in chemical dependency recovery. The participants trusted me because I understood the language and the customs.
Conclusion

Overall, this study contributed to the field of chemical dependency recovery as it reinforced the use of art therapy with clients. These approaches integrated the spiritual aspect of an individual into the treatment, as well as physical movement in the act of participation in art-making. The art directives addressed individual treatment goals previously established in the original treatment plans, such enhancing self-awareness, attitude, and developing self-growth.

Art therapy was only one aspect of the various expressive therapies available in this residential treatment facility. This substance abusing population applied art therapy processes to bypasses verbal expressions. Art therapy functioned as a new approach for treatment from addiction, and allowed for the application of these skills in various situations. Art therapy was an important therapeutic tool for each participant, no matter the individual’s cognitive level.

Techniques used in art therapy enhance the therapeutic relationship and communication between client and therapist. Art served as a therapeutic outlet for the clients to use metaphors for their thoughts and feelings, enabling the participants to verbally articulate their needs and issues. The therapist and client were able to communicate through the artwork by using the metaphors created by the participant.

Art therapy was a valuable therapeutic tool for use with this population and has the potential to become a leading therapy joining with psychology approaches, as an alternative to the regularly used 12-step model. It was an effective process for the recovery and healing of chemical dependency addiction by addressing the root cause of addiction. Through the expression of inner thoughts and feelings, the hope is that rehabilitation from chemical dependency addictions will one day become more proficient, offering an array of creative therapeutic approaches.
APPENDIX A

INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL LETTER

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM
Date: 3/24/2011

To: Cherry Hagens
Dept.: ART EDUCATION
From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
Using grounded theory and heuristic model to determine how art therapy may benefit women who have relapsed

The application that you submitted to this office in regard to the use of human subjects in the research proposal referenced above has been reviewed by the Human Subjects Committee at its meeting on 02/09/2011. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 2/8/2012 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your
expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: David Gussak, Chair
HSC No. 2010.5643
APPENDIX B

CONSENT FORM

I freely and voluntarily and without element of force or coercion, consent to be a participant in the research project entitled “Using grounded theory and heuristic model to determine how art therapy may benefit women who have relapsed.” This research project is being conducted by Cherry Hagens, B.A., B.F.A. who is a graduate student of Florida State University. I understand the purpose of this research project is to determine women’s views of the recovery process, as well as determine the therapeutic benefits, if any, of creating art for women in recovery.

I understand that I will be interviewed and asked to do some artwork administered by the art therapy intern, Cherry Hagens. I understand that the interviews will be audio taped and transcribed by the art therapy intern only. Digital photos will be taken of only the artwork produce during these sessions. The photos and transcriptions of interviews will be kept on a password-protected computer on site. The data gathered during these sessions will remain protected on site for up to six months of the finished thesis research.

The art therapy intern, Cherry Hagens, will answer my questions, or she will refer me to a knowledgeable source. She will also be available on site at times to answer any questions, as well as the onsite supervisor, Joni Morris-Anderson. If I feel distressed at any time during the sessions, I will be referred back to my primary counselor for additional support.

I understand my participation is voluntary and I may stop participation at anytime. All of my personal information, responses, and answers to any interview questions will be kept confidential to the extent allowed by law. My name will not appear on any of the results. All precautions will be in place, ensuring to protect my identity. All case details will be summarized in a fashion to disguise my identity. Additional measures will be taken so no references will be made, such as using a pseudonym only, where individual responses are reported.

I understand there may be therapeutic benefits for participating in this project. I also understand there is a possibility of a minimal level of risk involved if I agree to participate in this study. I may experience an emotional reaction during the drawing procedures or the completion of the artwork. I may feel uncomfortable during these emotional expressions. The art therapy intern will be available to talk with me about any discomfort I may experience while participating. I am also able to stop my participation at any time I wish without consequences.

I understand that all data collected for this study will be kept in the SIS office on the Disc Village campus, and will be kept locked in a cabinet. I understand that all materials gathered during this study will be shredded and responsibly discarded.

I understand that this consent may be withdrawn at any time without prejudice, penalty, or loss of benefits to which I am otherwise entitled. I have been given the right to ask and have answered any inquiry concerning the study. Questions, if any, will be answered to my satisfaction.

I understand that I may contact the art therapy intern, and that she will be available periodically, for answers to questions about this research or my rights. This study is supervised by Dr. David Gussak, the Dean of Art Education Graduate program. He can be contacted at
(850) 645-5663. As well, if I have further questions, I can contact the Florida State University, Human Subjects Committee at 644-7900.

I have read and I understand this consent form.

<table>
<thead>
<tr>
<th>Participant Printed name</th>
<th>Participant Signature</th>
<th>date</th>
</tr>
</thead>
</table>
REFERENCES


BIOGRAPHICAL SKETCH

Cherry A. Hagens

In the Spring of 2007, Cherry A. Hagens completed her Bachelor degree in Psychology at Texas Tech University. She received her second Bachelor degree in Fine Arts at Texas Tech University in the Winter of 2008. Under the advisement of Dr. David Gussak, she will graduate with her Master degree in Art Therapy from Florida State University in the Summer of 2011. While in Florida, she was an active member of the Florida Art Therapy Association, American Art Therapy Association, on the board of the College of Visual Arts, Theatre, and Dance Leadership Council, a representative in the Congress of Graduate Students at Florida State University, as well as a board member on the FSU Art therapy Association. She also promoted and participated in several community events around Tallahassee, including a city mural project.

Cherry’s research was with women that suffer from chemically dependency addictions, whom lived in a residential therapeutic community. Many of these individuals additionally experienced homelessness, domestic violence, and trauma. Cherry has extensive trainings on a spectrum of life stressors, such as anger management, expanding her skill set to work with people. She held three internship placements while studying art therapy: at a middle school, a local prison, a shelter for at-risk youths, and at a residential therapeutic community. She provided both long-term and short-term care for a range of age groups, including primary school-aged children. She was born and raised in Texas and will choose to further her experiences, education, and research in the mountains of Boulder, CO.