Art Therapy Used to Enhance
Steps One, Two and Three
of a
Twelve-step Recovery Program
for
Addictions Treatment
By
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Abstract

Art Therapy Used to Enhance Steps One, Two, and Three of a Twelve-Step Recovery Program for Addictions Treatment

Kathleen A. Krebs

This grounded theory investigates whether those recovering from drug and/or alcohol addiction in a 90-day treatment center will benefit from group art therapy that focuses on completion of the first three steps of A.A., a primary goal of this facility as well as one of the most common treatment methods in the United States for drug and alcohol addiction. Members were asked to create art work using a different media (collage, drawing, clay and painting) for each session which corresponded to the first Three Steps of A.A., for a total of twelve sessions. Concepts of powerlessness, belief in a Higher Power, and turning their will and their lives over to a Higher Power were explored and important themes, insights, self-awareness and spirituality were discovered as well as preferences for the various media offered. Though the steps were an important topic of conversation as it related to clients’ artwork, the exciting element of study came through their engagement with the image created and how it mirrored where they were in the recovery process.
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Chapter I.

Introduction

Statement of the Problem

Alcoholics Anonymous (A.A.), a self-help program for individuals recovering from alcohol addiction, is based on twelve steps which highly emphasize a connection to a spiritual source. The first three steps involve acceptance of one’s “powerlessness over alcohol, belief in a Power greater than oneself, and making a decision to let one’s Higher Power guide his life, ‘as we understood Him’” (Wilson, B., 1976, p. 59) (Appendix A).

Art therapy can be used to enhance the recovery process and develop one’s understanding of the Twelve Steps. The American Art Therapy Association (2007, About Art Therapy, ¶ 1) defines art therapy as “…[a] profession that uses the ‘creative process’ of art making to expand and develop the physical, emotional and psychological well-being for people of all ages. It enables individuals to express their feelings, thoughts and concerns through the use of art materials.”

For the purpose of this research, “enhancement” is defined as augmentation, being augmented; To increase, develop, grow, or enlarge (Webster’s New World College Dictionary). The “recovery process” is defined as the course of action when attempting to change dysfunctional behavior, as by abstaining from an
addictive substance; Returning to health, consciousness, etc.; A regaining of balance and control (Webster’s New World College Dictionary).

Julliard (1995) has developed an art therapy task, making multi-media collages to express the active addiction and life in recovery in order to increase chemically dependent patients’ belief in Step one. Though the participants reported not experiencing a significantly greater understanding of Step One than those who did not perform the art task, they did increase their belief in a Higher Power, which is Step Two of A.A. By expressing the feelings of shame that surround powerlessness and unmanageability, group members began to trust one another and discover a power greater than themselves.

Lynn Johnson (1990), a creative arts therapist who has worked with individuals recovering from drug and/or alcohol abuse and their families, has helped her clients connect certain themes such as powerlessness, shame, and loneliness to Step One. Mike, one of her clients, drew a figure with blood dripping from a pierced heart, an explosion of anger from behind a wall, and a brain, empty and dead. After a series of drawings, he began showing a transformation from being powerless to becoming an empowered person, by an example of his drawing of a man coming out of hell and embracing the sunshine. Mike reported having a “spiritual awakening,” a sense of his connection to a Higher Power after being in a partial hospitalization program for three months.
Cox and Price (1990) have also linked client art work with themes of unmanageability, being out of control, and powerlessness. Clients were asked to ‘Draw an incident that occurred during the time you were drinking/dru
gging’ (p. 335). This task was designed to help clients get in touch with thoughts, feelings and the behaviors that accompany addiction.

In addition to the first two steps, the Third Step of A.A. has also been connected to art-making: “We became willing to turn our will and our lives over to the care of God ‘as we understood Him,’” (W., Bill, 1976, p. 59). Feen-Calligan (1995) has said “patients in art therapy groups have at times objectified abstract images or ideas about God in their art” (p. 49). Therefore, art therapists have already touched upon the idea of combining the first three Steps with art making and thus, provided the groundwork for a continuation of research in this area.

*Purpose of the Study*

The purpose of this grounded theory study is to develop art therapy techniques that enable a greater understanding and utilization of Steps One through Three in twelve-step recovery from alcohol and drug addiction for group participants at a residential treatment center. In addition to having art tasks that compliment the first three steps, the implementation of art therapy may also help participants uncover insights, themes and issues related to their recovery. Since the first three steps encompass a belief in a Higher Power and letting this entity guide our lives,
art therapy may also assist recovering individuals to search for their own sense of spirituality.

Research Questions

Which specific art therapy techniques best explore each of Steps One through Three in the 12–step recovery process? How does art therapy enable those recovering from alcohol and/or drug addiction to discover insights, themes and problematic issues in their recovery process? How does art therapy allow individuals recovering from alcohol and drug addiction to explore their own spirituality? Spirituality for this purpose is defined as the whole, complete person, with regards to his life’s purpose, which encompasses a physical, psychological, social, intellectual and nutritional self.

Definition of Terms

Art Therapy: Art-making, within a professional relationship, by individuals experiencing emotional, psychological and/or physical illness, trauma, or difficulties in functioning, and by those who seek personal growth. By the process of creating and reflecting on the art, individuals can increase self-awareness, self-expression, ability to cope with symptoms, stress, and traumatic experiences; increase cognitive abilities; and learn to enjoy the simple act of creating (American Art Therapy Association, 2007, About Art Therapy, ¶ 1).

Higher Power: A power greater than oneself: God ‘as we understood him’ (Alcoholics Anonymous).
**Recovery:** A process of attempting to change dysfunctional behavior, as by abstaining from an addictive substance; Returning to health, consciousness, etc.; A regaining of balance and control (Webster’s New World College Dictionary).

**Spiritual:** Of the spirit or the soul, not of the physical body; Showing refinement and purity of thought and feeling; Rebirth; Reawakening (Webster’s New World College Dictionary).

**Twelve (12) Step Program:** An individualized or group program designed to help people overcome an addiction, compulsive behavior, or trauma by following 12 principles, based on A.A., which emphasize personal growth and belief in a higher spiritual being (Mirriam Webster Dictionary).

**Limitations and Delimitations**

This study confines itself to interviewing and observing patients recovering from drug and/or alcohol addiction in a 90 – day residential treatment center located in a Midwestern city. The suggested sample population decreases the generalization of findings. This study does include all levels of individuals in recovery, such as those participating in partial hospitalization, outpatient programs or the general population. In addition to the study being delimited to individuals recovering in a residential treatment program, a limitation may be the participant’s level of commitment to the study.
Chapter II.

Procedures

Characteristics of Qualitative Research

As stated in Creswell (2003) the following are characteristics of qualitative research: This method takes place at “the participants’ home, office or other natural setting,” which enables the researcher to be an active part of the “experiences of the participants” (p. 181). Not only does qualitative research use a variety of methods that involve active contributions of the participants, but the methods of data collection can also include “text and image data” (p. 181). Additionally, qualitative research is an “emergent” rather than a predetermined process. A theory develops into “broader themes,” which in turn unfolds into a grounded theory or broad interpretation. And finally, the researcher collects, analyzes and interprets the data as well as “reflects on who she is and how her values shape the study” (p. 182).

Qualitative Research Strategy

The qualitative research strategy used in this study is grounded theory. Glaser & Strauss (1967), sociologists, developed this theory through their research of dying patients. A grounded theory is a strategy which enables the researcher to form a general theory of a process, which is based on an assessment of data
gathered from the participants’ view of processes, activities and events (Creswell, 2003, p. 14). In short, it is an “inductive” approach, which means it moves from the general to the specific.

My use of grounded theory shapes the type of questions asked of the participants in the study. Since I am interested in how art therapy will develop participants’ understanding and utilization of the first three steps, many of the questions asked will begin with the word how (Appendix B).

Role of the Researcher

One of the reasons I chose the site for this study was that I have a thorough background in the twelve step recovery process. Though I have not specifically worked the 12 steps of A.A., I have been a member of other 12-step groups. These included Co-dependents Anonymous (CODA), which is for those who would like to improve their relationships with others, and Al-Anon, a twelve step program designed to offer support and understanding to family and friends of alcoholics. Also, I may be interested in working with those who are recovering from drugs and/or alcohol addiction in the future. As a graduate student, I participated in an art therapy and counseling internship at the site for a period of seven months.

Data Collection Procedures

Setting. The study is conducted at a public, non-profit residential treatment center for individuals recovering from drug and/or alcohol addiction. It is located
in a large Midwestern city. There are approximately 27 residents staying at the facility. About half admit themselves voluntarily. The other half are court-ordered by judges due to altercations with the law. The recommended length of stay is approximately 90 days.

Participants. The participants of this study are current patients at a residential treatment center for drug and/or alcohol addiction. These residents are adults, both male and female, Caucasian and African American, who range in age from 18 to 55. Individuals voluntarily signed up to participate in the research study. The group ranges from approximately four to twenty individuals. Clients participate in group art therapy for 12 consecutive weekly sessions and are observed and interviewed by the researcher. The length of each weekly group is one hour and 45 minutes.

Methods of Gathering Data

Though previous studies link art therapy with Steps One and Two, there does not appear to be any other research investigating Step Three or utilizing a wider variety of art media. Through applying the first three steps literally, I ask group members to create images according to Steps One, Two and Three, and this study attempts to further explore the use of art therapy to enhance Steps One, Two, and Three of Alcoholics Anonymous’ Twelve – Step program.

By creating art images which surround Steps One, Two and Three, art therapists may help their clients gain insight into exploring powerlessness, a
connection with a Higher Power, and the ability to turn their will and their lives over to a Higher Power.

In addition to art tasks for Steps One, Two and Three, a range of art media are utilized. Group members survey each step four times, every one with a different media. Drawing and collage were the only media used in the studies previously mentioned. This way, art therapists may see their clients explore their own likes and possible dislikes in regards to using different media.

Through giving clients the experience of using these four types of art media; collage, drawing, paint and clay, art therapists may also be able to assess a client’s stage of recovery by which media they feel more comfortable. For example, the clients’ need for ‘control’ of materials can relate to their need to control their environment, emotions etc. Wadeson (1995) explains the characteristics of various media:

“An important media characteristic is control. Some materials are easy to control, especially those that are more precise, such as pencils. In contrast, water paints offer fluidity but are difficult to control. Their sometimes accidental wanderings across the paper may offer welcome surprises for an adventurous patient or frustration for the patient who wants to maintain control of his art expression” (p. 36).

This research presents artwork made by the participants in a total of 12 sessions. The first four sessions are based on Step One, with each focusing on
one of four media in a specific order: collage, drawing, clay and painting. Step Two is the focus of sessions four through eight, while Step Three is the theme for the last four sessions, with art media presented in the same chronological order.

During the art-making process, observations are made by listening to the clients’ responses to the interview questions and viewing the facial expressions and body language. In this way, a determination can be made to witness if the art task aids in their understanding of the specific step being studied.

In addition to observing group members, participation in the group also takes place by asking questions about their artwork. “Tell me about your image. What are the images created? What do they represent to you? How is your image important to what is going on in your life right now? How does this relate to your recovery?”

After discussing the person’s image, group interviews are conducted by asking pre-determined questions. These interviews involve a few open-ended questions in order to learn participants’ views and opinions. “A group interview is advantageous because it allows the researcher to have control over the type of questions” (Creswell, 2003). That is, questions are posed to each group member, which have been made up in advance. Doing so helps guide the group toward the direction of how the specific art task either aids, or not, in their understanding of the step being created through art and the discussion of it. These questions include: How was the art making process for you? How did
you like or dislike using the specific medium? Did the art task help you understand Step One, Two, or Three more? If so, how did it help you?

There are two disadvantages to interviewing participants in a group: One is that my presence may cause ‘bias in participants’ responses (Creswell, 2003, p. 186). That is, they may anticipate a positive response and answer accordingly in order to seek approval from the facilitator. Another disadvantage is that individuals may be nervous about talking in front of others or sharing personal information within the group.

Another method of data collection is image analysis. Photographs are taken of participants’ artwork in order to analyze data. This enables me to take a closer, prolonged look at certain characteristics of the art that are an important part of the interpretation process. There are advantages and disadvantages of this type of data collection. An advantage of photographing is that it may be both a non-threatening and dynamic way to capture the individual’s process. A disadvantage is that interpreting the photographs can be a subjective process and may be open to a wide area of interpretation.

Data Analysis Procedures

First, the explanation and discussion of the created image is analyzed. Does the art task illicit any self-awareness? Is the person able to connect the art task with the step? Does the art making enable the individual to discuss any emotions, thoughts, concerns regarding their own recovery?
Secondly, the participants’ images are analyzed both during and after the art making process. The focus is on the following criterion: content, lines, shapes, colors and both positive and negative space. Does the image content coincide with the Step? What type of lines does the image have? Do these lines indicate calmness or anxiety? What types of shapes does the person use? What do the shapes mean to the person? How are the shapes interpreted? What colors does the image have? What do they mean to the person? What do the colors mean in theory? Is there more negative space or positive space?

Besides analyzing participants’ art images, the responses to the questions posed are analyzed once the artwork is complete. How was the process of creating? Did the person like or dislike using the specific media? Each group member’s explanation is compared to his artwork to get a clearer picture of whether the art task enhanced his understanding of the Step being discussed.

**Strategies for Validating Findings**

According to Creswell, there are eight primary strategies for validating the accuracy of findings. The following five strategies are implemented during research: triangulation, rich, thick description, bias, negative information, and external auditor.

Triangulation means using more than one type of source to study themes. Three different data sources are used instead of just one. These are journal articles, books, and photographs. Additionally, using rich, thick description to
express the findings helps the reader feel as if he were present during the sessions. By being open and honest with readers regarding bias, a sense of trust is created. Presenting negative or contrary information adds integrity to the study. Another art therapist is utilized to view photos and findings in order to aid in the validation process.

**Narrative Structure**

Group sessions are reported by giving some background information about the person who is participating. Words used by the individual, including answers given to questions posed are quoted and embedded in the text. Describing how the art making process unfolds as well as individual and group interaction is documented as well.

Besides using a narrative approach, a photo for each image is included. An analysis of the participant’s artwork follows.

As the member’s individual and group process is recounted, a comparison of the data with theories and general literature about art process, content, themes, issues, and line, shape, and color are included as needed. Whether or not each group member liked the media and if it enhanced a greater understanding of the first three Steps is also reported.

**Anticipated Ethical Issues**

A possible disadvantage of doing the research study at the internship site is there may be an issue of bias because I have had interaction with them in other
situations at the center. Two months prior to this study, I lead two art therapy
groups of nine or so members. I asked these same members if they wanted to
participate in this art therapy research study. These individuals who signed up for
this group may have wanted to please me by anticipating what I wanted them to
learn from the study and express this through art making and verbalization.

A confidential, informed consent form was developed for participants to sign,
which acknowledges that participants’ rights will be protected during data
collection (Appendix C). Participants’ rights include the following: the right to
participate voluntarily, withdraw at any time, be informed of the purpose of the
study and research procedures, ask questions, obtain results and have their privacy
respected.

Significance of the Study

Using specific art therapy tasks in conjunction with the 12 – steps of recovery
from alcohol and/or drug addiction is important for several reasons. First, it can
aid individuals recovering from alcohol and/or drug addiction by increasing their
understanding and utilization of the first three steps. Secondly, it can help people
to discover insights, themes and issues in their recovery process. Third, the study
may help them have a better sense of their own spirituality.

And finally, it can help mental health professionals and substance abuse
therapists in the field of addiction recovery by adding to their knowledge and
understanding of how creating can aid in the recovery process.
Expected Outcomes

Many of the participants in the study may glean important information about themselves and the recovery process through the art making as it relates to each of the first three steps. Secondly, participants can strengthen ego development by becoming proficient with the art materials used. Third, it may help them discover a better sense of their own spirituality. And finally, as the participants resolve problematic issues by utilizing various art materials, they may also gain confidence in problem solving in other areas of life.
Chapter III.

Literature Review

Alcoholics Anonymous/Self-Help Used in Treatment

According to the National Institute on Drug Abuse (NIDA, 2007), the treatment of drug abuse varies depending upon the type of drug used and the characteristics of the patient. Alcohol and drug addiction treatment can include behavioral therapy (such as counseling, cognitive therapy, or psychotherapy), medications, or their combination. The best programs provide a combination of therapy and medications. Participation in self-help support programs such as Alcoholics Anonymous during and following treatment often is helpful in maintaining abstinence (NIDA, 2007, Principles of Drug Addiction Treatment: A Research Based Guide), and many programs incorporate the tenets of these programs into treatment.

One of the most popular and well-known self-help groups is Alcoholics Anonymous (A.A.). It is an association of men and women from all ethnic and socioeconomic backgrounds who come together to achieve and maintain sobriety. There is no cost for A.A. membership. A wish to end the cycle of drinking is the only requirement for membership. (Alcoholics Anonymous, 2007). This program supports total abstinence. Members simply “stay away from one drink, one day at a time.” Sobriety is maintained through sharing “experience, strength
and hope” at group meetings and through working on the suggested Twelve Steps for recovery from alcoholism.

Alcoholics Anonymous was started in 1935 by Bill Wilson and Dr. Bob Smith (both now deceased), who had been ‘hopelessly’ addicted to alcohol. They founded A.A. in an effort to help others who suffered from the disease of alcoholism and to stay sober themselves. These individuals believed that addiction is a disease, affecting a person “spiritually, emotionally and physically” (Wilson, B., 1976, p. 9).

The spiritual tenet of A.A. is that each individual, having already tried to give up the drink by his own will and means, admits his “powerlessness and unmanageability over the alcohol (Step One), comes to believe that a power greater than himself will restore him to sanity (Step Two) and made a decision to turn his will and his life over to the care of God – ‘as we understood Him’ (Step Three’ ” (Wilson, B., 1976, p. 59). Getting to know oneself, ones values, and purpose for living is a part of the spiritual experience. To stop drinking without growth or change would not illicit the process of recovery, transformation or spiritual experience (Bjorklund, 1983, p. 10).

Carl Jung, a world-renowned psychologist and psychiatrist from Switzerland, had been treating Roland, a patient who had been suffering from alcoholism. Dr. Jung and Bill Wilson, founder of A.A., had written correspondence with one another regarding this individual. In his response to Bill’s letter, Dr. Jung states
“… a person’s use of intoxicants [the word alcohol in Latin means ‘spiritus’] may be motivated by a spiritual quest, that is, a search for God that also underlies the arts” (Jung, 1974).

In Steps Four through Eleven, A. A. members work on rebuilding their character by taking responsibility for their actions and improving relationships with others by making amends. As with each concept, members are asked to continue seeking guidance from a Higher Power, by letting ‘his will be done.’

The twelfth step of Alcoholics Anonymous states: “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.” Due to this step and a desire to stay sober, many A.A. members start meetings at places where people addicted to alcohol are treated, such as hospitals, treatment centers, halfway houses, rehabilitation centers, recovery homes and out-patient facilities (Alcoholics Anonymous, 2007, A.A. in Treatment Facilities).

Individuals who are addicted to drugs and/or alcohol express their emotions indirectly through destructive behaviors that have negative social, legal, familial, vocational and physical consequences (American Psychiatric Association, 2000, Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Those addicted to drugs and alcohol use these chemicals to defend against painful and overwhelming feelings such as anger, rage, fear, guilt, shame, emptiness, worthlessness, grief and loss (Rankin & Taucher, 2003: Foulke & Keller, 1976).
Those seeking treatment for substance abuse may also have a co-existing Axis I disorder such as Post Traumatic Stress Disorder (PTSD), major depression or depressive episodes, anxiety disorders, eating disorders, bi-polar disorder, schizophrenia (Pendleton, 1999).

Art Therapy

Art therapy as a discipline has its early roots in Freudian psychoanalytic theory (Naumburg, 1958: Kramer, 1958). Freud believed that our dreams, which we experience in visual images, were a significant way of analyzing and understanding unconscious feelings, thoughts, conflicts and defenses (Freud, 1933). Art therapy is a tool for “making the unconscious conscious,” which according to Freud, was the key to recovery from neurotic illness. As a client uses art materials to express himself, the image itself becomes ‘symbolic communication’ which represents the client’s unconscious conflict (Naumburg, 1958).

There are two main approaches in the field of art therapy. The first method, art as psychotherapy, was founded by Margaret Naumburg, one of the initial mothers of art therapy and a clinically trained psychologist. She worked with patients with behavior problems in a New York psychiatric hospital during the 1940s. It was during this time that she encouraged her clients’ use of art materials in ‘free and spontaneous’ art expression, which later she named dynamically oriented art therapy (Naumburg, 1958). This method enables the art therapist to
encourage the client to discover insight through the hidden meaning of the image’s content, color, rhythm, symbolism, lines, and shapes.

The second method, *art as therapy*, was introduced by Edith Kramer (1971). Kramer, an art therapist who was also a trained artist, claims that the process of art making itself is therapeutic, and finding insight into its meaning is not necessary for therapeutic gain. This thesis focuses on using the former method, *art as psychotherapy*, for its purposes. However, *art as therapy* does manifest itself as a significant technique for enhancing the client’s skill level, confidence and ego strength throughout the creative process.

Elinor Ulman (1986), an artist who worked in a psychiatric clinic in the early 1950s, recognized the validity of both *art as therapy* and *art as psychotherapy*. She writes, “…[Both approaches] can exist side by side in the same room at the same time, or in the work of the same therapist at different times…I moved between the two, using art as therapy where I could and shifted to art psychotherapy where the situation called for it” (p. 286).

In addition to a client’s verbal expression, art therapists use the formal art elements (for two-dimensional media) of organization, use of negative/positive space, form, color, line, and content, to aid in the diagnosis and assessment of their clients (Wadeson, 1995; Robbins, 1994; Rubin, 1978; Hammer, 1958; Naumburg, 1950). Three-dimensional media such as sculpture also take into account size, utility, construction, soundness of structure and texture (Wadeson,
These elemental characteristics are keys to understanding the art image as it relates to the client. For example, an organized image may indicate the same quality in the client’s thoughts and behaviors. An image that appears disorganized may be projecting their confusion and/or anxiety.

The relationship to negative and positive space in a drawing may signify balance or lack thereof (Wadeson, 1995). An image with a large amount of negative space could be a sign of imbalance and/or emptiness. One without any negative space may mirror the client’s cluttered and overwhelming thoughts, which could be a sign of anxiety.

Form refers to the shape of the image. Is the shape round, large, massive or small and contained? Forms showing curvature tend to symbolize the feminine and angular shapes may be masculine (Robbins, 1994). According to object-relations theory, an image can symbolize the mother-child relationship.

Color (or lack thereof) can be one of the most obvious characteristics of an image. Early color theorists Rorschach (1951) and Luscher (1971) regarded color as a means through which people can express emotion. Different colors evoke specific cognitive and emotional associations in the individual (Gimbel, 1993: Birren, 1978: Exner, 1980). Although each color has a universal meaning, it is important to mention that individual experiences and culture also play a part in a person’s selection of color in their artwork and preference (Wadeson, 1995: Golomb, 1992: Furth, 1988).
Regarding the lines in an image, horizontal lines may signify a client’s reaching out for contact while vertical lines, however, could mean assertion and autonomy (Robbins, 1994). Lines that are sketchy may indicate a lack of confidence, anxiety and timidity. Broken and indecisive lines could possibly show insecurity and anxiety. Jagged lines are often a sign of anger and hostility (Hammer, 1958). The amount of line pressure used by the client is often an indication of their energy level. Very light pressure signifies low energy and/or repression while heavy, dark lines may show a high level of energy and/or anxiety (Hammer, 1958).

The content of an image is another important aspect, though, not always obvious. That is why asking the client to explain their image, if possible, is highly valuable. Understanding the art, in fact, is a joint effort between both the client and the art therapist (Wadeson, 1994).

Art Therapy and Substance Abuse


Horay (2006) has explored art therapy used in conjunction with models not aligned with A.A., such as motivational interviewing (MI) and stages-of-change
Motivational interviewing is based upon a client-centered approach, where counselors accept the client where they are and not only emphasize the inconsistencies between a client’s behavior and goals, but observe and resolve ambivalence. (Miller & Rollnick, 2002). The stages of change model observes an individual’s cycle of addiction, beginning with precontemplation, contemplation, preparation, action, and maintenance (DiClemente, 2003). Prochaska (2000) suggests that about 80% of clients in treatment settings are either in the precontemplation or contemplation stage. Instead of confronting denial and resistance, the role of the therapist is to foster a client’s imagination, experiential encounters and psychodynamic role play (Connors, Donovan and DiClemente, 2001). In his work with a man recovering from substance abuse, Horay (2006) has linked MI and SOC by focusing on increasing his client’s self-worth and self-efficacy through art therapy techniques such as collage and free drawing.

Rockwell & Dunham (2006) have used the Formal Elements Art Therapy Scale (FEATS) and the Draw a Person Picking an Apple from a Tree (PPAT) art therapy assessment with two groups of adults who were diagnosed with Substance Use Disorder and those who were non-patients, to determine if any differences existed between the two group’s artwork. The FEATS is a measurement system that enables researchers to quantify widely known variables in two-dimensional art work (Rosal, 1998). There are 13 categories, which include: prominence of color, color fit, implied energy, space, integration, logic, realism, problem
solving, developmental level, details of objects and environment, line quality, person, and aggregate. After comparing both groups’ artwork with the FEATS instrument, it was determined that both groups differed specifically in the categories of Developmental level, Realism and Person. The Developmental level of the experimental group compared to that of latency age children (Lowenfeld, 1957) while the control group’s drawings were similar to those done by adolescents. The drawings of the experimental group had fewer elements of realism (texture, shading and detail) which depict a more three-dimensional appearance than those of the control group. Lastly, the images of people from the experimental group tended to be drawn as stick figures with less detail or articulated body parts than those done by the control group.

Matto, Corcoran & Fassler (2003) have combined art therapy with solution-focused therapy (SFT), a newer model of psychotherapy which focuses on building the client’s existing resources and strengths rather than on psychosocial deficits (Berg & Miller, 1992). In this verbalization process, including the art image, the art therapist and client collaborate in (1) critical engagement; (2) initial reactions; (3) relational attributes; and (4) constructing change opportunities. During critical engagement, the art therapist and client discuss various properties of the artwork. The client is then invited to explore his feelings associated with the image in the initial reactions phase. In regards to relational attributes, the art therapist helps the client explore patterns, themes and connections to self, life
circumstances, home environment and time and directs the client to discover new solutions and alternatives. In the last step, the art therapist focuses on guiding the client to visualize desired changes in the art work and incorporate those solutions to real life situations.

Pendleton (1999) has shown that art therapy can be an effective tool in increasing successful adherence to treatment for individuals having a dual-diagnosis which includes mental illness and chemical dependencies. The goals of the outpatient day treatment program were to promote stabilization, decrease hospitalizations, encourage compliance in taking prescribed medications daily and help increase skills for independent living. Two weekly art therapy group were offered in an open studio format along with other programs, which included psychoeducational and therapy groups addressing mental health, substance abuse, daily living skills, recreational activities and vocational rehabilitation. The author had worked with JR, a man in his mid-thirties, who was diagnosed with schizophrenia. The client had been evicted numerous times from his apartment for angry outbursts and used alcohol instead of prescribed medications to cope with his symptoms of auditory and visual hallucinations. After participating in art therapy sessions for seven months, JR learned to enjoy the art making process and his self-esteem increased through experimenting with new media. He not only increased his interaction with peers, but learned to manage symptoms by taking prescribed medications for his illness instead of using alcohol.
Dickman, Dunn & Wolf (1996) have studied how art therapy can be used to predict relapse for individuals who are being treated for chemical dependency. After observing these patients’ artwork for several years, the hospital treatment team noticed recurrent themes, styles and symbols present. There were eleven categories observed and recorded in the artwork, which include: stereotypical drawing, presence of psychoactive substances/paraphernalia of use, placement of psychoactive substances near a human figure, enlarged scale of psychoactive substances, lack of self/lack of any articulated figure, steps, special progression toward the left side of the page, dichotomous thinking, presence of water, abstract or geometric style and despair/helplessness. The authors kept track of individuals who had finished the treatment program to determine how many had remained abstinent for three months and how many had relapsed. Those clients who relapsed appeared to have a higher frequency of three out of the eleven items. These were item two, presence of psychoactive substances/paraphernalia of use, item five, lack of self/lack of any articulated figure and item ten, abstract or geometric drawing style.

Fenn-Calligan (1995) has utilized her experience as artist and educator to teach creativity and recovery concepts such as powerlessness, letting go, trusting in a Higher Power, and surrendering, which promote spiritual development. The author has applied these concepts in an art therapy group with those recovering from addictions at a substance abuse treatment center. The art therapy group,
titled “Doing By Not Doing” encouraged members to stop, listen, get in touch with the inner self and a Higher Power. By using techniques such as making gestures in the air, drawing with eyes closed and using the non-dominant hand to draw, individuals learned to relax, direct attention inward and become aware of the inner self. Not having a specific plan was encouraged.

Initially, members were often resistant and noisy. By the end of the art therapy sessions, however, individuals appeared more relaxed and peaceful. Insights and awareness were made, though not a main goal of the group. Some members saw positive elements in their images, while others observed an obstacle or negative aspect that could be related to their recovery process. Other patients appeared to enjoy the recovery process. Either way, members learned that “not doing,” as in being quiet, listening to the inner self and meditating, was just as important as initiating action, such as taking care of oneself, going to meetings, reading the Big Book and learning a new hobby, which were equally important to recovery.

Allen (1985) has integrated art therapy into a three-week inpatient treatment for those recovering from alcoholism by adhering to the goals and concepts of the facility; breaking down resistance to treatment through education, participating in Alcoholics Anonymous and attending group and individual counseling. Because these activities were highly structured, the author sought to incorporate this same quality in her art therapy groups. By offering an art lecture, titled “Creativity and
Recovery,” Allen was able to use art as an educational tool by teaching her clients how art was a useful way of “integrating internal and external reality.” She showed slides of artwork expressing themes of life and death, family relationships, confusion, achievement, and spirituality from both former patients and well known artists. Patients were invited to comment on the artwork. In addition to the art lecture, the author also held an art therapy group. Like the art lecture, it was highly structured and focused around issues of self-image, loss, anger, Higher Power and surrender. The author’s role was to direct and confront as well as be supportive.

Although the author reported being unable to evaluate whether art therapy helped the patients in this alcoholism treatment program, some patients appeared to gain insight into art making, some found it enjoyable and many found their resistances challenged, which was the overall goal of the facility. However, patients reiterated that art had personal, emotional and spiritual meanings.

Foulke & Keller (1976) have utilized an art therapy program in a residential treatment center for those recovering from drug and/or alcohol addiction in order to provide a safe and structured outlet for feelings of fear, anger, loneliness and self-hatred which are common for recovering addicts. By introducing patients to self-expression directly through art media such as drawing, paint, clay and collage, they were given the opportunity to express these difficult feelings in a socially accepted and supportive environment instead an indirect manner of social
and personal destruction. Members were encouraged to create with their choice of art media and discuss it only if they felt comfortable. The role of the art therapist was to remain relatively passive and offer little if any interpretation.

Foulke has elaborated on one 27 year old client, David, who began using alcohol in high school, discovered marijuana while serving in Viet Nam and finally settled on heroin as his drug of choice. David had held jobs as a laborer, but was unable to remain at the same position for longer than one and a half years. He decided to enter treatment only after becoming physically violent with his live-in girlfriend. Through participating in group art therapy, David was able to address negative feelings of anger, frustration, aggression, loneliness, and worthlessness as well as exploring his sexuality. Besides mastering various media, David also learned how to let go and enjoy the process of artmaking.

*Art and Spirituality*

Rollo May (1975), a psychoanalyst and artist has described the main ingredients of creating, whether it be art, music or science. He has professed that a person who creates must have a degree of ‘creative courage’ to be able to give birth to symbols in the form of images, unique to the individual, which both reflect the ‘unconsciousness’ of the artist and his emotional ‘encounter’ with the outer world. Without creative courage, our ideas, which evolve into extensions of self, become scrutinized, unable to withstand others’ criticism and therefore, die before being expressed.
According to the author, one way to uncover unconscious thought is through relaxation between periods of intense action or thinking and paying close attention to small details, which can later inspire creativity.

May has given the example of an artist who observed intense fall colors on the leaves of a tree as a way of quieting himself. As he paints, however, it is not the realism of the tree he renders that defines his creativity. It is the emotional relationship between his inner and outer world that transforms his idea from the mind to the paper which becomes the true source of creativity.

Besides courage and self-awareness, creativity involves a high level of commitment and passion. Without these qualities, the new ideas and forms that come from creativity could not be born. Joy and ecstasy become the gifts of the creative process.

Additionally, one of the most important components resulting from the combination of ‘creative courage’ and the ‘encounter’ of the real world is anxiety. An artist, once he creates, has pushed through the fear that produces anxiety and becomes a changed, more authentic self. Both the artist and the world which he lives is no longer the same. Those that do not face this emptiness and anxiety, common to us all, may eventually become stagnant and unable to grow and transform to a higher self.

Florence Cane (1951) an early art educator and art therapist has expressed that each person has the innate ability to create. We, ourselves, are born with the
capacity to embrace our world through three main functions, movement, feeling and thought. It is these same attributes that give us the ability to fulfill the act of creating. However, we usually incorporate only one or two, depending upon our personalities. The third one often needs developing in both the art work and in real life.

Cane has expressed the importance of ‘kinaesthetic sense,’ which is the sensation that informs us our bodily movements. The act of physical movement includes the principles of balance, symmetry and rhythm. If we are able to access our whole bodies while drawing, for example, then we are utilizing our movements to the fullest, which will translate onto the paper. Balance and symmetry are motions we continuously strive for, in both our inner and outer worlds. The act of rhythm happens in our bodies continually, with our hearts beating and lungs breathing in oxygen. If not in a state of homeostasis, we feel anxious and out of balance. By incorporating movement before art making, the author prepared her students to access the feeling and thinking areas of the brain to enhance creativity.

Besides movement, becoming in touch with our feelings, according to Cane, is another important tenet in accessing our full creative potential. By asking her students about significant memories, symbols or fantasies, they could illicit feelings of joy and pain. These feelings could then be translated into images. Those having difficulty with feeling often produce artwork that shows a coldness
and rigidity by overemphasizing exactness and detail. Art expression which encompasses feelings can be very valuable because it is a path to our self-knowledge. When the artist has transformed his feeling into form, a catharsis has taken place. This release of energy enables us to grow and change.

In addition to movement and feeling, thinking is also an important concept in the process of creating. Thinking encompasses both the conscious and the unconscious. And the unconscious mind is where our real vision and imagination live, which is the highest power of the mind. This imagination is the powerful source where creation is born. According to Cane, when the artist can express his vision in true form, it is a ‘supreme spiritual achievement’ (p. 123).
Chapter IV.

Sessons One through Four

Session One

All sessions from one through twelve took place on Fridays, from 2:00 until 3:45 pm., which included a fifteen minute break from 2:45 until 3:00. Each session occurred weekly with the exception of one, which is noted. During the first session, there were nine members in the group. Seven had already participated in weekly group art therapy with me, and two were involved in art therapy with another therapist. One person just arrived and had not participated in art therapy before.

Collage was the chosen art therapy approach because it allows for a great deal of control. This helps participants not only to feel safe, but it also aids in establishing trust between client and art therapist. Group members were provided with one sheet of white paper (12” x 18”), glue sticks, scissors and markers. The directive was to create a collage about Step One using pictures and words which had been cut out previously from magazines. Members were asked to state Step One of A.A. Most could recite the main word, powerless. I wrote Step One on the board: “We admitted we were powerless over drugs and/or alcohol – that our lives had become unmanageable.”

Most were very excited about doing art. They were happy to be participating in this group, as I had explained earlier that week I would be gathering data for
research purposes. Two women who were new to the center and art therapy appeared anxious and apprehensive. One said, “I’m not very good at art.” The other nodded in agreement, saying, “Me neither.” I told them it was optional to participate. If not, however, they could still come to the group and do the art.

Ann was a Caucasian woman in her late twenties and was married with three children. Her husband was taking care of them while she participated in treatment. She appeared very anxious, shy and unsure of what to do. As other members excitedly looked through the bins of pictures and words, she tentatively followed their lead. Her anxiety appeared to lessen, however, as she worked on her collage (Figure 1). Ann started smiling and joking while interacting with

![Figure 1. Ann’s collage (Step One).](image)
Ann explained her images to the group. “I am powerless over my drug use, [alcohol bottles] nature [snow covered mountains and rocks], and death [cemetery]. People in New Orleans were powerless over Hurricane Katrina [lower right] and people in New York were powerless over 9/11. The guy is powerless over being arrested.” When I asked Ann about the center image, she said “I don’t know why I picked this one.” It was a picture of motorcyclists riding towards a nuclear reactor. Ann said using the collage materials was easy and she liked doing it. She also shared that doing the collage helped her understand Step One better and replied, “I did not realize that I was powerless over anything besides alcohol and drugs.”

I noticed how Ann’s affect changed from being anxious and timid to being more confident as she created and shared her image. It was apparent that creating this piece helped her feel more at ease as she interacted more easily with group members. Her placement of photos surrounding the border of the page may indicate a need for her to maintain stronger boundaries in her life. She clearly chose photos that represented powerlessness, which could be a mirror of issues she feels powerless over in her life.

Sheryl, a Caucasian woman in her late twenties, single, and had a mother of a five year old son, was in treatment because her father reported her for neglecting her son. She was court-ordered to treatment. Having just finished her 90 days,
she was both excited and nervous to go home. Sheryl focused well while making her collage.

She explained her collage, pointing out all of the nature pictures (Figure 2). “I am powerless over the sky, mountains, a waterfall, the universe, palm trees and a rainbow.” Sheryl liked doing the collage and thought it was easy. She said creating the collage helped her understand Step One better. Sheryl replied, “I hadn’t been able to work through this step because I thought I could still control my drug use. Making the collage made me understand all of the things I am powerless over. During my time here I have started to believe that I don’t have control over drugs.”

Figure 2. Sheryl’s collage (Step One).

It was exciting to see Sheryl’s awareness of her art making as a vehicle to understand her powerlessness over nature. Not only did she discover something
new, but she appeared proud of her artwork as well. Individuals gave her positive feedback and Sheryl seemed to accept it.

John, a Caucasian man in his early forties, was single and had a toddler son whom he has not met. Almost homeless, John stole to maintain his drug habit. He enjoyed art therapy at the facility, though he insisted he was not talented.

![Figure 3. John’s collage (Step One).](image)

John was talkative with group members as he created his collage (Figure 3). Though he was excited about leaving, he also felt anxious. John told the group that the picture of Richard Pryor represented how he felt while using drugs. “I can identify with the sad and hopeless look Richard has in his eyes,” John said. “The woman with the hair standing straight up shows how crazy I felt. The mask shows the ugliness and pain of using.” Though John liked the process of making
the collage and thought it was easy, he did not think it helped him understand Step One better. He replied, “I have already worked this Step and understand it.”

His image of Richard Pryor depicts John’s feelings of hopelessness during his drug use very well. By placing the bottles of alcohol in the collage right of center may predict a future struggle with the addiction (Williams & Furth, 1979).

Jason was a thirty year old, African American man who was single. He had used drugs heavily for the last five years. He was almost homeless as well from drug use. Jason was very creative and was a big supporter of art therapy during his stay. He was excited about making art and was talkative with others (Figure 4). Jason used the color blue because it is his favorite. He included a picture of Whitney Houston because “I love her,” he said. The bi-racial couple represented love and his belief in people of all races getting along. “I would like to be in a bi-racial relationship” Jason said. Wealth is shown by the photo of Oprah, the watch and the car. “We don’t have any control over those with money,” said Jason. “However, she is entitled due to her hard work. The cemetery represents our powerlessness over death.” Jason said he liked creating the collage and thought it was easy, however, was not sure if it helped him understand Step One better. “It made me realize things we are powerless over, like death and prejudice,” he said.
Figure 4. Jason’s collage (Step One).

Looking closely at the image, were the words “step life” in the lower center of the page. Though John did point this out to the group, it may indicate there is something else he is hiding from other people or may feel afraid to admit to himself. I also noticed that Jason’s interpretations of the photos in his collage were concrete; he explained them at face value and did not relate them to himself or his recovery. Concrete thinking is common among those who abuse drugs and alcohol because many times it is an indication of where they are cognitively.

Randy was an African American man, single, and was in his forties with no children. Having used drugs his entire adult life, he had been incarcerated three times for drug use and domestic violence. Randy was a very talented artist and clothing designer. He spent his childhood in foster care because of his parents’ divorce. Randy focused well as he worked on his collage (Figure 5).
He used black and white photos because he preferred those colors right now. “I chose nature scenes because I like nature and we are powerless over it. The cemetery represents death, which we are also powerless over,” he said. Randy explained he has lost many friends because of drug use, by both overdosing and illness. “The center photo shows a man who is powerless over being arrested by the cops,” he said. Randy said making the collage was easy and he liked it. He also said it helped him understand Step One better. “I had not thought of being powerless over nature, death or being arrested,” he said.

Randy’s use of only black and white photos could be a sign that he was not ready to feel feelings that he had been masking through his drug usage, like anger or sadness. It may also represent black and white thinking (all or nothing...
thinking) which is a cognitive distortion, meaning that one sees issues in only black and white, with no middle ground.

David was an African American man in his forties, who had been incarcerated for drug use. Being an artist himself, David had embraced art therapy and supported others’ artistic efforts. He said the men using drugs in his collage were powerless over their addiction (Figure 6). The cemetery images represented death. When I asked if he has lost loved ones due to tragic death, he replied “yes.” I also asked if he had used drugs to cope with the grief and loss. Again, he

Figure 6. David’s collage (Step One).
said, “yes.” The outline of the man represented death. “The stars [middle] signify the pain and caused by death and destruction. The lavender flower is a sign of hope,” he said. David said making the collage was easy. He also shared that doing the collage helped him understand Step One better. “I didn’t realize I was powerless over so many things, especially death and violence, said David.

David’s use of the colored stars to show the pain and suffering violence has caused in the world could mean that this is a central issue in his life. Though his flower represents hope, it is small and fragile compared to the images of drug use. Perhaps David has little hope of overcoming his drug addiction and/or overcoming the impact of death and violence in his life.

Cynthia was an African American woman in her early fifties, whose daughter and grandson lived with her. She had used drugs for most of her adult life. Cynthia endured emotional and verbal abuse from her aunt as a young child. Appearing anxious, she breathed quickly while working on her collage (Figure 7) and remarked, “I’m not an artist.” Cynthia explained the migrant worker and the man looking for his missing daughter represented powerlessness. “This picture makes me realize there are others out there who have it worse than me,” she said. The person being baptized [top left], feels powerful,” said Cynthia. She reported making the collage was “okay” and it helped her understand Step One better.
Cynthia’s image of the men and her explanation of their powerlessness over their environment, being so centrally placed on the page, may be a reflection of how powerless she feels over her life now. I noticed a change from the beginning of the session, where Cynthia appeared anxious and unsure, to her ability to communicate her ideas both pictorially and verbally during processing.

Tina, an African American woman in her thirties, was married with one son. Both she and her husband were addicted to drugs and having marital problems. She was sexually abused by her uncle at the age of three. While creating her piece (Figure 8), she happily interacted with others. Tina shared with the group by explaining, “These are our children. Because we were powerless over our drug addiction, our children have suffered and we have let them down. It is our job to prove to them we can be good parents.” Members in the group told Tina they
agreed with her and liked her collage very much. Tina accepted their positive feedback. She liked doing the collage and thought it was easy. Tina also said it helped her understand Step One better.

Figure 8. Tina’s collage (Step One).

I was impressed by Tina’s self-awareness of how her addiction had affected her child. It took honesty and courage to admit that and put it on paper.

This first session went extremely well. I was impressed by members’ enthusiasm and effort. It appeared that this art task very much aided their understanding of Step One. Working with a highly controlled media such as collage seemed to have given members confidence and perhaps prepare them for media with more fluidity.

Seth, a thirty year old Caucasian man, was single with no children. Ten years ago, he fell off of a cliff, causing severe brain damage which has affected his
speech and mobility. Even before the accident, Seth drank heavily and engaged in reckless behavior. Quietly, he completed his collage (Figure 9) and said, “The boy with the umbrella is powerless over the rain. But he has an umbrella which helps him feel powerful. The baby feels powerless because he depends on his mom for everything.” Seth used a calendar to show the date of his accident, hospital stay, and A.A. meetings he attended. He thought making the collage was easy and reported that it helped him understand Step One better. “I didn’t know
there are things I don’t have control over besides alcohol. You can help yourself
too, like the boy with the umbrella,” he said.

Seth’s image of mother and child may be an indication of both his physical and
emotional vulnerability. The boy with the umbrella shows that Seth may be
willing to look at his own resourcefulness regarding self-care.

Session Two

Session two took place one week later. There were seven members in the
group. Five had participated in the first group session. Two were new to this
group. One had just arrived to the center.

Drawing was the chosen media because it is less controlled than collage and
therefore, more challenging. Members were provided with one sheet of white
paper (12” x 18”), and choice of pencils, colored pencils, oil pastels, and chalk
pastels. The art therapy task was to draw an image about Step one using choice of
drawing materials. Members were asked to state Step one of A.A. Most could
recite the main word, powerless. I wrote Step one on the board: “We admitted
we were powerless over drugs and/or alcohol – that our lives had become
unmanageable.” Members in this group session appeared more serious than in the
first session.

Ann had participated in the first group. She appeared very anxious, but ready
to create. She proceeded slowly. “I don’t know what to draw,” Ann said. “You
can use line, shape and color to create an image for Step one,” I replied. Ann
chose chalk pastels and used the sides to cover the paper with black, purple and blue (Figure 10). She began writing the word “unmanageable” and stopped.

Figure 10. Ann’s first drawing (Step One).

Figure 11. Ann’s second drawing (Step One).
After looking around at others’ work, Ann took another sheet of paper and started over (Figure 11). Ann’s paper was divided, with cool colors on the left and warm colors on the right. She also seemed less anxious and as members gave her positive feedback toward her image, she smiled. Though Ann reported the process of drawing was “okay” and that it helped her understand Step One better, she could not verbalize how.

Ann’s ability to complete this task seemed to give her a feeling of accomplishment. Her use of both cool and warm colors created balance. By writing her words largely across the page, covering the colors, however, she may be trying to control her intense feelings of anger by denial and/or repression.

Jason seemed much more serious and subdued than in the previous session. He asked for a ruler to use while creating his drawing (Figure 12). After

![Figure 12. Jason’s drawing (Step One).](image-url)
finishing, Jason said this was his best effort in art therapy thus far. Each shape and its corresponding color had a meaning: the smallest yellow triangular shape signified his mother who died when he was 10 years old, the green rectangle represented all the money he wasted by using drugs, the red square with five lines shows his anger at himself for letting his loved ones down, the purple octagon signifies important people in his life, and the grid-like rectangle showed his feeling of being trapped by using drugs. Jason reported that the process of drawing was “okay.” Though this task did not help him understand Step One better, “it did give me a visual picture of the different issues in my life,” he said.

Jason’s tightly controlled drawing of various shapes could indicate his need to be in control of his feelings and take control of his life. The border around the page may represent his need to feel safe.

Cynthia seemed anxious at this session. Her facial muscles appeared tense and she was breathing rapidly. She said she felt very restless because she missed her grandson, who was days away from taking his first steps. Cynthia said, “I don’t know how to draw.” “Just draw whatever comes to mind first,” I said. She drew a picture of her house (Figure 13). Cynthia talked about her restlessness and anxiety. “I am having a really hard time staying here and am fighting my urge to leave,” she said. Cynthia reported that the process of drawing was “okay” for her. She was not sure if doing the art task helped her understand Step One better and said, “I am definitely feeling powerless over not being able to be with my family.”
Figure 13. Cynthia’s drawing (Step One).

Though this was not a formal assessment drawing of a house, it can still be analyzed. Drawing a house provokes feelings about one’s home life and family relationships (Hammer, 1958). Because the windows and doors are very small as compared to the size of the house, this may be an indication that Cynthia has difficulty trusting others. The house appears to be floating, which may signify her not feeling grounded. Additionally, the uneven blue and purple lines could be a sign of anxiety, which she did show outwardly by her facial expressions and taking somewhat shorter breaths. Her absence of a human figure could be a predictor of relapse (Dickman et al., 1996).
Seth appeared excited to be doing art today. He also chose a ruler to use while making his image (Figure 14). Seth was proud to show his drawing to the group and it was evident he felt proud of his work. “I used the ruler to make the green lines [top left]. It’s ‘opt art’ [optical illusion]” said Seth. When I asked him if there was any significance of the color green, he became very guarded. “The green doesn’t mean anything and it’s [my picture] opt art, that’s all!” After pointing out his image looked like shattered glass, he was even more defensive. Members in the group commented that it looked like shattered glass as well. Though Seth reported that the process of drawing was good, he did not think the art task helped him understand Step One better.
According to his counselor, Seth’s defensiveness of his art was also evident in his recovery process. His counselor reported he had been very resistant to letting down his defenses and taking constructive criticism from peers and staff. Seth’s image of the shattered glass may be a symbol of how his life has been shattered by excessive alcohol use. His absence of a human figure could be a predictor of relapse (Dickman et al., 1996).

Tina seemed content, though not as talkative as during the first session. She focused well while creating the art (Figure 15). Tina decided not to return after the fifteen minute break, thus, was not present to discuss her image. When I caught up with her later, she apologized for not coming back.

*Figure 15.* Tina’s drawing (Step One).
The repetition of lines shows perseveration, which means repeating something over again. This may indicate a moderate to high level of anxiety and/or defensiveness (Robbins, 1994). Tracy’s abstract quality and lack of a human figure could be a predictor of relapse (Dickman et al., 1996).

Alyssa was a Caucasian woman in her mid twenties, single with no children. Though this was her first session with the group, she had participated in art therapy during her stay at the facility. Alyssa was sexually molested by her step father as a young teenager and had been in trouble with the law due to abusing drugs. Alyssa was glad to be leaving next week, though she appeared anxious, breathing quickly and exhibiting tense facial muscles. As she stared at her paper she said, “I can’t draw.” She used marker to draw these images (Figure 16).

*Figure 16. Alyssa’s first drawing (Step One).*
Unhappy with her work, Alyssa turned her paper over and started again (Figure 17). “I didn’t know what to draw, so I traced my hands,” she said.

Alyssa’s second drawing (Step One).

Alyssa stated the black and brown color of her hands represented the negative ways drugs have affected her life. “I drew the happy and sad faces just because I like to draw them,” said Alyssa. I asked Alyssa if she was able to feel her feelings of sadness and anger now that she was not using. She said she could feel anger openly at times, but sadness was more difficult. Though she reported that the process of drawing was “okay,” she did not think drawing helped her understand Step One better.

The fact that Alyssa traced her fingers so tightly together may represent her difficulty in reaching out for help. The happy mask could represent her persona, that is, the face she shows to the world. The sad face, however, could signify
what she is feeling on the inside, guilt, anger, and shame. The color red may
indicate a feeling of anger as well.

Janey was a Caucasian female, single, in her late twenties who was the mother
of three children. This was her first week at the facility. She appeared anxious by
her quick breaths and hands shaking slightly (Figure 18). While drawing, she
said, “We are powerless over people, places and things.” She had been in
treatment 17 times. Uhler & Parker (2002) have indicated a common trigger for
relapse includes unresolved trauma. Seventy five percent of women in treatment
have reported sexual and physical abuse (Forth & Finegan, 1991). I asked Janey
what was happening in her life this last time she relapsed. She said she was trying
to persuade her friends to stop using drugs. Instead of taking her advice,
however, they convinced her to use drugs again. Next, Janey wanted to create

![Figure 18. Janey’s first drawing (Step One).](image)
another image (Figure 19). Being in a relationship with a new boyfriend, Janey felt excited and wrote her children’s names and hers and her boyfriend’s name on the right side of the paper (blocked out for confidentiality). Though she reported that the process of drawing was “okay,” she did not think drawing helped her understand Step One better. “I already understand Step One,” said Janey.

In Janey’s first image (Figure 18) she drew two stick figures and a house. Though this art task was not a formal assessment, we can take a look at how she drew these images, which are common in art therapy assessments such as House-Tree-Person (H-T-P) and Draw-A-Person (D-A-P). According to Hammer (1958) stick figures may be interpreted as evasion and are characteristic of insecurity and self-doubt in individuals. Drawing a house provokes feelings about one’s home life and family relationships. The roof symbolizes one’s mental life or fantasy life
(Hammer, 1958). While looking at Janey’s image of a house, you can see that the size of the roof is actually larger than the body of the house. This may signify that Janey’s fantasy world is a very active and important part of her survival. Because both stick figures and house are placed almost halfway up the page may represent a lack of groundedness.

Janey’s second image is mostly words, with the exception of a heart. She used a wider variety of colors in the second drawing, which may show more feeling. However, the fact that she used words (children’s names, she and boyfriend’s name) could be that she is trying to control the feelings that might have been stirred up in the first drawing. The stereotypical image of the heart, however, could be a sign of either a lack of personal investment in or a resistance to recovery (Dickman et al., 1996). Though on a positive note, Janey did appear less anxious and more content after drawing both images. Her breathing seemed to slow down and become deeper. Janey’s body language appeared to be more relaxed and less tense also.

Initially, group members appeared less excited and more serious during this session than the first one. This may have been due to the choice of media, drawing, which was less easily controlled than the collage. Individuals did not report this media was “easy” to use as in the first session. As the group progressed, however, it seemed that they were enjoying themselves and talking with one another. It appeared that everyone overcame some resistance and
nervousness, participated in the art task and felt at least somewhat satisfied with the process and/or product even if it did not enhance an understanding of Step One for many participants.

**Session Three**

Session three took place one week later. There were thirteen members in the group. Five had participated in the first and second sessions and four were new to this group. One had participated in the first two sessions, however, did not want to work with the clay. Three just wanted to observe.

Clay was the chosen art therapy media because it provides less control than the first two media (collage and drawing) and can provoke an expression of feeling (Wadeson, 1995) or even regression in some individuals. Group members were provided with one sheet of white paper (12” x 18”), and about one half pound of clay, and access to sculpting tools. The art therapy task was to sculpt an image about Step One using clay. Members were asked to state Step one of A.A. Most could recite the main word, *powerless.* I again wrote Step One on the board: “We admitted we were powerless over drugs and/or alcohol – that our lives had become unmanageable.”

Group members were extremely excited about using the clay. Two members met me at the door upon my arrival to help me bring the clay in from the car. There were so many interested in using the clay, that we had to move to the dining area for more space.
Ann was one of the members who met me at the door. This was her third session. She was very excited about working with the clay. “I haven’t used this since I was in high school,” she said. Art was one of her favorite classes and she had done well in it, especially ceramics. She made herself a coil pot without any instruction from me (Figure 20).

Figure 20. Ann’s sculpture (Step One).

Ann explained, “The layers of the pot show the layers of pain. In recovery, we learn how to stop using drugs and get through the layers to find serenity.” One group member commented it looked like a kidney. Ann appeared very proud of her work and group members were affirming to Ann and her image. She reported the process of clay making was good for her and that it helped her understand Step One better. Ann said, “It helped me to see the layers I was talking about.”
Ann’s excitement was contagious to everyone in the room. The soundness of the structure could indicate a strong commitment to herself and recovery.

Jason was very excited to use the clay and also helped to carry it in. This was Jason’s third session. Initially content, he soon became frustrated because he could not decide what to make. Then he found his idea (Figure 21).

_Figure 21. Jason’s sculpture (Step One)._ "This is what my drugs looked like in my kitchen sink,” he said. Jason seemed very proud of his creation and group members affirmed him and his work. I asked Jason what he was going to put in his kitchen sink now that he has stopped using drugs. He said, “I don’t know.” “What about dishes?” I said. Everyone laughed. Regarding the clay making process, Jason reported, “This was more difficult than the other stuff we did, but I liked it.” He also said it helped him
understand Step One better and replied, “It helped me express my ideas three-dimensionally.”

Because Jason chose to recreate his drugs and drug paraphernalia, could possibly represent grieving over his former lifestyle. However, presence of psychoactive substances and/or paraphernalia may be a predictor of relapse (Dickman, et al., 1996). Sculpting drugs and paraphernalia may indicate Jason was, perhaps, still fixated on his addiction.

Once he began working on his sculpture, Jason’s frustration changed to surprise and then, joy. It was almost as if he could not believe he created this piece. Though his piece was successful, Jason still sought reassurance from me and the group. In his psychoanalytic theory, Freud called this process sublimation, which means primitive urges from the id, aggressive and libidinal energies, are used towards a socially acceptable activity, like art making, as opposed to acting out in a socially unacceptable way, like using drugs.

Seth appeared excited to work with the clay as well. This was also his third session. He had a very difficult time deciding what to make. Initially, he had made a tree-like figure. Feeling unhappy with this sculpture, however, he destroyed it. Seth’s second attempt at a sculpture turned out very differently than the first (Figure 22). Seth explained that his image was a joystick from a video game, and said “We are powerless, like a joystick.” Though he reported that the
clay making process for him was “okay,” it did not help him understand Step One better. Seth’s image of a joystick is a blatant phallic symbol. I did not call attention to it because this was not the first time he had created sexually charged material in his artwork. Seth had talked about his preoccupation with sex in other groups. After asking him at that time if he thought he was addicted to sex, he replied with a smile, “Well, I guess that wouldn’t be such a bad thing to be addicted to.” Everyone chuckled. I talked to his counselor and asked her if there was a possibility that Seth was sexually abused. His counselor had discussed this with him and he “assured” her that he has not.

Devon was an African American man in his late forties, divorced, with children and grandchildren. Having used drugs his entire adult life, this was his
first time in treatment. Though he had initially signed up for this group, this was his first time here. As Devon created a box with the clay, he was using too much water. I suggested he use less water or his box would collapse (Figure 23).

Devon said “This is a jewelry box for my granddaughter.” Sharing this in a previous group, Devon wanted to adopt his granddaughter because her father has denied his paternity. I had shared that thought this was a very noble thing, being in recovery from drugs for the first time may be all you would want to handle.

Devon reported liking the clay making process, however, did not know if this task helped him understand Step One better.

*Figure 23. Devon’s sculpture (Step One).*
Perhaps because he made his granddaughter a gift could mean that he is focused on giving up drugs for her instead of for himself. I decided not to share my thoughts with him because I did not want to spoil the feeling of pride he felt.

Mary was a Caucasian woman in her early fifties whose adult son died from a drive-by shooting ten years ago. She had used drugs throughout her adult life and stayed sober only through her children’s pregnancies. This was her first week here and her first time in treatment. She seemed anxious since her breathing was shallow. However, she was ready to participate. Mary started to work immediately on her sculpture (Figure 24).

![Figure 24. Mary’s sculpture (Step One).](image)

Mary appeared less anxious and more confident as she worked. Members were supportive of Mary and her image. “This is my ball and chain, which represents my addiction,” she said. Mary reported liking the clay making process and said it
helped her understand Step One better. “I was able to take an idea and create it to show how my drug addiction has affected me. Being on drugs is like carrying around a ball and chain. It gets very heavy after awhile,” she said.

Valerie was an African American woman in her mid-forties whose three children had been staying with her sister for almost one year. Valerie’s sister had temporary custody of them because of Valerie’s drug addiction. Immediately, Valerie went to work on this piece (Figure 25).

Figure 25. Valerie’s sculpture (Step One).

Valerie did not return to the group for processing, however, I caught up with her later to ask about the piece. She said, “I did not pay attention to what we were supposed to be doing. I just made a cross because I wanted to.” “What does your blue mean,” I asked. Valerie said, “I don’t know.” “I wonder if it helps you to
feel calm, I said. Blue can be a calming, peaceful color.” Valerie responded, “I don’t know.”

Because Valerie was very engrossed in the process of creating, she did not hear what the directions were. This could be an asset, however, because she was assertive in making what she wanted. It could also be considered a character defect, however, by her unwillingness to following instructions and/or advice from authority figures.

Jeremy was a Caucasian man, single with no children, and was in his late twenties. He had been using drugs heavily for the past three years. Though he had previously signed up to participate, this is his first time in the group. Jeremy was excited while working the clay, however, it took him some time before coming up with his idea (Figure 26). The piece on the left is a spoon for using cocaine. The right piece is a mushroom. Leaning the spoon onto the mushroom helped the sculpture to stand upright. Content with his creation, Jeremy shared that these pieces represent his former drug use. Jeremy reported that the clay making process was fun and that it helped him understand Step One better. “It gave me a chance to express my ideas in a 3-dimensional way,” he said.
Firing the pieces one week later, I brought them back for members to paint. By experimenting, Jeremy created an almost psychedelic look (Figure 27).

Figure 26. Jeremy’s sculpture (Step One).

Figure 27. Jeremy’s painted sculpture (Step One).
Because Jeremy chose to recreate a piece of drug paraphernalia (spoon) and a drug (mushroom) may mean he is still grieving and/or fixated on his drug addiction. I decided not to confront him on this issue because of how proud he was with his creation. As stated in Jason’s case, Jeremy’s re-creation of drugs and paraphernalia could be a predictor of relapse (Dickman, et al., 1996). The bright swirling colors could also signify the excitement of using drugs as well. The fact that Jeremy spent a lot of time finding the right mix of colors may also be a sign he enjoys art, which for now replaces the drug use.

The excitement individuals felt over using the clay was contagious. I loved the fact that they were excited to work with this medium. Although group members did not, in fact, create powerlessness in a literal way, it appeared that they were able to express themselves successfully and therefore, become more empowered.

Session Four

Session four took place one week later. There were five members in the group. Two had participated in the first three sessions while one had attended the first session only. One had participated in sessions two and three and another had participated in the last session.

Painting was the chosen art therapy approach because it provided less control than the first three media and can lower defenses. Group members were provided with one sheet of white paper (12” x 18”), various colors of paint, and choice of
paint brushes, plastic trays for mixing colors and plastic cups for water. The art therapy task was to paint an image about Step One.

Again, I had the group state Step One and I wrote it on the board: “We admitted we were powerless over drugs and/or alcohol – that our lives had become unmanageable.”

Jason seemed content in the group today. This was his fourth consecutive session. He focused well as he painted (Figure 28). Jason explained each image to the group, “The blue figure is me, the heart represents all the people I hurt while using, the green dollar sign signifies all the money I wasted using, the brown triangle shape pointing to the black shape shows sex with a woman, the pink glasses represent all the horrible things I saw while using and the elongated peach shape shows all the horrible things he heard while using.” When I asked

Figure 28. Jason’s painting (Step One).
how using paint to create Step One was for him, he replied, “I don’t really like painting. I can’t get a precise line.” “Did this art task help you understand Step One better?” I asked. Jason said, “Well, yes. I realize all the other things I am powerless over while I’m using the drugs, like seeing and hearing terrible stuff, hurting people and going broke,” he said.

Jason’s painting appears to be one of remembering the emotional, mental and financial pain of his drug addiction. Because he included himself seemingly walking towards the right of the page, may indicate that he has, literally, put all this behind him. Including oneself and/or a human figure is a positive sign that Jason may be committed to recovery and overcoming denial (Hammer, 1958; Dickman, et al., 1996).

I mentioned the sexual symbols to his counselor, however, thinking that this could possibly indicate sexual abuse. Jason’s counselor said Jason has admitted no history of sexual abuse and that perhaps, Jason was indeed flirting with me by putting in this sexually explicit material.

Seth appeared content to be doing art today. He said, however, that painting was not his favorite media (Figure 29). “As the arrow moves across the page to the right, life is getting harder and things are getting worse. The orange drop of water represents recovery. I am moving with the arrow hoping that the drop of recovery will hit me,” said Seth. “Where are you on the arrow?” I asked. “I’m a little bit right of the drop, past it,” he said. “I have been waiting and waiting for it
to hit me, you know? I am afraid because I’m not going to be here much longer. What if I don’t get it before I leave? I wish it would hit me instantly,” said Seth.

“Figure 29. Seth’s painting (Step One).

“I don’t think recovery is something that just happens to you. I think it is a process,” I said. “Well, I guess I just want instant gratification,” said Seth. Jason commiserated with Seth and said, “Yeah, me too. I just want recovery to happen to me, like a lightning bolt coming out of the sky” “Recovery is a process, not an event, like taking small steps,” I said. It sounds like both of you want instant results, which is what happens when you just take a drug. You may have used drugs to make the problem go away quickly instead of solving it,” I said. “Yeah, okay,” they said. When asked about using the paint and the benefits of doing this task, Seth replied, “It was just okay. I would rather draw.” Regarding whether or
not the task helped him understand Step One better, he said, “Well, sort of. Sometimes I feel like I am powerless over my own recovery.”

Figure 30. Janey’s painting (Step One).

Janey appeared anxious and was talking fast when she came to the group. At first, she did not want to paint anything, only watch. After observing the others, however, Janey decided to join in (Figure 30). As she worked, Janey began to share with the group about her sexually promiscuous lifestyle, which included prostitution. “I don’t think it is really that big of a deal. The money is great and it helps me support my children,” she said. I asked Janey, “Do you use drugs to cope with prostituting or do you prostitute to afford drugs?” “Well, she said, I take drugs only after turning a trick. I don’t prostitute to afford the drugs,” she said.
Janey reported that she liked painting and said, “It was fun.” Regarding whether or not the task helped her understand Step One, she said, “I don’t think so. I already understand Step One, even though I don’t always follow it.” Janey seemed more relaxed and less anxious after painting her image and talking about her lifestyle. She spoke more slowly and breathed slower and deeper. Janey appeared to be proud of her work as others affirmed her.

It was not until taking photos of the images at home that I noticed the full effect of Janey’s painting. The image looks like a face, with the rainbow making a large frown, the black clouds are like eyes, with rain coming down, which look like tears. The dark blue jagged lines are lightning. Janey covered some of them up with the dark blue, which could represent her denial and/or repression of angry feelings. After she was finished, Janey said, “I don’t know what this picture really means.” I pointed out the jagged lines and asked her what she thought they might mean. Janey said, “I don’t know.” “Jagged lines could be a sign of anger.” She did not respond. “The rain could be a sign of crying,” I said. “I don’t cry very much,” she said. “Maybe it’s easier to cry on paper. Crying is actually good for us because it helps cleanse the body of toxins,” I said.

Another group member, Timothy, an African American man, divorced and in his early fifties, chose to work on his own artwork by braiding key chains. Commenting on Janey’s discussion of prostituting, he said, “I used to engage in group sex. I knew there was something wrong with it, but that didn’t stop me.
Same thing with drugs. . . I knew they weren’t good for me, but I just didn’t care. It was like I had absolutely no motivation to stop, you know?” Timothy also told the group that he thought A.A. was a good, solid program with some great people, however, he did not believe in some of the steps. “I don’t believe I am powerless over drugs. I am powerful, have free will and can make a decision to use or not to use,” he said. Referring to Steps Two and Three, Timothy said, “I believe in a Higher Power, but I don’t think He has anything to do with my recovery.” “There is more than one way up the mountain,” I assured him. “The twelve steps aren’t for everybody,” I said.

Mary was glad to be doing art today, however, appeared anxious as well. This was her second session. As she painted, (Figure 31) Mary remarked, “I don’t like painting because I can’t get an exact line.” She shared with the group that the arm

Figure 31. Mary’s painting (Step One).
in her image represents her Higher Power. “I feel anxious thinking that I don’t have control over things, like my addiction. This is a picture of God, who controls the world.” She also reported that this task did help her understand Step One better, “because I realize how small I am compared to the world and how much powerlessness I have.”

Mary’s image is very powerful, both with bold color and images of the world and her Higher Power. Because she was able to distinguish herself as powerless, as compared to her Higher Power, she appeared to understand this concept as it is stated in Step one. I thought it was a positive step for her to represent her Higher Power in this image, though this concept does not appear until Step Two, “We came to believe that a Higher Power could restore us to sanity.” Mary’s anxiety seemed to decrease as she painted and shared verbally with the group.

After having attended the first session, Randy returned to the group. Though he was a trained artist, I suspected he may be afraid of the feelings that could arise for him when making art. Randy appeared to have blunted affect when he arrived. He mostly talked and watched the others. Finally, during the last part of the session, he engaged in the art task (Figure 32). As Randy splattered the paint with the brush, he said, “Look, I don’t have any control over this paint. I am powerless over where it goes.” He seemed content with himself for coming up with this realization. It almost appeared that he wanted to get the right concept
for me. This may represent transference, an idea founded by Freud, where the patient sees the therapist as an authority figure, usually a parent. The patient then transfers his feelings, both positive and negative onto the therapist. Because Randy was separated from his parents through divorce and living in a boys’ home, he may indeed have very strong dependency issues.

Randy reported that he hated painting and said, “You can’t get the control you need.” He also said that this task did not help him understand Step One better.

Randy seemed to get a great deal of satisfaction from his artwork. Because he did not engage until the end of the session, however, could be a part of his resistance. Randy had the courage to attend the art therapy session today and this in itself was positive.
It was apparent that members experienced a great deal of resistance in working with paint. Being the final media used in this step, however, was intentional. I wanted members to gradually feel safe while experimenting with the various media, in order of control. Painting does lower the defenses, and the group seemed to be successful at doing so in a safe and structured environment.
Chapter V.

Sessions Five through Eight

Session Five

Session five began one week later. There were eight members in the group. Seven had participated in this art therapy group previously. Two had attended all four previous group sessions, one had been present for three of them, another had attended two groups, and three had been present for one previous session. One had just arrived and had not participated in this group before. Although it is recommended that the 12 steps be worked in numerical order, each step has a separate action. Therefore, if a new member arrived to the group after Step One was covered, I reviewed the previous step as well as the current Step being addressed.

Collage was the chosen art therapy approach because we were beginning Step Two, and I wanted to use a media which provided the client with as much control as possible. Though all but one person had been in this group at least once before, not everyone had started with the very first session, where collage was used. Therefore, for some, this was their first experience using collage. Members were provided with a choice of one sheet of white or black paper (12” x 18”), glue sticks, scissors and markers. The art therapy task was to create a collage about Step Two using pictures and words which had been cut out previously from magazines. Members were asked to state Step Two of A.A. Most could recite the
main idea, a power greater than ourselves. I wrote Step Two on the board: “We came to believe that a power greater than ourselves could restore us to sanity.”

Most members were happy to be doing art. There appeared to be some animosity between two group members, however. Jason was preparing to leave the facility in a couple of weeks and Timothy, had just arrived. While listening to the conversation between them, initially I could not tell if they were arguing with one another in a joking manner, or if they were being serious. As time elapsed, it was apparent that these men did not care for each other’s company. Both appeared to be telling each other how it (recovery) should be done. Other group members seemed slightly annoyed. “Everyone has a right to their own recovery process,” I suggested.

Ann seemed content, though slightly anxious. I could tell she was much more confident in herself while working on her collage, since this was her fourth session. After finishing, Ann used a light blue pencil to fill in the spaces between the photos (Figure 33). While sharing her collage with the group, Ann pointed out the pictures she chose and read the phrases. I asked, “Which picture do you identify most with today?” “The little church…when I look at it I feel good,” she said. “Do you feel good today?” I asked. “A little bit,” Ann said. Others in the group gave support to Ann and her art work. She seemed happy with her artwork as well. Ann liked making the collage and thought it was easy. She reported that it did help her understand Step Two better and said, “I like the pictures [land,
water and church] and feel good when I look at them. The church helps me remember my Higher Power.”

Figure 33. Ann’s collage (Step Two).

Looking at Ann’s collage, there are many positive pictures of nature and encouraging words and phrases, like *reuniting with friends, connect and share the inspiration*. She also identified struggles with *I thought it was depression* and *slump*. Overall, it is a positive and hopeful image.

Jason appeared excited to be in art therapy as he arrived speaking quickly and with animation. He had participated in all four sessions thus far. Though happy to be doing art, Jason became irritated as the session continued because of a verbal sparring with Timothy. Both Jason and Timothy were the only African American males in the group. Perhaps they were attempting to *one up* each other. Jason shared his pictures of the wrestlers, the zebra, the queen, Oprah and Carol
Burnett, which signify strength, while Kermit and Bill Cosby (lower right) show humor (Figure 34). “The old man is confused because he does not know which religion to chose,” said Jason. “Are you experiencing the same feelings about choosing a religion?” I asked. “Yeah. . . I can’t decide which church to join,” said Jason. “I noticed the word conflict was placed over the girl’s mouth. Is there any significance to that?” I asked. He said, “No.” Jason said he liked making the collage, though, it did not help him understand Step Two better. He said, “I already understand Step Two. I like doing art because it helps me express myself,” said Jason. He seemed calmer as the session came to a close, probably because Timothy left the group early. As he left, Timothy said to me discreetly, “I like you, Miss Kathy, and I like this group, but I can’t stand him” (Jason).
After looking at Jason’s image, my intuition is that Jason is confused and conflicted over something because of the large word “conflicted” over the girl’s mouth. Though he is unsure about what church to join, I believe there is another issue he is struggling with; his sexuality. Jason’s counselor, in fact, confirmed this later when he told me that Jason has had sexual relationships with both men and women. “I believe Jason is homosexual, but does not want to disclose this to me or anyone else here,” his counselor said.

Seth arrived to the session appearing somewhat depressed. His affect was blunted, eye contact with others was limited and he hardly interacted while creating his collage (Figure 35). Seth repeated some of the phrases he chose such as space, mountain, rest and great power. Regarding the image of the Indian, Seth said, “He feels dead because his land and power have been taken away.”

Figure 35 Seth’s collage (Step Two)
that how you are feeling right now, like you are dead?” I said. “Yeah . . . I feel dead. I just don’t have any motivation to do recovery. I don’t even know if they are keeping my job for me while I’m here,” said Seth. He shared in another group that he is a bagger at a grocery store. “I like my job and don’t want to lose it,” said Seth. I asked Seth if he wanted to be dead and had plans to kill himself. “No, I don’t want to kill myself or be dead. I just feel like I am dead,” Seth said. Though he reported that making the collage was “easy,” he did not believe it helped him understand Step Two better. “I do believe there is a Higher Power out there, but I’m not sure if he can help me,” said Seth.

I followed up with his counselor about his statement. His counselor said Seth had mentioned feeling depressed this week and she had also asked him if he had any thoughts of killing himself. She said he feels depressed because of his job uncertainty and fear that he will not get it (recovery) before he leaves.

Though members in this session were not as energetic as the very first group, I thought it was successful; members focused well, completed the art task and shared with the group. Listening to Jason and Timothy try and top each other, however, caused me to feel somewhat stressed. However, I wanted to be an observer more than to reprimand. I noticed it bothering other group members as they rolled their eyes at one another and indicated anger through their facial expressions. At this time, I felt it was time to step in and comment.
Session Six

Session six took place one week later. There were four members in the group. Two members had participated in five previous sessions. One had attended three others. Another just arrived and was participating in the group for the first time.

Drawing was the chosen art therapy approach because it is less controlled and more challenging than collage. Members were provided with one sheet of white paper (12” x 18”), and choice of pencils, colored pencils, oil pastels, and chalk pastels. The art therapy task was to draw an image about Step two using choice of drawing materials. Members were asked to state Step two of A.A. Most could recite the main idea, a power greater than ourselves. I wrote Step two, “We came to believe that a power greater than ourselves could restore us to sanity.”

The group energy this session was calm and serious. Members focused well and did not interact much during art making.

Jason seemed quiet and serious this session, which was his sixth consecutive one. “Miss Kathy, he said, did you know this was our last art therapy session together?” “No, really? Will you be leaving soon?” I asked. “Yeah, I’m leaving on Monday. . . I’m really going to miss you,” said Jason. “I’ll miss you too,” I said. “Will you adopt me, Miss Kathy? Jason said. “You’re too old to be adopted and, besides, you are capable of taking care of yourself,” I said empathically.

Jason chose chalk pastels and focused on his drawing (Figure 36). He shared his image with the group, saying it was a nature scene of mountains, with water and
rocks in the front. Although Jason seemed less serious, his eyes and facial expressions were slightly sad. I asked Jason where he would be if inside his drawing, he replied, “On the front rock, to the left.” He reported that the process of drawing was “good,” and said, “I think this is my best work so far.” However, he did not think it helped him understand Step Two better.

There were obvious transference issues going on with Jason by his asking me to adopt him as well as in his art work. Mountains can be an unconscious feminine symbol representing the female anatomy (de Vries, 1984; Cooper, 1978) and he may have been expressing his attachment to me by drawing them. The tops of the mountains and rocks were pointed, which could be an indication of anger (Hammer, 1958). Having stated he would be on the lower left rock, Jason would have to cross the water to get to the right side of the page, which could Figure 36. Jason’s collage (Step Two).
possibly indicate the future (Williams & Furth, 1979). Though Jason reported his
drawing did not help him understand Step Two, the mountains may also signify
his spiritual quest and/or obstacles to overcome (de Vries, 1984; Cooper, 1978).
The water is somewhat choppy, which may be a sign that his emotions are stirred.
Incidentally, Jason’s biological mother died when he was ten years old, which left
a huge void. Perhaps the mountains represent his struggle to overcome the
repercussions her death has had on his life.

Upon ending the session, I expressed my gratitude for Jason’s hard work in art
therapy and hoped he would continue his love for the arts by joining an art class.

Seth appeared melancholy, though not as depressed as last session. This was
his six consecutive art therapy session. Like Jason, Seth would be leaving soon.
Quiet and focused, Seth chose chalk pastels to draw his image (Figure 37).

*Figure 37.* Seth’s drawing (Step Two).
He explained his image as a sunset with two birds flying in the distance. In response to the drawing, he replied, “I don’t really like using chalks. I’d much rather use pencil.” Seth did not think this art task helped him understand Step Two better.

Though Seth did not express a greater understanding of Step Two through creating his image, he appeared a bit more content than when he arrived. His voice was calmer and he spoke in a more accepting manner. As I prepared to take a photo of his work, I noticed that the sunset and birds together made an image of a lop-sided face with a sad expression. I believe his choice of pastels loosened him up slightly.

Chad, a Caucasian man in his mid-thirties, was single with no children. He seemed moderately anxious upon arriving to art therapy. He had only been at the facility for two days. Choosing chalk pastels, he began working right away (Figure 38). As he drew, Chad commented, “I like art and I’m glad we have the materials to create art here. This is a picture of the cross and the bible.” Responding to the process of drawing, Chad said, “I don’t like using chalks. I usually use pencil.” He did not think the art task helped him understand Step Two better and replied, “I already believe in Jesus Christ as my Higher Power. At first I didn’t know if I would be able to use the chalks since I don’t normally use them. I tend to be obsessive when I’m doing art and want everything to be absolutely
perfect,” said Chad. While observing him work, Chad did appear anxious by breathing slowly and tensing his facial muscles.

![Figure 38. Chad’s drawing (Step Two).](image)

However, Chad seemed a lot calmer and less anxious after he completed his artwork. In this case, as well as Seth’s, using the chalk opened him up and alleviated some of his anxiety.

Although members did not verbally express a greater understanding of Step Two through drawing, I believe they were successful at creating by focusing well and completing the art task. They also enjoyed the process of art making.

**Session Seven**

Session seven took place one week later. There were ten members in the group. One had participated in the previous four sessions. Three had attended
two sessions. Another had been at one other session. Five were here for the first time.

Clay was the chosen art therapy approach because it was the next medium in the progression for Step Two. Group members were provided with one sheet of white paper (12” x 18”), about one half pound of clay, and access to sculpting tools. The art therapy task was to sculpt an image about Step Two using clay. Again, I asked them to recite Step Two and wrote it on the board: “We came to believe that a power greater than ourselves could restore us to sanity.” For the purpose of this research, insanity is defined as very foolish, impractical and senseless (Webster’s New World College Dictionary) and synonymous with radical, extreme and excessive (Mirriam Webster Dictionary).

Group members seemed excited to work with the clay as their eyes lit up and voice tones became high. However, they also began to express apprehensiveness and uncertainty by looking around to see how others were working. Only one person had been here to attend the previous session using clay. Five members were brand new to the center and to art therapy. Normally I do not use clay with those who are just beginning art therapy because of its fluidity and challenging qualities. However, their excitement appeared to engage them quickly and help overcome timidity.

Timothy had attended at least two other groups, but had left early during session five due to his frustration with Jason. Because Jason finished treatment
and left, Timothy seemed happy to be in the group again. However, he brought his own project of making key chains by weaving plastic chord and had not intended to work with the clay. After much encouragement from me, he decided to participate (Figure 39). While Timothy created his sculpture, he kept repeating, “I can’t do this . . . I really don’t know what I’m doing.” Responding to his insecurities, I told him he was doing a great job and his sculpture was very structurally sound.

![Timothy's sculpture](image)

**Figure 39.** Timothy’s sculpture (Step Two).

As he showed his sculpture to the group, he said, “I wish I could have kept going and going [building up the walls to the top].” Timothy reported that the clay making process for him was “just okay.” He did not think it helped him understand Step Two better because, “I don’t agree with Step Two. I believe in a
Higher Power. However, I don’t think He has anything to do with my recovery. I also don’t think I am or was insane and need to be restored to sanity,” he said.

“Do you think using and abusing drugs is sane behavior?” I asked. “Well, I agree that using drugs is unhealthy for the body and mind. But, I was always aware of what I was doing. No one is ever going to tell me that I was insane for using drugs,” said Timothy. “The twelve steps aren’t for everyone. There are other models for recovery,” I said. Timothy seemed relieved that someone validated his beliefs.

I thought Timothy was successful in completing his sculpture. It was structurally sound, both with a solid base and walls. He wanted to build the walls higher and create an enclosed structure. This could indicate his defensiveness towards others. He had difficulty identifying and expressing his feelings, which is not uncommon for those recovering from addictions. Timothy stated his opinions about recovery and frequently disagreed with the 12 – step model. He challenged it whenever he could and at the same time, was not willing to listen to others.

David was an African American man, in his early thirties, single with no children. He had been incarcerated many times for drug use and domestic violence. This was his first time in treatment. David had observed an earlier art therapy session a couple of weeks ago and had begun a drawing. He seemed shy, but willing to try. David had a difficult time deciding what to create with the clay. After much frustration, David created this piece (Figure 40). Because
another group had begun at 3:30 p.m. that David wanted to attend, he left before sharing with the group. While cleaning up, I lifted the turtle to see if he had included legs and feet. He had not. I caught up with him later in the week to ask him about his image. “I feel like I’m moving very, very slow in recovery, like a turtle,” said David. He commented how much he enjoyed the clay, however, was not sure if it helped him understand Step Two better.

![David’s sculpture](image)

*Figure 40. David’s sculpture (Step Two).*

I was very impressed with David’s sculpture, especially because he was willing to overcome his frustration until he could complete a successful piece. This could be a sign of perseverance on his part and may, indeed, help him to overcome future obstacles in his recovery. If he had stayed and shared his piece, and I had noticed there were no legs and feet on his turtle, I would have suggested he put them on to reinforce movement.
Bette was an African American woman, in her early forties, single with two children. She seemed to have blunted affect and was very quiet as she anxiously looked around the room. Bette looked at how others were handling the clay to get cues on what to do. This was her second time in treatment. She had been sober for four years until relapsing. Bette attributed her relapse to losing one of her long time patients while she worked as a home health aide. She admitted turning to drugs to deal with her grief instead of reaching out for others’ support and going to 12 – step meetings. This was Bette’s first time in art therapy and using clay. It took her a while to decide what to make (Figure 41). “These are crosses which represent God,” Bette shared with the group. I asked her what the top curved pieces were attached to the crosses. She replied, “That is the sky.”

*Figure 41.* Bette’s sculpture (Step Two).
Bette reported enjoying the process of clay making and said it helped her understand Step Two better. “Using the clay helped me to express my Higher Power, which is God,” she said. After asking Bette if she had a relationship with her Higher Power while using, she said, “Well, not really. I was too focused on using drugs and lost my connection with God.” Bette seemed proud of her creation and that she was able to overcome initial apprehension and frustration. She smiled and breathed slower and deeper, which made her appear less anxious.

Bette’s piece does represent her belief in her Higher Power and her wanting to re-establish a connection with Him. However, it appears almost two dimensional because it is flat and cannot stand on its own. This may signify Bette’s fragility and newness in beginning the process of recovery once again in her life. She may need to learn how to trust herself and others in continuing her sobriety. The crosses, however, could be an expression of guilt from using drugs and/or other behaviors or incidents.

I felt somewhat apprehensive during this session because so many of the group members were brand new to the center and to art therapy. It was intimidating for me to some degree to introduce clay to so many new people. I was also concerned that the new members may automatically feel behind because we were working on Step Two and they had not been present for our group on Step One. As stated earlier, however, I explained to the new members that they could explore Step Two now without necessarily working on Step One.
impressed with members’ perseverance and tenacity in overcoming frustration and obstacles to create the sculptures. Their feeling of pride in the work and ability to control the medium was very satisfying to me.

Session Eight

Session eight took place on one week later. There were four members in the group. One had participated in seven out of eight previous sessions. Three had attended the last session.

Painting was the chosen art therapy approach because it was the next medium in the progression to use with Step Two. Group members were provided with one sheet of white paper (12” x 18”), various colors of paint, and choice of paint brushes, plastic trays for mixing colors and plastic cups for water. The art therapy task was to paint an image about Step two. Again, members stated Step Two and I wrote it on the board: “We came to believe that a power greater than ourselves could restore us to sanity.”

The group appeared content and focused today. There were fewer members present due to the nice weather. Many people who regularly attended this group were outside playing volleyball.

Seth looked happy as he arrived to the group. This was to be his second last session in art therapy because he would be leaving next week. When I asked him if his job at the grocery store would be waiting for him, Seth replied, “Yeah, they
are holding it for me! I’m really happy about that.” He started working right away on his painting (Figure 42).

![Figure 42. Seth’s painting (Step Two).](image)

Seth shared with the group that his was a rocket getting ready to blast off. “You are getting ready to launch your new life of sobriety….What does your yellow mean?” I said. “I’m not sure,” Seth said. “The color yellow can signify hope. It can also represent caution. Do you identify with either one?” I asked. “Well yeah, I feel some hope that I’ll do okay when I leave here…And I do feel cautious because I know I’ll be in the real world, where it’s tough,” said Seth. In response to the painting process, he said, “It’s not my favorite. I’d much rather use pencil.” Seth said that the art task “sort of” helped him understand Step Two better. “I am trying to believe there is a Higher Power who can be there for me,” he said.
Again, Seth’s image of a rocket appeared to be a blatant phallic symbol, as was his clay sculpture from session four, the joystick from a video game. I chose not to mention this because of not wanting to draw attention to it. Though Seth admits not liking paint as an art medium, I believe he was successful in producing his image. The fact that the image shows an arrow pointing to the right, while the rocket is blasting off to the left may indicate he is still struggling with the decision to stop using.

Seth appeared content with his piece and told us that he would miss doing art when he left. “You did very well in art therapy since you’ve been here. I believe you need to use your talent and energy for creating art. It may help you with your tendency towards depression. How about taking an art class, perhaps in an adult education program?” I said. “I would like that,” he said. As Seth left the session, he thanked me and shook my hand. “I really enjoyed doing the art while I was here,” he said.

Bette appeared less anxious than the previous session when she arrived. She smiled at me and was ready to do some art. As she looked at the white paper, however, Bette felt unsure about what to paint. “You can use line, shape and color to represent Step Two. It does not have to be representational,” I said. After some frustration and thinking for quite a while, Bette began painting (Figure 43). She shared with the group what each of the colors meant to her; “Red is love, white is my sobriety, blue is my favorite color and I want to buy a blue car
when I leave here, green is for money. . .I don’t have any and I want to get a job when I leave, light blue is the color of the sky and yellow is God, my Higher Power.” “You know what your image reminds me of, I said while looking around at other members, it reminds me of a flag.” Other group members nodded in agreement and said, “That’s what I thought, too.” “Maybe it’s your flag of independence from using drugs,” I said. Bette gave a big smile and nodded, “Yes, it is. I want to be drug free from now on. I don’t want to go back to that lifestyle anymore. It’s not worth it.” She liked the painting process and reported that it helped her understand Step Two better and replied, “It helped me understand that my Higher Power is involved in all areas of my life, not just my sobriety. If I turn to Him for help and support, He can guide me through everything,” she said.

Figure 43. Bette’s painting (Step Two).
Bette seemed less anxious than before she began to paint. She appeared very proud of her artwork and was willing to accept group members’ compliments and support.

Bette’s willingness to try a new media, painting, shows she may be able to try new behaviors to maintain her sobriety. Because the colors are encapsulated, however, could be an indication she is functioning in a regressed state such as incorporation, a lower level defense mechanism (Levick, et al., 1998).

David came to the group happy and ready to do art. He may have been feeling less timid and more confident after taking on the challenge of using clay in the last session. As David looked at the blank white paper, however, he seemed unsure of what to paint. After some frustration, he began painting (Figure 44).

![Figure 44. David’s painting (Step Two).]
Another staff member peeked her head into the room to see what everybody was doing. David showed her his finished product and asked her, “What do you think it means?” She replied, “I don’t know. Why don’t you look at it closely at figure out what it means to you.” “I don’t know what it means,” David said. “What does it look like to you,” he asked her again. “Well, I don’t know. . .You’re figure in the middle looks like an angel. . . It also looks like it’s raining in your picture,” she said. “Yes, it does…It is an a angel in the rain. The rain is making everything fresh and new, like starting over. . .It looks like the sky is crying,” said David. The staff member left the room. “It’s healthy to cry. We cry to get rid of toxins in our bodies. Are you able to cry, David?” I asked him. “I started to cry while I was watching a movie the other night. Otherwise, I do not cry much at all,” he said. “Were you able to cry while using drugs?” I asked him. “No, I used drugs so I wouldn’t have to cry,” David replied. Then, I heard David say softly that the rain streaming down looked like prison bars. When I asked him if he would like to talk more about being in prison, he gave an emphatic, “No!” I reassured him that he did not have to talk about it if he was not comfortable.

David’s response to the painting process was “okay.” He said making the painting “sort of” helped him understand Step Two better. “Do you think the angel is a sign of your Higher Power?” I asked. “The angel represents God,” he said. “Did you have a relationship with a Higher Power while you used drugs,” I
asked. “No, I didn’t. I was too busy looking for my next hit. I was lost in the drug life,” David said. He seemed satisfied and with his artwork.

It looked like David needed someone else to interpret his image before it was time for him to share with the group. He appeared relieved once he got some answers from the staff member. Before David had mentioned that the streams of rain looked like prison bars, I noticed it in his artwork also. It seems that prison is a difficult topic for him to discuss at this time. Another characteristic I observed in his artwork was that the angel’s legs looked exactly like the streams of rain, wavy and blue. Legs made of water would not be a sturdy, solid foundation. This may signify that David’s process of recovery and a belief in a Higher Power is very fragile and not yet a solid part of himself.

Overall, I thought this group did an excellent job in using paint to express themselves and interpreting their own images, though David got a little outside help. It appears two out of the four group members’ were able to gain more insight into Step two. Perhaps this group seemed more cohesive and intimate because of the fewer number of participants today.

At the end of the session, I informed the group that instead of meeting next week, we would meet the following one because I was getting married. Although they expressed disappointment in not getting together next week, they were excited for me at the same time.
Chapter VI.

Sessions Nine through Twelve

Session Nine

Session nine began two weeks later instead of one because I had gotten married last week. The four group members I knew were very surprised to see me because I had just returned from my honeymoon that morning. I did not think they expected me to show up today, though I had promised. There were eight members total in today’s group. One had participated in eight of the nine sessions. This was the fourth session for another. One had attended two previous sessions while another had been present for one. The four remaining had just arrived and had not attended this group before.

Collage was the chosen art therapy approach because we were beginning the next Step, number Three. Group members were provided with a choice of one sheet of white or black paper (12” x 18”), glue sticks, scissors and markers. The art therapy task was to create a collage about Step Three using pictures and words which had been cut out previously from magazines. Members were asked to state Step Three of A.A. Some could recite the latter part; to turn our will and our lives over to the care of God ‘as we understood Him.’ I wrote Step Three on the board: “We made a decision to turn our will and our lives over to the care of God as we understood Him.”
They were excited to be doing art. Those I knew congratulated me on my marriage. After introducing myself to the new members, most appeared somewhat apprehensive since this was their first session. One new member was very happy to be doing art because of his love for it. For the benefit of new members, I explained the definitions of art therapy and the purpose of the group. I also discussed that they would be able to participate in having me take photos of their work and record responses voluntarily and on the basis of confidentiality. Members would also have time to decide whether they wanted to participate.

Seth was happy to be a part of the group and informed us this would be his last session. He had attended eight previous ones. Seth chose to use collage and pencil in his image (Figure 45). Seth explained that the alcohol represented his

![Seth’s collage (Step Three)](image)

*Figure 45.* Seth’s collage (Step Three).
past drug use. The photo of the child hugging the adult signified Seth’s hope of continuing his path of recovery. He used pencil to write: “Life was dull before. This time settle 4 more!” Seth said he wanted to give recovery a try. He liked using the collage pictures, however, reported that this task did not help him understand Step Three better. Group members were supportive of Seth and his artwork and thought his rhyming phrase was creative.

Seth’s choice to use pencil and create a positive phrase seemed to show that he was willing to take a risk with this piece. There was balance here also, with two images on either side of the page. By choosing to put an image of alcohol on the left side, which may indicate the past, (Williams & Furth, 1979), Seth could be putting his drug use behind him. The image of the child hugging the adult is a positive one. Placed on the right side of the page, which may indicate the future, (Williams & Furth, 1979), could mean he has a positive outlook. Seth did not cut off the torso of the adult in the photo. I had cut out the picture this way because the top part had an advertisement on it. Seth may have chosen this photo because of grieving the full use of his legs. Taking a chance with pencil could be a sign that Seth was willing to take more risks as he left the facility and started a new life without drugs.

David appeared excited to be making art today. He had attended two groups prior to this. David interacted with others as he created this piece (Figure 46).
David explained that each person in his collage felt courage and hope. When I asked him which photo he identified with most today, he replied, “The one on the bottom right side.” David shared that he would like to do something to help people when he leaves. “I want to go to college and become a social worker. I could help people in trouble because I have been through a lot of what they’re dealing with, like being poor and spending time in prison.” David enjoyed collage making and reported that doing this art task helped him understand Step
Three better. “All these people asked God to give them hope and courage,” said David. He felt proud of his collage and others were affirming to him.

After processing, David asked me, “If you get your thesis copyrighted, do we get some of your profits? Hey, maybe I’ll be famous from having photos of my artwork in it too.” “Well, I don’t think it is going to be published and besides, your real names won’t be used,” I said. “Why not? You can use my real name,” he replied. “Well, I’m not allowed to use your real name anyway, and also very few theses get published. However, you are welcome to read it when I’m finished,” I said. “No thanks,” said David with a smile.

David’s collage expressed very positive messages, with images and words of hope and courage, with examples of people of color succeeding. Having positive goals for yourself is important in recovery and I told David that.

Andre was a Caucasian man in his early twenties, single with no children. This was his first time in treatment. He seemed both excited and slightly nervous today as he talked quickly with others and made rapid movements with his hands. Andre had just arrived and this was his first art therapy session with the group. “I’m glad we’re doing art – it’s something different,” he said. He interacted with the person next to him while making his collage (Figure 47).
Andre told the group that the baby with the adult face climbing on the bottle represented himself using drugs. He pointed out the pills on each eye. “When I’m using I’m like a baby who gets into everything he’s not supposed to. All I want is drugs. I don’t have any control over my actions and do dangerous things, like driving while intoxicated. . .[points to driver’s license]… And look, I have three arms. . .I can’t keep up with myself,” said Andre. “Have you ever been caught while driving under the influence by the police?” I asked. “Yeah, a couple times,” said Andre. He also told the group that the person holding the heart which says “Hug Me,” with a deer’s head, represented himself as well. “I expect everyone to cater to me when I’m high, but I act like an animal, not human,” said Andre. The group was very impressed with Andre’s creative abilities and told him so. Andre seemed excited and proud of his work as well. I asked him if he
Andre had taken any art classes. “Not since high school,” he said. Andre has been in and out of college the last couple of years, just taking basic classes. “Do you think your drug use has affected your ability to stay in college?” I asked Andre. “Yes, definitely,” he said. “I really liked making this collage,” Andre reported. He said this art task did not help him understand Step Three because “I haven’t gotten that far yet. . . but this did help me express how crazy I acted while using drugs.” “Perhaps your collage shows your powerlessness over your drug use,” I said. “Yeah, maybe you’re right,” said Andre. When I asked him if he was able to do art while on drugs, Andre replied, “No, not at all.”

Andre’s collage definitely shows his tremendously creative abilities. Affirming him for that was important to me. I also shared with Andre that using his creativity during recovery would help him stay sober. He did not respond, but looked pensive after I made the comment. Because the left side of his collage does not have any paper to support it may show his vulnerability and lack of support he felt during his past as well as while using. It appears that Andre is quite aware of how his drug use has had a negative impact on his life. This may pave help him accept the past in order to move towards healing.

Angela was a Caucasian woman in her mid-twenties, single with no children. This was also her first time in treatment. She appeared nervous and apprehensive, while making limited eye contact with me and exhibiting tense facial muscles.
This was her first time in treatment and doing art therapy. Angela was focused while working and did not interact much while creating her piece (Figure 48).

![Angela's collage (Step Three)](image)

*Figure 48. Angela’s collage (Step Three).*

Angela appeared nervous as she shared with the group. “These are some things I like: sunflowers, cocoa, waterfalls, nature. Here is a woman getting baptized,” she said. Angela said the person in the middle with her hand on her head represented herself, “She’s depressed.” She chose the word “remembering” because Angela’s counselor has helped her remember and talk about some things from her past. “Would you like to share something that you remember with the group?” I asked. “No!” she said, emphatically. “I’m sorry. I didn’t mean to put you on the spot. I should not have asked you that question. I just meant it in a general way,” I said. The group gave her positive feedback regarding her image. She appeared less nervous and more confident after sharing. Angela reported she
enjoyed making the collage, however, insisted the task did not help her understand Step Three better.

Looking back, I regret having asked Angela if she wanted to talk about something she remembered from her past. Because I had been away for two weeks and did not know her, I may have been overcompensating by asking her this question. Normally, I would not have asked this of someone new. However, after consulting with a licensed clinical counseling supervisor, she assured me of the benefit of gentle confrontation, while giving the client permission not to respond. This may plant the seed for future discovery without putting the client on the spot. Additionally, Angela’s piece shows balance in that she has both images and words throughout on both sides of the page. She also has many positive images, without any reference to drugs.

I felt very pleased with how group members engaged themselves in the art task and were willing to disclose personal issues regarding past drug use. It almost felt as if I learned as much as they did, having realized the benefit of gentle confrontation with Angela. In reference to my recent marriage, one male group member who had participated in previous groups joked with me individually and said with a smile, “it’s too bad you got married. .now you’re officially unavailable.” I had mixed feelings about his comment. One the one hand I was flattered and on the other I felt slightly uncomfortable. It made me realize I needed to keep my boundaries in tact.
Session Ten

Session ten took place one week later. There were ten members in the group. One had participated in the previous four sessions. Three had attended three prior sessions, while three had participated in two. Two new members had just arrived at the center and were participating for the first time. One chose to do his own portrait drawing of his wife.

Drawing was the chosen art therapy approach because it was the second media in the sequence. Members were provided with one sheet of white paper (12” x 18”), and choice of pencils, colored pencils, oil pastels, and chalk pastels. The art therapy task was to draw an image about Step Three using choice of drawing materials. Again, group members were asked to state Step Three of A.A. and I wrote it on the board: “We made a decision to turn our will and our lives over to the care of God as we understood Him.”

Group members appeared excited to be participating in art today. Having such a large group, I chose to relocate to the dining area. Though not as private, there is a much larger amount of space, with six circular tables spread out.

Mary came to the group looking content today. Her facial muscles and body language were more relaxed than at other group sessions. She chose to use chalk pastels instead of oil pastels or colored pencil. I noticed this because this was her first time using them. Mary seemed to be enjoying the process of blending the colors as she worked (Figure 49).
Mary shared with the group that the cross represents God, her Higher Power.

“The mountains, water and sky represent my Higher Power too, because God created them,” she said. “Was this your first time using chalk pastels?” I asked.

“Yeah,” said Mary. “You seemed like you were having fun blending the colors,” I said. “Yes, I liked using the chalks. It’s different from the other [oil pastels],” she said. The group gave Mary positive feedback about her work and she seemed proud of her accomplishment. She reported this task helped her understand Step Three better because, “It helped me express different aspects of my Higher Power.”

I felt excited that Mary had the courage to use a different media this session. Her bright colorful symbols of the cross, water and mountains were very powerful. The fact that the water line is almost halfway up the cross may
symbolize some deep emotions she may still need to deal with. Because the cross is placed on a small mound of dirt, that may not be able to support it, could indicate Mary’s fragileness. The mountains themselves are a symbol of spirituality, as if climbing to a higher ground. However, they may also signify a future struggle because of their placement on the right side of the page.

Andre arrived excited and ready to do some artwork. He started out using graphite pencil and filling in with colored pencil and oil pastels. While creating his piece, he interacted with other group members at the table (Figure 50).

Andre shared that this was an image of the sun, which represented his Higher Power. “The two green plants are poppies [my drugs]. They are intertwined and tangled. I’m trying to get to my Higher Power [sun], but I’m having a struggle because I can’t push through the mess. The poppies are blocking me. Group
members were very impressed with Andre’s creative abilities, as they had during the previous session using collage. Andre reported, “I liked drawing, but I don’t know if I will be able to finish this. I don’t think this art task helped me understand Step Three better, but it helped me realize where I am [in recovery] in relation to Step Three. I believe in a Higher Power, absolutely. But, I don’t know exactly how I can access Him completely. I mean, I pray and everything. I’m still trying to sort this out.” “You’re drawing is telling of your struggle in finding your relationship to your Higher Power. You have a lot of insight,” I said.

The photo of this drawing was actually taken two months after Andre began. He had not yet outlined the hands and the “road” images after the first session. The time and colorful detail of the road on the left side of the page could indicate his grieving over past drug use (Williams & Furth, 1979). It appears sparkly and magical. The right side has more of a somber appearance, which could be more of a realistic view of his road to recovery in the future (Williams & Furth, 1979). Andre’s difficulty in completing this drawing could be a sign that he is still struggling with trying to define himself as a person who is sober as well as how to turn his will over to a Higher Power.

Bette was in a good mood and happy to be participating in the group today. This was her third session. While working, she interacted with another member at her table. She chose pencil and marker to create her image (Figure 51).
Figure 51. Bette’s drawing (Step Three).

Bette read her phrases to the group, “I am a child of God. . . Prayer hands to always pray. . . Prayer changes things. . . To pray instead of picking up.” “Were you able to pray while you were using drugs?” I asked. “No. I couldn’t. I was out of it too much or I was spending time trying to get drugs for my next high,” she said. Group members affirmed Bette and her work. She appeared unsure if she believed the positive things others were saying about her piece. Bette said, “Well, all I did was trace my hands.” “You did more than that. Look, you put the lines in on the hands and you wrote down positive sayings,” I said. “I guess you’re right,” she said. She reported liking the drawing process and said that this task helped her because it gave her an image of praying, which represents her Higher Power, God. “I also realize how bad my life was while using drugs and did not pray,” she said. Bette appeared satisfied and proud of her artwork.
Bette’s work reflected positive sayings, which suggested praying instead of picking up. Using her hands for praying instead of picking up the drugs is a positive action replacing a negative one. Bette seemed to understand this while she shared her piece. Putting lines on the hands made them more humanlike, which gave it a three-dimensional feel. I thought Bette did a nice job. Her uncertainty of her work, however, may reflect low self-esteem.

Wes was an African American man in his late fifties. Having just arrived, this was his first art therapy session with the group. Wes did not know what to draw and spent the first twenty minutes thinking. He verbalized to other members at his table about his frustration. Wes eventually created his piece using pencil and oil pastels (Figure 52). Wes read his phrase, “My hand stretch upward to God for help and wisdom."

*Figure 52. Wes’ drawing (Step Three).*
help, and wisdom.” “Were you able to ask God for help while you used drugs?” I asked. “Yes, I did. I used to turn on gospel songs really loud and sing while I was high. I didn’t have a problem praying when I was using,” said Wes. “You are the first person I’ve met here in six months who was able to pray while using,” I said. “Really?” he said. I nodded. Group members were supportive of Wes and his image. They also appeared to be in disbelief that Wes would be able to pray while under the influence. Wes assured them that he could pray while using. He reported that he felt frustrated at first because he did not know what to draw. However, Wes appeared happy with the outcome of his artwork. He said the art task did not help him understand Step Three better because he already understood it. “I love the arts though, especially music and singing,” Wes said.

Wes’ image of the hand stretching upward to ask God for help and wisdom is a powerful and positive image as well as the phrasing he used. Because he reported having a relationship with his Higher Power while using, however, may pose a problem for him now. If Wes does not see a difference in his relationship with a Higher Power or others, in fact, without using drugs, he may not be motivated to stop using. Being his first session, we do not know his personal information yet. The placement of the cloud on the right side of the page could signify a future struggle with his addiction (Williams & Furth, 1979).

The group’s excitement over creating something was very inspiring to me. I looked forward to coming every Friday afternoon to do art therapy. During the
very first session for Step Three, I did inform new and former members that I would be leaving in two weeks. They appeared unhappy when they heard this and said, “Oh. . .really? . . . What are we going to do then? We’re not having art therapy anymore? That’s not fair. . .I responded empathically, “I don’t want to leave. I enjoy coming here and doing art therapy with you. I’m leaving so I can work more and write my thesis.” “Well, we don’t want you to go, one said.

Session Eleven

Session eleven took place on one week later. There were eight members in the group. Two had participated in three previous sessions. Two had attended two prior groups while two were present for one. There were also two new members.

Painting was chosen instead of clay because I needed to leave early and would not have time to help clean up the clay. Members were provided with one sheet of white paper (12” x 18”), various colors of paint, and choice of brushes, plastic trays for mixing colors and plastic cups for water. The directive was to paint an image about Step Three. Again, members were asked to state Step Three of A.A. and I wrote it on the board: “We made a decision to turn our will and our lives over to the care of God as we understood Him.”

As in the last session, our group needed to move to the dining area in order to accommodate the large number of members. They were excited to be using paint.

Larry was a Caucasian man in his mid forties who had been using drugs most of his adult life. He had attended one prior group, clay sculpture, which took
place one month ago. I felt both glad and surprised he returned. Larry appeared somewhat frustrated because he could not think of anything to paint. It took him about fifteen minutes to start working on his image (Figure 53).

![Figure 53. Larry’s painting (Step Three).](image)

“It’s a light bulb, which represents hope. . . It looks like a Kindergartner made it,” said Larry. “To me, it looks like the work of an adolescent,” I said. “Really, do you think so?” Larry asked. “Yes, adolescents show depth and shading in their work. I can see your attempt at dimension through the shading of the bulb and the silver part used to screw in the bulb,” I said. According to Viktor Lowenfeld (1969), an early art educator who had a background in psychoanalysis, a child’s
intellectual growth is connected to his creative development. He purposed
children go through six stages of art, beginning with the “Scribbling Stage” (age
2) all the way through to “The Period of Decision: The Crisis of Adolescence”
(ages 14 – 17). It is in the final stage that adolescents take interest in showing
visual elements, such as light and shading.

Larry he seemed much more satisfied and proud of his work when he found
out it was similar to an adolescent’s as opposed to a five year old’s. Group
members supported Larry and his image. “I had a hard time thinking of what to
paint at first, but I really enjoyed it once I got going,” Larry said. He reported that
this art task did not help him understand Step Three better. “I did better at this
than I thought. I’m glad I came,” he said.

I was impressed with Larry’s work, though the image was simple. The depth
he added showed his cognition was more analytical than that of a Kindergartner.
This art tasked seemed to boost his self confidence, and I was glad about that.
When I asked him what his green meant, he said, “I don’t know…it’s grass.” The
color green can signify growth and change, which may indicate his growth
process in recovery.

Bridget sat very quietly watching others get paint. When I invited her to join
us, she said “Okay,” shyly. Without hesitation, Bridget began painting once she
got her supplies (Figure 54). She did not interact with anyone, sitting at a table by
herself. Bridget shared with the group, “These are trees. I just learned that a tree
can be a symbol for yourself.” “What is the blue in the background,” I asked.
“It’s the sky,” said Bridget. “Which one of the trees represents you?” I asked.
“The one in the middle,” she said. “Do you know who the other two could represent?” I asked her. Bridget said “I don’t know.” “They could be a parent, sibling or a friend,” I suggested. “The one on the left is my Mom and the other one is my sister,” said Bridget, smiling. “They must be important people in your life,” I added. Bridget nodded and said, “Yes.” “Are they supportive of you in your sobriety?” I asked. “Yes,” she said. The group affirmed Bridget and she seemed proud. She liked painting, however, was not sure if it helped her understand Step Three better.

Figure 54. Bridget’s painting (Step Three).
Bridget’s trees are very frail, with similarly thin, wavy lines representing the trunk and the branches. This may signify her emotional fragility. The patches of blue in the background show perseveration, which could be a sign of anxiety.

Angela arrived to group excited to paint. I felt glad she was here today, since during the first session she said, “I can’t paint.” Jason, another group member who had mixed colors while painting his clay sculpture, was doing the same today. He demonstrated this process to Angela and she decided to use his color mixture on her painting (Figure 55). Because the colors were so vibrant, I thought it might be fun for her to make a print. I showed her how to make one, by taking a white sheet of paper, pressing it onto the original, and then pulling it off. We worked together to make the print (Figure 56). Angela told the group that the bright colors show her relationship with her Higher Power. She had written God

*Figure 55. Angela’s painting (Step Three).*
on the first painting. After making the print, however, it blurred. “Which painting
do you like better,” I asked. “I like the second one, because it has a cross on it,
which is my Higher Power. I don’t like the first painting because you can’t read
the word God anymore,” Angela replied. Group members really liked the bright

![Figure 56. Angela’s second painting (Step Three)](image)

colors in her painting and gave her compliments. Angela reported being
indifferent about the painting process and said emphatically, “It did not help me
understand Step Three better.” Angela looked disappointed in her original
painting as well as the print.

It was obvious to me that Angela was not happy with the results of printing her
original painting. I regret suggesting this because she did not like it. However,
she did have the option of refusing. It is a good idea to err on the side of caution
and let the client’s process unfold naturally. Art therapists can recommend an
idea to a client if he feels stuck with his own idea. In this case, however, Angela did not need any extra help.

As in the last session, Andre was happy and ready to make art. His facial muscles and body language were mostly relaxed and he was smiling. He began

![Andre's painting (Step Three)](image)

*Figure 57. Andre’s painting (Step Three)*

with pencil and filled in his image with paint (Figure 57).

Andre told the group, “This is a picture of me. Negativity is sucking me down into itself while I’m struggling to stay standing. I’m also having trouble deciding in which direction to turn. The tree is my past. The future is not clear,” said Andre. “Do you feel you are being pulled backwards in recovery, like being pulled toward using [drugs] again?” I asked. “Yeah. Although I’m away from my old lifestyle here, I don’t know if I’m strong enough to change,” said Andre. “It’s very common for people in recovery from substance abuse to feel that pull to
use again. I don’t know if it ever totally goes away. Although you may feel the temptation to use, you always have the choice not to,” I said. Group members really liked his painting and could relate to its theme. I asked the group if any of them have felt this way. Almost everyone raised their hands. Andre reported he liked painting, though he did not think the art task helped him understand Step Three better. “If anything, doing this helped me express how I’m feeling and where I am in recovery, which is being pulled in both directions,” said Andre.

Andre’s painting clearly shows the two opposing forces, sobriety versus drugs. He said the tree is his past, which happens to be on the left side of the page, representing the past. The tree, though representing drug use, looks very bright and inviting compared to the image on the right side, which looks dark and daunting. This may indicate his grieving for the past, where he may have been hiding in a make believe world without taking responsibility for his life. The dark, scary image on the right could represent the future, which is unclear and undefined. Andre’s painting is extremely expressive and by tapping into his talents, may help him find the strength to continue in his recovery.

It was exciting to see group members willing to try different media, though they may not be familiar with it and could be intimidated. I could see the progress with the new members who started out doing collage with Step Three. They were insightful in their own work as well as the work of others. I reminded the group that next week would be the group’s last art therapy session. Again,
members said, “Why do you have to go? You mean we aren’t having art therapy on Friday’s anymore? What are we going to do?” I replied, “Julie (a counselor at the center) is an art therapist and can do art therapy with you.” “She only works with the women,” someone said. “Yeah,” another chimed in. “It’s not fair that they get to do art therapy.” “You’re right, that isn’t fair, I said. I don’t want to leave. But, I need to work and write my thesis.” “Well, aren’t you working here?” someone said. “No, I am volunteering in order to complete my intern hours for my art therapy counseling degree.” “Oh. . .we thought you got paid,” they said. “That would have been nice to get paid,” I said, smiling.

Session Twelve

Session twelve took place one week later. There were eight members present. One had participated in five previous sessions. One had attended three prior sessions. Four had been present for two sessions and two had attended one previously. We went to the dining area to work because of the group’s large size.

Clay was the chosen art therapy approach because it was the final media to use with Step Three. Members were provided with one sheet of white paper (12” x 18”), about one half pound of clay, and access to sculpting tools. The art therapy task was to sculpt an image about Step Three using clay. Again, members were asked to state Step Three of A.A. and I wrote: “We made a decision to turn our will and our lives over to the care of God as we understood Him.”
They were waiting for me in the lobby and looked sad when I arrived.

“What’s wrong?” I asked. “This is your last day,” they said. “Oh yeah. . . it is,” I said. Members were excited to work with clay today, however, were in a serious, contemplative mood, probably because this was my last day doing art therapy. One member took me aside and said, “I heard a rumor that you’re leaving us because you got a great job making twenty dollars an hour.” “Oh, no. . .I’m leaving because I’ve finished my internship hours for my schooling in art therapy counseling. I am going to use the time to work and to write my thesis,” I said. “I wish you could stay and do art therapy with us,” he said. “Me too,” I said.

Bridget seemed less anxious and more content today than during the last session. Her facial muscles were more relaxed and she smiled with ease. This was her second session with the group. She waited quietly for me to cut her a piece of clay and sat by herself at the table. Bridget manipulated the clay for a while before she came up with her image (Figure 58).

Bridget shared with the group, “This is a butterfly, which represents my Higher Power,” she said. Bridget looked very proud as I showed the group her sculpture. They were complimentary of her work. She reported liking the process of sculpting clay, however, was not sure if the art task helped her understand Step Three.

Bridget’s piece was delicate and sweet, just like her. A butterfly is a delicate animal itself. Bridget’s butterfly, however, was strong enough to withstand the
kiln firing. Her sculpture may be a symbol of her freedom and transformation into a life of sobriety.

![Figure 58. Bridget's sculpture (Step Three).](image)

Larry was in a content, but quiet mood today. This was his third session in the group. He spent a lot of time manipulating the clay before coming up with an idea. In fact, he became frustrated and asked me for a suggestion. I declined to give him any specific ideas, however, encouraged him to keep going. After twenty minutes, Larry came up with his sculpture (Figure 59). Larry shared with the group, “It’s a dice [die]…I don’t know what it means, though.”

I took a lot of risks, with my health…and even my life,” said Larry. “Did you try and take your life?” I asked. “No, but I could have accidentally,” he said.

“You’re right. I guess using drugs is a lot like taking a big gamble on your life and relationships,” I said. Group members thought Larry’s sculpture was really neat. He was proud of his work and a surprised he came up with this idea. Larry reported liking the clay making process, though he felt frustrated at first. In reference to Step Three, he said, “Maybe I made a dice [die] because I’m still not sure about turning my life over to a Higher Power.”

![Image of Larry's sculpture](image)

*Figure 59. Larry’s sculpture (Step Three).*

Larry’s interpretation of his image is very honest. I believe his die sculpture could very well represent where he is in his recovery. Perhaps he believes that his sobriety is up to chance and he does not have any control over it.
David was contemplative today and felt sad that I was leaving. He had been the one to tell me of the rumor that I was leaving for a high paying job. David completed his sculpture and wrote, “This is God’s world.” (Figure 60). David shared with the group, “This is God’s world. I believe it’s his because he created it.” Group members were affirming of his work and David appeared satisfied with his piece. He reported liking the clay making process. However, he said the art task did not help him understand Step Three better. “I already understand Step Three,” said David.

Figure 60. David’s sculpture (Step Three).
David’s sculpture was somewhat structurally sound. In this photo, however, it appeared as if it was tilting slightly to the left. I showed him how to adhere the base to the globe so it would survive the kiln firing.

Andre was excited to be doing art and went to work immediately. He interacted with others as he worked on his piece (Figure 61 & Figure 62). Andre shared with the group, “He is looking up to the sky. He is attempting to stand, but is having trouble. He’s not sure what he’s facing.” “Do you identify with him,” I asked. “Yes, definitely. . .He’s having a similar experience to what went on in my painting. . .Like, I’m looking up for guidance and wisdom. But, something is

Figure 61. Andre’s sculpture (Frontal view) (Step Three)
pulling me down. . .I’m in a struggle,” said Andre. Wanting to validate his feelings, I said, “I think it’s common for people new in recovery to feel pulled in both directions, whether to remain an addict or stay sober. Have others in the group experienced this also?” Most members raised their hands in affirmation. Group members supported Andre and his work. Andre seemed proud of his sculpture, but at the same time, somewhat despondent of his situation. He reported loving the clay making process, though said the task did not help him understand Step Three better. “It helped me define where I am in relation to Step Three. I know I’m not there yet.”

Figure 62. Andre’s sculpture (Back view) (Step Three).
As Andre carried his sculpture upstairs to dry, he mentioned that he had trouble detailing the front of the sculpture, especially the eyes. “Perhaps you are not ready to see what is in front of you,” I said. “Yeah, you are probably right,” said Andre. As he indicated, I believe Andre’s sculpture is very telling of where he is in his recovery; not being sure if he wants to embrace what is in front of him.

Even as I wrote about this last session, it occurred to me that I would not be returning to do art therapy at the center, though writing about the sessions had been like reminiscing about the art therapy group. It was extremely touching for me to hear that members did not want me to leave. They even asked the Director if she would hire me as an art therapist. I already knew what the answer would be; not enough money in the budget to hire an art therapist and I had been correct. Although many members did not answer the question affirmatively whether the art task helped them understand Step Three better, it was obvious that almost all members got something out of creating; self-awareness, self-confidence, affirmation, validation and positive interactions with peers.
Chapter VII.

Conclusions and Recommendations

Does art therapy enhance Steps One, Two and Three in a Twelve – Step program for those recovering from drug and/or alcohol addiction? Which specific art therapy techniques best explore each of Steps One through Three in the 12 – step recovery process? How does art therapy enable those recovering from alcohol and/or drug addiction to discover insights, themes and problematic issues in their recovery process? How does art therapy allow individuals recovering from alcohol and drug addiction to explore their own spirituality?

After tallying members’ responses to whether each art task helped aid in their understanding of Steps One, Two, and Three, 40% reported affirmatively while 41% reported negatively. Twenty percent, however, said they were unsure whether the art tasked helped them or not. Though almost half reported the art task did not help them understand the Step, many members sited that it gave them self-awareness of either where they were in reference to that particular Step or where they were in their recovery process.

Collage making with Step One brought up the theme of powerlessness. Members discovered they were powerless over other things besides drugs and alcohol: nature, natural disasters, terrorism, violence and death.

Various art tasks, such as drawing brought out feelings such as loneliness, helplessness, emptiness, anger, fear, frustration, anxiousness, sadness, grief and
shame. These were expressed by collage pictures, colors, symbols, shapes, lines as well as verbal expression. Discussing these feelings with the group proved to be an excellent way to validate them as well as help them realize they were not alone in feeling this way.

Art making also elicited discussions of recovery being a process of discovering ways to express feelings appropriately and revealing the shame that accompanies the drug lifestyle, which can involve very risky sexual practices. Members were encouraged to discuss more personal matters such as these with their individual therapists. Even those who were not sure if the task aided their understanding of the Step stated they enjoyed creating and expressing themselves.

Not only were group members encouraged to create and express themselves, this was also a place for peer interaction. Many appeared to engage in conversation with one another as they worked. Almost everyone gave positive feedback which created a positive environment most of the time.

There were a couple of incidences where someone’s negative comments to another caused group members to feel anxious and unsafe. They expressed their feelings by rolling their eyes, tensing up facial muscles, and commenting to one another quietly about how they wished this person would leave the group. After he left, members expressed gratitude and relief. I had to intervene in both circumstances by addressing both members involved as well as discussing the incident with the rest of the group.
In addition to self-expression, self-awareness and peer interaction, this was also an environment to learn and explore various media. Learning to take risks with media can transfer into taking other risks in life, especially recovery. Almost everyone who participated gained a certain amount of mastery and control over the media used. Doing so increased confidence and ego strength, a much needed function for those recovering from substance abuse.

Overall, clay was the favorite media, followed by collage, then drawing. Painting was the least favorite. Though clay had almost as much fluidity as paint, members exhibited the most excitement using clay. Members specified not liking paint because it was difficult to get an exact line. In addition, painting may have been difficult to use because of its ability to lower defense mechanisms and open members up emotionally.

As for helping members identify their sense of spirituality, doing art did clarify this for some, especially with collage. Members in the first collage group working with Step One identified with so many of the different pictures of nature. Though nature is a suggested entity for those struggling to identify with a Higher Power, some had not realized their lack of controlling nature or how much beauty and power it encompassed.

The “spiritual experience” or “spiritual awakening” described in Alcoholics Anonymous (1976) comes about in a variety of ways; the recovering person begins to act instead of react to situations in his life, which is a new and different
way of thinking. And he realizes that he could not have achieved such progress alone; thus, a power greater than himself becomes a newly discovered inner resource. The act of creating in itself, however, is spiritual because it helps us understand ourselves. Becoming quiet within the self and giving permission to create becomes its own meditation.

Reflecting upon the art therapy sessions, I admit wanting the percentage of members to be higher who reported being helped to understand the Steps by creating art. During the first stages of writing the proposal I had thought of breaking down the Steps into more manageable parts by highlighting key words, such as powerfulness versus powerlessness for Step One. For example, an art task for Step One might be to do a collage about powerlessness versus powerfulness. I decided against it because the Steps are presented in the treatment center word for word, as Bill Wilson created them. Pulling out the meaning of the Steps, perhaps, would be like spoon feeding. However, finding the key word in the Steps may have enabled more members to better comprehend what the key issue was in each Step.

For example, Steps Two and Three could be broken down into one word, trust. Are we able to trust a Higher Power to restore us to sanity? What happens when we do not trust? Are we able to trust ourselves? An art task involving Step Two might be to do an art task about trust versus distrust.
In addition to trust being a theme for Step Two, sanity versus insanity could be another theme. What does it mean to be sane? How about insane? An art task addressing this theme could be to do a painting with the theme of insanity. How did your drug use correspond to the feeling of insanity?

One group member who impacted me the most was Jason, who exhibited a love and commitment to art therapy. He attended six consecutive sessions as well as the other group art therapy sessions that I lead during his 12 week stay at the center. Jason had creative talent, though he had a difficult time accepting compliments from me and other group members. There was a good deal of transference going on during the middle and ending art therapy sessions; Jason expressed this pictorially through his artwork by painting symbols of male and female anatomy and mountains, another feminine symbol (Session Four and Session Six) and verbally by asking me to adopt him (Session Six). Before he left, Jason also asked me to present some of his artwork during my thesis presentation. My presence as an art therapist and authority figure seemed to trigger his need for an emotionally supportive person, especially a female figure, in his life to take the place of his mother, who had died when he was young. Although I would not and could not replace his mother, perhaps I fulfilled a need for him by teaching him how to care for and be supportive of himself through his artwork. Jason showed me how important I was to him by his gratitude.
The fact that members waited for me in the lobby at the last session seemed to demonstrate that the art therapy group was an invaluable experience for them. Perhaps they felt my confidence in their creative abilities and trust that whatever happened was accepted and validated. I wonder how much they realize the tremendous gift they gave me; confidence and trust in my ability as a budding art therapist.
Appendix A

The Twelve Steps of Alcoholics Anonymous

(1) We admitted we were powerless of alcohol – that our lives had become unmanageable.
(2) Came to believe that a Power greater than ourselves could restore us to sanity.
(3) Made a decision to turn our will and our lives over to the care of God as we understood Him.
(4) Made a searching and fearless moral inventory of ourselves.
(5) Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
(6) Were entirely ready to have God remove all these defects of character.
(7) Humbly asked Him to remove our shortcomings.
(8) Made a list of all persons we had harmed, and became willing to make amends to them all.
(9) Made direct amends to such people wherever possible, except when to do so would injure them or others.
(10) Continued to take personal inventory and when we were wrong promptly admitted it.
(11) Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
(12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

(Alcoholics Anonymous World Services Inc., 1976)
Appendix B

Interview Questions

1. How was the process of art making for you?

2. How did you like/dislike the use of the media?

3. Did the art task help you understand Step One better? (Two or Three?)

4. If so, how?
Art Therapy Participation in a Research Study

I, ________________________________, hereby agree to participate in a research study which will explore Art therapy and how it can be used in conjunction with the first three steps of Alcoholics Anonymous and/or Narcotics Anonymous.

My art work and responses will be used in a Master’s thesis project for a Master’s degree in Art Therapy Counseling for Kathy Lorz, an art therapy intern at this site. I understand that my name will NOT be used in conjunction with the presentation or discussion of the work. There will be a total of 12 weekly sessions beginning on Month, Day, and Year.

We will be doing art tasks using collage, drawing, painting and clay for each of the first three steps of the 12-steps.

My Rights

1. I have the right to participate voluntarily and the right to withdraw at any time.

2. I have a right to ask questions, obtain a copy of the results and have my privacy respected.

_______________________________________  ________________
Signature of Participant                        Date

_______________________________________  ________________
Signature of Researcher                         Date
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Sons.


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