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Art Therapy and the Recovery Process: A Literature Review

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Abstract

Addiction to drugs and alcohol is a multi-faceted disease that has physical, mental, and financial consequences for the individual and for society at large. The global burden of disease related to substance use disorder is 5.4 percent worldwide according to World Health Organization (2014). There is a need to expand knowledge of the illness as well as create a more effective treatment method. The demand for addiction-based treatment is rising. There is a need to explore and strengthen research on therapeutic approaches to help individuals to combat substance use disorder and aide in the recovery process. Art therapy, according to Malchoidi (2012), has been found to be beneficial to patients with physical and psychological illnesses and can possibly provide another counseling method for people undergoing addiction treatment. This proposal is for a literature review research into whether art therapy can be used and show a help in this process of recovery.

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Art Therapy and the Recovery Process

Introduction

Addiction to drugs and alcohol is a dynamic and multi-faceted disease process for people with overwhelming health and financial consequences for the individual and society at large. The Substance Abuse and Mental Health Services Administration (2010), states drug abuse and addiction cost American society close to 200 billion in healthcare, criminal justice, legal, and lost workplace production/ participation costs. The World Health Organization (2014), estimates the global burden of disease related to drug and alcohol issues to be 5.4 percent worldwide. The demand for addiction-based treatment is rising. According to Urbanoski, Kenaszchuk, Veldhuizen, & Rush (2015), addiction infiltrates the lives of not only Americans, but also people throughout the world, there is a need to expand knowledge of the illness, while also generating a drive to create and utilize the most effective treatment methods. There is a need to explore and strengthen research on therapeutic approaches to help individuals to combat substance use disorder and aide in the process. This proposal is for research into how art therapy is used to help in this process of recovery and about the need for more empirical studies on the matter.

The Diagnostic and Statistical Manual of Mental Disorders 5th ed. (American Psychiatric Association, 2013), states “the essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug cravings when the

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individuals are exposed to drug-related stimuli.” Recovery and relapse prevention are two primary, yet difficult goals within the therapeutic setting for an individual with a substance use disorder. The addict suffers isolation through the consequences of their actions and the individual no longer has a true sense of self identify. Gilpin (2014), acknowledges low self-worth and severe self-criticism, despite sobriety, opens a window for relapse. Reframing these perspectives and learning how to deflect negative projections is necessary for a successful recovery. Art therapy has been found to be beneficial to patients with physical and psychological illnesses and can possibly provide another counseling method for people undergoing addiction treatment.

Urbanoski, Kenaszchuk, Veldhuizen, & Rush (2015), also notes co-occurrence of mental and substance use disorders has important clinical implications: in addition to presenting with a more complex array of problems, clients with co-occurring disorders are at risk of poor outcomes following treatment. Carruth and Burke (2006), explain when dealing with this complex array of problems in the addiction treatment setting, it has historically been relegated to a “wait until later” status. This approach has been congruent with a larger effort to prioritize treatment goals yet therapists are finding this not to be practical. Mueser, Drake, Noordsy, and Fox (2003), discovered some individuals couldn’t build a platform of abstinence, maintain control over problem behaviors and develop strengths in recovery without concurrently addressing mental health and psychological dynamics. Also, they learned that not only did individuals not regress in treatment, but actually benefited from earlier interventions. They felt clients could handle these issues earlier in recovery and concomitantly maintained sobriety. There have been years of research and studies about drug and alcohol addictions that have emphasized the need for wide-ranging treatment response in order to sufficiently address all the different needs of individuals struggling with addiction (Carruth and Burke, 2006). With the demand for addiction-based

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treatment rising, the relevance to strengthen and explore further research in relation to different therapeutic approaches will continue to increase.

The pain of substance abuse can be so intense that words fail to describe an addict's feelings. Haluzan (2012), explores how the individual's image in art is a result of internal thought processes that are difficult to express with words. Art therapy has been found to be beneficial to patients with physical or psychological illnesses and provides another counseling method that is useful for people undergoing addiction treatment. Art therapy is the deliberate use of art making for the purpose of addressing psychological and emotional needs and increasing self-awareness. It combines traditional psychotherapy theory and techniques with an understanding of the psychological aspects of the creative process (Matto, Corcoran, & Fassler 2003; Sullens, 2012). Carl Jung (1957), also believed that creativity could assist with healing by incorporating art making into the therapeutic process. Art therapy has been proven useful in exploring the connections between thoughts, feelings, and behaviors that are related to substance abuse (Holt & Kaiser, 2009). It has also been utilized as a way for the participant to recognize and express feelings of shame and begin the path to healing (Matto et al., 2003). Art therapy coincides with solution-focused therapy, which is utilized in substance abuse treatment, because the process of creating art work tends to activate the thought processes and the recollection of memories (Holt & Kaiser, 2009; Matto et al., 2003).

Does the intervention of art therapy in the recovery stage of addiction increase stability and help with relapse prevention? This author proposes to do a literature review for her capstone paper to research if art therapy substantiates a benefit for individuals with a substance use disorder in the recovery process. The aim is to help enhance the addict's recovery process,

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allowing the individual to explore internal struggles and feelings in a positive way while creating a strong foundation of self to help prevent relapse. This literature will cover research on the historical view and the developmental perspectives of this multi-faceted disease process for people. The paper will look at current theoretical orientations, current treatment options and the history of art therapy interacting with this population.

This paper will also look at the ethical considerations of cultural differences in substance use disorder and the treatment process. This author will conduct intensive research through the EBSCO system at Lesley University and the Fenway Library Consortium, a cooperating group of sixteen libraries available to students. This author will be reviewing peer review articles, books, dissertations, and enlisting End-list Web as the tool to help organize this research. The long-term goal of the research is to develop a comprehensive recovery program integrating art therapy to build on the foundation of recovery that is longer lasting and fulfilling.

The objective of the current study is to provide a comprehensive review of literatures and field practices in relation to substance use disorder and art to gain and further the knowledge, add new research about the topic, and make recommendations of how to improve treatment practices. Also, to make recommendations for integrating the modality of art with treatments for substance use disorder in empirical research to improve methods and contribute to clinical practices with the outcomes and impacts of the study. The result of this study will be valuable to the specialist substance abuse system, mental health system, general health system and practitioners as well as developing better practice and tools for individuals suffering from a substance use disorder.

Literature Review

History

In 1956 the American Medical Association voted to accept alcoholism not as a moral failing by the individual afflicted with this condition, but as a disease state that expressed itself through habitual heavy alcohol abuse that fell within the view of medicine (Stein & Friedmann, 2001). By extension, the same reasoning has been applied to the other drugs of abuse. At the end of the first decade of the 21st century, substance use disorders collectively remain the most prevalent mental health issue facing society.

According to the DSM-5 (2015), Substance use disorders might take any number of forms, including the subset of SUDs known as alcohol use disorders (AUDs) and nicotine use disorders (NUDs). Another subset of the SUDs is composed of those who abuse prescription drugs. The most prominent form of SUDs is the abuse of illegal drugs such as hallucinogens, cocaine, narcotics, and marijuana. Also, there are those who abuse compounds not normally intended for human use such as inhalants or anabolic steroids. Gilpin (2014), reviews how different classes of abused drugs can have different biological consequences and different co-morbidity risks, but SUDs are defined and diagnosed according to a single set of behavioral symptoms that are common to abuse of all drugs.

These behavioral symptoms include compulsive drug use, loss of control in limiting drug intake, the emergence of a negative emotional state in the absence of the drug, and increased vulnerability to relapse triggered by stress or cues previously associated with drug availability. SUDs assume a role of central importance around which individuals center their life (Gilpin, 2014). It is often difficult for those who have never struggled with a substance use disorder to

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understand this point. It isn't uncommon for addicted people to choose continued substance use over family, friends, their jobs, or even personal health. According to Grant, Dawson, Stinson, Dufour, Chou, & Pickering (2006), a conservative estimate suggests that there are at least four to five people hurt by the behavior of a person with a substance use disorder. The most common source of such pain is through parental alcoholism and approximately 9.6 million children are living in a home where at least one parent currently has an active SUD. By the time that they reach adulthood, more than one-half of adults in the United States will have lived in a family where one member has or at least had, an alcohol use disorder (Grant et al., 2006).

To have an understanding of chemical abuse and the problems it creates for an individual one looks at the cause of the alcohol use disorder, AUD, and how it affects both mind and body. Hart and Ksir (2013), state that drug tolerance in a person can result from changes in distribution and elimination, from behavioral adaptations, or from changes in the responsiveness of the nervous system caused by compensatory mechanisms. Physical dependence can be a consequence of this type of tolerance. According to Donovan, Molina, and Kelly (2009), individuals with an Alcohol Use Disorder often come to depend on alcohol for psychological support as well as to avoid physical withdrawal symptoms. In such cases, individuals are said to be psychologically dependent on alcohol. They believe they need that alcohol in order to relax, engage in intimate relations, sleep, and cope with stress, and so on. The physical dependence comes about when the individual suddenly stops drinking and experiences the characteristic alcohol withdrawal syndrome. Heavy alcohol use affects every organ system in the body and the body takes on a chronic disease state whether being in the brain, liver, heart, as well as certain cancers (Hart and Ksir, 2013).

Opioids and Heroin

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The United States is currently going through a crisis, an epidemic of opioid addiction. It is a problem that intersects with a medical culture that relies on prescription pain relievers which leads to heroin abuse (National Institute on Drug Abuse, 2014). The consequences of this abuse have been devastating as the number of unintentional overdose deaths from prescription pain relievers has soared in the United States. According to SAMHSA (2013), it is estimated that between 26.4 million and 36 million people abuse opioids worldwide, with an estimated 2.1 million people in the United States suffering from substance use disorders related to prescription opioid pain relievers in 2012 and an estimated 467,000 addicted to heroin.

Volkow, Chang, Wang, Fowler, Franceschi, Sedler, Gatley, Miller, Hitzemann, Ding, & Logan (2014), states there are several factors likely to have contributed to the severity of the current prescription drug abuse problem. They include drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and aggressive marketing by pharmaceutical companies. This greater availability of opioid and other prescribed drugs has been accompanied by alarming increases in the negative consequences related to their abuse. According to Mattoo (2009), opioids include drugs such as OxyContin and Vicodin that are mostly prescribed for the treatment of moderate to severe pain. They act by attaching to specific proteins called opioid receptors, which are found on nerve cells in the brain, spinal cord, gastrointestinal tract, and other organs in the body. Opioid medications can produce a sense of well-being and pleasure because these drugs affect brain regions involved in reward. People who abuse opioids may seek to intensify their experience by taking the drug in ways other than those prescribed. People crush them to snort or inject which not only increases the euphoria but also increases the risk for serious medical complications, such as respiratory arrest, coma, and addiction.

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A property of opioid drugs is their tendency, when used repeatedly over time, to induce tolerance. This tolerance, as explained by Williams (2013), contributes to the high risk of overdose during a relapse to opioid use after a period in recovery. Users who do not realize they may have lost their tolerance during a period of abstinence may initially take the high dosage that they previously had used before quitting, a dosage that produces an overdose in the person who no longer has tolerance. Abusers of prescription opioids are shifting to heroin as prescription drugs become less available or harder to abuse. Selvin and Ashburn (2011), state the emergence of chemical tolerance toward prescribed opioids and a difficulty in obtaining these medications illegally, may in some instances explain the transition to abuse of heroin, which is cheaper and, in some communities, easier to obtain than prescription opioids. SAMHSA (2013), reports the number of past-year heroin users in the United States nearly doubled between 2005 and 2012, from 380,000 to 670,000. Heroin abuse is dangerous both because of the drug's addictiveness and because of the high risk for overdosing. Also, this danger is compounded by the lack of control over the purity of the drug injected and its possible contamination with other drugs such as fentanyl.

Volkow et al. (2014), states drug abuse treatment must address the brain changes mentioned earlier, both in the short and long term. When people addicted to opioids first quit, they undergo withdrawal symptoms, which may be severe pain, diarrhea, nausea, vomiting, hypertension, tachycardia, and seizures. Medications can be helpful in this detoxification stage, easing craving and other physical symptoms that can often trigger a relapse episode. However, this is just the first step in treatment. Knudsen, Abraham, and Roman (2011), explain how medication-assisted treatments remain grossly underutilized in many addiction treatment settings, where stigma and negative attitudes persist among clinic staff and administrators. This leads to insufficient dosing

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or limitations on the duration of use of these medications which often leads to treatment failure and the perception that the drugs are ineffective, further reinforcing the negative attitudes toward their use. They state policy and regulatory barriers also can present obstacles. National Institute on Drug Abuse (2018), explains how medication-assisted treatment would be most effective when offered within the larger context of a high quality delivery system that addresses opioid addiction not only with medication, but also with behavioral interventions to support participation and progress, infectious disease identification, screening and treatment of co-morbid psychiatric diseases and overdose protection. Their research provided evidence that such a treatment system to address addiction must include all these components, yet there are currently very few systems in the United States that provide this bundle of effective services.

The Recovery Process: Treatment, Recovery, and Relapse

Treatment

Traditional Approaches and Art Therapy

Drug abuse and addiction have so many dimensions and disrupt so many aspects of an individual's life, in that treatment is not simple, and the need goes beyond the Medical Model. Because it has its roots in the scientific method, the Medical Model can only really incorporate phenomena that are measurable and quantifiable. Stein & Friedmann (2001), states the Medical Model corresponds well to the physical or organic components of illness, but, though it has much less assurance with other factors, the most important of which are psychological. There have been attempts to rate and scale such reactions as anxiety and depression, but on scrutiny these endeavors only measure phenomena which are assumed to have a direct relationship with the inner experience, which itself remains elusive and unmeasurable using our tools of scientific

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inquiry. Psychologists and doctors can measure and classify certain simpler aspects of behavior like habit spasms, alcohol consumption, and compulsive rituals; however, they have no measure of the emotional life that motivates the individual. Rating scores of described experiences are beset with ambiguities and potential distortions. If the usual Medical Model is incapable of dealing with this aspect of illness then we have two alternatives. We can ignore the non-organic, non-measurable aspects of medicine and remain always within the respectable territory of scientific strictness, or we can use alternative methods and models (Stein & Friedmann, 2001).

According to the American Art Therapy Association (2014), art therapy is using the creation of art as a form of psychotherapy for people experiencing trauma or illness, seeking personal development, or struggling to deal with the day-to-day act of living. Greene (2014), cites the many hospitals and mental health facilities which began including art therapy programs after observing how this form of therapy could promote emotional, developmental, and cognitive growth in children by the mid-20th century. The discipline continued to grow from there becoming an important tool for assessment, communication, and treatment of children and adults alike. People in the field are just as likely to work as part of a team of professionals that includes physicians, nurses, rehabilitation counselors, social workers, and teachers as they are to work alone. Art therapy can be and is used in family counseling, bereavement counseling, treatment of behavioral disorders in children, treatment of mental and physical disabilities, drug and alcohol rehab, stress management programs, and many other areas where the healing capabilities of art can improve the patient's condition.

The Art Therapy Alliance (2014) regards art therapy as the deliberate use of art-making to address psychological and emotional needs. Art therapy has provided mental health treatment

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for clients who have experienced trauma, grief and loss, depression, chronic illness, and substance abuse. This type of therapy provides the individual a means to project emotions onto an external object, their artwork for example, in a safe and controlled manner. What the client experiences as drawn often goes deeper than what is said, thus suppling a unique communication tool. While few art therapists receive specific training in chemical dependency treatment, Julliard (1995), explains a number of therapists have adapted their discipline to this population as art therapy can offer diverse approaches for treatment. Moore (1983) listed curative transference among the goals for art therapy in substance abuse treatment, suggesting that energy be directed toward more positive activities, exploring group roles and interactions, increasing self-awareness, allowing access to nonverbal modes of communication, supporting the switch from reaction to action, integrating function of the right and left hemispheres of the brain, expressing emotions, and increasing self-discipline, self-reliance, and personal responsibility.

There have been numerous ways therapist have achieved these goals; for instance, MakKay (1987), explored the emergence of unconscious material in heroin and cocaine addicts through a combination of art and drama therapy. Virshup (1985), found that conducting group art therapy sessions in a methadone clinic lobby offered clients a nonthreatening way in which to communicate feelings, deal with conflict, and improve both self-esteem and social skills. Springham (1992), explored the use of non-directive art therapy with substance abusers and identified stress release, ego development, insight, and occasional “deep work” as its benefits for patients. According to Cirillo (2011), art therapy often creates avenues for people to express emotions and address situations blocking recovery and confront the fears that limit growth. Individuals are able to gain insights to their process and apply these to their recovery process. Art therapy can enhance the diagnostic assessment procedures and aide in treatment gains and

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successes by increasing self-esteem, self-awareness, problem solving skills, empowerment, increase hope, and by initiating new behaviors (Cirillo, 2011).

Holistic Approaches and Art Therapy

Adedoyin, Burns, Jackson, And Franklin (2014), states holistic approach is essential in substance abuse treatment based on the complexity of the disease and the diversity of individual needs. A holistic perspective attends to more than just the absence of substance use or disease commonly ingrained in more traditional models of treatment. Adedoyin et al. (2014), also explain that holistic practices in substance abuse treatment programs encompass therapies such as expressive therapy, art therapy, spiritual, or religious interventions; osteopathic treatment; acupuncture; and more. The holistic approach to substance abuse treatment focuses on all aspects of the person, including emotional, physical, and social well-being, by encouraging growth through self-exploration and expression.

The National Institute on Drug Abuse (2018), explains the compulsion to get drugs, take drugs, and experience the effects of drugs has dominated the individual's every waking moment, and abusing drugs has taken the place of all the things they used to enjoy doing. It has disrupted how they function in their family lives, at work, and in the community, and has made them more likely to suffer from shame and other serious illnesses. Because addiction can affect so many aspects of a person's life, treatment must address the needs of the whole person to be successful which can be addressed through unconventional approaches. Johnson (1990), discussed creative therapies and addiction in the art of transforming shame akin to the "toxic shame" that Bradshaw (1988) addressed in his trade and stock opus, *Healing the Shame that Binds You*. In Johnson's treatise, she used art qualitatively as a shamanistic healing agent to undo the wellspring of shame associated with

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addiction. Here, art was employed as the healer invoking group ritual, imagery, and restoration of inner demons.

McNiff (2014), studied how mindfulness approaches and art therapy, together, can offer a unique benefit apart from either offered in isolation. In mindful art therapy there is a complimentary meeting of work within a visual modality, the therapeutic relationship, and the practicing of mindfulness. Mindful art therapy has the potential of providing a different type of framework and experience, including conditions for a safe and containing exploration of an individual's experiences and feelings, within the therapist-client relationship, in which mindfulness is practiced. According to Hick and Bien (2008), mindfulness in a therapeutic context can be defined as a non-elaborative, non-judgmental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is. The present-centered awareness or way of paying attention is cultivated, sustained, and integrated into everything that one does. Within the client-therapist relationship, mindfulness is a way of paying attention with empathy, presence and deep listening that can be cultivated, sustained, and integrated into the therapeutic session through the ongoing discipline of meditation practice.

Kabat-Zinn (1990), teaches when practicing mindfulness there is an encouragement to be open to all aspects of the self: this complex, mysterious, body-mind; the unknown territory of what will emerge when an individual makes a start to investigate and knowing one's self. There is a potential to open the awareness to areas of oneself that are unknown; to be with the depths and range of experience, through verbal and non-verbal means, this can include states that may be subliminal, pre-verbal, dream-like, or illustrate dreams. In both the process of mindfulness and art-therapy there may be an experience of freshness as we bring insight into what this body-mind is. There may also be

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painful experiences and feelings that emerge, which in mindful art therapy are explored and supported, within the relationship.

Cropley (2013) explains how a sense of balance achieved through mindfulness practices, helps individuals learn how to regulate their emotions and thoughts. Mindfulness can play an important role in substance abuse recovery whereby patients learn how to rethink the nature of stressful situations and stimuli that may otherwise trigger a harmful train of thought that leads to drinking or using. Prior to a mindfulness intervention, patients may have been oblivious to the various factors that start the chain reaction of negative thought and unhealthy behavior. Mindfulness treatment gives them the chance to examine those factors on a level playing field, in a calm, supportive and safe environment and in time, the triggers become less daunting and more manageable. Kabat-Zin (1990), teaches there is a meeting of mindfulness and therapy in: Mindfulness- Based Cognitive Therapy (MBCT), Dialectical Behavioral Therapy (DBT) and Acceptance and Commitment Therapy (ACT). This shows the value in the integration of mindfulness in existing modalities and provides a reference point for the integration of art therapy and mindfulness.

Donovan, Molina, and Kelly (2009), discussed how health care professionals have explored a number of alternative treatment formats to allow them to work with individuals with SUDs that do not involve inpatient rehabilitation programs which include: detoxification, video/self-confrontation, acupuncture, family/marital therapies, individual therapy, group therapy, biofeedback training, harm reduction, hypnosis and yoga or medication and expressive therapies. Moon (2007), refers to expressive therapies and psychotherapy as attending to the soul for healing, whereby art psychotherapy is attending to the soul through imagery. His process is that of attending to clients' individual metaphors in art therapy by responding with the therapists'

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own visual, behavioral, and aural metaphors that instigates a process of image-evolution. In this evolutionary process, one image begets another and, as a result, clients' understandings may shift. This progression produces inner changes in how clients think and feel, and outer changes in how they behave in the world (Moon, 2007).

When patients first stop using drugs, they experience a variety of physical and emotional symptoms, including depression, anxiety, and other mood disorders, as well as restlessness or sleeplessness. McLellan, Lewis, O'Brien, and Kleber (2000), show different types of medications may be useful at different stages of treatment to help a patient stop abusing drugs, stay in treatment, and avoid relapse. Some issues for individuals are the side effects that contribute and distract from any progress being made; also, individuals with dual diagnosis are already taking medications that may interact and cause negative effects. Other programs that help with behavioral treatment and are combined with medicine management include cognitive behavioral therapy, contingency management, motivational enhancement therapy, family therapy, positive peer culture and self-help groups like the 12-step integration (NIDA, 2018). An art therapy program de-emphasizes lecture-focused learning and provides a whole person assessment with customized treatment plan and unified support. The art directives in an art therapy program can be matched up to a steps system to help identify and address the problems caused by addiction that can lead to relapse.

Alcoholics Anonymous and Art Therapy

According to AA World Services, INC. (2014), Alcoholics Anonymous, a self-help group, and later, Narcotics Anonymous has been a key component of addiction treatment and recovery for over 70 years. Founded in the late 1930s by Bill Wilson and Dr. Bob Smith, who borrowed from the

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fields of religion and medicine to mold a program that worked for them. This program is a peer support system based on the idea that a recovering alcoholic can help other alcoholics stay sober. About 20 years later, Narcotics Anonymous was founded in Sun Valley, California. Integral to the philosophy of both AA and NA programs is “working the steps,” or the “Twelve Step Program,” designed to bring about a life change and assist the alcoholic in moving into recovery. The major approach used by AA has been the practice of the Twelve Steps, group support and a buddy system (AA World Services, 2014).

According to Gilliam (1998), challenges to the 12-step movement is that it is a one-size fits all program, which demands conformity to a single approach to recovery. Individuals are repeatedly warned that the disease of addiction will automatically progress and that they must rely on the strength of the group to overcome individual weakness and avoid a relapse. In Bennett and Golub’s (2012), study, alcoholics and addicts who have participated extensively in self-help groups often engage in a long-term, self-labeling process which involves continuous reference to their addiction. Though there are some critics, there are devoted enthusiasts who can attest to the success of this program and many art therapists are beginning to integrate art directives into the different levels of the 12-step program to bring about a deeper level of understanding and experience herein.

Within our society, Horay (2006) states that abuse of drugs presents broad consequences that affect every individual on some level. For more than half a century, Alcoholics Anonymous (AA) and other 12 step programs have been the dominant form of intervention offered to individuals suffering from addictions. Horay (2006), recognizes within his research that basic therapeutic models are not the only approaches effective in treating addiction. He states that there is a visible benefit from incorporating art therapy with the more traditional motivational interviewing and stages of

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change. Art directives have the ability to exemplify necessary behavior modification, self-actualization and the expulsion of denial when working with addiction. Holt and Kaiser (2009), show the first step series art directives aim to reinforce a healthier lifestyle by targeting denial and the necessary life changes that need to be implemented for successful recovery. Art therapy circumvents many of addictions defense mechanisms and enabling tendencies. Haluzan (2012), and Holt & Kaiser (2009), found that art can be a container for self-expression as well as an outlet that has the ability to go beyond the conversation and into the conscious and unconscious creative process to help people suffering from addiction by embracing a face to face, interpersonal relationship between the client, therapist, and artwork.

Julliard (1995) states the “step one” of a Twelve Step Program, where the addict admits powerlessness over the addiction, is considered fundamental to chemical dependency treatment whereby the belief in this step supports sobriety after treatment. A study was conducted by Julliard (1995), that was based on the premise that art therapy and role-play intervention will increase belief in Step One among individuals who are chemically dependent. The results showed the clients belief in the first three of the Twelve Steps increased, but only the increase in belief in Step Two which is a higher power can restore the addict to sanity, was statistically significantly higher. In post study interviews, the clients perceived that they had experienced a significant decrease in denial of their addiction during treatment and rated both collage making and role plays as important to their First Step work (Julliard, 1995).

Recovery Process and Art Therapy

There are benefits and challenges to be faced and navigated through by addicts during the recovery process. According to the National Survey on Drug Use and Health (2012), over 21

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million Americans struggled with a dependence on drugs or alcohol last year, but less than 2.5 million received treatment at a specialty facility. The report also points out that a full quarter of those that needed treatment did not receive it because they lacked health insurance. Addiction is legally defined as a diagnosable medical condition, but the stigma that accompanies drug or alcohol abuse has historically made it difficult to get care. Families or individuals may be hesitant to push for their rights, and some health plans have financial incentives for denying treatment, so they may twist words around in a health policy in order to misrepresent what's required of them; also, treatment approaches and their costs vary as widely as the range of substance abuse issues the insurance companies target. Depending on a patient's abuse habits and their medical histories, treatment periods can be as short as three months or can be considered lifelong commitments. Usually, patients require an individualized blend of treatments that include medication and behavioral therapy to cope with the major stages of recovery, for example: from withdrawal to maintaining sobriety once it's achieved.

White and Evans (2014), believe integrated models of peer-professional addiction recovery support have the potential of capitalizing on the respective strengths of clinical and environmental interventions into severe AUD problems. They state that with appropriately timed professional and peer support, people addicted to alcohol and other drugs can initiate and maintain recovery under the most extreme and adverse conditions and, through that recovery process, also help bring healing and health to their families and neighborhoods. The art process is another way that allows the whole family to express emotions, defining their creations and encouraging them to find their voice, thus giving hope with communication and in the recovery process. Keating & Pratt (2014), carried out studies showing the effect of a creative art program on self-esteem, hope, perceived social support, and self-efficacy in individuals with recovery and

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chronic illness. The findings of these studies support the caring-healing modality, nursing arts and creative arts in providing a creative arts program in a community-based setting that enhanced the lives of the participants with chronic diseases. The creative art program significantly improved participant's self-esteem, hope, perceived social support, and self-efficacy (Keating & Pratt, 2014).

Another issue Volkow et al. (2014), explains is how addiction affects multiple brain circuits, including those involved in reward and motivation, learning and memory, and inhibitory control over behavior; that is why addiction is a brain disease. Some individuals are more vulnerable than others to becoming addicted, depending on the interplay between genetic makeup, age of exposure to drugs, and other environmental influences. While a person initially chooses to take drugs, over time the effects of prolonged exposure on brain functioning compromise that ability to choose, and seeking and consuming the drug become compulsive, often eluding a person's self-control or willpower. Matto, Strolin-Goltzman, Hadjiyane, Vanmeter, Kost, Marshall, and Wiley (2013), suggest that substance addiction can be conceptualized as an attachment disorder whereby some of the same neurotransmitters released during social bonding processes are also released during active drug addiction. From a social perspective, substance abusers in recovery commonly report that a relationship to the drug of choice can become a substitute for healthy human relationships. Matto et al. (2013), believes restoration relationships in recovery are necessary for full neuro-biopsychosocial transformation and sustained recovery. Educators and Art Therapists draw from clinical neuroscience to show how art therapy affects the mind-body connection and in doing so lifts illnesses like anxiety, depression and stress; all important to the recovery process.

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Malchiodi (2012), states how the brain and body react to the experience of drawing, painting, and other art activities are clarifying why art therapy may be effective with a variety of populations and situations. Malchiodi (2012), Kaplan (2000), and Has-Cohen and Carr (2008), speak of the relationship between neuroscience and art therapy as an important one that influences every area of practice. They underscore the overall importance of scientific mindedness in the practice of art therapy, the significance of neuroscience to the field, and the relevance of mind-body unity to mental imagery and artistic activity. Alders and Levine-Madori (2010) provide growing evidence for art therapy to enhance cognitive performance and perception of cognitive ability. Methods such as cognitive-behavioral therapy are the direct outcome of the acceptance that the brain can adapt and change in response to intervention. Lambert (2010), states in a similar sense, repetitive, reward-driven activities including art making and crafts “rewire” the striatal-accumbens-cortical areas of the brain, reducing depression and anxiety. The positive enjoyment found in drawing, painting, making a ceramic pot, woodworking, knitting, and other creative activities, if experienced on a regular basis, can improve mood in a fashion similar to the chemical changes produced by an effective antidepressant.

Relapse Process and Art Therapy

According to Witkiewitz, Bowen, Harrop, Douglas, Enkema, & Sedgwick (2014), in the United States, the rate of relapse among substance abusers who receive specialty treatment is estimated at over 60 % within the first year following treatment. A lapse is defined as when individuals initially abuse a compound after a period of abstinence. This brings them to a decision point of choosing to continue or stop. The term relapse is drawn from the medical

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model of the addictions and reflects a state where the patient falls back into an active disease state after a period of remission (Greenfield & Hennessy 2008). When an individual has a relapse to drug abuse it does not mean treatment has failed. McLellan, Lewis, O'Brien, and Kleber (2000), affirm the chronic nature of the disease means that relapsing to drug abuse at some point is not only possible, but likely. Relapse rates for people with addiction and other substance use disorders are similar to relapse rates for other well-understood chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components. Treatment of chronic diseases involves changing deeply imbedded behaviors, and relapse does not mean treatment has failed. For a person recovering from addiction, lapsing back to drug use indicates that treatment needs to be reinstated or adjusted or that another treatment should be tried.

Gordon (2009), explains much of what drives an addict to substance abuse is a need for control or escape from their reality. After an addiction was established in a person's life, the neurological effects become stronger, overtaking the individual's primary response system and the individual experiences psychological issues, including a change of mood and perception of others in their surroundings. Hagens (2011), states motivation was imperative for rehabilitation to be productive, as it bolstered an individual's recovery in a positive manner, reducing the lack of opposing ideas, which led to relapse. Along with the individual's motivation for recovery, harm reduction, relapse prevention, and coping strategies also need to be addressed with the population that struggles with sobriety. Although there are a large number of treatment facilities and programs for addiction, many who have taken advantage of the treatment opportunities continue to relapse. Holt & Kaiser (2009), and Julliard (1995), investigated issues associated with recovery, relapse, and healing of drug addiction and found art therapy beneficial for the

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expression of emotions associated with these problems and may offer a safe milieu to discuss issues surrounding the recovery process.

According to Hagens (2011), when dealing with the stages of change, art therapy has been helpful by allowing a deeper exploration and expression into ideas of harm reduction, relapse prevention, and motivation in recovery. It is difficult for some individuals in their recovery due to co-current disorders. Some have an underlying mental issue which led to their addiction while others have the addiction with symptoms of a mental disorder brought on by the effects of their problem like depression or anxiety. The issues can get inter-twined making it all the more difficult on their road to recovery. O'Laughlin (2008), explains that while during art sessions, healing for dual diagnosis can occur through the internal expression and physical movements that happens when creating. Malchiodi (2007), mentions when the addict is dealing with co-current disorders or health issues stemming from years of abuse states, the expressive arts provide another counseling method that is useful to people undergoing addiction treatment because it provides them with ways to understand and cope with their addiction. Both Art therapy and traditional therapy focus on helping a person practice introspection and healthy coping skills, but art therapy can be a great way for a person to explore aspects of his life that he might not be able to explain in a conversational way.

According to Tam, Shik, and Lam (2016), report the most commonly used treatment for preventing relapse among drug abusers is the cognitive-behavioral approach. This approach, which is based on the principles of social learning theory, proposes that individuals come to use drugs by observing other users, and that the positive effects of drug use can lead to repeated use and the development of cravings. Relapses occur when addicts encounter and fail to effectively

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cope with high-risk situations associated with certain locations, times, moods and people. The CBT approach can help recovering addicts to assess the determinants of high-risk situations and increase their sense of self-efficacy as they change their behavior. Nonetheless, relapse remains a significant problem for those who have received cognitive-behavioral treatment for addiction. Therefore, further research and experimentation on effective treatments is needed to improve the relapse outcomes among substance abusers. Tam, Shik, and Lam (2016), report art therapy has been empirically assessed as an effective form of relapse prevention for substance abusers who are relatively treatment resistant, defensive and unexpressive. Art therapy is another approach that has been assessed as an effective form of relapse prevention in general for substance abusers and in particular, for the engagement of treatment-avoidant drug-abusing teenagers (Riley & Malchiodi, 2003).

Donovan, Molina, & Kelly (2009), asserts individuals with a long history of addiction also have symptoms resembling that to brain injuries and Post traumatic stress disorder which triggers relapse and hinders recovery. Art therapy has successfully been used in the treatment of PTSD and it is thought to be particularly helpful in allowing trauma victims to communicate inner pain nonverbally and less directly (Mims, 2015). Malchiodi (2007), states victims of trauma, such as combat or violence, often have difficulty processing and verbally expressing emotions, a condition called alexithymia. Art expression can be particularly helpful with people whose trauma is so severe that words are not readily available to convey emotions that need to be expressed (Malchiodi, 2007). Mims (2015), detail a pilot study that used a six-week visual journaling art therapy group with military veterans in recovery in order to reduce symptoms of PTSD, stress, anxiety, depression, and trauma. The study revealed the visual journaling art therapy group was beneficial for the participants as self-knowledge increased for them resulting

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in a better understanding of their symptoms, emotions, and feelings, as well as increased self-understanding, increased self-confidence, and hope for the future (Mims, 2015).

Post traumatic stress disorder is not just limited to adults but happens to children as well. Individuals with AUD or SUD'S and their families suffer from PTSD and need to learn coping skills as well as relaxation skills. PTSD in children as been extensively studied during the past 15 years, but little research exists regarding the efficacy of treatment interventions. Chapman, Morabito, Ladakakos, Schreier, & Knudson (2001), studied art therapy interventions in relieving posttraumatic stress disorder. Their report describes an outcome-based art therapy research project currently conducted at a large urban hospital trauma center. Included are the theoretical rationale and overview of an art therapy treatment intervention called the Chapman Art Therapy Treatment Intervention (CATTI) designed to reduce PTSD symptoms in pediatric trauma patients. They report evidence that the children receiving the art therapy intervention did show a reduction in acute stress symptoms.

Culture, Diversity and Traditions in Recovery Process

Because cultures are so complex, the treatment for addiction needs to be specifically individualized and go beyond psychopathology and the biochemical dependency to look at factors such as social aspects (culture), diversity, and traditions. The sociological perspective helps make sense of drug use, addiction, and related phenomena by exploring the lives and social worlds of those who use drugs. Bennett and Golub (2012), were influenced by Zinberg's theoretical framework for understanding the conditions that shape an individual's drug experience and contended that the drug experience depends on factors operating within three interacting domains: drug, set, and setting. "Drug" describes the properties that affect an

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individual's body, often manifest across the dopamine pathway. "Set" includes a user's psychological expectations or mindset surrounding the consumption of a drug that further influence the experience. "Setting" includes the environmental, social, and cultural context in which substance use takes place. The setting is an organic system with its own internal logic based in a worldview that defines the prevailing gestalt as located in time and place (Bennett and Golub, 2012). Understanding of setting greatly expands the addiction syndrome model and can help in the understanding of and the treatment for individuals in recovery.

Although recovery programs offer some variety of types of rehabilitation and flexibility, a lack of empathy towards certain populations within this society may ostracize specific cultures, such as women. According to Hagens (2011), biases exist within society, including race, social economic status and sex. While men have it tough, women are in a difficult position when it comes to addiction. Lynch, Potenza, Cosgrove & Mazure (2009), explain women who abuse or were addicted to a drug of abuse were subjected to a greater degree of social condemnation than were men. Women's substance use disorder was viewed as being less important than that of men and may have the additional stigma of being seen as more "sick" and deviant than a man with the same problem. Pregnant women are at an additional risk when abusing substances as they run the risk of impairing the baby. Gordon (2007), states women who enter a rehabilitation program tend to have a smaller support circle, often discovering that friends, family, employers, and society are less tolerant of a woman with an SUD than a man with the same problem.

According to Hays (2001), it is also important to respect the culture and language backgrounds of the individuals in recovery. Failure to understand an individual's culture can result in misdiagnosis leading to inappropriate and poor quality of services. Assessments need to

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be sensitive to the cultural beliefs of the client, according to Greenfield & Hennessy (2008), and be aware the different cultural groups might have different beliefs about substance use than the dominant culture. Ida (2007), states one of the challenges in working with different populations is recognizing the great diversity within each ethnic and racial group as well as those within the lesbian, gay, bisexual or transgender communities. It is important to respect the role of culture, but one must also avoid stereotyping and treating everyone from a similar ethnic background as if they were the same.

Hays (2001), stated recovery for diverse populations with dual-diagnosis issues includes communities of color, those with limited English proficiency and individuals who are lesbian, gay, bisexual or transgender. A person of color or a LGBT individual with serious emotional problems must deal with both the discrimination brought on by their ethnicity/sexual orientation identity and that of being a person with a mental health/co-occurring disorder. The process of healing and recovery must take into consideration the critical role of culture and language and look at the individual within the context of an environment that is influenced by racism, sexism, colonization, homophobia, and poverty as well as the stigma and shame associated with having a mental illness. (Ida, 2007).

From the vantage point of an individual's culture and diversity, as mentioned before, one can then look at traditions and recovery involving the whole person which includes the mental, emotional, physical and spiritual needs of each person. Hays (2001), states how spirituality plays an important role and may or may not involve an organized religion. Spirituality could be a belief in God, a belief in a higher power, respecting one's ancestors, or a belief in the spirit world. For some individuals, recovery might involve the use of traditional healers to help with

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problems that are viewed as psychological in nature. For example, traditional tribal healing practices for Native Americans are tied to their tribal language, values and beliefs (Jilek, 1994). African American, Asian American, Native Hawaiian and other Pacific Islanders, Hispanic, Latinos and Native Americans all have different practices that may involve the use of traditional healers, curanderas (traditional Latino healers), shamans, medicine men, midwives, acupuncture, ayurvedic medicine (historical roots in the Indian Subcontinent), herbal medicine, meditation, ho'oponopono (power of prayer), morita (mix of Zen Buddhism and person-centered practices), Naikan (self-reflection contrition practice), tai chi ch'uan, and yoga (Rezentes 1996; Jilek 1994). Ida (2007), states recovery must assess the impact of isolation brought about by cultural and language barriers and work towards reducing the negative influence it has on the emotional and physical well-being of the person. It is imperative that recovery occur at multiple levels and involves the person in recovery, the service provider, the larger community and the system that establishes policies that often work against those who do not fit the mold of what mainstream society considers being "the norm." Recovery approaches therefore, must show respect for the cultural and language backgrounds of the individual.

Discussion

A Growing Necessity for Art Therapy Treatment

The World Health Organization (2014), estimates the global burden of disease related to drug and alcohol issues to be 5.4 percent worldwide. The demand for addiction-based treatment is rising. According to Urbanoski, Kenaszchuk, Veldhuizen, & Rush (2015), Art therapy is being studied across the globe in response to the addiction epidemic to learn and advance knowledge of the benefits in the recovery process. Klingemann and Klingemann (2016), carried out a

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qualitative study in Poland that explored the usefulness of visual data when assessing addiction careers from various methodological perspectives. British studies showed the utility of the Formal Elements Art Therapy Scale with patients with a diagnosis of substance use disorder. The visual representations of subjective experiences of the process of recovery from addiction and the meanings that participants attribute to their visual work were also investigated. (Rockwell and Dunham, 2006; Shinebourne and Smith, 2011).

Needs of the Whole Person and Social Culture

Alasuutari (1986), completed a qualitative study in Finland where drawings were used to facilitate interviews on alcoholism in cultural context. The study by Lev-Wiesel and Liraz (2007), showed the interface between verbal accounts and drawing interventions. The study aimed to examine the extent to which the use of drawing prior to narrative description increases the richness of the narrative given by the individual during interview discussing of negative life events. Greenfield & Hennessy (2008), notes recovery is variously described as something that individuals experience, that services promote, and that systems facilitate, yet the specifics of exactly what is to be experienced, promoted, or facilitated and how are often not well understood either by the patients who are expected to recover or by the professionals and policy makers who are expected to help them. According to NIDA (2018), Gaining the ability to stop abusing drugs is just one part of a long and complex recovery process. When people enter treatment for a substance use disorder, addiction has often taken over their lives. The compulsion to get drugs, take drugs, and experience the effects of drugs has dominated their every waking moment, and abusing drugs has taken the place of all the things they used to enjoy doing. It has disrupted how

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they function in their family lives, at work, and in the community, and has made them more likely to suffer from other serious illnesses.

Because addiction can affect so many aspects of a person's life, treatment must address the needs of the whole person to be successful. There needs to be focused research to discover a well-blended development of treatment plans that use a dual process in the rehabilitation. This dual process for example, might use art with the behavioral treatments to enhance the outcome on a deeper level thereby increasing the benefit and hopefully decreasing the recovery process and/or the relapse triggers. Adedoyin et al. (2014), state there is an urgent need in the substance abuse field for integrated treatment models that deal more effectively with individuals' etiological, biological, psychological, social, spiritual, and cultural considerations. A holistic perspective attends to more than just the absence of substance-use or disease commonly ingrained in more traditional models of treatment. There are many studies detailing different qualitative studies on this matter, however, there is a lack of empirical evidence out there; enough for the doctors and insurance companies to take notice and allow the implementation of such services together. Belkofer, Van Hecke, and Konopka (2014), assert how important the role art therapist has in any creative activity is that of an empathic guide who helps clients learn facility with creative expression in order to tap into its therapeutic potential. This potential added with another treatment process might prove beneficial in the addicts' recovery process.

Conclusion

Addiction to drugs and alcohol is a multi-faceted disease that has physical, mental, and financial consequences for the individual and for society at large. There is a need to expand knowledge of the illness as well as create a more effective, culturally-competent, holistic

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treatment approach and methods as the demand for addiction-based treatment is rising. The goal of increased empirical research is to develop a comprehensive recovery program integrating art therapy to build on the foundation of recovery that is longer lasting and fulfilling. The value of more studies helps the specialist in substance abuse system, mental health system, general health system and practitioners as well as developing better practice and tools for individuals suffering from a substance use disorder.

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