Art Therapy Using Possible Selves and Digital Media for Individuals with Alcohol Addiction in Korea

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Art Therapy using Possible Selves and Digital Media for Individuals with Alcohol Addiction in Korea

A DISSERTATION

Sojung Park

In partial fulfillment of the requirements
For the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
November 2016
Lesley University
Graduate School of Arts & Social Sciences
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DISSERTATION APPROVAL FORM

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Approvals

In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.

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I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

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ABSTRACT

The primary purposes of this mixed methods study were to (a) examine whether using an art therapy intervention based on the theory of possible selves enhanced the motivation for change among individuals with alcohol addiction in Korea, and (b) to explore the study participants’ lived experiences of the self as it emerged from the specific art therapy intervention. This study consisted of three distinct theoretical frameworks: the transtheoretical model (TTM); the theory of possible selves; and art therapy—which bridged the two aforementioned theories. A total of seven participants completed five individual sessions each, creating a series of possible future selves through the use of digital media. This convergent parallel mixed methods study included pre and post evaluations using the Korean version of the Stages of Change Readiness and Treatment Eagerness Scale, which measures motivation in three independent subscales (Recognition, Ambivalence, and Taking Steps). Phenomenological research was proceeded simultaneously, which data were collected holistically and creatively throughout the sessions. As a result, qualitative relationships among self-perception, motivation, and creative imagination were revealed in the participants’ movement through the stages of change. These findings also suggested that clients’ artwork of their possible future selves can be powerful predictors to reflect readiness for change, and art therapists are in a unique position to utilize this tool to enhance motivation for change in addiction treatment. However, no statistically significant difference was reported both on a Wilcoxon Signed-ranks Test and a mixed-design ANOVA. Yet considering the small sample size ($n = 7$), Taking Steps was remarkably found to exceed a large effect size ($r = 0.50$). Limitations and cultural aspects in this study are also discussed. Continuing research on the topic of possible future selves by using digital media is encouraged for further exploration and application in art therapy.
CHAPTER 1

Introduction

The purpose of this mixed-method study was to examine the application of the theory of possible selves (Markus & Nurius, 1986) in art therapy using digital media for individuals with alcohol use disorder in Korea. Three distinct theoretical frameworks constituted this study. First, the study was based on the transtheoretical model (TTM) in addiction treatment, which posits that behavioral changes occur through a series of stages based on one’s readiness for change (Prochaska & DiClemente, 1983; Prochaska & DiClemente, 2005). Motivational interviewing (MI) approach, which was applied to the study, was developed through the lens of TTM and is firmly rooted in the belief that motivation is key for change in addiction treatment (Miller & Rollnick, 2002). Second, this study adopted the theory of possible selves from self psychology, which emphasizes an individual’s perception of the possible future selves are closely related to one’s current behaviors (Markus & Nurius, 1986). Lastly, the two aforementioned theories were bridged through the main frame of art therapy, which values self-expression through arts, to bring change to one’s fundamental existence in the world (Kramer & Schehr, 1983; Moon, 2015; Robbins, 1998; Rubin, 1984). Accordingly, the art therapy intervention in this study was specifically designed to provide an opportunity to optimize participants’ imaginations and creativity in exploring their possible future selves through the use of digital media. The aim of this study was to learn the impact of intervention in promoting motivation for the ultimate behavioral change for sobriety in both quantitative and qualitative manners.

Statement of the Problem

According to World Health Organization (2015), the harmful consumption of alcohol causes 3.3 million global deaths each year and is associated with 5.9% of all deaths; these
numbers continue to climb. This global concern is also apparent in South Korea, whose citizens were reported to consume 12.3L of pure alcohol per capita in 2010, ranking it 15th for the highest alcohol consumption around the world and first in Asia (World Health Organization, 2014). Accordingly, the high nationwide alcohol consumption has become one of the most serious social issues and a threat to the psychological and physical health of the public in Korea. The seeking of treatment and the success rates for treating alcohol addiction have been a chronic issue in Korea. Though a recent survey showed an increase in the numbers of individuals who received treatment, from 72,938 in 2003 to 108,340 in 2010 (National Health Insurance Service, 2010), even with the increase, these figures reflected only 6.5% of those who abuse alcohol (Chou et al., 2012).

Several authors asserted that the high alcohol consumption nationwide is a reflection of the unique drinking culture in Korea, as seen by both the collectivistic and permissive attitudes to drinking and the low recognition of alcohol addiction as a problem (Ahn, 2012; Kim & Hong, 2012; Park, Oh, & Lee, 1998). Remarkably, the Korean government only recently recognized that the harmful consumption of alcohol had become a serious threat to public health and safety, and a socioeconomic burden to the country. Accordingly, a national alcohol policy—called the Blue Bird Plan 2010—was launched in 2006, in an attempt to have the harmful use of alcohol under control by opening 100 specialized substance abuse treatment clinics by 2010 (Korean Ministry of Health and Welfare, 2006). Nonetheless, the results were underachieved due to budget cuts from the government—though approximately 50 alcohol counseling centers and six specialized alcohol addiction clinics were approved by the government and were running throughout the country in 2013 (Song, 2013). As a result, the strong need for social education and treatment development has been continually emphasized by several researchers.
In fact, much research has been conducted in the field of alcohol addiction since the early 1800s in the United States, when addiction was first acknowledged as a major social problem (Rush, 1787; White, 1998). Regardless, the effectiveness of addiction treatments has been continually challenged; rates of the harmful use of alcohol are evidently increasing—both in the East and the West—despite some success using available treatment models and steady efforts to address this social and global concern in academia (Jung, 2015; World Health Organization, 2015). This phenomenon inversely shows that the complex matter of addiction is constantly evolving, as it has in the past throughout human history (Hanson, 1995; Saah, 2005; Sullivan & Hagen, 2002). Therefore, continuous research to advance effective treatment methods based on a phenomenological understanding of addicted individuals is needed to accommodate the evolving addiction problem.

**Brief Review of Theoretical Frameworks**

**The transtheoretical model.** Various treatment models have been developed since the 19th century (Berridge & Edwards, 1987) in an attempt to treat those with addiction problems and reduce the harmful use of alcohol and other psychoactive drugs. The transtheoretical model (TTM) is among the newer techniques developed in early 1980s and is based on the perception that motivation and readiness are keys for change (DiClemente, 2006; Prochaska & DiClemente, 1986). TTM provides a temporal dimension of intentional behavior changes using the six Stages of Change: Precontemplation (not ready), Contemplation (getting ready), Preparation (ready), Action, Maintenance, and Termination. Accordingly, clients’ motivation is often assessed in TTM, in order to provide the proper intervention to match their specific stage of change; the University of Rhode Island Change Assessment Scale (McConnaughey, DiClemente, Prochaska, & Velicer, 1989) and the Stages of Change Readiness and Treatment Eagerness Scale (Miller &
Tonigan, 1996) are two of the popular scales that are frequently used among clinicians. However, the transtheoretical model has also been criticized for its arbitrary standards for the stages and challenges in quantitatively measuring complex motivations for change (Bertholet et al., 2009; DiClemente, Schlundt, & Gemmell, 2004; Littell & Girvin, 2002).

The individualized approach in addiction treatment has been further emphasized by several researchers (Adams & Grieder, 2004; Marino, 2009). Recent studies found that holistic perspectives can be useful in supplementing the limitations of pre-existing addiction treatment models (The National Institute on Drug Abuse, 2012; Marino, 2009). Several researchers similarly proposed an interdisciplinary approach to be effective in treating complex aspects of addiction (Breslin, Reed, & Malone, 2003; Jackson, Felstead, Bhowmik, Avery, & Nelson-Hearity, 2015; Priester et al., 2009). However, empirical studies have been lacking to date; therefore, holistic and interdisciplinary perspectives in addiction treatment require further exploration.

**Theory of possible selves.** The theory of possible selves has been considered a relatively unexplored self-concept theory in psychology (Dunkel & Kerpelman, 2006). It was first introduced in the late 1980s, when Markus and Nurius (1986) affirmed that possible selves represent one’s ideas of hopes, fears, and goals for the future and provide a conceptual link between self-concept and motivation. The theory of possible selves had been widely applied across the realm of psychology, revealing the depth and complexity of self-perception and their impact on regulating behavior (Dunkel & Kerpelman, 2006; Libby, Shaeffer, Eibach, & Slemmer, 2007; Vasquez & Buehler, 2007). For example, previous researchers utilized possible selves by generating the participants’ visions of their future success, their best possible selves, or their engaging in certain behaviors; the results confirmed that possible selves indeed function as
motivational enhancers by regulating behavior to achieve the projected future (Dunkel & Kerpelman, 2006; Libby, et al., 2007; Peters, Meevissen, & Hanssen, 2013; Renner, Schwarz, Peters, & Hulibers, 2014; Van Breda, 2010; Vasquez & Buehler, 2007).

In contrast, the very few research studies on possible selves with individuals who consume alcohol have mostly focused on the function of possible selves as predictors of drinking, or on the quantitative relations between the numbers of possible selves generated and motivation for change (Dunkel & Kerpelman, 2006; C. Lee et al., 2015; Oyserman, Bybee, & Terry, 2006). In the meantime, the active use of possible selves as an intervention to change one’s harmful behavior has been extremely limited in addiction treatment. In fact, several authors recently emphasized addiction as a self-regulation disorder with insufficient structure of the self from the self-psychology perspective (Khantzian, 2013; Kohut, 1971; Ulman & Paul, 2015). A given substance is often utilized to self-medicate the dysregulation of affect, self-esteem, and behaviors. This perspective showed that restoring self-structure can be vital in addiction treatment, hinting at the suitableness of the use of possible selves to be applied as an intervention. The possible selves theory views the self as closely intertwined with one’s perception of the past, present, and possible future self, and therefore, posits that a change in future identity can result in change to the present self (Markus & Nurius, 1986; Van Breda, 2010).

**Art therapy in addiction treatment.** Art therapy has been widely utilized as a complementary treatment in conjunction with addiction treatment, though research and literature was scarce until recently (Holt & Kaiser, 2009; Ulman, 1953). Several art therapists have suggested various interventions and directives to provide structures to derive targeted benefits and have attempted pairing art therapy with specific addiction treatment models, including MI.
and TTM. For example, art therapists who use the MI approach have emphasized collaboration between the therapist and client. The role of an art therapist is to assist clients in reframing their perspectives through the creation of artwork in order to find inner strengths and resources to generate motivation for new actions (Bertolino & O'Hanlon, 2002; Horay, 2006; Matto, Corcoran, & Fassler, 2003). The MI-based art therapist, therefore, values clients’ perceptions of reality, interpretations, and metaphors perceived through artworks. On this note, the use of hypothetically-themed art directives has also been proposed by many art therapists to increase motivation in addiction treatment. Examples of the directives included imagining the miracle day, or the day when addiction problems are no longer issues, as expressed through artwork (Holt & Kaiser, 2009; Horay, 2003; Matto, 2002; Matto, et al., 2003). Notably, this art therapy approach coincided with the aforementioned theory of possible selves, with a belief that the use of hypothetical fantasies offers clients freedom to explore their projected selves. To date, however, studies on the direct relations between the two theoretical frameworks have been limited in the field.

Aside from the treatment models applied, the materials used in art therapy have crucial impacts on the clients in treatment. The materials have shifted away from traditional drawing materials, often reflecting current social trends (Carlton, 2014; Moon, 2009). For instance, the use of digital media in art therapy has expanded its era from the camera to newly released application software (Carlton, 2014; Choe, 2014; Choo, 2015; Diggs, Lubas, & De Leo, 2015; Kim, 2015; McNiff & Cook, 1975; Moon, 2009; Orr, 2012). Several art therapists have proposed the use of computer over various other digital media to offer specific benefits in therapy that more traditional materials cannot offer. The capability of computer programs allows unlimited access to images and provides skills to create realistic artworks on the monitor that can open
other possibilities in therapy.

Several art therapists have suggested various implications of the use of digital media in art therapy and attempted to pair computer technology with certain groups of clients—such as adolescents in foster care, adults with dementia or other mental illnesses, and those in medical settings (Austin, 2010; McLeod, 1999; Milhailidis et al., 2010; Potash, 2009; Weinberg, 1985). Yet studies on the specific use of computer technology with addicted individuals have been scarce, despite promising indications. With an increased interest and the acknowledgement of the therapeutic use of digital media, empirical studies are strongly needed to discover the full potential of specific materials to engage the mind, body, and soul in profound ways (Carlton, 2014; McNiff, 1999; Orr, 2012).

**Research Questions**

In line with the aforementioned literature, a convergent parallel mixed methods study was conducted using pre and post evaluations for the quantitative component and phenomenological research for the qualitative aspect. The primary purpose of this study consisted of three research questions.

1. Does the art therapy intervention using possible selves and digital media produce changes in motivation for individuals with alcohol addiction?
2. In what ways do the participants experience the self that emerges from the art therapy sessions and what do they mean?
3. What is the possible therapeutic value of this art therapy intervention?

This research hypothesized that (a) the use of posible selves in art therapy interventions can positively impact the motivation for change in those individuals with alcohol addiction, and (b) art therapy using digital media can uniquely enhance one’s experience of possible selves by
optimizing imagination and creativity in a way that is limited in traditional verbal psychotherapy.

**Anticipated Contribution to Knowledge**

It is anticipated that this study will make a contribution to the knowledge in this field by validating the initial hypothesis; art therapy can successfully bridge TTM and the possible selves theory through the visualization of the future selves, and therefore, positively impact one’s motivation for change by the use of digital media as primary art materials. Moreover, the phenomenological study of the participants’ experience of the self, as revealed through the specific art therapy intervention, was expected to provide a deeper understanding for clinicians working with individuals who have alcohol use disorder. Most importantly, this study was expected to show one’s ability to imagine the positive future self is essential to authentically exist in the world; and art therapy can play a crucial role in promoting one’s healthy utilization of the powerful imagination.
CHAPTER 2

Literature Review

This chapter of literature review is divided into five large sections to provide important backgrounds of the study-related topics. The first section outlines current global issues and factors in the harmful use of alcohol through a brief overview of alcohol addiction, introducing the importance of this study’s focus. A general understanding of the clinical definition of alcohol use disorder is also provided in this section. This study was conducted with Korean participants in Korea; therefore, the second section addresses detailed information specific to alcohol-related issues in Korea. The characteristics of Korea’s unique drinking culture, national policy, and treatment for alcohol addiction are described, providing comparable understandings to those of the United States as well. The other three sections review the three distinct theoretical frameworks that constituted this study (i.e., the transtheoretical model from substance abuse treatment; the theory of possible selves from self-psychology; and the main perspective in art therapy), focusing on their elements and contributions in relation to addiction treatment. These three sections also provide a comprehensive link among the three theoretical frameworks—which led to the design of the specific art therapy intervention in this study.

Overview of Alcohol Addiction

Alcohol has existed in human history since ancient days serving mankind in religious, cultural, and social occasions (Hanson, 1995). In modern days, alcohol is often considered a way for socialization, relaxation, and celebration, or is simply enjoyed for its taste by some. However, alcohol is also defined as “possibly the oldest psychoactive substance used by mankind” (World Health Organization, 2010, p. 7). In fact, the harmful consumption of alcohol reached 3.3 million global deaths each year, marking 5.9% of all deaths. Alcohol is also responsible for 25% of the
total deaths of young adults between the age of 20 and 39, which makes alcohol the world’s largest risk factor for disease and injury conditions (World Health Organization, 2015). Furthermore, the harmful use of alcohol has been shown to be a precursor to other risky behavior impacting social interactions and financial endeavors, and may carry more risk for psychological issues.

The term ‘harmful use’ adopted by ICD-10, a medical classification list by the World Health Organization (n.d.), is considered equivalent to the symptoms of substance use disorder (SUD) or alcohol use disorder (AUD) by the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V). The guidelines for AUD and other addictive disorders in DSM-V include 11 specific behavioral categories, at least two of the symptoms are required to be present within a 12-month period to be clinically diagnosed, which include persistent, hazardous use of alcohol as well as consequences in social, physical, and interpersonal life (American Psychiatric Association, 2013). The word addiction used to be applied as a diagnostic term in the DSM-IV in the past (American Psychiatric Association, 2000), but has been omitted in the current version of the DSM-V due to its ambiguous definition and the negative connotation the word potentially carries. Yet, the word addiction is continuously used by clinicians globally when emphasizing more extreme presentations, and commonly used in representing one’s substance abuse that is compulsive, chronic, and habitual; this paper will use the term accordingly.

**Alcohol Addiction in Korea**

One of the distinctive characteristics of addiction in Korea is that alcohol is by far the most popular choice of substance. The lifetime prevalence in AUD (22%) used to be approximately 30 times higher than other types of drugs in the past (0.74%) (Lee et al., 1987).
Recent research showed an increased use of other types of drugs in addiction beside alcohol, such as methamphetamine, cannabis, and opiates (Chung et al., 2004; Lee, Lee, Kim, Ahn, & Lee, 2010; Lee at al., 2013); yet alcohol continues to remain as the main choice of substance in Korea and is responsible for one of the most serious social problems, such as drunk driving or domestic violence. Recently, South Korea was reported to consume 12.3L of pure alcohol per capita in a year. This number was approximately 1.4 times greater than the United States, which consumed 9.2L pure alcohol per person in a year (World Health Organization, 2014). The high and continually increased alcohol consumption also raised the socioeconomic burden in Korea; the national budget for treating alcohol related diseases almost doubled from 3.2 trillion KRW (2.7 billion USD) in 2005 to 6.1 trillion KRW (5.2 billion USD) in 2009 (National Health Insurance Service, 2010). Several authors described the high nationwide alcohol consumption in relation to the unique drinking culture in Korea, such as (a) the popularity of soju, a strong distilled liquor developed in Korea, (b) the relations between drinking and socialization, and (c) the permissive drinking culture.

**Characteristics of the Drinking Culture in Korea**

First, authors have described that the relatively recent changes in the socioeconomic status of Korea has shifted the patterns of drinking (Park, Oh, & Lee, 1998). The traditional trait of drinking in Korea used to be consuming mild fermented beverages—6 to 8% alcohol by volume—made from rice, such as makgeoli, often served with nutritious side dishes. With the socioeconomic development in the 1970s, the trend in alcoholic beverages changed to soju, which became the most popular alcoholic beverage. The popularity of soju brought a significant rise in the national alcohol consumption from 1.0L of alcohol per capita in the 1960s to 7.0L in the 1980s (Park, Oh, & Lee, 1998; World Health Organization, 2004). Recent research also
showed the continuous popularity of soju that the majority (40 to 70%) of alcohol consumers in Korea prefer soju over other alcoholic beverages such as beer or wine (Marketing Insight, 2014; World Health Organization, 2014). Furthermore, the development of soju also brought an increase of the alcohol content in liquor compared to traditional alcoholic drinks, since soju usually contains between 16 to 45% alcohol by volume. This shift in the type of alcoholic beverages also influenced the attitude toward drinking among Koreans, from savoring a bowl of makgeoli with small dishes, to taking shots of soju (Park, Oh, & Lee, 1998). The low price of soju, which currently costs between 1,000KRW to 3,000KRW for a 375ml bottle (approximately 0.85USD to 2.57USD), makes this strong liquor easily affordable. Evidently, these changes in drinking trends resulted in Korea’s risk for alcohol related diseases to rocket upward in the past few decades.

Secondly, alcohol is closely linked to socialization in Korea, based on the traditional and cultural belief that social drinking is considered a way to foster the spirit of community (Kim & Hong, 2012). One survey, in fact, showed this cultural norm: 42% of the Koreans’ rationale for drinking was due to socialization and only 3.3% of the Koreans preferred solitary drinking, although the total numbers of the participants in the survey was unclear (Ahn, 2012; Park, Oh, & Lee, 1998). Reflecting this norm, Koreans’ attitude towards drinking is traditionally permissive. This permissive drinking culture was, in fact, found to be one of the main reasons for Korean’s low recognition of problematic drinking and the negative effects of drinking alcohol. Korea was also reported as one of the countries with the highest rate (63.4%) for binge drinking among drinkers (World Health Organization, 2004). Accordingly, excessive drinking is common and usually not considered problematic as long as it is enjoyed by the companions (Ahn, 2012; Joo, 2009; Lee, Park, Lee, Kim & Kim, 2007). Furthermore, drunken mistakes or incidents are often
generally excused, as socialization through drinking is valued in Korea. However, several researchers stated that even some violent or rule-breaking behaviors, such as drunk driving or violence, also tend to be socially accepted and forgiven to a certain extent (Ahn, 2012; Park, Oh, & Lee, 1998). This is quite in contrast to the US, where such misdemeanors are generally not tolerated, but often followed by serious legal consequences.

On the other hand, some authors believed the traditional cultural norm considered drinking, as well as smoking, a sign of masculinity in Korea (Danico, 2014; Peralata & Cruz, 2006). Correspondingly, women used to be strongly discouraged from drinking in the past. This also can explain the remarkable gender difference in the lifetime prevalence rate of alcohol use disorders in Korea that males (10.3%) have approximately 4.7 times higher chance than females (2.2%) for such disorders (World Health Organization, 2010). However, harmful alcohol consumption has also been growing recently among females in Korea. Researchers believed the reason for the recent increase in female’s alcohol consumption is mostly due to fact that significantly higher numbers of women are in the workforce these days; hence the occasions for social drinking have increased (Ahn & Kim, 2012; Kim, Wiechelt, & Kim, 2010).

**Alcohol addiction in Korea vs. the United States**

Several cross-cultural studies have been conducted between Korea and the US on the characteristics of the individuals with an alcohol addiction. In particular, the prevalence of alcohol dependence by DSM-IV standards was found to be significantly greater in Korea (5.1%) than in the United States (4.4%) (Chou et al., 2012). Nevertheless, the treatment seeking rates for alcohol dependence were reported to be almost four times higher among Americans (18.2%), compared to their counterparts in Korea (5.9%). Indeed, the low treatment seeking rate has been a chronic issue in Korea, though a recent survey showed an increase in the numbers of
individuals who received treatment, from 72,938 in 2003 to 108,340 in 2010 (National Health Insurance Service, 2011). Nonetheless, the treatment seeking rates in Korea continue to remain low and lately only 6.5% of individuals who abuse alcohol was estimated to receive treatment (Chou et al., 2012; National Epidemiological Survey of Psychiatric Illnesses in Korea, 2011).

Researchers emphasized the low treatment seeking rates are highly influenced by the low recognition of problematic use of alcohol and addiction, due to the aforementioned characteristics of the drinking culture in Korea. Accordingly, the relatively small numbers of individuals who received treatment in Korea were mostly found to be heavy drinkers with severe damage to their physical health and social life from the excessive drinking (Yun, 2011). Likewise, the level of denial in accepting alcohol addiction as a disease is also higher than other countries due to the permissive drinking culture; therefore, those who come to treatment usually attend treatment involuntarily (72.92%), often forced by their family members (Noh & Kwon, 2002; Lee, 2009; Yun, 2011). However, the result in the ratio between voluntary and involuntary admissions was not consistent in other research studies in the past, which found the rate (64%) for voluntary admission to be greater ($N = 211$) (Jeon, 1996). This discrepancy appeared to be due to a gap between the client populations clinics serve. The clinic, which is often located in an area with a high density homelessness issue, can have a greater voluntary admission rate as hospitalization can mean temporary housing in some cases; this phenomenon is similar to the US, where admissions cannot be interpreted as treatment seeking rates necessarily (Kline, Bacon, Chinkin, & Manov, 1987; Yun, 1999). These findings were also in line with more recent reports that more than 50% ($N = 357$) of the homeless populations were found to struggle with alcohol addiction in Korea, creating ‘the revolving door syndrome’ between rehab to homelessness and relapse (Yun, Han, & Song, 2013); yet clinicians in the field voiced the numbers to be higher that
70% to 85% of the homeless populations to be dependent on alcohol (Lee, 2012), despite the lack of statistical data and empirical research in their use of alcohol addiction treatment.

Correspondingly, the treatment success rates are also low; even the individuals in treatment often present low motivation for sobriety, and against medical advice (AMA) discharges are frequent issues. Moreover, many of the individuals with alcohol addiction experience difficulties in separating drinking from their social life, as drinking is considered “the basic essential” in order to socialize in Korea (Cho, Yu, & Lee, 2011, p. 3553). This also can explain the high relapse rates (44.5% to 80.3%) between 6 months to 2 years after receiving treatment in Korea (Choi, 2013; Kim, Han, & Kim, 1994)

National Policy and Treatment for Addiction in Korea

It is only recently that the Korean government recognized the harmful use of alcohol had become a serious threat to the public health as well as safety. In this respect, the Blue Bird Plan 2010, a national alcohol policy, was implemented by the Korean Ministry of Health and Welfare (2006) in attempts to have the harmful use of alcohol under control and to open about 100 specialized substance abuse treatment facilities by 2010. However, the results were underachieved due to the budget cuts from the government, though approximately 50 alcohol counseling centers and six specialized alcohol addiction clinics were approved by the government and are currently running throughout the country (Korean Ministry of Health and Welfare, 2012; Song, 2013).

Yet, specialized clinicians and treatment programs for addiction are still short in the state. Several researchers discussed the limited numbers of clinicians specialized in addiction treatment, as well as a lack of placements for referral, especially for aftercare, which are the main issues in SAT in Korea. In fact, research showed self-help groups, such as Alcoholic
Anonymous and other 12 step programs, were utilized as the main resources for referrals (75%) in replacing proper aftercare treatment due to the lack of continuing daycare or partial hospital programs (Yun, 2005), though the numbers have been increasing recently (Kim, Lee, Kang, & Cho, 2013); hence, the relapse rates were found to be high, varying between 61% to 100% within a 6 months of period from the initial treatment (Ahn, 2000; Kwon, Lee, Lee, & Lee, 2002; Sung, Moon, Kim, & Lee, 2003). Furthermore, the low treatment seeking rates also challenge the financial situation of the newly opened substance abuse clinics. In fact, one of the largest alcohol addiction clinics in Korea that opened in 2004 was closed for 2 years due to the lack of funding, and then reopened recently, sponsored by the Catholic Archdiocese of Seoul (Korean Alcohol Research Foundation, 2015). Therefore, the need for social education on the seriousness of alcohol abuse, as well as treatment program development has been strongly emphasized by several researchers.

Some suggested law enforcement to provide treatment for those whose binge drinking has led them into criminal acts (Cho, Yu, Lee, 2010), which can be a useful intervention as it is in the US—though such a law currently does not exist in Korea. Recently, the Korean National Police Department (2010) started to consider drunk-violence (*ju-pok*) in relation to criminal issues; in fact, 28 to 40% of the major crimes in 2010, such as rapes or murders, were reported to occur under the influence of alcohol (National Police Agency, 2010). The Korean Police Department in Chung-Buk province (2010) was first to initiate a national campaign on alcohol abuse and drunk-violence, and promoted public education on a healthy drinking culture. Accordingly, punishment or penalty by law for drunk-violence has also been reinforced. Regardless, continuous support and effort by the Korean government in developing systemic care and action plans for alcohol addiction seems critical in Korea.
Psychological Treatment Models for Substance Abuse

The harmful use of alcohol was considered first acknowledged as a major social problem in the early 1800 in the United States (Rush, 1787; White, 1998); yet the history of substance abuse treatment (SAT) started did not start until the 19th century with the German physician Levinstein, who first introduced the medical concept of addiction in 1877 (Berridge & Edwards, 1987). Numerous treatment models have been developed since then in attempts to treat and reduce the destructive use of alcohol and psychoactive drugs—such as the traditional 12 step programs (Alcoholic Anonymous, 1952) and the transtheoretical model that is relatively new (Prochaska & DiClemente, 1986, 2005). However, the effectiveness of addiction treatment continues to face challenges due to various reasons, as the global use of substances, including alcohol, is evidently increasing, despite some of the success rates based on these treatment methods available (World Health Organization, 2015).

The 12 Step Recovery Model

The birth of 12 step recovery models and the famous Alcoholics Anonymous (AA) was based on the concept of addiction as disease in the 20th century (American Medical Association, 1956; Cermark, 1986; Jellineck, 1960). These traditional and leading treatment formats were the dominant forms of SAT in institutions for more than half a century (Horay, 2006). The main characteristics AA and other 12 step recovery models share is the distinctive 12 steps to reach sobriety and its foundation in spirituality. On this path, individuals are required to complete each step, which provides a clear structure and guidance aimed at sustaining long-term recovery (Alcoholic Anonymous, n.d). The spiritually-grounded orientation involves the concept of a higher power or a power greater than one’s self throughout the steps. For example, the first step, starting with overcoming denial, is followed by frequent challenges and directions throughout
the steps to confront individuals’ addictive and dysfunctional behaviors, and to submit their powerlessness to God or their higher power (Matto, 2002). The confrontational approach—breaking down resistance and defenses, promoting powerlessness within clients, and guiding them through premeditated directions in their recovery—is considered the focus of SAT (Horay, 2006; Vickers, 2004). Several authors noted that though both AA and other 12 step recovery programs distinguish themselves from specific religious organizations, the use and emphasis on spirituality in recovery can create limitations in its approach to certain addicted individuals (Alcoholic Anonymous, n.d.; Galanter, 2007; Mullins, 2010; The 12 steps, n.d.).

The usefulness of these aggressive and somewhat “punitive” (Horay, 2006, p. 21) approaches employed by clinicians is also arguable. Waller and Gilroy (1992) questioned whether the highly structured treatment model was in fact beneficial for clients or more of a convenience and creature of predictability for clinicians. Based on long-held beliefs about the success and popularity of this relatively unchallenged SAT model, the structures and the spiritual concept of the 12 step recovery approach allegedly provides incomparable benefits and specialized treatment to clients in recovery (Donovan, Ingalsbe, Benbow, & Daley, 2013; Mulins, 2010; Vickers, 2004). However, many clinicians and researchers in recent years pointed out the limitations of the AA approach, such as the inappropriateness of applying one set of uniform premeditated recovery steps to all individuals with addiction (Khantzian, 2014 a, 2014b; Waller & Gilroy, 1992). Furthermore, more individualized and tailored methods have been lately emphasized to meet each client’s unique needs in the overall treatment of addiction (Gowin, Ball, Wittmann, Tapert, Paulus, 2015; Homberg, Karel, & Verheij, 2014; Lyons et al., 2015)

**Transtheoretical Model and Motivational Interviewing**

In comparison to the 12 step recovery model, TTM was developed in the late 1970s,
providing a temporal dimension of intentional behavior change using the six Stages of Change. These stages include Precontemplation (not ready), Contemplation (getting ready), Preparation (ready), Action, Maintenance, and Termination (Prochaska & DiClemente, 1986; Prochaska & DiClemente, 2005). A primary hypothesis of the TTM approach is that an intervention has the greatest effect on treatment when matched with an individual’s specific stage of change (Witkiewitz, Hartzler, & Donovan, 2010). Accordingly, motivation has been considered a key for change in TTM, and several measures have been developed to assess motivation for a desired change in different stages; the University of Rhode Island Change Assessment Scale (URICA; McConnaughy et al., 1989), or the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES; Miller & Tonigan, 1996) are some of the popular scales used among clinicians. Previous studies have further demonstrated that motivation in fact, frequently becomes a reliable tool for predicting outcomes in recovery (DiClemente, et al., 2004; Miller & Tonigan, 1996; Miller & Clunies, 2000). Therefore, the measures have been widely applied by clinicians in SAT to understand individuals’ stages of motivation and provide appropriate treatment accordingly.

On this note, Miller and Rollnick (2002) further developed a more comprehensive and innovative new technique called motivational interviewing (MI) based on TTM, to facilitate and engage intrinsic motivation of the individual to generate behavioral changes. MI is also firmly rooted in a person-centered approach and highlights the characteristics of a clinician to be specifically important. Miller and Rollnick (2002) explained a motivational therapist’s ideal characteristics to include flexibility rather than rigidity, patience for ambiguity, and ability to provide an anxiety-free environment to generate opportunity for clients to explore their addictions at their own pace. This perspective framed clinicians’ roles as shifting into more of an equalized partnership, thus allowing clients to become more responsible with their own process.
of change rather than relying on the clinician to bring a sense of mastery and control to clients’ lives. According to Matto et al. (2003), “clients are viewed as having expertise on their own lives and are valued for their own perspectives and worldview” (p. 266). Through this nurturing and individual-based process, clients may acknowledge their own strengths, and behavior change follows (Miller & Clunies, 2000; Miller & Rollnick, 2002). This belief certainly makes a contrast with the traditional 12 step model, where the roles of therapist include direct confrontation of clients.

Nevertheless, TTM has been criticized by several researchers due to the challenge in defining and measuring motivation and the complexity of addictive behavior (Abrams et al., 2003; Mossière & Serin, 2014). For instance, its vague definitions and the arbitrary time frames in each stage were found to be arguable (Sutton, 2001; Weinstein et al., 1998). In fact, previous studies showed an individual may present in more than one stage, since the stages are not discrete due to the challenge in defining and measuring the stages of change and the complexity of addictive behavior (Littell & Girvin, 2002). Accordingly, concerns have been further raised regarding the limitations to measuring and categorizing motivation according to pre-made stages, since such measures do not effectively address one’s individual circumstances and issues in SAT (Carey, Purnine, Maisto, & Carey, 1999). DiClemente et al. (2004) also proposed that the result from depersonalized measures may contribute to over-generalized behavior goals in treatment, causing less or passive engagement from clients. Such an inference begs the question of whether the difficulty in accurately measuring motivation is indeed an important component to assisting clients in treatment. Regardless, motivation undeniably plays a significant role in one’s recovery process, which is a holistic endeavor, incorporating personal impetus and outlook on recovery in order to achieve a higher success rate of SAT. As DiClemente et al. (2004) stated, motivation is
indeed “a complex concept that covers many diverse aspects of the process of intentional behavior change” (p. 103).

**Introduction to Interdisciplinary Approach: Which Works Better?**

Several research studies have been conducted comparing different psychotherapeutic approaches in SAT over the past decades. Project Match, one of the most extensive research projects facilitated by the Institute of Medicine (IOM), was designed by a group of US researchers in 1989 (Group Project MATCH Research, 1998). This 8-year project, funded with 27 million dollars, included a total of 1,726 randomly selected participants who were then divided into three groups based on assessment of each individual’s needs: standard cognitive behavioral therapy, motivational interviewing, and 12 step facilitation approach. The relatively long term project showed the unexpected results that no single approach was found to be superior to others in treating individuals with addiction, because each individual may respond differently to the various treatment methods (Babor & Del Boca, 2003; Ferri, Amato, & Davoli, 2006; Mann & Hermann, 2010). However, this study had a few weaknesses, such as the initial matching process between the participants and groups due to the limitation in assessing the participants’ needs. Moreover, the fact that the therapists in the project were more highly trained in comparison to the substance abuse counselors usually accessible by the public could affect the results of the study (Peele, 1998). The lack of a control group was another issue in comparing the treatments to the natural recovery process (Cutler & Fishbain, 2005).

Nonetheless, these unexpected findings still provided an important guide to the clinicians that more individualized programs are strongly needed in addiction treatment (Adams & Grieder, 2004; Homberg, Karel, & Verheij, 2014; Khantzian, 2014 a, 2014b; Marino, 2009). Among various attempts in expanding the realm of addiction treatment, recent studies showed
holistic perspectives to be useful in overcoming the limitations of traditional addiction treatment, and some to be more effective when combined with the traditional approaches (The National Institute on Drug Abuse, 2012; Marino, 2009). Similarly, an interdisciplinary approach was suggested to be effective by several researchers, especially in treating complex aspects of addiction (Murphy, 2013; Jackson et al., 2015; Linley, Mendoza, & Resko, 2014).

In this regard, Kellogg and Tatarsky (2010) held a symposium with 25 clinicians, who worked in SAT settings using different methodologies with diverse training backgrounds, in an attempt to develop more individually effective SAT. With respect to different approaches and individual tailoring of programs, the authors described the conclusion from the symposium: the clinicians’ openness to the integration of different treatment models was essential to provide a tailored intervention for the client. This also supports the holistic approach in SAT as authors further articulated the importance in providing a venue for healthy and normal hedonic sources of pleasure for clients; development and recreation of the non-verbal inner somatic sources within the individual was also suggested, including art. Lacking empirical data, the holistic and interdisciplinary perspective in SAT needs further exploration. However, this new point of view suggests opportunities for clinicians to expand the purpose of treatment from abstinence only to the individual’s whole being for the ultimate cure.

**Theory of Possible Selves**

The theory of possible selves has been considered relatively unexplored compared to other realms of self-concept theory in psychology (Dunkel & Kerpelman, 2006), yet recently gained more attention in the research field (Bolkan, Hooker, & Coehlo, 2015; Oyserman, Destin, & Novin, 2015; Renner, Schwarz, Peters, & Hulibers, 2014). First introduced in the late 1980’s, Markus and Nurius (1986) posited that possible selves represent “individuals’ ideas of what they
might become, what they would like to become, and what they are afraid of becoming, and thus provide a conceptual link between cognition and motivation” (p. 954). Possible selves, therefore, are collections of cognitive elements in one’s hopes, fears, and goals for the future, and each component contributes specific aspects in forming the dynamics of the projected self (Dunkel & Kerpelman, 2006; Markus & Nurius, 1986).

The possible selves theory views the self as closely intertwined with one’s perception of the past, present, and possible future self, and believes that one’s future identity can impact his or her motivation of the present self (Markus & Nurius, 1986; Van Breda, 2010). On this note, Gregory, Cialdini, and Carpenter (1982) proposed in the earlier phase of the possible selves theory that imagining oneself engaging in certain behaviors can influence one to actually act upon those projected behaviors. On that premise, several authors asserted an individual’s perspective on the future form visualized goals, which generate guided behaviors accordingly in the present. These visualized goals become personal and desirable for the individual; therefore, they enhance one’s motivation in task performance in turn (Austin & Vancouver, 1996; Cantor, Markus, Neidenthal, & Nurius, 1986; Elliot, Shell, Bouas Henry, & Maier, 2005; Johnson & Sherman, 1990; Karnoil & Ross, 1996; Taylor, Pham, Rivkin, & Armor, 1998).

In light of promoting motivation, the theory of possible selves has been recently applied across the realm of psychology, confirming that possible selves indeed function as enhancers for future behavior. Several research studies were conducted utilizing the possible selves in creative manners. For instance, previous researchers generated the participants’ visions of the future selves by providing specific instructions, such as to imagine their future success (Oyserman, Destin, & Novin, 2014; Vasquez & Buehler, 2007), their best possible selves (Peters, Meevissen, & Hanssen, 2013; Renner, Schwarz, Peters, & Hulibers, 2014; Van Breda, 2010), or their
engaging in certain behaviors (Libby, et al., 2007). Researchers further described simultaneous evaluating the current view of self occurs while projecting the possible future self, which provides a critical link between self-concept and motivation. Accordingly, the relation between possible selves and motivation was emphasized by several researchers, revealing the depth and complexity of self-knowledge and its impact on regulating behavior. However, positive projection of future selves may be ineffective and challenging if one is more accustomed to well-developed perceptions of negative possibility. Nevertheless, Taylor and Brown (1988) underscored the notion of the theory of possible selves that individuals generally anticipate in a positive manner when self-projecting their potential progress in therapy.

In contrast, very little research has been conducted on the use of possible selves with individuals who consume alcohol or other type of substances. C. Lee et al. (2015) focused on the function of possible selves as predictors of drinking among adolescents; Dunkel and Kerpelman (2006) found a quantitative relationship to exist between the numbers of possible selves generated from an individual and his or her motivation for change. While these findings provide valuable assets to understanding the individuals in SAT, the active use of possible selves as an intervention to change one’s harmful behavior has been extremely limited to date. Bak (2015) recently suggested various therapeutic implications of possible selves theory, proposing that modification of one’s identification of possible future self may bring effective results in international behaviors for change. In fact, several authors recently emphasized addiction as a self-regulation disorder with insufficient structure of the self from the self-psychology perspective (Khantzian, 2013, 2014a, 2014b; Kohut, 1971; Ulman & Paul, 2013); A given substance is often utilized to self-medicate the dysregulation of affect, self-esteem, and behaviors. This perspective showed that restoring self-structure can be key in addiction
treatment, hinting at the suitableness of the use of possible selves to be applied as an intervention.

**Art Therapy in Addiction Treatment**

Art therapy has been widely used as a complementary therapy in conjunction with SAT (Holt & Kaiser, 2009; Matto et al., 2003; Ulman, 1953). However, research and literature on art therapy in SAT was scarce until recently. In 1983, Moore observed that approximately 20 articles and books on art therapy in addiction treatment had been published between 1953 and 1982. Since then, several art therapists have developed and published their insights into interventions and assessments in working with individuals with addictions. In an effort to provide structures that serve a certain purpose and derive targeted benefits, several art therapists have suggested various interventions and directives that could be useful for individuals in recovery, and attempted pairing art therapy with specific addiction treatment models, including the 12 step programs and TTM.

**The 12 Step Recovery Model vs. The Transtheoretical Model in Art Therapy**

Considering the popularity of AA and the 12 step treatment model in SAT history, some art therapists, especially those who are based in the United States, have developed interventions and art directives suitable to the 12 step treatment model (Cox & Prince, 1990; Hayes et al., 2004; Hayes, 2012; Holt & Kaiser, 2009; Johnson, 1990). Regardless of a handful of art therapists who provided alternative perspectives in treating addiction, (Holt & Kaiser, 2009; Matto, et al., 2003; Springham, 1999), Horay (2006) pointed out that until recently in the US one rarely finds art therapy approaches in the professional literature that are not paired with AA or the 12 step recovery model. For example, the initial attempt in applying the spiritual perspective of the AA approach in art therapy can be found in Johnson’s (1990) description, which portrayed
the shamanic character of art therapist as a spiritual healer who guides clients on the path to recovery. Likewise, Bradshaw (1988) also depicted the premise of the 12 step model as rooted in the belief that “the therapeutic recognition of shame is the key to successful treatment” (p. 239); therefore, art therapy should reflect this belief when providing directives for the clients. For the aforementioned reasons, Matto (2002) believed art-making in traditional SAT has involved “confronting clients’ performances anxiety…[which is] crucial to the initial engagement process” (p. 5). Matto (2002) further described highly structured and artwork themes directly related to addictions that were essential to working with clients in recovery in the traditional SAT approach in art therapy.

On the contrary, as TTM and MI approach share very few characteristics with the 12 step recovery model, art therapy combined with those newer approaches, clearly promotes collaboration between the art therapist and client (Horay, 2006; Shuman, 2015). For instance, MI is essentially based on the belief that each individual possesses inner strengths and resources to find the ultimate solutions. Therefore, the role of an art therapist is to promote and assist clients to reframe their perspectives through artwork to generate new actions (Bertolino & O'Hanlon, 2002; Horay, 2006; Matto, et al., 2003). Accordingly, the MI based art therapist channels her or his perspectives into the clients’ reality by perceiving and assessing their artwork, and remains sensitive to the clients’ own interpretations and metaphors. The therapist also helps them to reframe or expand their perspectives in order to improve the potential for spontaneous self-reflection and enhance the clients’ learning experience using their artwork as tangible data (Horay, 2006; Matto, et al., 2003). In this approach, artwork is viewed objectively and explored as a space where both therapist and client collaborate and share their analyses. Furthermore, structured, but general and open-ended art therapy directives may provide opportunities for
clinicians to respect clients’ view on their problems externalized and reflected in their artwork (Matto, et al., 2003). In this process, Riley and Malchiodi (2002) believed clients are able to create personal connections to the art-making process that will reveal new possibilities and directions for the future; furthermore, this may lead clients to become more aware of their own expressions during verbal processing of their artwork.

Another distinctive difference in art therapy interventions based on MI from the 12 step recovery model is the perspectives on clients’ defenses against treatment. Art therapists who follow the MI approach believe clients’ defenses can be better protected and buffered by their artwork than in the traditional confrontational model. Also, the client’s ambivalence towards recovery is left more to be explored organically through their own artwork as opposed to being challenged by the therapist or a third party as in the 12 step recovery model and other similar treatment methods (Horay, 2006; Vickers, 2004). Horay (2006) emphasized these qualities to be especially related to the fundamental characteristics of art therapy, where clients bring creativity and mirror themselves through artwork they create without judgment.

On this note, the frequently used hypothetical-themed directives in art therapy can be considered the MI approach, since many art therapists proposed such interventions to increase motivation for change in SAT (Horay, 2006; Matto, 2002; Moore, 1983). The directives include asking clients to express through art what their miracle day would be like, what they would be doing and what their life would look like once substance abuse problems are no longer an issue (Matto, et al., 2003), and what they would be leaving behind when they complete the treatment, as well as what they would be taking with them (Matto, 2002). Holt and Kaiser (2009) suggested a similar directive in asking what they see happening a year from now, and Horay (2003) proposed a concept of hypothetical greeting cards from the future. The authors believed the use
of hypothetical fantasies offer clients to freely associate with their projected self in the future without feeling stuck in the present because of their past behaviors. Notably, this specific art therapy approach was coincided with the aforementioned theory of possible selves in psychology; yet, studies on the direct relations between the two theoretical frameworks have been scarce in the research field.

**Digital Media as Materials in Art Therapy**

The materials in art therapy constantly have been shifting, often in a relation to current social trends. Thus, the interest in the use of digital media in art therapy has evolved naturally with the current trends in its general use by the public, as well as other counseling practices (Carlton, 2014; Moon, 2011). Accordingly, technology as media in art therapy has expanded its era from camera to video, video to computer, and computer to newly released mobile application software (Carlton, 2014; Choe, 2014; Choo, 2015; Diggs, Lubas, & De Leo, 2015; McNiff & Cook, 1975; Moon, 2011; Orr, 2012). Recently, the need for integrating various computer programs into art therapy has been even more strongly voiced by several art therapists in light of the emerging generation that grew up in a culture of computers and smartphones being utilized widely in daily life (Carlton, 2014; Choe, 2014; Diggs, 2015; Evans, 2012).

Several art therapists have also proposed that working with computer programs can offer specific benefits in therapy that the traditional materials do not offer. The possibility of freer, quicker, and less costly sessions was suggested (Choe, 2015; McNiff, 1999), while Hartwich and Brandecker (1997) believed the use of computers can offer more structure and protection for defense mechanisms for a fragile ego by providing ability to return and fix the image if desired. Furthermore, computer technology that has unlimited access to images and is capable of creating realistic artworks on the monitor opens another possibility in therapy (Orr, 2015). Several art
therapists have proposed various implications on the use of digital media in art therapy, and attempted to pair computer technology with certain groups of clients including adolescents in foster care, adults with mental illnesses, older adults with dementia, as well as clients in medical settings (Austin, 2010; McLeod, 1999; Hartwich & Brandecker; 1997; Milhailidis et al., 2010; Potash, 2009; Weinberg, 1985).

Within the limited literature on digital media in art therapy, studies on the specific use of computer technology with individuals in SAT were scarce. Nevertheless, some of the suggested benefits of computer programs in art therapy appear comparable for the reluctant and non-communicative individuals with addiction (McLeod, 1999). For example, Matto et al., (2003) believed technology allows the artwork created on a monitor to naturally generate an initial distance, which creates the space for new interpretations and perspectives of reality. This phenomenon and the promptness of a computer can provide instant gratification for individuals who tend to gravitate towards immediate response (Hesse, 2005; Verheul, Van den Brink, & Hartgers, 1998); furthermore, this new technology invites the client and therapist to equally share and experience a virtual reality created by the client (Austin, 2009; Clark 2008). Moreover, the trial, error, and the capability of the technology to fix or change, with the therapist’s technical support, can offer another level of crucial interactions to more quickly build therapeutic rapport, which is specifically useful in the initial stage of SAT (Freedman, 1997; Thong, 2007).

However, some art therapists have raised concerns about the isolating and dehumanizing effect of technology, stating that clients build a relationship with the computer machine rather than the art, therapist, or their own body (Moon, 2011; Orr, 2005, 2015; Williams, Kramer, Henley, & Gerity, 1997). Perhaps, it is the fear of many art therapists that digital media may diminish hands-on experience (Sennet, 1998). Nevertheless, recent researchers argued that such a
critique should not delay discovering the full potential of the therapeutic use of technology that can meet clients’ particular needs (Evans, 2012; Parker-Bell, 1999). Consequently, a therapist’s knowledge of the computer program and the ability to embrace and utilize its therapeutic potentials are essential, just like any other art material (Thong, 2007). Computer technology may have been called seductive once (Kramer, Gerity, Henley, & Williams, 1995). However, computer technology should also be looked at as a potential tool to engage the mind, body and soul in profound ways, distinct from the conventional media (McNiff, 1999; Orr, 2015). Therefore, various empirical studies are strongly needed with an increased interest and acknowledgement on the therapeutic use of digital media,
CHAPTER 3

Method

In line with the aforementioned literature, a convergent parallel mixed methods study was conducted, using pre and post evaluation for the quantitative component, and phenomenology for the qualitative aspect. The primary purposes of this study were (a) to examine whether the art therapy intervention using possible selves and digital media produces changes in motivation for individuals with alcohol addiction, (b) to understand the study participants’ lived experiences in relation to the self that emerges from the art therapy sessions, and (c) to ultimately discover the possible therapeutic values of the art therapy intervention.

Recruitment of Participants

The study was designed for males and females ages 18 and older. A purposive sampling method was employed to recruit participants who met specific criteria for this study using Tongco’s (2007) guidelines:

1. In order to explore the alcohol addiction community in Korea, the researcher first visited a substance abuse clinic and met with a psychiatrist and other clinicians to gain objective perceptions of the community in preparation for recruitment.

2. This step confirmed that the clients in those medical settings in Korea may not be the most suitable participants for this study. This was mainly due to their inconsistent availability at the site since their motivation to participate in either treatment or research were extremely low.

3. Based on these steps, criteria were defined on the types of participants that were appropriate for this study (e.g., the participants must have a minimum amount of motivation to participate in this study, and at least be present in the Contemplation
stage for change in order to keep the consistency of the study). Therefore, online communities voluntarily created by those with alcohol addiction were found to be an active source, where individuals who suffer from uncontrolled drinking freely but anonymously share their struggles or discuss ways to maintain sobriety; they became the pool from which participants were recruited. Cultural aspects in this matter are further described under the description of the participants in this chapter.

4. The researcher contacted the managers of two major online communities for alcohol addiction and received the initial permission to post an advertisement of the study to collect the participants. The next step in the official recruiting process was followed upon the approval from the Institutional Review Board at Lesley University.

The criteria for participation were specified in the official advertisement for recruitment (Appendix A), which included that the participant: (a) must be an adult aged 18 and older, (b) has a history of receiving at least one type of alcohol addiction treatment, (c) may still be drinking, but considering quitting, or has been abstinent from drinking less than one month, and (d) is able to travel to the office independently where the sessions will be held. The researcher also requested that applicants to fill out an application form created for the study (Appendix B), to provide general information on their background: (a) a brief self-introduction, such as age, gender, and occupation, (b) history of alcohol use, and (c) medications or treatments received regarding alcohol addiction, if any. Here, the applicants were able to provide more detailed information and confirm meeting the inclusion criteria. Upon receiving the application form, the participants were contacted by phone to set the date for the first session and to clarify any questions they might have. The recruiting process was ongoing for approximately three months, while the sessions were already taking place; the advertisement for recruitment was repeatedly
posted on the message boards of the two online communities. All sessions were conducted in the researcher’s private office located in the downtown area of Seoul and the participants traveled to the office independently.

**Participants**

The screening process outlined in the preceding section aimed to recruit participants who were committed to participation. While 12 applicants were selected initially based on their qualification for the criteria, five of them withdrew before the first session. All of the remaining seven participants completed all five sessions and responded to the follow-up interviews that were conducted four weeks after the final session. The participants’ names were replaced by pseudonyms (i.e., Sunkyu, Minhee, Jiho, Hana, Kijun, Woojin, and Kangho): Minhee and Hana were the only female participants.

Table 1

*Interpretation of the Total Scores in AUDIT-K*

<table>
<thead>
<tr>
<th>Zone</th>
<th>Score</th>
<th>Steps to follow</th>
</tr>
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<tbody>
<tr>
<td>Zone 1:</td>
<td>Males: 0 – 9</td>
<td>· Alcohol education</td>
</tr>
<tr>
<td></td>
<td>Females: 0 – 5</td>
<td></td>
</tr>
<tr>
<td>Zone 2:</td>
<td>Males: 10 – 19</td>
<td>· Simple advice</td>
</tr>
<tr>
<td></td>
<td>Females: 6 – 9</td>
<td>· Brief counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>· Continued monitoring</td>
</tr>
<tr>
<td>Zone 3:</td>
<td>Males: 20 – 40</td>
<td>· Referral for further diagnostic evaluation</td>
</tr>
<tr>
<td></td>
<td>Females: 10</td>
<td>and treatment</td>
</tr>
</tbody>
</table>
### Individual Statistics of the Participants

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sunkyu</td>
<td>Jiho</td>
</tr>
<tr>
<td>Age</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>Drinking history (years)</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>AUDIT-K</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>Current drinking status</td>
<td>Drinking</td>
<td>Drinking</td>
</tr>
<tr>
<td>Treatment experience</td>
<td>AA</td>
<td>AA</td>
</tr>
<tr>
<td>Residential status</td>
<td>Independent living</td>
<td>Living with family</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Woojin</td>
<td>Kangho</td>
</tr>
<tr>
<td>Age</td>
<td>34</td>
<td>57</td>
</tr>
<tr>
<td>Drinking history (years)</td>
<td>14</td>
<td>37</td>
</tr>
<tr>
<td>AUDIT-K</td>
<td>28</td>
<td>24.5</td>
</tr>
<tr>
<td>Current drinking status</td>
<td>Drinking</td>
<td>Abstinent</td>
</tr>
<tr>
<td>Treatment experience</td>
<td>AA</td>
<td>AA</td>
</tr>
<tr>
<td>Residential status</td>
<td>Living with family</td>
<td>Living with family</td>
</tr>
</tbody>
</table>
Table 3.

Descriptive Statistics of the Participants \((N = 7)\)

<table>
<thead>
<tr>
<th></th>
<th>(M)</th>
<th>(SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>39.00</td>
<td>9.00</td>
<td>31 – 57</td>
</tr>
<tr>
<td>Years of drinking</td>
<td>19.57</td>
<td>3.45</td>
<td>12 – 37</td>
</tr>
<tr>
<td>AUDIT-K</td>
<td>25.57</td>
<td>5.848</td>
<td>18 – 36.5</td>
</tr>
<tr>
<td>Male ((n))</td>
<td>23.90 (5)</td>
<td>4.03</td>
<td>28</td>
</tr>
<tr>
<td>Female ((n))</td>
<td>29.75 (2)</td>
<td>9.54</td>
<td>23 – 36.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(N)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current status with alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstinent</td>
<td>1</td>
<td>14.28</td>
</tr>
<tr>
<td>Drinking</td>
<td>6</td>
<td>85.71</td>
</tr>
<tr>
<td>Treatment experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic Anonymous</td>
<td>4</td>
<td>57.15</td>
</tr>
<tr>
<td>Hospital/clinic</td>
<td>3</td>
<td>42.85</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>28.57</td>
</tr>
<tr>
<td>Single</td>
<td>5</td>
<td>71.43</td>
</tr>
<tr>
<td>Residential status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with family</td>
<td>5</td>
<td>28.57</td>
</tr>
<tr>
<td>Living independently</td>
<td>2</td>
<td>71.43</td>
</tr>
<tr>
<td>Educational background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College degree</td>
<td>7</td>
<td>100</td>
</tr>
</tbody>
</table>
During the first session, the Alcohol Use Disorder Identification Test (Saunders, Aasland, Babor, 1993) was administered to measure the degree of the participants’ harmful use of alcohol (Appendix C). The Alcohol Use Disorder Identification Test (AUDIT) is a 10-item questionnaire, which serves as a useful tool to assess the respondent’s drinking patterns, such as the severity of the alcohol dependency, as well as the hazardous and harmful use of alcohol. This assessment can be administered by the clinician or self-reported by the participant; for this study, the researcher administered the questionnaire as an extension of the first semi-structured interviews. The official Korean version of AUDIT (Kim, Oh, Park, Lee, & Oh, 1999) was developed in order to provide guidelines for interpretation based on the standards appropriate for Koreans; the total scores are divided into three groups depending on the severity in AUDIT-K, which differ by gender, as shown in Table 1. According to the results, six out of seven participants were in Zone 3, which requires immediate intervention for their harmful use of alcohol; the only exception was Kijun, who scored 18. Without associated standard errors to apply to scores, 18 was considered close enough to be in Zone 3. Six participants were currently drinking; two participants reported to have been recently relapsed (i.e., Hana was abstinent for three months and Woojin was sober for 12 days). Kangho was the only participant who had been abstinent for three weeks prior to the first appointment. Descriptive statistics of the participants are shown in Table 2 and Table 3.

Descriptive of the participants. Aside from their high scores in AUDIT-K, the participants also shared a few characteristics: (a) limited treatment experience and lack of support, (b) cultural perceptions on addiction treatment, (c) residential status, (d) high-functioning alcoholics, and (e) educational backgrounds and age at inception of drinking.

Limited treatment experience and lack of support. Five out of the seven participants
had received very limited or no proper treatment concerning their addiction, despite their long-term hazardous use of alcohol, as reflected in their high scores on the AUDIT-K. Sunkyu and Kangho were exceptions: Sunkyu shared that he had attended AA meetings regularly for six months in the past, though he was continuously drinking at that time. Kangho recently started attending AA meetings on a regular basis (i.e., three to four times a week) since he became abstinent about three weeks ago. The rest of the participants recalled their visits to AA meetings or to a psychiatrist as one-time events without follow-up; they did not find the meetings or treatments to be helpful. Furthermore, all three participants who had visited a psychiatric clinic in the past shared that it was due to their depression or insomnia rather than their addiction. Sunkyu also reported that his multiple visits and admissions to psychiatric clinics were mainly due to his depression, although his symptoms may have been related to his alcohol abuse as well. Therefore, participants had little treatment experience overall, and their previous attempts at quitting alcohol were mostly based on individual efforts. As Hana and Woojin recounted, these efforts resulted in relapses. Accordingly, all participants—except Kangho who was actively attending AA meetings—were experiencing lack of support for sobriety. The limited treatment options also led the participants to seek their own ways to receive help. Evidently, online communities for alcohol addiction—where they could learn about addiction and exchange their own experiences anonymously—became one of the main resources for the participants. The participants also gained knowledge from reading books or watching documentaries regarding addiction; some also reported alternatives such as visiting a Buddhist temple, reading tarot cards, or consulting a fortune teller in their efforts to recover from addiction.

**Cultural perceptions of addiction treatment.** The participants’ perceptions of addiction treatments also reflected the predominant cultural views regarding seeking psychiatric treatment
in Korea. For instance, the participants shared their hesitancies about visiting clinics or taking part in programs due to social norms. Five participants specified their concerns that their treatments would be documented officially on their charts. Their fear was based on an assumption that those records could affect them negatively if someone—from their work, for instance—learned about their treatment histories. In this regard, Jiho, who had briefly attended AA meetings in the past, commented on a cultural comparison between the US and Korea:

“I think Koreans are more conscious of others in comparison to Americans. You know, it’s a very hush hush thing to say if someone’s attending AA or seeing a psychiatrist. You need to get the treatment if you need it, but you can’t really share that with anyone around you. You certainly need courage to attend those meetings in Korea…which is why most people who may be interested in those treatments wouldn’t actually show up. Similarly, Kangho shared that he had suffered from depression in the past but refused to see a psychiatrist due to the social prejudice about being treated for a mental illness. This supposition possibly accelerated his drinking, yet Kangho had clearly prioritized the social perspective over receiving treatment for his problem. He compared the stigma of seeing a mental health counselor to attending AA meetings—mentioning that the fact that he could stay anonymous in the meetings allowed him to join, in contrast with most clinics, where an official chart remains. Inevitably, Korean cultural perspectives had limited the participants’ willingness to seek treatment for their addiction.

*Residential status.* Some participants’ residential status required an understanding of Korean culture. For instance, in Korea living with parents until marriage is usually expected (Ho, 2015). Two of the married participants were living with their new families, while three single participants were residing with their parents. Kijun was an exception, as he was unmarried, yet
living independently, since his parents lived in a different city; Sunkyu, who was also unmarried, had moved out of his parents’ house, due to the conflictive relationship caused by his drinking. Accordingly, complicated family dynamics were more apparent for those participants who were residing with their parents, adding another dimension to their drinking habits or behaviors.

**High-functioning alcoholics.** Notably, all participants specifically distinguished themselves from the “real alcoholics,” despite their high scores in AUDIT-K. In fact, all seven participants were observed to be “high-functioning alcoholics” (Benton, 2009, p. xi). Benton (2009) explained that one of the characteristics of high-functioning alcoholics includes the ability to live a compartmentalized life and to maintain a consistent social status in their job or school despite their alcohol abuse. Indeed, five out of the seven participants were maintaining either part-time or full-time jobs in a variety of fields: Sunkyu was a freelancing construction worker; Minhee was a math teacher; Kijun was a graphic designer; Woojin was a real-estate agent; and Kangho was a construction inspector. Two participants were without jobs at the moment, but both were engaged in gainful activity; Hana was a full time student who had returned to college a couple of years ago to major in acting. Jiho was studying full-time for the certified public accountant (CPA) exams. The participants’ experiences in deceiving others about their drinking, as well as their frequent blackouts, were also considered signs that their profiles fit those of high-functioning alcoholics; these characteristics are further discussed in Chapter 4.

**Education backgrounds and initial drinking age.** Lastly, all participants had a college degree and reported that their drinking history either began or developed around age 18 or 19, when they entered college. The participants all agreed that alcohol was inseparable from their college life, as it played a key in building social relationships and being part of a group. This reflects the group drinking culture that is closely linked to socialization in Korea, which usually
starts at the legal drinking age. These characteristics corresponded with the literature as well (Ahn, 2012; Kim & Hong, 2012.; Park, Oh, & Lee, 1998).

**Format and Procedures**

The convergent parallel mixed methods design frames both quantitative and qualitative strands equally, collecting quantitative and qualitative data in parallel in its phases throughout research. This mixed methods research creates triangulation in data analysis, and is based on assumptions that “the results provide evaluation of both the outcomes and process of the intervention” (Creswell, Klassen, Plano Clark, & Smith, 2011, p. 6). In this study, quantitative pre and post evaluation and qualitative phenomenological research proceeded and were analyzed independently, and then integrated for the overall interpretation of the results (Creswell & Plano Clark, 2011). The combination of the two research methods was selected due to the usefulness of a quantitative method in evaluating the effectiveness of a specific treatment, and of qualitative resources to strengthen the findings from the quantitative data (Goodill & Cruz, 2012). A flowchart for the format and procedure for the mixed methods can be seen in Figure 1 (Creswell & Plano Clark, 2011).

This study was conducted for the duration of approximately three months. During this time, seven participants each received five sessions, followed by the follow-up interviews. The first and last sessions consisted of semi-structured interviews and measuring their baseline motivation before and after the art therapy intervention. The other three weekly sessions offered 60 to 90 minutes of individual art therapy; sessions were scheduled based on the participant availability. A national holiday weekend delayed one week’s sessions 10 days to two weeks from the previous session. Aside from that weekend, the sessions progressed regularly, with all participants consistently attending.
Quantitative strategy.

Pre and post evaluation. Pre and post evaluation examines the efficacy of an intervention by comparing quantitative scores before the intervention is introduced and after it has concluded. The pretest scores serve as the participants’ baseline, to which their posttest scores are statistically compared to (instead of creating a control group). The study hypothesized that participants, who experience possible selves within the virtual reality created through the use of computer technology through the art therapy intervention, would present an increase in motivation for sobriety. Therefore, the official Korean translated version of the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES-K) version 8 (Jeon, 2005; Miller & Tonigan, 1996) was conducted twice—before and after the art therapy sessions—to test the efficacy of the intervention (Appendix D).

Measurement. The Stages of Change Readiness and Treatment Eagerness Scale was developed initially for individuals who abuse alcohol to assess motivation for change (Miller & Tonigan, 1996). Currently, SOCRATES version 8 is utilized widely for clinical populations in
addition treatment as an experimental instrument. The official translated version of SOCRATES (SOCRATES-K) is a 19-item questionnaire made up of a series of declarative statements like the original, using a 5-point Likert scale to indicate agreement with each item (1 = strongly disagree, 5 = strongly agree). The scores on the SOCRATES-K scoring form were categorized by the researcher upon completion and divided by the three factorially derived scale scores: Recognition (R), Ambivalence (A), and Taking Steps (TS).

**Qualitative strategy.**

**Phenomenological research.** The philosophy behind the phenomenological research method is deeply rooted in Edmund Husserl, whose insight was inherited and developed by philosophers such as Heidegger, Sartre, and Merleau-Ponty (Creswell, 2013; Spiegelberg, 1982). The practice of phenomenology today has been diversified and argued about by several writers who follow the theory of Husserl. Yet, some common grounds can be found in their philosophical suppositions, as phenomenological research focuses on the lived experiences of a number of individuals and the common meanings of the phenomenon. The purpose of this research method is to discover the universal essence of the phenomenon based on individual experiences (Creswell, 2013). In phenomenological research, the data are collected holistically and creatively to gather the nature of lived experiences of the participants, for examples, narratives, anecdotes, the news media, fiction, diaries, poems, and other artistic sources (van Manen, 2014). In the present study, the data from the art therapy sessions (i.e., the artworks created from the intervention, semi-structured interviews, and the researcher’s field notes) were utilized as the main sources for this study.

**Data collection.**

**Art therapy intervention.** The art therapy intervention was to serve the participants with
alcohol addiction by providing an opportunity to optimize their imagination to explore the possible future selves through the use of digital media. The participants received three 60–90 minute weekly individual art therapy sessions. The participants were asked to create consecutive images of their projected future each week; digital media, such as Adobe Photoshop and digital cameras, were utilized to create realistic images of their possible selves.

Table 4

*Schedule for Sessions*

<table>
<thead>
<tr>
<th>Week</th>
<th>Quantitative</th>
<th>Qualitative (intervention)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pretest on SOCRATES-K</td>
<td>Semi-structured Interview 1</td>
</tr>
<tr>
<td>2</td>
<td>Art Therapy Directive 1:</td>
<td>Visualize where you want to be a year from today if drinking is under control.</td>
</tr>
<tr>
<td>3</td>
<td>Art Therapy Directive 2:</td>
<td>Visualize where you want to be six months from today in order to accomplish your desired future shared last week.</td>
</tr>
<tr>
<td>4</td>
<td>Art Therapy Directive 3:</td>
<td>Visualize where you want to be three months from today in order to accomplish your desired future shared two weeks ago. Create feasible plans.</td>
</tr>
<tr>
<td>5</td>
<td>Posttest on SOCRATES-K</td>
<td>Revisit the plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Semi-Structured Interview 2</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Follow-up Interview</td>
</tr>
</tbody>
</table>
During the first art therapy session, the participants were asked to create an image based on the question, “Where would you be a year from today if your drinking is under control?” During the second art therapy session, the participants were guided to visualize six months from today if they are approaching their desire they shared during the previous session; accordingly, the participants created a second image of their wished-for future self. The last image was created during the third art therapy session based on the participants’ imagination of the nearest future selves, which was three months from today. In essence, the art directives were intentionally designed for the participants to create one image of their long term goal for the self, and two images closer to the current time. On the completion of the three images, the participants were encouraged to create feasible plans they wanted to try for a week in order to approach their desire for the next year based on the images they created; these plans were revisited during the final session. The schedule and directives are presented in Table 4.

All the images were created using a computer program called Adobe Photoshop. The majority of the participants were not familiar with the program, and therefore received technical assistance from the researcher. However, Kijun, a graphic designer, worked independently, as he was already very familiar with this program. The collection of images for the artwork was mostly downloaded from online search engines to be manipulated in Photoshop and the participants were also allowed to include their own images if desired (e.g., Kijun included images of his own artworks that he downloaded from a website). A digital camera was used to take pictures of the participants, which allowed them to be part of the final images as well. The researcher suggested that the participants pose as if they were in their projected future so they could place themselves in the image as they vividly imagined. At the completion of each image, the participants shared their thoughts on the artwork in light of their current use of alcohol. A few participants
voluntarily shared their thoughts further with the researcher via emails and text messages during the study, which were also included as data. All the completed images were emailed individually to the participants, including the plans created during the third art therapy sessions, and printed out on a regular 8 x 11” letter-size paper for the participants to keep. All sessions were audiotaped on a SONY IC recorder and were transcribed by the researcher.

*Semi-structured interviews.* Semi-structured individual interviews were given to the participants during the first and last sessions to broaden the phenomenological understanding of the participants’ lived experience (Chan, Fung, & Chien, 2013; Morse & Richards, 2002). The guided interview questions are given in Tables 5 and 6. All interviews were also audiotaped and transcribed verbatim by the researcher. Participants were given an option to be contacted for a follow-up interview approximately five weeks from the completion of the final session, which all participants agreed to; all preferred to be interviewed via email. The follow-up interview questions were divided into two sections: the common questions for the group and the specific questions regarding the individual.

Table 5

*Semi-structured Interview Guide Questions 1*

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you describe your past and current relationship with alcohol?</td>
</tr>
<tr>
<td>What does alcohol mean to you?</td>
</tr>
<tr>
<td>What makes you think you are addicted to alcohol?</td>
</tr>
<tr>
<td>Is there any pattern or specific behavior when you drink?</td>
</tr>
<tr>
<td>What makes you want to quit drinking now?</td>
</tr>
<tr>
<td>Tell me about your past experience in giving up alcohol.</td>
</tr>
<tr>
<td>What is different this time? (If there was a previous attempt)</td>
</tr>
<tr>
<td>What do you think can be helpful for you to quit drinking?</td>
</tr>
</tbody>
</table>
Table 6

Semi-structured Interview Guide Questions 2

Tell me about your experience in art therapy using possible selves and digital media.

What did you like and what didn’t you like about the experience?

Have the images of your future selves helped you in any way in the past weeks? If so, please share your experience.

Is there anything you would like to change from the images?

How else do you think the images you created served you?

Researcher’s reflective journal. The researcher kept a reflective journal and field notes in and out of the sessions, and utilized them as data to expand understanding of the participants’ lived experiences (Creswell, 2014).

Role of the researcher. All sessions were conducted by the primary researcher for two reasons. First, there was an extremely limited number of art therapists in Korea who were qualified and credentialed by the American Art Therapy Credential Board (ATCB) standards to carry out the intervention. According to the ATCB (personal communication, June 2, 2015), only three Board-Certified Art Therapists (ATR-BC) were currently residing in Korea besides this researcher. Furthermore, digital media, such as the Adobe Photoshop program that was the primary media in art therapy sessions, might have further eliminated art therapists who are unfamiliar with the media, and who would not be able to freely utilize and lead the sessions providing technical assistance if needed. The second reason was due to the fundamental qualities of phenomenological research in this mixed methods study. Phenomenological research emphasizes the role of a researcher as an active learner (Creswell, 2012) and “the primary instrument for data collection and analysis” (Lightman, 2010, p. 16). Therefore, the role of
phenomenological researcher is participatory in experiencing and witnessing the phenomenon with the participants (Finlay, 2013; Werts, 2005). While this role may contradict with the demands of the quantitative approach, in which the role of the researcher is “theoretically non-existent” (Simon, 2015, para. 1), the researcher’s own experience with a phenomenon constitutes the framework of phenomenological research for the interpretation of qualitative data (Sandala & Adorno, 2002).

**Data Analysis**

The primary research questions for the study were: (a) Does the art therapy intervention using possible selves enhance motivation for individuals with alcohol addiction in Korea? and (b) What phenomenon has emerged in the lived experience of the participants from the art therapy intervention? Collected quantitative and qualitative data were analyzed accordingly, using descriptive statistics and Colaizzi’s (1978) method of descriptive phenomenology. Furthermore, the analytic techniques used in a convergent parallel mixed methods design not only applied to both quantitative and qualitative data, but also to the ultimate integration of the two distinctive research objectives (Creswell & Plano Clark, 2011).

**Quantitative data analysis.** Descriptive statistics were used for the quantitative data from the SOCRATES-K in order to analyze the three factorially derived scale scores: Recognition (R), Ambivalence (A), and Taking Steps (TS).

**Qualitative data analysis.** The researcher analyzed the transcripts from the art therapy sessions, artworks, semi-structured interviews, and follow up interviews using Colaizzi’s (1978) method of descriptive phenomenology analysis. Colaizzi’s method of analysis provides seven steps in the analytic process, which the researcher applied to analyzing the image data as well (Colaizzi, 1978; Shosha, 2012). These steps are as follows:
1. Each transcript was read several times to get a general sense of the experience. The bracketing process took place during this stage to identify the researcher’s perception and to acknowledge bias based on the researcher’s previous experience with the population.

2. The researcher then extracted statements, phrases, and expressions that were significant from each transcript and retyped them on separate sheets. Each participant was also color-coded in this process (i.e., all of Sunkyu’s statements were written in red) for ease of identification and to prevent confusion.

3. The meanings of the significant statements were formulated into descriptions.

4. The statements were then grouped and categorized by similar clusters of themes and patterns after working repeatedly, to define the essence of the statements through the regrouping process.

5. Meanings for each category were defined and clarified.

6. The findings were integrated to describe the phenomenon of the participants’ experiences from the study.

7. Member checking was followed during the follow-up interviews as a final validating effort. In this process, some of the data analysis and interpretations were returned to the participants to verify the accuracy of descriptions (Creswell, 2012). Colaizzi (1978) suggested asking each participant, “How do my descriptive results compare with your experiences?” or “What aspects of your experience have I omitted?” (1978, p. 62). Accordingly, the researcher reflected and integrated any new data into the final findings. Despite some of the arguments over the necessity of this step (McConnell-Henry, Chapman, & Francis, 2011), several researchers have believed this process was useful to improve the rigor of the findings from the study (Meadows, Verdi, & Crabtree, 2003;
Utley-Smith et al., 2006).

8. Peer debriefing was also employed to reduce bias and to enhance the credibility of the study (Houghton, Casey, & Shaw, 2013; Spillett, 2003). Two colleagues of the researcher in similar fields were involved in this process, as the researcher shared her thoughts and reflections throughout the study to receive feedback. Discussions were often followed about the phenomenon found from the study, which contributed to clarifying the essence of the participants’ lived experiences.

**Participants’ Rights and Protection**

The purpose and procedure of the study were explained to each participant verbally and through the written consent forms (Appendix E). An informed consent form approved by Lesley University Institutional Review Board was translated into Korean and signed by all participants to obtain their agreement and permission to participate in the study. The consent forms also informed participants that they could withdraw from the study at any time without any negative consequences or penalty. Participants’ rights and protection in case of their refusal to participate were also detailed on both forms. All participants received a copy of their signed consent form during the first session.

**Confidentiality of data.** All data were stored confidentially and files were accessible only with a password. The researcher’s personal laptop was used for the Photoshop program, to which only the researcher had password-protected access. Individual files were created in the computer for saving images, which were copied to an external hard drive as well for protection from any computer-related accident. All participants agreed to receive their artworks created on the computer via email, and were informed specifically on the limitations of confidentiality with regards to electronic communication. Participants’ names stayed anonymous and the data were
recorded with their pseudonyms. Participants will be directly contacted if needed for a possible future study to obtain an extension of the consent forms. Otherwise, all the data will be destroyed upon the completion of the researcher’s dissertation.

**Compensation for participation.** The consent form specified that the participants would receive compensation in the form of a $20 gift card upon their completion of the sessions. Accordingly, the seven participants who attended all sessions received compensation at the end.
CHAPTER 4

Qualitative Results

The qualitative results were categorized into five parts, following the participants’ sequential progress in describing both their experiences of the self and the process of change in their perceptions throughout the study, as seen in Figure 2.

<table>
<thead>
<tr>
<th>Part 1. Past Self: The Development of the Painful and Narcissistic Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1. I, the unloved child</td>
</tr>
<tr>
<td>Theme 2. Trapped in pain</td>
</tr>
<tr>
<td>Theme 3. The poor me</td>
</tr>
<tr>
<td>Theme 4. Emotional dysregulations: The internal triggers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 2. Present Self: The Coexistence with Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1. The I who is controlled by alcohol: The external triggers</td>
</tr>
<tr>
<td>Theme 2. The I who controls alcohol</td>
</tr>
<tr>
<td>Theme 3. The fearful self</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3. Future Self: The Utilization of Possible Selves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1. Perception of the future self: The stages of change</td>
</tr>
<tr>
<td>Zone 1: Precontemplation: The unchanging self</td>
</tr>
<tr>
<td>Zone 2: Contemplation: The self with possible changes</td>
</tr>
<tr>
<td>Zone 3: Action: The self at its best</td>
</tr>
<tr>
<td>Theme 2. Role of the visualization of the future self</td>
</tr>
<tr>
<td>Clarification of wished-for future selves</td>
</tr>
<tr>
<td>Hope through embodiment</td>
</tr>
<tr>
<td>Confidence and motivation enhanced</td>
</tr>
</tbody>
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*Figure 2. Qualitative Results. This figure illustrates findings from the qualitative results in five parts to show the participants’ experiences of the self and the process of change.*
The semi-structured interviews—which were conducted prior to the art therapy sessions—showed the participants’ perceptions about (a) their past selves and (b) their present selves; the art-making process from three individual sessions revealed their projections of (c) their possible future selves; and the application of the intervention showed their (d) changing selves. Lastly, the second semi-structured interviews on the final session summarized their core experiences from the study in (e) their becoming selves, which included the impact of the intervention based on the follow-up interviews.

**Part 1. Past Self: The Development of the Painful and Narcissistic Self**

The participants’ perceptions of their past selves were first explored during the semi-structured interviews prior to the art therapy sessions. All participants’ views of their past selves were closely related to their memories of psychological pain from childhood; the data showed these perceptions further developed into the narcissistic personality characteristics in their overly self-absorbed states of self-pity. The results were manifested in four subordinate themes: (a) I, the unloved child, (b) trapped in pain, (c) the poor me, and (d) emotional dysregulations.

**Theme 1. I, the unloved child.** According to the data, the participants recalled the roots of their experiences with pain beginning in their childhoods. For instance, all of the participants, except Hana, reflected on the conflictual relationships they had had with their parents that lasted throughout their lives. The degrees of conflict varied among the participants, but the experience of their struggles were comparable as they commonly associated themselves as being ‘the unloved child.’ For instance, Jiho, Woojin, and Kangho remembered feeling like constant failures for not being able to satisfy their parents’ expectations of them, while Kijun recalled being neglected since childhood due to his parents’ conflictual marriage. Participants reported being perpetually scolded and intimidated by their parents while incidences of parental
favoritism were also commonly reported, as Minhee stated: “I had been pretty much neglected since my childhood […] My mom loved my brother so much, but I didn’t feel loved. I always wished I were my brother.”

The experience of not being loved or recognized enough by parents remained as painful memories among the participants, as seen in their descriptions of their sufferings. This was more apparent for Sunkyu, who reported growing up with physically and mentally abusive parents. Sunkyu described:

My parents would beat me up until I stopped crying […] They used to kick me out naked during the winter time because I did something wrong… I started to think I could kill them if I continued to live with them […] I mean, how can they be so abusive like that all my life? They were always very abusive with their words, too, telling me to die and stuff.

Accordingly, the data showed early and sustained conflictual relationships with parents contributed to the participants’ perceptions of the selves—to consider themselves as “the unloved child.”

**Theme 2. Trapped in pain.** Along with perceptions of their past selves as unloved children, the data showed the participants recognized psychological pain as a trap they could not escape. Their repeated experience of the events that caused them psychological agony solidified their view of the pain, as seen in Jiho’s statement: “It [pain] becomes a burden. A burden that I want to be liberated from, like the shackles I want to take off.” The specific cause and the degree of pain varied among the participants, ranging from the sudden death of a family member to physical abuse that occurred during childhood. Yet, the core of this emotion was shared by all participants and contributed to their perspectives of self and life. Furthermore, the data showed
the participants’ perception of pain as a trap was also influenced by their previous attempts to escape from the pain, which often resulted in a new form of pain. For example, Kijun, who was a victim of a major financial fraud in his early 20s, shared that joining an illegal pyramid scheme was his attempt to “fix [his] troubled family” and “overcome the wounded self” by making money. Kijun stated:

It gave me hope that I could fix my family issues by making money out of it [...] But I didn’t just lose money from the scam. I lost people, too… All the relationships I had from school, back at home, everything disappeared instantly as the rumor got around that I was involved in this scam […] I was pretty traumatized by all that. I was hurt so badly and my ego also completely collapsed […] I’m still paranoid that people are going to take advantage of me […] It’s been seven, eight years, but it’s still there… It didn’t end with ‘I just got defrauded.’ It did enormous damage to my life.

As Kijun described, his effort to repair “the wounded self,” led him to a deeper despair in his inability to overcome the previously internalized pain. The experience in the psychological domino effect of pain and the difficulty to escape from such a state was commonly observed by the other participants as well. Minhee commented that her crisis “has not ended,” as she was continually struggling with the death of her mother, with whom she had been in a conflictual relationship; the emotional conflicts remained towards her deceased mother became another painful trap for her. The data showed the participants’ experience of their continuous pain, and repeated failures to repair or escape from it reinforced their perception of a self that is incapable of controlling the pain.

**Theme 3. The poor me.** The data further showed that the participants also developed a fragile perception of the past self—‘the poor me’—due to the repeated despair from the pain
overload. For instance, the participants manifested an abundance of self-absorption during the interviews, as evidenced by their self-pity for the painful and powerless self, by frequently dwelling in the past and making comparisons to nonspecific others. The data also indicated that the participants’ perception of the self as ‘the poor me’ further enhanced their self-inflicted victim mode, as seen in Minhee’s statement:

I feel like the only one who is behind, back at square one […] Everything [painful] came at once. Not everyone experiences what I went through […] But what do they want from me? Why me? I constantly pity myself and I can’t tell anyone about it…I feel like I’m the only person who is rotting inside. Why do I need to trap myself like this when I didn’t even live my life wrong? Then I blame others inside: ‘My life is like this because of you!’ But I can never say that out loud. I end up blaming myself instead as I drink.

As Minhee described, the participants’ self-isolation was commonly reported due to self-pity, as they solely focus on their poor self, creating a vicious cycle between loneliness and resentment. This narcissistic personality trait was commonly observed among the participants, validating the literature that addiction develops to remedy narcissistic disturbances (Kohut, 1977; Prystash, 2011). In this perspective, the data further indicated that the participants’ consumption of alcohol can be their effort to compensate the powerless and vulnerable sense of self, by experiencing a sense of grandiosity through drinking as evident in Woojin’s comment: “I only enjoy the beginning stage of drinking. It makes me feel more confident. I feel like I can do everything in that moment.” On this note, one of the famous slogans from AA, ‘poor me, poor me, pour me another drink,’ appeared to describe this phenomenon very accurately.

Theme 4. Emotional dysregulations: The internal triggers. The data further showed difficulties in emotional regulation were commonly shared among the participants since the past.
Hence, the participants reported their utilization of alcohol to also be their attempt to regulate affect, as seen in Hana’s statement:

I don’t have much memory of feeling anything besides alcohol in my life […] it’s all just very dry… But alcohol helps me feel the emotions when I’m drinking alone. I can be as happy as I want or cry all I want […] Maybe that’s the only time I remember feeling something.

As seen in Hana’s description, the participants considered alcohol’s function as something to “help [them] feel” and regulate various types of emotions. Yet the data further indicated that their difficulties in emotional regulation were mostly linked to controlling the emotions that have a negative association, such as anger, stress, loneliness, boredom, and hunger. These results were also in line with the literature, which listed those specific emotional conditions as common triggers for craving alcohol (Alcoholics Anonymous World Services, 1975; Doyle, Friedmann, & Zywiak, 2013). Accordingly, the data confirmed that the participants indeed managed such emotional conditions by drinking—whether to amplify, numb, or regulate those states of mind.

However, alcohol was found to have contradictory influences on the participants, as evidenced by various statements, such as: “I drink because I’m angry, but alcohol aggravates me”; “I drink out of loneliness, but I isolate myself to drink”; “I drink because I’m bored, but I’d rather drink than doing something else”; and lastly, “I drink when I feel stressed out, but I get stressed out by feeling guilty after drinking.” Consequently, participants’ continuous attempts to deal with emotions resulted in a vicious cycle in their dependency on alcohol. Yet, the data also showed the participants were clearly aware of the fact that the effects of alcohol were only momentary, as seen in Minhee’s struggle. She described: “It’s like the angel and the devil always fighting in my head. I wonder why such—really a momentary—pleasure, became a part of me and I
don’t even want it to.” Regardless, this awareness had no impact on the development of the destructive cycle of addiction; the participants returned to alcohol once—or even before—its effects faded out, since they “didn’t want [the negative stuff] to come up to the surface,” as Hana stated.

The data also indicated the participants’ difficulties with regulating emotions was paralleled to their painful experiences from the past and linked to their perceptions of the self—especially so in Sunkyu’s case. Sunkyu recalled memories of his abusive parents that stemmed from when he was around four years old, which contributed early on to his intense emotions that were difficult to regulate. Sunkyu stated:

I could feel my emotions and thoughts were getting distorted inside…like a monster was growing inside me… I was repressed for so long, I couldn’t contain it any longer…so I attempted suicide when I was in high school […] I’ve been trying to escape from the pain I had, and I needed to excrete…excrete the emotions somehow […] and drinking became my outlets for emotions… I suffered a lot.

Sunkyu further described his difficulties in emotional regulation became more intensified after his first suicidal attempt, in his inability to escape from the pain. Sunkyu stated: “The fundamental reason is my depressive past, which cannot be cured. I want it to be cured, but it’s too painful to be healed. It may not be healed until I die […] My life is one big dark room.” This was similar to other participants’ recognition of pain as a trap they could not get rid of. However, the data further suggested Sunkyu’s experience of emotional pain might have carried more weight than other participants. For instance, Sunkyu further depicted continuous self-mutilations and multiple suicide attempts as ways to “psychologically feel relieved” from the intense emotions. In any case, Sunkyu admitted his primary use of alcohol was certainly to assist his
attempt to regulate his emotions the same way other participants did, though his behavior was presented in more extreme manners due to the severity of his experience.

**Part 2. Present Self: The Coexistence with Alcohol.**

Along with the participants’ perception on their past selves, their views on the present self were also explored during the semi-structured interviews prior to the art therapy intervention. According to the data, the participants perceived their present selves to be inseparable from alcohol in their coexistent relationship. In this coexistence, the participants presented two contradictory perceptions of the self—one who is powerless over alcohol, and the other who feels it can control alcohol. The data further showed that fear about the consequences of their coexistence with alcohol, was also one of the core experiences the participants shared with their current selves. Accordingly, this part was divided into three sub-categories to show the phenomena of the participants’ perceptions of their present selves: (a) the I who is controlled by alcohol, (b) the I who controls alcohol, and (c) the fearful self—the self they were afraid of becoming.

**Theme 1. The I who is controlled by alcohol: Pavlov’s dog and external triggers.**

The participants’ perception of the self being controlled by alcohol was frequently observed, which was to be expected considering their stage of addiction. For instance, “involuntary” binge drinking was commonly discussed by all participants, along with their inability to control or stop themselves from drinking—unless forced to by frequent blackouts. The participants also asserted that their powerlessness over alcohol was mostly due to their uncontainable physical reactions to external triggers; Pavlov’s (1941) famous theory of classical conditioning (i.e., a response to a neutral stimulus becomes a conditioned response because of repetitive exposure to the stimulus/response pairing over time) was frequently quoted by the participants in describing their
uncontrollable drinking and the state of constant craving. Sunkyu stated: “I hear the bell ringing in my head, saying ‘it’s time to drink,’ [and I react] just like Pavlov’s dog.” From this perspective, the participants often defined their drinking as “a habit,” and called their craving “an automatic body response” as a result of their continuous abuse of alcohol. Accordingly, the participants considered their reactions to alcohol as a phenomenon that was out of their control. The data further indicated that the participants had developed their own conditioned stimulus for drinking, indeed reacting similarly to Pavlov’s dog. The detailed behavioral associations varied among the participants, but they commonly included exposure to specific people, places, foods, as well as the media. With such a wide range of stimulus, the participants perceived their daily lives to be surrounded by cues for drinking, offering them external and environmental triggers that were not under their control. Furthermore, the data showed that the cultural aspects of drinking in Korea also contribute to the participants’ sense of powerlessness over alcohol, such as the collective drinking culture and the cultural aspects between foods and alcohol.

The collective drinking culture in Korea. Among the various external triggers, the collective drinking culture of Korea largely contributed to the participants’ continuous abuse of alcohol and provided the rationale for their drinking. All participants agreed that drinking plays a significant role in the social scene in Korea and that it is inseparable from the greater culture. Accordingly, five participants specifically mentioned that socializing with friends was one of the greatest external triggers for their drinking. In this matter, the six participants recalled that their initial utilization of alcohol developed during their freshman year in college, as a key and a bridge to socialization in a new environment in their first step to adulthood. All participants described that this was considered to be the norm in the college culture or life after high school in Korea, as Jiho stated “I used to think drinking was an absolute necessity to socializing.” The
data further showed that the participants who learned to socialize by drinking in college continued the path into adulthood, as Woojin simply stated: “There’s nothing else we can do except drinking when we hang out.” Consequently, the participants perceived drinking to be directly related to their social lives; they predicted that the idea of quitting alcohol would result in limitations to their social scene. Hence, the participants were concerned that any attempt at abstinence would result in isolation and loneliness, as Hana recalled her recent attempt to quit: “It’s not easy. Last time I quit, no one would hang out with me and I didn’t have anyone else to hang out with either.” Accordingly, the data showed that the participants rationalized their drinking to maintain their social lives, although they also admitted that they themselves had chosen only to remain friends with those who drink, as reflected in Woojin’s statement: “I had falling-outs with friends who don’t drink.”

The participants further reported that the utilization of alcohol in group settings also applied to their work environment, mostly during company dinners, called hoesick in Korean. The original meaning of hoesick is to get together with colleagues over meals, and it often involves a large amount of drinking—usually until the participating members are inebriated. The participants’ depictions also agreed with the literature (Kim & Hong, 2012) that drinking with colleagues during hoesick contains various symbolic meanings for Koreans aside from simple socialization; it is also considered a way to increase a sense of belonging at work and build group harmony based on the collective culture of Korea. The participants further described refusing drinks or choosing not to participate can particularly be challenging in this environment, as it could be “offensive” to others. For these reasons, four participants reported hoesick to be one of the greatest external triggers they could not control; the other three participants were currently working as freelancers, so they were not under the direct influence of the specific culture of
*hoesick* at the moment. Clearly, all four participants who were currently affiliated with some type of group or company were exposed to the collective drinking culture that is unique to Koreans. This was further evident for Kangho who maintained his sobriety over the past three weeks, confessed to one-time drinking during *hoesick* due to the difficulty in refusal:

> The CEO came over to our table and poured us the mix of *soju* and beer to cheer with him. I couldn’t say no. The CEO made sure we bottomed up our drinks, so I ended up drinking one glass […] I heard everyone had a bottle and a half of *soju* that day [...] The CEO really considers unity and cooperation to be important, and believes group drinking and *hoesick* to be mandatory […] Every single employee has to attend.

As Kangho described, the group drinking during *hoesick* contains layers of symbolic meanings for Koreans—which often “controls” the participants’ options to drink or not. As the data showed, the collective culture in drinking—clearly reflected in *hoesick*—was considered one of the strong environmental triggers for the participants, creating conflicts between their positions as members of the group and the possible message they would be sending by refusing to drink. Such cultural aspects were further reflected in Jiho’s statement, revealing the complex issues behind this external trigger for the Korean participants: “I think the biggest reason people fail in sobriety is that Koreans are relationship-oriented. So it’s not easy to firmly refuse the offer saying, ‘I’m not going to go if you guys are going to drink.’”

*The cultural aspect between foods and alcohol in Korea.* Hunger has long been distinguished as one of the most frequent triggers for drinking (Alcoholics Anonymous, 1975; Doyle, Friedmann, & Zywiak, 2013). Six of the participants in this study also mentioned, “I think of drinking when I feel hungry.” Yet the data further indicated that the unique cultural stance between foods and alcohol in Korea contributed another dimension to the participants’
uncontrollable cravings triggered by hunger. For instance, Koreans traditionally accompany food with drinks; the general term, *anju*, represents a variety of food to be consumed with alcohol. Drinking lightly with meals (*banju*) is also common for Koreans. Accordingly, food is often considered inseparable from one’s drinking experience; hence, food, including daily meals, often became another conditioned stimulus that the participants were constantly exposed to, as Hana stated: “People eat tofu to diet, but I eat tofu with kimchi when I drink… Everything, even a bowl of noodle soup can be *anju* for me, since I can drink a bottle of *soju* with it.” Furthermore, all participants agreed that Koreans have a tendency to pair specific types of *anju* with different kinds of alcoholic beverages. For example, Koreans often pair *soju* with hot stew or sashimi, while they match beer with fried foods. Accordingly, the participants described how specific foods triggered the matching type of alcohol, as seen in Jiho’s statement: “You can’t miss out on *soju* when eating sashimi […] I picked up *ttokbokki* (i.e., stir-fried rice cakes) later on, so the type of beverage got change to *makgeoli* since it was a better match.” Therefore, the data suggested the participants to be under the great influence of the cultural relation between certain foods and alcohol. In fact, a common Korean expression, ‘to eat alcohol’ instead of ‘to drink alcohol,’ also reflects this connection that is unique to the culture in Korea. Yet Jiho’s further statement showed the participants’ conflictive awareness that this external trigger may serve as another excuse for their drinking, which they allowed to control them:

I was craving pig’s feet yesterday, which I ended up eating with drinks. But I had this thought, maybe I was craving pig’s feet because I actually wanted to drink […] I would’ve drunk anyway, even if I weren’t craving a specific food.

**Theme 2. The I who controls alcohol.** In contrast, the data further indicated the participants also actively developed their own strategies to gain control, in order to maintain their
coexistent relationship with alcohol. First, the participants’ conscious efforts were evident in hiding their problematic drinking from others, as Minhee stated: “I think I can still manage myself, so people wouldn’t find out about my drinking.” On this note, Kijun’s frequent brushing his teeth or spraying cologne showed the examples of the participants’ intention to cover the smell. This phenomenon appeared to be more specific for the three participants who were residing with their parents. For instance, Hana described her own tactics for drinking at home without her parents knowing: “I drink quietly in my room and clean up the empty cans or bottles before I go to bed. [...] I really don’t leave any marks behind [...] I’m usually good at drinking without getting caught.”

Similar to their ways of hiding their drinking from others, the data showed the participants also developed strategies to avoid the consequences of drinking. The consequences mostly included losing personal belongings, such as money, wallet, or glasses, or being involved in risky behaviors and incidents, such as physical fights or even criminal acts. Accordingly, the participants developed their own systems to protect themselves from the troubles they had previously experienced while drinking. Sunkyu, who reported being incarcerated for sexual assault when he was under the influence of alcohol, specifically described his effort to do “research” in order to find ways to continue his drinking without getting into trouble as he had in the past. His strategy was in fact quite categorical, revealing his extensive efforts to maintain his coexistence with alcohol. Sunkyu’s detailed strategy for dealing with a hangover was also one of the notable outcomes from his effort to maintain his job status in the midst of his continuous drinking:

I always keep arrowroot juice in my fridge. I’ve studied a lot on what works best for hangovers. Arrowroot contains acetaldehyde, which makes you sober up quickly. [...] I
trained myself to sober up fast. I take care of my body, so I can drink […] I studied a lot because I still have to take care of my business. It’s been a constant effort to go beyond my own limits.

Accordingly, the data showed the participants’ conscious efforts to take control over alcohol created a “well-maintained system” for all participants to continue drinking, despite their previous confessions of feeling powerless over alcohol. The data further indicated the participants’ current ability to maintain the balance in this coexistent relationship with alcohol in daily life, distinguished them as ‘high-functioning alcoholics’ (Benton, 2009), compared to lower-functioning individuals who failed to maintain such a status by losing complete control over alcohol. Notably, such a distinction was also observed in the participants’ own statements, in differentiating themselves from “real alcoholics” as they shared their experiences, in comparison to low-functioning individuals with alcohol addiction.

Theme 3. Fearful self: The initial motivation for change. Regardless of the participants’ so far ‘well-maintained’ system, as reported in their coexistence with alcohol, the data further revealed that they were experiencing the consequences of drinking in their daily lives in areas such as health, relationships, and social encounters. Such experiences alerted the participants that their ability to control alcohol was in fact diminishing, and they became fearful of the idea that they could ultimately become “real alcoholic[s],” the self they were afraid of becoming.

First, all participants reported currently experiencing various symptoms in their bodies due to the abuse of alcohol, such as headaches, stomachaches, insomnia, chronic fatigue, and decreased memory. Declining physical tolerance for alcohol was also commonly reported as one of the first indicators to bring the participants’ attention to their loss of health. Therefore, the data
showed the participants to be fearful of their decreasing health in their awareness that those symptoms were caused by drinking, as literature described (Agarwal & Goedde, 2012). This was clearly seen in Minhee’s apprehension about her annual medical checkup, as she stated: “I started worrying about my health […] I thought about how my internal organs can be destroyed, too […] my body is falling apart […] Maybe I’m optimizing my body to attract all the illnesses by drinking.”

Second, the participants were also experiencing the negative impact of their drinking on others, including family, friends, and coworkers, and these experiences created another fear. For example, the participants often heard feedback from others about their behavior when drunk, as Jiho stated: “My family told me sometimes I scream out loud at home when I’m really drunk and black out, maybe once a month… They say I scream and crawl around the room […] I’m sure they were pretty shocked.” Accordingly, the participants were experiencing how their drinking was impacting their relationships with their families, especially for Minhee who was a mother of two young children. Her concerns were apparent as seen in her statement:

My children asked me a couple of times, “Mommy, are you drinking again?” because they see that I suffer in the morning; yet I still drink regardless, right in front of them […] I’m so moody, and things get passed down to my kids […] I used to yell at them because I couldn’t control my anger… The worst part is my kids really... My older one has some anxiety issues… What I’m doing to my kids is just an extension of guilt […] And I am so fearful I’m going to end up secluding myself, if I continue this way.

In addition to upsetting the family, alcohol similarly influenced participants’ social relationships with friends and coworkers, who witnessed their unpleasant drunk stages. Hearing such comments from others about themselves also made them feel “shrunk down psychologically” as
Jiho expressed, as they realized they were leaving a lot of negative impressions. Notably, this experience also showed that the participants’ attempts to manage their problematic drinking, unseen by others, was in fact, no longer successful.

Third, the direct impact of alcohol on the participants’ job performances raised fear for them as well. For instance, the participants reported a decreased sense of responsibility, showing up as tardiness, absence, or neglect of given duties. Hana, a full-time college student, recently experienced the impact of drinking on her school life, which caused her great fear. She stated:

I noticed that I was sort of losing myself […] When I realized I had skipped a class, everything was just blank […] I thought, ‘What’s happening now? Am I really losing it? I couldn’t believe it… I wasn’t like that before… I felt my behavior was completely different this time, so I started to think that things could be risky if I continued this way. Whether the impact of alcohol was showing in their health, relationships, or job performances, the data indicated that the participants were currently fearful of the consequences of their drinking and aware that their coexistence with alcohol was, in fact, deteriorating despite their continuous efforts. Remarkably, the data showed this fear and the sense of crisis served the participants as the initial motivation for change, as seen in Hana’s further statement:

It really shook me up. I didn’t think about drinking the next two days, because I was so frustrated. Frustrated that I lost control […] I think I really need to do something about it… I think I’m in danger. I used to be so confident I could manage myself, but not anymore. I think I’m going to be in big trouble if I lose my control […] Yes, I’m in trouble. What am I going to do? […] I think I’m on the way to becoming a ‘real alcoholic.’

The link between the fear of drinking and motivation for change was also confirmed by
Kangho’s experience, who began his sobriety approximately three weeks prior to participating in this study. Kangho’s description of his motivation for change certainly reflected the fear he had, as he stated: “My grandson was born in this past August. That’s why. I may not be a well-respected grandfather, but I don’t want to be a grandfather to be ashamed of.” As Kangho stated, the fear of becoming a shameful grandfather to his grandson surely became part of his initial motivations to become sober. Likewise, the data showed all participants to be experiencing the consequences of drinking in their present selves, and this made them have concerns for the future. Hence, the results further indicated that fear may be an essential motivator for change, as the participants most likely would not have volunteered to participate in the study without having experienced this emotion.

**Part 3. Future Self: The Utilization of Possible Selves**

After the semi-structured interviews, the participants explored their possible futures through the three individual art therapy sessions, which provided them with opportunities to tangibly visualize their imagined futures using digital media. The results of the art therapy intervention were divided into two main subthemes, namely (a) the participants’ perceptions of their future selves and (b) the role of the visualization of possible selves.

**Theme 1. Perception of the future self: The stages for change.** Remarkably, the participants’ art-making process revealed that they were, in fact, positioned at three different stages for change per the definition of the transtheoretical model (TTM) (i.e., Precontemplation, Contemplation, and Action stages). The data further revealed that the participants’ stages for change were closely related to their perceptions of their future selves as reflected in their art-making process. Therefore, this theme is divided into three zones accordingly: the three participants in Zone 1 (i.e., Sunky, Minhee, and Jiho) belonged to the Precontemplation stage,
as they met the criteria for having no current intention to make direct changes to their drinking.

The art-making process further showed that they viewed their future selves to be unchanging from their present selves. The three participants in Zone 2 (i.e., Hana, Kijun, and Woojin) met the criteria for the Contemplation stage, as they were considering making a change in the next six months. The art-making process indicated that they perceived their future selves with possibilities for change. The only participant in Zone 3 (i.e., Kangho) belonged to the Action stage, as he had already made clear modifications in the past six months by starting his sobriety. The art-making process he imagined presented his future self at his best. The summary of subthemes for each zone can be viewed and compared in Table 7.

Table 7

Participants in Three Zones with Perceptions of Future Selves and the Initial Stages of Change

<table>
<thead>
<tr>
<th>Zone 1</th>
<th>Precontemplation: The unchanging self</th>
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<tbody>
<tr>
<td>Sunkyu</td>
<td>(a) Future without wishes: Hopelessness</td>
</tr>
<tr>
<td>Minhee</td>
<td>(b) The self in continuous pain</td>
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<tr>
<td>Jiho</td>
<td>(c) Future lost in the past</td>
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<th>Zone 2</th>
<th>Contemplation: The self with possible changes</th>
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<tbody>
<tr>
<td>Hana</td>
<td>(a) Openness to possibilities: From hopelessness to hopefulness</td>
</tr>
<tr>
<td>Kijun</td>
<td>(b) Future grounded in the present</td>
</tr>
<tr>
<td>Woojin</td>
<td>(c) Developing alternatives for drinking</td>
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<td></td>
<td>(d) Shadow of the past in ambivalence</td>
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<tr>
<th>Zone 3</th>
<th>Action: The self at its best</th>
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<tbody>
<tr>
<td>Kangho</td>
<td>(a) Initiative for change</td>
</tr>
<tr>
<td></td>
<td>(b) Future full of wishes: Hopefulness</td>
</tr>
<tr>
<td></td>
<td>(c) Distant past, near future</td>
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Therefore, appropriate interventions were provided to meet the therapeutic needs for the participants in each zone based on their readiness for change. Notably, the quantitative pretest scores of the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) did not report these differences. These results are explained in the quantitative results section in this chapter.

**Zone 1. The Precontemplation stage: The unchanging self.** The data indicated the three participants in Zone 1 met the criteria for the Precontemplation stage according to the definition of TTM. These three participants expressed no intention of making direct changes to their drinking during the art-making process, despite their verbalized wishes for change and voluntary participation in the study. The participants’ conflictive willingness for change was also clarified through their blunt statements, as typified by Jiho’s confession: “I don’t think I’m considering quitting drinking yet, since I’m still thinking about how I’m going to pick up a bottle of beer on my way home after the session.” The desire to control the speed, area, or the amount of change was commonly observed in the three participants, as evidenced by Minhee’s statement: “I really want to change, but I want to keep what I have, and may not want the change to happen so drastically.” Though their remarks were conflictive, the participants’ art-making process indicated that they viewed their future selves to be unchanging from their present selves for various reasons. Their complex perceptions of their unchanging future selves, as well as their resistance to change, were extensively presented through the art therapy intervention; the results were manifested in three subthemes: (a) the future without wishes, (b) the self in continuous pain, and (c) the future lost in the past.

*Future without wishes: Hopelessness.* The first noticeable phenomenon the participants in Zone 1 shared was their difficulty to imagine their wished-for future selves. As Minhee stated,
the idea of wishes for the future was “vague and unfamiliar” to all three participants. This difficulty was reflected in their art-making, examples being Sunkyu’s clear visualization of an unchanging future; Minhee’s withdrawal from the process of image-making; and Jiho’s abstract form of art. On this note, the resistance to imagining future change, including changes in their drinking, was commonly observed among the participants in this zone. This is seen in Sunkyu’s initial reaction towards the first art directive: “A year from today? If [my] drinking is under control… I can’t imagine that. I think my life would be boring… It’s too far [in the future] to think about doing something about my drinking, I can’t think about the near future, either.” Accordingly, Sunkyu’s artwork also reflected his clear conviction of an unchanging future, as seen in Figure 2; the images were created both in colors and in black and white, as he desired. He explained:

I will be standing here without having decided anything a year from today, so I wouldn’t be able to choose between the two directions either, to go up or head down… Actually, I think I’m always going to be at the forked road, debating […] I don’t think anything will be different from now… Can you find the Road Not Taken by Robert Frost (Appendix F) online? That’s my title for this image.

On the other hand, Jiho initially appeared to easily access his wish for a year from the present, which was “to pass the CPA (certified public account) exam,” as seen in Figure 4. Regardless, Jiho’s unclear wishes for his future self also became apparent during the latter two art directives to imagine the nearer future. Jiho stated: “Nothing comes up in detail in terms of my behavior at that time. I can feel what I might be doing, but it’s not a specific behavior.” Jiho’s difficulty was further reflected in his artworks as seen in Figure 5 and Figure 6, which were created symbolically in an abstract manner. Jiho explained: “I thought about it on abstract terms […] I
felt like I need to push my way in to the future, so I’m driving a bulldozer […] But I wonder if it’s too abstract.”

Figure 3. The Road Not Taken. Sunkyu’s first image showed he is standing in front of the forked road a year from today, debating which way to take. Sunkyu typed the title in the middle of the image and the date on the bottom right corner.
Figure 4. The True Graduation. Jiho’s first image illustrated he is holding the CPA certificate in his hands in front of his school library, a year from today.

Figure 5. No title. Jiho’s second image depicted that his life had not been as easy as he planned, and that he would have to be in the driver’s seat of life within the next six months in order to approach his goal to pass the CPA exam in a year.

The abstract and symbolic form of the images was clearly distinctive from Jiho’s first image that was created based on his concrete wish for the future. Accordingly, the data suggested that perhaps Jiho’s initial wish for his future self was easily accessed as a rote response due to the
fact that over the past seven years he had been repeatedly taking, and failing, the CPA exam. Notwithstanding, Jiho’s two other artworks indicated his wished-for future to be, in fact, vague. This was further evident in his statement: “I have a clear image of my ultimate goal, but couldn’t think about the process of getting there.” The lack of a title for Figure 5, as well as the title for Figure 6—which he gave upon the researcher’s encouragement, also indicated Jiho’s uncertain wishes for himself in the nearer future, as he addressed the question: “Which way would you choose?”

![Diagram](image)

*Figure 6. Which Way Would You Choose?* Jiho created the third image using Figure 5, comparing the two choices—one where he drinks and one where he quits.

*The self in continuous pain.* The data further revealed that the participants’ difficulties in imagining the wished-for future was closely related to their assumptions of their future selves as being in continuous pain, the same pain they had experienced in the past. For instance, Minhee showed the similar kind of difficulty in this process as the other two participants, despite her vague initial statement: “I want to lose weight so I can wear some nice clothes… I want to be bright, too… I can be at any place. A café maybe… just a place.” Regardless, her struggle with
imagining her future self became apparent, as evidenced by her reaction to the art-making based on her idea, seen in Figure 7; Minhee expressed frustration that the image did not reflect the “inner change” she was hoping for the future, and she wished to discontinue the image-making before it was competed.

Figure 7. No title. Image was not completed since Minhee withdrew from the image making.

The data further indicated that Minhee was in fact reluctant to imagine her future self due to her high anxiety, which was caused by her perception that her future self might be in continuous pain, as was her experience in the past. Minhee explained: “Planning makes me anxious that the plans I make might go downhill as they did in the past, since that’s what happened repeatedly over the past years. Everything ended up floating in pieces… Everything has been scattered.” As seen in Minhee’s statement, her experience in the past certainly prompted her perception that her wishes for the future self might cause her pain again. Accordingly, only verbal sessions were pursued during the remainder of her participation, since Minhee withdrew from participating in further art-making processes. Similarly, a negative perception of the future self was commonly observed from Sunkyu, as seen in his depiction of a life in continuous pain:
Do you know the myth of Sisyphus? He was punished by Zeus, to ceaselessly roll the rock up to the mountain, after which it would fall back again […] Life is just like the myth of Sisyphus […] You have to endure until you die. It’s a punishment for being born, but that’s the ordinary life for all. You can’t avoid it. That’s the reality of life. It’s not because I want it to be like that, but I need to follow the rules anyway regardless of my will.

Sunkyu’s comparison of life to “a punishment” clearly explained his negative and passive perceptions of the future, which certainly resulted in his low motivation for change. Sunkyu’s resignation to his fate was further evident in his statement: “I don’t think I’m going to change unless there is a strong external force on me that is out of my control, like a car accident, a disease, or a natural disaster.” This kind of statement indicated Sunkyu’s firm conviction that he would not be able to change in the future regardless of his efforts; therefore, Sunkyu rationalized that no change in his drinking was necessary.

Consequently, the art therapy intervention was edited for Sunkyu and Minhee in particular, due to their difficulties in imagining future change. As previously mentioned, Minhee proceeded with verbal sessions only, while Sunkyu was provided with more specific directives to explore the positive possibilities in his future. This decision was based on the fact that the first image he created, based on the open directive, was not therapeutic for him in the limited timeframe of the research setting. Aside from his difficulty in imagining positive future change, Sunkyu’s emotional distress from seeing his own image (Figure 2) also contributed to this shift in intervention. He explained:

I really feel the emotions coming up, makes me want to drink today […] I get a lot of thoughts when looking at the image, but none of them are positive, so it’s making me
depressed […] You know, the roots of my drinking and the consequences of it. Then I think about self-mutilating.

Sunkyu further expressed the possibility of discontinuing the session due to these overwhelming emotional reactions. Accordingly, the researcher ensured the sessions could be stopped at any time upon request and he continued his participation. With more specific directives, Sunkyu created the other two images seen in Figures 8 and Figure 9 in his attempt to show his wish for living “the most ordinary life” in his exploration of positive changes in life. Regardless, the data showed the three art therapy sessions could not change his perception of his future self, despite the momentary hope he experienced in the sessions. Sunkyu described after creating Figure 8:

I feel myself becoming more optimistic as our sessions progress […] Then I arrived at the point in this image where I can’t go any further, that’s why I called it An Arrival… Maybe it is the future I can’t reach…and then it brings me back to the past, and I would drink to forget about the past again.

*Figure 8. One Spring Day. Sunkyú’s placed the famous quote from *Demian* on his second image; “The egg is the world. Who would be born must first destroy a world” (Hesse, 1965).*
Figure 9. Arrival. And a Trip to the Pure Ego. Sunkyu created the third image, on which he included a paragraph from *The Little Prince* (Saint-Exupéry, 1943; Appendix G).

*Future lost in the painful past.* As previously described, the participants’ projections of their future selves as being in continuous pain were closely related to their experiences in the past, especially for Sunkyu and Minhee. The data further indicated that the two participants were intensely “obsessed with the past,” as Minhee admitted, and experiencing an inability to control their preoccupation. This characteristic was not as present in the other participants who also presented a tendency to dwell in the past, yet were able to separate themselves to focus on the present or the future when directed. In that manner, the data showed that Sunkyu and Minhee’s perspectives in life, including the future, appeared to be mostly lost in the past. This was also evident by their repetitive stories from their past in spite of the directions to focus on the present or the future. The data further showed their preoccupied memories from the past were mostly
linked to the negative and painful ones as described in Part 1. For instance, Sunkyu constantly returned to sharing the memories of physical and verbal abuse by his parents, which was shared abruptly and out of context at times. The past suicidal ideation, as well as attempts, were another frequent topic for Sunkyu. Accordingly, Sunkyu’s preoccupation with his experiences from the past certainly influenced his idea for his future self, as seen in his description of his first image:

I can see the future I have in my mind is very dark—it’s not a bright future […] it makes me feel lonely and sad… […] My future is dark because I fear that the darkness in my presence will continue in the future, as it did in the past. […] I feel that I’m controlled by the fear from the past, so my image obviously is a reflection of that.

On the other hand, Minhee was found to dwell in the past in her continuous grieving over her mother’s death from two years ago. In fact, Minhee spent a major portion of the sessions mourning and in tears, describing her memories and complex emotions, including the regrets and resentments towards her deceased mother. Accordingly, the data indicated both participants were continually under a great influence of the painful past in the present; the participants’ ideas of the future were an extension of the unchanging self in continuous pain, as in the past.

Furthermore, the participants’ lost sense of boundary in time was also reflected on their artworks; both Sunkyu and Jiho and presented a lack of timeframes or order in their images, despite the given directives to create images to reflect specific timelines between the present and a year into the future. Sunkyu mentioned that the initial image, which was supposed to be a year from now, could also be switched with the last image of three months from the present, stating “I can’t think of the differences between the two. It can go both ways.” This result was similarly observed in Jiho’s description of the ambiguous timeframe of the latter two images, as he stated: “You can’t really tell it’s six months from today.” This was also comparable to his first image,
which he clearly represented a year from the present. The data suggested the lack of clear
timelines reflected in the images of their future selves may indicate uncertainty or limited
commitment for change in the future. This was further evidenced by the fact that only the
participants in Zone 1 presented this phenomenon (with the exception of Minhee, who
discontinued image making)—which contrasted with other participants in different zones, whose
images were presented in a clear timeframe.

**Zone 2. The Contemplation stage: The future self with possibilities for change.** Zone 2 consisted of three participants—Hana, Kijun, and Woojin. Their consideration of making direct changes, such as whether to quit or moderate their problematic drinking within the next six months, showed their stage for change to be in Contemplation, as defined by TTM (DiClemente, 2006). Previous attempts at sobriety were also commonly reported by the participants in Zone 2, including the recent relapse of two of them. The data showed that these participants viewed their future selves with possibilities for change, based on the four subthemes that revealed their specific perceptions of their future selves in the art-making process: (a) openness to possibilities for change, (b) grounded in reality, (c) developing alternatives to drinking, and (d) shadow of the past.

*Openness to the possibilities for change: From hopelessness to hopefulness.* One of the first characteristics that differentiated Zone 2 from Zone 1 was the participants’ openness to possibilities for future change; this openness led them to easily access their wished-for future selves, despite their initial uncertainty expressed when first given the art directive. For instance, Hana jokingly stated: “A year from today if my drinking is under control? Hm… I can’t think of any. Is my future that dark? (Laughs).” Regardless, Hana was soon able to imagine her wished-for future and turn that into tangible images with simple guidance from the researcher. The
following conversation between Woojin and the researcher also shows the process of turning Woojin’s initially ambiguous idea of his future self into a detailed visualization, based on his openness to imagining change:

Woojin: A year from today… Well… I mean… Maybe working out, going on a diet… Actually, I’m thinking about finding a different job, too.

R: What do you mean? To leave the real estate business?

Woojin: No, something different in real estate… Selling parcels maybe… just something different. I don’t want to stay in the office, but to go outside.

R: I see. How would you visualize that?

Woojin: I would say buildings… You mean a year from today? To visualize that… nothing really… What do you mean? How can I visualize that?

R: OK, we can start from the background. So if you are selling parcels, what kind of environment would you be in? Can you think of some details?

Woojin: Oh, I see… There is this area called the M district. The city has a plan to build a new town there, so that’s probably where I will be. There’s nothing there now. They recently began constructing.

R: Should we look up the images to see if there’s anything that fits your imagination? How it may look in a year?

Woojin: OK. (Looking through the images of the district on the monitor) […] I think this one is going to work.

Accordingly, Woojin was able to proceed with his artwork as seen in Figure 10. Furthermore, the data showed that once the participants had experienced the image-making process, they were more easily able to initiate and create the next two images without much prompting from the
researcher. These results were certainly distinctive from those of Zone 1, who had experienced difficulties even with guidance from the researcher, due to their negative and passive perceptions of their unchanging future selves.

![Figure 10. Field Trip to a Contract Scene.](image)

On this note, the positive perspective of the future self was apparent among the participants in Zone 2. This was also reflected in their artworks, as all three participants notably shared their wishes for the future self to include a successful career and healthy life. For instance, Woojin visualized working in a new field that is enjoyable for him (Figure 10); Hana imagined herself in a leading role for the stage play (Figure 11); and Kijun depicted his image to “symbolize the bright future in his job” (Figure 12). Their wishes for improved health were also seen in their artworks (e.g., Kijun’s Figure 13 and Woojin’s Figure 14). Most importantly, these results showed that all the images were based on their positive perceptions of a future self that is free from alcohol. This was directly reflected in Hana’s title for Figure 15, *As if I Don’t Know How to Drink*, based on her hope to be known as a non-drinker in six months, and was also
evident in Woojin’s statement regarding Figure 15: “I can’t see my face but I wish to be sober at that moment.”

Figure 11. The First Leading Role. Hana’s first artwork showed her wish as an acting student—to take a leading role a year from today.

Figure 12. New Beginning. Kijun described his second image “symbolizes the bright future in his job.” His personal images from his portfolio in the backgrounds are also mosaicked for protection purposes.
Figure 13. The Healthy Me. Kijun’s first image portrayed his wish for a healthy life that is free from addiction.

Figure 14. The Knockout Body. Woojin depicted his wish to be in shape within six months, and described this image symbolizes his future status of “having alcohol under control.”
Figure 15. As If I Don’t Know How to Drink. Hana’s second image showed her hope to be known as a non-drinker in six months, as she is cheering with water during *hoesick*.

Figure 16. Sunrise. Woojin’s third image illustrated his wish to be sober when he takes a trip alone in three months.

Future grounded in the present. Another remarkable characteristic of the participants in Zone 2 was that their wishes for their future selves were grounded in their current life situations. This reality-based approach was reflected in their artworks accordingly. For instance, Hana, who was an acting student, visualized herself in a leading role in the future (Figure 11); Kijun, who was starting a new teaching job, projected himself to be teaching comfortably in six months.
This phenomenon also indicated the participants in Zone 2 were able to separate themselves from their past selves in pain, in their imagination of their future selves; this was something the participants in Zone 1 had been unable to do, as their perceptions of their future selves were an extension of their preoccupations with the painful past.

The participants’ separation from the past self was further reflected in their clear awareness of the timeframes of the images, as evidenced in Hana’s statements: “You told me to think about a year from today,” or “So I guess the image of six months from today would be more realistic than this image we made today.” This was also clearly in contrast with the participants in Zone 1, whose vagueness for the future self was reflected in the ambiguous timeframe of their images as previously described; therefore, the data confirmed that the sense of time reflected in their artwork was certainly related to their perception of their future selves, which in turn revealed the current status of their motivations for change.

On the other hand, the data showed the participants’ awareness of the timeline of the directives was also expressed through hesitance in the process of art-making. For instance, Hana expressed uncertainty about imagining the nearer future, stating her difficulties that “nothing comes to mind,” in contrast with the first image that she had easily created once prompted. However, the data revealed Hana’s uncertainty was, in fact, due to her high awareness about the reality of the directives, as well as her genuine engagement in this process. The data further indicated creating a tangible image of the future meant a commitment for the participants in Zone 2, in their clear consciousness of reality. This was evident in Hana’s further statement:

I mean, it’s right after this season… I feel like I don’t want to think easily about this, like, ‘well, I can just tell Ms. Park (the researcher) that I’m going to read a book.’ But I don’t want to do that […] I want to be more cautious in creating the image of the next
three months, than what I did of a year from today? A year from today? Being on a stage.

But this is different since it’s coming so close!

Hana’s hesitancy was a clear reflection of her reality-based thinking, as well as ambivalence about making a firm commitment for the self in near future at the same time. Regardless, Hana was able to complete both images, as she was encouraged to create an image of the future self that she felt comfortable committing herself to.

![Image](image.png)

*Figure 17. Coffee Instead of Alcohol, Café Instead of Bar. Hana’s third image depicted her wish to develop alternatives to alcohol within the next three months.*

*Developing alternatives to alcohol.* The data also showed all three participants were aware of the need for alternatives to drinking in their Contemplation stage for change. Hana stated “I think it’ll be really nice to have something to do without drinking… I would probably drink less if I could feel happiness in my life without alcohol.” On this note, the participants’ wished-for future selves were closely related to the substitutes they had developed through the art-making process, showing their hopes to be engaged in activities other than drinking. For example, Hana created Figure 17, in her wish to drink “coffee instead of alcohol,” by going to “a
café instead of a bar.” Cheering with seltzer water as seen in Figure 15, was another substitute for Hana due to her difficulty in avoiding *hoesick* in Korea, which often involves drinking. Similarly, Kijun’s images of the future self were also directly related to his substitutes for drinking, such as his idea for hiking (i.e., Figure 13) or eating healthy meals (i.e., Figure 18). Likewise, exercising was not only a reflection of Woojin’s wished-for healthy life, but also his substitute for drinking, as seen in Figure 14.

![Figure 18. Key to Success. Kijun’s third image illustrated one of his alternatives to alcohol is to eat healthy meals, which he considered it as the key to success in his sobriety.](image)

The participants’ conscious efforts to develop substitutes for their future selves were apparent as seen in Kijun’s statement regarding his images: “If I try to eat healthy, I would consciously stay away from things that are not good for my body, including alcohol.” As the participants stated, their wish to distance themselves from alcohol in their near future was apparent both physically and psychologically. In fact, developing alternatives to drinking has been considered crucial in addiction treatment, as it plays an important role on the path to sobriety. Accordingly, the directives for the art therapy intervention served the participants in
Zone 2 as an effective guide to develop personalized alternatives based on their own reality and imagination for the future.

_Shadow of the past in ambivalence._ Despite the participants’ openness to change, the data also showed that they were frequently ambivalent. The ambivalence was often found in the conflict between their wishes for complete abstinence and moderation in drinking, as seen in Woojin’s statement: “I still try to negotiate in my head. Like, ‘It’s just two shots, that’s it’ […] I’m still attached to it… I think about quitting though... But if I can moderate my drinking, I’ll choose that.” TTM described such conflicts to be one of the characteristics of those in the Contemplation stage for change, and these kinds of conflicts need to be resolved in order to move on to the next stage of change in Preparation. On this note, the data further indicated their ambivalence was mostly an aftereffect of their previous experience when trying to quit, which ended in multiple relapses for all three participants. Accordingly, doubts about their ability to successfully change were inevitable, as Woojin further stated: “I think I’m losing my confidence, since I keep failing […] I feel a little apathetic in my decision compared to the last time I stopped drinking.” This reluctance to re-attempt quitting was also apparent for Hana in her comparison of abstinence to a diet:

It’s like a diet. I was on a diet and lost 12 kg last year. But then I got the yo-yo effect and gained the weight back. But it’s so hard to do it again, since I know how hard it is […] And I don’t want to do it again because I know about it, so I want to postpone it, even if it’s just pushing it for one more day. But I realized it’s exactly the same with the alcohol addiction […] I think that’s what keeps delaying the actual sobriety.

The data also showed the participants developed doubts about the purpose of sobriety from their previous experiences, as seen in Hana’s further statement: “I’ve done it[abstinence] before, and
seeing how things fell apart makes me think, what’s the point?” Furthermore, Hana also elaborated that her doubt was due to the fact that she did not experience much improvement or difference during her maintenance of sobriety:

I didn’t feel any of difference after quitting drinking [...] And my sobriety lasted for a while, too, so I thought, ‘just screw it.’ I think that’s how I relapsed [...] Which means, I didn’t have any reason to continue [my sobriety]. I was very surprised by that, I had been hoping for a change.

As Hana’s lost sense of purpose in sobriety led her to relapse, other participants similarly reported that their previous attempts at sobriety also failed due to their lack of having a clear reason to maintain abstinence once they quit. These results inversely showed that having both a sense of purpose and a direction to one’s ultimate sobriety can be crucial once initial abstinence is achieved. The development of purpose and direction can be assisted by a therapeutic relationship; notably, all three participants reported their previous attempts at sobriety were private efforts without receiving any therapeutic guidance.

**Zone 3. The Action stage: The self at best.** The transtheoretical model defined the Action stage to only consider total abstinence, while some behavioral modifications such as reducing one’s amount of drinking may be counted as actions for change in other perspectives. In this manner, Kangho was the only participant in this study to present himself at the Action stage. Kangho started his abstinence three weeks prior to participating in this study and continued to maintain his sobriety as the sessions progressed. Accordingly, Kangho presented distinctive patterns in his experience of the Action stage compared to the other participants in two zones. Along with his strong determination for change, the data revealed Kangho’s projection for the future to be based on his perception of ‘the future self at his best,’ reflected on the three
subthemes: (a) initiative for change, (b) future full of wishes, and (c) distant past, near future.

_purpose for change_. The first notable characteristic of Kangho was that his initiative for change was distinctive from that of the participants in other zones. This initiative was evident as he gave himself “homework” after hearing the plans for the art directives during the first meeting. Kangho stated:

I’ll think about it[the possible future selves], write it down, and bring it with me next week. I like it. It’s very goal-oriented. I’ll try to be realistic and detailed […] You gave me good homework. I need to think about this in advance, so I can prepare myself for the future.

Kangho indeed voluntarily submitted a printed list of his wishes for his future self, four times throughout the remaining sessions; each list contained his detailed wishes and plans, which he consciously paired with the specific art directive of the week in his preparation for the session (i.e., a list for a year; six months; three months; and a week from today). Accordingly, Kangho readily accessed the visualizations of his wished-for self and worked them into the artworks based on the list he had prepared on his own; Kangho rarely required much guidance from the researcher, except for technical assistance in this process. Kangho’s detailed requests for the images also indicated his clear visualization of the future self, as he stated regarding Figure 19:

I want the judges to be sitting here and I would be standing over here like this guy. I would be looking into this direction. The head judge should be sitting in the middle…

Yes, this is good, have them sit in one row with a table.

Evidently, Kangho’s spontaneous involvement was quite a contrast to that of the participants in other two zones, who were reluctant to even imagine future changes (i.e., Zone 1), or who required prompting from the researcher due to their initial uncertainty (i.e., Zone 2).
Future full of wishes: Hopefulness. Along with Kangho’s initiative for change, the data showed Kangho had a clear wish for his future self from the beginning of the sessions, which was also unlike the participants in other two zones. This was first seen in his immediate response to imagining himself a year from the present: “I’m going to be a good husband and a father who is always bright and welcomed by my family.” With such a clear direction for his wished-for future self, Kangho further presented his projected future self as full of wishes, as seen in the first list he voluntarily created in Table 8. Remarkably, Kangho’s list also indicated he had a multi-dimensional imagination for his future self. As seen in the Table 8, Kangho categorized his perception for his future self in three areas, with clear wishes for each category: personal, family, and career life. Furthermore, the data showed that Kangho had clear priorities among his listed wishes, as seen in his description:

I know this is a lot, but I have a couple things that are more important to me at this point. Bigger plans do not necessarily mean that they are more important, either. I will definitely be attending the AA meetings; that should be my base for the future.
Table 8

*My Future: A Year from Today*

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal life</td>
<td>My health has improved; my face is glowing and is no longer red.</td>
</tr>
<tr>
<td></td>
<td>I don’t owe any money for drinking; I’m at peace with it.</td>
</tr>
<tr>
<td></td>
<td>I continually attend the AA meetings.</td>
</tr>
<tr>
<td></td>
<td>I’m actively involved with my hobbies; I joined a motorcycle club and a marathon training club.</td>
</tr>
<tr>
<td></td>
<td>I’m studying and practicing English speech.</td>
</tr>
<tr>
<td></td>
<td>I’m reading books on literature.</td>
</tr>
<tr>
<td></td>
<td>I feel always confident and full of energy.</td>
</tr>
<tr>
<td>Family life</td>
<td>My wife is happy since I haven’t been drinking.</td>
</tr>
<tr>
<td></td>
<td>I’m hiking regularly with my wife.</td>
</tr>
<tr>
<td></td>
<td>I’m cleaning the house frequently.</td>
</tr>
<tr>
<td></td>
<td>I often have dinner with my son’s family.</td>
</tr>
<tr>
<td>Career life</td>
<td>My coworkers consider me a non-drinker.</td>
</tr>
<tr>
<td></td>
<td>I’m actively working as a supervisor.</td>
</tr>
<tr>
<td></td>
<td>I’m working on my presentation skills.</td>
</tr>
</tbody>
</table>

Accordingly, Kangho created three artworks to represent each category from the list, following the priorities based on careful calculations on the timelines to achieve them: First, Kangho created an image of himself giving a presentation at work as seen in Figure 19. Considering his age at 57, maintaining his ability to actively work without “falling behind the scene” was Kangho’s top priority, as he stated: “It’s important since it’s directly related to my living, too.” Kangho also created the second image of participating in one of the famous marathons in Korea, as seen in Figure 20, for which he aimed to register in six months when it would be held;
Kangho’s last image of his future in three-months showed his wish to focus on family by doing chores at home (Figure 2.1). In fact, the themes of Kangho’s artworks were similar to those in Zone 2, such as his wish for a successful career and healthy life. Yet Kangho’s multi-dimensional imagination for his future self was certainly distinctive with his clear awareness of the timeframe and his efforts to intentionally balance the three different areas in his life. This was evident in Kangho’s statement regarding the final image:

My first image was about my career, and the second one was about my personal hobby. I think the third image should be about my life at home. It’s about time to take care of my family. I want to do something for my wife, I’m not sure what would be good. I think I can start from cleaning the house often.

Figure 20. Me Attending the Donga Marathon 2016 (personal). Kangho’s second image depicted his wish to return to running within the next six months.
Distant past, near future. The last distinctive characteristic of Kangho in Zone 3 was his perception of the distant past and the near future. For instance, Kangho described:

My wife and I decided not to talk about the sad or negative stories from the past […]

There is no need to bring up such negative memories and reminisce about them. I think that’s how it’s connected to drinking. You wouldn’t have those negative, heart breaking memories if you weren’t drunk, either.

Kangho’s attitude and conscious effort to separate himself from the past self in pain, was certainly a striking contrast from the other six participants in this study—who showed a tendency to dwell in the painful past, though the duration and intensity may vary. Kangho’s clear sense of the boundary between the past and the present was also evident; his current focus was clearly on
the future in his goal-oriented approach to maintaining sobriety, as reflected in his artworks.

Furthermore, the data showed the future was not an abstract or a far-off concept for Kangho; instead, it was an extension of his present in action for change. For example, Kangho often reported following-up immediately on his plans for the future that he created during the session. Kangho described: “I need to be active in my participation to maintain sobriety, such as attending the AA meetings. It’s like, money doesn’t grow on trees. You need to do what you need to do; don’t you think?” Accordingly, Kangho signed up for a presentation class after creating Figure 19; started running after Figure 20; and cleaned the apartment on the weekend of creating Figure 21. Such results confirmed Kangho’s perception of his future self was indeed a continuum of his present self in his active and simultaneous efforts to approach his wished-for future. On this note, Kangho’s positive perception of the future was also notable, and this greatly impacted his motivation for change, as seen in his description:

Things have been better since I started a new job […] I’m grateful for the opportunity […] I used to be drunk and tired all the time... Now I really want to be remembered by my coworkers at work as someone who doesn’t drink a year from today. How nice would that be?

Furthermore, Kangho also considered the change for his future self to be within his control, as he was simultaneously putting his plans into action. Such confidence in his ability to change was also in contrast to the participants in Zone 1 in particular, who experienced powerlessness over their life for change. Kangho’s ownership for the future self was evident in this process of sobriety, as seen in his further statement:

It’s not like you are attempting something you would never achieve. You have to set the goals you can approach, it’s not good to set the bar too high. It’s common sense. I’m
looking at my list, and I can certainly do this if I continue to bring myself to the [AA] meetings.

As the data showed, Kangho’s Action stage for change was clearly reflected in the art-making process, revealing his perception for his future self to be at its best possible self. Accordingly, the art therapy intervention served Kangho to reinforce his action to be stabilized in the Maintenance stage.

**Theme 2. Role of the visualization of the future self.** Despite the differences in the participants’ readiness for change, as well as their responses to imagining their future selves among the three zones, the data also showed the participants shared common experiences in the utilization of possible selves in the art therapy intervention—except for Minhee who withdrew from the art-making process after the initial session. According to the data, all participants agreed that the visualization of their future selves in a tangible image was clearly a distinguishable experience from their imaginings per se, as Hana described: “Seeing the image is really different. It’s different from when I just had the thoughts in my mind.” Consequently, the data showed that their perceptions and attitudes towards their future selves had been impacted upon the completion of the artworks, based on their: (a) clarification of their wished-for selves, (b) hope through embodiment, and (c) enhanced confidence and motivation. These results indicated the role of the visualization of their possible future selves in this art therapy intervention.

**Clarification of their wished-for selves: Reconciling the past for a normal life.**

According to the data, all six participants were able to clarify their wished-for future selves through the image-making process. Kijun’s statement typifies their responses: “I think the images clarified the ambiguous idea I had for the future.” As previously described, the participants’ wishes for successful careers and healthy lives were shared through their artworks;
yet, they all verbalized that their greater desire was to live “a normal life.” In that manner, the data further showed the participants’ wishes for successful careers and healthy lives reflected on the artworks, symbolized their desire to reconcile a past that had been affected by alcohol. Jiho and Hana also specifically described their wishes to go back in time before they started drinking. The data also indicated that such desires were closely related to the participants’ fears described in Part 2, that is to say in their awareness of the impact of alcohol on their broken relationships with others and their declining health; accordingly, their wishes for a normal life reflected their desires to reverse the negative impacts of alcohol—whether they were ready to quit drinking or not.

The data showed the participants’ memories of their pre-addiction stage frequently served as sources in their visualizations of the “normal” life for their future selves. Participants recalled the sports or hobbies they used to enjoy. Kangho stated “I used to run marathons before,” as he created Figure 20. Similarly, Kijun expressed his desire to restore his health by returning to the practices he once used to care for his health, as seen in his statement: “I used to follow the Nishi health system before, eating raw food and everything […] It’s really good. My health improved a lot when I did that, physically and mentally. So maybe going back to doing that?” Hence, Kijun created Figure 18 in his hope to return to his healthy self in the future.

**Hope through embodiment.** The data indicated the participants experienced hope through the embodiment by creating a realistic image of their wished-for future selves. The participants’ experience of embodiment was frequently observed. For instance, Kijun’s depiction showed his involvement in his embodied future self, regarding Figure 12:

> I look freer than now in that image… I also feel comfortable inside. I have put all the problems behind and I’m moving forward. Nothing stops me now, I can really focus on
myself and looking for the future rather than dwelling in the past. It’s like an image of myself without worrying about the past.

According to the data, the embodiment was further reinforced when the participants incorporated images from their personal lives into their visualizations of their future selves. For instance, Jiho used the image of his school library in Figure 4; Kijun used his own sketches in the background of Figure 12. The participants mentioned that their artworks became more believable as a result of the inclusion of images from their personal lives. This phenomenon was further observed by Hana, who included an image of her acting professor on the stage with her, as seen in Figure 11. Hana explained:

My professor is an actor, too, so it’s making me feel that this image is not impossible to accomplish […] I was thinking, ‘Oh, I just want the image to come out nice.’ But since I see someone I actually know in the image, I started to think, ‘maybe this can really happen.’

As seen in Hana’s statement, experiencing the embodiment of the wished-for future played an important role in this art therapy intervention by impacting the participants’ hopes to achieve it. Furthermore, the data showed the manipulation of their bodies through digital media also contributed to their embodiments of the future. For instance, the participants were given options to use their own bodies by posing for the image, or to find an appropriate online image to combine with their faces. In this process, the participants—especially those in Zone 2 and Zone 3—frequently chose an image of a body that was more suitable for their projected futures, mostly in their attempts to match the proper outfits to the occasion they chose to create (e.g., Kijun’s Figure 13 and Figure 18; Woojin’s Figure 14; and Kangho’s Figure 19, Figure 20, and Figure 21). In this regard, Kijun stated:
It would’ve been a regular picture of myself if I was just in my clothes. But seeing myself in a suit and a tie, it makes me feel like I’m working and taking care of myself at the same time in the future.

In this manner, the data confirmed that the use of digital media contributed to their embodiments of their future selves by its capability to create images that are realistic. Kijun further stated: “I can feel it stronger since it’s a real image. I feel hopeful in a way, really. I’m thinking I want to be healthy.” Therefore, creating a realistic image was found to be an important component to enhancing their embodiment, directly connected to their experiences of hope for a believable future. The data showed the participants’ increased hope for change in turn in their own artworks, as Kijun further stated: “I’m thinking, I got reassurance for what I want to do with my life and a desire to move forward with it. Hope in a way? That’s what it [the image] reminds me of.”

Remarkably, the data also showed the impact of embodiment inversely applied to Sunkyu, who created a realistic image of his unchanging self. As previously described, Sunkyu’s embodiment in the initial artwork increased his hopelessness and the pessimistic future he imagined; therefore, the intervention was changed to prevent further embodiment of his negative projection for the future. Regardless, these results certainly indicated that creating a realistic image of the projected future self can impact one’s current attitude in turn, whether positively or negatively.

**Confidence and motivation enhanced.** Lastly, the data showed that clarifications for the wished-for future, as well as hopes experienced through embodiment, further resulted in the participants’ developing confidence and motivation for change. The increased motivation was simply observed in the participants’ expressed desires to achieve their visualized future selves upon the completion of the artworks, as seen in Hana’s statement: “Ah, I really want this to
happen, really want it to happen… I feel happy all of sudden.” Similarly, the participants’ confidence was also found in their excitement to achieve their projected futures, as seen in Jiho’s statement regarding Figure 4: “I’ll take the same exact picture and send it to you, when I make it happen next year. I mean, really.” Furthermore, finding “fun” in the process of achieving their desired future was another remarkable result from the image-making process. This also contributed to their motivation for change, as seen in Kijun’s statement: “It’ll be fun. I mean, I’m not even doing something as simple as this now. But I think this is going to happen […] I think these images are similar to being brain-washed in a good way (laughs).”

The participants also developed new perspectives and attitudes towards their desired future selves through this process of “brain washing” through art-making. This was also evident for Woojin, who was able to self-reflect on the image he created; his motivation for change increased in turn, as seen in his statement upon the completion of Figure 14: “I feel sorry for my body now. And it’s not like I want a lot… I’m thinking I shouldn’t be drinking… I will try. People who work out don’t drink.” In fact, Woojin’s enhanced motivation was further reflected in his immediate reporting in the next session that he had signed up for the gym and was attending it. The data also showed that Kangho, who was already on the Action stage for change, reported his motivation was reinforced by his visualization of the projected future. Such noticeable increases in confidence and motivations for the future change were mostly notable in the participants from Zone 2, who were initially found to be on the Contemplation stage for change. At any rate, the data showed that the visualization of their possible future selves, served the participants to prepare themselves to move forward to the next stage for change, which is discussed in Part 4.

Following the art-making process, the participants created their own feasible plans on the fourth session (i.e., the last art therapy session) in order to approach the wished-for future selves reflected in their artworks, which included making a direct change to their drinking. The participants applied the plans for a week and self-evaluated their own progress during the final session through semi-structured interviews. Not all participants were ready to make behavioral commitments directly towards their drinking, including Sunkyu and Minhee in Zone 1. Therefore, appropriate interventions were provided for the individuals’ therapeutic needs, based on the results from the art-making process. In conclusion, the data remarkably showed all participants’ stages of motivation for change—except that of Sunkyu—shifted forward in comparison to their initial stages from the beginning of the study as seen in Table 9. This shift was mostly reflected in the participants’ changed perception of the self, as presented in Table 10. The data were categorized by the new three zones accordingly; Jiho, whose stage shifted from Precontemplation to Preparation, was presented in Zone 2 in this part.

Table 9

Shift of the stages of change

<table>
<thead>
<tr>
<th></th>
<th>Precontemp.</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunkyu</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minhee</td>
<td>O</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
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<tr>
<td>Jiho</td>
<td>O</td>
<td></td>
<td>●</td>
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<tr>
<td>Hana</td>
<td>O</td>
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<tr>
<td>Kijun</td>
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<td>Woojin</td>
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<tr>
<td>Kangho</td>
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<td>O</td>
<td>●</td>
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Note. ◯Initial session, ●Final session, = No change
Table 10

*Final Stages of Change and Perception on Self with Subordinate Themes*

<table>
<thead>
<tr>
<th>Zone 1</th>
<th>Sunkyu</th>
<th>Precontemplation: The unchanging self</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Continuous resignation and reluctance for change</td>
</tr>
<tr>
<td></td>
<td>Minhee</td>
<td>Contemplation: The self with possible changes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) Openness for change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Positive perspectives developed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c) Separation from the past self in pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Zone 2</th>
<th>Jiho</th>
<th>Preparation: The rehearsing self</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hana</td>
<td>(a) Awareness in the ability for change</td>
</tr>
<tr>
<td></td>
<td>Kijun</td>
<td>(b) Conflicts as an integral part of change</td>
</tr>
<tr>
<td></td>
<td>Woojin</td>
<td>(c) Reconfirmation of the decision for change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Zone 3</th>
<th>Kangho</th>
<th>Maintenance: The devoted self</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Positive cycle of change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Living with challenges in sobriety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c) Positive utilization of fear</td>
</tr>
</tbody>
</table>

**Zone 1. The Contemplation Stage: The self with possibilities for change.** As previously seen in the art-making process, both Sunkyu and Minhee experienced the fear of change by their association with the negative consequences of quitting alcohol, which directly contributed to their low readiness for change. This result was also in line with TTM’s definition of Precontemplation that “the pros in favor of behavior change are outweighed by the relative cons for change and in favor of maintaining the existing behavior” (James, 2012, p. 76). Accordingly, the verbal interventions for this group were mostly focused on reducing the fear of quitting and increasing the fear of drinking in an attempt to shift their perceptions for change.
Regardless, Sunkyu continually presented himself with no intention of making changes to drinking, as he reconﬁrmed his low readiness for change during the ﬁnal session by stating: “As I shared with you before, I’m not really considering quitting alcohol, since now I know how to take care of myself while drinking.” Yet Minhee on the other hand, presented a shift in her motivation as she became more receptive for change in her new wish to develop hobbies to “balance [my] drinking.” In this balance, Minhee expressed her hope to reduce the amount and frequency of drinking, despite her continuous indecision about making direct changes to drinking. Consequently, Minhee created feasible plans and reported her progress accordingly. As a result, the data indicated Minhee’s stage of motivation had shifted from Precontemplation to Contemplation throughout the study, which was presented in the three distinctive themes: (a) openness for change, (b) positive perspectives developed, and (c) separation from the past self in pain.

**Theme 1. Openness for change.** The first noticeable shift as a result of the intervention was observed in Minhee’s openness for change, similar to that of the participants in Zone 2. This openness clearly contrasted with her initial reluctance to change as described in Part 3. Minhee’s readiness to make a direct change to drinking continued to remain low, yet her willingness for change was seen in other areas, specifically in her attempt to “balance a life” that had been weighted by drinking. On this note, the data showed Minhee’s shift was ﬁrst prompted by her increased awareness of her own anxiety and her lack of positive coping skills and support system—which certainly had been contributing to her problematic drinking. Minhee admitted: “I want to enjoy myself, but I realized I’m not good at it, since I haven’t done it in the past […] I always thought ‘I’m too busy for life,’ but I think it’s just my mind that’s been busy.” The data indicated that such awareness motivated Minhee’s attempt to change, as reﬂected by her
willingness to develop hobbies; to improve relationship with her children; and, ultimately, to learn self-care.

For instance, Minhee demonstrated following up with her plans by actively engaging herself in badminton as seen in her statement: “I’ve been playing badminton for two hours almost every day since we spoke last time… I found myself enjoying it and smiling more when I play.” Minhee’s conscious efforts to develop various leisure skills were further evident in her statement, including reconnecting with a hobby from the past. Notably, Minhee’s attempt to balance her life with positive hobbies and leisure skills was also similar to the other participants’ ideas of developing substitutes for drinking as previously described in Part 3—though Minhee was not necessarily considering replacing alcohol with hobbies at the moment. Regardless, the data also showed Minhee was, in fact, expecting the possibility of “reducing” her drinking, if she could continually occupy herself with her hobbies. Minhee’s openness for change was also observed in her effort to improve the relationship with her children in the hopes of becoming a better mother, as seen in her statement: “I really feel that I need to change in order to pass positive energy to my children.” Minhee further reported that she planned to make a Christmas tree with her children as they wished.

Minhee’s increased awareness of self-care was also remarkable, since it had been “neglected for a long time” due to her negative perception of the self, as she described. On this note, her new wish to “be able to enjoy myself[herself]” was significant, hinting that her perception of the self started to change as well. Minhee described:

*I’ve been thinking a lot about myself […] I should change myself, instead of blaming myself and judging others […] I know someone who is really good at fashion. I told her recently that I wish I could be like her. I’m thinking that’s the area I want to make
change in November. I never thought I was pretty in my 20’s nor the 30’s, I just blamed myself a lot… I’m thinking about focusing on taking care of myself now… Maybe I can decorate the new apartment, something I haven’t done in years.

From this perspective, Minhee’s awareness in developing support systems was also considered part of her new attempt for self-care, such as her ideas on attending the AA meetings and joining a Buddhist retreat. Furthermore, Minhee also considered receiving proper treatment for her anxiety after the study, as she stated: “I’ve been thinking, maybe to get some prescription and continue with counseling.” This was remarkable, considering her history of incompliance with treatment and the long term abuse of alcohol as self-medication. In this regards, the data further showed Minhee’s experience of hope during the session also had contributed to her openness for change, despite her limited participation in artwork. Minhee described:

I really feel the needs for change as I attended five sessions […] I kept on drinking while I was coming here, but I could feel hope was coming up after the second session […] I came here for alcohol addiction, but what I learned is that I should live my life better.

**Theme 2. Positive perspectives developed.** Minhee also developed new perspectives towards life, which was in contrast with the negative perspective in self-pity she displayed in Part 3. Unlike the initial sessions, Minhee presented conscious effort to maintain the positive perspectives towards the end of the study, as seen in her statement:

I should think positively even with the tons of thoughts in my mind… I want to turn my eyes to the other side of life, and be able to enjoy the little things in life, instead of focusing too much on myself. I’m not the only person who lives in the world. I don’t have to be so anxious about life… I think everything will go back to its position if I can pull myself together.
Minhee’s new perspective in life was also found in her grieving process for her deceased mother. As previously described, Minhee had been having difficulties with her mother’s death in the past two years due to the complex emotions she had experienced since childhood—between the hatred and pity towards her mother. According to the data, Minhee’s stage of grieving had also shifted with the newly developed perspective in life, which was also reflected on her changed attitude towards her own family. Minhee stated:

I still think of my mom a lot, but I realized she also had her moments of happiness in her life, which made me want to be happy, too […] I felt the gratitude for my mom that she protected me so well […] I started to feel more gratitude for my family, too. I have lovely kids, I used to give them hugs before because I sort of have to as a mom, but I think I have to try to be more genuinely affectionate. That’s one of the recent changes.

**Theme 3. Separation from the past self in pain.** As previously described in Part 3, Minhee’s strong “obsession with the past” created difficulties in seeing the future change. Remarkably, the data showed one of Minhee’s most significant changes during the study was her beginning to separate herself from the past self in pain and to focus on the present self. This was clearly seen in her statement on the final session:

I thought about why I shouldn’t torture myself anymore… Why am I in such a pain? I don’t have to feel pain for the past, though I can feel bad about what happened in the past… I should enjoy my life. I should be thankful for what I have now. […] I kept looking back, regretting, I shouldn’t have done this, this shouldn’t have happened… That’s what’s been on my mind before, and it’s been so long to think about the present as I do now… I’ve been thinking maybe I should just let go of my past.

Minhee’s awareness was further observed when she caught herself going into the past again
during a conversation with the researcher on the final session, by stating: “Wait. I’m getting distracted now. Back to where I was.”

Remarkably, the data showed Minhee’s shift in her motivation seemingly followed the footsteps of the participants in Zone 2, who were initially in Contemplation stage for change. As seen in the data, Minhee’s process of change also confirmed her changed perception of the self to have possibilities for change, and her increased awareness and effort for change in life became evident—despite the fact she did not commit to making any immediate, direct change to her drinking. Nonetheless, the beginning of her consideration to reduce the amount of drinking showed her entering the Contemplation stage by the definition of TTM. Accordingly, Minhee’s process was clearly distinctive from Sunkyu, whose motivation for change reverted back to the pre-art therapy stage towards the end of the study—despite the hope he briefly experienced from the art-making process as described in Part 3. Sunkyu’s strong conviction on his perception of ‘the unchanging self in pain,’ continually remained as seen in his final statement: “You can contact me for the follow-up interview, but I will be continually drinking. Real alcoholics like myself are on a completely different level from people like you.” This result confirmed Sunkyu was the only participant whose motivation for change did not shift during this study—which, in turn, showed the frame of this study had limited ability to incite measurable, behavioral change in Sunkyu.

**Zone 2. The Preparation stage: The rehearsing self.** The four participants, including Jiho from Zone 1, presented willingness to attempt change in their drinking to reach their wished-for future selves upon the completion of the artworks. This indicated all four participants’ stage for change was shifted from the Contemplation (or Precontemplation) to the Preparation stage for change by the definition of TTM in their readiness and intention to take actions with
plans. Accordingly, the participants were guided to create feasible plans to follow for a week based on TTM; these plans were categorized into avoidance of the triggers (stimulus control; e.g., “Do not meet up with the drinking buddies”); developing substitutes for drinking (counter conditioning; e.g., “Watch movies when bored” or “Work out five times a week”); and giving limitations to drink in moderation as they wished (e.g., “Limit myself to drink for less than two hours”). The list of plans was followed by the participants’ spontaneous reports on their progress during the final session. This process of change showed the participants’ experience of ‘the rehearsing self,’ prior to entering the actual change with abstinence that were manifested in three subordinate themes: (a) awareness in their ability for change, (b) conflicts as an integral part of change, and (c) reconfirmation of the decision for change, were the key experiences the participants shared in this stage for change.

**Theme 1. Awareness in the ability for change.** The first noticeable shift among the four participants was the increased awareness in their own ability—as well as the inability for change. This awareness was first reflected in their spontaneous self-evaluation on the progress for change during the final session. Using the list and images they created from past sessions, the participants were able to report their progress in detail, as seen in Hana’s statement:

I didn’t save any money as I said I would… But I didn’t drink at home this past week. There was also a time I didn’t buy any drinks when I was tempted to at a convenient store. […] Fortunately, I was able to stick to the seltzer water as I planned.

Accordingly, the participants were able to distinguish between the plans they had or had not achieved, and become more aware of the practicality of their own plans based on self-examination; as Kijun admitted: “It wasn’t as easy as I thought it would be.” As a result, the participants spontaneously modified the plans to meet the reality of their ability for change, as
seen in Hana’s further statement for example: “I already learned the second and third plan don’t work for me... I should definitely continue with the original plan with the convenient stores. And how about rewarding myself if I successfully pass the stores three times?”

On this note, the data also showed the participants’ utilization of the images had influenced their achievement of the plans. For instance, Hana’s effort was evident to visually remind herself of the commitments: she downloaded the images and the list on her cell phone, in order to constantly expose herself to them. Showing her phone to the researcher, Hana described: “I had to look at it constantly; basically every time I used the phone […] so I was able to tell myself not to drink because I kept seeing this. It really worked for me.” In contrast, the data also showed the impact of the images lessened for the participants, who did not actively incorporate them in their action plan as Hana did. For instance, Jiho described: “I kept thinking about it in the beginning of the last week as I saw it on my phone. But the image became blurry towards the weekend since I sort of stopped seeing it after a few days.” Yet Jiho’s self-evaluation also showed his increased awareness of his inability to remind himself of the goals on his own. Therefore, Jiho readjusted his plans, as seen in his statement: “I think it’ll be good to frame the images, so I can be exposed to them more often.” As the data showed, the participants’ awareness in their own commitment and ability for change certainly increased through their evaluation of their performance based on the lists and images they created.

**Theme 2. Conflicts as an integral part of change.** According to the data, all four participants experienced internal conflicts as they turned their own list of plans for change into actions. Regardless, the data showed that such experience of conflicts was an integral part of the process for change among the participants in Zone 2, considering their current stage which shifted from Contemplation to Preparation. For instance, testing the possibility of moderation in
drinking was one of the primary components in the participants’ trial for the week. However, all participants reported experiencing the dilemma in their desire to moderate their drinking, as seen in Woojin’s statement:

I was thinking I should stop drinking soon, but I lost the control as I was getting drunk…

So the moment I thought I was controlling myself, alcohol got into my head… I thought about the list before and as I drank. But once I got drunk, I forgot about it.

Accordingly, the participants became aware of this dilemma, which created conflicts in their wish to negotiate with drinking. The data further indicated that the participants learned through this experience that moderation can be a greater challenge than complete abstinence for them, as their judgement in drinking became poor once they were intoxicated. Accordingly, the data showed all four participants’ attempt to moderate their drinking had practically “failed.”

However, the data suggested the participants’ internal conflict may be also an integral part of change in their transition on the Preparation stage, as seen in Hana’s description.

The other day, I noticed all kinds of thoughts were coming up in my head. ‘Should I just pick up some bottles on my way home? I’m not going to drink tonight,’ ‘I can just buy one can of beer, I don’t have to drink it.’ But then I thought again, ‘No, don’t… I should just go home.’ I think it was good that I didn’t buy more drinks that night. But I was really conflicted internally. I even stopped myself in front of the convenient store for a while, standing there debating, ‘Should I, or should I not?’ I crossed the street back and forth so many times, too.

The data further indicated noticing the internal conflicts can be a crucial component in their rehearsing for change in the Preparation stage, as the participants became more aware of their own readiness for change during their experience of these conflicts. The data also showed the
experience of overcoming such conflicts enhanced the participants’ confidence in turn, as seen in Hana’s further statement: “I should just quit drinking. I think I did real good when I passed the store without buying any drinks.” At any rate, experiencing internal conflicts can be inevitable at times when attempting any type of behavioral change, such as addressing alcohol addiction in this case. On this note, the data further showed having a detailed and feasible plan was helpful in coping with such triggering moments, which can be seen in Hana’s continuous statement:

I had this thought, I already failed on ‘No drinking during the day time’ and ‘No drinking to chase a hangover’ from the list, so I should keep this one at least. The last one from the list, the one about watching myself at the convenient store, really kept me from giving in. I knew one can of beer could lead to a whole another bottle.

This was similarly observed in Jiho’s statement: “It wasn’t like, ‘I have to follow all the rules.’ But I think there were couple times that I controlled myself intentionally because of the list.”

**Theme 3. Reconfirmation of the wish for change.** Despite the conflicts and challenges experienced in the past week, the data showed the participants reconfirming their decision for change through this rehearsal for change: Hana set an exact date to start sobriety and the other three participants decided to continue in their attempt to moderate drinking for the moment. As previously described, the participants’ resolve for continuous change was first evident in their spontaneous modification of their own plans. The data further showed the participants’ insight into their drinking was increased, which led them to reconfirm their pursuit of change. Such insight can be seen in Hana’s statement, for example, about her friends whom she previously reported to be one of the greatest triggers for her:

I think I became a little cynical about friends. I don’t think I need to see them anymore.

It’s my responsibility that I’m the only one who is being affected by drinking, when we
all drink together. [...] the conversation we have over drinks are pretty much the same all the time. We always talk about the past, the misery of our lives… That’s what it’s all about. And it’s such an unproductive and inefficient pattern. So I started thinking, maybe I’m better off without them if that’s what all there is… I’ve been thinking about that recently.

Hana’s will to create distance from the friends—the trigger—evidently reflected her continuous will for change to remain strong. Kijun on the other hand, did not feel the need to adjust his behavioral commitments, yet he planned to create extra images on his own after the final session from the study, in order to continually increase his motivation for change.

In any case, these results indicated that the participants learned to utilize their own plans or images as a tool to enhance their motivation, which was crucial in their stage of Preparation before entering the ultimate change in action. In this regard, the data indicated the individualized images of the future self and plans for change played important roles by providing a guide to measure their own process for change, as well as the direction for the future self along with sobriety. This was remarkable in comparison to the participants’ previous statement that their recent relapse was due to the lack of direction and purpose in sobriety. On this note, the data confirmed the specific art directives and the framework of this study to be most effective in this group of participants; the process of the directives—to develop one’s idea for change to turn into action—organically enhanced those in Contemplation for change to shift into Preparation.

Zone 3. The Maintenance stage: The devoted self. Kangho, the only participant in Zone 3, reported continuous abstinence throughout the study. Therefore, the verbal interventions were geared towards reinforcing his determination for the wished-for future self and preventing relapse in recovery, which was also in line with TTM’s approach for those in Action and
Maintenance stage for change (DiClemente, 2006). Accordingly, Kangho created feasible plans to prevent relapse, along with the detailed plans to reach his wished-for future self—which he continually specified starting in the first art therapy session, as described previously in Part 3. Kangho’s commitments included avoidance of the triggers (stimulus control; e.g., “Hang out with coworkers who don’t drink,” or “Do not go to the area where I used to drink”); strengthening substitutes for drinking (counter conditioning; e.g., “I’m running every day”); and utilizing the support system (e.g., “Attend AA every day after work if possible”). In fact, Kangho’s behavioral progress for change was found to be a simultaneous process throughout his participation in the study, as he often reported the next week on his follow up with what had been discussed during the previous session. Accordingly, the data indicated Kangho’s process of change to show the self that is devoted for change in his Maintenance stage, observed in three distinctive subordinate themes in his experience: (a) the positive cycle of change, (b) living with challenges in sobriety, and (c) positive utilization of fear.

**Theme 1. The positive cycle of change.** According to the data, the positive cycle of change was found to be one of the most distinctive phenomena in Kangho’s experience, as he separated himself from the negative cycle of addiction described in Part 2: Kangho’s attempt and its successful result in change evidently enhanced his desire for greater changes. For instance, the data previously showed self-reports and evaluations of the progress was an organic process for Kangho, who was in the Action stage starting in the initial art therapy session. Kangho’s quick and simultaneous transition from the images into actions was also frequently noticed throughout the sessions based on his spontaneous reports, such as “I started to practice my presentation skills. I’m taking classes at work,” after creating Figure 19, as well as “I started running this week. I went once, for 20 minutes,” regarding Figure 20.
Yet the data further showed Kangho began to notice the positive result of change more clearly towards the end of the study, as he had maintained his sobriety over eight weeks at that time. For example, Kangho described the result in his effort to ‘be acknowledged as a non-drinker,’ started to appear at work: “Attending the AA meetings and the sessions with you have been really helpful. Really. I have to tell you, my new coworkers recognize me as someone who is determined and reliable now.” Similarly, Kangho also reported his relationship with wife to be continually improving as well, as seen in his statement: “I noticed she’s been so happy in the past weeks since I don’t drink. She calls me asking when I’m coming home, that she cooked dinner for me. So our relationship definitely got better since I quit drinking.” Furthermore, Kangho was also able to announce his plans for the future with his wife by sharing the images, and receive more support from her. Kangho stated:

I showed them[the images] to my wife. She liked the last one [Figure 21] the best (laughs). And I did all the vacuuming and mopping last Sunday. She was very happy about it. I barely got to clean the apartment in the past few years, because I was too busy drinking. […] I know that’s what my wife wishes for the future for us as well.

The data further showed Kangho’s artworks and the list of plans also served him as a tool to self-evaluate his progress, seen in his statement regarding Figure 21: “I looked exactly the same with this image last Sunday, as I was cleaning the apartment. I was even wearing a similar shirt and shorts as in the image as well.” This phenomenon was similar to other participants’ experience in Zone 2, yet the data further showed having a clear direction for the wished-for future self also enhanced the positive cycle of change for Kangho, since he was able to confirm his achievement from an objective perspective.

Furthermore, the data showed Kangho was able to clearly identify the differences in self
before and after the abstinence, which in turn strengthened his determination to maintain sobriety as well. This can be seen in Kangho’s statement, comparing his current life to the time he used to drink.

I would’ve been kicked out from the new job if I were still drinking, I would’ve been skipping work […] Right now, I’m doing the best I can, thinking ‘I’m going to die if I don’t make it here.’ If I don’t pull myself together now, when can I ever be?

Remarkably, this perspective in change was in contrast with the other participants’ previous experience in abstinence described in Zone 2. They reported their relapses were due to the fact that they did not notice any difference; therefore, they could not find a reason to continue their sobriety. On this note, the data confirmed that the positive result of change reflected in life indeed reinforced Kangho’s confidence and will for continuous change in its cycle.

**Theme 2. Living with continuous challenges in sobriety.** Despite Kangho’s high motivation for change, the data also showed the experience of challenges in sobriety was inevitable for Kangho, in his living in society as a recovering alcoholic. Kangho previously described his triggers to be related to his work, such as the culture of hoesick and the long-term business trip that caused loneliness for him. Such triggers were unavoidable for Kangho unless he retired from his job; hence, Kangho was continually exposed to an environment that triggers drinking, despite his will to maintain sobriety. For instance, attending hoesick at work continually remained challenging for Kangho, as evidently seen in his description of his struggles:

I was debating about telling them[coworkers] not to give me any drink since I’m going to be in big trouble if I drink […] and there is a high possibility I would lose my control […] Would it be better to say I go to a clinic for alcohol addiction? Wouldn’t that make
people see me strange at work? […] Maybe it’s not a good idea to say ‘I’m an addict’ or
‘I go to AA’ at work. It would become my flaw the moment I share that with others.
Kangho’s struggle further showed the difficulty in revealing his identity as a recovering alcoholic
to receive support in his working environment, which pressured him to drink. Accordingly,
Kangho needed to remain alert on his own, as he was constantly challenged by the culture of
hoesick.

On this note, Kangho admitted he had been protected from another major trigger of
his—the long term business trip—since he had been commuting from home over the past two
months at his new job. In fact, this time period was synchronized with his sobriety. Ironically,
Kangho reported on the final session he was recently scheduled to be relocated in the A city,
within a couple of weeks from his participation in this study. Kangho had been relocated in the
same city about a year ago, where he reported heavily abusing alcohol due to loneliness.
Accordingly, Kangho was about to face another challenge in his sobriety upon his return to the A
city; therefore, Kangho reconfirmed the list of counterplans he created for relapse prevention,
such as attending the AA meetings in the new city and avoiding the area where he used to drink.
Presumably, living with constant challenges to sobriety is the experience most recovering
individuals with alcoholism share, despite their stage in Maintenance or even in the Termination
stage for change. This was further reflected in Kangho’s description:

Someone at the meeting said there’s no such a thing as ‘relapse’ in alcohol addiction,
since we never completely heal, or recover from it […] That was the brilliant thing I ever
heard. It’s like the north and south Korea; the war hasn’t stopped, it’s on a truce at peace
on the surface. The illness continues to exist in my system, but it’s just under control
since I’ve been attending the meetings and all.
The reevaluation and reconfirmation of one’s plans to prevent relapse may be a continuous process for those who were in recovery for addiction, as seen in Kangho’s experience.

**Theme 3. Positive utilization of fear.** On this note, Kangho described his continuous attendance at the AA meetings to be crucial in maintaining his path to sobriety, which he had been actively involved with, by attending “every day when I get off work, at least three, four times a week.” As previously described in Part 3, attending the AA meetings served Kangho as both support system and substitutes for drinking. Yet the data further revealed one of the most remarkable aspects in Kangho’s attendance to the meeting was, in fact, his deliberate attempt to maintain the fear for drinking. For that reason, Kangho’s preference in listening to the tragic stories of others caused by drinking, was evident in his description:

> I learn from the stories from AA that horrible things can happen to me too, thinking that could’ve been me. […] It makes me reconfirm my decision to quit, thinking I shouldn’t be like them. It renews my commitment. […] I think it also alerts me more to hear about the negative stories than the positive ones. The good and positive stories are nice, but they don’t really stay with me. I think such stories, like ‘I lost my arm because of drinking,’ gets engraved in my head […] That could’ve been me, if I continued to drink.

As seen in Kangho’s description, Kangho’s attempt to maintain a fear of drinking served a clear purpose in his sobriety by continuously “alerting” him to “renew” and “reconfirm” his decision for change. As previously described in Part 2, fear was the initial reaction for the participants’ awareness in their problematic drinking, which also motivated them to participate in the study. Accordingly, Kangho’s effort to maintain the fear by hearing the unpleasant stories served as an important reminder for him to continue his motivation for sobriety. Kangho’s experience further hinted that the utilization of fear can be essential, in order to positively enhance one’s motivation
for change, even in the advanced stages of change, such as Action or Maintenance where Kangho was.

**Part 5. The Becoming Self: Follow-up Interviews**

The final part of the qualitative results summarizes the core experience the participants shared throughout the study, despite their different stages of change. To that end, the follow up interviews were pursued to confirm the aftermath of the art therapy intervention for the participants as they returned to their daily life. All seven participants agreed to be contacted one month after the final session to share their progress in change via email; the researcher contacted them accordingly with an individual list of questions based on each participant’s experience from the sessions, in order to receive detailed information on their change or lack thereof. All participants returned the questionnaire within a week, except Sunkyu who simply replied, “I apologize, but I don’t have anything to report. I’m still living the same way,” as he had predicted at the last session. Yet, the data showed the other six participants had been continuing in their endeavor for change after the final session—especially Hana and Kijun who remarkably began their sobriety and entered the Action stage for change. The data further indicated that change in one’s perception of self can occur when experiencing (a) therapeutic relationship, (b) sense of purpose, and (c) empowerment for change. As a result, those three elements were found to be the foundation in the process of change in which the art-making process played an important role in this study.

**Theme 1. Therapeutic relationship as a source of motivation.** According to the data, the therapeutic relationship was one of the key experiences described by all participants, which in fact, became an important source for their motivation and structure for change. For instance, Kangho stated: “Just the fact that I’m coming here every week motivated me and strengthened
my will for sobriety.” Perhaps, this was more apparent since five out of the seven participants specifically reported their participation in the study to be the first time discussing their drinking issues with others; therefore, the positive support from the therapeutic relationship was also newly experienced, as Kijun described during the session:

I used to think about my issues alone, but never shared it with anyone… But now I think it’s important to share that with someone. I can feel that I’m being helped, I can depend on it, and also learn there are other ways I can try. And the idea that someone is there for me, sort of comforts me. I can get more energy from it, too, since it gets lonely if you are in this alone… Actually, I wouldn’t have done this alone. I think it’s good that I came here to do it with you.

The relationship with the researcher also became an impetus to their behavioral progress for change, along with the emotional support. For example, Hana described her efforts to “keep the promise” she made to the researcher in regards to her behavioral commitments described in Part 4:

I was very conscious of the session…that I made a promise to you? [...] I wanted to tell you that I did well with at least one thing. So I talked myself into it. I think it gave me some motivation for it. And I promised you… I wanted to report that ‘I didn’t drink’ than ‘I drank’ [...] I know I would keep negotiating with myself if I were to do this alone. I would be rationalizing my drinking.

On this note, Hana’s further statement from the follow-up interview reversely confirmed the therapeutic relationship with the researcher, as well as the regular attendance of the sessions, had provided a structure and motivation for her to follow through on her own commitments during the sessions:
I could really feel the difference when the sessions were over, in comparison to when I was in the sessions, seeing you face to face. I caught myself thinking, ‘Now I don’t have to be embarrassed to tell Ms. Park that I drank last night.’ So I told myself, ‘Look how your old habits are about to come out again!’

From this perspective, the individually tailored approach in this study was found to be an important component, which also contributed to the participants’ experience of support from the therapeutic relationship with the researcher. This, in turn, enhanced their own motivation for change. This was specifically evident in Minhee’s statement in the final session; she mostly received verbal sessions since she refused to create artworks after the first attempt. Minhee commented: “I really appreciate that you didn’t push me through with the image making…that you solely focused on me, listened to my story as is, and guided me from there.” This result certainly reflected the value of TTM, which emphasizes the individualized approach as essential in addiction treatment; the traditional treatment may be limited in its uniform method.

**Theme 2. Development of a sense of purpose in sobriety.** The data indicated the participants developed a sense of purpose in sobriety through the art-making process, which was found to be crucial in their paths to recovery. This experience was clearly distinguished from the traditional treatment model that considers abstinence as the final goal in recovery. This comparison was notably made by Kangho as well, who had been attending the AA meetings during his participation in this study.

People in the AA meetings have this idea, ‘I shouldn’t get worse than I am now.’ […] That’s already hard enough, because you will lose everything if you drink again. But I think what we do here is progressive, which is good. I like that you’re helping me prepare for the steps to get even better in the future. It’s much better than maintaining
As seen in Kangho’s description, the participants developed a new sense of direction in sobriety, which was also noticeable in Kijun’s statement from the follow up interviews: “I used to focus on how to be free from addiction only, but now I’m also thinking about how I can continue to motivate myself to stay away from it once I recover.” Kijun no longer considered abstinence as the finishing goal, but instead began to further explore his way of ‘being’ with sobriety.

Certainly, this resulted from the specific art directive utilizing the possible future selves, by assisting the participants to find a deeper meaning in their sobriety for self—without which, one can become “bored” once sobriety is achieved, and eventually relapse, as seen in the participants’ previous experience described in Part 3. The follow up interviews also confirmed the specific roles of the images from the previous data, as the images continually served the participants by visually reminding them of their purpose for change. On that note, all participants specifically found the images to be more memorable than the words from the sessions; and reported the concreteness of the images helped them recall their desired direction for change more easily and vividly—including the embodiment of the future self they experienced during the image making. For instance, Hana described on the follow up interviews:

I still remember how much fun I had, and how much I wished them to really happen when I was working on the images… I’m sure the sessions would’ve been effective if it was processed verbally. But words can be forgetful or edited in my memory, and images don’t. I remind myself every time I look at them, and it sort of renews my memory. It’s just like how hearing certain songs can take you back to the memory of the middle school.

As Hana stated, all these roles of the images were based on the unique experience of the art
therapy intervention, whereas verbal sessions would have been limiting. In fact, the data showed Minhee, who did not create images after the first attempt, also developed a similar sense of direction for change from the study. Yet her experience was certainly limited compared to the other participants who participated in the image making, since she did not experience either the embodiment or the concretized visual guidance of her wished-for future. As such experiences were found to enhance the motivation for behavioral change, Minhee’s report on the follow up interview was mostly focused on her internal or emotional changes in the present, though it may be suitable for her current stage of change, which began shifting from Precontemplation to Contemplation.

**Theme 3. Empowerment for change.** Lastly, the data indicated the participants experienced empowerment from their participation in the study, which led them to take ownership of their change. For instance, Minhee stated:

>I think the most important thing for me is to get back on my feet, and the sessions have been helpful to remind that. Everything will be fine if I can compose myself, and I’m aware that I’m the one who needs to unravel my complicated internal problems. I have to work on those issues, since I’ve been repressing it so long. It’s not something my husband can do, though he can empathize with me. So I need to stand straight. I need to wake myself up.

As Minhee stated, all participants expressed their acknowledgement towards the end of the study, as similarly seen in Hana and Woojin’s statement: “I think it’s simply a matter of my will for change.” Consequently, the data showed this awareness organically placed them in an active role for change, and gave them responsibility for their own process of change—including both the decision and the indecision to quit, as Jiho admitted: “Ultimately, I would have to go for a total
abstinence. But honestly, I still want to moderate my drinking. I think I’m in between negotiation and compromise.”

The data previously indicated the participants’ initiative to modify their own plans also presented this shift in their active attitude for change during the study. On this note, the follow up interviews further showed that two participants in particular, Hana and Kijun continued to elaborate on their list of the plans as they started their sobriety after their participation in the study. For instance, Hana reported her new plans to reward herself once she reaches the milestones of 100 days of sobriety. She further described:

I’ve also added another plan to it. I’m leaving a little memo with the cash I’m saving, which I could’ve spent on drinking. For example, I wrote a memo the other day, ‘I really wanted a can of beer after submitting the final essay, but I successfully passed the temptation and came home. December 8th, 2015’ […] I think it’ll be fun to read those memos when I hit 100 days of sobriety, to see how well I have been able to control myself even when I was really tempted. I’m really excited for this new plan. The rest of the plans will continue.

Evidently, Hana’s statement showed her deliberate efforts to reinforce her own decision for change with an ownership for the future self. This clarity for the future and her spontaneous attitude for change notably resembled Kangho’s initial perception of the self in his Action stage for change. This was also clearly distinctive from Hana’s initial response to the first art directive; “I can’t think of anything. Is my future that dark?” as well as her ambivalence to make a commitment for change, as described in Part 3. This progress in change was similarly observed in Kijun, who submitted extra images he had created on his own after the final session, including Figure 2. Kijun’s description on Figure 22 clearly reflected the empowerment he experienced.
from the study, which developed into a new perception of self:

> I wanted to show my sufferings from the past and overcoming them at the same time through the image. I’m receiving a design award in the future here, as the fruit of sufferings. I feel like the experience from the past was not just a hardship, but to test my perseverance. And since I passed the test, I have power to make a real change in my life now. That’s the meaning of the image. I’ve been looking at it frequently; I think it really touches me since I spent a lot of time and effort on my own will.

**Figure 22. Joy of Victory.** Kijun descried this image represented that he has “power to make a real change in his[my] life now,” as he developed a new perception of his past self.

In fact, Kijun spontaneously submitted multiple images after the final session, including the monthly updates with the detailed reports using a checklist he created, as seen in Appendix H. The follow up interviews, therefore, confirmed that Kijun not only learned to utilize the artworks to self-motivate, but also began to take responsibility for himself, as seen in his further statement:
I feel like I collected the tools within myself from the sessions, that I can heal myself with. I also gained confidence from acknowledging that I can overcome the problematic situations that are caused by my negative experiences from the past. [...] I’m learning that I need to deal with my emotional issues to truly overcome the addiction [...] I need to put effort, though it may take time. I believe things will get better if I continually try.

As a result, the data confirmed the participants’ perception of self was indeed shifted by the utilization of possible future selves in this art therapy intervention. With this new lens, the participants were able to examine their current existence and view of the world, which, in turn, enhanced their motivation for change. On this note, the final part of the qualitative data showed the three elements (i.e., support from a therapeutic relationship, a sense of purpose, and empowerment for change), to be the foundation that enables the becoming self that is not stuck in the negative perception of self, but strives to become a self at its full potential—which are, in fact, the fundamentals of psychotherapy for any psychological and behavioral change.

**Quantitative Results**

Descriptive statistics were used to analyze the quantitative data from the Korean version of the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES-K), which measures motivation based on three main components: Recognition (R), Ambivalence (A), and Taking Steps (TS). Since SOCRATES does not yield a total score, the three subscales are scores that are interpreted independently based on the guidelines provided by the developers. Accordingly, the data were analyzed using several steps to separately examine for all three factors including (a) a Wilcoxon Signed-ranks Test; (b) a mixed-design ANOVA; and lastly, (c) Cohen’s effect sizes. Notably, the quantitative results also reflected the findings from the qualitative data; the initial pretest scores on SOCRATES-K did not distinguish the participants’
different levels of motivation, yet the qualitative data showed that the participants were divided into three zones based on their stages for change defined by the transtheoretical model (TTM).

The limitations of SOCRATES are also discussed in this chapter.

**Wilcoxon Signed-ranks Test**

First, a Wilcoxon Signed-ranks Test was conducted due to the small sample size ($N = 7$) to test the difference in scores across the participants between pretest and posttest. However, no statistical significance was reported in all three components on SOCRATES-K: ($Z = -.27, p = .78$ for Recognition; $Z = -.73, p = .46$ for Ambivalence; $Z = -.42, p = .67$ for Taking Steps), as shown in Table 11.

Table 11

*Wilcoxon Signed-ranks Test of SOCRATES Scores Across the Participants*

<table>
<thead>
<tr>
<th>Ranks</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
</tr>
</thead>
<tbody>
<tr>
<td>PostR – PreR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Ranks</td>
<td>3</td>
<td>2.83</td>
<td>8.50</td>
</tr>
<tr>
<td>Positive Ranks</td>
<td>2</td>
<td>3.25</td>
<td>6.50</td>
</tr>
<tr>
<td>Ties</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PostA – PreA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Ranks</td>
<td>3</td>
<td>2.33</td>
<td>7.00</td>
</tr>
<tr>
<td>Positive Ranks</td>
<td>3</td>
<td>4.67</td>
<td>14.00</td>
</tr>
<tr>
<td>Ties</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PostTS – PreTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Ranks</td>
<td>2</td>
<td>4.25</td>
<td>8.50</td>
</tr>
<tr>
<td>Positive Ranks</td>
<td>4</td>
<td>3.13</td>
<td>12.50</td>
</tr>
<tr>
<td>Ties</td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Test Statistics**

<table>
<thead>
<tr>
<th></th>
<th>PostR – PreR</th>
<th>PostA – PreA</th>
<th>PostTS – PreTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$Z$</td>
<td>-.27$^a$</td>
<td>-.73$^b$</td>
<td>-.42$^b$</td>
</tr>
<tr>
<td>Asymp. Sig. (2-tailed)</td>
<td>.786</td>
<td>.462</td>
<td>.673</td>
</tr>
</tbody>
</table>
Mixed-design ANOVA

The second step was to compare the scores among the participants who were at different stages for change, based on their initial motivation reflected in the qualitative data and following the definition of TTM (DiClemente, 2006). As previously explained, the qualitative results showed that the participants were divided into three zones: Zone 1 \((n = 3)\) represented the participants in the Precontemplation stage; Zone 2 \((n = 3)\) consisted of the participants in the Contemplation stage; lastly, Zone 3 \((n = 1)\) contained one participant in the Action stage. Since Zone 3 contained only one participant—which was not quantitatively valid for a comparison—a mixed ANOVA was conducted with one repeated factor (time) and one between groups factor, using the participants in Zone 1 and Zone 2 only. As a result, a mixed ANOVA with a Greenhouse-Geisser correction showed no statistical significance in all three components of SOCRATES-K between time points: Recognition was \(F (1, 4) = .284, p = .62\); Ambivalence was \(F (1, 4) = .44, p = .54\); and Taking Steps was \(F (1, 4) = 1.35, p = .30\). Similarly, there was no statistical significance between the participants in two zones, since Recognition was \(F (1, 4) = .284, p = .62\); Ambivalence was \(F (1, 4) = .1.15, p = .34\); and Taking Steps was \(F (1, 4) = .981, p = .37\) between groups factor.

Cohen’s \(d\) Effect Size

Lastly, since the null hypothesis was not rejected, Cohen’s \(d\) effect sizes were further calculated throughout the participants, and per group using the formula \(r = Z / \sqrt{N}\) (Rosenthal, 1994). The result showed a small effect on Recognition \((r = 0.13)\), between a small and medium effect on Ambivalence \((r = 0.26)\). Yet the effect size on Taking Steps exceeded Cohen’s convention for a large effect \((r = .50;\) Cohen, 1992). According to Miller and Tonigan (1996), higher scores in Taking Steps were closely connected to successful change.
Limitations of SOCRATES

Notwithstanding the large effect size in Taking Steps in the statistical results, the data also indicated the suitableness of the SOCRTES questionnaire as a measure to be arguable. For instance, the interpretation of SOCRATES-K was impossible to distinguish the different stages for change using the scores and to interpret the meaning of the shifted scores as seen in Table 12.

Table 12

Interpretation of the Results Based on the Guidelines from SOCRATES-K

<table>
<thead>
<tr>
<th>Zone</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recognition</td>
<td></td>
</tr>
<tr>
<td>Zone 1</td>
<td>Sunkyu</td>
<td>Very High</td>
</tr>
<tr>
<td></td>
<td>Minhee</td>
<td>Very High</td>
</tr>
<tr>
<td></td>
<td>Jiho</td>
<td>Very High</td>
</tr>
<tr>
<td>Zone 2</td>
<td>Hana</td>
<td>Very High</td>
</tr>
<tr>
<td></td>
<td>Kijun</td>
<td>Very High</td>
</tr>
<tr>
<td></td>
<td>Woojin</td>
<td>Very High</td>
</tr>
<tr>
<td>Zone 3</td>
<td>Kangho</td>
<td>Very High</td>
</tr>
<tr>
<td></td>
<td>Ambivalence</td>
<td></td>
</tr>
<tr>
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Note. The SOCRATES-K provides the guidelines for interpretation specifically adjusted for the Korean participants (Cho & Jeon, 2009), based on the original SOCRATES (Miller & Tonigan, 1996).
Perhaps, this result was due to the limitations of the small sample size of the study; yet the guidelines of the interpretation of the scores appeared to be certainly confusing, especially to understand the correlations among the three categories of the measure (Appendix D).

Furthermore, the data also indicated the participants’ interpretation of some of the items could differ depending on the situation, which could affect the outcome of the scores. For example, Kijun commented during the posttest regarding Item 10 (i.e., If I don't change my drinking soon, my problems are going to get worse):

I became more aware throughout the sessions that I’ve been drinking to cover my emotions for a long time…that I’m more obsessed with my emotions that alcohol brings out than drinking itself […] I was sure I had drinking problems when I first came here, but now I’m thinking it’s my emotion that is the real problem.

Kijun’s description presented his new awareness that he needs to learn to deal with his emotional issues in order to reduce his drinking, rather than directly targeting his drinking behavior alone. Regardless, Kijun presented a decreased score on Recognition, which changed from Very High to Low, according to the guidelines from SOCRATES-K. This result showed SOCRATES could not show that Kijun’s recognition of the fundamental issues behind his drinking had increased, in fact, and the quantitative measure was greatly limited in its ability to reflect the reasoning behind the decreased scores in this Recognition, which was evidently reflected in the qualitative data. This discrepant result was similarly seen in Kangho’s case, whose score on Taking Steps was in fact found to have decreased from High to Medium—despite his strong will for continuous sobriety, as described qualitatively and presented in action. In this regard, the data indicated an independent quantitative analysis on SOCRATES-K that can be not only limited in its ability to distinguish between the different stages for change, but also limited in representing the complex
dimensions of addiction. These findings confirmed the criticism from the literature that such measures on motivation are limited in effectively addressing an individual’s circumstances and issues in addiction treatment (Carey et al., 1999; DiClemente et al., 2004).
CHAPTER 5

Discussion

The primary purposes of this mixed methods study were to (a) examine whether using an art therapy intervention based on the theory of possible selves enhanced the motivation for change among individuals with alcohol addiction in Korea, and (b) to understand the phenomenology of study participants’ lived experiences of the self as it emerged from the specific art therapy intervention. According to the convergent parallel mixed-methods design that integrates both quantitative and qualitative strands equally (Creswell & Plano Clark, 2011), results showed that participants were positively influenced by the art therapy intervention, despite the different levels of their initial motivations for change. Findings from the present study suggested the several theoretical and methodological implications that are discussed in three areas of interpretation in this chapter: (a) the process by which individuals’ changes in self-perception, motivation, and imagination occurred; (b) art therapy as a bridge between possible selves and motivation; and (c) renewing emphasis on individualized approaches in addiction treatment. The chapter concludes with a discussion of limitations and implications for future research.

Process of Change in Self-perception, Motivation, and Imagination

Prologue: Meeting with the three ghosts from *A Christmas Carol*. The theory of possible selves has often been described with reference to Ebenezer Scrooge’s ghostly visitations in Charles Dickens’s famous novel, *A Christmas Carol* (1843). Scrooge dreams that he encounters three ghosts—Christmas Past, Christmas Present, and Christmas Yet to Come—who on a certain Christmas Eve depict vivid and unpleasant images of his past, present, and possible future self. Scrooge awakens as a changed man, and he immediately begins repairing his past
wrongdoings. The process of facing himself at different times in his life, and especially witnessing the results of past actions upon his future self, results in his motivation for change (Aspinwall, 1997; Strahan & Wilson, 2006). He proclaims:

I am not the man I was. I will not be the man I must have been but for this intercourse.

[…] I will live in the Past, the Present, and the Future. The spirits of all Three shall strive within me. (Dickens, 1843, p. 125)

Similarly, through the art therapy process, participants in this study time-traveled to visit their various selves: in doing so, they felt pity for their past selves in pain; acknowledged their present selves as they coexisted with alcohol; and finally, visualized their possible future selves.

Notably, the participants experienced different visions of their future selves depending on their imaginings; these were negative for Zone 1, positive for Zone 3, and mixed for Zone 2. Despite their different identifications of their future selves, the participants found that their process of recollection and imagination affected their current motivations for change. Their results may not have been as dramatic as Scrooge’s, and not all the participants in this study were positively influenced by their journeys of time and self alone. Even so, the findings from this study confirmed the literature that one’s past, present, and possible future selves are closely intertwined (Markus & Nurius, 1986; Van Breda, 2010), the domain of possible selves is innately imaginative and creative, and it depends on one’s vision of an abstract future. These findings also supported Burleson’s (2005) proposal that motivation, self-actualization, and creativity closely influence each other. Furthermore, this study showed that one’s perception of self is not a constant, but rather a flexible entity that can be transformed throughout one’s life—with an intervention if necessary, as was the case for the participants in the study.
**Discovery of qualitative relationships among self-perception, motivation, and creative imagination.** One of the remarkable findings from this study was that participants’ self-perception, motivation, and creative imaginations not only influence each other, as Burleson (2005) explained, but also had qualitative movements through the stages of change. A series of distinct and predictable stages of change was found in this study in individuals’ self-perceptions and the characteristics of their artworks as they envisioned their future selves; these stages progress according to the stages of change model by TTM (DiClemente, 2006). As seen in Figure 23, each stage of the future self-perception displayed specific characteristics as the paired stage of the change model, which were both revealed and shifted through the art therapy intervention. For instance, Hana and Kijun were both in the Contemplation stage in the beginning of the study, as they viewed their future selves with possibilities for change. However, their stages of change moved to the Preparation stage through the art therapy intervention as they envisioned rehearsing their future selves through the image making process. As the follow-up interviews further showed, these two participants in particular moved on to the Action stage by beginning their sobriety after their participation in the study; their new perception of their best possible selves and their determination to achieve them was similar to that of Kangho, who had initially been in the Action stage.

Accordingly, the study indicated that motivation, self-perception, and creative imagination can impact each other simultaneously in the participants’ qualitative relationships. These results further suggested that as low motivation for change can be reflected in the lack of visual imagination about the wished-for future self, activating one’s positive visual imagination first through the art therapy intervention can be used to change one’s perception of the future self. This in turn increases hopefulness for the future and motivation to make changes in
behavior, confirming Bak’s (2015) proposal that modification of one’s identification in a possible future self may bring effective results in intentional behaviors for change.

Figure 23. A cycle representation of the stages of change in self-perception and the art-making process, which progress according to the stages of change model by the transtheoretical model.
Reflections on the fearful future selves. The findings from the study can be also interpreted to show that the ability to imagine positive future selves plays a crucial role in one’s self-perception and motivation for change. As the study showed, not all participants were capable of easily accessing their wished-for future selves, as was revealed through the art-making process. This ability was directly related to their motivations for change, since all participants who experienced difficulties in imagining positive future selves were found to be in the Precontemplation stage.

These findings were comparable to those of previous research studies, which found a quantitatively and systemically significant relation between one’s numbers of possible selves generated and stages of change by TTM (Dunkel, Kelts, & Coon, 2006); for instance, the researchers reported that individuals in earlier stages of change, such as Precontemplation, generate fewer possible selves compared with individuals in the Action stage. This was in line with this present study since those in Precontemplation, such as Minhee, experienced difficulties in imagining positive future selves and therefore created the least number of artworks by withdrawing from the first art-making project. On this note, previous researchers further described that limitations in generating possible future selves can be due to a lack of self-exploration (Dunkel, Kelts, & Coon, 2006). In contrast, the present study suggested that individuals with low motivations for change may, in fact, be limited in their ability to explore their selves positively due to their difficulty in imagining hopes for the future selves. Instead, the quantities of their future self-perceptions, as well as their self-explorations, were not lacking, but rather dominated by images of a negative and fearful self. This was vividly expressed in details in Sunkyu’s first image (Figure 3) that reflected his firm conviction of an unchanging future self.

Accordingly, this study further confirmed the literature that one’s negative and fearful
projections of the future selves can also enhance his or her risky behaviors in the present—as one can be unmotivated or hopeless for the undesirable future self. As Quinlan, Jaccard, and Blanton (2006) described, the negative future self can also serve a “confirmation function” with respect to the fearful future, in place of the hypothesized “avoidance function” from the traditional theory of possible selves (p. 620). Notably, the findings from this present study were in contrast with the initial framework of the possible selves theory, which predicted perceptions of a fearful future self to reduce current motivations to engage in harmful behaviors (Markus & Nurius, 1986). At any rate, this study confirmed that the utilization of possible selves can indeed serve as an enhancer for future behavior—both positively and negatively—depending on the type of possible selves one has develop in his or her perception of future self and the stage of change.

These findings also hinted that the use of an open directive to freely imagine possible selves may not be an appropriate intervention for certain individuals, as they may be unable to generate positive future selves. Therefore, evaluating the client’s dominant trait of the future self, as well as his or her ability to imagine the positive future self, can provide important information for clinicians to provide appropriate interventions.

On the other hand, this study also indicated that one’s perception of a fearful self (i.e., the self one wants to avoid of becoming) may be of the essence in his or her process of change, along with the stage of future self-perception and motivation. Participants’ utilizations of fear clearly shifted as they took an active role in controlling this emotion to benefit themselves in the later stages of change, such as Action and Maintenance. For instance, the fearful future self no longer served participants as a passive “confirmation function” to avoid change (e.g., “My future will be painful regardless of my efforts”), but rather as an intentional “avoidance function” to retain the tension for change (e.g., “I will lose everything if I relapse”), as repeatedly seen in

Kangho’s positive utilization of fear described in Part 4.

Yet, importantly, this study revealed that the fear for the consequences of drinking in the future does not necessarily link to actual motivation for change; it also confirmed previous research (Lee et al., 2014) that the feared possible self does not reduce involvement in drinking. Apparently, these qualitative findings explained the non-significant results on the Recognition factor from SOCRATES-K from the quantitative data of this present study; the participants’ high Recognition of their problematic drinking was not quantitatively linked to Taking Steps for change, either, despite previous research that found correlations between the two factors (Figile, 2005; Park, et al., 2012). This study further indicated that the reinforcement of fear alone would most likely not be effective in producing change in behaviors.

Instead, enhancing an individual’s ability to imagine a positive future self was found to be crucial to positively utilizing the possible selves and to produce behavioral changes. Previous researchers who found a quantitative relationship between self-perception and the motivation for change also suggested that clinicians increase the number of possible selves generated by an individual in order to achieve a positive outcome (Dunkel, Kelts, & Coon, 2006). In contrast, this study notably found that empowering one’s ability to imagine a hopeful future also matters significantly in the process of developing motivation for change. This may entail qualitatively modifying one’s dominant vision of the future self if it is predominantly negative and unhealthy, since imagination can certainly impact one’s motivation for change.

**Distancing from the negative past self as the primary step for change.** The findings from this study also showed that participants’ imagination of possible future selves was closely linked to their perception of past selves. This was clearly observed during the participants’ process in art-making, as their images of future selves reflected their past selves, whether
positively or negatively. Therefore, this study confirmed the literature that one’s identification of future selves is influenced by perceptions of former selves (Markus & Nurius, 1986; Strahan & Wilson, 2006).

This study further found that the degree of impact from the past self can differ among individuals. For instance, all participants with alcohol addiction in this study notably shared a negative perception of the painful past self; yet projections of future selves were clearly distinctive among the participants. For example, some participants were able to imagine future selves in a positive manner, despite their negative identification of the past selves. In this regard, the study found that one’s sense of distance from the past self can create this discrepancy, which becomes more apparent for those—like participants in this study—who associate themselves with negative past selves. For instance, the more distant the participants were from the negative past self, the closer they were to the positive future selves. In other words, those who remained near to the negative past self were more accustomed to well-developed perceptions of negative and fearful possibilities of the future self. This was clearly seen when comparing Sunkyu in the Precontemplation stage to Kangho in the Action stage: Sunkyu, who was unable to imagine a positive future self, was found to be stuck in the negative past, while Kangho, who presented a multi-dimensional imagination with many hopes for the future self, was intentionally distancing himself from the past self in pain.

These findings also coincided with previous research, which proposed that one’s subjective temporal distance from the past and future self can variously impact his or her current behavior (Strahan & Wilson, 2006). In this perspective, this study further suggested that difficulty in imagining a positive future self also can be due to lack of distance from the negative perception of the past self. These findings showed that creating a distance from the past self may
be the primary step for change for those with a dominant negative self-perception. By doing so, an imaginative space can be created to generate a positive future self as a motivation enhancer.

**Art Therapy as a Bridge between Possible selves and Motivation**

The distance from the negative past self can be created through artwork. The findings from this study showed that art therapy can play a crucial role in the utilization of possible future selves to increase one’s motivation for change. For instance, participants were able to create a distance from their negative past selves by clarifying their wished-for future selves through the art-making process. The clear visualization of their hopes for the future helped them feel closer to their positive future selves, which organically created a distance from the painful past selves. In this sense, participants’ common wish reflected in their artworks—to reconcile with their negative past selves—provided another means to create distance from their past selves by restoring a new perception of the pain the past self had experienced.

The study further showed, with the newly developed distance from the past self in pain, participants considered images of possible future selves as their goals for the future—which prompted hope, confidence, and motivation to achieve the desired future selves. These findings also corresponded with previous research that individuals who feel closer to their wished-for future self tend to spontaneously focus on actions and strategies to achieve the desires (Strahan & Wilson, 2006). Therefore, this specific art therapy intervention provided a valuable means of shifting participants’ motivation for change by visually enabling their ability to imagine the wished-for future self.

**Concrete images prevent fantasizing the future selves.** In this regard, the study also found clear distinctions between a tangible image of the visualized future self and the abstract imagination of such a self. For instance, participants’ experience of embodiment and clarification
of the future selves was found to be the unique function of the concrete images, experience that is limited when using imagination only. On this note, this study indicated that the tangible image of one’s possible self is clearly differentiated from one’s fantasy, which is often formed in an abstract imagination that is randomized or distant from reality (Markus & Nurius, 1986; Vasquez & Beuhler, 2007). The art therapy intervention can be therefore explained as a creative bridge to transform one’s vague fantasy for the future self based on the abstract or vague imagination, into a concrete image of one’s possible future self. The participants’ spontaneous efforts to visualize achievable future selves in connection to their current lives, as well as the reflections of the personal memories on the wished-for future, distinguished their possible selves from a randomized fantasy.

On the other hand, one’s fantasy can be also considered as unrealistic possible selves. Previous researchers have found that unrealistic desires for the future selves need to be eliminated in the process of change, in order to focus on the achievable and realistic future self (Dunkel, Kelts, & Coon, 2006). In this study, the art-making process also assisted participants in screening out unrealistic future selves, as they were encouraged to select and create images of their possible future selves that they could achieve based on detailed time frames (i.e., 3 months, 6 months, and 12 months from today). Furthermore, an additional directive to make a list of feasible plans to implement the desired future provided another important structure as well, enhancing their experience from the art-making process. Accordingly, this study found that detailed imagination and concrete planning resulted in greater motivation to achieve the possible future selves, as previous research described (Markus & Nurius, 1986; Strahan & Wilson, 2006).

**Digital media enhances the use of possible selves.** The use of digital media was found to be essential for this specific art therapy intervention. As the findings from the study showed,
visualizing an image of believable future selves was crucial for the participants to fully explore their possible future. In this regard, the digital camera led participants to embody the moment physically as they posed for the camera, pretending to be their wished-for future selves; the computer program assisted them in experiencing the moment virtually by being part of the image; and the availability of the unlimited online images allowed participants to visually explore and create their wished-for future. All these unique capabilities of the digital media enhanced participants’ active imagination of the future selves, which would have been limited by the use of traditional drawing materials, as previous authors have illustrated (Austin, 2009; Carlton, 2014; Moon, 2011; Orr, 2015). This study accordingly confirmed the value of the digital media as a therapeutic tool in art therapy; this was also particularly seen from Kijun’s experience, who had an ability to freely utilize the computer program on his own (Appendix H)—while most of the participants required technical assistance in creating their images.

**Renewing Emphasis on Individualized Approach in Addiction Treatment**

**Individual approach is vital in addiction treatment.** The findings from this study based on TTM presented clear distinctions from the traditional model for addiction treatment that provides one set of premeditated recovery steps to all individuals with addiction (Khantzian, 2014; Waller & Gilroy, 1992). First, this study presented that individualized treatment shows promise in addiction treatment; this was more apparent for the individuals in the early phase of the stages for change, such as Precontemplation. For instance, all three participants in Zone 1 initially expressed strong resistance to change; yet the roots of their resistance varied among individuals, from personality structure to anxiety and depression. Accordingly, understanding the under layer of resistance for change was found to be key for the clinician, in order to give appropriate attention to shifting the client’s motivation for change—as the researcher decided to
modify the intervention for Sunkyu and Minhee in particular. On this note, the application of a uniform approach in the traditional model (e.g., the 12 step programs) would be limited in its ability to meet the different individuals’ varying therapeutic needs. In fact, the literature had shown that the traditional treatment model did not include, nor was it prepared for, individuals who were resistant to change, such as those in Precontemplation (DiClemente, 2006). This study found that those individuals, in fact, required the most individual attention from the clinician.

**A personal sense of purpose is essential in sobriety.** Another remarkable finding from this study was that having a personal sense of purpose is vital in one’s path to ultimate sobriety. This was also clearly in contrast with the traditional approach, which views abstinence, as well as the maintenance of the abstinent state alone once achieving it, to be the final goal in recovery (Marinchak & Morgan, 2012). Instead, this study showed that a lack of personal purpose in sobriety can result in a low motivation for change or a higher chance to relapse. In this regard, both the process and the results of visualization of the future self provided the participants a direction and a sense of purpose for change, based on the individualized wish for the future selves.

In this perspective, the art therapy intervention based on TTM provided guidance for participants in searching for important values in self substantial enough to trade for the functions provided by alcohol. Through the art therapy intervention, participants found their own answers to the meaning of change they desired, and simultaneously developed ownership of the change in self. Notably, for some participants, this ownership also included the decision to not change, as seen in Woojin’s such as “Maybe I don’t think I’m ready to completely quit yet.” Regardless, this study showed that this approach based on TTM placed participants in an active role, as the main subject of change in themselves. This was clearly distinctive from the passive role supplied by
the traditional model, which follows premeditated and structured steps for change.

**Limitations and Implications for Future Research**

The present study showed benefits of the use of possible future selves using digital media in art therapy. However, it was heavily focused on qualitative findings. A small sample size was appropriate for that purpose, yet not substantial enough for a quantitative study. Therefore, though generalizations to a greater population may not be warranted, generalization to theory is. For example, this study confirmed for these participants that one’s past, present, and possible future selves are closely intertwined, and the domain of possible selves depends on one’s vision of an abstract future that can be transformed, with an intervention if necessary. This study also indicated that motivation, self-perception, and creative imagination can impact each other simultaneously in one’s qualitative movements through the stages of change, where art therapy can play an important role. However, this study also presented a number of limitations to consider, such as (a) controversy regarding the definition of the stages of change, (b) the cultural reflections inherent in the findings, and (c) considerations for a dual diagnosis, which lead to the implication for future research, i.e. to develop (d) an art-based assessment to understand one’s motivation and readiness for change.

**Controversy regarding the definition of the stages of change as defined by the transtheoretical model.** Similar to several prior researchers (Abrams et al., 2003; Littell & Girvin, 2002; Mossière & Serin, 2014; Sutton, 2001; Weinstein et al., 1998), this study has illustrated a controversy concerning the definition of the stages of change as defined by TTM (DiClemente, 2006). First, an initial attempt to screen participants to be at least in the Contemplation stage of change based on TTM guidelines, practically failed. This study hypothesized that individuals who seek treatment would be highly likely to be in either the
Contemplation or the Preparation stage based on literature (DiClemente, 2006; Dunkel, Kelts, & Coon, 2006), and accordingly, that they would anticipate their future selves in a positive manner when participating in therapy (Markus and Nurius, 1986, Taylor & Brown, 1988). In fact, numbers of applicants were screened by the recruiting process as expected. Regardless, the three participants who appeared to be in Contemplation by attending the sessions were in fact, found to be in the Precontemplation stage, which was revealed during the art-making process.

Accordingly, the data of participants were unexpectedly divided into three zones using the definition provided by TTM (i.e., Precontemplation, Contemplation, and Action), yet the arbitrary standards for each stage were found to be continually troublesome, due to the complexity of addictive behavior. As Littell and Girvin (2002) argued, an individual can present more than one stage of change. For instance, the characteristics of those in the Precontemplation stage did not all fit into the definition of TTM as previously described; and these characteristics were easily confused with Contemplation: the three participants were resistant to making a change to drinking, yet volunteered to participate in the study with perfect attendance, despite their conflicted motivation. Similarly, Jiho also presented characteristics for both Precontemplation and Preparation stage towards the end of the study; he showed the rebellious quality of precontemplators as defined by TTM (i.e., to drink on his way home from the session), while attempting his plans to reduce drinking. In addition, the suggested interventions from TTM did not necessarily match with the given stages of change (DiClemente, 2006). In fact, 

*reevaluation*, which is similar to the art directive using possible future selves, was suggested for those in Contemplation by TTM; yet this study showed that it was also beneficial for Kangho, who was in the Action stage. Therefore, this study inversely confirmed that the processes of change are unique to the individual, though general guidelines can be helpful for the clinicians to
consider.

**The cultural reflections of Korean participants in Korea.** This study was conducted among Korean participants who reside in Korea. Accordingly, the findings from this study reflected cultural aspects that may be exceptional to Korean drinkers, and which therefore may have differed for Western individuals; therefore, this can be considered both a limitation and also a unique highlight of the research. As described in the literature, addiction treatment in Korea remained scarce until recently, with a limited range of programs available to meet the complex needs of addicted individuals (Korean Ministry of Health & Welfare, 2006; Song, 2013). Low recognition of the harmful effects of alcohol abuse among Koreans had been frequently reported by several researchers also (Chou et al., 2012; National Epidemiological Survey of Psychiatric Illnesses in Korea, 2011). Notwithstanding, participants’ voluntary participation in this study in response to the online advertisement hinted that there may be a higher recognition of the harmful effects drinking, as well as a desire for treatment among individuals who excessively consume alcohol in Korea, than typically is outwardly expressed.

Furthermore, it was also notable that the participants in this study were all considered ‘high functioning alcoholics’ (Benton, 2009) as previously described in Part 3 and Part 4. Perhaps this was due to the fact that the participants were collected through online communities, since not all individuals with addiction may have had the internet access necessary to apply for the study; hence, the application process may inadvertently have been designed to collect certain type of individuals. However, these phenomena suggested that this specific drinking population in Korea, higher-functioning alcoholics, may require special attention for treatment as well. In fact, numbers of authors and researchers had proposed that high-functioning alcoholism is troublesome in Korea, since these drinkers have been relatively neglected by the addiction
treatment scene despite the amount of social exposure to drinking (Cho, 2013; Lee, Kim, & Hong, 2015). Accordingly, this study confirmed previous research that there are strong needs for outpatient programs that are specific to the needs of this group of individuals, along with active advertisements for the availability of treatment. On this note, this study also supported the idea that understanding the social and relational context of the drinking individual is crucial in addiction treatment (Beck et al., 2008). The unique drinking culture of Korea, which favors excessive drinking, must be considered in the context of the collectivist culture that is deeply imbedded in social life.

**Consideration for the mentally ill and chemically addicted.** This study showed that the two participants in Zone 1—Sunkyu and Minhee—evidently experienced the most difficulty in imagining the wished-for future self in their Precontemplation stage for change. However, the findings from the study further suggested that these two participants might have another element to their addiction. Some of the material they revealed about their personal histories (e.g., previous hospitalization or treatment for major depression, insomnia, and suicidal attempts) pointed to the possibility of their meeting diagnostic criteria, which suggests they may have a dual diagnosis. The data further showed that their drinking was not irrelevant to their pathological symptoms, as both admitted they had been drinking to cover their symptoms for a long time (i.e., Sunkyu described his drinking was to ease both his long-term depression and his emotional dysregulation, and Minhee stated her drinking was to numb her anxiety). As the data indicated, these two participants required special treatment in this study, whether to modify the art directives or focus on verbal interventions. At any rate, the study showed that the short-term therapy this study setting provided was not appropriate for these two participants—since their consuming of alcohol as self-medication for anxiety or depression may show that they have a
high probability of continuing to drink without properly treating their psychiatric symptoms despite their desire for change.

Perhaps, these findings also indicated that the TTM approach may be limited for those with a dual diagnosis, since those individuals may require more active intervention, structure, and involvement from a clinician, as Sunkyu and Minhee did in this study. As comorbidity of mental illnesses with addiction has been reported frequently (Drapalski, Bennett, & Bellack, 2011; Lee et al., 2012; Hesse, 2005), these findings further supported previous researchers who emphasized the need for special treatment for the mentally ill and chemically addicted. Such programs were also reported to be extremely limited in Korea (Cho et al, 2006; Lee et al., 2012; The National Health Commission, 2010); hence the needs for developing various programs were emphasized once again.

**The possible development of an art assessment for future study.** Several researchers attempted to measure motivation for change and found possible selves to be powerful predictors for individuals’ behaviors (Quinlan, Jaccard, & Blanton, 2006). Regardless, the measure of possible selves had been limited to verbal surveys (e.g., open-ended possible selves questionnaires; Cross & Markus, 1991), whereas the domain of possible selves is innately visual and imaginative. On this note, this study remarkably demonstrated that participants’ true motivation for change was, in fact, not revealed until the art-making process began. This specific finding confirmed that oral interviews and measurements may indeed be limited in their capacity to reflect the complicated aspects of possible selves and motivation. These findings also can be interpreted that one’s artwork based on future selves can be an effective indicator of his or her current motivation for change, as the participants’ artworks reflected predictable stages in future self-perception in relation to the stage of change by TTM.
Accordingly, the final recommendation for future study would be a consideration of the development of an art-based assessment using the stages of change found from this study, as seen in Figure 23. As previously mentioned, this study showed that the ability to visually imagine possible future selves is certainly distinguishable from the linguistic expression of projected future selves. Accordingly, the development of an art-based assessment to identify one’s motivation for change may make a meaningful extension to the therapeutic use of possible future selves and understand its impact on motivation for change. Furthermore, though the heavy focus of phenomenological research provided an understanding of the universal essence of the lived experience of self and change (Creswell, 2007), expanding the number of participants for the development of assessment purposes should be considered for future research.

Conclusion

In conclusion, this study accomplished its goals by showing the value of an art therapy intervention that can successfully bridge TTM and the possible selves theory through the visualization of future selves by using digital media. The utilization of possible selves as an intervention to shift the individual’s motivation through the process of art-making was a unique and meaningful approach of this study. The effectiveness of this specific art therapy intervention was also confirmed by the increase of motivation—quantitatively and qualitatively, which can be applied to various settings that require behavioral changes. The phenomenological understanding of the self that reflects one’s past, present, and future selves also provided a deeper understanding for clinicians working with individuals with alcohol addiction. Furthermore, the unexpected findings on the stages of future self-perception were reflected in the art-making process, which—paired with the stage of change in motivation by TTM—open up various opportunities for future studies in relation to behavioral changes. Most importantly, this study
confirmed that one’s ability to imagine positive future selves has the power to change their current existence in the world (Currie, 2002), and provides courage to step into a future that is unknown and mysterious. Accordingly, art therapy may certainly play a crucial role in assisting and promoting individuals’ healthy utilizations of this imagination, which is vital to their authentically existing in the world. Taking into account the power of imagination, continuing research on the topic of possible future selves by using digital media is encouraged for further exploration and application in art therapy.
Recruitment for Research Participants

The Study of Art Therapy using Possible Selves and Digital Media for Individuals with Alcohol Addiction in Korea

My name is Sojung Park and I am conducting research as a part of the Doctoral dissertation for Expressive therapies at Lesley University under the supervision of Dr. Robyn Flaum Cruz. The purpose of this research is (a) to examine whether the art therapy intervention using possible selves and digital media produces changes in motivation in alcohol addiction treatment, and (b) to learn about the participants’ experience in the art therapy sessions. I am currently seeking 10 participants to be part of this study.

What can I benefit from the participation?
You may benefit from this creative work to promote motivation for change. At the same time, this study may not provide you any direct benefits. However, you can experience increased self-knowledge and other personal insights that you may be able to use in daily life.

What will I be doing and how long does it take?
You will receive 5 weekly individual sessions, including 3 art therapy sessions and 2 verbal interviews before and after the art therapy sessions. Each session will take approximately 60-90 minutes. All sessions will be conducted in a private office in Gwanghwamun, Seoul, and time for the sessions will be arranged individually.

Will my identity be protected?
All your information and identity will be protected and the data will be recorded with pseudonyms.

Will there be an incentive for participation?
Small incentive ($20 Starbucks gift card or equivalent) will be given at the end for those who participate in all 5 sessions. You may also choose to withdraw from the study at any time and there will be no negative consequences.

Am I qualified for the study?
You must meet the following criteria:
(a) You are an adult aged 19 and up
(b) You have a history of visiting a clinic/hospital for alcohol addiction at least once
(c) You may be currently drinking but considering to give up alcohol, or have been abstinent from drinking less than one month.
(d) You are able to travel to the office in Seoul, where the sessions will be held.

How should I apply?
If you are qualified and interested in participating, please fill up the application form attached and send me an email to atresearch@daum.net. Should you have any other questions, please feel free to email me.

**The consent form was translated to Korean by the investigator.**
APPENDIX B
Application for Research Participation

The Study of Art Therapy using Possible Selves and Digital Media for Individuals with Alcohol Addiction in Korea

Lead researcher: Sojung Park, Faculty supervisor: Dr. Robyn Cruz

* Please provide the following information and answer the questions below. All information you provide on this form is protected as confidential information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact information (cell)</td>
<td>(email)</td>
</tr>
<tr>
<td>How long have you been drinking?</td>
<td></td>
</tr>
<tr>
<td>Have you visited a clinic/hospital/AA for alcohol addiction? (including the use of hotline for drinking or any other support group)</td>
<td></td>
</tr>
<tr>
<td>- Yes or No:</td>
<td></td>
</tr>
<tr>
<td>- If you have, please share them in details (i.e., when, where, and medications taken if any):</td>
<td></td>
</tr>
<tr>
<td>Briefly introduce yourself.</td>
<td></td>
</tr>
<tr>
<td>What makes you want to participate in this study?</td>
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<tr>
<td>Each session will take between 60 to 90 minutes and all 5 sessions will be held in a private office near the city hall. Will you be able to make trips to the office at least once a week for 5 weeks? Please share if you have preferable time and days.</td>
<td></td>
</tr>
<tr>
<td>Please share if there is anything else you would like the researcher to know.</td>
<td></td>
</tr>
</tbody>
</table>

**The consent form was translated to Korean by the investigator.**
**APPENDIX C**

**Alcohol Use Disorders Identification Test (AUDIT)**

Please circle the answer that is correct for you.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2 – 4 times per month</th>
<th>2 – 3 times per week</th>
<th>4+ times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td></td>
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</tr>
<tr>
<td>3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td></td>
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<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9. Have you or somebody else been injured as a result of your drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The Korean version of Alcohol Use Disorders Identification Test was utilized.**
APPENDIX D

SOCRATES
The Stages of Change Readiness and Treatment Eagerness Scale

SOCRATES is an experimental instrument designed to assess readiness for change in alcohol abusers. The instrument yields three factorially-derived scale scores: Recognition (Re), Ambivalence (Am), and Taking Steps (Ts). It is a public domain instrument and may be used without special permission.

Answers are to be recorded directly on the questionnaire form. Scoring is accomplished by transferring to the SOCRATES Scoring Form the numbers circled by the respondent for each item. The sum of each column yields the three scale scores. Data entry screens and scoring routines are available.

These instruments are provided for research uses only. Version 8 is a reduced 19-item scale based on factor analyses with prior versions. The shorter form was developed using the items that most strongly marked each factor. The 19-item scale scores are highly related to the longer (39 item) scale for Recognition (r = .96), Taking Steps (.94), and Ambivalence (.88). We therefore currently recommend using the 19-item Version 8 instrument.

Psychometric analyses revealed the following psychometric characteristics of the 19-item SOCRATES:

<table>
<thead>
<tr>
<th></th>
<th>Cronbach Alpha</th>
<th>Test-retest Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambivalence</td>
<td>.60 - .88</td>
<td>.82 - .83</td>
</tr>
<tr>
<td>Recognition</td>
<td>.85 - .95</td>
<td>.88 - .94</td>
</tr>
<tr>
<td>Taking Steps</td>
<td>.83 - .96</td>
<td>.91 - .93</td>
</tr>
</tbody>
</table>

Various other forms of the SOCRATES have been developed. These will be migrated into shorter 8.0 versions as psychometric studies are completed. They are:

- 8D 19-item drug/alcohol questionnaire for clients
- 7A-SO-M 32-item alcohol questionnaire for significant others of males
- 7A-SO-F 32-item alcohol questionnaire for SOs of females
- 7D-SO-F 32-item drug/alcohol questionnaire for SOs of females
- 7D-SO-M 32-item drug/alcohol questionnaire for SOs of males

The parallel SO forms are designed to assess the motivation for change of significant others (not collateral estimates of clients' motivation). The SO forms lack a Maintenance scale, and therefore are 32 items in length.

Prochaska and DiClemente have developed a more general stages of change measure known as the University of Rhode Island Change Assessment (URICA). The SOCRATES differs from the URICA in that SOCRATES poses questions specifically about alcohol or other drug use, whereas URICA asks about the client's “problem” and change in a more general manner.

Source Citation:

## Personal Drinking Questionnaire (SOCRATES 8A)

**INSTRUCTIONS:** Please read the following statements carefully. Each one describes a way that you might (or might not) feel about your drinking. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it right now. Please circle one and only one number for every statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I really want to make changes in my drinking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sometimes I wonder if I am an alcoholic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If I don't change my drinking soon, my problems are going to get worse.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. I have already started making some changes in my drinking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I was drinking too much at one time, but I've managed to change my drinking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sometimes I wonder if my drinking is hurting other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I am a problem drinker.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I'm not just thinking about changing my drinking, I'm already doing something about it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I have serious problems with drinking.</td>
<td></td>
<td></td>
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<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>11. Sometimes I wonder if I am in control of my drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. My drinking is causing a lot of harm.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. I am actively doing things now to cut down or stop drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. I want help to keep from going back to the drinking problems that I had before.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I know that I have a drinking problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. There are times when I wonder if I drink too much.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. I am an alcoholic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. I am working hard to change my drinking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
SOCRATES Scoring Form - 19-Item Versions 8.0

Transfer the client’s answers from questionnaire (see note below):

<table>
<thead>
<tr>
<th>Recognition</th>
<th>Ambivalence</th>
<th>Taking Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 _____</td>
<td>2 _____</td>
<td></td>
</tr>
<tr>
<td>3 _____</td>
<td></td>
<td>4 _____</td>
</tr>
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<td></td>
<td></td>
<td>5 _____</td>
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<td></td>
<td></td>
<td>6 _____</td>
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<tr>
<td>7 _____</td>
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<td>8 _____</td>
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<td></td>
<td></td>
<td>9 _____</td>
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<tr>
<td>10 _____</td>
<td>11 _____</td>
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<tr>
<td>12 _____</td>
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<td>13 _____</td>
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<td>14 _____</td>
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<td>15 _____</td>
<td>16 _____</td>
<td></td>
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<tr>
<td>17 _____</td>
<td></td>
<td>18 _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 _____</td>
</tr>
</tbody>
</table>

TOTALS  Re _____  Am _____  Ts _____

Possible
Range: 7-35  4-20  8-40

-----------------------------------------------
SOCRATES Profile Sheet (19-Item Version SA)

INSTRUCTIONS: From the SOCRATES Scoring Form (19-Item Version) transfer the total scale scores into the empty boxes at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

<table>
<thead>
<tr>
<th>DECILE SCORES</th>
<th>Recognition</th>
<th>Ambivalence</th>
<th>Taking Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>99 Very High</td>
<td>19-20</td>
<td>39-40</td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>18</td>
<td>37-38</td>
<td></td>
</tr>
<tr>
<td>79 High</td>
<td>35</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td>60</td>
<td>34</td>
<td>16</td>
<td>34-35</td>
</tr>
<tr>
<td>59 Medium</td>
<td>32-33</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td>40</td>
<td>31</td>
<td>14</td>
<td>31-32</td>
</tr>
<tr>
<td>39 Low</td>
<td>29-30</td>
<td>12-13</td>
<td>30</td>
</tr>
<tr>
<td>20</td>
<td>27-28</td>
<td>9-11</td>
<td>26-29</td>
</tr>
<tr>
<td>10 Very Low</td>
<td>7-26</td>
<td>4-8</td>
<td>8-25</td>
</tr>
</tbody>
</table>

These interpretive ranges are based on a sample of 1,726 adult men and women presenting for treatment of alcohol problems through Project MATCH. Note that individual scores are therefore being ranked as low, medium, or high relative to people already presenting for alcohol treatment.
Guidelines for Interpretation of SOCRATES-8 Scores

Using the SOCRATES Profile Sheet, circle the client’s raw score within each of the three scale columns. This provides information as to whether the client’s scores are low, average, or high relative to people already seeking treatment for alcohol problems. The following are provided as general guidelines for interpretation of scores, but it is wise in an individual case also to examine individual item responses for additional information.

RECOGNITION

HIGH scorers directly acknowledge that they are having problems related to their drinking, tending to express a desire for change and to perceive that harm will continue if they do not change.

LOW scorers deny that alcohol is causing them serious problems, reject diagnostic labels such as “problem drinker” and “alcoholic,” and do not express a desire for change.

AMBIVALENCE

HIGH scorers say that they sometimes wonder if they are in control of their drinking, are drinking too much, are hurting other people, and/or are alcoholic. Thus a high score reflects ambivalence or uncertainty. A high score here reflects some openness to reflection, as might be particularly expected in the contemplation stage of change.

LOW scorers say that they do not wonder whether they drink too much, are in control, are hurting others, or are alcoholic. Note that a person may score low on ambivalence either because they “know” their drinking is causing problems (high Recognition), or because they “know” that they do not have drinking problems (low Recognition). Thus a low Ambivalence score should be interpreted in relation to the Recognition score.

TAKING STEPS

HIGH scorers report that they are already doing things to make a positive change in their drinking, and may have experienced some success in this regard. Change is underway, and they may want help to persist or to prevent backsliding. A high score on this scale has been found to be predictive of successful change.

LOW scorers report that they are not currently doing things to change their drinking, and have not made such changes recently.

**The Korean version of Stages of Change Readiness and Treatment Eagerness Scale was utilized.**
APPENDIX E

Informed Consent Form:

Study of Art Therapy using Possible Selves and Digital Media for Individuals with Alcohol Addiction in Korea

Principal Investigator:
Sojung Park, Student in the PhD program in Expressive Therapies at Lesley University
Robyn Flaum-Cruz, Associate Prof. of the PhD program in Expressive Therapies, Lesley University

You are being asked to volunteer in this study to assist in my doctoral research on Art Therapy using Possible Selves and Digital Media for Individuals with Alcohol Addiction in Korea. The purpose of the study is (a) to examine whether the art therapy intervention using possible selves and digital media produces changes in motivation for individuals with alcohol addiction, (b) to understand the study participants’ lived experience which emerges from the art therapy sessions, and (c) to ultimately discover the possible therapeutic values of the art therapy intervention.

You will be initially interviewed about personal background information that may include history of alcohol abuse, mental health conditions, or other significant events in your life. You will be asked to fill out: The Korean version of Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES-K) version 8, up to three times during the study. You will also receive three 60-90 minute single individual art therapy sessions using digital media. All sessions will be audio taped and the artwork will be saved on the computer.

You will be personally interacting with only myself as the principal researcher. This research project is anticipated to be finished by approximately August, 2016.

I, ________________________________, consent to participate in the study on art therapy using possible selves and digital media for individuals with addiction in Korea.

I understand that:

• I am volunteering for 5 sessions total, including three individual art therapy sessions involving the theory of possible selves and computer technology. Each session is approximately 60 – 90 minutes in length.
• Sessions will be audio taped.
• My identity will be protected.
• Session materials, including the scores from SOCRATES-K, images, audio tapes will be kept confidential and used anonymously only for purposes of supervision, presentation and/or publication.
• The sessions will include verbal discussion about my present life, personal background and history on addiction.
• The session may bring up feelings, thoughts, and memories. Therefore, possible emotional reactions are to be expected, however I am free to end the session at any time. If I find that I have severe distress, I will be provided with resources and referrals.
to assist me, and will not lose any benefits that I might otherwise gain by staying in the study.

- This study will not necessarily provide any benefits to me. I may experience, however, increased self-knowledge and other personal insights that I may be able to use in my daily life. The results of the study may also help to increase public and professional awareness of the needs and experiences of treating individuals with addiction.
- The audio recordings, pictures, and transcripts will be kept safely in the investigator’s possession for possible future use. This information however, will not be used in any future study without my written consent.
- The therapist is ethically bound to report, to the appropriate party, any criminal intent or potential harm to self.
- I may choose to withdraw from the study at any time with no negative consequences.

**Confidentiality, Privacy and Anonymity:**

You have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential to the extent allowed by law. We will use pseudonym identifiers rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results. If for some reason you do not wish to remain anonymous, you may specifically authorize the use of material that would identify you as a subject in the experiment. You can contact the advisor Dr. Robyn Flaum-Cruz at 1-412-401-1274 or rcruz@lesley.edu with any additional questions. We will give you a copy of this consent form to keep.

a) **Investigator's Signature:**

Date ___________________________ Investigator’s Signature ___________________________ Print Name ___________________________

b) **Subject's Signature:**

I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.

Date ___________________________ Subject’s Signature ___________________________ Print Name ___________________________

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact irb@lesley.edu.

**The consent form was translated to Korean by the investigator.**
APPENDIX F

The Road Not Taken

Robert Frost

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.
APPENDIX G

The Little Prince
Antoine de Saint-Exupéry

Chapter XII

The next planet was inhabited by a tippler. This was a very short visit, but it plunged the little prince into deep dejection.

What are you doing there?" he said to the tippler, whom he found settled down in silence before a collection of empty bottles and also a collection of full bottles.

"I am drinking," replied the tippler, with a lugubrious air.

"Why are you drinking?" demanded the little prince.

"So that I may forget," replied the tippler.

"Forget what?" inquired the little prince, who already was sorry for him.

"Forget that I am ashamed," the tippler confessed, hanging his head.

"Ashamed of what?" insisted the little prince, who wanted to help him.

"Ashamed of drinking!" The tippler brought his speech to an end, and shut himself up in an impregnable silence.

And the little prince went away, puzzled.

"The grown-ups are certainly very, very odd," he said to himself, as he continued on his journey. " 
APPENDIX H

Kijun’s Extra Artworks

Following images are Kijun’s extra images he voluntarily submitted for six months after the final session from the study. Parts of the images are blurred to protect the identity of the participant.
References


Correlates of dependence and treatment for substance use among people with comorbid severe mental and substance use disorders: Findings from the “Psychiatric and Addictive Dual Disorder in Italy (PADDI)” Study. Comprehensive psychiatry, 58, 152-159.


ART THERAPY AND POSSIBLE SELVES


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esteen], 중독정신의학, 14(2), 57-62.


Publishers.


Boston: Martinus Nijhoff.


& Applications, 5, 147-158.


재활대책 토론회, 중앙정신보건사업지원단, 보건복지부.
