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Art Therapy Interventions that Facilitate Improved Self-Esteem for an Adult with Depression and Substance Abuse

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Art Therapy Interventions that Facilitate Improved Self-Esteem for an Adult with Depression and Substance Abuse

An Honors College Thesis

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Abstract

The purpose of this study is to bring awareness to the need for creative holistic approaches to interventions and treatments for depression and substance abuse. The literature review section covers the topics of depression, substance abuse, the effects of low self-esteem in these disorders, and how art therapy is suited to address these topics. The research methodology utilized is historical case studies. In support of this topic, case studies gained from literature in the field will be analyzed. Case studies were obtained by thoroughly researching numerous databases to find the most relevant information that demonstrates how art therapy can be utilized with this population to enhance self-esteem and healthy coping skills. Art therapy that was utilized within the framework of Motivational Interviewing and Stages of Change is presented to demonstrate the effectiveness of using art therapy in conjunction with an alternative approach to substance abuse. Specifically, this paper seeks to answer the question of how can art therapy interventions that are designed to improve self-esteem and coping skills help an adult with Depression and Substance Abuse?

*Keywords***:** Depression, Substance Abuse, Self Esteem, Motivational Interviewing, Stages of Change, Art Therapy

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Introduction

One of the most common psychological disorders in the United States is Major

Depression (National Institute of Mental Health, 2017). According to the National Survey on

Drug Use and Health (NSDUH), in the United States in 2015, there were an estimated 16.1

million adults, eighteen years of age or older, who had a minimum of one major depressive

episode (NIMH, 2017). That number represented 6.7% of the total United States Adult

population (NIMH, 2017). The World Health Organization names Depression as the worldwide

leading disability and states that it is a huge contributor to global disease burdens (World Health

Organization, 2017).

In 2014, in the United States, the NSDUH stated that 21.5 million individuals, aged

twelve and older, had a substance abuse disorder (NIMH, 2017). According to a 2014 publishing

by the Substance Abuse and Mental Health Services Administration (SAMHSA), nearly 8

million American adults had co-occurring psychological and substance use disorders (American

Addiction Centers, 2017). Depression and substance abuse are extremely prevalent in today's

society demonstrating a clear need for additional treatment options. Substance abuse is a life

threatening disease; however, it is preventable and treatable (Matto, 2002). One of the leading

causes of disability and mortality is major depression (Frasure-Smith et al., 1993; Pan et al.,

2011; Siu et al., 2016 as cited in Han, Olfson & Mojtabai, 2017) major depression is also

treatable.

Art therapy is an alternative treatment method that can address substance use and psychological disorders, including Major Depressive Disorder. This paper will analyze existing research and case studies that demonstrate the profound effect that art therapy can have on individuals with these disorders. Alternative approaches to understanding and treating substance abuse, such as Motivational Interviewing (MI) and Stages of Change (SOC), and how these models can be used in conjunction with art therapy will be presented. Specifically, this paper seeks to answer the question of how can art therapy interventions that are designed to improve self-esteem and coping skills help an adult with Depression and Substance Abuse?

I. Depression

According to the *Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5),*
major depressive disorder is a clinical mood disorder characterized by a significant and
maladaptive decrease in functioning and mood, or loss of interest or enjoyment, that lasts for a
minimum of two weeks, and includes at least four of the following additional symptoms
(American Psychiatric Association, 2013). Frequently major depression in not recognized, under
diagnosed, untreated or undertreated (Han et al., 2017).

Symptoms

Symptoms must include either a decrease in mood (feeling sad, hopeless, or devoid), or a
loss of pleasure or interest in previously enjoyed activities, accompanied by a maladaptive
decline in functioning. These can be identified either by subjective self-report or by the
observations of others. In addition, at least four of the following symptoms must be present:
sleep disturbances such as insomnia or hypersomnia occurring close to daily; significant weight
gain or loss, or nearly daily change in appetite; a loss of energy or fatigue occurring practically
daily; psychomotor retardation or agitation that is observable by others; feelings of
disproportionate or inappropriate guilt (which can be delusional) or feelings of worthlessness,
beyond self-reproach or guilt due to being sick, occurring approximately daily; decreased ability
to focus or think, or indecisiveness occurring almost daily; repetitive thoughts of death (beyond a
fear of death) which may include suicidal ideations, behavior, or intent. Symptoms need to have
been present in the same period lasting a minimum of two weeks. (American Psychiatric
Association, 2013)

II. Substance Abuse

A Substance Use Disorder is a clinical diagnosis (American Psychiatric Association, 2013). The fundamental core of this diagnosis consists of physiological, behavioral, and cognitive symptoms demonstrating an individual's continued use of substances in spite of substance-related complications (American Psychiatric Association, 2013). Substance abuse is a life threatening disease; however, it is preventable and treatable (Matto, 2002).

About Substance Abuse

Substance Use Disorders may be diagnosed for the following substances: alcohol, cannabis, hallucinogens, inhalants, opioids, sedatives, stimulants, tobacco, or other/unknown. A diagnosis is based upon a pathological pattern of substance related behaviors. There are different categories of criteria for substance abuse disorders. These include impaired control, risky use, social impairment, and pharmacological criteria. (American Psychiatric Association, 2013)

Brain chemicals become altered as a result of substance use (Matto, 2002; Sahley, 2006). These changes in brain circuitry are an important feature of substance use; these can persevere in individuals after detoxification, especially in those with severe disorders (American Psychiatric Association, 2013). Biochemical imbalances can alter the body's naturally occurring production of necessary neurotransmitters that stabilize and regulate emotions and behavior (Matto, 2002). Behaviorally these changes may be presented as intense substance cravings or relapse during exposure to substance-related stimuli (American Psychiatric Association, 2013). Because of these biochemical imbalances research has shown that individuals struggling with addiction may be hypersensitive to stress and require assistance dealing with their emotions (Matto, 2002). Difficult emotions and drug cravings can occur during the withdrawal process at which time the

body releases stress-related neurotransmitters causing them to become depleted (Kreek & Koob, 1998, as cited in Matto 2002). Individuals entering short-term hospital treatments are often going through, or having recently been through, withdrawal causing them to be in a state of extreme emotional, physical, and spiritual hardship (Matto, 2002). Long-term treatment plans may be beneficial (American Psychiatric Association, 2013).

Ties to other Mental and Physical Health Issues

For individuals with substance abuse a comorbid diagnoses of depression (Blume, 2001; Han et al., 2017), anxiety, and other psychological or physiological conditions are prevalent (Blume, 2001). Of these comorbid disorders depression is one of the highest (Butcher et al., 2014). Substance Abuse is more common in individuals who have a serious psychological disorder as compared to the general population (Blume, 2001). Individuals who have experienced trauma have a 25 to 50 percent chance of having a substance abuse disorder (Schafer & Najavits, as cited in Butcher et al., 2014). Regier et al states that of those individuals who seek treatment for a substance abuse disorder an estimated minimum of 50 percent have a comorbid psychological disorder (Breslin et al., 2003). According to Lapham it is estimated that 37 percent of individuals who abuse alcohol struggle with at least one other psychological disorder (as cited in Butcher, Hooley, & Mineka, 2014). A study done in 2005 indicates that assessment and treatment of psychological conditions could prevent substance abuse disorders from developing in individuals with psychological disorders (Harris & Edlund, 2005).

For individuals with alcohol dependence and a comorbid diagnosis of depression or anxiety the time to relapse is quicker, dropout rates are higher, and long term alcohol use is greater as compared to those who only have an alcohol dependence (Haver, 2003; Cornelius,

Salloum, Ehler, Jarrett, Cornelius, Perel, Thase, & Black; Greenfield, Weiss, Muenz, Vagge, Kelly, Bello, & Michael as cited in Morley et al., 2013). The morbidity and mortality rates increase as a result of worsened treatment outcomes due to a more critical impairment in functioning resulting from the bidirectional etiological risks that both disorders have on one another (Blanco et al., 2012; Clark et al., 2009; Compton et al., 2007; Mojtabai et al., 2014, as cited in Han et al., 2017).

The psychological functioning of psychiatric patients has been found to be negatively impacted by a substance abuse disorder (Bradizza & Stasiewicz, 1997). Bartels et al. (1993) identified that there is a larger population of psychiatric substance abuse inpatients compared to non-substance abuse inpatients (as cited in Bradizza & Stasiewicz, 1997). And Kivlahan et al. (1991) determined that there is a larger population of individuals with substance abuse who had spent time in a jail or hospital then had not (as cited in Bradizza & Stasiewicz, 1997). Substance abuse in psychiatric patients has significant psychological costs for individuals and escalated financial costs on society (Bradizza & Stasiewicz, 1997). This points to an explicit need for treatment services that decrease substance abuse (Bradizza & Stasiewicz, 1997).

One study, based upon nationally representative data, concluded that about 3.3 million adults, 1.4 % of the US population, have both a substance use disorder and major depressive disorder. Out of these adults about half reported to having received care for depression in the last year. Approximately one third of those that received care for their depression reported the treatment as helpful. There was a higher chance of receiving depression treatment amongst individuals who were receiving treatment for substance use, and a higher perception in

effectiveness of care for depression when it was accompanied by substance use treatment. (Han et al., 2017)

Excessive long term drinking can lead to a reaction known as alcohol withdrawal delirium (previously known as delirium tremens) (Palmstierno as cited in Butcher et al., 2014). This can occur after a drinking binge when an individual enters a state of withdrawal (Butcher et al., 2014). Symptoms may include, excitement, agitation, delirium, disorientation, vivid hallucinations, acute fear, marked hands, tongue or lip tremors, extreme suggestibility, preparation, fever, weak rapid heartbeat, coated tongue, and putrid breath (Butcher et al., 2014). Typically this can last three to six days often followed by a deep sleep (Butcher et al., 2014). Before drugs such as chlordiazepoxide the death rate for alcohol withdrawal delirium was approximately 10 percent (Tavel as cited in Butcher et al., 2014).

Another alcohol- related psychosis is alcohol amnestic disorder or persisting alcohol disorder (previously known as Korsakoff's syndrome). This disorder can manifest after excessive long term drinking. The primary symptom is memory deficiency, especially for recent events, this is sometimes followed by falsification of such events. Because individuals with this disorder may not be able to remember events or recognize faces, rooms, objects, and other things they have seen they may fabricate to fill in their memory gaps which can lead to distorted and unconnected associations. (Butcher et al., 2014)

Baumeister and Leary argue that humans have an integral desire to be accepted by one another and to feel a sense of belonging within a social group (as cited in Birtel et al., 2017). Research has shown that there is wide-ranging evidence illustrating the extreme public and self-stigmatization surrounding substance abuse (Birtel et al., 2017). As Gilbert explains social

rank theory states that an individual who has a trait that others do not approve of (in this case substance abuse) will view himself or herself as being inferior compared to others (as cited in Birtel et al., 2017). Perceived or actual low social rank is connected to shame, anxiety, and depression (Birchwood; Gilbert; Major and O'Brien, as cited in Birtel et al., 2017). According to the results of a study from sixty-four UK adults, aged 18-64, recruited from numerous substance abuse sites, individuals who view themselves as having a strong social support network have lower internalized shame and stigma (Birtel et al., 2017). The study showed that perceptions of stigma regarding substance abuse are correlated with lower health (Birtel et al., 2017). The social support of friends and family was shown to be connected with lower internalized stigma and shame, higher self-esteem, better sleep, and lowered levels of depression and anxiety (Birtel et al., 2017).

Often the treatment of alcohol dependence and the treatment for psychological disorders are available from different facilities, which may interfere with the treatment process (Morley, Baillie, Sannibale, Teesson & Haber, 2013). Effective treatment for alcohol dependence and comorbid depression or anxiety is needed in outpatient services (Morley, Baillie, Sannibale, Teesson & Haber, 2013). There is empirical evidence suggesting the effectiveness of treatment programs that integrate interventions to address dual diagnosis of substance abuse and psychological disorders (Bond et al., 1991; Cuffel & Chase 1994; Jerrel & Ridgely, 1995; Fisher & Bentley, 1996; Moggi et al., 1999; as cited in Ilgen et al., 2006).

Self-Medication/Unhealthy Coping Mechanisms. Self- medication refers to the process of using drugs or alcohol to relieve unwanted states of emotion. Tension-reduction theory states that the higher the frequency in which an individual uses drugs to relieve symptoms the stronger

the habit of substance abuse will become (Robinson, Sareen, Cox, & Bolton, as cited in Nevid, Rathus, & Greene, 2013). According to learning theorists this reduction of a state of being is one of the primary reinforcers of substance use (Mann, *et al.,* 2004). Drugs and alcohol may be used as a way to seek security and reassurance from others, and as a way to escape from life (Mann, *et al.,* 2004). These are considered externalized behaviors, which may be the result of low self-esteem or insecurity (Herbert, 1987, as cited in Mann, *et al.,* 2004).

There are many reasons that people use mind altering substances including reduction of symptoms from physical or psychological conditions, fear of withdrawal, abhorrent environments, or fear of losing social contacts (Blume, 2001). Individuals may take drugs to self-medicate due to difficulty coping with stress, and stressful triggers can increase drug seeking (Matto, 2002). Self-medicating can become cyclical (Matto, 2002). As someone takes substances to relieve psychological stress, stress continues to compound from numerous sources, including daily stress, an increase in sensitivity to socio-environmental and psychological stress, biological based stress resulting from substance abuse, and stress as a result of negative outcomes due to drug use (Matto, 2002).

Self-medicating with drugs or alcohol may temporarily reduce symptoms, however, this often brings the additional challenges of substance abuse (Nevid, et al., 2013). Additionally self-medication does not address the lurking psychological problems (Nevid, et al., 2013). For individuals who use substances to self-medicate for an underlying psychological disorder early diagnosis and effective treatment may help prevent relapse (Breslin et al., 2003).

Emotion-focused coping refers to the process of taking steps to immediately relieve the stressors impact; these steps could include withdrawal from the situation or denial. This type of

coping does not lead to the stressors elimination, nor does it help with management. (Nevid, et al., 2013)

Available Treatments. Individuals who struggle with alcohol abuse often will not admit to having a problem until they reach "rock bottom" and many that do go into treatment leave before completion (Butcher et al., 2014). These factors make alcohol abuse difficult to effectively treat (Butcher et al., 2014). Treatment goals should include abstinence from addictive substances, elevated physical and psychological well-being with decreased risk, and improved psychosocial functioning (Breslin, Reed, & Malone, 2003). Typically conventional outpatient substance abuse treatment programs may consist of individual, group, family counseling, psycho-education, and the addition of 12-step programs (Breslin, Reed, & Malone, 2003). Many programs have not been able to enhance their facilities offered services; this may be due to restricted funding, adherence to tradition, or lack of motivation (Breslin, Reed, & Malone, 2003). Breslin et al. believe that the best treatment approach is prevention and early interventions that focus on helping young people develop healthy lifestyles and abstain from substance use (Breslin, Reed, & Malone, 2003). If this does not happen treatment should target helping individuals achieve a strong sense of self-identity, esteem, and confidence (Breslin, Reed, & Malone, 2003). To assist individuals in moving away from destructive patterns of behavior innovative treatment approaches are crucial (Matto, Corcoran, & Fossler, as cited in Adedoyin et al., 2014). Breshears et al states that a minimum of 60 percent of drug treatment admissions are repeat users, this indicates that standard treatments may not be having a substantial effect (as cited in Adedoyin et al., 2014). The majority of the work necessary for recovery is up to the individual however, it is the moral responsibility of human and medical service professionals to

offer person centered alternative treatment approaches customized to each individual's unique

needs (Adedoyin et al., 2014).

   12-Step Programs. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are

well known international 12-step programs for people who have, or have had, a drinking or

substance abuse problem (Alcoholics Anonymous, 2015). AA was founded during the 1930's

and their 12-step programs, and the NA 12-step program, are the most widely used mutual aid

models (Magura, 2007). When AA was developed there were limited formal treatment options

and the general public considered alcohol abuse to be "incurable" (White, 1998 as cited in

Magura, 2007). Spirituality is an aspect of the program however, the program has a loose

conception of spirituality (Magura, 2007) and the term "higher power" that allows members to

interpret the spiritual aspects to fit their point of view, or ignore them (AA, 2007 as cited in

Magura, 2007). The program is run by non-professionals and is self-supporting, multiracial, and

apolitical (Alcoholics Anonymous, 2015, & Narcotics Anonymous). AA runs both closed and

open meetings where members can share their personal stories and experiences with substance

abuse, they also have specific meetings to discuss and work on the 12-steps (Alcoholics

Anonymous, 2015, & Narcotics Anonymous). Part of the program involves getting or becoming

a peer sponsor (Alcoholics Anonymous, 2015, & Narcotics Anonymous). The AA website states

that they can provide a, "source of personal experiences and be an ongoing support system for

recovering alcoholics" (Alcoholics Anonymous, 2015, & Narcotics Anonymous). Improved

substance abuse outcomes have been associated with the enhanced coping skills acquired

through social support found in self-help and 12-step groups (Humphreys, Finney, & Moos, 1994

as cited in Moggi et al., 1999).

Motivational Interviewing & Stages of Change. In the United States much of the

literature on art therapy connects substance abuse and the 12-program. However, in Britain the

viewpoint is grounded in psychoanalytic theory and they tend to attach art therapy with a more

exploratory psychotherapy approach versus a confrontational one. In Britain, the art therapy

literature focuses on an exploratory psychotherapeutic approach versus a confrontational one.

Several central applications of art therapy to treat substance abuse have been identified; these

include: cultivation of self-esteem, protecting psychological defenses, identification of personal

strengths, and provision of containment (Waller & Mahony as cited in Horay, 2006).

Motivational Interviewing (MI) was developed in the 1990's by Miller and Rollnick

(Horay, 2006). Miller and Rollnick (2002) define MI as "a client-centered, directive method for

enhancing intrinsic motivation to change by exploring and resolving ambivalence (Miller &

Rollnick 2002 as cited in Horay, 2006). This method incorporates a Rogerian approach; mental

health professionals provide empathy, utilize reflective listening, whenever possible normalize

client ambivalence, and accept individuals *the way they are*, including their substance abuse

(Horay, 2006). "We advocate a more relational view, in which client resistance behavior is, at

most, a signal of dissonance in the relationship. In a way, it is oxymoronic to say that one person

is not cooperating. It requires at least two people to not cooperate, to yield dissonance." (Miller

& Rollnick 2002, as cited in Horay, 2006). The role of the therapist is to support an individual's

self-efficacy, while the responsibility and possibility for change reside within the client (Horay,

2006). Self-efficacy expectancies refer to an individual's level of belief in their own abilities to

succeed and cope with challenges (Bandura, 1986, 2006, as cited in Nevid et al, 2014).

Additionally, Miller and Rollnick stated that therapists must exhibit flexibility, tolerance of

uncertainty, the ability to abstain from offering solutions or arguing, and the ability to provide

silence to allow thoughtfulness free from anxiety (Miller & Rollnick 2002, as cited in Horay

2006). Every individual is seen as possessing the fundamental potential for change and is

responsible for their own process of change (Miller & Rollnick, 2002 as cited in Holt & Kaiser,

2009). It is the therapist's responsibility to create conditions that will reinforce their client's

internal motivation, and commitment, to changing their behavior (Holt & Kaiser, 2009).

MI is frequently incorporated within the framework of Stages of Change (SOC) model

(Holt & Kaiser, 2009). SOC was developed approximately a decade before MI, and acted as a

"theoretical model of the observed addiction cycle" (Horay, 2006). The use of MI and the SOC

model (sometimes called Motivational Enhancement Therapy) for treating substance abuse is

supported by research (Brown & Miller, 1993; Project MATCH Research Group, cited in Polcin,

2002, as cited in Holt & Kaiser, 2009). SOC proposes that individuals' behavior changes as a

"series of gradual stages" (DiClemente & Velasquez, 2002; Prochaska, Norcross, & DiClemente,

1994; Velasquez, Maurer, Crouch, & DiClemente, 2001; as cited in Holt & Kaiser, 2009). The

five-stage continuum starts from *precontemplation*, before change is considered, to

contemplation, preparation, action, and lastly, *maintenance,* where the client preserves

long-term changes (Holt & Kaiser, 2009; Horay, 2006). Prochaska (2000) suggested that most

individuals in treatment facilities are either in precontemplation or contemplation (Prochaska,

2000 as cited in Horay, 2006). During these two stages, Prochaska recommended raising

consciousness, increasing emotional arousal, accurate assessment of an individual's life pre and

post change, and evaluating one's environment (Prochaska, 2000 as cited in Horay, 2006).

Developing Healthy Coping Skills. An individual's coping skills have been highlighted as an important personal resource by numerous models of change in looking at addictive behaviors (Moggi et al., 1999). Individuals with substance abuse may have difficulty expressing emotions and possess limited social and coping skills (Larimar & Marlatt, 1994; Levine & Zigler, 1973, as cited in Matto, 2002). Coping skills can be enhanced through formal specialized treatment and informal substance abuse programs (Moggi et al., 1999). Cognitive behavioral therapy (CBT) (Annis, Larimer & Marlatt, 1994; Oei & Jackson, 1982, as cited in Matto, 2002) and 12-step programs and have been found to improve specific substance abuse and general coping skills (Finney, Noyes, Coutts, & Moos, 1998 as cited in Moggi et al., 1999). CBT can help people to identify problematic thoughts; self-monitor thoughts, emotions, and behavior, to change emotional intensity and behavior; and learn to identify coping strategies for risky situations (Marlatt & Gordon, 1985, as cited in Matto, 2002). Integrating these skills with art therapy, which increases expression and regulation of emotions, helps to reinforce interpersonal and healthy development of coping skills (Matto, 2002). Thoits states that an essential aspect of healthy coping for physical and mental health is a social support network (as cited in Birtel, Wood, & Kempa, 2017).

Focal coping strategies for individuals with substance abuse include *substance-specific coping* regarding temptations of drugs and alcohol and *general coping* with life stressors (Marlatt, 1996 as cited in Moggi et al., 1999). General approach coping versus substance-specific coping is associated with clinically significant results including, stable remission from psychological disorders (Billings & Moos, 1985; Swindle, Cronkite, & Moos, 1989; as cited in Moggi et al., 1999) and substance abuse (Perri, 1985; Moos, Finney, & Cronkite, 1990; Wills &

Hirky 1996; as cited in Moggi et al., 1996). Individuals who examine stressors and do what is

possible to change or alter them, or their reaction to them, are utilizing a problem-focused coping

style. This type of coping leads the individual to deal with the source of the stress. (Nevid, et al.,

2013)

III. Self Esteem

Self-esteem is defined as the quality of self-worth (Franklin, 1992; Rathus, 2013) and self-confidence (Rathus, 2013). Self-esteem can be understood as self-worth since self-esteem refers to a process of self-evaluation (Franklin, 1992). According to the humanistic psychologist Carl Rogers the center of experience is defined as the self (Rathus, 2013). Our perception of ourselves, and our evaluation of our competence, are what determine our self-worth (Rathus, 2013).

About Self-Esteem

All areas of life are affected by self-esteem (Bachalter, 2011). Self-esteem is an important factor in the development of numerous psychological (Mann, Hosman, Schaalma, & de Vries, 2004; Bachalter, 2011) and physical disorders (Bachalter, 2011). Part of the foundation of positive mental health is good self-esteem, which acts as a buffer against life's negative impacts, and thereby promotes increased physical health and positive social behavior (Mann, *et al.,* 2004). Positive self-esteem promotes healthy functioning, which is seen in achievements, well-being, success, and the ability of individuals to better cope with stressors (Mann, *et al.,* 2004).

Erikson's theory states that until the process of identity is solidified individuals remain occupied with self-concept and self-esteem. For individuals who have not successfully negotiated the stage of identity they continue with confusion not knowing who they really are. This can lead to problems with identity that include, diffused identity, unclear identity, and foreclosure (a stage in identity status in which individuals make future commitments before they have made the decision of what truly fits them), these states combined with low self-esteem are

the cause and foundation for numerous social and psychological problems. (Marcia, Waterman, Matteson, Archer, & Orlofsky, as cited in Mann, *et al.,* 2004)

   Low Self-Esteem. According to Erikson's theories of identity development and the development of psychological and social problems if an individual has not solidified their identity they may have an ingrained lack of self-reassurance that results in low self-esteem, unstable self-esteem, and insecurity (Herbert, 1987, as cited in Mann, *et al.,* 2004). Low self-esteem or insecurity can lead to maladjustment, passive avoidance, and escapism (Herbert, 1987, as cited in Mann, *et al.,* 2004; Mann, *et al.,* 2004). Associations with passive avoidance include internalizing factors such as, despair, depression, and suicidal behavior (Mann, *et al.,* 2004). Escapism is connected to externalizing behaviors, these include aggression and violence, dropping out of school, seeking reassurance from others through high risk behaviors, premature relationships, gangs or cults (Mann, *et al.,* 2004). Security and reassurance may be sought after through food, alcohol, and drugs (Mann, *et al.,* 2004). A protective factor against substance abuse is high self-esteem (Mann, *et al.,* 2004). Individuals who have positive self-concepts are less likely to use drugs or alcohol than those with poor self-concepts and low self-esteem (Mann, *et al.,* 2004).

    Individuals with poor self-esteem are more likely to give negative events increased personal importance and rate daily events less positively than individuals with healthy self-esteem. Additionally individuals with low self-esteem are more likely to link negative events to global and stable internal attributes, connecting positive events to external factors and luck. Connecting negative events to internal attributes leads to the reinforcement of negative self-image. (Campbell, Chew, & Scrathley, 1991, as cited in Mann, *et al.,* 2004)

Low self-esteem adversely affects psychological (Mann, *et al.,* 2004; Bachalter, 2011) and physiological disorders (Bachalter, 2011). Unstable self-concept and poor self-esteem influence social problems, depression, anxiety, substance abuse, eating disorders, violence, and high-risk behaviors (Mann, *et al.,* 2004). Apathy, negative attitude, and narrow-mindedness can result from low self-esteem (Bachalter, 2011). An individual with low self-esteem may be kept powerless and in a victimized role (Bachalter, 2011). Patterson & Capaldi state that it has been suggested in clinical literature that negative self-esteem is linked to depressive disorders, hopelessness, suicidal ideations, and attempts (as cited in Mann, *et al.,* 2004). This is supported by correlational studies that show a serious negative relationship between depression and self-esteem (Beck, Steer, Epstein, & Brown, 1990; Patton, 1990, as cited in Mann, *et al.,* 2004).

Self-Esteem and Psychological Disorders

Studies show that there is a correlation between depression and low self-esteem (Mann, *et al.,* 2004). Longitudinal and cross-sectional studies have demonstrated that one predictive factor of depression is self-esteem (Mann, *et al.,* 2004). According to a study of 141 psychiatric outpatients done at Maudsley Hospital in South London, patients who had depression and, or personality disorders tested the highest for low self-esteem (Silverstone, 1991).

Another study looked at a sample of 1,190 individuals, consisting of 957 with psychiatric conditions, 182 individuals without a psychological diagnosis but with psychological stressor, and 51 psychologically healthy individuals who had accompanied others to the clinic and participated as a control group. This study was conducted at an open access outpatient psychiatric clinic over a one-year period. Results from this study determined that the self-esteem of adults with psychiatric diagnoses, are influenced by numerous psychological and demographic

factors which include educational status, income, employment status, age, sex, and persisting

psychological stressors. (Salsali & Silverstone, 2003)

      Reactivation of Positive Emotion. An essential principle of art therapy is that it

activates emotions. Because of this, art therapy can deal with emotional numbing of positive and

negative emotions. Usually, people enjoy and feel satisfied as a result of creative expression.

Positive emotions are reactivated through the joy of creating images. That other people find their

images intriguing is reward-driven motivation. (Collie, Backos, Malchiodi, & Spiegel, 2006)

      Expressing emotionally painful or distressing material within the controllable confines of

artwork promotes a sense of control (Collie et al., 2006). This allows individuals to express their

emotions in a safe way and enhance their confidence in appropriately expressing their emotions,

thereby building their emotional self-efficacy (Collie et al., 2006). By confronting emotionally

loaded material, individuals are able to reconstruct the material (Franklin, 1992). This allows

them to view solutions and demonstrates that they can redefine internal chaos, creating a sense of

empowerment and mastery over internal forces (Franklin, 1992).

      Developing a sense of self-worth and trust in one's abilities are integral to developing

positive self-esteem (Franklin, 1992). Often, individuals with low self-esteem also present with

low self-empowerment (Franklin, 1992). Because of this, one focus of treatment for increasing

self-esteem is to help individuals develop appropriate assertiveness and acquire a sense of power

and control over their lives (Franklin, 1992). Creating art encourages decision-making and

control over the art materials. The art making process enhances empowerment by allowing

people to create their own unique images (Franklin, 1992). By creating unique artwork out of

ideas, individuals may become validated (Franklin, 1992). In artwork, the individual's old self

can be confronted in a safe venue and a new self can be rehearsed (Franklin, 1992). This process

can be affirmed, resulting in a sense of accomplishment (Franklin, 1992). Artwork allows the

client and therapist the opportunity to see how they value and respond to themselves (Franklin,

1992). Confronting held attitudes allows for adjustments to be made (Franklin, 1992). Within

the art therapy context individuals can experiment, make mistakes, and transcend previously held

viewpoints (Franklin, 1992). Failure can learn to be felt and tolerated (Franklin, 1992). Because

of the safe opportunity for art to visually illustrate and contain conflicts, readjustment of internal

harsh criticism and perceptions are possible (Franklin, 1992). Replacing negative internal

evaluations, which may be due to perceived failures, and replacing them with new perceptions is

crucial to enhancing self-esteem (Franklin, 1992).

Another key aspect of self-esteem is shame (Franklin, 1992). Negative self-evaluations

can lead to feelings of shame (Franklin, 1992). Shame unacknowledged can grow into anger,

rage, and violence (Franklin, 1992). In artwork, shame can be safely illustrated (Franklin, 1992).

By putting it into their artwork, individuals are able to physically and psychically distance

themselves from this shame (Franklin, 1992). New thought patterns can be developed, leading to

an enhanced sense of self-worth (Franklin, 1992). One source of positive self-esteem comes from

an individual's understanding of how others perceive them and value their contributions

(Franklin, 1992). By openly expressing shame in group, art therapy members are able to witness,

recognize, and possibly appreciate one another's experiences free from judgment (Collie et al.,

2006). Supportive witness from group members can enhance self-esteem (Collie et al., 2006).

Positive Therapeutic Alliance. A therapeutic alliance is defined as the relationship of

mutual trust between the client and therapist founded on collaboration wherein both parties

collectively decide on an and work towards the client's treatment goals (Bordin, 1979 as cited in

Henyen, Roest, Willemars & Van Hooren 2017; De Bolle, Johnson, & De Fruyt, 2010). A

positive trusting therapeutic alliance is integral to efficient treatment (Butcher et al., 2014; Oster

& Gould, 2004; Rubin, 2010) regardless of the type of treatment. Studies have shown that a

perception of a strong positive therapeutic alliance can affect treatment outcomes leading to a

reduction of depressive symptoms (De Bolle et al. 2010; Henyen et al., 2017). A positive

therapeutic alliance may be particularly crucial for individuals with substance abuse who lack

self-efficacy regarding their ability to remain sober (Ilgen, Tiet, Finney, & Moos, 2006).

Individuals with low self-efficacy may have increased susceptibility to external influences

(Bandura, 1997; DiClemente et al., 1995; Marlatt & Gordon, 1985, as cited in Ilgen etal., 2006).

According to a 2006 study of adults with alcohol dependence there was a significant correlation

with ratings of their therapeutic alliance and the percentage of days that they had remained

abstinent (Ilgen et al., 2006). Furthermore, the therapist's ratings of therapeutic alliance was

significantly correlated with the patient's percentage of abstinent days in addition to the patient's

number of drinks consumed on drinking days (Ilgen et al., 2006).

IV. Art Therapy

Art therapy is an integrated mental, medical, and human services profession that utilizes the therapeutic process of creating art combined with psychological theory within a psychotherapeutic relationship with a licensed art therapist (American Art Therapy Association, 2017). Benefits of art therapy include, improved self-esteem, confidence, social skills, emotional and behavioral awareness, sensory-motor and cognitive functioning (AATA, 2017). Art therapy can help decrease and resolve conflicts, and foster societal and ecological change (AATA, 2017). Additionally art therapy can enhance coping skills, stress management, self-expression, and help an individual strengthen their sense of self (Adedoyin et al., 2014).

 Conscious and unconscious processes may be employed during the creation of art (Holt & Kaiser, 2009). The artwork created serves as a tangible expression of the individual's cognitions, emotions, beliefs, and experiences; serving as a safe container to explore these themes (Holt & Kaiser, 2009). Individuals have the opportunity to lessen their internal emotional pain, confusion, tension, and their sense of isolation while communicating and illustrating ideas for coping (Oster & Gould, 2004). Art therapy can foster internal motivation to change (Holt & Kaiser, 2009).

Art therapy removes expectations for performance and being correct (Breslin et al., 2003). According to Johnson art, and creative therapies, can enhance self-esteem and encourage feelings of hope and courage in individuals with substance abuse disorders (as cited in Breslin et al., 2003). Individuals can experience pride in their ability to create (Breslin et al., 2003). Rubin said of her work with women in a drug rehabilitation program that after their initial wariness, distrust, and skepticism towards group art therapy that their own creativity and heightened

self-esteem surprised them (Rubin, 2010). Art promotes an honest expression of destruction, pain, turmoil, and loss connected to substance abuse (Breslin et al., 2003). It provides an avenue for self-discovery, empathy for others, free expression, and helps work through resistance and denial (Breslin et al., 2003).

Art therapy provides a safe non-threatening approach and sense of comfort that may be absent from traditional evaluations and therapy (Breslin et al., 2003; Crone & Oster, 2004). Direct investigation may result in individuals becoming guarded and defensive however, artwork allows individuals to see themselves from a more objective viewpoint (Oster & Gould, 2004). Verbal defenses are not as readily available in an art therapy setting (Breslin et al., 2003).

As Killick states art therapy, both the process and the finished art, allow for what can be an easier form of clear and active communication regarding an individual's functioning, underlying conflicts, and concerns (as cited in Oster & Crone, 2004). Relevant issues are brought up in art that are necessary for diagnosis and treatment, as well as opportunities for creative therapeutic interventions (Oster & Gould, 2004). Graphically creating emotions, conflicts, issues, and worlds allows individuals to widen their framework for communication and produce symbolic representational meanings for their experiences (Oster & Gould, 2004). It is possible for presenting problems to arise in artwork that may not in come up in traditional assessments (Oster & Gould, 2004).

Expressive therapies are steadily rising as an effective approach (Adedoyin et al., 2014). Immediate feedback, assessment, and catharsis is possible (Holt & Kaiser, 2009). Artwork is beneficial because it can expedite assessment and treatment, this is especially useful since it is not uncommon for mental health facilities to require a high turnaround and have limited sessions

(Oster & Crone, 2004). Inpatient populations are in crisis, diverse, and at a high risk for relapse expressive making art therapy especially useful (Adedoyin et al., 2014).

To become a licensed art therapist students must complete a master's program with a minimum of 60 credits that include studio courses in numerous art modalities, art therapy assessment, psychological development, group therapy, research methods, psychodiagnostics, and multicultural diversity. The program must include a minimum of 700 hundred hours of supervised training. Following graduation in order to become a registered art therapist (ATR) there is a minimum requirement of 1500 hours training, and to become a board certified art therapist (ATR-BC) you must pass a thorough written examination. (AATA, 2017; Rubin, 2010)

Integrative Approach

A holistic approach is one that focuses on the whole and the interconnected aspects of each piece (Adedoyin, Burns, Jackson, & Franklin, 2014). This perspective proposes that behavior, including addictive behavior, cannot be reduced to one explanative element but rather that there are different elements that compose behaviors (Adedoyin et al., 2014). An integrated holistic approach aims for physical, psychological, and social well-being, looking at all facets of an individual, rather than only the absence of substance abuse (Breslin et al., 2003; Adedoyin et al., 2014). This is achieved by helping individuals shift from reaction and chaos to proactive and productive lifestyles (Breslin et al., 2003). Self-exploration, appropriate expression of emotions, and development of healthy self-soothing of the body, mind, and spirit are all encouraged (Breslin et al., 2003). Contrary to what some may believe, many non-conventional modalities can be offered by programs without large disbursement of money, time, or staff (Breslin et al., 2003). There are numerous types of unconventional holistic modalities some of which include,

dance/movement therapy, music therapy, art therapy, play therapy, drama therapy, tai chi,

meditation, and leisure and recreation skills. Amodia, Camo, & Eliason; Atkinson; Breslin et al;

thornton, Gottheil, Weinstein & Kerachsky all explain that because addiction is extremely

complex, as are the needs of each individual, a holistic approach is critical (as cited in Adedoyin

et al., 2014; Breslin et al., 2003). Breslin et al found that a holistic approach to treatment

focusing on self-expression helped facilitate higher patient involvement and levels of treatment

satisfaction (Breslin et al., 2003). Atkinson; Amodia; Breslin; & Thornton state that traditional

methods psychotherapy, self-help groups, and alternative treatment approaches are all utilized in

a holistic approach in order to maximize the treatment effectiveness for each individual (as cited

in Adedoyin et al., 2014; Breslin et al., 2003). Often short-term inpatient hospital programs are

holistic in order to effectively address the multidimensional needs of the patients (Matto, 2002).

A holistic approach may typically include, assessment, individual, group, and family therapy,

psychiatric consultation, disease education, pharmacology, nursing and medication management,

pain management, 12-step program exposure, and nutrition education (Matto, 2002).

Additionally certain facilities provide adjunctive therapies such as the creative arts (Matto,

2002).

Directives to target Self Esteem

Art therapy can enhance problem-solving skills, facilitate self-awareness, and raise

self-esteem (Moore, 1983; Virshup, 1985, as cited in Matto, 2002). During a short-term inpatient

hospital stay directives need to be simple and structured (Matto, 2002). Individuals within this

setting present extremely diverse profiles and multiple therapeutic needs that include

psychological, physical, social, and spiritual (Matto, 2002). Spiritual needs include a loss of

connection to self, others, and community, and a loss of self-esteem (Matto, 2002). Goals of art

therapy directives should focus on the present, have simple and short directions, and connect to

the individual's underlying goals of establishing stability and restoring a basic level of

functioning that encompasses their biopsychosocial and spiritual needs (Matto, 2002). Instead of

being overly ambitious directives for short inpatient stays should provide an avenue for safe

exploration and human connection (Matto, 2002). Protection of psychological defenses,

provisions of containment, and enhancement of self-esteem by identifying an individual's

strengths are core elements of art therapy directives to address substance abuse (Waller &

Mahony, 1999, as cited in Horay, 2006).

   Self-Exploration. A critical part of recovery-based treatment programs is

self-exploration. Art therapy directives that address self-exploration include asking someone to

create a dual image that represents how they view themselves, and how they think other people

view them. This can be done in a variety of ways including using the front and back of the paper.

Recognizing and be willing to share different self-perceptions can be a transformative and

rewarding process. Healthy and unhealthy beliefs are illustrated within images and individuals

may be directed to challenge their unhealthy beliefs. (Matto, 2002)

   Strengths. An important aspect of self-esteem is focusing on an individual's strengths.

Through the process of increasing self-worth, individuals learn the importance of unconditional

self-acceptance, and how to appreciate their strengths and achievements. They come to

understand the significance of how they perceive themselves and their own positive qualities.

This can be done by asking an individual to create an image based upon one or more of their

positive characteristics. Goals include: helping individuals identify their strengths, discussing

them, and increasing self-esteem. (Bachalter, 2011)

Directives to improve Healthy Coping Skills. Images, and other stimuli that may be

present during therapy, have the ability to induce substance abuse memories and lead to cravings,

this provides an opportunity for direct intervention to discover new ways of coping with these

thoughts and cravings, and to gain a sense of self-efficacy in dealing with these triggers.

Treatment goals should highlight learning new patterns of behavior, promote and increase

healthy risk taking, exploration and expression of emotions, and enhance the quality and

frequency of interpersonal relations. Within every art therapy group is an opportunity for people

to seek, accept, and give group support, and participate in numerous dynamic relationships.

(Matto, 2002)

Safe Place. The safe place directive involves asking an individual to create an image of a

place where they feel safe. By creating an image of their safe place this can help to identify

growth-affirming space for psychological well-being and spiritual renewal during the difficulties

of recovery. (Matto, 2002)

Example of Safe Place Directive in Art Therapy Practice - *"Watercolors, Pastels,

and Paintbrushes are Therapeutic Tools". The safe place directive utilized within this case

study involves asking an individual to create an image of a place where they feel safe. By

creating an image of their safe place this can help to identify growth-affirming space for

psychological well-being and spiritual renewal during the difficulties of recovery (Matto, 2002).

The artwork created serves as a tangible expression of the individual's cognitions, emotions,

beliefs, and experiences; serving as a safe container to explore these themes (Holt & Kaiser,

2009). Artwork that an individual creates is a direct reflection of what they are feeling and experiencing whether consciously or not. By creating a tangible piece of art, clients, including other group members, are able to discuss what is expressed and seen within the artwork in a less confrontational or threatening way then having the focus be directly on the individual. The artwork serves as a distancing tool for the individual and their experiences. Direct investigation may result in individuals becoming guarded and defensive; however, artwork allows individuals to see themselves from a more objective viewpoint (Oster & Gould, 2004). Creating a palpable work of art grants the creator an opportunity to step back and look at their expression, allowing opportunity for new perspective and insight.

Art therapy, both the process and the finished art product, allow for what can be an easier form of clear and active communication regarding an individual's functioning, underlying conflicts, and concerns (Killick as cited in Oster & Crone, 2004). This example illustrates how a client's artwork can initiate discussion amongst a group that can lead to new insights and awareness, which can benefit all group members. Graphically creating emotions, conflicts, issues, and worlds allows individuals to widen their framework for communication and produce symbolic representational meanings for their experiences (Oster & Gould, 2004). Through the art therapy process, individuals have the opportunity to lessen their internal emotional pain, confusion, tension, and their sense of isolation while communicating and illustrating ideas for coping (Oster & Gould, 2004). Creating and discussing what a safe space means and looks like, which is different for everyone, allows individuals to identify what they need in order to feel safe. In order for someone to effectively cope with life stressors, they need to be able to take care of their intrinsic needs, which include having a sense of safety and security. To create a space

where someone feels safe is the first step in identifying what makes them feel safe and secure

and what doesn't. Identifying what does not lead to feelings of safety provides an opportunity for

clients to examine what their potential triggers may be and how they can avoid and cope with

them when they arise. This study illustrates how a client's artwork can initiate discussion

amongst a group that can lead to new insights and awareness, which can benefit all group

members.

Scott attended the Center for Therapy Through the Arts. One day, Scott came in "feeling

distraught" as a result of having seen his estranged father earlier on the train (Burick &

McKelvey, 2004, p. 51). It was noted that he was having trouble focusing and that "all he knew

was that he needed to be in the art studio at that time because it helped him cope," (Burick &

McKelvey, 2004, p.51) He was able to speak with an art therapist who recommended that Scott

paint a Safe Place. For two hours, "he painted quickly with vigor and focus"; when he was

finished, several other group members commented that his painting looked like a "castle on a

hill" (Burick & McKelvey, 2004, p. 51). Someone suggested that to reach the castle, one would

first have to go through the forest. This resulted in a discussion about the accessibility of Scott's

safe place. The experience of creating this image provided an "outlet for his anxiety, a chance to

vent his frustrations about his father, and an opportunity to find a place of peace and acceptance

through the support of his fears within a safe art therapy group," (Burick & McKelvey, 2004,

p.51). (Burick & McKelvey, 2004)

Within artwork, color choice is circumstantial, culturally influenced, and extremely

subjective (Oster & Crone, 2004). However, Rorschach noted that color was centrally connected

to an individual's emotions (Rorschach, as cited in Oster & Crone, 2004). Furth came out with

data that reflected qualitative meanings on the interpretation of colors (Furth, as cited in Oster &

Crone, 2004). Furth suggested that white may imply repressed feelings and that red may imply

rising emotions or danger (Furth, as cited in Oster & Crone, 2004). Interpreted in the context of

Scott's painting the white castle or structure may suggest that his feelings of safety are

inaccessible, especially in combination with the fact that the structure is painted somewhat far

away on the side of a hill, surrounded by extensive vegetation. The red that is painted on the

right side of the structure may further suggest that Scott feels his sense of safety is in danger.
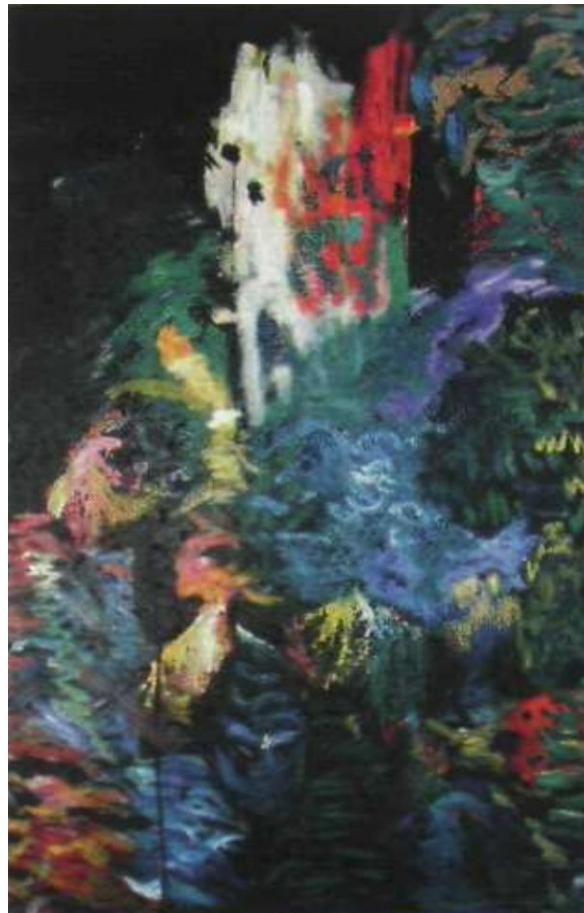
Figure 1. Scott's image.

These feelings may potentially have been triggered by Scott seeing his estranged father earlier

that day on the train. Greater attention to shading may suggest anxiety and the sketchy line

quality may suggest feelings of uncertainty or insecurity (Oster & Crone, 2004) (*it should be noted that this work is done in paint, which may have contributed to the sketchy or painterly end result*). These possible feelings of uncertainty and insecurity may suggest that Scott feels uncertain about his safe space. Small proportions in artwork may suggest feelings of insecurity, depression, inadequacy, and withdrawal (Oster & Crone, 2004). These themes of anxiety seen in Scott's artwork are consistent with that fact that he came in feeling "distraught". The structure that Scott painted is quite small and far away, which suggests the possible symbology of insecurity, depression, and inadequacy that complement the previously suggested implications.

It is important for clients to identify not only their triggers, but also what they need in order to feel safe. Creating an image of a safe space encourages individuals to really focus on what makes them feel safe, what that space looks and feels like. Art therapy removes expectations for being correct (Breslin et al., 2003). Art therapy provides a safe, non-threatening approach and sense of comfort that may be absent from traditional evaluations and therapy (Breslin et al., 2003; Crone & Oster, 2004). Direct investigation may result in individuals becoming guarded and defensive; however, artwork allows individuals to see themselves from a more objective viewpoint (Oster & Gould, 2004). Verbal defenses are not as readily available in an art therapy setting (Breslin et al., 2003).

Symptoms. To discuss coping mechanisms and severity of symptoms, the therapist may ask the individual to fold a piece of paper in half; on one side, they are asked to create images that represent their symptoms, and on the other side to create images that represent their coping skills. This will lead to enhanced self-awareness, better understanding of the number and severity of symptoms, and exploration of coping skills. (Bachalter, 2011)

Directives that specifically address Substance Abuse. One major obstacle in overcoming substance abuse is denial, a necessary step that allows individuals to acknowledge the need to change their behavior in order to support recovery (Holt & Kaiser, 2009). Conyers states that it is denial in regards to addiction that allows people to give up the things they consider valuable and that denial is the "foundation of addiction" (Conyers as cited in Holt & Kaiser, 2009).

Based upon their clinical experience, and adapted from their previous work, literature in art therapy, and the Stages of Change & Motivational Interviewing framework Holt and Kaiser developed five art therapy directives to address substance abuse (Holt & Kaiser, 2009).

Crisis Directive. "Depict the crisis or incident that brought you to treatment/here."

Figure 2. Crisis Directive.

This directive has a written component, wherein clients describe the event or combination of events that led to their admission in treatment, in addition to creating a piece of artwork. This

directive was constructed to evaluate individuals' perspectives of their circumstances and their

readiness to participate in treatment. Frequently, images created in response to this directive

depict individual's ambivalence concerning letting go of substances. Personal dilemmas or

traumas leading to clients entering treatment are illustrated, experiences which may have gone

previously unacknowledged. These experiences may not be as readily disclosed during verbal

intake interviews, and are more likely to be expressed through art tasks such as this one. The

information expressed in the process of this directive can be incorporated into the individual's

treatment plan. Group processing discussion often echo change processes outlined in literature

on MI. Additionally dramatic relief, raised consciousness, reevaluation of self and environment,

often surface as a result of this directive. (Holt & Kaiser, 2009)

Recovery Bridge Drawing. The instructions are "to complete a bridge depicting where

you have been, where you are now, and where you want to be in relation to your recovery."

Figure 3. Recovery Bridge Drawing.

This directive is similar, but more specific, to the directive created by Hays and Lyons (1981),

wherein the instruction is to create an image of a bridge going from one place to another. Often

depicted in the artwork from this directive are the individual's feelings of anxiety and

ambivalence regarding change. This is beneficial because it can be a useful tool for

communicating a clients' potential uncertainty concerning current changes that may be

deliberated during treatment. Dangerous imagery is often seen in the artwork created from this

directive. These scenes of danger may symbolize anxiety and ambivalence. It is helpful for

therapists to concentrate on the fundamental principles of MI. (Holt & Kaiser, 2009)

     Costs-Benefits Collage. "Make a collage exploring the costs and benefits of staying the

same, and the costs and benefits of changing."

Figure 4. Costs-Benefit Collage.

This directive is founded upon strategies from SOC manuals and literature. It is designed to help

the therapist and client acknowledge and evaluate the current level of readiness for change. This

directive is similar to one designed by Horay (2006) that he named a Pro/Con Collage that was also based upon MI principles. Clients are able to explore the possibility of not changing and what that could entail. It is rare that clients are given the chance to identify and discuss their attraction to substances, and their ambivalence or fears about letting these substances go. This directive provides opportunity to discuss ambivalence. Additionally this directive supports relapse prevention because openly discussing problems and fears provides space for craving reduction while enabling the therapist and client to work together to identify coping and problem-solving options for craving reduction and relapse prevention. Since this directive may bring up cravings to use it is vital for therapists to check on this with all individuals involved. Clients are able to perceive the costs and benefits of substance use, allowing an experiential expression of self change, environmental reevaluation, and enhanced consciousness.

 Depict Yourself a Year From Now. " Depict yourself as you will be in a year if you make the changes that support recovery." The second part, "Depict yourself as you imagine you will be in a year if you do not make the changes."
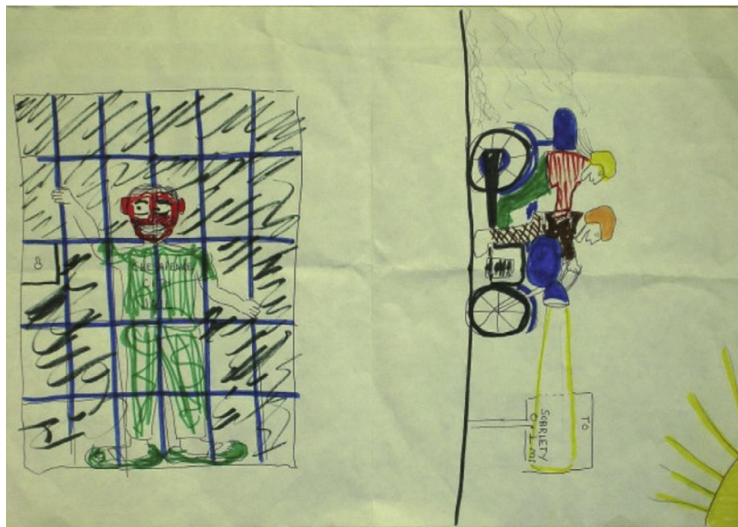
Figure 5. Depict Yourself a Year From Now.

This directive, while similar to other art therapy directives to depict future scenarios, was

specifically designed to encourage the process of self-reevaluation, provide dramatic relief, and

raise consciousness. Clients consider the possibility of their future with, and without, making

changes and the inherent consequences. Artwork provides a visual reminder that supports

elevated motivation to change. It provides tangible evidence of how substances can interfere with

their goals and life. This assists to facilitate advanced emotional awareness of choices and the

necessity for change in preventing negative consequences. The development of internal change

motivation is supported by this directive sinces it promotes increased awareness of consequences

of continued substance use. (Holt & Kaiser, 2009)

   Barriers to Recovery. "Make a picture that illustrates the barriers you see to making the

changes necessary for recovery."

Figure 6. Barriers to Recovery.

This directive was also designed based upon the principles of MI. It is similar to the

Costs-Benefit Collage, but is specifically suited for individuals who are moving from the

contemplation to preparation stage. Potential problems and additional issues may be expressed

which are beneficial in treatment planning. Clients and therapists can address these issues

utilizing problem solving, and making any necessary changes to relapse prevention plans, or

other treatment modifications. (Holt & Kaiser, 2009)

V. Research Methodology

Historical Research

The purpose of historical research is to analyze and interpret the meanings of situations and events, and to use factual findings to support this analysis. Historical research includes predominantly qualitative research but also includes quantitative research findings. (Leedy, 2016)

Single Case Study

A case study is a type of qualitative research that involves in-depth study and data collection, over a specified period of time, on a single individual or event. This is undertaken in order to gain detailed understanding and knowledge. (Leedy, 2016)

This paper includes several historical case studies to illustrate the effectiveness of art therapy in addressing self-esteem and coping skills in individuals with substance abuse and/or depression.

Data Collection

All data collected was obtained from high quality sources including: scholarly texts, journal articles, and a select few websites. Articles were obtained by thoroughly researching numerous databases to find the most relevant information and case studies. The first steps included researching depression and substance abuse, and the lack of self-esteem or healthy coping mechanisms that are typically seen within both of these conditions. Subsequently, art therapy, and specifically how it can be utilized to address these conditions, was researched. Relevant case studies were carefully chosen to illustrate these points.

Three different case studies were selected and analyzed to use within this paper to demonstrate the effectiveness of art therapy for clients with depression, and or substance abuse.

The first case study discussed was John, from the article, *The Key to Being in the Right Mind,* written by Canty, Josephine, published in 2009. Josephine Canty, an art therapist, worked with John through the intensive Cranstoun project. The Cranstoun project is comprised of two seperate year-long programs, the first of which includes living in a sober residential group home. This case study was selected because it illustrates the power of the group dynamic in art therapy and how art therapy can facilitate greater emotional and self-understanding which is vital to positive self-esteem. The key image from this case study seemed to unlock many shared unconscious feelings for the group, allowing emotional learning to take place (Canty, 2009). Baumeister and Leary argue that humans have an integral desire to be accepted by one another and to feel a sense of belonging within a social group (as cited in Birtel et al., 2017). Supportive witness from group members can enhance self-esteem (Collie et al., 2006).

The second case study selected was Robert from the article, *Using Art in Counselling Adults: A Pilot Study,* written by Lee, Khai Ling and Mustaffa, M. S., published in 2010. Robert attended six counseling sessions at a local mental health hospital in Malaysia. This case study was selected, in part, because it demonstrates an individual's progress over six sessions. And for the directives utilized within this case study illustrate how art therapy can improve self-esteem. For one session, Robert was encouraged to create an image that represented his present self and to write down his strengths and weaknesses. An important aspect of self-esteem includes focusing on an individual's strengths (Bachalter, 2011). Through the process of increasing

self-worth, individuals learn the importance of unconditional self-acceptance, and how to appreciate their strengths and achievements (Bachalter, 2011).

The third and final case study analyzed was David from the article, *Moving Towards Gray: Art Therapy and Ambivalence in Substance Abuse Treatment,* written by Horay, Brian J. published in 2006. David attended outpatient services where he participated in individual art therapy sessions. This case study demonstrates the effectiveness of utilizing art therapy within the SOC and MI framework to treat substance abuse. Fundamental to both MI and SOC theory is the encouragement of an individual's self-efficacy, and collaboratively examining ambivalent feelings and thoughts regarding recovery (Horay, 2006). Self-esteem can be related to self-efficacy since an individual who does not believe in their ability to succeed or cope may be more susceptible to possessing a lowered sense of self-esteem. Self-esteem can be understood as self-worth since self-esteem refers to a process of self-evaluation (Franklin, 1992), and self-evaluation is an important aspect of self-efficacy. This emphasis on self-efficacy and collaboratively examining ambivalence also represents the major difference from the traditional 12-Step approach as well as other strategies (Horay, 2006). Instead of using aggressive confrontation, coercion within the treatment setting, or ripping down of defenses, a collaborative approach was encouraged as is consistent with the theories of MI and SOC (Horay, 2006).

VI.   Case Study: John

The key to being in the right mind

General Information

Josephine Canty, an art therapist, worked with John through the intensive Cranstoun project. This intensive project was a therapeutic residential co-ed community of fourteen men and women, who were primarily in their 20s and 30s. The program was comprised of two separate year-long parts. During the first year, residents were chaperoned by senior members and consisted of small groups, larger groups, and individual key worker sessions; the groups were both organizational and therapeutic. Before new residents could join, they were required to have been drug free for 24 hours, and the community was completely drug free. Upon admittance, they were searched for drugs and were then chaperoned for their first three months by senior members. (Canty, 2009)

Session 1. All residents attended the groups. At the start of the group, all the members would gather and imposed a structure wherein each person would speak with zero interruptions or responses from anyone else. Canty noted that the need of the members to control the structure of the group was more pronounced with this population than any other that she had previously worked with. (Canty, 2009)

On the morning of this particular session, Canty (2009) noted that John had been exhibiting "aggressive, threatening physical behavior" and that there was a possibility of his being asked to leave the program since physical violence could result in a discharge (p. 13). At the start of the session, there were numerous accusations directed at John's behavior. Both John and the other members were holding onto their anger. Canty (2009) wondered where the anger

was originating from and commented that it felt "very raw, like very early feelings" (p. 13).

These comments stopped the arguing and everyone dispersed to draw. Afterwards, when the

members regrouped, it was noted that numerous resulting art images displayed themes of

emptiness, lonely empty spaces, and empty bottles. Canty stated that John's image (*Figure 7.)*

seemed to encapsulate the group's essence and theme of the morning; she called it the key

image. (Canty, 2009)

> *Analysis of Figure 7.* John's image depicts a baby on the left hand side, separated from

his parents by a dotted line. His parents, on the right hand side, are separated from each other

with a dotted line. The baby is reaching out towards his parents who have their backs turned.

Both parents are drinking out of bottles and the mother has four cigarettes in her hand. Each of

the three segments of the image has bottles lying on the ground.

Figure 7. John's image.

The dotted line that separates John from his parents may suggest that he felt disconnected from them. Furthermore, this line may show that John felt they were also disconnected from each other. The fact that we cannot see either parent's face may suggest that John felt he did not know who his parents were, other then addicts, since we do not see their identity depicted as anything other than substance users. This could further elevate the potential feelings of disconnect. It seems to be apparent, based on his reaching out towards them and their lack of acknowledgement, that John may have felt like he was alone with unmet parental needs, such as physical and emotional nurturing and healthy attachment. (Canty, 2009)

Canty notes that it is possible the parents are attempting to lessen their own pain. Furthermore, Canty (2009) wonders whether the lines separating the parents and child represent the child's "shattered attachment" (p. 13). Instead of baby bottles, the image is littered with beer bottles. There is nothing in the image that would represent the child or nurturance for a child. The group members had created images that were connected to this theme and this encouraged them to look at their personal lack of attachment and feelings of abandonment. As members shared their own narratives, Canty noted that it was evident John shared in this pain that many of them were experiencing. John's image was a catalyst for the group to explore and share their experiences with addicted parents, who were unable or unwilling to take care of them. Canty noted that she thought the rage that was projected earlier at John represented the pain that so many of them were feeling, creating a container for this shared emotion. She asked the group if they thought that perhaps John was expressing the rage for the pain that they many of them were feeling; they agreed that this statement was true. (Canty, 2009)

The incident during the morning had triggered John's old feelings of rejection and he expressed these feelings by exhibiting anger, which was covering childhood pain. This was represented in the artwork that John created where we see that his childhood needs were not met. This key image seemed to unlock many shared unconscious feelings for the group. Canty deflected the anger to the pain, which was claimed by the group, allowing containment of the situation and for emotional learning to take place. John was able to successfully continue with the program. (Canty, 2009)

Conclusions of Case Study. This vignette illustrates the power of the group dynamic in art therapy and how art therapy can facilitate greater emotional and self-understanding which is vital to positive self-esteem. By sharing their experiences, the group members were able to see that they were not alone, that other members had experienced similar things and were also going through the same painful emotions. This experience of learning that one is not alone in their feelings and experiences is what Yalom refers to as universality, one of eleven therapeutic factors that encourage healing and change within group therapy that Yalom has identified (Levy, 2001). The group members were able to gain self-awareness by examining the origins of their collective anger and what other emotions their anger was covering up. The art therapist was able to successfully take a situation that could have negatively escalated and resulted in John's discharge, and instead utilized this event and the shared emotions as a way to help the members look within themselves and gain emotional understanding. Instead of being rejected by his peers, as he was during the incident of that morning, potentially furthering his feelings of abandonment, John was able to connect with the other group members and the therapist by opening up about his experiences and emotions. He, and the other group members, were able to lessen their

possible feelings of isolation by sharing their emotions and experiences and learning that other

group members shared these feelings of pain masked by rage. Within every art therapy group is

an opportunity for people to seek, accept, and give group support, and participate in numerous

dynamic relationships (Matto, 2002). The therapy group acts as a microcosm of each individual's

larger social world (Oster & Crone, 2004). Group therapy can help to enhance social skills,

increase the scope of peer feedback, and to generate new problem solving capabilities (Oster &

Crone, 2004). Supportive witness from group members can enhance self-esteem (Collie et al.,

2006). Additionally this case study demonstrated the way that art therapy helped this individual

to gain self-insight and awareness and how this knowledge helped him to modify his behavior

that could have lead to his dismissal from the program.

VII. Case Study: Robert

Using art in counseling adults: A pilot study

General Information

Robert was forty-four years old, Chinese Malaysian, and married with three children. During the week he stayed with a coworker in the city where he was a factory worker, and on the weekends, he visited his children and wife in their hometown. Two years prior, Robert was diagnosed with mild depression along with poor appetite, weight loss, suspicious thoughts, insomnia, and poor work performance. He regularly took antidepressants; recently, Robert had been referred for individual counseling for help coping with his depression. During his intake interview, Robert stated that he wanted to be "happier" (Robert as cited in Lee & Mustaffa, 2011, p. 102). The main treatment goals were for Robert to gain understanding of his "personal strengths and weaknesses", to improve his ability to cope with his depression and insomnia. Robert attended six counseling sessions in a local mental health hospital. At the beginning of the study, Robert attended counseling sessions twice a week. Over the course of these six sessions, he completed five pieces of art. Making art was utilized to enable Robert to express his feelings understanding of his concerns regarding his mood change. Furthermore, to increase his focus in relation to positive thoughts, behaviors, and emotions with the goal of being able to identify "possible solutions to his problems" (Lee & Mustaffa, 2011, p. 102). (Lee & Mustaffa, 2011)

To measure and analyze the quantitative data this study used a session evaluation questionnaire Form 5 (*Table 1*.) developed by Stiles, Gordon, and Lani (2002). Robert completed six session evaluation questionnaires, one after each session. The first category 'bad-good' represents the client's inherent interest or value as a "global evaluation item". The following

category 'depth' represents the power and value that the client felt the session had. 'Smoothness'

represents whether the session felt comfortable and relaxed or tense and distressing. The

categories 'positivity' and 'arousal' refer to the clients post session emotions. (Lee & Mustaffa,

2011)

Table 1. The result of six session evaluation questionnaires (based on using Form 5 of the session evaluation questionnaire).						
Session	Bad-Good	Depth	Smoothness	Positivity	Arousal	Average
1	High 6	Moderate 3.6	Moderate 4.2	Moderate 4.6	Moderate 3.4	Moderate 4.36
2	High 6	Moderate 4	Moderate 5	Moderate 5	Moderate 2.8	Moderate 4.56
3	High 7	High 5.8	High 6	Moderate 3	Moderate 3.6	Moderate 5.08
4	Low 2	High 5.6	Moderate 3.4	Moderate 3	Moderate 4.4	Moderate 3.68
5	High 6	Moderate 5	High 5.8	High 5.6	Moderate 3.4	Moderate 5
6	High 6	High 5.8	High 6.2	High 6	Moderate 3.4	Moderate 5.48

The description of ranking established by the researchers: 1–2.5, low; 2.6–5.5, moderate; 5.6–7, high.

Table 1. *Evaluation Questionnaire Form 5*

Based upon the 'Bad-Good' category, Robert felt that five out of six sessions were highly good.

Furthermore, for the fourth session, which he rated as low on the 'bad-good' scale, he rated high

on the 'depth' scale, which represents how valuable he felt the session was. This indicates that

while he may not have enjoyed the session, he still felt that it was valuable. Based upon the

scores of the 'depth' and 'smoothness' categories, Robert felt that all the sessions were moderate

to highly valuable and powerful; in addition, he felt comfortable. This is significant as a positive

therapeutic alliance is essential. (Lee & Mustaffa, 2011)

Session 1

    To encourage Robert to draw, express, explore, and verbalize his issues openly, his

counselor used a person-centered approach. Active empathetic listening was utilized during their

sessions. During this session, Robert revealed that he felt pressure and helplessness in regards to

making the decision to change employment. He was afraid of expressing his depression to

people, and experiencing stress as a result of holding up the pretext that he was comfortable at

his job. (Lee & Mustaffa, 2011)
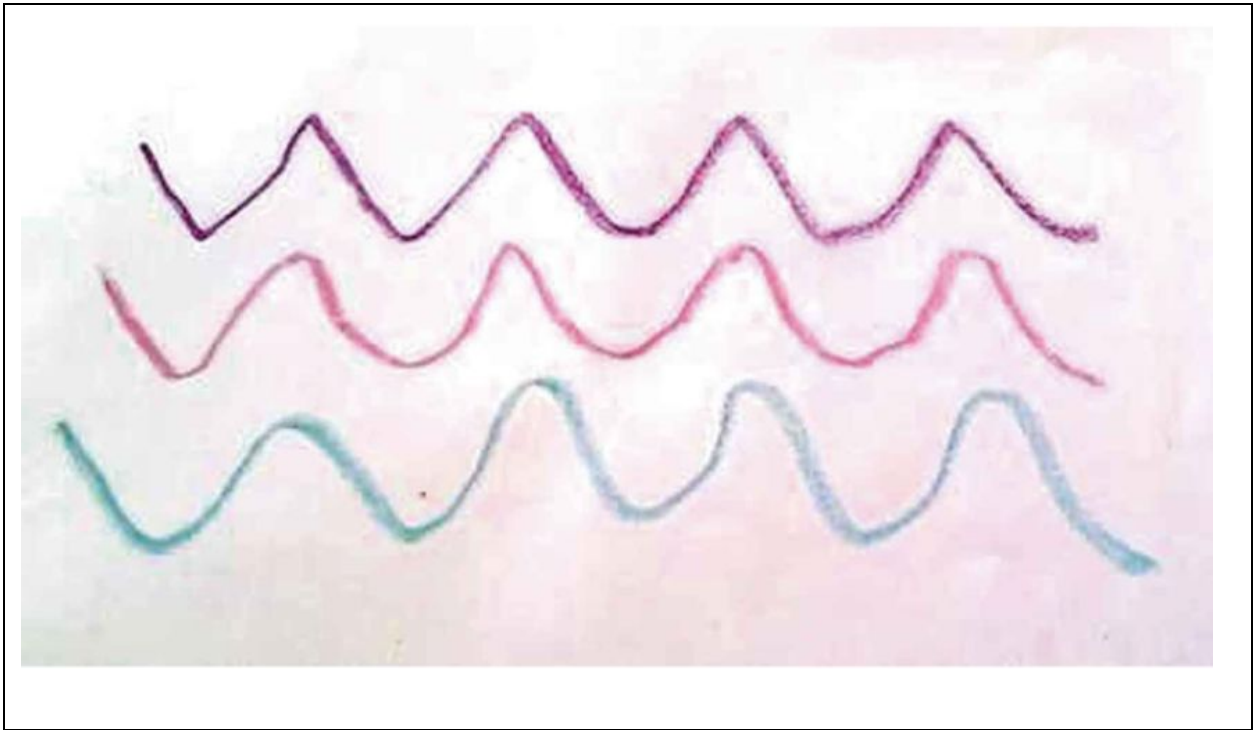
Figure 8: Robert's Session 1 Artwork.

Analysis of Figure 8. This piece appears to be extremely controlled which may represent

and be consistent with indicators seen in some of Robert's other pieces (Robert's present self

portrait with arms held behind the back) that indicate a potential need for control. The third line

is drawn in green, green and blue may be seen in an effort to control behavior and exhibit

self-restraint (Buck, 1948; Hammer; 1969 as cited in Oster & Crone, 2004), corroborating a

desire for restraint and control. Since this was Robert's first session, it is likely that the

therapeutic alliance with the counselor had not been firmly established, which could result in a

need of the client to exhibit self-restraint. Therapeutic alliance is essential for effective therapy

and this cannot be established instantaneously.

Session 2

Robert used black to quickly draw an image of rough circles. He stated that he was

frustrated because he hadn't been able to sleep for several days. The circles represented his small

and large fears. The biggest fear was his "fear, anxiety, and helplessness about seeing a ghost"

(Lee & Mustaffa, 2011, p. 103). During the discussion with the counselor, Robert stated that he

was having communication issues with his coworkers and as a result was experiencing paranoid

thoughts "that they would use black magic to threaten him" (Lee & Mustaffa, 2011, p. 103). By

the end of the session, Robert expressed his fear with greater detail and the feeling that he needed

to change his mindset of perfectionism or he would be obstructed by his irrational beliefs.

Additionally, Robert stated that he didn't want to leave his company since he was working to

enhance the company's management. (Lee & Mustaffa, 2011, p. 103)
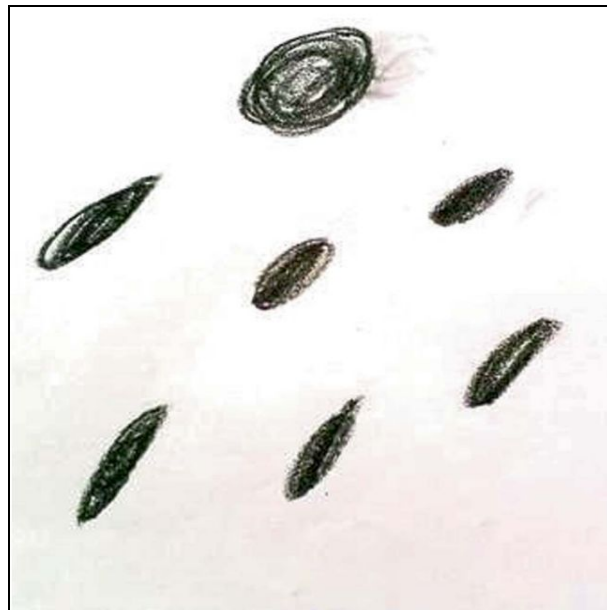
Figure 9: Robert's Session 2 Artwork

Analysis of Figure 9. Dark or reinforced shading may suggest hostility, and or aggression (Oster & Crone, 2004). Hostility may have resulted due to the fact that this was only Robert's second session and he may not have built a strong therapeutic relationship at this point, causing him to feel hostile. Furthermore, Robert may have been feeling hostile or aggressive as a result of his communication issues with his coworkers. Robert was able to identify that his thoughts regarding his coworkers using black magic against him were irrational, and may have been a result of his own anxiety surrounding his need to achieve perfection.

Session 3

For this session, Robert was encouraged to create an image that represented his present self (*Figure 10.*) and to write down his strengths and weaknesses. Initially, Robert stated that he was not good at drawing, which may have been a deflection of his anxiety. The counselor responded by showing him some basic figure drawing steps. Robert proceeded to use a brown pencil to draw an image of a figure "devoid of facial expression" (Lee & Mustaffa, 2011, p. 103). He told the counselor that the figure was "pretending to smile, and more importantly, he never liked himself" (Lee & Mustaffa, 2011, p. 103). During the discussion, Robert came to the realization that he was pushing himself harder to work and was rarely enjoying his life. He described himself as having excessively high expectations and as being impatient. Robert was able to attain a deeper self-understanding as a result of this disclosure, in an accepting and relaxed manner. (Lee & Mustaffa, 2011, p. 103-105)

Analysis of Figure 10. There is a wide agreement that human figure drawings may be a materialization of an individual's self perceptions, or of who they wish they were (Wenck, 1968, as cited in Oster 2004). Robert drew himself as "pretending to smile" which may be a

representation of the happiness he wishes that he felt. There is also significant agreement "that

there is no one-to-one relationship between a specific sign or emotional indicator and a definite

personality or trait" (Hammer, 1967, 1997; Koppitz, 1968; Machover, 1952, as cited in Oster, &

Crone, 2004, p. 77).

Figure 10. *Robert's Present Self Image*

It has been demonstrated through research studies that conflicts, anxieties, or attitudes

may be expressed in artwork via symbols and unique signs that alter according to the individual

and the time frame (Oster, 2004). A worthwhile diagnosis cannot, and should not be made based

upon any one single sign; instead the entire drawing, in addition to a combination of other

factors, always need to be included during analysis (Oster, 2004). There have been numerous

studies done using the Draw-A-Person Test (D-A-P) which have indicated that there is clinical

and information rich signs depicted in the human figure that are consistently seen with different

populations (Oster, 2004).

Arms that are held behind the back may suggest a desire to control anger and

interpersonal reluctance (emotional indicators adapted from Jolles, 1971; Mitchell et al., 1994, as

cited in Oster, 2004). Cut off hands may suggest feelings of inadequacy or troubled feelings

(interpretations adapted from Jolles, 1971; Mitchell, Trent, & McArthur, 1994). These suggested

possible feelings of inadequacy are consistent with Robert telling the counselor that he had

excessively high expectations and was continually pushing himself to work harder. This may

also indicate difficulty reaching out to others interpersonally or receiving support from his

environment. Feet may represent the extent of interpersonal mobility, agency and independence

within one's environment. Omitted feet may suggest lacking independence (emotional indicators

adapted from Jolles, 1971; Mitchell et al., 1994 as cited in Oster, 2004). Another factor that

should be considered when hands are cut off is that they may have presented an artistic

challenge. Robert gave himself a belt in this image. An elaborate belt or an emphasis placed

around the waist may suggest convert tensions and/or sexual conflicts (Oster & Crone, 2004).

Additionally, he drew himself with a disproportionately long neck, which can represent the same

struggle between ego and id impulses.

Session 4 & 5

In Session 4, Robert was encouraged to create a collage using newspapers and magazines

based upon what he needed and what he had (*Figure 11.).* Robert did not ask any questions

regarding the directive and was focused on selecting the images he wanted to use. He completed

his collage in ten minutes. During his discussion with the counselor, Robert realized that he had

previously failed to enjoy and appreciate the things that he had in life: his credit card, TV, and

car; also, that his needs, including spending more time with his wife, decorating his dream house,

and buying a computer to enlarge his social life, were being ignored. This brought up the issues

of how to experience happiness while over-working and failing to satisfy his true needs or

communicate with his inner self. These themes were explored further in Session 5. During this

session, they discussed Robert's definition of and the meaningfulness of happiness. Positive

lifestyle changes were planned. Robert realized that he had the ability to visualize what he had

and this led to feelings of happiness. As a result of the work in counseling, Robert's

self-awareness of his mood changed and how to adequately cope with his negative emotions

increased. (Lee & Mustaffa, 2011)

Figure 11. *Robert's Collage*

Analysis of Figure 11. Based upon the fact that all of the images chosen, except the image that symbolizes his wife, represent material possessions such as the car, television, laptop, dream house, and credit card. Robert appears to place significant importance on material objects. This perceived importance of material possessions may be positively correlated with Robert's pattern of pushing himself to achieve more at work and his exceedingly high standards. Furthermore, the image that represents Robert's wife was placed third from the top, consistent with the idea that Robert prioritizes material possessions. Robert mentioned during the session where he created this collage that he needs to spend more time with his wife and that he wants a laptop to enlarge his social circle, which is indicative that he is not satisfied with his current interpersonal life. Previously, in session 2, Robert stated that he was having communication issues with his coworkers that was leading to paranoia. This lacking in his social life could be a result of prioritizing material things and may suggest that Robert would benefit from contemplating further on what is truly important and will lead to happiness.

Session 6

During their final session, Robert was encouraged to create an image of his future self, using a pre-drawn figure outline that the counselor supplied (*Figure 12.)*. Robert began without any hesitation or questions and chose several magazine pictures, which he glued beside the figure. He used bright colors to draw the rest of the figure, including a smiling facial expression. In their discussion, Robert expressed that he felt confident regarding what he wanted to do with his life in order to become happy. All the magazine pictures that he chose were related to his needs. Robert was self-assured regarding his efforts to enhance his circumstances, solve his problems, and the positive behavioral changes he was making. Furthermore, he confirmed that he was

starting to feel increased comfortability in his communications with others, and his ability to

successfully cope with and work through his personal issues. (Lee & Mustaffa, 2011)

Analysis of Figure 12. This image demonstrates clear changes from Robert's present self

image (*Figure 10*). For the previous self-portrait, Robert was said to have exhibited hesitation

when asked to draw, as opposed to when he was given this directive and began immediately.

This may suggest improvements in self-esteem and confidence, which is consistent with his

admission during the session that he was feeling enhanced confidence regarding what he wanted

to do with his life.

Figure 12. *Robert's Future Self*

Unlike in the first portrait, Robert's arms are no longer behind his back, which shows

improvement. Also, the neck is not as long as in the first image. However, the hands have still

been omitted. As in the first image, Robert gave himself a belt. Robert chose to create this image

using a variety of colors and gave himself a smiling facial expression, which may suggest an

overall improvement in affect consistent with the findings shown in *Table 1*. However, even

though the mouth is depicted in a smile, the eyebrows are slanted, suggesting something other

then, or in addition to happiness. Slanted eyebrows are often associated with hostility or anger. If

we refer to Robert's first self-portrait (*Figure 10)* we see that he has the ability to draw a

considerably more calm and relaxed facial expression regarding the eyes. This contrast seen in

the expression of the eyes versus the mouth may illustrate contrasting emotions that Robert was

experiencing based upon the fact that during this final session, Robert stated that he felt

confident regarding what he wanted to do with his life in order to become happy, not that he was

currently happy. Additionally, Robert may have had mixed emotions about ending therapy,

including hostility or anger, because this was his final session.

Conclusions of Case Study. This case study was selected in part because it depicts the

artwork of a client and therapist over several sessions, and it illustrates how art therapy can

enhance self-esteem and confidence.

During session 3 (*Figure 10.)* Robert created a self-portrait with a corresponding list of

his strengths. This is an effective directive because a vital aspect of self-esteem includes focusing

on an individual's strengths (Bachalter, 2011). Through the process of increasing self-worth,

individuals learn the importance of unconditional self-acceptance, and how to appreciate their

strengths and achievements (Bachalter, 2011). They come to understand the significance of how

they perceive themselves and their own positive qualities (Bachalter, 2011). This can be done by

asking an individual to create an image based upon one or more of their positive characteristics

(Bachalter, 2011), or in this case, the client created a list of his strengths which shows how art

therapy directives can be modified to fit each individual.

During session 6, when Robert was asked to create an image of his future self (*Figure

12.*), the study stated that he showed no hesitation in beginning. This was in contrast to the

hesitation he exhibited in previous sessions. This is a positive sign that could indicate that his

self-esteem and self-confidence was improving.

VIII. Case Study: David

Moving towards gray: Art therapy and ambivalence in substance abuse treatment

General Information

Moderately overweight, with unkempt brownish gray hair, David was a 40-year-old client who presented with having met the criteria for methamphetamine, cocaine, and marijuana dependence. As a child, David was neglected and emotionally abused. He began smoking marijuana at age 15. His last completed year of school was 10th grade. David worked full time, for 23 years, at a large grocery store where he was eventually promoted to assistant department manager; however, he lost this job due to substance abuse. For the next several years, he remained unemployed, continuing up to his entering treatment. David had three sons, school age, that lived with their mother. David had been arrested numerous times for DUI and other charges, following one arrest he was incarcerated for 30 days. (Horay, 2006)

After multiple previous efforts at sobriety, David enrolled himself in outpatient services. For several weeks prior to treatment, he had been abstinent. He had also created a structured support system, including daily prayer meetings, going to 12-step groups, practiced self-talk, and phone lists. Aside from substance abuse, no psychological disorders were evident at the time. (Horay, 2006)

David attended group art therapy sessions but also requested one-on-one sessions. It was noted that he "appeared eager to engage in art therapy, especially because he voluntarily initiated individual sessions," (Horay, 2006, p. 17). Horay noted that David's strategy appeared to be to remain busy and around others at all times, which Horay stated was an "appropriate course of action" (Horay, 2006, p. 17). (Horay, 2006)

Assessment

David's individual art therapy sessions started with a formal art therapy assessment. One of

the five assessment directives was highlighted by Horay (*Figure 13*). A free drawing, entitled

"Life Is", was used to asses David's "capacity for self-structuring," (Horay, 2006, p. 17). (Horay,

2006)
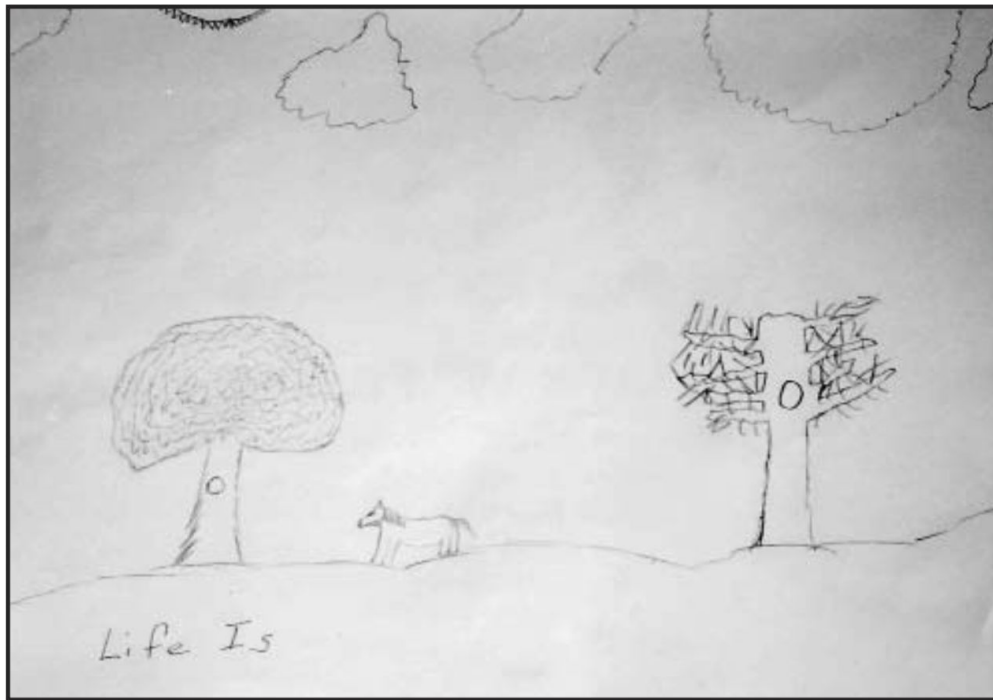
Figure 13. Life Is

Analysis of Figure 13. Done in graphite pencil, this image depicts a landscape with a tree

on the left side that appears lush and full, as opposed to the tree on the right side that has empty

branches, possibly suggesting death and sterility. A single horse is facing, and closer to, the lush

tree beneath a sky with jagged edged clouds and a sun encircled in "teeth-like spikes," (Horay,

2006, p. 17). (Horay, 2006)

Horay (2006) stated that David gave a "rather melodramatic narrative" (p. 17) to this image

after finishing. This narrative involved a longing to turn away from substance abuse and past

addictions, characterized by bareness and death in the favor of an idealized life of sobriety.

Because of the slashed, jagged, and broken linework seen in the artwork, this expresses possible

feelings of anxiety and uneasiness that contrast David's narrative. David's narrative, in

combination with the artwork, suggests emotional apprehension and ambivalence that is in line

with concepts found in MI and SOC. (Horay, 2006)

In art therapy, the left hand side of the page is typically seen as representing the past, while

the right hand side is typically viewed as representing the future. David drew the lush tree on the

left side, the past, with the horse facing this direction as well. This could suggest a preoccupation

with the past, which despite his narrative, may be viewed as favorable. The bare tree being on the

right side, the future, may suggest that David is not optimistic regarding what his future holds.

The horse facing the past may suggest a reluctance to look towards his current future. These

suggestions are consistent with Horay's noted ambivalence and apprehension.

Pro-Con Collage

Horay (2006) stated "it was important to sustain and increase his sense of self-worth and

self-efficacy," (p. 17). Furthermore and for these reasons, Horay stated that it appeared to be

important for David to view his finished products as successful and aesthetically attractive.

Reminding and emphasizing David's personal values seemed to be beneficial in sustaining his

longing for sobriety. (Horay, 2006)

Together, utilizing the collaborative approach advocated by MI, David and Horay

established a treatment plan. From art therapy David wanted to, "learn more about myself,"

(David as cited in Horay, 2006, p. 18). Horay, based upon Prochaska's (2000) approximation

that about 80% of individuals in treatment for substance abuse are in precontemplation or

contemplation, decided to "approach working with David as an already motivated client still

struggling to reconcile ambivalent thoughts and feelings about recovery," (Horay, 2006, p. 18).

(Horay, 2006)

For that session, David was given a box of magazine pages and a 3' x 4' piece of paper

that had been divided into four sections. As seen in *Figure 14*. each quadrant represented the

following categories, "the pros of using" (*Figure 14*. Upper left hand quadrant), "the cons of

using" (*Figure 14*. Lower left hand quadrant), " the pros of not using" (*Figure 14*. Upper right

hand quadrant), and "the cons of not using" (*Figure 14*. Lower right hand quadrant & *Figure 15*.

Close up). This directive was designed to facilitate acknowledgement of why substances are

abused, thereby strengthening the chances for remaining abstinent and avoiding relapse.

Furthermore, this directive was closely tied to early SOC theory. David initially voiced hesitation

and concern regarding the instructions for this directive stating, "I try not to think about that...I'd

rather not dwell on those thoughts," (David as cited in Horay, 2006, p. 18). David's admission

suggests ambivalence regarding substance abuse. After being encouraged to do his best, David

quickly looked through the images and began collecting piles of selections. David had help

pasting the images; however, he still required three sessions to complete his artwork that

contained over 70 images. Another session was used to observe and process the finished

artwork. (Horay, 2006)

Figure 14. Pro-Con Collage

Analysis of Figures 14 & 15. David expressed that the quadrant dedicated to the pros

of using (*Figure 14*. Upper left hand quadrant) dealt with issues of escape and fantasy.

Furthermore, it expressed that substances were a "stable and predictable" (David as cited in

Horay, 2006, p. 18) aspect in his life that had "instant" (David as cited in Horay, 2006, p. 18)

effectiveness. After observing that there were several empty spaces in this quadrant, David

stated, "My life was never really full over there anyway" (David as cited in Horay, 2006, p. 18).

The quadrant dedicated to the cons of using (*Figure 14*. Lower left hand quadrant) highlighted

the "overpowering" and "smothering" (David as cited in Horay, 2006, p. 18) effect of substance

use, in addition to substances generating a general absence of motivation in David's life. The

quadrant dedicated to the pros of not using (*Figure 14*. Upper right hand quadrant) focused on

generating a happier family life, improving his diet, and relishing in nature. These are fairly

concrete goals, suggesting a realistic perspective in regards to recovery. The final quadrant, the

cons of not using, (*Figure 14*. Lower right hand quadrant & *Figure 15*. Close up) has several

contrasting or ambiguous images (e.g. "neither here nor there", conjoined siblings, thumbs up

and down). During the discussion of this quadrant, David reluctantly expressed that "occasional"

(David as cited in Horay, 2006, p. 18) cravings and urges were still present.

Figure 15. Close Up of Cons of not Using from Pro-Con Collage

Additionally, David and Horay (2006) discussed how the images illustrated "being of two

minds" (p. 18), coming to face with the "hard work" (p.18) of continued recovery, and visual

images that alluded to feeling "alone" (p. 18). These discussions implied that David was coming

to the realization that sobriety and recovery could not be romantic or idealized productively.

After finishing the collage and having it hung up on the office wall, David (as cited in Horay,

2006) remarked, "I'm really impressed with that," (p. 18) and that he had appreciated making a

collage since it, "allowed for more time to think about pictures and ideas," (p. 18). David

requested that the collage remain hanging and it was often revisited throughout the course of

David's sessions. (Horay, 2006)

Hypothetical Greeting Cards

After the collage, David created three hypothetical greeting cards from the point of view of

each one of his sons (to himself). One of the fundamental aspects of MI is the empathetic

expression of the therapist. SOC theory focuses on an examination of the client's values. This

directive was designed to encompass both of these fundamentals. By asking David to engage in a

directive that facilitated the contemplation of his relationships with his sons and how much he

valued them, Horay (2006) hoped that this would "lessen the likelihood of eventual relapse,"

(p.19). Paper size, media, design, and message were all chosen by David. The first card created

was the one from his youngest son and took David about a half hour to complete (*Figure 16*).

Analysis of Figure 16. This card contains a picturesque landscape, which was glued onto

the cover. This represented a recent time that David and his son had spent outdoors. Inside, there

was a message that expressed thanks for toy army figures received as a gift and a desire to spend

the next weekend together.

During processing David conveyed a wish to raise his sons independently in an isolated

beautiful place. Implicitly this may suggest a desire for his ex-wife and family to be more

supportive of his efforts to remain sober, additionally this artwork may suggest persevering

glorified notions of the process of recovery and idealized thoughts of entitlement.
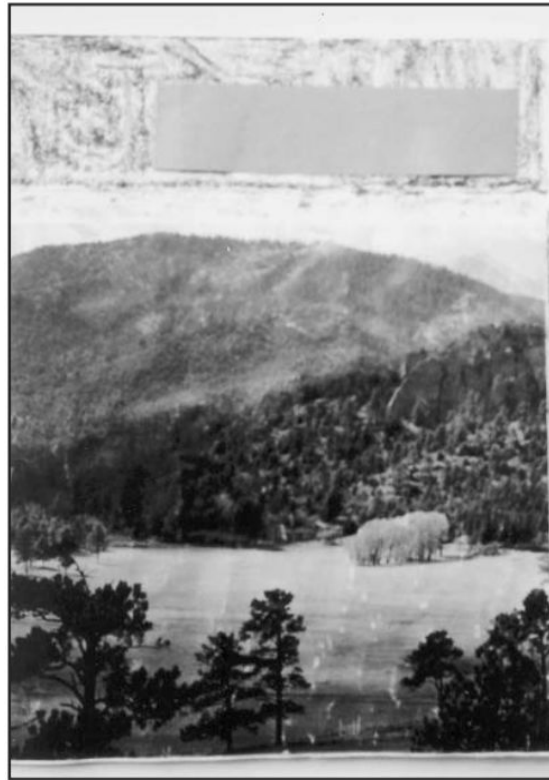
Figure 16. Hypothetical Greeting Card from David's Youngest Son (age 10)

Horay (2006) stated that "this card proved to be an emotional process for the client,"

(p.19). For the two remaining cards, Horay suggested that David make cards that could hold

truthful, positive, helpful, and supportive messages, and not unrealistic or idealized messages.

This suggestion was made in order, "to present the directive in a less painful and punitive light,"

(Horay, 2006, p. 19). (Horay, 2006)

Check-in-Drawings

David was given up to ten minutes to "check-in" at the beginning of each individual

session. This was done by having him identify a recently experienced emotion and illustrating

this emotion on a piece of 8.5 x 11 paper (*Figures 17-21*). He was given the opportunity to

choose from art supplies including: oil pastels, colored pencils, and markers. Art therapy is an

ideal model that can promote the awareness of personal emotions that may have been previously

distorted by substance use (Forrest, 1975 as cited by Horay, 2006). Check-in drawings were

utilized to raise consciousness and increase emotional arousal, which are aspects of the

contemplation stage of SOC. Furthermore, this served as a tool for David to express himself to

the therapist and have his emotions reflected back to him. These check-in-drawings could have

been the entire focus of the sessions; however, the decision was made to continue with the other

directives as a metaphor for persisting with the lasting effects of sobriety. (Horay, 2006)

Analysis of Figure 17. For the first three weeks, David's check-in-drawings contained

somewhat formulaic symbols of butterflies and hearts (Figure. 17). This image illustrates a

heavily-winged butterfly with a halo over the word "Blessed". It is possible that this was a

self-image. Horay noted that up to this point in their relationship, David appeared to want to

express primarily feelings of positivity regarding his recovery experiences, that focused on

successful moments of his recovery, meanwhile alluding to victimization, viewing select family

members as unsupportive. (Horay, 2006)

Figure. 17. Blessed

The repetitive pattern of the dots may have been done in an effort to self-soothe. The reinforced lines of the word "blessed" may suggest anger or vulnerability of emotional defenses (adapted from Jolles, 1971; Mitchell, Trent, & McArthur, 1994 as cited in Oster & Crone 2004). This potential vulnerability of defenses could be a result of the therapeutic process that David was engaging in, and is consistent with the fact that up to this point he had made an effort to primarily express positive moments of his recovery.

Analysis of Figure 18. This image coincided with David's 90-days of sobriety during week four of treatment. "Determined Journey" illustrated footprints in the sand and represented the "continued journey of recovery, coming out from the sea muck and onto solid ground," (David as cited in Horay, 2006, p. 19).


Figure 18. Determined Journey

A departure from his previous check-in-drawings, this image seemed to be less clichéd and more authentic, and to have a more ambivalent quality regarding recovery. The depiction of muck in

the image may have shown David starting to risk expressing hesitation and uncertainty

concerning his progress in recovery. David (2006) said, " I'm doing what I have to do to remain

a good father to my kids, making a plan that I'm going to present to my wife and the foster

family," (as cited in Horay, p. 20). Horay reflected back to David recognition of his emotional

pain. (Horay, 2006)

The sketchy line quality may suggest feelings of uncertainty or insecurity (adapted from

Jolles, 1971; Mitchell, Trent, & McArthur, 1994 as cited in Oster & Crone 2004). These feelings

are consistent with Horay's suggestion of David's ambivalence regarding his progress in

recovery.

Analysis of Figure 19. This image depicts a, "recovery" (David as cited in Horay, 2006,

p. 20), rocket that is getting ready to launch and coexists with the client "deciding to take a few

days off," (David as cited in Horay, 2006, p. 20) from his routine. After not going to several

12-Step groups and prayer meetings David stated, "I was a bit concerned at first, but I handled it;

I didn't slip or relapse or anything like that," (David as cited in Horay, 2006, p. 20). Horay noted

that he wasn't sure whether to take this break as a self-test or a deserved vacation, or a

combination, and left the break unchallenged. In processing this image, Horay pointed out to

David that this image appeared to overlook almost four months of intense recovery work and

sobriety. In the collaborative spirit of MI and SOC, free choice and self-efficacy were

emphasized. Horay noted, " I luckily avoided the traps of overinvestment and assuming the

expert role, which could have led to disempowerment," (Horay, 2006, p. 20). (Horay, 2006)
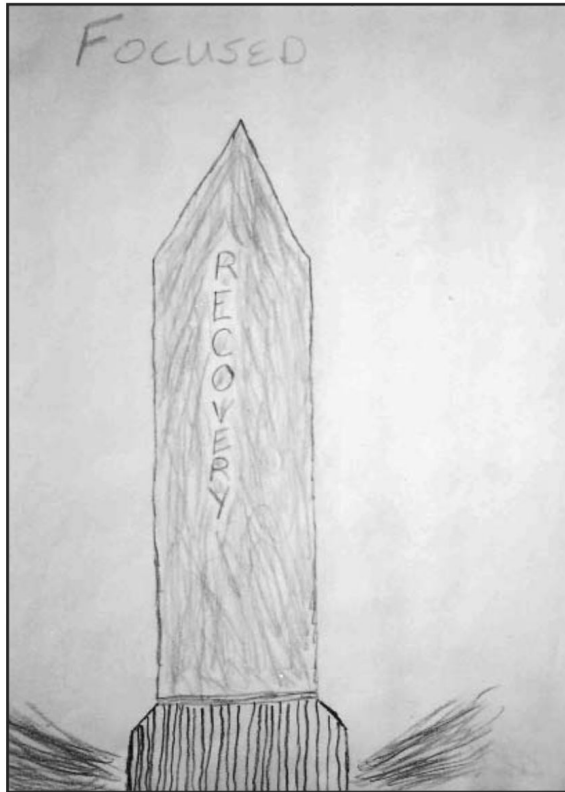
Figure. 19. Focused

Analysis of Figure 20. This image was completed during week eight and illustrated a

reference to challenges. David expressed that this image was designed as, "two teardrops of

sadness," (as cited in Horay, 2006, p. 20), but when reversed, the image became a heart. Horay

(2006) noted that this image, "is essentially a pie chart divided into three slices of "recovery" and

five slices of "shame" surrounded by a golden colored background representing hope," (p. 20).
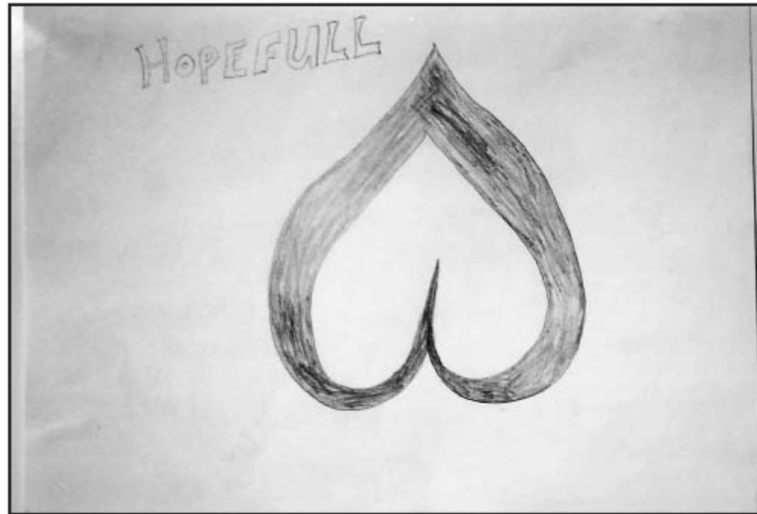
Figure. 20. Hopeful

This image may have indicated a growing comfortability with ambivalence since the segmented

slice expresses the act of sustaining sobriety was a combination of enjoyable experiences and

painful situations and emotions. (Horay, 2006)

The reinforced lines of the heart may suggest anger or vulnerability of emotional defenses

(adapted from Jolles, 1971; Mitchell, Trent, & McArthur, 1994 as cited in Oster & Crone 2004).

Vulnerability of emotional defenses is consistent with David's ambivalent feelings regarding his

recovery process. Potential anger may be consistent with the painful experiences and emotions

that David has gone through. Degree of shading is correlated to an individual's degree of anxiety

(adapted from Jolles, 1971; Mitchell, Trent, & McArthur, 1994 as cited in Oster & Crone 2004).

Anxiety may also be related to David's ambivalent feelings about sobriety and his future.

Analysis of Figure 21. David stated that this image depicted him as, "one tree that is split

down the middle," (as cited in Horay, 2006, p. 20). Both verbally and visually, David expressed

that this was a self-image of a solitary tree with a grounded base, consisting of two different

growths. This image may be an expression of David's internal processing state containing

ambivalent emotions and thoughts during his recovery. At this stage David's artwork contained a

more mature perspective and didn't continue to rely on stereotypical or idealized images.

Images of trees in artwork are considered to be linked to an individual's life role and ability

to gain perceived environmental reinforcement (Oster & Crone, 2004). Typically, trees are

thought to be particularly beneficial in supplying life insights (Oster & Crone, 2004). Trees

seem to express enduring unconscious emotions directed at oneself (Oster & Crone, 2004).

Emotions that typically tend to occupy a more "basic, primitive level of functioning (Oster &

Crone, 2004, p. 101).
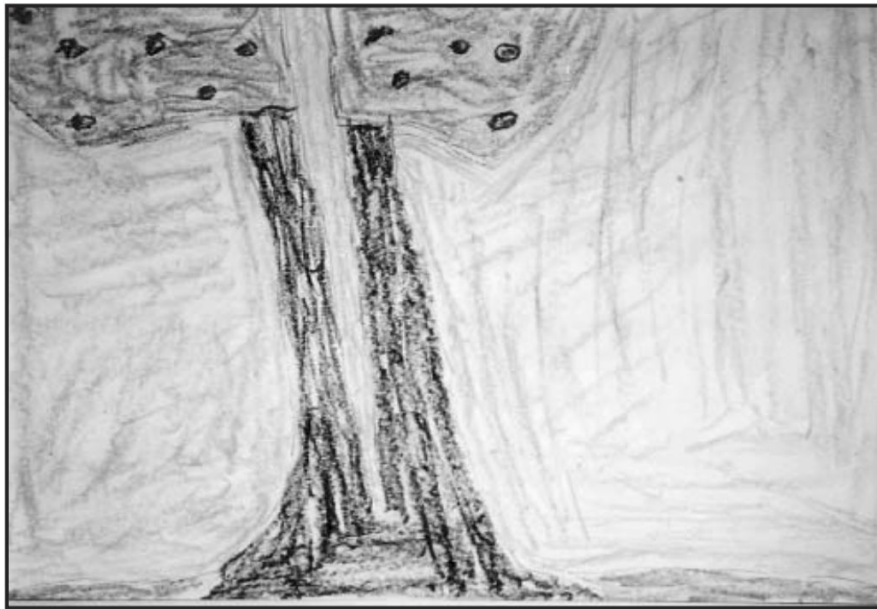
Figure 21. Tree Self-Image

Degree of shading is directly related to an individual's level of anxiety (adapted from

Jolles, 1971; Mitchell, Trent, & McArthur, 1994 as cited in Oster & Crone 2004). This potential

anxiety was consistent with David's ambivalent emotions. Furthermore, both ambivalence and

anxiety are emotions that were repeatedly expressed in his artwork. Extremely large trees may

suggest aggressive tendencies (Oster & Crone, 2004). Exaggerated focus on the trunk may

suggest emotional immaturity (Oster & Crone, 2004). Broken branches may suggest trauma (the time of trauma coincides in relation to the length of the tree) (Oster & Crone, 2004). This possible indication of trauma, illustrated in the split trunk, spans the entire length of the trunk, meaning that the trauma would have occurred early on in life. This was consistent with David's history of childhood neglect and emotional abuse.

Conclusions of Case Study

This case study demonstrates how art therapy can be successfully utilized, using the theories of Stages of Change (SOC) and Motivational Interviewing (MI). Rather then using aggressive confrontation, coercion within the treatment setting, or ripping down of defenses, a collaborative approach was encouraged. This may seem ineffectual or to go against intuition.

Horay (2006) stated:

I can recall my initial reaction when he disclosed taking a few days off the scheduled routine that had helped him maintain sobriety for several months-desires to pressure, warn, or scold the client were paramount. In hindsight, however, I can also recognize that had I acted on those more punitive actions, a defensive reaction might have been engendered, weakening the therapeutic relationship and providing a more antagonistic tone in future sessions. Leaving observed resistance unchallenged--even though experiencing this as professional inadequacy--actually reaffirms the client's self-efficacy and intrinsic ability to affect change within his or her own life. (p. 21)

Fundamental to both MI and SOC theory is the encouragement of an individual's self-efficacy, and collaboratively examining ambivalent feelings and thoughts regarding recovery. This also

represents the major difference from the traditional 12-Step approach as well as other strategies.

(Horay, 2006)

Self-esteem can be understood as self-worth since self-esteem refers to a process of

self-evaluation (Franklin, 1992). An important aspect of self-efficacy is self-evaluation.

Self-efficacy can be correlated to a self-esteem; an individual who does not believe in their

ability to succeed may be more susceptible to possessing a lowered sense of self-esteem. By

increasing an individual's sense of self-efficacy it may increase their self-worth and positive

self-esteem.

David continued to maintain his sobriety despite his emotional turmoil, allowing his

recovery strategies to grow and mature, eventually discarding notions of life being completely

black or white. Rollnick et al. (2002) stated that ideally a motivational therapist would exhibit

flexibility, comfortability with silence allowing generation of anxiety free thoughtflow, and

tolerance of uncertainty (as cited in Horay, 2006). Seemingly, these qualities are especially

present in art therapists since art therapists advocate creativity over rigidity; demonstrate

tolerance in regards to ambiguity, and value contemplation over a rushed judgment. However, in

the United States, most literature on art therapy follows a 12-Step approach. (Horay, 2006)

A psychodynamic understanding of substance abuse has a practical overlap with MI and

SOC. Although these approaches may seem extremely different they share the same treatment

goals of strengthening certain psychological defense mechanisms, being supportive of the

evolution of ambivalent thoughts and emotions, and encouraging clients to identify their

strengths. (Horay, 2006).

IX. Conclusions

Overall Conclusions

Art therapy is a holistic alternative treatment method that can address substance use and psychological disorders, such as Major Depressive Disorder. The prevalence of these disorders suggests that the traditional treatment options and mindsets are not adequately addressing these concerns, and that there is an extreme and vital need for alternative treatment options. It is the responsibility of mental and health care professionals to view each person as a unique individual that cannot be summed up solely based on any diagnosis. As such, each person has their own set of personal experiences, needs, and obstacles, requiring an individualized treatment plan. This highlights the necessity for holistic treatments, such as art therapy, that are individualized and can address and appeal to the many facets of human experience and personality.

Art therapy is a growing, affordable, and accessible modality that has the power to reach nearly any population in virtually any facility. Furthermore, art therapy is well suited to work in conjunction with other treatment methods. This paper demonstrated the effectiveness of using art therapy under the alternative framework of Motivational Interviewing and Stages of Change to treat substance abuse. The potential uses and benefits of art therapy have only been touched upon in this paper since the expressive and healing potential is incredibly far reaching. Everything that is artistically created comes from somewhere in the subconscious. Thus, there is immense power in art. It supports emotional stability, enhances self-esteem, promotes expression, facilitates healthy coping, provides catharsis, and brings people together creating community. Art, and specifically the use of art therapy, has the power to create hope in times of darkness and radically change lives. Humans share an innate ability to create and change. Art therapy seeks to facilitate

this ability, and to harness the creative process as a means of expression, communication and healing. Striking a sense of vitality into people's souls, leaving a positive impact on their lives, and reminding the world that we should never give up on anyone.

In this research, case studies have been analyzed that demonstrate the profound effect that art therapy can have on individuals with substance abuse and depression. Specifically, this paper sought to answer the question of how can art therapy interventions that are designed to improve self-esteem and coping skills, help an adult with Depression and Substance Abuse by discussing relevant directives to target these concerns and analyzing case studies that illustrated the effectiveness of art therapy in treating depression and substance abuse.

Limitations

This study was limited, in part, due to the fact that only historical case studies were utilized. Regarding the case studies, the bias of the authors in their selection of the individual's whom they chose to write about must be taken into account. There is also potential bias in the articles this author chose to include within the paper.

Recommendations for Future Research

Future research should focus on art therapy to improve self-esteem and coping skills with a wide range of ages including children, adolescents, and adults. Length of treatment should be researched to determine the optimum period of time in treatment for effective lasting outcomes. Facilities should be researched, specifically how different facilities such as in-patient hospital versus an outpatient program, affect the outcomes of the therapeutic process. Additionally, future research is recommended to design a wider selection of effective directives to target specific concerns of this population that art therapists can utilize.

References

Alcoholics Anonymous, (n.d.). Retrieved October 2, 2017 from the AA website:

    https://www.aa.org/pages/en_US/information-on-alcoholics-anonymous

American Addiction Center, (n.d.). Retrieved October 2, 2017 from the AAC website:

    http://americanaddictioncenters.org/rehab-guide/addiction-statistics/

American Art Therapy Association, (2017). Definition of profession. Retrieved October 13, 2017

    from the AATA website at https://arttherapy.org/about-art-therapy.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders

    (5th ed.). Arlington, VA, American Psychiatric Association

Adedoyin, C., Burns, N., Jackson, H. M., & Franklin, S. (2014). Revisiting Holistic Interventions

    in Substance Abuse Treatment. *Journal of Human Behavior in the Social Environment*,

    24(5), 538-546. doi:10.1080/10911359.2014.914718

Bachalter, Susan I., (2011) *Art therapy and creative coping techniques for older adults.*

    Retrieved from http://ebookcentral.proquest.com. Created from liu-ebooks on 2017-11-15

Birtel, MicheLe D., et al. (2017). Stigma and social support in substance abuse: Implications for

    mental health and well-being. *Psychiatry Research*, vol. 252, p. 1+.

Blume, Arthur W. (2001). Negative reinforcement and substance abuse: using a behavioral

    conceptualization to enhance treatment. *The Behavior Analyst Today*, vol. 2, no. 2, p.

    86+.

Bradizza, Clara M., & Stasiewicz, Paul R., (1997). Integrating substance abuse treatment for the

    seriously mentally ill into inpatient psychiatric treatment. *Journal of Substance Abuse*

    Treatment, Vol. 14, No. 2, p. 103-111

Breslin, K. T., Reed, M. R., & Malone, S. B. (2003). An Holistic Approach to Substance Abuse

    Treatment. *Journal of Psychoactive Drugs*, *35*(2), 247.

Butcher, James N., Hooley, Jill M., & Mineka, Susan (2014) *Abnormal psychology. Sixteenth*

    edition. Pearson Education, Inc.

Canty, J. j. (2009). The key to being in the right mind. *International Journal Of Art Therapy:*

    Inscape, *14*(1), 11-16. doi:10.1080/17454830903006083

Collie, Kate, Backos, Amy, Malchiodi, Cathy, & Spiegel, David, (2006). Art therapy for

    combat-related PTSD: Recommendations for research and practice. *Art Therapy: Journal*

    of the American Art Therapy Association. Vol 23(4), pp 157-164

De Bolle, M., Johnson, J. G., & De Fruyt, F. (2010). Patient and Clinician Perceptions of

    Therapeutic Alliance as Predictors of Improvement in Depression. *Psychotherapy &*

    Psychosomatics, *79*(6), 378-385. Doi:10.1159/000320895

Dick, T. (2001). BRIEF GROUP ART THERAPY FOR ACUTE PSYCHIATRIC

    INPATIENTS. *American Journal of Art Therapy*, *39*(4), 108.

Franklin, Michael, (1992). Art therapy and self-esteem. *Art Therapy Journal of the American Art*

    Therapy Association. Vol. 9(2), pp. 78-84

Han, Beth, Olfson, Mark, Mojtabai, Ramin, (2017). Depression care among adults with

    co-occurring major depressive episodes and substance use disorders in the united states.

    Journal of Psychiatric Research vol. 91, p. 47-56

Harris, Katherine M., & Edlund, Mark J., (2005). Self-medication of mental health problems:

    new evidence from a national survey. *Health Services Research,* p. 117+

Henyen, Evelyn, Roest, Jesse, Willemars, Gemmy, & Van Hooren, Susan. (2017). Therapeutic

alliance is a factor of change in arts therapies and psychomotor therapy with adults who

have mental health problems. *The Arts in Psychotherapy* vol. 55, p. 111-115

Holt, E., & Kaiser, D. H. (2009). The First Step Series: Art therapy for early substance abuse

treatment. *Arts in Psychotherapy*, *36*(4), 245-250. doi:10.1016/j.aip.2009.05.004

Horay, Brian J., (2006). Moving towards gray: Art therapy and ambivalence in substance abuse

treatment. *Journal of the American Art Therapy Association,* Vol. 23, pp. 14-22

Ilgen, M., Tiet, Q., Finney, J., & Moos, R. H. (2006). Self-Efficacy, Therapeutic Alliance, and

Alcohol-Use Disorder Treatment Outcomes. *Journal Of Studies On Alcohol*, *67*(3),

465-472.

Ilgen, M. A., McKellar, J., Moos, R., & Finney, J. W. (2006). Therapeutic alliance and the

relationship between motivation and treatment outcomes in patients with alcohol use

disorder. *Journal of Substance Abuse Treatment*, *31*(2), 157-162.

doi:10.1016/j.jsat.2006.04.001

Lee, Khai Ling, & Mustaffa, M.S. (2011) Using art in counseling adults: A pilot study. *Asia

Pacific Journal of Counseling and Psychotherapy, 2:1*, 98-114.

Levy, N. B. (2001). The Yalom Reader: Selections From the Work of a Master Therapist and

Storyteller. *The American Journal of Psychiatry*, 158(4), 665-7. Retrieved from

http://search.proquest.com/docview/220472173?accountid=1229

Magura, S. (2007). The relationship between substance user treatment and 12-step

fellowships: current knowledge and research questions. *Substance Use & Misuse,

42*(2-3), 343-360.

Mann, Michal (Michelle), Hosman, Clemens M. H., Schaalma, Herman P., de Vries, Nanne K. (2004) Self-esteem in a broad-spectrum approach for mental health promotion, *Health Education Research*, Volume 19, Issue 4, Pages 357–372, https://doi.org/10.1093/her/cyg041

Matto, H., Corcoran Ph.D., Jacqueline, Fassler, M.S.W., Andreas, (2003). Integrating solution-focused and art therapies for substance abuse treatment: guidelines for practice. *The Arts in Psychotherapy,* Vol. 30, pp. 265–272

Matto, Holly C. (2002). Integrating art therapy methodology in brief inpatient substance abuse treatment for adults. *Journal of Social Work Practice in the Addictions,* Vol. 2

Moggi, F., & Crosby, P. (1999). Dual diagnosis patients in substance abuse treatment: relationship of general coping and substance-specific coping to 1-year outcomes. *Addiction*, *94*(12), 1805-1816.

Morley, Kristen C., Baillie, Andrew, Sannibale, Claudia, Teesson, Maree, & Harber, Paul S., (2013). Integrated care for comorbid alcohol dependence and anxiety and/or depressive disorder: study protocol for an assessor-blind, randomized controlled trial. *Addiction Science & Clinical Practice,* Vol. 8, p19

Narcotics Anonymous, (n.d.). Retrieved October 2, 2017 from the NA website: https://www.na.org/?ID=PR-index

National Institute of Mental Health, (n.d.). Retrieved September 23, 2017 from the NIMH website: https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml

Nevid, Jeffrey S., Rathus, Spencer A., & Greene, Beverly, (2013). *Abnormal psychology in a changing world. Ninth edition.* Pearson Education, Inc.

Oster, Gerald D., & Crone, Patricia Gould, (2004). *Using drawings in assessment and therapy: A guide for mental health professionals. Second edition.* New York, NY: Routledge

Patkar, Ashwin A., Weisler, Richard H., (2017). Opioid abuse and overdose: keep your patients safe: identify patients at risk, ensure an accurate evaluation, and treat the underlying disorder. *Current Psychiatry,* Vol. 16.8, p. 8

Rathus, Spencer A., (2013). *Psychology concepts and connections. Ninth edition.* Pearson Education, Inc.

Rubin, Judith A., (2010). *Introduction to art therapy: Sources & resources.* New York, NY: Routledge

Sahley, Billie J., (2006). How we become addicted. *Pain and stress publications.*

Salsali, M., & Silverstone, P. H. (2003). Low self-esteem and psychiatric patients: Part II - The relationship between self-esteem and demographic factors and psychosocial stressors in psychiatric patients. *Annals of General Hospital Psychiatry*, *2*(1), 3.

Silverstone, P. H., & Salsali, M. (2003). Low self-esteem and psychiatric patients: Part I - The relationship between low self-esteem and psychiatric diagnosis. *Annals of General Hospital Psychiatry*, 2(1), 2.

Silverstone, P. H. (1991). Low self-esteem in different psychiatric conditions. *The British Journal of Clinical Psychology*, *30 (Pt 2)*185-188.

World Health Organization, (n.d.). Retrieved September 23, 2017 from the WHO website at: http://www.who.int/mediacentre/factsheets/fs369/en/