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Moving Towards Gray: Art Therapy and Ambivalence in Substance Abuse Treatment

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Abstract

Although some consider the 12-step method of Alcoholics Anonymous to be the treatment of choice for people struggling with substance abuse, differing approaches have been developed within the area of addictions. Motivational interviewing (Miller & Rollnick, 2002), enacted within a stages-of-change model (DiClemente & Velasquez, 2002), seeks to explore ambivalence and promote self-efficacy throughout the initial stages of substance abuse treatment rather than confront denial or highlight one's powerlessness over drugs. Theoretical and applied strategies are explored in an attempt to effectively connect these newer models of substance abuse treatment with therapeutic artmaking. A case presentation is offered to illustrate how supporting a client's emergent ambivalent thoughts may strengthen both continued recovery and maintained sobriety.

Introduction

Within our society, the abuse of alcohol and drugs presents broad consequences that affect every individual on some level. For more than half a century, Alcoholics Anonymous (AA) and other 12-step approaches have been the dominant form of intervention offered to individuals suffering from chemical addictions. Gradually, however, alternative treatment models have been introduced within many drug and alcohol treatment centers. Motivational interviewing (MI), closely aligned with a stages-of-change (SOC) therapy model, has become more common in many of these agencies. Art therapy, active within multiple aspects of the mental health field, has been utilized for several decades now as a treatment modality with individuals suffering from addictions. What has been the focus in the art therapy literature concerning drug and alcohol abuse? Does the art therapy field recognize the newer models of substance abuse treatment? Through the literature related to MI and SOC, can some connection be created that supports the use of art therapy with these emerging models of treatment? These questions are examined further.

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Literature Review

Art Therapy and Substance Abuse

In the introduction to an issue of *The Arts in Psychotherapy* devoted to the topic of substance abuse treatment, D. R. Johnson (1990) openly stated his professional bias: "AA has done well, why get in its way? The fundamental question becomes: What can the creative arts therapies add to the 12-Step process?" (p. 296). Johnson continued by stating that creative arts therapists can be especially effective in helping clients overcome denial and shame, allowing them to admit their life is out of control (Step 1 of AA). Two subsequent articles within that particular issue focus on the use of art therapy in conjunction with the treatment model established by AA. With its revealing title "Breaking Through," the article by Cox and Price (1990) discussed strategies for getting beyond the addicted client's defense mechanisms of denial, shame, and guilt through the use of incident drawings—a technique that combines "art expression with work centered around issues of unmanageability, being out of control, and powerlessness [that] can foster the admission of alcoholism/drug addiction, which in turn encourages [clients] to engage in further treatment" (p. 334). To further the concept of unmanageability, Cox and Price chose to use the fluid media of paint with their clients because it is more difficult to control. According to the authors, most images typically depicted a personal instance of pain, guilt, shame or loss, such as prostitution, accidents, death, abuse, fights, and strained relationships.

In another reflection on substance abuse, L. Johnson (1990) stated, "The name of the disease is shame" (p. 301), and because of this shame around one's powerlessness, denial is perpetuated along with the continued addiction. In a section entitled "From Darkness to Light," the author offers examples of a client's artwork that purportedly represent the 12 steps of recovery. The first image contains a pierced heart, dripping blood, and a volcanic explosion, at which the therapist exclaims: "Surely, this is hell!" (p. 303). The final drawing pictures the client's supposed self-image, dramatically raising his outstretched arms towards a shining sun in a blue sky: "The person has come completely out of hell, leaving the fire behind" (p. 303).

These articles by Cox and Price and L. Johnson have been examined because they appear indicative of art therapy's current response to treatment of addiction in the professional literature, at least within the United States. Found in a majority of art therapy academic works is a fixed

adherence to the 12-step model, a focus on using artmaking to confront client denial, and an implied sense of absolute transformation once the client admits powerlessness. For Allen (1985), the primary goal of art therapy for this population was to break down the clients' resistance to substance abuse treatment by "storming the ramparts of defense" (p. 12).

The same confrontive treatment goal has been suggested by several other authors. Addressing AA's Step 1, Potocek and Wilder (1989) "create an atmosphere of hopelessness, isolation, and darkness by simulating a bottomless pit" (p. 100) through a circular arrangement of chairs into which clients entered to draw on their hands and knees. Feen-Calligan (1995), in an attempt to foster helplessness, recommended using turpentine and oils for media, along with having individuals draw with their eyes closed or with their nondominant hand. Julliard (1995) suggested, "Treatment programs should focus on heightening patients' awareness of their powerlessness over their addiction" (p. 110). This author assessed clients' acceptance of Step 1 through the observation of overly idyllic imagery: "All the Recovery collages…with their images of natural beauty, close relationships, and bright colors presented a strong, positive contrast to the Addiction collages" (p. 117). Interestingly, Julliard dismissed specific "recovery" collages that contain images of anger, loneliness, and fear, explaining that these clients were new to treatment and were unsure how to complete the directive.

Art therapy approaches that target alcohol and drug abuse without reliance on the AA model of treatment are seldom found in the professional literature of the United States. In her work *Art Therapy Practice,* Wadeson (2000) offered a selection of current views within the field, including previously unpublished contributions. Through communication with Edward Foss, Wadeson relayed his use of teaching clay sculpture to chemically addicted clients. Foss emphasized the here-and-now artmaking process as a metaphor for life experiences, offering clients an appropriate emotional outlet, a sense of accomplishment, and an opportunity to successfully work through frustration. In discussing Betty Wolff's 1993 master's degree thesis, Wadeson (2000) described Wolff's use of "addiction monsters" to confront the denial of substance abuse. However, rather than present unambiguous examples of complete personal transformation, Wolff noted that a particular image of a brightly colored bird may symbolize the continuous attraction the client still has for drugs. Like Foss' use of the creative process to focus on the here-and-now, Forrest (1975) spoke of art therapy within substance abuse treatment as an ideal mode of emotional self-expression: "Most alcoholics…cannot find the means to be aware of their feelings or of themselves as a complete entity because of the alienation and separation they feel, both from the world and their bodies" (p. 39).

Besides these works, only one other article could be located within the American art therapy literature that does not link substance abuse with the 12-step model. Rooted in a psychodynamic background, Albert-Puleo (1980) recognized the root of substance abuse as a learned narcissistic withdrawal defending against the experience of anger and other unpleasant feelings. Applying analytic techniques, Albert-Puleo advocated encouraging client resistance to strengthen it, demonstrated by a refusal to produce or complete artwork. This seemingly paradoxical approach avoids confrontation thereby promoting narcissistic transference and "resolving the obstacles to the expression of internalized aggression" (p. 52).

Although most of the art therapy literature in the United States links substance abuse treatment with the 12-step approach, British art therapists tend to offer a different viewpoint. Grounded in a traditionally psychoanalytic foundation, art therapy literature of Britain has considered substance abuse treatment to be linked with more exploratory, rather than confrontive, psychotherapy. The edited book *Treatment of Addiction* (Waller & Mahony, 1999) serves as an illustration of this alternative perspective. In the introduction, Waller and Mahony identify several core art therapy applications within substance abuse treatment, such as protection of psychological defenses, provision of containment, and development of self-esteem through identification of client strengths. Diane Waller (Waller, Pleven, & Groterath, 1999) reported that art therapy had not only increased clients' creativity through art interactions but was useful in containing mixed images (heaven-hell, black-white, virgin-whore) that represented clients' ambivalence about recovery. Springham (1999) elaborated on the psychodynamic contribution that art therapy provides to this population, discussing unconscious infant narcissism as it relates to adult substance misuse. From this viewpoint, Springham outlined ideal treatment goals: "The primary aim for the therapist is to try to help the patient conceive of both good and bad aspects of the substance" (p. 148), and the secondary aim is "to support ambivalence in the therapy in order for it to be experienced less catastrophically" (p. 148). Rather than view addiction itself as the central issue, Springham suggested that attention be paid to the deeper, preambivalent hopes that narcissism unconsciously nurtures.

Two distinct perspectives emerge from the art therapy literature concerning the treatment of drug and alcohol abuse. Authors who represent most American art therapy contributions (Cox & Price, 1990; L. Johnson, 1990; Julliard, 1995, 1999) have linked artmaking with a narrow view of the 12-step model. As a result, treatment has focused on breaking down resistance, fostering powerlessness within addicted individuals, and encouraging the creation of distinctly positive images of recovery. Although a handful of American art therapists (Wadeson, 2000; Forrest, 1975) have offered an alternative perspective on substance abuse treatment, it is the contributions of British authors (Waller, Pleven, & Groterath, 1999; Springham, 1999) that have offered a current, cohesive framework for therapy without adherence to a 12-step approach. Rooted in a psychodynamic understanding, treatment goals are aimed at strengthening psychological defense mechanisms, promoting client strengths, and supporting emergent ambivalence towards recovery.

Current Models of Substance Abuse Treatment

Developed in the 1990's, MI has been defined by Miller and Rollnick (2002) as "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (p. 25). Incorporating a Rogerian approach to treatment, motivational counselors ironically accept addicted clients *as they are* providing an empathic atmosphere, listening reflectively, and normalizing stated ambivalence when possible. By examining discrepancies between client behavior and personal goals, the therapist allows the individual abusing substances to present arguments for change. Miller and Rollnick have equated resistance with an inadequate response on the part of the therapist and recommend avoiding argumentation and leaving unopposed observed resistance (i.e., interrupting, negating, ignoring):

> 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. (p. 45)

Through a belief that responsibility and possibility for change ultimately lie with clients, the counselor implicitly supports an individual's self-efficacy. Throughout *Motivational Interviewing: Preparing People for Change* (2002), Miller and Rollnick have presented a comprehensive overview of their counseling theory, including specific interviewing techniques aimed at building motivation for change and strengthening the subsequent commitment to modify one's lifestyle. For the purposes of this literature review, technical details of practice will be set aside in favor of examining the broader tenets of motivational interviewing.

Miller (1996) recognized that the style of MI is unlike certain stereotypical notions of how substance abuse counselors should act: "The treatment of addictive behaviors has sometimes been thought to require aggressive confrontation, a tearing down of defenses, coercion, and a wariness to avoid being deceived or conned" (p. 840). Examining a range of motivational methods, Rollnick et al. (2002) determined that the underlying characteristics within this model include therapist flexibility, toleration of uncertainty, silence to generate anxiety-free thoughtfulness, and an ability to refrain from arguing or providing solutions. Looking at the role of personal values in the context of MI, Wagner and Sanchez (2002) emphasized that the goal in treatment is not to change values but to identify less problematic ways of achieving them. These open, flexible, and nonmanipulative qualities are also shared with the theoretical SOC framework.

DiClemente and Velasquez (2002) have stated that MI and SOC are a "natural fit," in that motivation "provides the impetus for the focus, effort, and energy needed to move through the entire process of change" (p. 202). Developed about a decade before MI emerged, SOC served as a theoretical model of the observed addiction cycle. In *Addiction and Change: How Addictions Develop and Addicted People Recover,* DiClemente (2003) has outlined the SOC model as it has evolved, thoroughly exploring the individual stages of precontemplation, contemplation, preparation, action, and maintenance. For those caught in active addictions, the precontemplation stage "appears to be a static period with little happening except an accumulation of consequences" (DiClemente, p. 113). Problems are resolved in a manner that allows the addiction to continue, and the individual frequently does not recognize that a substance abuse problem exists, let alone a need for change. Confrontation at this stage, according to DiClemente, is a considerable risk because it frequently creates a greater division between the addicted person and the helper. Instead of confrontation, an empathic approach is recommended in which attitude shifts and accurate information processing can be fostered. As one enters the contemplation stage, the decisional balance is weighed in the face of ambivalence: "The work of Contemplation involves an extensive, personal, and accurate evaluation of the pros and cons associated with the particular addictive behavior and the prospect of change" (DiClemente, p. 140). The preparation stage involves the creation of an effective plan that is built around self-knowledge, concrete details, and personal strengths and weaknesses. As its title implies, the action stage involves committed behavioral responses in conjunction with a plan, allowing for revision as needed when relapses or slips occur. A felt realization of one's self-efficacy is extremely critical at this stage as well as during the emergent maintenance period of recovery.

Connecting the SOC model to treatment intervention, Prochaska (2000) identified a number of major processes that correspond to each stage. Suggesting that about 80% of clients in treatment settings are either in the precontemplation or contemplation stage, Prochaska recommended implementation of consciousness raising, increased emotional arousal, reevaluation of the environment, and accurate assessment of one's life pre- and postchange. Action-based coping skills are contraindicated because the majority of clients are not ready to consider behavioral modification, and pressured or coercive methods tend to backfire during the precontemplation stage. The roles of the therapist during the early stages of change can be interpreted as "nurturing parent," "Socratic teacher," and "experienced coach" (Prochaska, 2000).

In selecting interventions during the stages, Connors, Donovan, and DiClemente (2001) suggested that instead of focusing on breaking down denial and resistance, the construct of building up motivation helps place the work of therapy in a more positive light. These authors suggested that by fostering clients' imagination, experiential encounters, and psychodramatic role play, addicted individuals are helped to more effectively reevaluate the self through stimulation of affective arousal.

The literature related to MI and SOC brings up a question posed earlier: Can some connection be created that supports the use of art therapy with these current models of treatment? Miller (1996) has reflected on why nonconfrontive MI may be effective:

> The voluntary road away from the gratification cycles of addiction seems to involve the human frontal cortex, the processes of valuing and choosing and deciding. Models for effective and lasting change may have more to do with processes colloquially described as "making up one's mind" than with counterconditioning and skill training. (p. 841)

Artmaking, no matter what media or directive, generally involves utilizing those same cognitive processes of valuing, choosing, and deciding. Additionally, the creative process itself—carried out through gathering materials, exploring media, choosing tools, and active making and revising—corresponds remarkably well to the five stages of change.

It seems evident that literature (Cox & Price, 1990; L. Johnson, 1990; Julliard, 1995, 1999) linking artmaking with the 12-step model shares few characteristics with MI because the art process described remains focused on breaking down resistance, fostering powerlessness within the addicted individual, and creating decisively positive images of recovery. Conversely, art therapy (Waller, Pleven, & Groterath, 1999; Springham, 1999) rooted in a psychodynamic understanding of chemical dependence seems to offer treatment goals aimed at strengthening psychological defense mechanisms, promoting client strengths, and supporting the emergence of ambivalent thoughts and feelings towards recovery. These latter objectives are shared by motivational counselors who work within the SOC framework. Art therapy seems uniquely capable of bridging the psychological gap between the cognitive-behavioral concerns of MI and the traditional psychodynamic focus on clinical narcissism. Rather than view these two approaches as unrelated, art therapists can successfully combine the demonstrated strengths of each framework in order to effectively motivate individuals struggling with alcohol and drug addictions, gently yet firmly moving them closer to change. The following case presentation illustrates how art therapy can be practically introduced within these theoretical frameworks.

Treatment Overview

David is a 40-year-old client, moderately overweight with unkempt brownish gray hair, who met criteria for cocaine, methamphetamine, and marijuana dependence. His childhood experience was marked by emotional abuse and neglect. At age 15 the client began smoking marijuana; 10th grade was the last academic year he completed. For the next 23 years, he worked full-time at a large grocery store, eventually becoming an assistant department manager; however, substance abuse resulted in the loss of this job and several years of unemployment that continued until the time he was seen in treatment. He was arrested multiple times for DUI and other charges and at one point was incarcerated for 30 days. He has three school-age sons who live with their mother.

After several previous attempts at sobriety, David self-enrolled in outpatient services. He had been abstinent for seven weeks prior to treatment and had already created a structured support system that included daily involvement with prayer meetings, attending 12-step groups, phone lists, and practiced self-talk. No psychological disorders were currently evident beyond the noted substance dependence.

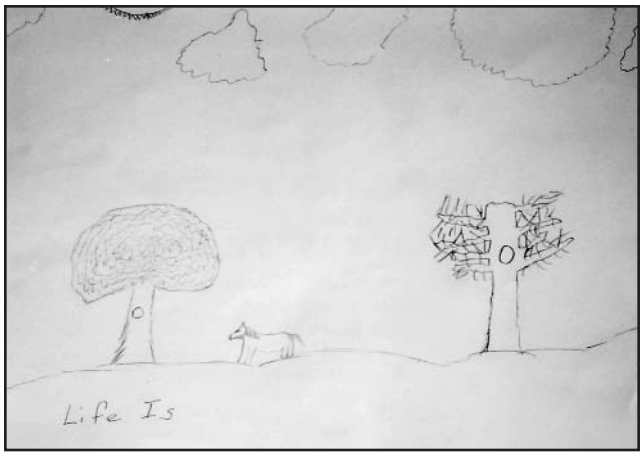

Figure 1

Art Therapy Assessment

The limited contact between David and me during art therapy groups quickly evolved into weekly one-hour individual sessions at his request. This course of voluntary one-on-one meetings began with a formal art therapy assessment. For the purposes of this article, one of the five assessment directives will be highlighted: David's initial free drawing (Figure 1), used to assess his capacity for self-structuring. Entitled "Life Is," this drawing in graphite pencil presents a landscape with a tree whose plentiful foliage appears full and lush, contrasted with another tree whose empty branches suggest death and sterility. A lone horse is positioned nearer to and facing the flourishing tree under a sky filled with jaggedly edged clouds and a serrated sun encompassed by a multitude of teeth-like spikes.

David delivered a rather melodramatic narrative after completion of the artwork that involved a desire to turn towards an idealized existence free of alcohol and drug use and away from a past addiction characterized only by death and barrenness. However, the visual language of the artwork—the images' broken, slashed, and frenetic linework conveying an overall feeling of anxiety and uneasiness—contradicts this somewhat romanticized description. The emotionally apprehensive quality of the drawing, when paired with David's verbalized narrative of complete and idealized transformation, indicate an ambivalent creation that fits nicely with MI and SOC concepts.

Individual Art Therapy Sessions

David appeared eager to engage in art therapy, especially because he voluntarily initiated individual sessions. It seemed as though his personal recovery strategy was primarily to remain busy and not alone, which I felt was a very appropriate course of action. In addition, I realized it was important to sustain and increase his sense of self-worth and self-efficacy. Therefore, throughout the art therapy sessions, he needed to view his final products as successful and

Figure 2

Figure 3

aesthetically pleasing. Further, emphasizing and reminding him of his personal values appeared to be helpful in sustaining his desire for abstinence.

To highlight the collaborative approach espoused by MI, a treatment plan for future sessions was developed by both David and me, with the client wanting art therapy to be a creative outlet from which he could "learn more about myself." As is the case with many clients, David did not fit neatly into one specific stage of change—his over 60 days of abstinence placed him within the action stage; however, instances of idealized and clichéd images in the art therapy assessment suggested an earlier stage of change. Relying on Prochaska's (2000) estimation that 80% of substance abuse clients are in a precontemplation or contemplation stage, I decided—at least initially—to approach working with David as an already motivated client still struggling to reconcile ambivalent thoughts and feelings about recovery.

Pro-Con Collage

After the completed art therapy assessment and formulated treatment plan, David was offered a 3' x 4' sheet of paper, divided into four sections. He was also given a box of magazine pages in order to find both images and words to paste within the four areas. As shown in Figure 2, each quadrant of the completed collage represents one of the following categories: "the pros of using," "the cons of using," "the pros of not using," and "the cons of not using." This directive, closely tailored to early SOC theory, was designed to foster some acknowledgement of why substances were abused, thus strengthening the chances for avoiding relapse and continuing sobriety long-term. Initially, David expressed some hesitation in considering the pros of using and cons of not using, stating, "I try not to think about that… I'd rather not dwell on those thoughts." This statement clearly indicated avoidance of ambivalent feelings towards substance abuse. He was encouraged to do the best he could and began quickly paging through the collage images, creating several piles of possible selections. Even with assistance in gluing the magazine pictures to paper, he needed three sessions to complete his ambitious arrangement of over 70 images plus another entire session to observe and discuss the finished product.

According to David, the region dedicated to the pros of using touched on issues of fantasy and escape and also illustrated that drugs were a "stable and predictable" factor in his life with their "instant" effectiveness. Noticing that several empty spaces were evident in this quadrant, he remarked, "My life was never really full over there anyway." The collaged images for the associated cons focused on the "overpowering" and "smothering" quality of substances, as well as drugs producing an overall lack of motivation in his life. Within the section for the pros of not using, ideas around enjoying nature, engendering a happier family life, and creating an improved diet were discussed—relatively concrete goals that suggested a realistic outlook on recovery. Devoted to the cons of not using, the final area (Figure 3) contains several images of a contrasting or ambiguous quality (e.g., thumbs up and down, the phrase "neither here nor there," conjoined siblings). While discussing this section, David reluctantly stated that urges and cravings for drugs were still an "occasional" reality for him. Along with the images depicting "being of two minds," visual references to feeling "alone" and to encountering the "hard work" of sustained recovery were discussed, which suggested a growing realization that recovery cannot be fruitfully idealized or romanticized. After the collage was completed and posted on the office wall, David stated, "I'm really impressed with that," further remarking that he enjoyed the medium of collage because it "allowed for more time to think about pictures and ideas." At his request, the collage remained hanging in my office and was frequently referred to by both of us throughout the course of our sessions together.

Hypothetical Greeting Cards

Following the successful completion of the pro-con collage, David was given the opportunity to create a total of three greeting cards—one from each of his sons. These cards were designed to be hypothetical in nature in that they were created as if being sent *from* the child *to* his father. An empathic expression by the therapist is one of the pillars of MI and an examination of what the client values is a focus of SOC theory; this directive sought to combine both of these aspects of treatment. It was hoped that by reminding David how much he valued the father-son relationship with his children, the likelihood of eventual relapse would be lessened. The selection of paper size and media was left to his discretion, as was the eventual design and message. About 1/2 hour was taken to complete the first card from the youngest son, a 10-year-old (Figure 4). A picturesque nature scene was glued on the cover, depicting a recent time spent with the child outdoors; the inside message contained thanks for a gift of toy army figures and a request to spend the upcoming weekend together. As he reflected on the idyllic nature scene on the cover, David expressed a fanciful wish to raise his sons alone in a beautiful and isolated setting. This wish suggested persisting idealistic thoughts of entitlement and of a glorified recovery process, as did the implicit wish for his ex-wife and family to be more supportive of his efforts to maintain sobriety. Making this card proved to be an emotional process for the client. To present the directive in a less painful and punitive light, I suggested that the remaining cards might contain helpful and positive messages that his older sons could relay to him—*not* idealized or unrealistic but truthful, supportive statements.

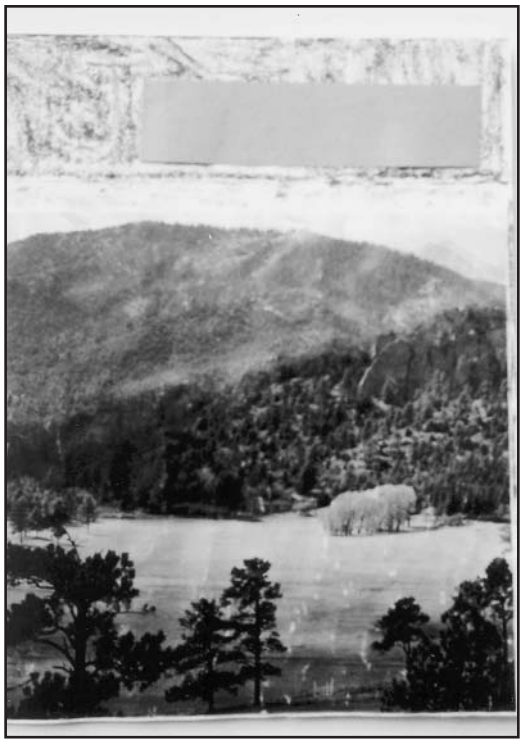

Figure 4

Check-in Drawings

At the start of every individual session, David was given up to 10 minutes to "check-in" and identify an emotion he had recently experienced by depicting that feeling state on a sheet of 8 1/2" x 11" paper (Figures 5-9). He chose from art materials that included markers, colored pencils, and oil pastels. As previously stated, Forrest (1975) speaks of art therapy as an ideal mode for cultivating awareness of personal emotions that have long been distorted by drug use. Consciousness raising and increased emotional arousal are also primary aspects of work in the contemplation stage, and so the ongoing exercise of check-in drawings seemed more than appropriate. The drawings served chiefly as an opportunity for David to express how he was feeling and for me to reflect that emotion back to him. Even though undoubtedly entire sessions could have remained focused on the check-in work, the clinical decision was made to consistently return to the ongoing project at hand (i.e., pro-con collage or greeting cards) as a metaphor for continuing the lasting work of recovery.

The initial check-in drawings during the first three weeks included rather formulaic images of hearts and butterflies. "Blessed" (Figure 5) offers a possible self-image of the client as a heavy-winged butterfly adorned with a large halo. Up to this point in the therapeutic relationship, the client seemed eager to share primarily positive recovery experiences, highlighting moments of success in the midst of suggested victimization by certain family members viewed as unsupportive.

Figure 5

Coinciding with a 90-day abstinence from drugs during week 4, "Determined Journey" (Figure 6) pictures footprints in the sand representing the "continued journey of recovery, coming out from the sea muck and onto solid ground." This work appears to be a significant departure from earlier check-in drawings as it depicts a somewhat more ambivalent quality around recovery efforts; the image also seems less cliché and a more authentic expression.

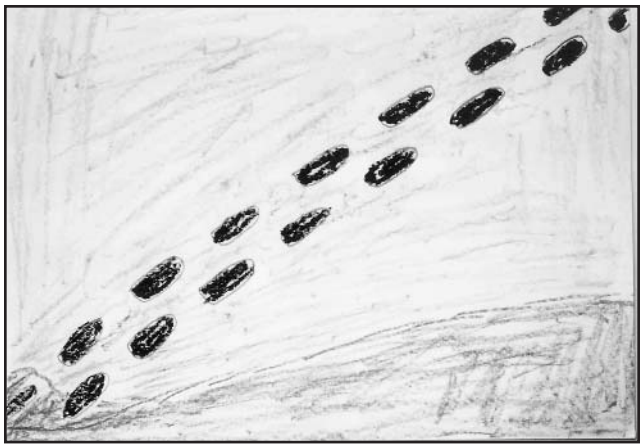

Figure 6

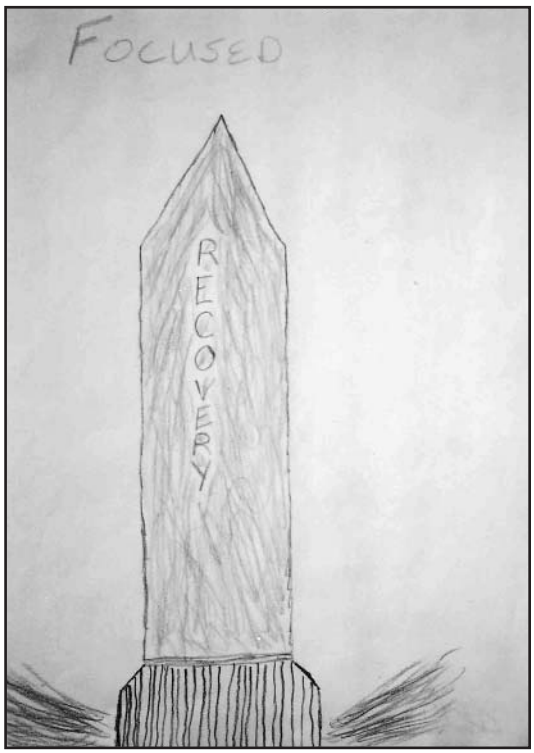

Figure 7

With the recognition of muck in this artwork, David was perhaps beginning to risk disclosure of uncertain and hesitant thoughts concerning his progression in recovery. He stated, "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." In response, I offered recognition and reflection of experienced emotional pain. "Focused" (Figure 7) pictures a "recovery" rocket about to launch and coincides with the client "deciding to take a few days off" from his scheduled routine. After choosing not to attend several 12-step support groups and prayer meetings, the client stated: "I was a bit concerned at first, but I handled it—I didn't slip or relapse or anything like that." At this news, I was unsure whether to interpret his actions as

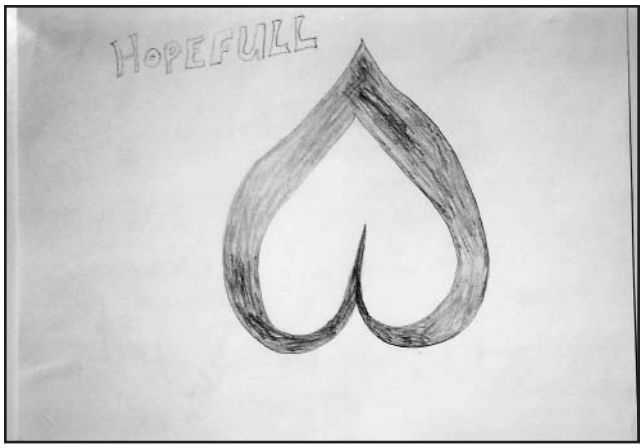

Figure 8

a deserved vacation, a period of self-testing, or a little of both. Leaving his days off unchallenged—especially as he had returned to his routine—I pointed out instead that the image of the rocket just now blasting off seemed to disregard almost four months of abstinence and challenging recovery work. Thus, client self-efficacy and free choice were emphasized in the collaborative spirit of MI and SOC, and I luckily avoided the traps of overinvestment and assuming the expert role, which could have led to disempowerment.

The next two check-in drawings included increasingly overt references to challenges faced during recovery. One of these, "Hope" (completed in week 8), is essentially a pie chart divided into three slices of "recovery" and five slices of "shame" surrounded by a golden-colored background representing hope. The segmented slices illustrated that for David, the process of maintaining sobriety was composed of pleasurable experiences as well as painful emotions and situations—an indication of growing comfort with ambivalence. During week 11 and at his request, David's entire collection of check-in drawings was laid out, looked at, and discussed. He noticed a difference between earlier and later drawings, stating that the initial works were "full of hope" but "unaware of the muck" that lay ahead in future recovery efforts.

Check-in drawings completed during later weeks of treatment presented a significant departure from David's previous artworks by containing overt references to normalized and expected feelings of ambivalence during the recovery process. For example, "Hopeful" (Figure 8) was designed as "two teardrops of sadness" that, when turned upside down, formed the shape of a heart. According to David, the following week's drawing (Figure 9) illustrated him as "one tree that is split down the middle." He emphasized both visually and verbally that this self-image was of a single tree with a grounded base, comprising two divergent outgrowths. It appeared that this poignant creation was an expression of his internal processing of ambivalent thoughts and emotions during recovery efforts. His images no longer relied on idealized notions or stereotypical clichés; rather, they embraced a more mature perception of reality.

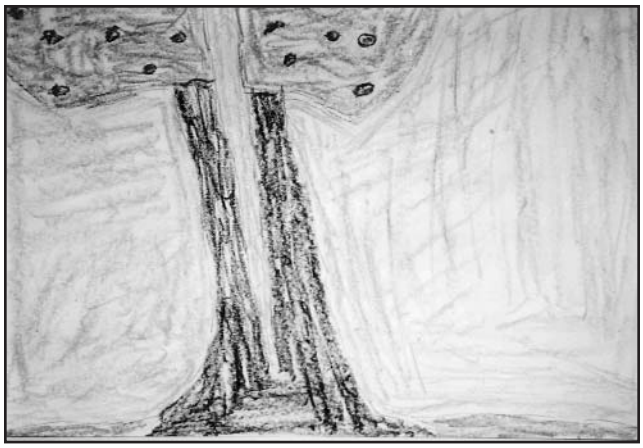

Figure 9

Discussion and Conclusions

The presented case study illustrates how the modality of art therapy might be successfully applied within the framework of motivational interviewing and the stages of change. Rather than promote aggressive confrontation, tearing down of defenses, and coercion within the treatment setting, a more collaborative atmosphere was encouraged at every session. At times this approach might seem counterintuitive or ineffectual to a clinician, especially when charged with helping a client whose life has been negatively impacted by dependence on chemicals. In my own experience with David, 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 provoking 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.

Along with encouraging self-efficacy within the client, collaboratively exploring ambivalent thoughts and feelings towards recovery is the hallmark of working within a MI and SOC framework and is a major distinction that sets this strategy apart from the more traditional 12-step methods and other treatment strategies. In working with David, it appeared as though a psychological shift occurred during the process of creating the pro-con collage. This can be seen especially in the section devoted to the cons of not using—an area that he initially hesitated even considering. Ultimately, his profound images and ideas that developed around being of two minds seemed to lay the cognitive and emotional groundwork for a growing realization that the process of sustaining recovery would not be as perfect or ideal as he imagined it to be. Check-in drawings completed during later stages of recovery also seemed to reflect an emergent internal acceptance of normalized ambivalence. Even with his emotional turmoil, David continued abstaining from substances and allowed his recovery strategies to transform and mature, gradually leaving behind notions of life as either black or white and moving instead towards a recovery more comfortable with inevitable shades of gray.

As stated earlier, Rollnick et al. (2002) have determined that the ideal characteristics of a motivational therapist include flexibility, a toleration of uncertainty, and a comfort with silence that generates anxiety-free thoughtfulness. It seems likely that these qualities are especially prevalent in art therapists—professionals who advocate creativity rather than rigidity, tolerance in the face of ambiguity, and contemplation as an alternative to rushed judgment. It is somewhat puzzling, therefore, that the art therapy literature dedicated to treatment of substance abuse adheres so closely to the 12-step approach alone—at least in the United States.

Lastly, the practical overlap of MI and SOC with a psychodynamic understanding of chemical dependence is surprising. These seemingly very different approaches share treatment goals aimed at strengthening certain psychological defense mechanisms, promoting identified client strengths, and supporting the emergence of ambivalent thoughts and feelings. As I continue to deepen my own knowledge within the field of addictions, my hope is that art therapy as a profession will more fully explore newer treatment models such as SOC and MI thereby allowing all theoretical viewpoints to contribute towards the cause of treating addictions.

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