

RUNNING HEAD: ART THERAPY FOR HOMELESS WOMEN

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From Darkness to Light: Art Therapy for Homeless Women with Co-occurring Opioid Use Disorder

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Second Reader

  
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Art Therapy for Homeless Women with Co-occurring Opioid Use Disorder

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A Thesis Submitted to the Graduate Faculty in Partial Fulfillment of the Requirements for the  
Degree of M.A. in Art Therapy

### Abstract

This paper discusses the importance of art therapy for homeless women with opioid addiction. It details the importance of aspects such as mindfulness-based relapse prevention, art therapy and mindfulness, spirituality, shame reduction and anxiety reduction. The therapeutic approaches that art therapy consists of allow for women to comprehend their mental illness and better be able to understand their addictive nature. The author being an artist and one who understands family dynamics of addiction provides the reader the ability to recognize how appropriate steps are necessary for preventative measures and maintaining stability.

### Acknowledgements

I would like to give thanks to my mom Janet for giving me the encouragement throughout my graduate career. Gloria Eslinger for providing the guidance I needed and Reverend Barb Certa-Werner for allowing me to bring my love for art to Harbor House Crisis Shelters to help the women through their journey of addiction and recovery.

## Table of Contents

Abstract .....	3
Acknowledgements .....	4
Introduction.....	6-7
Art Therapy.....	7-10
Opioid Use and Addiction.....	10-13
Homelessness/Stigma of Homelessness.....	13-15
Mindfulness-Based Relapse Prevention.....	16-20
Art Therapy and Mindfulness.....	20-21
Spirituality.....	21-23
Shame Reduction.....	23-24
Anxiety Reduction.....	24-25
Appendices of Case Studies.....	25-31
- Figure 1	
- Figure 2	
- Figure 3	
- Figure 4	
Conclusion.....	32
References.....	33-38

“The aim of art is to represent not the outward appearance but the inward significance”-Aristotle

An addiction is a concept that many see as an excuse to push away the difficulties of life. This assumption is not one that creates a supporting atmosphere for the individual suffering. Having an addiction is an action that is taken to create order to madness. It is capable of ruining thoughts, goals, and families. The ability to move forward is clouded by the drugs persistence. Art is capable of fostering change in individuals. It can help others understand themselves as well as one another.

“Not feeling is no placement for reality; your problems today are still your problems tomorrow”

Larry Michael Dredla

The field of psychology offers many forms of therapy to aid in substance abuse treatment and addiction recovery, spanning from cognitive-behavioral therapy (CBT), dialectical-behavioral therapy (DBT), or humanistic applications of psychotherapy. (Tanner-Smith, Wilson, & Lipsey, 2013) Other treatment forms with positive efficacy rates are non-therapy based, such as twelve-step programs including Alcoholics Anonymous and Narcotics Anonymous (Bogenschutz, 2008; Borman, 2008; Laudet, 2003) which provide members with a sense of purpose, helping others with shared experiences while reinforcing rewards of staying sober (Pagano et al., 2004). However, there is one relatively new form of treatment that is lesser known, but uniquely beneficial for helping those who suffer from addiction- this is the field of art therapy (Johnson, 1990; Mahony, 1999; Miller, 1995). While research has yet to evaluate the efficacy of art therapy to treat addiction, the intention of this paper is support the idea that art therapy, when used with appropriate addiction treatment programs can enhance the process of recovery and stability for homeless women with co-occurring substance abuse disorder by

## ART THERAPY FOR HOMELESS WOMEN

building a means of connection spiritually, improving mindfulness, reducing shame and overwhelming anxiety.

As an intern utilizing art therapy interventions in a shelter setting, where most of the women are current/past addicts I began to understand the grasp the addiction holds. Interactions, voice, intention and motivation seemed to slowly shrivel to a minimum for the women. Addiction, as I witnessed, tended to be strongly correlated with loss. Taking the time to assist women in the shelter mend what they had broken through their addictive behaviors and provide them understanding that the substance that they have used to numb their reality isn't a conquering one. This mending was the beginning of a dialogue, a new door for the women to gracefully enter.

### **Art Therapy**

Since its emergence in 1969, art therapy is a mental health treatment that utilizes traditional processes of counseling and psychotherapy integrated with creative processes of artistic expression (American Art Therapy Association, 2014) This treatment modality helps people resolve conflict(s), reduce stress and anxiety, manage grief, increase self-esteem and wellbeing, and work through maladjusted behaviors, attitudes, or conditions. (Allen, 1995; American Art Therapy Association, 2014; Holt & Kaiser, 2009; Wilson, 2012)

Art therapy is a creative, therapeutic engagement between a therapist and client, largely focused on art making as a form of emotional expression where words may not be beneficial. Often, specific art interventions are geared specifically toward the client's needs. In some cases, spontaneous expression may be used to enable the client to be free from constraints. The art therapist places "emphasis on empowering the participant to self-interpret their non-verbal

## ART THERAPY FOR HOMELESS WOMEN

expression, with the guidance of the art therapist” (American Art Therapy Association, 2014).

The art created is not to be diagnosed, as is a common misconception; the goal of therapy is cultivated through the relationship between the therapist and the client which is quite like traditional forms of therapy. The final product of artwork is not what is of interest, it is the creating experience and the growth of self-awareness, emotional exploration, and transformation that comes from the art making process that has the prime benefit. “Art is one resource that can lead us back to a more accurate assessment of what is valuable by working against habit and inviting us to recalibrate what we admire of love” (de Button & Armstrong 2013, p. 98)

Art therapy can be a significant treatment factor for an individual who is struggling with addiction. Addiction is a matter of the madness of the drug and facing reality, a place in one’s mind that can be conquered with the power of art. In a time of vulnerability, where the women in the shelter may feel as though they have hit rock bottom, there are exceptional interventions that can bring light (Holt & Kaiser, 2009). The healthiness within the process of art can sometimes power over the malicious actions of the drug, with understanding. The art therapy process helps the addict understand the addiction realistically along with how they perceive it to be. It helps a person practice introspective behavior while exploring life in a way that he or she has never viewed it (Holt & Kaiser,2009). When a drug takes control, there are more than physical differences that can be seen by the world; the most critical underlying issues reside in the mind (Holt & Kaiser,2009). Art therapists that center their work on addiction-based populations use a variety of materials to enable the addict to express their emotional state. The benefits of art can be seen on an individual basis or in a group setting, for example family intervention. With addiction, there is usually more than one person who is affected by the situation, the issue is that the addict has a hard time seeing and understanding the harm.

## ART THERAPY FOR HOMELESS WOMEN

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, pre-ambivalent hopes that narcissism unconsciously nurtures. Horay (2006)

Expressing ourselves in a healthy manner rather than taking behaviors out on ourselves, we can find what we are looking for, maybe to fill a void that the addiction was trying to replace. Through drawing, painting, sculpting, music, dancing, poetry and more, we can convey our experiences in expressive ways where words sometimes fail. Minds wander with free associations when we start to create, and often we can decipher the symbolism in each creation until we come back to it. The abuse of substances such as opioids can be related to mental health disorders as well (Hoyt & Kaiser, 2009). This duality is strong in that the mental disorder recognizes the use of drugs as self-medication. To alleviate the stress based off what we know about the use of drugs, art therapy can lead an individual out of that state of helplessness. Through art therapy, an addict can learn to help oneself by first going to meetings, getting support from others, and finding their inner strength (Art Therapy in Addiction Recovery, 2018).

For example, an art therapy directive such as past, present, and future collages can create a dialogue about where the individual suffering with addiction has been, presently is, and where they see their future. The importance of this directive is the initial response seen from the

## ART THERAPY FOR HOMELESS WOMEN

difference in each stage (AATA, 2014). When working with clients who are in active addiction, art therapists need to recognize the difference between addiction and recovery. There are four “R” words associated with recovery (Addiction Treatment in New Hampshire, 2017).

**Resilience:** Resilience is about adapting to stress and change in a way that helps you to become a stronger person over time.

**Roles:** Roles are about having a meaningful sense of your purpose and who you are outside of your addiction.

**Relapse:** Relapse means that symptoms of addiction/ or the addiction has returned and is a part of the recovery process, there will be ups and downs.

**Response:** This is a term that is used by helping professionals to work towards improvement in a person’s mental state/addiction as a result of treatment or therapeutic services.

While an addicted individual is making their way through expression it is crucial to forgive oneself for failure and know the process is not going to happen overnight. Moving into a healthier space is often a disorienting time in which many emotions can surface (Addiction Treatment in New Hampshire, 2017).

### **Opioid Abuse and Addiction**

William Compton (2015) recognizes opioid abuse as a devastating issue:

“Prescription opioid abuse and addiction, along with consequences such as overdose, death and increasing transition to heroin use, constitute a devastating public health problem in the United States. Increasingly it is clear that over-prescription of these

## ART THERAPY FOR HOMELESS WOMEN

medications over the past two decades has been a major upstream driver of the opioid use epidemic.”

Many often wonder what exactly opioid abuse is; it is a disorder defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) as:

Diagnostic Criteria of Opioid Use Disorder

305.50 (F11.20)

A. A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems cause or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.

## ART THERAPY FOR HOMELESS WOMEN

9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

10. Tolerance, as defined by either of the following:

- a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
- b. A markedly diminished effect with continued use of the same amount of opioid.

Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.

11. Withdrawal, as manifested by either of the following:

- a. The characteristics opioid withdrawal syndrome (refer to Criteria A and B if the criteria set for opioid withdrawal).
- b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

Opioid addiction leads to real changes in certain areas of the brain. Prescription drug addiction alters the circuits responsible for mood and reward behavior. In addition, long-term prescription drug abuse affects almost all the body's systems. Opioid withdrawal lasts from hours to several days, and sometimes weeks (American Psychiatric Association, 2000) After the intense initial symptoms subside, some physical and mental discomfort may linger beyond manageable time. The word addiction derives from the Latin word "enslaved by" or "bound to". Anyone who has suffered from an addiction, watched a loved one suffer, or has tried to help someone who had an addiction issue understands the severity. Today we recognize addiction as a chronic disease that changes both brain structure and function. Just as cardiovascular disease damages the heart and diabetes impairs the pancreas, addiction hijacks the brain (Pickens &

## ART THERAPY FOR HOMELESS WOMEN

Svilkis, 1991). Recovery from addiction involves willpower, certainly, but it is not enough to “just say no”- as the 1980’s slogan suggested. Instead people typically use multiple strategies- including psychotherapy, medication, and self-care as they try to break the grip (Pickens & Svilkis, 1991) The word hijack is not a dramatization, it is reality. When the addiction takes grip, and the individual has lost control, the brain has quite literally been hijacked. The ransom is more than just a person doing what they are told. It revolves around the mastery of a group of people who are willing to put effort into another human being in order to help them regain control. It is a matter of empathy and understanding even if you have never been led down that path before (Waller & Mahony, 1999)

### **Homelessness/ Stigma of Homelessness**

In most cases, homelessness is a temporary circumstance – not a permanent condition. It does not encapsulate *who* people are. So, from that perspective, the number of people who are homeless is very fluid – not static, as often naively thought. This population is determined through a snapshot in time (National Coalition for the Homeless, 2011)

Defining *who* is “homeless” can vary considerably, depending on the source and context used. But generally, the homeless are those who “lack a fixed, regular, and adequate night-time residence.” (National Coalition for the Homeless, 2011)

*Statistically, more than a half million people are sleeping outside or in an emergency shelter or transitional housing program on any given night, reports the National Alliance to End Homelessness (National Alliance to End Homelessness, 2016)*

## ART THERAPY FOR HOMELESS WOMEN

Research indicates that substance abuse is more common among the homeless than with the general population. It is estimated that:

- About 38% of the homeless abuse alcohol.
- Alcohol abuse is more common among the older set within the homeless population.
- About 26% of the homeless abuse drugs *other* than alcohol.
- Drug abuse is more common among younger homeless people (National Alliance to End Homelessness, 2016)

A survey conducted by the United States Conference of Mayors asked 25 cities to share the top reasons for homelessness in their region (United States Interagency Council on Homelessness, As Amended in 2015). 68% reported that substance abuse was the number one reason among single adults. According to a separate research survey, two-thirds of the homeless who were interviewed reported that abuse of drugs and/or alcohol was a major cause of their homelessness (United States Interagency Council on Homelessness, As Amended in 2015).

*In other words, the correlation is clear: substance abuse is a major contributing factor for many people becoming and remaining homeless (United States Interagency Council on Homelessness, As Amended in 2015).*

To cope with highly stressful life situations- such as family conflicts or dysfunction, traumatic loss or harm, devastating medical condition, abrupt career detour or disastrous financial loss, the newly homeless may turn to alcohol and/or drugs in an effort to self-medicate(*United States Interagency Council on Homelessness, As Amended in 2015*).

## ART THERAPY FOR HOMELESS WOMEN

Less than 25% of homeless people with an alcohol and/or drug addiction are likely to get needed treatment. A comprehensive approach is vital for addressing the many factors involved in homelessness (National Health Care for the Homeless Council, 2003).

A review of 20 facilities offering substance abuse treatment to the homeless found these characteristics:

- ***Housing access*** –A stable living environment is a critical factor in recovery of the homeless. (National Health Care for the Homeless Council, 2003)
- ***Well-trained staff*** –Compassionate, flexible and experienced care is vital to an effective program. (National Health Care for the Homeless Council, 2003)
- ***Client-centered services*** –A tailored treatment plan can provide a better pathway to recovery than a one-size-fits-all program. (National Health Care for the Homeless Council, 2003)
- ***Integrated services*** –Since the homeless often have co-occurring mental issues, having multidisciplinary professionals in-house can provide centralized, coordinated treatment for greater effectiveness. (National Health Care for the Homeless Council, 2003)
- ***Comprehensive services*** –Addressing the many complex needs of a homeless person – including survival and social needs – treats homelessness holistically (treats the whole person, rather than just symptoms) (National Health Care for the Homeless Council, 2003)

### **Mindfulness-Based Relapse Prevention**

In early recovery, after the individual has detoxed from the substance(s), he/she will experience physiological and psychological urges, cravings, and temptations to use the substance again (Ruden & Byalick, 2000; Wilcox & Erickson, 2000). In order to handle these impulses

## ART THERAPY FOR HOMELESS WOMEN

without consuming substances the individual must learn how to cope with daily stressors. Based on the cognitive-behavioral model, the most critical predictor of relapse is the individual's ability to implement effective coping mechanisms to deal with stressful, tempting and/or dangerous situations (Witkiewitz et al., 2005)

There have been several preliminary studies over the past forty years reflecting positive outcomes from mindfulness-based practices in the addictions field. The first documented studies relating to meditation and substance abuse date back to the early 1970s, with the emergence of a practiced referred to as a Transcendental Meditation (TM) technique (Aron & Aron, 1983; Marcus, 1974; Witkiewitz et al., 2005). TM is meditation practice that involves sitting comfortably for a period of twenty minutes (ideally, twice daily; once in the morning and once in the evening) while silently repeating a mantra, with a goal to achieve profound state of mental relaxation and physical awareness (Rosenthal, 2011). The repetitive silent/mental mantra used for meditation is a sound, or a word without meaning, that is believed to be the central ingredient for TM, allowing attention to be shifted inward (Marcus, 1974).

Five different survey studies were conducted in the 1970s and 1980s that looked at TM for substance abuse treatment, involving various participant group sizes (ranging from 60-1,862 participants). Each of these five studies resulted in positive outcomes, suggesting that this mindfulness meditation technique is effectively capable of reducing stress, anxiety, and tension (Aron & Aron, 1983; Marcus, 1974, Transcendental Meditation, 2015). As the aimed goal of drug use by abusers is often parallel to that of the TM outcomes. (to be relieved from stress, anxiety, etc.), it is suggested that TM may be an effective treatment option for relapse prevention (Marcus, 1974).

## ART THERAPY FOR HOMELESS WOMEN

While many of these early studies of TM draw subjective conclusions, there have been some that included questions directed at monitoring the amount of drug use for a prolonged period after the TM practices were introduced. More specifically, in a 1983 study, it was reported that substance abuse had gradually decreased or ceased altogether among participants who integrated TM practice into their daily lives for a period of two years (Aron & Aron, 1983).

A similar study in 1984 that was replicated in 1986 used a randomized trial to measure the efficacy of relaxation techniques, including TM, as a means of substance abuse reduction; participants who were administered the TM treatment were compared to a “no treatment” control group. Results reflected that the participants in the TM group self-reported a significant reduction in drug use compared to the control group. (Murphy et al., 1986; Witkiewitz et al., 2005).

More recently, in 2009, a Mindfulness-Based Stress Reduction Program (MBSR), initially developed by Kabat-Zinn in 1990 (Rappaport, 2014) found successful outcomes when implemented as a relapse prevention method at a community-based addiction treatment program for women. The MBSR program used for this 2009 study involved body scan exercise techniques to improve mind-body awareness, seated meditation aimed toward non-judgmental thought awareness and impulse control, mindful hatha yoga to encourage self-care and attentiveness to sensations in the body, and walking meditations to practice mindfulness of living in the present moment (Vallejo & Amaro, 2009).

The MBSR framework was constructed to have participants gain the ability to observe their emotions, bodily sensations, and thoughts in a systematic way that was free of judgment. This would initiate freedom to choose how to respond to urges, cravings and unwanted mental noises that commonly present in early recovery, instead of acting on impulse (Vallejo & Amaro,

## ART THERAPY FOR HOMELESS WOMEN

2009). Though the attrition rate of this study was high (57% of the one hundred and one participants dropped out of the substance abuse treatment program- a statistic that is not uncommon in the field of addictions), the remainder who did complete the program self-reported positive feedback in relation to MBSR (Vallejo & Amaro, 2009). This study was based on the participant ratings on 13 items relating to MBSR, at three different intervals throughout the eight-week substance abuse treatment program. Of the rating comparisons, eleven of the thirteen survey response items were found to have statistically significant improvements between the beginning and end of the eight-week program (Vallejo & Amaro, 2009).

Mindfulness-Based Relapse prevention (MBRP) was developed as an adaptation to MBSR targeted to the needs for individuals with addictive behaviors (Bowen et al., 2009; Rappaport, 2014). According to Bowen et al. (2009), MBPR practices “focus on increasing acceptance and tolerance of positive and negative physical, emotional, and cognitive states, such as craving, thereby decreasing the need to alleviate associated discomfort by engaging in substance use” (p. 296). As designed, fifty minute bi-weekly session of the MBRP is to begin with a brief guided meditation (e.g., body scan meditation or seated meditation) specifically focusing on using mindfulness-based skills to decrease reactivity of high-risk situations that could lead to relapse, followed by a group discussion. Participants of MBRP are also assigned exercise “homework”, provided through handouts, to practice their own between sessions (Wikiewicz et al., 2014). Through its intentionally mindful application, MBRP is designed to raise awareness of internal and external triggers and recognize onset of cravings, while at the same time foster more skillful behavioral choices (Bowen et al., 2009; Wikiewicz et al., 2014).

A pilot study published in 2009 used a randomized-controlled trial to evaluate the feasibility and efficacy of an eight-week MBRP program at an outpatient treatment facility

## ART THERAPY FOR HOMELESS WOMEN

(Bowen et al.,2009). Assessments were administered to the participants at the MBRP program initiation, upon the completion of the eight-week program, and at two months post intervention. The assessments focused on measurements of craving, acceptance, awareness, and days of substance use. Results indicated participants who received MBRP statistically had significant decreases on all items measured, compared to the control group who received treatment as usual. (Bowen et al., 2009).

More recently 2010-2011, a randomized trial comparing MBRP to standard Relapse Prevention (RP) was conducted with female offenders who were referred to a residential addictions treatment program through the criminal justice system (Witkiewitz et al., 2014). Assessments were provided to one hundred and five participants upon initial admission to treatment (baseline), at the midpoint of treatment, and completion of treatment. Follow-up assessments were also provided to participants at fifteen weeks post-treatment (of which eighty participants completed.) (Witkiewitz et al., 2014). Statistically significant results of the study indicated that participants who received MBRP compared to RP 96 % fewer days of drug use at the 15-week follow up date (Witkiewitz et al., 2014).

The outcomes research on TM, MBSR, and MBRP all suggest that mindfulness practices can bring happiness, contentment, release stress and tension, and expand awareness of consciousness without the use of substances (Marcus, 1974; Murphy et al., 1986; Witkiewitz et al., 2005), and can therefore be a useful coping mechanism for managing physiological and psychological cravings during early recovery.

### **Art Therapy & Mindfulness**

## ART THERAPY FOR HOMELESS WOMEN

Art and mindfulness have deep and profound connections in both application and experience (Bowen et al., 2009; Rappaport, 2014; Rosenthal, 2011). As stated by Rappaport (2014):

Together, they help to develop skillfulness in being able to become more aware of various dimensions of inner experience- feelings, thoughts, sensations, and energies; and transform them through mindfulness practices and/or creative means, release them in constructive ways, access inner wisdom, cultivate self-compassion and compassion toward others. (p.16).

Art therapy has been implemented with other mindfulness practices. In 2012, a Music, Imagery, and Mindfulness group was held at an undisclosed drug and alcohol rehabilitation facility for ten weeks in an outpatient setting (van Dort & Grocke, 2014). Each bi-weekly session within the ten week treatment series lasted for ninety minutes, and was comprised of mindfulness relaxation followed by a moment for silent mental imagery reflection, and concluded with members drawing a mandala, art created in a circular form used to explore the unconscious self (Malchiodi, 2010)- relating to their experience of the music provoked mental imagery (van Dort & Grocke, 2014). Prior to each session, participants were led into the music/imagery component with a mindfulness relaxation induction by the facilitator, where they were asked to focus on the sensations of each breath as it moved through each part of the body. Participants were asked to become aware of any images that arose behind closed eyes that allow them to take shape; free from judgement, criticism, or grasping. To conclude each session, participants were asked to share their mandala drawing of their experience in the group setting. Documented interviews with the participants reflect that the mindful art exercises produced rich, emotional experiences that could be explored in a safe environment, offering new realizations and understanding of

## ART THERAPY FOR HOMELESS WOMEN

“self” (van Dort & Grocke, 2014). This study proves the effectiveness of art in a shelter setting because it shows the mindfulness and self-exploration create a better understanding of environmental triggers which are preventing the women from grasping how emotional experiences are affecting their daily decision making.

### **Spirituality**

Clinical research has found that spirituality is a critical component of quality of life, especially for those who are suffering from chronic or terminal disease and is a crucial resource for individual coping with illness (Monod et al., 2011).

A theory held by Alcoholics Anonymous (2001) suggests that addiction is a disease deep-rooted in trauma and is often a result of spiritual malady. What exactly is spirituality? According to Oriah Mountain Dreamer (2005):

“Our *spirituality* is our direct experience of that which is paradoxically both the essence of what we are, the stuff of which everything is made, and that which is larger than us. We can call it God, the Sacred Mystery, the Great Mother, the divine life force, fertile emptiness, clear light awareness, love, beauty, truth, The possibilities are endless.(...) Fully present we experience a presence within and around us, an all-inclusive vastness that is beyond words or thoughts. These moments of being awake to the divine within and around us offer us a sense of purpose and meaning, an appreciation for the wholeness of life even as what we experience in these moments may be impossible to articulate or explain. (p.5)

Spirituality has been a primary foundation for recovery process within twelve-step programs since their emergence in 1935 with the founding of Alcoholics Anonymous. In a

## ART THERAPY FOR HOMELESS WOMEN

twelve step program, the person in recovery is advised that it is essential to discover a Power greater than him/herself, and rediscover what is important in life: ‘Just to stop using without other growth or change would simply frustrate a person who had not learned any other way to meet human needs’ (Farley-Hansen, 2001, p. 102). Maintaining and developing spiritual connectedness (a key component to finding success in recovery) involves recognizing “self” in a spiritual way.

Although fellowship in 12-step programs can encourage successful sobriety (Borkman, 2008; Pagano et al., 2004), many individuals have a strong resistance toward trusting in a Power greater than his/herself, and are therefore unwilling to work the steps of the program as outlined (Laudet, 2003); without willingness, no true individual progress can be made (Pagano et al., 2004). Art therapy can be a vehicle for spiritual connection for those who are unwilling to adopt a Higher Power in early sobriety (Feen-Calligan, 1995). The simple act of creating art is therapeutic by nature (Malchiodi, 2012) and can be an expression of spirituality aside from believing in a Higher Power. For example, unconscious thoughts can be visually realized through art making (Chickerneo, 1993), which can be a humbling and meaningful endeavor (Feen-Calligan, 1995). Art therapy can potentially help be a recovery tool that can be more beneficial than a 12-step program for those who aren’t willing to open their minds to spirituality.

There is an intimate relationship that exists between art and spirituality in which Farley Hanson (2001) states:

Its fruits resemble the outcome of many spiritual practices: a heightened awareness of self and other, a reawaking of the senses and the body, a new ability to inhabit fully the present moment, a sense of awe at the mysterious ways that images which visit us speak of realities beyond our conscious understanding, a

## ART THERAPY FOR HOMELESS WOMEN

greater sense of acceptance for all aspects of ourselves and others, love, compassion, and gratitude for some larger, deeper, ineffable presence to which all (human beings, animals, plants) belong. (p. 24).

Art therapy allows emotional turmoil, which may be difficult or uncomfortable to explain with words, to be expressed non-verbally (Farley-Hansen, 2001; Wilson, 2012). The unique outlet being brought into the process of recovery grants a sense of personal freedom. As Feen-Callahan (1995) states, “Recovery, art, and spirituality share certain qualities that lend support to the use of art as therapy in addiction treatment: Recovery, art, and spirituality all require commitment and consistent effort to know them” (p. 48).

### **Shame Reduction**

Shame in addiction appears to have an interwoven relationship; shame is attributed to being both the catalyst for addictive behaviors and a reason that they continue (Wilson, 2012). Reducing shame is crucial to the recovery process but has been noted to be rather difficult to directly address during treatment (Johnson, 1990; Wilson, 2012). According to Wilson (2012), “shame, by its very nature, seems difficult to describe with words or even to access through cognitive processes since shame is largely an unconscious experience defended against by a variety of maladaptive responses” (p.305).

Addicts in recovery are often confronted with intense and overwhelming feelings of shame and remorse when faced with the reality of past behaviors and potentially traumatizing experiences. Art therapist Marie Wilson (2012) feels the expressive approaches are well suited to reduce shame. She claims, “shameful approaches since they bypass rather than actively confront well practiced-defenses” (p. 305), can teach recovery concepts so the addict can address shame

## ART THERAPY FOR HOMELESS WOMEN

in a supportive manner, yet be accountable. Additionally, art therapy can help addicts recognize and identify their own manifestations of shame, by learning how to label it, separate shameful feelings from reality, and decrease cognitive distortions (Grosch, 1994; Wilson, 2012).

### **Anxiety Reduction**

Anxiety and addiction often overlap, existing concurrently (DuPont, 1995). Acute anxiety is a common unpleasant effect of drug withdrawal but is also a reason many people abuse substances in the first place, to self-medicate (DuPont, 1995; Kushner, Sher, & Beitman, 1990). Reducing anxiety (a psychological and physiological stress response) is necessary and important for an individual to make progressive strides in treatment (Malchiodi, 2012; Wilson, 2012). Art therapy is a unique, beneficial tool that can be used to uncover and identify sensory aspects of stress in the body, through visual expression (Malchiodi, 2012). Additionally, the act of making art can be a soothing, mindful activity, and thus reduce stress and anxiety (Curry & Kasser, 2011; Malchiodi, 2012; van der Vennet & Service, 2012).

The act of coloring in symmetrical, complex patterns (such as a mandala) has been documented to induce a calming state of mind-body like meditation (Curry & Kaser, 2011; Malchiodi, 2010). Curry and Kasser (2011) conducted a study to examine the effectiveness of various art activities in relation to stress reduction. Anxiety levels were measured at three intervals throughout the study, occurring at the beginning (baseline), after a brief anxiety induction, and again after the coloring exercise. Three comparison groups were used where all three groups were asked to write for four minutes about a time. They experienced intense fear, as a means of inducing anxiety. Participants were then randomly assigned to one of three groups; either to color a mandala, a plaid design, or a blank piece of paper for free form drawing- where they could color for a period of 20 minutes. Anxiety measurements reflected both the mandala

## ART THERAPY FOR HOMELESS WOMEN

and plaid coloring groups had statistically significant reduction to anxiety levels after the 20-minute coloring period, from baseline anxiety (Curry & Kasser, 2011). Findings were attributed to the notion that coloring complex designs has meditative qualities (Curry & Kasser, 2011). These outcomes were consistent within a replication study conducted one year later (van der Venet & Service, 2012), suggesting that coloring symmetrical, pre-drawn design can be an effective way to reduce anxiety.

### **Art Therapy Practicum Experience-Case Studies**

When I started my graduate career, I interned in many settings but the most impactful were Genesis Recovery Services, Douglas County Jail, and Harbor House Crisis Shelters.

For confidentiality purposes, the names of each individual client have been changed. The art that is presented may trigger emotions for the reader. I am not sharing a specified diagnosis, I am providing how art therapy helped through self-discovery, shame reduction, and recovery.

#### **Jasmine, Douglas County Jail: Recovery Analysis through Past/Present/Future**

Jasmine was one of the first women I met when I started my art therapy internship at the Douglas County Jail. The jail had been a revolving door for her- she struggled with addiction and behaviors associated with the addiction. When I met her, she was not hesitant to tell me her story. She related her life starting at a young age with her addiction issues. Her associates were a part of the “dope game” as she called it. She never knew a different life, but she knew that at some point there had to be more for her. The fast money and the high lead her to a future of prison. (At this point, I remembered my time at the Douglas County Jail. I was seventeen years old and decisions had brought me to my year within those walls. This triggered my memory

## ART THERAPY FOR HOMELESS WOMEN

about the groups and how the groups then impacted me as an individual) This is what I had hoped to provide for Jasmine.

Through our sessions I was immersed in self-discovery silently while I watched Jasmine discover aspects of herself that she had pushed to the side for so long. An intervention that was implemented was entitled “Tree of Life”. The tree of life consisted of drawing a tree: Roots: Write down where you came from. Ground: Write down things you choose to do on a weekly basis that keep you grounded. Trunk: Write down your skills and values. Branches: Write down your hopes, dreams and wishes. Leaves: Write down names of people significant to you.

This was a discovery approach in that there was discussion of the recovery process since she had been incarcerated and how many acquaintance’s she left behind in the beginning journey.

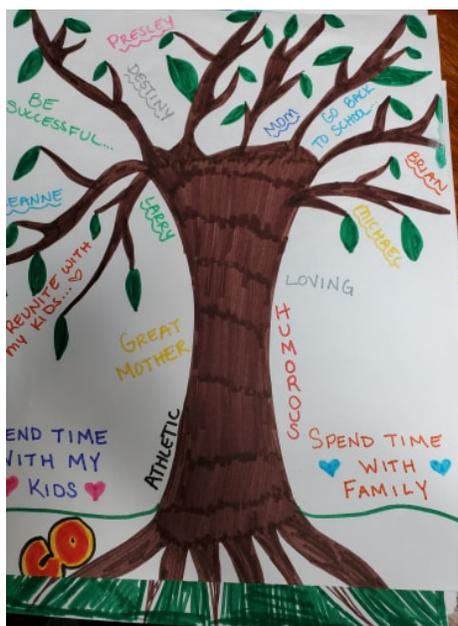


Figure 1.

Jasmine’s substance of choice was opioids. She described the use in a way I have never heard before. She created an everlasting memory within my mind of how the drug impacted her physically as well as environmentally. The more art that I did with Jasmine the more I realized how she was trying to piece her life back together one step at a time. The authenticity that she

## ART THERAPY FOR HOMELESS WOMEN

shared with me as the intern made me feel as though I had gained her trust faster than anyone else in this setting. Being triggered by the experience as it related to my own helped me process the dynamics of potential counter transference by my recognition and ability to work through those feelings in my own counseling session. By working through those emotions, I didn't shatter the therapeutic relationship. This was a chance for me as a budding professional to help lead her to the next successful chapter of her life.



Figure 2.

Art Interventions group at the Douglas County Jail enabled Jasmine to understand her transition to prison in a clearer manner. She seemed able to process her thoughts and understand how her actions come with serious consequences. By doing techniques such as past/present hands and the tree of life Jasmine was able to understand her life cycle on a broader scale. She saw who she was harming. She realized if she didn't make herself a healthy priority, she was creating chaos, not only for herself but for her children.

### **Amanda, Genesis Recovery Services: Bridge to Recovery**

Amanda, a woman who seemed to radiate strength and compassion, was a client at Genesis Recovery Services. During the time I served there her history of opioid abuse led her to

## ART THERAPY FOR HOMELESS WOMEN

chaos and turmoil and subsequently enrolling her at Genesis. Although Genesis was a program that her probation officer had chosen for her, she expressed her need for treatment as well. As an older woman, one with grown children and grandchildren, she expressed that this was not a life style that she wanted her grandbabies to witness. She repeatedly stated, “I never want my grandbabies to see my high, they are my motivation.”

As an art therapy intern, I appreciated her brutal honesty and her ability to speak about her addiction for others to understand. At this point in time she was confident in who she was, as an addict and she was never fearful of sharing her story through expressive modalities. I went to Genesis once a week for three hours. I participated in the group setting and introductions every time. I wanted to ensure that there was a comfortable dynamic with my presence. Amanda was always the first one to volunteer to share how her week had gone with all the ups and downs. She grieved for the loss of her husband to a thirteen-year prison sentence and spoke on how that was motivation for her to bring peace back into her life. During my interning experience the group participated in many expressive projects and Amanda attended every session. One project that she deemed most successful was the Recovery Bridge. This was an art-based intervention that revolved around past and present. The Recovery Bridge is an assessment that may provide insight into a person’s functioning, perception of his/her environment as a stable place, and perception of movement or stagnancy. Seeing as though this is a recurring theme in the recovery process, I thought it would be beneficial to creatively express that in this format.

## ART THERAPY FOR HOMELESS WOMEN

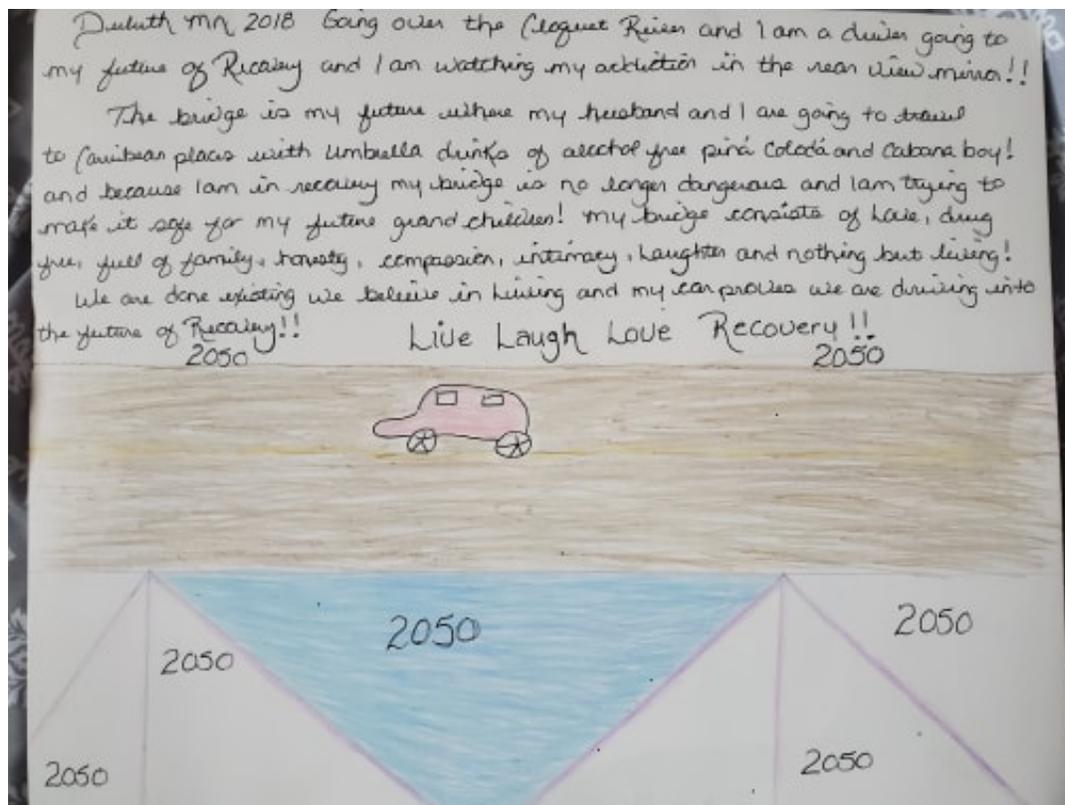


Figure 3.

The strength in the recovery bridge project is that it doesn't take an abundance of time and it is able to create a conversation about goals and the ability to move forward. In a group of fifteen, Amanda shared her desire for change and recovery. She implemented steps to understand her own art as well as allowing me to understand her process. This art intervention allowed individuals in the group to heal their mind and spirit while striving for recovery and the opportunities presented.

### **Sarah, Harbor House Crisis Shelters: Who Am I Collage**

Harbor House Crisis Shelter is the only family shelter in Superior, Wisconsin. There are two separate shelters and a transitional living center. Most recently a building was purchased for permanent supportive housing. The shelter can serve six families and four single women. In

## ART THERAPY FOR HOMELESS WOMEN

transitional living there are seven families. When I first started at the shelter as an employee, I was drawn to the women struggling with addiction on conjunction with their re-occurring homelessness. I was trying to figure out at what point that would come to a halt. It only took me a week to realize it wasn't that easy.

I met Sarah, an older single woman, within the first three months of being employed at Harbor House. She astounded me in that her story sounded like one I had read in recent addiction/recovery literature. She owned a house, had children, had vehicles, was well established at her place of employment where she had worked for many years- then the darkness started to roll in. She injured her back, had multiple surgeries, and in time became co-dependent- not only on men, but on opioids. Knowing that this was a pharmaceutical induced epidemic, I questioned how for so many years she struggled with such a sickness. Sarah was always willing to be honest with her present and past endeavors. She allowed me to see the reality of addiction outside of my own personal realm. I yearned to help her in a way that I yearned to help all the women, but I was intrigued by the way she described herself as she was struggling to stay sober. I introduced a collage idea to Sarah in hopes to better understand who she was versus who she was yearning to be. We created a time where art was apart of her daily routine. She then began to recognize this as a valuable coping skill.

The collage process is open-ended and a non-threatening way to introduce a therapeutic approach. It allows for individual creativity and representation of the individual's purpose and identity. Adding pictures and words put together a piece that enables clients to see what they value along with who they are becoming. The simplicity within the project is very powerful.

Sarah didn't see herself as an artist, in fact she had mentioned that in school she was often told she wasn't good enough which had deterred her from being creative in her younger

## ART THERAPY FOR HOMELESS WOMEN

years. I often reassured her that it was about the process not the product and she was able to continue to let loose. Through the collage, Sarah was able to recognize placement in her own life. She expressed the past and present understanding of her journey and addressed potential barriers to success. The difficulty with working with women at the shelter is that we have thirty days together. After that thirty days they venture off into a new or coexisting chapter, and I have learned to let them go knowing that I worked as diligently as possible to help them understand their addiction in a different light.



Figure 4.

**Conclusion**

## ART THERAPY FOR HOMELESS WOMEN

Art therapy is a powerful modality in the realm of homelessness and substance abuse however it is not capable of being the only treatment of the physiological effects of chemical dependency. Once the substance(s) are removed from the body completely, however, and withdrawal symptoms are lifted, art therapy interventions can guide the addicted individual through the process of recovery, helping him or her discover new ways to handle life and cope with cravings (Malchiodi, 2012).

The ability to execute raw expression through the therapeutic process and mindful engagement can support sustainable sobriety (Malchiodi, 2012) Utilizing art therapy in a shelter setting, as well as other settings where women are facing multiple difficulties can replace the desire and false need to be co-dependent on a substance to be a sole provider of comfort and joy fostering spiritual transformation (Farley-Hansen, 2001). The challenges of addiction and homelessness can be expressed through different artistic approaches allowing transformation through the burial of fear and leading the individual from darkness to light.

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