The Arts in Psychotherapy, Vol. 17, pp. 299–308. © Pergamon Press plc, 1990. Printed in the U.S.A. 0197-4556/90 $3.00 + .00

PERSPECTIVE

CREATIVE THERAPIES IN THE TREATMENT OF ADDICTIONS: THE ART OF TRANSFORMING SHAME*

LYNN JOHNSON, MS, RDT, CAC†

"It is the wounded oyster that mends itself with pearl . . ."

Ralph Waldo Emerson

For the past ten years I have worked as a creative arts therapist with substance abusers and their families. This has been a gift to me as a person and as a healing artist. Seeking to treat alcoholics has brought me face to face with may own codependency and toxic shame, and the need I have to rely on a Power greater than myself. I see myself as a "wounded healer," in the tradition of the shamanic, spiritual guide. I share my struggle through art and drama and dance and poetry, as I encourage my patients struggling with their addictions to share themselves, through their creativity, with me. The process is one of transformation. Miracles happen when addicts open themselves and discover the beauty of their inner nature. I would like to try to describe this process through examples of the work of recovering addicts with whom I have journeyed. But first I want to discuss the role of creative arts therapists in the treatment of addiction, our natural affinity for Alcoholics Anonymous (AA) and all Twelve Step recovery groups, and why we are especially suited to assist in the healing of shame and addiction.

The Creative Therapist as Shaman Healer

I believe that my creative therapist role with chemically dependent patients is similar to the role of the primitive shaman healer. This idea of the creative therapist as shaman has been thoroughly discussed and debated elsewhere (*The Arts in Psychotherapy*, Vol. 15 No. 4, Winter 1988), but I find it a helpful concept. I come to my patients in the role of an artist (dramatist, poet) as well as therapist. To be an artist is to know that art is

> a helper in time of trouble . . . a means of understanding the conditions of human existence and face the frightening aspects of this condition, the creation of a meaningful order offering refuge from the unmanageable confusion of the outer reality . . . . (Arnheim, 1990)

By definition, the shaman is an artist as well as a healer, using the tools of group ritual, imagery and imagination, rhythm and movement to evoke restoration of inner peace and harmony.

> The shaman was the original artist, dancer, musician, singer, dramatist, intellectual, poet, bard, ambassador, . . . entertainer, actor and clown, curer, stage

*This is dedicated to the memory of Galer W. (1922–1989), composer and musician for *No More Boos*, an original musical drama on recovery from alcoholism.

†Lynn Johnson is the Clinical Coordinator of "Another Street," a partial hospital program for adolescent substance abusers at the Veterans Memorial Medical Center in Meriden, CT. She was formerly the Coordinator of Creative Therapies at the Shirley Frank Foundation in New Haven, CT.

> magician, juggler, . . . folksinger, artisan, culture hero and trickster transformer. (LaBarre, 1979)

In our personal lives as artists we first experienced the healing power of drama or dance or art ourselves, which became the motivation to share those tools. Because I know the relief of writing my pain into a poem, because I have experienced the life changes brought about in the dream-like state of a psychodramatic protagonist, I want to help others do the same. As an artist-shaman-creative therapist, it is necessary to share one's art form, and therefore one's self, with patients. I draw in the art therapy groups; I act (model, direct) in drama therapy groups. In this process, my patients know me as a "wounded healer," a companion in a common struggle, a guide who can be trusted as the territory is known.

> The idea of the wounded healer . . . implies that some kind of personal transformation or inner work or crisis was encountered. This event then . . . imbued the healer with unusual knowledge about the way of things. (Achterberg, 1988)

The essential message that the shaman-therapist communicates is that all healing is within the patient, and the role of the healer is to remind or teach the patient this truth. As Albert Schweitzer stated when asked his thoughts on the effectiveness of native healers:

> The witch doctor (shaman) succeeds for the same reason all of the rest of us succeed. Each patient carries his own doctor inside him. They come to us not knowing this truth. We are at best when we give the doctor who resides within each patient a chance to go to work." (Cousins, 1979, pp. 68–69)

We arts therapists are in ideal modalities to aid patients in the journey of self-discovery, as our work leads inevitably to some sort of creative product that is the patients' own expression of self, whether it be a dance or a picture. Often, the first creations of a recovering addict are disclosures of extreme shame, anguish, and rage. We "wounded healers" are in an especially strong position to support and encourage patients at this crucial time, having gone through our own transformational experience of pain to peace through our artistic expression. This is the symbolic cycle of death and rebirth, so much a part of shamanic initiation, the necessary crisis that makes healing possible.

Rebirth and the Twelve Steps of Recovery

The symbolic death that is required of the recovering addict is the "ego collapse at depth" that Bill W., the co-founder of Alcoholics Anonymous wrote about to Carl Jung in 1961 (*The AA Grapevine*, November 1974, p. 29). The acknowledged success of AA and the Twleve Steps of recovery in the treatment of addictions as seen by their incorporation into virtually every chemical dependency rehabilitation center in the United States is a reason the creative therapies are so compatible with addiction treatment programs. AA is a spiritual approach to recovery, as the creative therapist-shaman is a spiritual healer. Michael Harner, anthropologist and trained shaman, wrote about one of the tasks the shaman performs:

> A shaman may be called upon to help someone who is *dis-spirited,* that is, who has lost his personal guardian spirit or even his soul. In such cases, the shaman undertakes a healing journey . . . to recover the lost spirit or soul and return it to the patient. (1980, p. 56)

This idea of being "dis-spirited" echoes Jung's letter in reply to Bill W. Jung wrote:

> His (a former patient's) craving for alcohol was the equivalent, on a low level, of the spiritual thirst of our being for wholeness, expressed in medieval language: the union with God . . . You see, "alcohol" in Latin is *spiritus,* and you use the same word for the highest religious experience as well as the most depraving poison. The helpful formula here is *spiritus contra spiritum. (The AA Grapevine,* November 1974)

The use and abuse and finally addiction to a chemical causes the addict to become "dis-spirited." The role of the arts therapist is to help patients regain their lost spirits through creative self-expression.

This rebirthing implies the death of the false-addicted self, the "ego" that Bill W. refers to, and the discovery of the true self or "the Self" as many spiritual teachers have called this precious essence of the human. Whereas the ego-self is associated with defensiveness and attachment, the Self is associated with creativity and love. "The Self is the wisest part of us, and is at peace with itself, the mind, others and the universe" (Whitfield, 1984).

The Twelve Steps of AA describe the birth of the

Self. The First Step calls us to admit the powerlessness and unmanageability of our lives. The next two steps connect us with a Higher Power, the source of the Self. When we work through Steps Four through Ten, we are confronting the results of our chemical dependency and codependency, and beginning to heal our lives and relationships. Step Eleven is about our continuing spiritual practice, and Step Twelve challenges us to become healers for others. *(Twelve Steps – Twelve Traditions, 1952).* Whitfield simplifies these steps to "struggle, confusion, surrender, seeing the light."

The Healing of Shame

Part of the mystery of chemical dependency is that it is seemingly a self-induced illness. The addict protects the relationship to the chemical (or the person, or food, or the behavior) even though it be fatal, by *denying* the cause of the problem. What feeds this strange contradiction? For the shaman healer or the Western practitioner of medicine, diagnosis or the naming of a problem is an act of power and the beginning of cure. I have realized that the name of the disease is shame. Wrote John Bradshaw: "Shame was the unconscious demon I had never acknowledged . . . In naming shame, I began to have power over it" (1988, p. vii). Shame about our failures and imperfections and rejections began at such an early age that most of us are unaware that underlying our present suffering is a belief that there is something basically wrong with us. Shame becomes our identity, and once "shame is transformed into an identity it becomes toxic and dehumanizing." (Bradshaw, p. vii).

We work hard to hide shame from ourselves, for it is terrifying to face. Because of this secret, shame perpetuates itself, which fuels the denial and the addiction. Shame blocks healing, as "(s)hame and spirituality cannot exist at the same time. Shame separates us from others, from God and from ourselves" (Stephanie E., 1986 p. 3). We're too ashamed to admit that we are powerless, and that our life is out of control, so we won't work the Steps or go to meetings. We never stop drinking, or the compulsive behavior; or if we do, we relapse.

When defensive, angry, tearful, resistant addicts enter one of my creative arts therapy groups, I know that their core issue is shame. Helen Block Lewis of Yale University, one of the first psychologists to seriously study this issue believes that the therapeutic recognition of shame is the key to successful treatment (Bradshaw, 1988, p. 239). My dilemma as a therapist is that surrounding this hidden belief in a flawed self is terrible pain and fear of being exposed. And yet, in the words of the traditional spiritual, it is too wide to go around and we "have to go in at the door." In the creative process, fear and shame fade away and we reconnect with our Selves and each other. The following examples illustrate how this happens.

Naming Shame: Poetry Therapy

Poetry is a favorite tool of the shaman; chants and songs are essential to the healing rituals. Both the listening to and the creation of poetry are important acts of self-healing to be used with recovering addicts by the creative therapist. Robert Graves wrote that his poetry is

> the record of my individual struggle from darkness towards some measure of light . . . . Poetry recording the stripping of the individual darkness, must inevitably cast light upon what has been hidden for too long, and by so doing, make clear the naked exposure . . . A poet finds himself caught in some baffling emotional problem which is of such urgency that it sends him into a sort of trance . . . The poem is either a practical answer to his problem or else it is a clear statement of it; and a problem clearly stated is half way to a solution. (Stade, 1967, pp. 9, 42)

I use a method of poetry therapy taught by Arthur Lerner—a form of group psychotherapy that involves providing a wide range of written poetry and inspirational writing, and asking patients to make selections to read aloud to the group (Lerner, 1973). Recovering addicts in a 28-day inpatient treatment center could choose to attend the weekly poetry therapy sessions. Some of the favorite writers and poets of my alcoholic patients are Hugh Prather, Kahlil Gibran, Ann Sexton, Langston Hughes, Leo Bascaglia, Alice Walker, Gerald Jampolsky, Emily Dickinson, as well as many others. Dubious patients open books of unknown authors and, with Jungian synchronicity, find a poem that expresses their own emotional state. After several poems are read, everyone is asked to write about a

theme that has emerged or their own present feeling. The creations are shared, usually with much mutual admiration and identification. The following anonymous poem is an example of the kind of work produced. Both in its simplicity and in the fullness of its description of the ordeal of the collapse of the ego leading into the regeneration of the Self, it is a beautiful expression of the transformation of shame. It was written by a female alcoholic and adult child of an alcoholic in her late twenties, during her fourth and last poetry therapy session. She had written very little in the previous sessions, and had held on to her writing, rather than give it to me, as is a choice of all my patients.

> It's your fault!
> It's his fault!
> You made me who I am!
>
> I had never considered that I had the choice
> to turn to another.
>
> I hated my parents.
> I lied to my friends.
> I stole from my sister.
> I cried for my brother.
>
> I fell through trap doors,
> one after another,
> falling . . . falling.
> I heard the doors close.
>
> Now I am crawling,
> slowly moving to the top.
>
> Each door that I open,
> I can see more light.

The poet has indeed stripped away the individual darkness, naming each part of her shame. She starts with the addict's favorite defense—blaming and projecting. She then confesses her isolation, and admits that this was caused by her own behavior—lying and stealing and rejection of others. She writes of her deep sadness, and of what AA calls "hitting bottom." Then comes the transition of therapy, the process of opening up to others and allowing them to know and help her. The poem ends with self-realization and self-acceptance. She was very moved and cried as she read her poem to the group, saying how relieved and happy she was to be able to express herself, and the hope she had of being able to continue her recovery when she left treatment. Group members reminded her of how quiet she had been a few weeks ago, how amazed they were that she had opened up and at the honesty and power of her poem. This positive support of the group at her revelation of her negative traits is a crucial part of the healing ritual. She was very proud to give me a copy of her poem for our library.

From Darkness to Light: Art Therapy

The theme of transformation of darkness to light is one that is repeated in patients' poems and in their artwork. Art therapy is noted by authorities as a highly effective modality of treatment for addicts, among other reasons because it is "difficult to falsify" (Hammer, 1958, p. 603). I have used the techniques I learned from Andrea Rossi, ATR, with my adult and adolescent recovering alcoholics who meet once a week for art psychotherapy while they are in treatment. My adolescent partial hospital patients are in therapy for three months, which allows me to watch their drawings change over a longer period. Young people who insist that they "cannot draw" are assured that their skill doesn't matter; it's the thought that counts. Often themes are suggested, such as to draw a feeling, or a family situation, or the history of their substance abuse. Everyone spends a period of time drawing or painting, or modeling clay, and then is asked to present his or her creation to the group. What intrigues me the most about art therapy is how insightful patients are about each other's drawings. Artists often reveal much more than they realize in a simple picture.

I recently showed the three drawings (Figures 1, 2, 3) to the artist, 18-year-old Mike F., and told him I felt they represent the Twelve Steps of recovery. He was surprised, for he did not remember the artwork that he had done when he had just come into treatment. Prior to that, he had been drinking and smoking marijuana heavily, isolating himself and cutting his arms with a razor blade. A child of an alcoholic mother, he was motivated for therapy by her entering into recovery herself. One of his first drawings in our weekly art therapy sessions (Figure 1) reveals the excruciating shame and pain of his addiction. Mike was talking about his loneliness, his sense of being different from other young people, of not fitting in. He remembered times of having to go to a bar to bring home his drunken mother, and then his own descent into dependence on alcohol and other chemicals. In

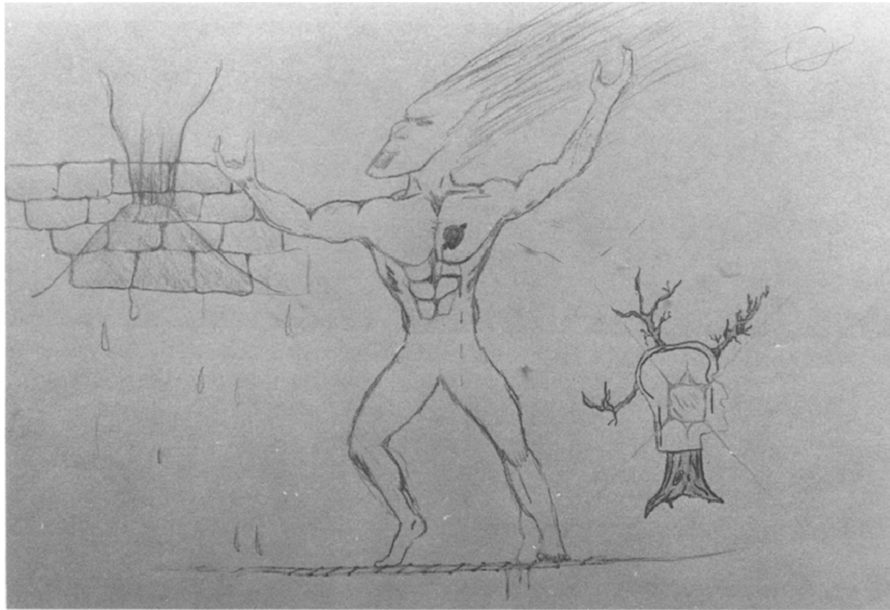

Figure 1. Shame, Pain and Addiction. (first drawing)

the picture, blood drips from the figure's pierced heart, tears fall, and there is an explosion of anger, although hidden behind a wall. The mind is empty and the brain dead. The figure walks a tightrope with an expression of horror. Surely, this is hell!

When Mike drew Figure 2, he was a month sober. He was feeling more hope, had become "community leader" of the adolescent partial hospital program, and was showing signs of being serious about his recovery, such as attending outside meetings and finding a sponsor. The figure in the drawing is coming up out of hell, represented here by the earth. (The name that AA members give to people not in the Fellowship is "earth people.") The fire still follows and partially obscures the figure. The sun is shining, but there are dark clouds, and no buds on the tree. The transformation is occurring, but there is more work to be done.

In the last drawing (Figure 3), the person has come completely out of hell, leaving the fire behind. This was one of Mike's last drawings before he graduated from the partial hospital three month program. Mike had made some changes; his relationship with his mother had improved and he was finding new friends in the AA fellowship. The figure appears strong and healthy, clothed for the first time, with his full attention, arms outstretched, to the radiant sun. The sky is blue and the clouds nonthreatening. The three drawings together illustrate the cycle of death and rebirth, the retrieval of the spirit-self, the shamanic initiation. Mike began to report a "spiritual awakening," a sense of his connection to a Higher Power. These past two years he has continued to follow this spiritual path, staying sober, chairing meetings, reaching out to other young people caught in the hell of their own addiction. Mike F.'s drawings hang framed on the wall of the treatment center where he is still active in a Relapse Prevention Group, there to demonstrate to all young substance abusers that there is hope of "a new freedom and a new happiness" (*Alcoholics Anonymous,* 1955, p. 84).

Releasing our Dragons: Dance and Drama Therapy

The preceding examples have been stories of individual catharsis within the context of arts therapy groups. In drama and dance therapy, it is possible to achieve group catharsis through the spontaneous creation of an imaginary domain in which everyone participates and has a role. The creation of this imaginary place or "nonordinary reality" (Castenada, 1968) is the essence of shamanic healing as well as

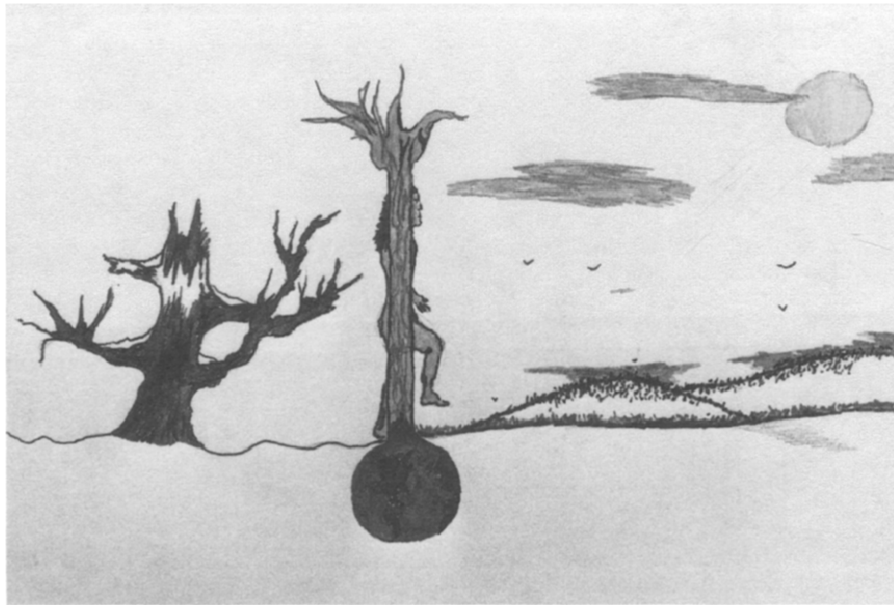

Figure 2. Transformation. (second month of treatment)

Figure 3. Release and Recovery. (last drawing, third month of treatment)

dance/drama therapy work. David Read Johnson (1990) calls this concept the

> *playspace* . . . an interpersonal field in an imaginative realm, consciously set off from the real world by the participants . . . The playspace is an *enhanced* space, where the imaginative infuses the ordinary . . . (T)he drama therapist's primary task is to introduce and sustain the playspace . . . (which) embraces . . . pure movements, sounds, gestures, stillness and wonder. (pp. 1–2)

Creating a playful space in an inpatient treatment center for alcoholics is a worthwhile challenge. The movement-drama techniques developed and taught by Susan Sandel (1982) and David Read Johnson (1986) work well with the population of adult addicts. I have found that beginning sessions with rhythmic movement to popular music will inspire the group to move into dramatic improvisation. Such was the case in the following movement/drama therapy session that I am reporting in a somewhat abbreviated and paraphrased form (names have been changed).

There are seven male recovering addicts in the group—Lionel, Randy, Bob, Will, Jay, Mark and Jerry. Lionel is African-American, all the rest are white; Randy is gay, all the rest are heterosexual. They range from 21 to 67 years old. Jerry is a recent immigrant from Poland who has difficulty speaking English. We gather in the large group room next to the kitchen and the laundry. I am concerned that morning about what I am going to do as a single female therapist with such a diverse all-male group. I turned on the tape recorder, choosing African-American music with a heavy beat (Commodores), and initiate movement by joining hands and stomping around in a circle. The group responds with laughter and follows, noisily. I move into the center of the group and stomp on an imaginary object; the group mimics my action several times, with enthusiasm.

"Let's get it!" yells Lionel. I ask the group what we are stepping on and Lionel replies that it is a cockroach. The group increases their efforts to destroy it.

"It's squished!" says Mark.

"No it ain't," replies Lionel, "The sucker's getting bigger!" Will and Bob suggest that it should be poisoned. They mime opening its mouth and pouring in the chemicals.

"It's getting bigger," says Lionel.

"It's turning purple," says Jay.

"God, it's growing wings!" says Randy. The group moves back in a gesture of horror. Jay suggests we trap it under the desk in the room, and several members of the group struggle to lift the desk and put it on top of the growing monster.

"It's coming out of the opening!" shouts Randy. Lionel plugs it in with a chair. Jerry suggests we need outside help. Lionel mimes calling an exterminator, and tells us he will be here soon. Jay leaves the room and returns carrying an imaginary cannister, becoming the exterminator. The group points to the desk; Jay looks and backs away, his eyes growing large.

"What is it?" he asks.

"We don't know, it keeps growing," says Jerry.

"Sorry, guys," says Jay, heading for the door, "I do cockroaches and silver fish—not *that!*" He leaves, shutting the door, then returns in the role of himself.

"What are we going to do now?" I ask.

"Why don't we sacrifice something to it?" says Mark, "Maybe it will go away."

"Yeah, why don't we sacrifice Lynn to it!" crows Lionel. I back into the corner of the room, looking scared and genuinely feeling nervous. The group discusses how to offer me up to the beast.

"Lynn, why are you standing in the corner?" Randy calls over.

"Why do you think?" I retort.

"Look at what is happening to us," laments Mark, "This thing is turning us against each other." Will suggests we forget the sacrifice and try to talk to the monster. I re-enter the group, and we circle the desk. Lionel moves the chair away and then shoves it back quickly.

"It's multiplying!" he shouts, "It's having babies!"

"We gotta get this thing out of here," says Will, "It knows we're afraid of it and it's going to take over. Let's show it who's boss!" Lionel moves the chair out again. Will speaks forcefully, "We demand you leave the premises immediately!"

"Yeah, get the hell outta here, you Mother ____!" Lionel roars.

"Look at its eyes," says Randy, "they're glowing like fire!"

"Look at its tail," says Jay, pointing through the other side of the desk, "The thing's still growing!" We back away.

"I don't think it understands English," says Will, "Polish, maybe it speaks Polish! Jerry, you talk to it."

"I think she scared," says Jerry. He whispers to the beast in Polish. "I hypnotize her." Jerry takes his

watch and moves it back and forth in front of the desk. ''She sleep now,'' he says.

''Ask her questions! What is she?'' says Lionel.

''She dragon,'' replies Jerry.

''What does she want?'' asks Randy.

''She just want to go free,'' answers Jerry.

''Let's take her outside!'' says Lionel. ''Yeah, let's just let her go!'' joins in Mark. Quickly we organize. I run to the laundry room to get some blankets. Several group members pull out a gym mat. We wrap each baby carefully in a blanket (Randy says there are four of them.) Some of the group work to move the heavy dragon onto the mat. We pick her up together—Will and I carry the head, Randy has a baby, Jay and Bob. We walk out of the room, hauling our load, giggling as we walk by the kitchen and the cooks smile and shake their heads, used to drama sessions. We make our way outside to the parking lot and set our dragon down.

''O.K. Jerry, wake her up!'' orders Lionel.

''Are we ready to let our dragon go?'' I ask. ''Are you sure we shouldn't keep her?''

''No, Lynn, we don't need this dragon anymore,'' answers Randy. The group all smile. Jerry claps his hands and we watch as our dragon ascends from the parking lot and flies over the building, carrying her babies on her back. We all wave and call goodbye. Then we walk back into the building, back into the group room and look around.

''All clear!'' states Bob.

''Sorry we couldn't have drama this week. Maybe next week,'' I say.

''Yeah, Lynn, maybe next week there won't be no bugs!'' jokes Lionel. It's time for the drama therapy group to be over. The men leave the room, laughing and talking.

The intensity of the emotions that we all experienced in that particular drama therapy session reverberated throughout the next few weeks of therapy. The ''dragon'' was talked about in other treatment modalities, including group therapy, community meetings, and individual sessions, both with other therapists and with me. Many of the men said that, for them, the dragon was their addiction. For me, it was what is behind and beyond the addiction, the ''unconscious demon'' called shame. In the nonordinary-playspace-reality of our collective psyche, the dragon-shame emerged, terrifying us all, so real we could see it. We tried to obliterate it, repress it, exterminate it (drink it away), hide it, trap it, scapegoat each other for it, control it, kick it out, and intimidate it, but all these methods only served to make it grow and multiply. Only when we acknowledged fear, relaxed and found a way to communicate did we begin to understand who ''she'' was, and what we had to do. The dragon-shame-addiction was publicly and communally released, and with that letting go came a sense of wonder. The catharsis or purging of the demon shame extended to each one of us, intimately and symbolically, as demonstrated by the laughter at the end of the group. We were having fun! We were playing together in remarkable harmony of purpose, transcending racism, sexism, and homophobia. Laughter and playfulness are essential for healing as ''a sense of humor may be the ultimate criteria for measuring a person's recovery from internalized shame'' (Bradshaw, 1988, p. 238).

Sharing the Gift: The Therapy of Musical and Dramatic Performance

The ability to laugh at ourselves, despite being caught in this serious and potentially fatal disease of chemical dependency, reflects Robert Landy's ideas on distancing in drama therapy. He postulates that acting out a role or situation can achieve a balance between ''overdistancing'' or denial of painful emotions and ''underdistancing,'' becoming overwhelmed with shame and guilt. He calls this balance *aesthetic distance*.

> At aesthetic distance, one is able to simultaneously play the role of the actor, who relives the past, and the observer, who remembers the past . . . (and) a psychic tension arises which is released through catharsis in laughter, crying, . . . (etc). (1986, p. 100)

I think there is no more intense cathartic experience than playing the role of oneself in a theatrical performance. Pat R., an actress and one of the main characters in the original musical drama, *No More Boos!*, stated to a local newspaper:

> It's helpful to be able to get on stage and relive the story of your addiction. It keeps the memory green. If you've been sober . . . you start to forget the things you did. You tend to think you came here to put on a play. But you're really here because you were a drunk.'' (Journal-Courier, March 2, 1984, p. 47)

In 1983, a group of 12 recovering addicts, family

members, and staff of an inpatient treatment center for alcohol rehabilitation, a mime artist and myself as codirectors, came together for the purpose of developing and performing a play on recovery from alcoholism. The actors and actresses were all alumni of the treatment center, many had been in my drama therapy group. We began with improvisations about experiences during their drinking days, experiences in treatment, and after leaving treatment. Four main characters emerged and our script became an interweaving of their stories. We named the three acts "Hitting Bottom," "Getting Help," and "Recovery," echoing, once more, the Twelve Steps and the shamanic cycle of death and rebirth. Galer W., one of the actresses-recovering alcoholics, was also a composer and musician. She wrote five songs for the play, including the finale, a song with the same title, "No More Boos!" (Appendix). The songs added significantly to the impact of the drama; audiences described remembering and singing the songs to themselves after the play was over. Music in theatre combines the power of poetic and rhythmic invocation with dramatic presentation, the modern equivalent of the chanting, dancing, and singing essential to the ritual healing work of the ancient shaman. Although a complete discussion of the play itself is beyond the scope of this Perspective, I will describe the last scene.

The character "Eric," who is Eric in real life playing the role of an actor, which he is also in real life, is about to go on stage within the play, where he is already on stage. He is scared, he wants to drink, which is the way he had always handled his fear before treatment. In a struggle with himself in the mirror, he wavers and almost convinces himself to have "just one little eensy-beensy sip of Jack Daniels." As Eric stares into the mirror, his shame stares back. He begins to shout, "Don't look at me! Don't look at me like that!" He goes to the phone and calls on his fellow recovering addicts for help. They arrive on stage and together sing "No More Boos!", a song in celebration of sobriety (Appendix). The play ends with all the characters on stage in a kick-line chorus, while the audience joins the actors in singing "No More Boos!"

No More Boos! is a true example of the transformation of the shame of addiction into a joyous celebration of life. When we first began, our idea was only to perform our play at the inpatient center for other recovering alcoholics. We opened to a packed house and standing ovations. We were invited to perform at another local hospital and then in a community theatre. Finally, the inpatient center had a performance of *No More Boos!* professionally videotaped, to be used as part of the treatment program.

Most of the actors and actresses had no previous theatrical experience and were at first very apprehensive about the idea of performing, never mind letting the whole world know that they were alcoholic! Pride in their creation changed this. They enthusiastically looked forward to the next performance, and were sad when we closed the show. Many of them said that the play kept them sober for that year.

In addition to impacting the performers, the play deeply affected the audiences. A female patient who entered treatment several months after the last performance of *No More Boos!*, before the videotape was released, mentioned the play. I was surprised and asked her how she knew about it. She told me she had seen our performance at the community theatre, and because of the play had been moved to seek help for herself. In having the courage to act and sing and dance their stories, the players of *No More Boos!* became "wounded healers" for others.

Conclusion

The role of the creative arts therapist in the treatment of addictions is to call, assist, guide, model, encourage, and inspire creativity and self-expression. Our patients stand, paralyzed, at the door of their shame, afraid of what dragons will emerge if they dare to open it. The creative-shaman-therapist possesses the tools needed for their liberation—the poet's pen, the paint and crayons, the playspace and the stage. These tools give us the needed aesthetic distance, the chance to bring form to our experience. We write a poem, we draw a picture, we act in a play, and we come a little closer to understanding ourselves, to forgiving ourselves, to healing ourselves. Creativity is an antidote to shame, connecting us with our Creator-Higher Power, and our true Selves, allowing us to turn liabilities into assets, wounds into pearls. This is the art of transforming shame.

But there is even a further step. Once we have created art, our creation has a life of its own. Sharing our gifts has a ripple effect. The group listens to the addict read her poem. Young people see Mike's drawings on the wall. Patients watch a videotaped play created by former patients acting out their recovery. The hope communicates, and now these others are inspired, or instilled with spirit. In the

tradition of the Twelfth Step ". . . having had a spiritual awakening . . . we . . . carry this message to alcoholics . . ." (*Twelve Steps — Twelve Traditions*, 1952.). Recovering addicts now become shaman "wounded healers" for others. This is the ultimate transformation of shame.

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Appendix

NO MORE BOOS!

by Galer W.

NO MORE BOOS, NO MORE BLUES, NO MORE MASS CON-FUSION,

NO MORE BONDED MIS-ER-Y! WE CAN DO IT TO-DAY,

WITH A HAND FROM A.A., NEV-ER MIND TO-MORROW!

WHY BORROW SORROW? WE CAN BE ALIVE, NOT MERELY SURVIVE,

AND WE CAN KNOW SERENI-TY. NO MORE BOOS, NO MORE BLUES,

I LIKE THESE NEW SHOES! THE BEST IS YET,

UN-LESS WE FORGET, THE BEST IS YET TO BE!!!