

ART THERAPY WITH SUBSTANCE ABUSERS: A REVIEW OF THE LITERATURE

ROSANNA W. MOORE, MA*

Reviewing approximately 20 items of literature on art therapy with substance abusers, this article examines addict problems addressed in art therapy, characteristics of artwork by alcoholics and drug abusers, art therapists' roles and treatment styles, the special techniques, goals, and outcomes of art therapy for this population.

INTRODUCTION

Art therapy with alcoholics, users of street drugs, heroin addicts, and persons on methadone maintenance has been described in approximately 20 articles and books written between 1953 and 1982. That literature, reviewed here, describes the wide range of treatment settings, philosophical orientations, techniques, and findings of art therapists working with substance abuse populations.

Whether the selected drug stimulates, relaxes, or numbs, the individual uses it out of a desire to feel that control of one's own feelings lies in one's own hands. Instead of acting on his/her body with a needle, pill, or bottle, the substance abuser is asked, in art therapy, to act with the art materials. Inherent in art therapy is the patient's active participation in his/her own treatment; the emphasis is on mobilizing and using the patient's strengths. The patient is encouraged to experiment, to bring perceptions together, to add or subtract as he/she wishes. A sense of control is enhanced through the tangible media and through being able to manipulate the issues symbolically. By making the issues either symbolic or concrete, art makes them more accessible for discussion. Because it enhances the quality of

communication and reduces confusion, the artwork facilitates understanding and mastery. The tangible nature of the artwork aids in recognition and reduction of distortions. It provides patient and therapist with a new perspective. For the substance abuser, who often seems to avoid experiencing and acknowledging his/her real feelings, the form of the artwork is available as an aid in recognizing and differentiating feeling states. Unrecognized attitudes may be brought into awareness through art more easily than through language, because the patient doesn't use his/her well-practiced defenses. Clarification of matters the patient brings up in art therapy may give the substance abuser an increased sense of mastery over them. Not feeling so confused by his/her problems, the patient experiences them as less overwhelming. By taking ownership of his/her own expressions, the patient also takes ownership of a way to learn about him/herself.

ADDICT PROBLEMS ADDRESSED IN ART THERAPY

Certain characteristics of drug addicts make art therapy a particularly appropriate form of

*Rosanna Moore, currently an art therapist at The Sheppard and Enoch Pratt Hospital, Towson, Maryland, worked with substance abusers in art therapy groups at Taylor Manor Hospital in Elliott City, Maryland, and at St. Elizabeth's Hospital in Washington, DC.

treatment for them. These include the tendency to avoid feelings (Devine, 1970; Harms, 1973; Head, 1975; Foulke, 1976), communication difficulties (Head, 1975; Foulke, 1976; Nucho, 1977; Kaplan, 1978), and the need for nonthreatening ways to express themselves (Harms, 1973; Forrest, 1975; Foulke, 1976; Donnenberg, 1978; Virshup, 1978). Other art therapy benefits particularly suited to addicts include mastery, enjoyment, and physical involvement (Ulman, 1953; Harms, 1973; Wittenberg, 1974; Head, 1975; Kaplan, 1978).

Low self-esteem is a characteristic problem described by Ulman (1953), Forrest (1975), Foulke (1976), Donnenberg (1978), and Virshup (1978). As Virshup reports, "Most of the patients had no feelings of self-worth. They felt that they had no control over their behavior, and they were helpless, frightened and frightening, even to themselves." Both Foulke (1976) and Donnenberg (1978) see a relationship between the addict's loneliness and feelings of poor self-worth. Foulke comments, "Due to their extremely low self-esteem, addicts lead a lonely existence, unable to find the love and respect they so desperately need but feel they do not deserve." Similarly, Donnenberg explains, "The residents studied regard love and acceptance as something unattainable but needed (for reasons of poor self-worth, familial deprivation, past behavior, etc.)." Ulman (1953) and Virshup (1978) cite loneliness as a characteristic of substance abusers. Albert-Puleo (1980) writes, "The repetitive self-attacks with drugs have been viewed as an early-developed and primary conflict in those addicted. This self-attack has been labeled the narcissistic defense, as anger and other feelings are defended against by withdrawal into euphoria." Other noted impressions of substance abuser traits are dependency/autonomy ambivalence (Naumburg, 1966; Wittenberg, 1974; Forrest, 1975; Kaplan, 1978), suspicion (Ulman, 1953; Wittenberg, 1974), control problems (Forrest, 1975; Foulke, 1976) identity problems (Forrest, 1975; Foulke, 1976; Kaplan, 1978), and fear (Harms, 1973; Forrest, 1975). Several art therapists included descriptions of addicts who had sexual conflicts (Ulman, 1953; Forrest, 1975; Foulke, 1976; Virshup, 1978).

Art therapists use a variety of ways to approach the addict's tendency to avoid painful

feelings. Donnenberg (1978) writes that visible statements are difficult to deny; when his contradictions are made evident visually, "the resident is forced to confront the issue with the aid of the group." Others use the art as a means of returning to the addict a sense of control over his/her feelings. As an example, Foulke (1976) states:

Art furnishes a medium through which they may begin to express feelings they would be reluctant to discuss and to experience hitherto-suppressed aspects of their psyches in a controlled manner without the risk of being overwhelmed.

Head (1975), who also conducted verbal group therapy with addict patients, claims,

Drug-addicted people tend to avoid. In fact, the overuse of a chemical is in itself an avoidance, a running away. The life pattern of avoiding all situations, of avoiding reality, of avoiding responsibility, of avoiding oneself, becomes so strong that a group of addicted people in psychotherapy continue to try every subtle means to avoid looking at their problems. 'All that's wrong is that I drink too much . . .' is a common response. Group art therapy offers a means of expression for those who either find it difficult to verbalize or who do not wish to do so. Almost without knowing it, the patient finds he has drawn something that when he is asked to talk about it has more meaning than 'I drink too much. . . .' The identity of the individual members becomes clearer; each is something more than an overuser of a chemical. The art productions are discussed by the participants creating verbal interchange, interaction, and the beginning of a cohesive oneness in working on a problem of conflict for the individuals.

Two types of communication difficulties are specified: Defensive use of words (Foulke, 1976; Nucho, 1977; Kaplan, 1978) and inability to convey feelings verbally (Head, 1975; Nucho, 1977; Kaplan, 1978; Albert-Puleo, 1980). Foulke, for instance, writes:

The typical addict is accustomed to using words in the service of rationalization, denial, displacement, and projection to maintain the drug or alcohol habit and defeat the very process of psychotherapy. By claiming helplessness and lack of personal responsibility, addicts evade confrontation with authentic aspects of themselves and perpetuate their self-destructive lifestyles. The expectation that they use words, instead, to express their thoughts and feelings honestly and without guile is too frightening for many addicts to cope with.

While sharing these sentiments with Foulke, Nucho adds, "Art therapy is particularly appropriate with those drug-dependent clients who are inarticulate and action oriented." She points out, "Sometimes, the visual means of expression are more suitable for the subtle and deeply personal experiences for which language does not provide appropriate words. By and large, language, with all its complexity, contains designations for those experiences which are of social significance while neglecting the more private and idiosyncratic experiences."

Providing art as a means of self-expression answers both types of communication problems in the opinion of these authors.

Many of the articles reviewed here specified that the addicted clients needed a nonthreatening way to express themselves (Harms, 1973; Forrest, 1975; Head, 1975; Foulke, 1976; Donenberg, 1978; Virshup, 1978). To Foulke, this is related to the clients' fear that the avoided feelings might be overwhelming or dangerous. Similarly, Head views the art as a less frightening release of affect, because creativity involves nonconflicted ego functions. To Forrest, nonthreatening self-expression is viewed as necessary for the development of trust.

As a "modern analytic Art Therapist," Albert-Puleo writes:

... Resistances uncovered during the analytic session function as defenses outside the treatment situation. . . . Typical resistances include fabrication, silence during the analytic hour, constant talking without any significant communication, and repetition. In treatment, resistances are studied silently by the analyst, allowed to exist and, at times, encouraged actively. Techniques are aimed at the building up of defenses. . . .

In art therapy, additional resistances may be a resistance to produce (not being in the mood to paint), a resistance to completion (not being able to finish anything), or a resistance to creativity (copying someone else's work).

As an example, she describes a case in which during three months of weekly treatment, a drug addict client repeatedly made copies of record album covers. Albert-Puleo "encouraged him to copy albums and told him it was not necessary that he be creative in here, to mirror his resistance to creativity." This reflection eventually resulted in his angry reaction at the art therapist

"for not allowing him to be creative," after which he "decided to combine two album covers into his own creative synthesis." When a patient asks the art therapist to paint for him, Albert-Puleo recommends that he/she explore this request in detail . . . including the reasons and the plan for the picture.

The concept of mastery is two-pronged; it includes development of art skill and a sense of control through manipulation of symbols. Both Ulman (1953) and Wittenberg (1974) emphasize creative achievement and technical abilities. Virshup (1978) describes the process of working through conflicts by expressing feelings graphically.

Anger, guilt, fear, and other subliminal emotions may not only be expressed graphically, but while being explored in a series of drawings or sculptures, these feelings may at the same time be resolved and/or integrated; sequestered energies may be released and destructive impulses channeled, and all without the use of words.

As Head (1975) asserts, "A patient who has passively experienced a traumatic event can begin to master it in the artwork, because he is now taking the active role." The twofold mastery offered to the addict in art therapy is conveyed by Foulke (1976), who describes the satisfaction experienced by the individual from achieving visual representation of something felt. He states, ". . . self-esteem is enhanced by the increased capacity to experience a previously warded-off emotion and may be further strengthened by the integration of a once-intolerable feeling into an overall sense of self."

The importance of addicts' involvement in physical activity is emphasized by Harms (1973). Head (1975) sees art therapy as beneficial for her clients, because among other things, "It affords a certain amount of physical movement linked with the work of self-searching." Kaplan (1978), who has pairs of adolescents "paint" each other with tinted cold cream, says this provides them with pleasurable sensory experiences: An intimate transaction on psychomotor, affective, and cognitive levels.

Although a number of good reasons have been given to explain why art therapy is a particularly appropriate form of treatment for addicts, conclusive supporting evidence has not yet been

generated. Tiller (1979) writes, "Because all of the activities within a treatment milieu require expenditure of staff time and monetary resources, it is not sufficient to presume that all activities are instrumental in their contribution to the treatment process." Her study evaluated the relative importance of the various components of an alcoholism milieu treatment program, which included community meeting, small groups, educational seminar, AA outside, family night, recreational and occupational therapy, vocational counseling, unit meeting video replay, antabuse, manual arts therapy, and art classes. After the evaluation was completed, art therapy was selected to replace both manual arts therapy and art classes.

CHARACTERISTICS OF ARTWORK BY ALCOHOLICS AND DRUG ABUSERS

Well-tested empirical reports on specifics of the artwork of substance abusers are not found in the art therapy literature reviewed here. Studies in the field of psychological assessment through drawings provide some information; however, it is beyond the scope of this art therapy literature review (a bibliography listing research in this area may be found in Ogdon, 1977). Findings from pilot studies by Devine (1970) and Naitove (1978) were reported in conjunction with their thoughts on theory and treatment. Devine's statements emphasize characteristic styles and formal elements. Naitove listed repeated symbols; Albert-Puleo and Osha (1976-1977) commented on their impression of trends that have emerged in artwork by alcoholic rehabilitation clients; and Gantt and Howie (1979) described characteristic form and content of art therapy productions from different diagnostic categories, including alcohol and hallucinogen users.

The 12 women and 14 men, ages 14 to 22, studied by Naitove (1978) were being treated for acute depression; all were confirmed users of illicit street drugs. She found similarities in the content of their pictures: repeated swirling patterns, blood, eyes, geometric patterns, pills, concentric patterns, hair, words, purple, the cross, arrows, monsters, spider webs, and tooth-filled mouths. Naitove, however, questioned whether this repetition of symbols was caused by the group setting.

Paintings by the alcoholic ex-architect studied by Tyskiewicz (1975) focused on mankind from an often pessimistic and morbid viewpoint. In contrast, Devine (1970) found that alcoholics very rarely chose humans, particularly in groups, as subjects for paintings. Like Naitove (1978), she observed that the cross was often depicted and explained, "Among alcoholics, the cross often connotes isolation, a sense of being singled out to bear an undue burden. . . ." Nucho (1977) noted that black was the most-used color early in methadone treatment.

Most frequent painting themes by Devine's 55 male alcoholic inpatients were boats and water. Devine explained that water provides both support and isolation but is also seen as an uncontrollable and dangerous force. In Devine's "Preliminary Investigation of Paintings by Alcoholic Men," she noted a strong tendency towards conventional, rigid, and "emotionally empty" artwork, almost exclusively attempts at realistic depiction of landscapes or isolated commonplace forms. Devine wrote that their "subject matter and style seem to imply an anxious need for control over the dangerous world of impulse and feeling."

In the artwork of approximately 150 male alcoholics, Albert-Puleo and Osha (1976-1977) found that water, volcanoes, and isolated objects (including unattached railroad cars and prehistoric animals) recurred as themes; paralleling ". . . themes of isolation, self-pity, ambivalence, repressed anger, and prejudice toward women."

Art therapists Gantt and Howie presented "Diagnostic Categories and Pictorial Characteristics" at the 1979 American Art Therapy Association Conference. Their DSM III categories 'Substance abuse disorders' are divided between A. Alcoholism, and B. Hallucinogen Abuse. Content listed under Alcoholism is "(1) depression; (2) jobs; (3) ambivalence; (4) symbols; (a) water, (b) boats, (c) bottles (as entity), (d) orality, (e) dependency; (5) denial; and (6) grief." In alcoholism according to their presentation, the "degree of severity" of the effects of the alcoholism on color, 3-D form, organization, and developmental level in artwork are dependent on the stage of the illness. In 2-dimensional form, they found: "(1) Upper part of the page used more as disease progresses; (2) As severity increases, begins to appear similar to OBM" (Organic Men-

tal Disorders) pictures." Gantt and Howie (1979) provided the following list of content characteristic of the art of hallucinogen abusers: "(1) fantasy; (2) actual drug experience; (3) drug paraphernalia; (4) precipitating events, (a) pain, (b) escape, (c) grief." They found that the color tended to be bright, showed influences of psychodelic art, and was used intensely. In the 2-dimensional form category, "recurring forms indicate possible OBM symptoms."

Many of these writers on substance abusers' art therapy mention particular content themes. However, there appears to be no consistent basis for comparing them. Personality trends associated with substance abuse have been widely examined; although limited, findings on the characteristic artwork of abusers seem to support the trends described. Further study of the form and content of their art productions may provide the field with a more solid understanding. Once reliable methods have been established for tabulating or measuring the artwork characteristics, validation studies will be needed.

THE ART THERAPIST'S ROLE AND STYLES OF TREATMENT

Among the authors reviewed here, the greatest divergence appears in their views of the therapist's role. No uniform school of thought is evident in the theory and philosophy that guide art therapy treatment styles. The following describes the variety of approaches discussed in these clinical papers.

Sitting diagonally behind individual patients, Albert-Puleo (1980) drew on classical psychoanalytic treatment methods, using an easel and comfortable chair "much like the traditional couch." The small spotlight attached to the easel "gives the illusion of a blank screen on which to project fantasies, memories, dreams, or thoughts." After a brief explanation of the art materials, the patient "... is instructed to paint 'anything'." Rather than acting on impulses and feelings, patients learn to channel them into pictorial or verbal expression.

Donnenberg (1978) was a counselor for a drug-free therapeutic community in which addiction was treated as a personality disorder. To create concrete interaction, she took a directive stance in how the art materials were to be used and in

the discussion of the required murals. Donnenberg not only confronted the residents about attitudes manifested by drawing styles but also defended her interpretations if residents attempted to "deny" them. Some similarities of attitude appear in the 1976-1977 article by Albert-Puleo and Osha. Feeling that increased insight and self-awareness would facilitate behavior changes, these therapists encouraged recognition of "such tactics as manipulation, denial, and self-pity" through pointing out elements in art productions which seemed to demonstrate use of these tactics. In their group sessions with adult alcoholics,

Often, interpretation takes the form of redefining a client's feelings or a situation through suggestion or confrontation. All participants are encouraged to share their impressions, as feedback is essential to the group process. The therapist, by focusing on overlooked symbolism, clarifying misunderstandings, and directing or redirecting the flow of group process, serves as a role model for the opening of communication channels.

Foulke (1976) worked with six to eight therapeutic community residents at a time. He told groups from the beginning that (1) their art therapy productions "would not be discussed in terms of quality"; (2) the group art experiences would be helpful in getting in touch with themselves. While they were working, Foulke took a passive role, providing supportive assistance when asked. In the group discussion, individuals were invited, but not required, to talk about their artwork with the group. The art therapist focused on the process of expression and gave no interpretations. However, he encouraged group members to ask questions and express their own reactions. The atmosphere was one of support, not pressure, for testing out emotions with a high value placed on the act of expression: "Working with art materials in a group does provide an opportunity to share and validate some of what one is experiencing."

Working with addicts in a short-term intensive program, Head (1975) took the group to the art room when a group psychotherapy issue had been verbally focused into a theme. There, she suggested that they "express on paper their feelings around what has been going on in the group." When one of his peers suggested to a patient the meaning of his symbolic visual expressions, it was usually very accurate; in addition, "the patient finds it more difficult to be un-

accepting than with the therapist who is seen as an authority."

Kaplan's body painting workshops were done with ten to 20 adolescent therapeutic community residents at a time. After encouraging both visual and tactile exploration of their materials, she told them, ". . . I want you to paint your partner's face the way you feel right now in this room. I don't care if you paint a picture, a design, or just get involved with the different colors of paint. . . ." The adolescents, Kaplan wrote, benefited from the sensory experience and from their partner's acceptance of their pictorially expressed feelings. Although it was difficult for the adolescents to talk about the activity at length, their discussion finally led to topics of trust, non-sexual touching, and of anxiety changing to pleasure. Kaplan provided ". . . a safe, non-judgmental and permissive environment."

Naitove's (1978) acutely depressed patients spontaneously made subject matter and media choices. Naitove was nondirective in gathering information about the art productions; each patient made symbolic interpretations and described them to the therapist. She cautions that because ". . . interpretation of the symbols of one individual by another involves a certain degree of projection of personal bias . . ." the art therapist must try to elicit the patient's own views about his artwork.

Although she developed a shared, noncritical atmosphere in the group, Nucho (1977) found that clients were initially apprehensive about art therapy. When they complained of not being able to draw, she explained that the purpose is to explore feelings that may be difficult to put into words. When they feared revealing too much about themselves, she made it clear that the client is the one to explain what his productions mean, ". . . The counselor and the other group members can say how the picture affects them, but not what it signifies." She unobtrusively facilitated the art production process during the drawing segment. In group discussions, clients had the opportunity to compare their own visual vocabulary with that of others in the group.

Ulman (1953) described her six-to-eight member outpatient alcoholic group as a "class" in which she offered technical criticism, aesthetic suggestions, and occasionally exercises, especially the scribble.

In practice, the psychological approach to painting at the clinic has come spontaneously from the students rather than from the art therapist or the psychologists. Patients relate their experiences while painting as well as the content of their pictures to what they are learning about themselves in therapy, and their own discussions mean much more to them than the observations of an onlooker, however skillful.

Sessions paralleled those of a studio art class. Ulman, feeling that the artist's discoveries about his paintings are most valuable, took a passive role in interpreting them but would offer her own reactions for comparison.

Believing that the evaluative critical faculty hinders the flow and expression of images, Virshup (1978) discouraged aesthetic judging of her drug rehabilitation clients' art productions. Her emphasis was on self-expression. Virshup avoided interpretations; she recommended open-ended questions to increase comprehension. Communicating feelings in the groups, then exploring and comparing together, allowed individuality but at the same time helped each to understand group members who saw things differently.

Wittenberg (1974), who worked with adolescent residents of a therapeutic community which emphasized encounter groups, considered ". . . verbal interpretations contraindicated for young people already saturated with verbalization." Her role as art therapist is clarified in the following statement:

I try to remain a friendly neutral participant in an individual's project, encouraging him to increase his skill while being realistic about a work's shortcomings. I try to convey my total acceptance of each individual as a person while maintaining high critical standards in my attitude toward his artwork.

When working with families, Wittenberg (1978) encouraged family members to explain their own drawings and to react to each other's, acted as a catalyst in the discussions, and never interpreted the drawings.

With the exceptions of Albert-Puleo (1980), Albert-Puleo and Osha (1976-1977), and Donenberg (1978), the art therapists reviewed appeared reluctant to interpret the artwork. A majority of the authors advocated a supportive approach. Virshup (1978) and Foulke (1976) emphasized self-expression and discouraged aesthetic judgment. The invitation to create was

handled in several different ways (see more in section on Techniques); both Foulke (1976) and Nucho (1977) told their clients that art is a way to get in touch with feelings. Nucho (1977) had group members compare their visual vocabularies; similarly, Virshup (1978) let them compare their views of the world. Several authors touched on providing instruction for understanding the use of the art materials, but it received special emphasis by Ulman (1953) and Wittenberg (1974). Development of a therapeutic alliance requires trust and the opportunity to express feelings; the evidence shows that different therapists had different ways of achieving this goal.

SPECIAL ART TECHNIQUES

A majority of the art therapy articles reviewed did not focus on the use of spontaneous drawing and painting in the treatment process for addicts. Head (1975) said that addition of a reasonable amount of structure to the group "can be an advantage" for dependent people, and Kaufman (1981) correlates need for structure with need for ego strength, but the other authors did not specify the reason for the wide use of structured assignments described. One might speculate whether this was due to the response of art therapists to this population or due to the nature of the process of writing for publication. In any case, the special art techniques may be grouped into three categories: unusual materials, directed themes, and drawing from models.

Most of the authors reported provision of such standard art therapy materials as pastels, paint, crayons, markers, collage, and clay. Ulman's (1953) scribble, Nucho's (1977) "blobs of color," and Virshup's (1978) inked string marks on paper were all variations similar to projectives to be developed into images. Donnenberg (1978) and Wittenberg (1978) used group murals. Foulke (1976) and Virshup (1978) incorporated Gestalt techniques. Wittenberg (1974) had her clients use tape recordings of their stories about their collages. Donnenberg (1978) at times required the group to paint to music without talking. A unique use of materials was Kaplan's (1978) body paint, made from cold cream, corn starch, and nontoxic colorants, which was applied to a partner ("living canvas") with sticks, Q-tips, stiff brushes, or even fingers!

Foulke (1976) gave a series of assignments in successive sessions. Directed themes varied in Wittenberg's (1978) work; she assigned them to families depending on each session's mood, and her perception of what was needed at the time. For suggested topics, Head (1975) used themes which had been expressed in psychotherapy groups. Albert-Puleo and Osha (1976-1977) started new residents with assignments, later encouraging spontaneous pictures as the clients "became more familiar with the art therapy process. . . ." Kaufman (1981) explains that, like art media,

. . . tasks can also be either structured or unstructured. The most unstructured task is a drawing which allows the patient to express freely what is on his/her mind at the moment. This type of task is for someone whose ego is intact, who can structure and integrate his/her own pictures and psyche. The patient with a fragmented, weak ego with poor reality testing, ego boundaries, and impulse control requires a structured task which will serve to strengthen his/her ego.

Both Ulman (1953) and Wittenberg (1974) provided still lifes and human models which artists might choose to draw. Wittenberg's resident sessions started with contour drawings, then conventional drawings of partners, and later moved to a less structured format.

GOALS AND OUTCOMES

The art therapy goals for clients depended on the therapist's perception of the client's needs and on the characteristics of the treatment setting. The most universal goals cited were making expressive artwork and providing an alternate vehicle for communication. Each art therapist stated purposes and progress.

Albert-Puleo's (1980) "modern psychoanalytic art therapy," like analytic treatment, emphasizes curative transference. She also redirects the channeling of energy:

Since heroin abuse involves self-destructive activities, that is, impulsively puncturing one's veins to inject the drug, it is imperative for feelings to be verbally discharged. In doing so, addicts learn to discuss impulses, rather than act on them. This is accomplished in art therapy by redirecting all actions into pictorial expression and words.

Through Donnenberg's (1978) use of murals, group roles and interactions became visible.

Residents were forced to deal with each other, to interact concretely. She found that discussion after painting was on a different affectual level and that some issues emerged in murals prior to being verbalized in group therapy.

In Forrest's (1975) 11 months of individual treatment of an alcoholic, art gave him a tool for self-examination. The pictures indicated the client's increasing self-awareness, as the revelations helped him see the relationship between what he created and his self-destructive style of living.

"Learning to experience strong feeling and to maintain awareness of one's genuine affective responses always constitutes the central objective" is Foulke's (1976) summary of his emphasis.

Head (1975) found that by combining art with verbal psychotherapy in a group, the depth of personal exploration was increased, the nonverbal person communicated about himself, and patients learned "new ways of life fulfillment who had been physically and psychologically anesthetized for years." Regarding the growth and constriction phases of the therapeutic process, the therapist indicated: Art helps movement to continue after an intense verbal session, whereas otherwise time (hers is a 2½-week program) would be used for "regrouping."

To engage adolescents in the play process, Kaplan (1978) selected materials which "... recapture primal feelings and experiences that grant permission for the creative child within the individual to emerge."

Nucho (1977) found that symbolic mastery in the art generalized to other aspects of the clients' lives. Being a doer rather than a reactor was a unique positive experience for drug addicts on methadone maintenance. Nucho cited "improvements in their ability to manage the complicated aspects of their lives," as a result.

Appreciation of the art of the masters was one benefit for Ulman's (1953) alcoholic patients. She also explained, "Many kinds of people find art activity congenial, and through it, the overcareful can be weaned into an experience of greater freedom, the disorganized into an attempt at greater control." Ulman's patients found that when they became deeply involved in painting, they had "... the rare experience of forgetting themselves."

One of Virshup's primary goals was to en-

hance integration of functioning of the right and left hemispheres of the brain. For many of her clients, self-revelation resulted from seeing themselves and their feelings in their own pictures. Doing artwork together in a nonevaluative environment enabled them to express their long-contained anguish, confusion, humiliation, frustration, loneliness, and rage. Having had similar experiences, patients showed acceptance of these feelings in each other, a sharing which Virshup believes engendered trust and self-acceptance.

Wittenberg (1974) introduced adolescents to art "... as a means of expressing and ventilating feelings." She felt that it furthered the development of inner discipline and found that participants became more self-reliant, took responsibility for themselves, and developed trust. She summarizes her goal:

I am endeavoring to create an atmosphere that's conducive to productivity, that allows the young people an escape valve for their emotions, and in a simple and direct manner provides a therapeutic art experience that will help to strengthen the ego.

In work with families, Wittenberg (1978) felt doing and discussing the artwork together made family members more aware of each other, promoted their expression of feelings, and facilitated their verbal interactions.

Doing the art therapy in a group setting was seen as valuable by a majority of the authors, not only to counter the addict's sense of isolation and to enhance self-acceptance, but also as a means to facilitate confronting defensiveness and manipulation.

CRITIQUE OF LITERATURE

The articles reviewed indicate that the authors consistently felt that their work was therapeutically effective; however, no art therapy author had any statistical evidence or comparative studies to support these claims. Findings are based on clinical impressions and have not been empirically demonstrated in the literature to date.

Within the art therapy field, there appears to be an incomplete dissemination of ideas and practices, judging by the fact that in literature spanning three decades, only two of the authors cited another art therapist's work on substance



Fig. 1



Fig. 2

Figure 2 was painted spontaneously by an art therapy client in a "therapeutic community" drug rehabilitation program one year after she drew Fig. 1. Although their subject matter is similar, the contrast in her pictures documents the differences she experiences: from darkness to light, entrapment to increased freedom, solitude to companionship (suggestion of house plus flock of birds), from thoughts that a landscape is board straight to an acceptance of earth lines that roll up and down.

abuse: Kaplan cited Harms' article in the bibliography of her paper, and Albert-Puleo cited Naumburg. However, recent articles by Albert-Puleo and Osha (1976-1977) and Kaufman (1981) offered thorough introductions of art therapy to journals in the fields of alcoholism and drug abuse treatment.

It is hoped that this article will stimulate further use of art therapy with substance abusers; that individuals will use this review to familiarize themselves with the work of others, and, thus, to begin building a more integrated body of clinical literature; and finally that the review will stimulate empirical studies to validate the hypotheses being made and to test the effectiveness of these techniques with the substance abuse population.

CONCLUSION

Applied within a variety of treatment settings and a wide range of philosophical orientations, art therapy has been found to offer a unique means of confronting the specific needs of substance abusers. Client problem and art therapy process are treated as two sides of the same coin, totally related and indivisible. Substance abusers' traits of loneliness, low self-esteem, helplessness, and inability to communicate in a genuine and personal way are responded to by providing a treatment modality in which initial experimentation with revelation of feeling can occur in a tangible plastic form. Thus, art therapists are able to return a sense of control and mastery to the addict. Art productions provide a channel for release of affect and for self-expression, while allowing group members to see commonalities in their most personal life experiences.

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