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An Art Therapy Program for Women Who Are Chemically Dependent and/or Victims of Domestic Violence: A Training Manual

Mary H. Cook

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A Digest Presented to the Faculty of
the Graduate School of the Lindenwood Colleges in
Partial Fulfillment of the Requirements for the
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DIGEST

Women who are chemically dependent and/or victims of domestic violence have difficulty identifying and expressing feelings. One of the most important aspects of recovery is learning to feel again and to talk about feelings.

Art therapy is a form of psychotherapy in which the therapist utilizes visual expression as a means of communication. The most common traits of these clients are low self-esteem, depression, anger, and a sense of helplessness. By making the issues symbolic, art therapy facilitates communication and reduces confusion.

This study presents an overview of art therapy, and a training manual is included for therapists to work with women who are chemically dependent and/or victims of domestic violence.

Five art therapy modules were presented to a group of eight to ten women in a short-term treatment setting. Following the final session, clients were asked to evaluate the program by completing a questionnaire. Five professionals in the field of counseling, art therapy, and art also evaluated the manual.

Results of this evaluation demonstrated that art therapy supplements the client's basic

treatment program. Art therapy provided a non-threatening, supportive atmosphere where members could build self-esteem, express emotions in healthy ways, and begin taking responsibility for their lives.

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COMMITTEE IN CHARGE OF CANDIDACY

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Table of Contents

CHAPTER 1

Introduction

The purpose of this paper is to bring together a review of the art therapy literature and its relationship to treating women who are chemically dependent and/or victims of domestic violence. It includes an art therapy program structured for increasing self-esteem in women who are in short-term treatment facilities. It includes a discussion of the benefits and limitations of the proposed program and makes suggestions for future research. Lastly, an art therapy manual is presented in a workshop format. This manual was developed for the Women's Center, but it can be used for most therapeutic situations where exploring feelings and developing self-esteem are goals.

When we think of communication in therapy, we usually think of verbal communication. However, visual communication of art therapy has grown to become a genuine discipline in its own right. This project will describe how it was adapted for use in a short-term treatment program for women who were chemically dependent and/or victims of

domestic violence. Art therapy provides a useful tool to enable clients to identify feelings, gain insight, and increase self-esteem. This manual may be used for individual sessions, in-service training, or an all-day workshop.

CHAPTER 2

Literature Review

This paper examines art therapy in the short-term intervention center and presents a workshop manual oriented toward treatment in that context. This review focuses on art therapy for a 30-day residential program for women who are either in treatment for chemical dependence or survivors of domestic violence.

Art has been an essential part of human existence throughout civilization. It is natural for humans to make things. The prehistoric cave paintings and the Greek fertility goddesses are both forerunners of art therapy as we know it today. Rhyne (1984) discusses how imagery has been used to seek the meaning of existence:

> From prehistoric times until today, we have made things that didn't exist before; we have put things and ideas together, presenting a synthesis; we have created symbols and communicated meanings.
>
> I don't know why we do this; I do know that we do. So I start from that assumption and find excitement in exploring how we can perceive and create and communicate better through the media of the forms we make. So, by art, I mean the forms that emerge from our individual creative experiencing (p. 7).

Historical Significance of Art Therapy

In the 1940's and 1950's, mental hospitals began using art instruction--sometimes called occupational therapy or, less often, art therapy. The goal of this instruction was to keep patients soothed and to fill time by copying pictures as a means of expressing emotions in a non-threatening way. As art therapists gained experience, they began to experiment with ways of making expression a genuinely growth-producing experience.

As recently as 1980, anyone with a paint brush and a patient was likely to be called an art therapist. At this time, Rhyne (1984) explains, colleges were barely starting to offer courses in art therapy. No standards had been set, and the field was wide open.

Rubin (1987) describes art therapy today as a huge umbrella covering the use of art expression for many purposes in a great variety of settings. Its use may range from doing private-practice, insight-oriented therapy with a client on a long-term basis to a short-term intervention center where clarification is the main use.

Elderly residents in nursing homes can benefit from art therapy as a review of their

lives, as can those recovering in drug and alcohol addiction centers.

For example, the two groups may use drawings depicting stages of their lives.

Definition of Art Therapy

Art therapy has become an important vehicle of communication. The goals and structure vary considerably, depending on the setting and the population. Its use as a means of visual communication is becoming increasingly recognized. It is not product-oriented; rather, the therapist is more concerned with the individual's inner experience.

Rubin (1987) explains that painting by numbers or pouring clay into molds is not an art activity, although art materials are used. Such rigidly imposed tasks involve following directions and do not relate to the goals of the individual expression. While every art medium imposes its own intrinsic limits, each has the possibility of highly personal expression by each individual.

According to Rubin (1987), art therapy is increasingly being used with physically and mentally handicapped people as well. Hospital psychiatric wards and outpatient settings where

clients are seen individually or in groups are two of the most extensive uses of art therapy. It has expanded beyond clinical settings to educational institutions and is being used in work with children who are learning disabled, retarded, and emotionally disturbed, as well as the socially disadvantaged. It is also being used for personal growth, self-exploration, and the development of the whole person. Personal growth workshops have proliferated with the development of the Human Potential Movement. Art expression is especially geared toward self-development, which is the focus of the Human Potential Movement.

Overview of Theories of Art Therapy

Freud made his major contributions to therapy by listening to messages other than the obvious verbal ones of his patients. He focused on dreams, images, hallucinations, and slips of the tongue which science had dismissed as meaningless or unimportant. He opened up a new language with the power to assist in understanding personality. He worked with his patients' dream images, but never included drawing as part of this technique. It seems it would have been a short step to ask his patients to express themselves graphically,

but he never took that step. He continued to study images in his efforts to understand personality, using only words to assist personality change.

After Freud, few therapists used nonverbal techniques in their treatment. Pioneer art therapist, Naumburg (1966), was the first to use symbolic expression of artwork in her therapy. She encouraged clients to express themselves in various art media, but she still only saw art as a tool in assisting the therapist to understand the clients' problems of progress or for general catharsis. For example, a client who is rigid or suppressing anger may be encouraged to use finger paint to just make a mess.

Behavioral/Cognitive Approach

Behavior therapy focuses on functional, adaptive behavior. This approach to art therapy is not concerned with the unconscious, dreams, or fantasies. It rejects ambiguous intrapsychic conflicts, the meaning of which can only be inferred. Rather, it concentrates on overt behavior that can be assessed objectively.

Roth, as cited in Rubin's Approaches to Art Therapy (1987), explains that using a behavioral

model is not a common practice, and therapists sometimes have difficulty utilizing these concepts. The model seems to be most effective with emotionally disturbed, mentally retarded children. She found the model combines traditional psychodynamic art therapy techniques with behavior modification principles; it involves education during the process of therapy. Reality shaping is used to teach new behaviors, express images that are disturbing, or to learn concepts that increase the person's ability to think abstractly (Rubin, 1987).

Cognition is the process of knowing, or how we organize the stimuli from the outside world. According to Silver (1983), the cognitive approach is appropriate for individuals who have difficulty articulating thoughts and feelings in words. Individuals with inadequate language or those deprived of opportunities to express themselves may use this approach if their visual-spatial abilities are intact.

Humanistic Approach

As art therapy has grown, it has begun to experiment with using art in ways that focus on awareness and self-responsibility. This interest

was mostly the function of the Human Potential Movement and various therapies such as Gestalt therapy, which attempts to combine creativity and nonverbal communication.

Rhyne (1984) views creativity as an innate human drive and stresses the dynamic-holistic approach to therapy. The goal of humanistic art therapy is the development of a balanced individual who can establish a rhythmical flow between the polarities in life. According to Rubin, (1987):

> It confirms the conviction that man can be both good and bad, strong and weak, loving and angry. . . . Once man is aware of these conflicting polarities he can give up the need to be perfect and concentrate on self-actualization. (p. 109)

Eclectic Approach

Rubin (1987) observes that many therapists shift gears as the situation seems to require, doing whatever seems to work best most of the time. Eclectic therapy may be a more difficult road, as it requires choices. There is no unified system. The pieces must come together from all the diverse sources and integrate as a whole if the therapist is to have a basis for understanding the therapeutic process and direct it in a meaningful way.

Rubin (1987), who considers herself an eclectic, expresses doubts about the patchwork, collage effect of blending all the different therapies. She expects that a theory about art therapy will eventually emerge from art therapy itself. It will include elements from other perspectives, but will have its own inner integrity in terms of the creative process from which it comes.

Other therapists caution that too wide a divergence of viewpoints could result in an "anything goes" attitude. Betensky (1973), suggests out that "our body of theory is slender, our research meager, and our method still in need of development" (p. 316). This unrest is a welcome sign of a search for a conceptual basis of art therapy.

Critique of Different Theories

The field of art therapy has not yet developed a model for human development. Wadeson (1987) explains that art therapy has no concepts comparable to Freud's "Id," Jung's "Shadow". . ., the "top-dog" of Gestalt (p. 24). Art therapists borrow from established disciplines such as psychoanalytic or Jungian.

Wadeson (1987) stresses the importance of art therapists to gain an understanding of all the major psychological theories. The art therapist has been encouraged to integrate theory into the individual therapeutic relationship. A similar view is held by Robbins (1982) who has struggled to integrate the different theories of psychology with art. What seems to be the most meaningful for him is:

> The intimate interplay between my own personal inner development and my professional growth. . . this process has led me to believe that the splits within the field of art therapy that pit one approach against another are doing us all a disservice (p. 1).

The debate continues concerning the development of a theory of art therapy. Rubin (1987) argues for a theory, but admits it is too soon, while some therapists imagine that one may never occur. Some art therapists propose that humanistic psychology would be a more appropriate framework for art therapy than psychoanalysis.

An eclectic view seems to best support the idea of integration of theories. This perspective encourages openness to possibilities rather than a "narrow adherence" to theory; especially at this stage of development when there is little data.

Psychological theories have tended to develop from practice, and Wadeson (1987) suggests that art therapy will need to grow in the same way. Just as Freud and Jung did not develop their theory and then go into practice, art therapy concepts will evolve as a result of observation from ongoing work and deep introspection.

General Therapeutic Process

Robbins (1982), a sculptor, art therapist, and teacher of art therapists, has written extensively about the therapeutic process. In his personal struggle to find a theoretical position which integrates the verbal, objective psychological part of himself with the nonverbal, symbolic artist, he describes the therapeutic process as a dance that weaves traditional interpretations with new perspectives in such a way as to avoid a split between the verbal and nonverbal.

Robbins (1982) suggests forth the view that art therapy can be cast in many different frames, depending on the various populations, settings, length of treatment, the therapist's training and personality, as well as the receptivity of the client.

Robbins (1988) states that too often the therapeutic relationship takes a back seat to the technique and emphasis on working through problems within a particular modality. By contrast, he stresses the importance of the dimensions of the therapeutic relationship as a pivotal focus in working through issues with the client. His view of aesthetics refers to "breathing life into sterile communication" (p. 95). Communication is the key for Robbins, who explains that a complete work of any medium becomes art only when it touches the living truth.

"Therapeutic artistry," according to Robbins (1988), is the key to the therapeutic process. Robbins (1988) explains that progress in treatment depends on the "nonverbal relatedness" that is developed though "intonation of voice, postural and facial expression, and kinaesthetic resonance" (p. 96). When the client and the therapist are able to experience this deep feeling of relatedness, they can transform personal trauma into creative expression, thus developing another avenue for therapy.

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> Like the artists who feel the very texture and character of their material, so too must the therapist feel and touch the very essence of the patient's being. The quality of the patient's presence, the very character, the nature of his/her armor must be experienced before the therapist can develop an empathetic transitional relatedness with the patient (p. 97).

Treatment may be seen as a dance in which images interplay between client and therapist, using both conscious and unconscious levels to create a dynamic art form. Robbins (1988) constantly stresses the need for the therapist to be aware of both the nonverbal and verbal expression in order to build a framework of insight and internal reorganization with the client.

Robbins' concern with how the therapeutic process relates to healing and health is similar to the view of the late European art therapist, Edward Adamson (1984). Jungels (1985) discusses Adamson's approach which emphasizes self-healing and refers to the "release of creative resources latent in every patient" (p. 73). Jungels refers to The Art of Healing (1984), wherein Adamson recommends that:

> Where problems of the mind are concerned, the solutions must be found where they originated, that is, from WITHIN. It is only here that we have the source of real change. Art obliges us to communicate with the inner

> self and, in so doing, to engage in a dialogue with both our destructive and creative forces. . . . Art places the central responsibility for change upon the individual (p. 76).

Role of Art Therapist

Over the last decade art therapists have gained experience, sophistication, and are experimenting with using art in ways that are genuinely growth producing. The pioneering work of Edward Adamson in England, and Margaret Naumberg in the United States, and many other art therapists throughout the world, have established the foundations and expanded art therapy services. (Jungels, 1985).

Like Robbins (1988), Adamson (1984) is very concerned with the similarities between the dynamics of painting and the therapeutic process. He describes the role of the art therapist as one of having absolute respect for the client. Specifically, Adamson (1984) explains his role as a therapist by saying:

> The silence is very important. Inactivity on the part of the therapist, being passive as possible and. . . withdrawing the whole time and encouraging the individual to produce things in his own way. You know in stillness there is great activity. That is the thing they sense. As long as I'm there - - they know I'm there -- and they appeal to me for that reason. When I'm with them I never sit down because once I relax, they relax too and it will not be necessary for them to paint.

> So I sit quietly active in a passive way, if that is possible. You must tune in to the individual you are going to work with. And that takes a little while. You try to get behind their eyes to see what they are trying to envision, paint, and I encourage it from their angle the whole time . . . if they're prepared to share it with . . . then you must be prepared to wait for it (p. 79).

Before his retirement, Adamson collected over 60,000 images, known as the Adamson Collection. From these images we can get a better understanding of the many different kinds of visual statements that can be made about feelings of anger, depression, pain, confusion, hurt, or other feelings associated with stress, crises, or other illness.

Through a variety of exercises, Robbins examines these same feelings. In his art therapy program, Robbins (1988) offers a variety of structured exercises that enable students to explore how their life experiences are all too similar to those of their clients. He explains that the students discover that everyone has a sad, lonely part of the self that is similar to the schizoid and if they search hard enough, they may find "islands" of their own craziness, borderline components that bring them closer to a client's inner life.

Art Therapy with Alcoholic Women/Victims of Domestic Violence

Women who are in treatment for alcohol/drug addiction or who are victims of domestic violence have low self-esteem and are often in crisis, emotionally traumatized, shocked, and fearful. The use of creative art therapy tends to encourage expression of uncomfortable feelings that can result from such traumatic experiences. These clients need a non-threatening, supportive atmosphere where they can freely express themselves and work through problems and conflicts.

Addicts need a non-threatening way to express themselves. Virshup (1978) notes that certain characteristics of alcoholics make art therapy a particularly appropriate form of treatment for clients who are inarticulate and action-oriented. Foulke (1975) relates this to the client's fear that the avoided feelings might be overwhelming or dangerous. Puleo (1976) discusses trends that have emerged in the artwork by alcoholic clients. There has been a minimum of well-tested, empirical studies on specifics of the artwork of substance abusers.

The combination of art therapy and Alcoholic Anonymous' Twelve Steps has proven to be an effective tool in treating alcoholics (Potocek & Wilder, 1989). They have developed new approaches in addressing the concrete thought processes, limited behavioral patterns, and vague and confused feelings of the alcoholic.

Alcholics Anonymous has been described as providing the most effective treatment program for alcoholism, and AA's Twelve Steps have been included in most chemical dependency treatment programs. The Twelve Steps is a spiritual program for freeing one from obsessive drinking. Some of the characteristics of alcoholics include denial, dependency, anger, ambivalence, low self-esteem, and overly controlled emotions. Added to these traits is the magnitude of physical and psychological deterioration and a growing sense of loss (Potocek & Wilder, 1989).

The goals of recovery programs for chemical dependent/battered women include offering emotional support as they learn to take responsibility to decisions and actions. Another important goal related to art therapy is to provide training and practice opportunities in

self-esteem building, expressing emotions in healthy ways, stress management, and decision-making (Walker, 1979).

Art therapy has proven to be an effective tool in the treatment of chemical dependents. Moore (1983) explains that:

> 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 lie 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 (p. 251).

By making the issues symbolic, art therapy facilitates communication and reduces confusion. It provides a new perspective for the therapist and the client. These concepts apply to both women who are alcoholics and/or victims of domestic violence. The most common traits both of these kind of women share are low self-esteem, depression, anger, and a sense of helplessness.

Only recently has the problem of battered women come into public awareness. Some observers

estimate that as many as 50% of all women will be victims of domestic violence at some time in their lives (Walker, 1979). These women tend to be labeled masochistic by most people for staying in the relationship. It is a popular belief that these women like being battered. The problem involves complex psychological and sociological reasons that prevent the woman from being able to help herself. Walker's research found that psychological abuse could be more harmful than the physical. Many of the women describe psychological humiliation and verbal harassment as being worse than believing the batterer may also kill them.

The women who are victims of domestic violence have become trapped in a complex cycle of violence which creates both economic and emotional dependency on men who are abusive. Battered women can end abuse in their lives if they have adequate help, support, and resources.

Therapeutic Relationship

What do art therapists do that promotes healing? According to Irwin (1988), there are four concepts of healing involved in the therapeutic relationship: (a) the holding

environment where the therapist provides a safe, supportive atmosphere where feelings can be freely expressed; (b) the therapeutic relationship which the therapist established; (c) the client's expectations--believing that the therapist will be able to help in dealing with emotions; and (d) a sense of mastery that can result from therapy; the well-trained therapist can help the client acquire skills to function more effectively in the world.

In addition to these concepts, Irwin (1988) believes that the arts have a unique contribution to make in the field of helping people by expanding communication beyond the verbal processes. By the use of images, movement, and sounds, clients can learn that they can understand and deal with their feelings.

Similarly, Adamson (1984) mentions the natural "fullness of time" (p. 79) that takes place in art and healing. Neither can be forced and must proceed at their own pace. Art therapy supports the concept that all marks we make on paper, all colors and graphic gestures we choose are expressions of ourselves. The making of art is an emotional, intellectual, motor and sensory experience of integration that is not inhibited by

the linear sequence of verbal language. The focus is on the therapeutic healing power of the art experience; a switch from assessing the product to indulging the process. It is the act of making a mark, not its effect on an outside professional that is of value in reintegrating mind, body, and soul. The marks may allow the therapist an insight into the individual's way of understanding the world, but it is really no more than a beacon or guide to possibilities in the stages of process.

Lowenfeld (1957) views art therapy as a healing force for the client to use as another language by expressing feelings and relationships through the visual media. In their work with clients from violent environments, Malchioldi and Peterson (1985) state that visual expression works well because it is non-threatening. Art therapy has a healing effect as it reduces anxiety, fear, and aggression.

The artwork also contains an element of pleasure and sensory stimulation which may expand the client's awareness of the visual world. The artwork can be reviewed at a later date to help clients look for changes or recurring themes.

This helps the clients take responsiblity for their own growth. The goal of healing and recovery is integration of the mind, body, and soul. It is reasonable to believe this goal is within the reach of each client.

Time Structure

Since art therapy involves creating a product, considerations of time and structure are important. The structure of doing art therapy is dependent on the frequency and length of sessions as well as the duration of the treatment program. Wadeson (1987) points out that decisions about time should be made with the client's needs and capacities in mind. Art sessions for individuals can be more flexible than group sessions which usually require a regular meeting time and space. In short-term facilities, sessions need to be more frequent. If clients are disruptive or have a short attention span, sessions may need to be brief.

Art therapy may be structured in many different ways, depending on the goals, possibilities, and limitations of the program. Although hourly sessions for individuals, and one and a half to two hours for groups, are most

common; all day or weekend workshops and open studio structure where clients can come and go as they desire are also possible. Sessions may be planned around a specific treatment goal such as representations of feelings to enhance feeling awareness, drawing fantasies to deal with wishes and fears, and depictions of a problematic experience to gain an understanding of it (Wadeson, 1987).

In short-term programs, there is usually little time to work with clients, so that goals may have to be limited to dealing with feelings about being in the program. If it is a group session, clients can benefit by being able to share feelings, which can act as ventilation as well as the experience of universality and less isolation by sharing images. Sharing images from drawings can be especially helpful for clients who may be reticent to do so.

Environment

Art therapists often work in less than ideal spaces. Rhyne (1984) prefers a place that has a large open space for individuals to work in groups and a "smallish nook" where the person can temporarily have a space to be alone (p. 170).

Lighting needs to be bright enough for clients to work by, but dimmers may be needed when the mood is quiet, such as meditative conversation or silence. Space is needed to temporarily pin drawings on the wall for the purpose of processing. In exhibiting work it is important to remember not to, in any way, suggest that clients are supposed to produce masterpieces, as the focus should always be on the process of what the client is experiencing and not on the quality of the artwork.

Minimum requirements include privacy, adequate lighting, space, and freedom to make a mess. The client should not have to worry about getting paint on the carpet or chalk dust on the upholstered furniture. Washable surfaces are needed where the client can be encouraged to drip, smear, and get on one's hands and clothes. Storage shelves for art products are needed as well for each person's work which underscores the importance and personal worth of the client. If the therapist treats the client's artwork with respect, the client is more likely to feel values (Wadeson, 1987).

Aside from the physical structure, the art therapist needs to be sensitive to the needs of the client. Timing is often very important. If a person is talking about a difficult experience, it is important for the therapist to be sensitive to the client's need to talk and not interrupt that flow by suggesting too soon that they do an art exercise. Wadeson (1987) states that it is not necessary to give the client a specific structured activity. If given an encouraging environment and time for a trusting relationship to develop, the client's needs will surface. Wadeson usually does not make suggestions to clients, but waits attentively for what they bring forth. She allows them to do whatever they want and she finds that even the most minimal drawings can be very expressive.

An overstructured art therapy program can be an "insensitive imposition of irrelevant activity" (Wadeson, 1987, p. 30). If the therapist has an activity planned and finds that the art group is dealing with a totally separate issue, such as an attempted suicide or disturbance of the group, the plan would be irrelevant and insensitive to their feelings. Ideally, the therapist will encourage

clients to take responsibility for being aware of their feelings and finding ways to express them. Clients are usually able to decide if it might be more helpful to draw a picture of their family, pound on clay, or to explore a dream. It is important that the clients learn to trust that they know themselves and know what they need.

According to Wadeson (1987), the therapeutic process can best advance when the art therapist can be sensitive to the client's needs and be creative in developing structure (or lack of it). The therapist must be able to respond creatively to the situation at hand with a facilitating structure. The best art activities may be the most simple, such as drawing a feeling, fantasy, or dream. Wadeson's (1987) training program for students encourages them to develop their own techniques, as well as refining those originated by others.

Materials

All the literature reviewed suggested the use of simple media. Art materials need to be of moderate quality. There should be variety and quantity. Robbins (1976) points out that if at all possible, the client needs to be able to work

with a variety of materials because different media provokes different kinds of messages. The more unstructured the medium, the more the client can project upon it. The therapist must be careful not to improve in any way on the client's natural imagery. In clinical settings and short-term programs, simple media is practical when there is limited time for art sessions. Simple media also has the advantage that it can be used with all ages with little or no instruction.

Materials should be cared for to extend their use, but also to make a statement to the client to be responsible and to value the materials. Similarly, there is even a more important message conveyed to the client through the therapist's careful handling and storage of the client's products. Self-esteem can be fostered in the client as the therapist is respectful of the client's work.

The therapist needs to be familiar with materials and methods of using them in order to select media wisely for the client. Some examples include: (a) knowing how to keep clay moist between sessions; (b) selecting the right surface to work on; (c) knowing that pastels are thinned

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with water but less colorful than oil pastels; and (d) which paint types are thinned with turpentine.

Wadeson (1987) employs simple, easy materials which allow the client to focus on spontaneous release of feelings rather than concentrating on elaborate preparation of materials. Media that enables the client to complete the project in one session allows the client to discuss the artwork with the therapist while the feelings are still current. This type of experience may be necessary in a short-term treatment setting where there may not be time for continuous work on a project. The advantage of a simple medium is that the client can leave the session with a sense of realization from expression. A simple medium such as pastels and paper may also be given to the clients to use on their own between sessions.

Foremost in art therapy is matching the client's needs with the material and exercises that will foster expression. Wadeson (1987) stresses timing - knowing when the client needs to strengthen defenses by using a more rigid medium or when the client needs to break down defenses by using a less controlled medium.

Comparison of Short-Term and Long-Term Art Therapy

Although art therapy was first developed for long-term use, currently it is being used in short-term treatment settings to provide a safe means for expression of feelings and to encourage verbal communication.

In many hospital settings, the population changes daily and there is no time to build trust and to gain a sense of cohesiveness. These conditions can be very frustrating for the therapist. There is little time to build a therapeutic alliance and to provide opportunities for growth that can be so gratifying in long-term therapy.

Wadeson (1987) discusses short-term groups composed of alcoholics being treated in an alcoholic abuse program where clients are court referred and groups are large, with people constantly entering and leaving the program. In this setting, goals would have to be limited and directed to what role alcohol consumption played in their lives, whereas in an ongoing long-term group, this common experience of what part alcohol played in their lives could be allowed to develop spontaneously over time. Also, peer relationships would have a chance to develop with long-term

groups and there would be many opportunities to share images and experiences.

The goal of some short-term inpatient programs is focused on encouraging clients to continue therapy after treatment. However, Wadeson (1987) disagrees with this view and states that sharing feelings about being hospitalized and feelings about the conditions of the particular facility are more relevant goals. She adds that clients may also be too disturbed to share with one another and that individual work may be needed before the person can work in a group.

Short-term therapy requires a more structured approach than in a more stable long-term group. There is no time to allow for the natural development of the client's visual language (Wadeson, 1987). In short-term treatment it is more likely that all clients would participate in art therapy, whereas in long-term groups, the therapist can try to fit people into groups that will work well together. In many hospitals, groups are organized according to their level of functioning. It may be difficult for a group to move faster than its slowest member. For example, in a group of well-functioning individuals,

someone who is psychotic may need individual treatment and be a poor fit for the group. In long-term groups, too great of diversity in age, sex, socio-ecomonic status, etc., may lead to the member who is a group deviant being singled out through the life of the group. In both long-term and short-term groups, new members need to be integrated into the group.

In short-term groups, the focus is usually limited to exercises for getting in touch with feelings; whereas, in a long-term setting there would be an opportunity to do some grief work. Setting goals is important for the therapist and the client. Hopefully, the goals will be identical. Some clients may have no goals except to get out of treatment or to get a spouse to change. Goals need to be clarified in the initial session as this sets the stage for future work.

Ethical Considerations

Lowenfeld (1957) viewed the client's artwork as another means of therapeutic communication. It was simply a visual language. Ethically, the therapist has a responsibility to assure the client that the artwork and related information are shared only with the staff and not freely

displayed. Wadeson (1980) explained that it was not appropriate to exhibit work of the students. The "mantle of confidentiality extends to artwork as a visual form of privileged communication" (p. 41). The purchase of the artwork is therapeutic, not the creation of a product. If the therapist uses any of the artwork for presentation or publication, it is necessary to obtain written permission from the clients to use their work. When work is published, all names and details need to be disguised for the clients' protection.

The therapist has the responsibility of setting the ground rules when a group is started. One important rule is to make clear to the group that each person's work is to be treated with respect, not to be judged in any negative way.

Other responsibilities of the therapist include preparing the client for termination as the art therapy program reaches its end. The way in which the therapeutic relationship is brought to a close can have a great influence on whether the gains that occurred in treatment are maintained in the future (Wadeson, 1987). Clients who have progressed well may begin to regress as the ending is near. The therapist needs to help

members come to some closure and adjust to the transition of leaving the program and continuing on their own. Because of the difficulties of termination, especially in a long-term program, it is best to prepare clients well in advance. The therapist helps clients view what has been accomplished, what needs to be done, and make referrals for future growth (Wadeson, 1987).

Summary

The history of art therapy has been traced from the early 1940's. Art therapy has been defined, giving an overview and critique of the different theories. The view of eclectic therapy has been supported, which suggests that in a therapy that has not yet developed its own model, it is best to continue to draw from diverse sources at this stage of development in art therapy.

The role of the art therapist has been discussed, as well as the therapeutic process which when combined, make up the therapeutic relationship with the client. The most important factor is the art therapist's sensitivity and encouragement in working with the client. The healing process requires a supportive environment

where the client can express images freely in a visual way. The therapist promotes healing by being sensitive and respectful of the clients and their work. This act of making marks has the effect of integrating the mind, body, and soul of the client.

Art can furnish a medium through which clients may begin to express feelings they may be reluctant to discuss. Visual expression gives clients a sense of being in control of their own feelings and, therefore, of being less vulnerable (Foulke & Keller, 1976). Women who are in treatment for chemical dependency and/or victims of domestic violence are struggling with rebuilding their self-esteem and learning to take responsibility for their own lives. Even in a short-term program, art therapy can play a vital role in implementing this growth.

Some of the literature suggests that only trained art therapists should be using art therapy. However, this paper takes a different view as there are plenty of people using art therapy techniques and in need of a manual.

This attitude is supported by Gibson (1976), past president of the Art Therapy Association, who states:

> Art therapists seem to have an enthusiasm for their own work that is not shared by others, possibly explained by their awareness of the potential of their therapy. . . art therapists must educate the community on the uses of art therapy (p. 219).

Gibson (1976) was open to sharing art therapy techniques with others, lending art therapy journals and books, and to soliciting discussions of the client's case history in order to advise appropriate art therapy interventions for special problems. These are all ways in which the consulting professional gains respect and understanding for art therapy as a potent communication tool. Gibson suggested in-service training workshops as a way of promoting increased understanding. She encouraged working in "cooperation rather than competition as to create an alliance that will insure inclusion of art therapy in the treatment regimen for years to come" (Gibson, 1976, p. 220).

There is a need for art therapists to develop and to promote short-term strategies and goals. Short-term hospitalization is here to stay. Art therapy was originally used in long-term treatment

programs. However, with the growing need for short-term treatment, art therapy programs have been developed to fit the needs of short-term therapy.

CHAPTER 3

Methods

Subjects

Clients. This project was presented to a group of five to ten women at the Women's Center. These women were part of a 30-day residential treatment program for women ages 18 and over who were chemically dependent and/or victims of domestic violence. Group members were constantly changing as they completed their stay and new members entered the program. While most clients were there by choice, one member of the group was a resident as a result of a court order.

Members were asked to complete the client evaluation form during the fifth session, or before they left the Center. In response to the question about learning to identify feelings, members said they had learned that:

1. I have no boundaries.
2. I feel what others feel and am not aware of what I feel.
3. I don't show my feelings; I cover them up.
4. Other people feel a lot like I do.

5. I pretend I'm happy, a clown, when I am really sad and hurt inside.
6. I don't want to feel.
7. Since I've been here I haven't let my feelings out.
8. If I let my feelings and anger out, I get into trouble, so I'm letting my anger just eat away at me.

Members stated that the workshop helped improve their self-esteem by:

1. Learning what boundaries are and that I can detach from negative messages, people, and situations.
2. By being more aware of feelings.
3. By feeling more accepted by others. I am not the only person who has received so many negative messages.

They explained the increase in awareness of feelings by saying:

1. I feel better now that I was able to express my feelings, although I didn't want to cry at first.
2. When I'm upset I stop and ask myself what I'm feeling or what negative message I'm responding to.

3. I really liked putting the negative messages on the wall and calling them out. It was fun and it took away the power of the putdowns I have received in the past.
4. It helped me to admit my feelings and then to turn it over to a power greater than myself.
5. I can better accept my feelings now and go on with my life.

Most clients were very enthusiastic about the sessions. They said it was fun and that they enjoyed the change from the regular program. Members stated that they felt supported and understood by the group and the therapist.

Seven clients said they felt they could benefit from doing more art exercises. One client answered the question by saying "No."

The Center has an ongoing problem with lack of childcare, and some clients had to leave the group at times to care for their children. One client asked for more exercises to take with her when she left treatment. Another member requested additional exercises that she could use with her children when she returned home.

Professionals. Five professionals evaluated the manual. They consisted of two men and three women. Two women were art therapists, and one was a counselor. One man was a psychologist, and the other was a college art teacher and counseling intern.

Comments were that the workshop started with good basic information and built up in such a way as to help clients expand their awareness of feelings and to increase self-esteem in a step-by-step method. One person said it could be a good beginning for clients to begin to project their true selves to others.

It was generally agreed that doing extra art exercises may help reinforce the work done in the group sessions. One therapist stated that the sessions would be an excellent way to help clients quickly learn to identify their issues regarding feelings and self-esteem. The psychologist's comments were brief, but he stated he thought the manual was very good.

The art therapists agreed that the exercises done in the context of the therapeutic process should help clients identify their feelings. One did caution that if clients are new to the therapy

process, and new to examining their lives and feelings, they may need to go SLOWLY or otherwise be overwhelmed.

One art therapist stated that in addition to other psychotherapy, either individual or group, the exercises and group art therapy experience could help clients to improve their self-esteem. She added that the manual used by itself may only offer superficial or temporary improvement, and would probably not be as effective if the clients did the exercises on their own.

Materials

Workshop: Colored markers and drawing paper was used for most sessions. Group members had a choice of 9 x 12 inch white drawing paper or colored construction paper. Due to the limitations of space, storage, and work area, materials were kept simple.

The groups meet in the day room which was furnished with tables, chairs, and couches. Clients used tables for drawing or worked on lap boards.

Module No. 4 involved mask-making in which additional materials were used. Clients had a choice of watercolors, oil pastels, scrap

materials, crayons, and magazines, as they cut, glued and painted designs on pieces of brown packaging paper to create their masks.

Procedures

A short-term therapy program was written and used at the Women's Center. There were five consecutive sessions. The Center did not currently offer any art therapy as part of its treatment program. The short-term project followed the guidelines of the Women's Center philosophy and objectives, and the needs of the women in treatment.

All of the women admitted to the Women's Center participated in the art therapy group as a supplement to their regular treatment program. While there was no opportunity for individual sessions, two clients requested additional exercises to take with them as they finished their treatment program. There was no initial individual meeting or screening with clients before they joined the art therapy group. The artwork done during the sessions were not used for evaluaton or shared with other counselors unless the clients chose to do so on their own.

Artwork was taken down after each session due to lack of space and out of the need to protect individual confidentiality. Emphasis was on expressing emotions. Attention to artistic ability was down-played so as to discourage competition. Clients were encouraged to find meaningful visual images and symbols that related to their current situation or challenge. I gave clients positive feedback to support their sense of growth and hope.

The program was designed to help group members learn to identify feelings, become aware of negative messages they have received from others, and to make decisions on how they will choose to change their self-estimate.

The art therapy exercises provided an opportunity to supplement and expand the journals that all clients were expected to keep as part of their treatment program.

At the end of each session, clients explained what they had drawn, along with any thoughts or insights they had gained during the process. Other group members responded with questions or affirmations. Emphasis was on being respectful and supportive of one another's artwork.

CLIENT EVALUATION OF ART THERAPY GROUP

1. What did you learn about identifying feelings?

2. Has this group improved your self-esteem? How?

3. How are you more aware of your feelings now?

4. What did you like and/or dislike about the group?

5. Would you like extra exercises to work on between sessions and to take with you when you leave treatment?

6. Do you feel you can benefit by continuing these art exercises after you leave treatment?

7, Suggestions for improvements and comments:

PROFESSIONAL EVALUATION OF ART THERAPY MANUAL

1. Do you feel this manual will help clients identify their feelings?

2. Do you think the manual can help clients to improve their self-esteem?

3. Will it help them to be more aware of their feelings?

4. Would they benefit from doing extra exercises between sessions?

5. Do you feel they can benefit by continuing these art exercises after they leave treatment?

6. Suggestions for improvements and comments:

CHAPTER 4

Results

The goal of this project was to create a short-term art therapy manual for working with women who are chemically dependent and/or victims of domestic violence. This program was set up to include five consecutive sessions that would focus on helping clients to increase self-esteem and to more readily identify their feelings. It was designed as a program that has little time to work with clients. Goals were limited and specific.

It was planned to help members quickly understand the meaning and purpose of art therapy in their treatment program. It was important that clients felt comfortable enough to allow themselves to regress, play, and to create as they expressed their feelings without being overwhelmed by feelings of embarrassment. The focus was on working toward a balanced personality that was accepting of the range of feelings between anger and love, strength, hope and despair; to give up the need to be perfect and to proceed on the path of self-actualization as they learned to be aware and to experience their feelings.

A manual was prepared that describes the five-session program (see Appendix A). Each session in the manual presents a task which uses art therapy methods, a goal to be accomplished, materials to be used, and questions to stimulate discussion and elicit feelings.

Clients welcomed the drawing exercises and the expression of their feelings and were quick to follow. Introducing art therapy by having them scribble, put them more at ease. As a result, they were able to focus on feelings and were not concerned with creating art.

The round robin exercise in which they all worked on the same drawings seemed to bring the group very close. The current challenge exercise was helpful in enabling members to understand the different problems, whether they were ones of chemical dependence or domestic violence, since many times it is difficult for these two groups to understand each other's problems.

The workshop supported their regular treatment program, which focuses on education and affirmations to help build self-esteem. The self-esteem and boundary exercises were very effective

in helping clients to feel validated and to understand the relevance of their feelings.

Clients who were able to start at the beginning of the sessions and complete all five seemed to benefit more than members who came in near the end of the sessions. Although effort was made to review previous sessions, it was not possible for clients to get the full benefit by review. Had the workshop been ongoing, clients who stayed the full 30 days would have had a chance to complete all the sessions.

Some clients left the program unexpectedly and were unable to evaluate the program, and new members were not ready to evaluate the workshop.

Professionals. The response among professionals was generally positive. The evaluations were very helpful in pointing out the need to assess the readiness of the clients to examine their feelings. While all the professionals agreed that the exercises could be a good way to begin identifying feelings and to work on increasing self-esteem, the art therapists stressed the need to do the work in a therapeutic environment. Clients who show a special interest in the art therapy experience can be encouraged to

use art in continuation of individual or group therapy.

CHAPTER V

Discussion

Benefits of Using Art Therapy

While art therapy was first developed for long-term use, the literature suggests that it does not always require a long-term relationship for the clients to reveal their imagery in drawing. Williams (1976) claims that "some patients, especially in the earlier stages of psychotic episodes, communicate quite readily in graphic rather than verbal terms in their attempt to cope with intraphysic turmoil" (p. 1). She has used visual therapy to help establish rapport, to provide a safe place for the client to express feelings, and to encourage verbal communication.

There is a tendency for both chemically dependent women and/or women who are victims of domestic violence to avoid their feelings. Moore (1983) and Walker (1979) described the low self-esteem that is characteristic of women in treatment centers. Most of these women have lost their feelings of self-worth. Their "self-estimate" of themselves is so low that they often appear helpless, frightened, and very alone.

Clients who have experienced a traumatic event can begin to master it in artwork because they are now able to take an active part in their recovery. Foulke (1976) described the satisfaction experienced by the client from achieving a visual picture of something felt. He stated that "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-tolerable feeling into an overall sense of self" (p. 253).

Visual communication can be a tool for self-examination and to increase self-awareness. The physical movement, combined with the self-searching, helps them develop a sense of control as they manipulate symbols in artwork. They can express feelings of anger, guilt, and fear which can be worked through by expressing them graphically. In an art group, the person becomes a doer, not a reactor, which can be a unique positive experience. Also, sharing these feelings in a group where clients show acceptance of these feelings in each other, engenders trust and self-acceptance.

Benefits of Proposed Program

The significance of this project lies in its support for using art therapy in short-term treatment settings to help women who are chemically dependent and/or victims of domestic violence.

The program focused on identifying feelings and learning to express them in healthy ways. Clients' feelings were validated and they were encouraged to accept their feelings through discussion and visual expression.

Module 1 helped members establish rapport and feel that the sessions were a safe place to express themselves. The physical movement of writing down negative messages and tapeing them on the wall as they read them aloud, especially helped members gain a sense of control as they learned about negative messages and boundaries. They were able to examine and become aware of how they had learned negative ways of viewing themselves.

Other members were respectful, accepting, and supportive as clients shared their feelings and experiences. Clients learned to trust others more and to accept themselves. They were able to see

ways to solve problems and make choices. The art therapy supplemented their regular treatment program.

Limitations and Recommendations

The field of art therapy is young and has developed no models of its own from which to work. It tends to borrow from more established disciplines such as psychoanalyic or humanistic theories. According to Wadeson (1987), theories enable us to know, yet sometimes it is better not to know, to be open to possibilities rather than to nail down a conclusion. For example, clients may all too often be described in staff meetings as nice, neat packages with conclusive theories of the client's dynamics. Human functioning is much more complex than a premature closure based on theory.

Of special concern is the limitations of time in short-term programs. While Yalom (1983) sees the goal of short-term work as preparing clients to continue therapy after discharge, Wadeson (1987) questions whether "under the unusual difficult circumstances of short-term in-patient group therapy, such a goal is realistic" (p. 151). Her goal is to help clients share feelings about

being in treatment and the conditions of the facility. Consideration must also be given to clients who are too disturbed to work in groups and who need individual sessions. Group work is not for everybody. Some clients have less ability to express inner feelings in visual forms.

This short-term program was limited in terms of length of time for sessions, amount of space available, and types of materials that was suitable for projects that could be done in one session. It is also impossible to attain the trust and cohesion that has time to develop in long-term therapy.

A limitation of this art therapy program is not being able to evaluate the continued benefits of the therapy. Another limitation is not knowing how much understanding clients will receive from working on the exercises which they may or may not choose to continue after treatment.

Suggestions for Future Research

Increase in awareness of feelings and in self-esteem was not measured. When the women left treatment they were given additional exercises to take with them and encouraged to continue collaborating the drawing exercises with the

journal writing they also had started in the treatment program.

Future research which seeks to document the increase in self-esteem and awareness of feelings of women who are chemically dependent and/or victims of domestic violence could incorporate a follow-up evaluation. While enthusiasm was demonstrated by request for further training, no information was available concerning the lasting response and enthusiasm for the art therapy project.

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Appendix A

Art Therapy Manual for Women Who are Alcoholic and/or Victims of Domestic Violence

Art Therapy Manual for Women Who are Alcoholic and/or Victims of Domestic Violence

Table of Contents

Preface

This manual is designed as a short-term program that may be presented in a treatment facility to women who are chemically dependent and/or victims of domestic violence. Its purpose is to promote an understanding as to how visual communication is a powerful tool that can be used to help clients learn to identify feelings.

The trend toward short-term therapy has brought about many changes which affect art therapy. In a short-term setting there is little time to develop a strong therapeutic relationship, and exercises must be designed to be more specific. Clients can be encouraged to work on their own between sessions and to continue doing exercises after they leave treatment. Visual expression can be done very simply by using only colored markers and paper. Clients can write poems, letters, and express their feelings in writings and drawings.

The emphasis here is on the need to take the mystery out of art therapy and to understand it as simply a visual way of communicating that has nothing to do wih artistic ability. While nothing can replace the role of the therapist, there are

many things most clients can continue on their own once they have a basic start in learning how to express themselves visually.

Course Objectives

The following program is designed to be presented in a short-term treatment facility for women who are chemically dependent and/or victims of domestic violence. After participating in this project, clients will be better able to:

1. Learn to identify feelings
2. Feel validated and to understand the relevance of their feelings
3. Accept and know how to express feelings visually
4. Improve their self-esteem
5. Gain perspective and consistently integrate their feelings
6. To work in group process (giving and receiving support).

Time Outline

Time	Title	Description
Week 1	Module 1 Introduction and Identifying Feelings	Introduction to feelings, exercise, group sharing, self-esteem drawing and sharing
Week 2	Module 2 Focus on Current Challenge	Review, discussion, exercise on current challenge and sharing
Week 3	Module 3 Feelings and Families	Discussion, exercise on negative messages and sharing
Week 4	Module 4 Inner and Outer Self	Discussion, mask exercise, and sharing
Week 5	Module 5 The Balanced and Functional Self	Discussion, goal exercise, sharing and closure

Material List

9 x 12 white drawing paper

9 x 14 colored construction paper

4 dozen colored markers

Pocket folders for storage

1 roll brown packaging paper

Scotch tape

Paper punch

8 lapboards (magazines)

8 scissors

8 bottles of glue

Scrap materials (fabrics, shiny papers, ribbons, string, yarn, rubber bands, Bandaids, colored tape, etc.) paints, chalk, oil pastels, and magazines.

MANUAL FOR THERAPIST TO USE WITH CLIENTS

General Administrative Instructions

The treatment goal is to identify feelings and to act as a support in the development of self-esteem. Hopefully, the therapist and clients' goals will be the same. In short-term therapy programs the focus is on getting to know the client, gathering information, and establishing some degree of trust. It is time to provide directions and boundaries, to convey interest, caring, and to be receptive, and to show respect.

The client needs to know that there are no shoulds, oughts, no correct way. There is only their way. Whatever feels right for them is the right way to do the exercises. There are no rules here, only suggestions and ideas for them to try out, explore, and experiment with. They need no special talent or training. The goal is to explore the self. They are not drawing or writing to please anyone, or to get approval, or to meet anyone's standards. It is important to remember to respect each other's drawings and to let them be confidential unless one chooses to share them. Explain that you understand that the fear of

making something "ugly" can be great--especially for adults who have not likely done anything this spontaneous since kindergarten. They may have to break through their drawing block, but explain that you hope they will trust you that it can express some important feelings. They may find that they enjoy creative journaling once they try it in a safe, non-judgmental setting.

The therapist's reaction is crucial as it sets the stage for future work. The therapist may note that the members are estranged from their feelings. They may be sullen or try to please. Their artwork may tell the therapist that they are preoccupied or disorganized or meticulous. The work may indicate loss, conflict, or low self-esteem. The therapist is wise to examine one's own feelings: was the experience confusing, frustrating, stimulating, relaxed, or confident?

Sessions have a flow, and being aware of their direction can give information to the therapist. For example, a member may be very stiff in the beginning, but later start to relax. Clients may be pleasant initially and then become angry. While some clients remain consistent

throughout, others may start with a defense and later loosen up.

These sessions are not designed for assessment of the clients. The purpose of this program is to allow the clients to begin developing their own symbols of visual communication. It is of utmost importance that only the clients be allowed to explain what meaning their artwork and symbols have for them. The purpose of the drawing is only for their personal expression.

Although there is little time to establish a therapeutic relationship in short-term treatment, the therapist can facilitate the greatest amount of growth by being sensitive to the client's images and recognizing that the solutions must be found within. Art is simply the vehicle that brings forth these visual images. Always remembering to respect the client's feelings and artwork, and that they cannot do art therapy wrong, it is simply an expression of their feelings.

MODULE 1

IDENTIFYING FEELINGS

Module 1 - Time Outline

3:00-3:15	Introduction	Explain purpose, give instructions, and hand out materials
3:15-3:30	Discussion on Feelings	Explanation of, and discussion on feelings
3:30-3:50	Feelings Exercise	Drawing on identifying feelings
3:50-4:10	Sharing Process	Discussion and sharing by group
4:10-4:30	Self-Esteem Exercise	Explanation of, and doing self-esteem drawing
4:30-5:00	Summary Process	Discussion and sharing by group. Give handout.

Module 1 - Identifying Feelings

Purpose: To reduce performance anxiety

Techniques: Round robin drawing

Materials: Colored markers and drawing paper

Introduction

1. Prepare clients for group by letting them know what is expected of them. Explain the ground rules as to when the group will meet, length of time, and what will take place.

2. Explain that this is a special meditative time where they can begin to identify some of their feelings--to become aware of them--more accepting of them--and to be more accepting of other members' feelings and efforts to express them.

3. Explain that there will be discussions on feelings, and scribbling as a way of coaxing out some of their feelings--that it is not an art project--no one is concerned with how anyone draws. It is simply a visual way of communicating.

4. The basic rule is to respect each other and their work. Most people feel inexperienced in art and are uncomfortable when they begin.

   This session serves as an ice-breaker in a new group where members may be afraid to draw. It also helps members connect with one another as they work on each other's drawings.

Explanation and Discussion on Feelings

1. What do you do with your feelings? Do you show some feelings but deny or stuff others? Feelings are energy. When we repress our feelings, that energy becomes blocked. When that energy is blocked for a long time we begin to feel stuck - numb - we lose our ability to feel. We can develop compulsive behaviors and become physically ill.

2. Remember that our feelings are our friends, the natural alarm in our bodies that we need to stop and listen to and understand. We all have feelings of fear and anxiety. Sometimes our mind cries out that we are losing control. If not understood, our feelings can be like a willful child running aimlessly in dangerous areas.

3. Our anxiety and fears can make us physically ill, such as headaches, nausea, trembling, and eventually lead to serious diseases. Sometimes we react in ways to protect ourselves (our defenses), such as being compulsive or obsessive about relationships, food, drugs, cleaning, gambling--the list is almost endless. What are some ways you have coped with these feelings?

4. Sometimes we may just feel that something terrible is going to happen--we may feel free-floating anxiety or a nameless guilt or shame--as if we are just wrong as a person. These may be some feelings that you are experiencing now and the goal is to move into an understanding by exploring feelings so you can identify what is going on in your inner self. You can learn to have more control of your life. You can learn to act rather than react.

Exercise on Identifying Feelings

1. Each person is to just scribble whatever they want on the paper for a short time (about two minutes). Ask them to relax and to just have fun scribbling.

2. Tell them to "switch" as they pass the drawing on to the next person. This is continued until each person's drawing comes back around to them.

3. There may be a mood or theme conveyed that will lead to a discussion. The goal is to help each member feel comfortable with just scribbling.

4. This helps develop cohesiveness and begins to set the feeling of acceptance and nonjudgmentalness that is crucial to visual therapy.

5. The same paper is then "round-robined" again to encourage members to feel more comfortable by drawing on the same piece of paper.

6. This time they are asked to draw a symbol, feeling, or word which describes how they feel about being in treatment. They are free to draw, scribble, or expand on anything that is already on the paper.

Discussion and Sharing by Group

1. Have each member share the feelings, symbols, or words on their paper. Each member may tell what they added to the picture and explain why. (See illustration, Page 81).

2. Therapist processes with each client's explanation by validating their feelings. Some clients may be hopeful while others may be angry, especially if they are in mandatory treatment. Tell them you hear their anger, if that is what they express.

3. Remind the group that feelings are wonderful things. They tell us what is going on inside of us. Without them we would be numb or dead. They can get out of control. We are wise to make friends with them and to learn to work with them.

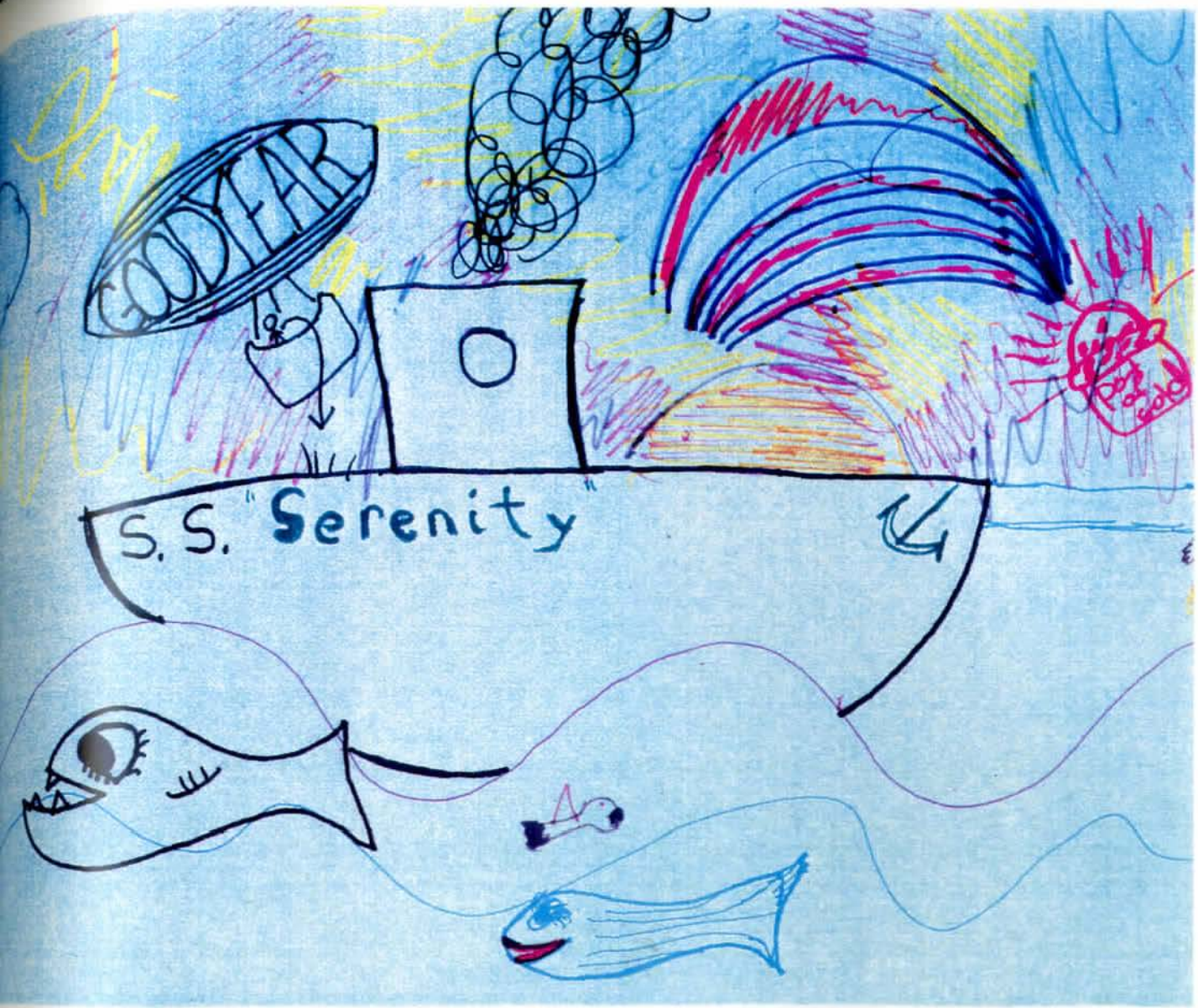
Self-Esteem Drawing Exercise and Handout

1. Explain the self-esteem drawing by discussing self-esteem. Ask clients what they think self-esteem is. How do they see themselves right now? How is their self-esteem today? (See illustrations on Pages 82 and 83).

2. Have them draw their self-esteem. Have members explain their drawings and share their feelings with the group.

3. Hand out feeling chart (See illustration on Page 84). Read explanation at the top of the page and encourage clients to keep a record of their feelings.

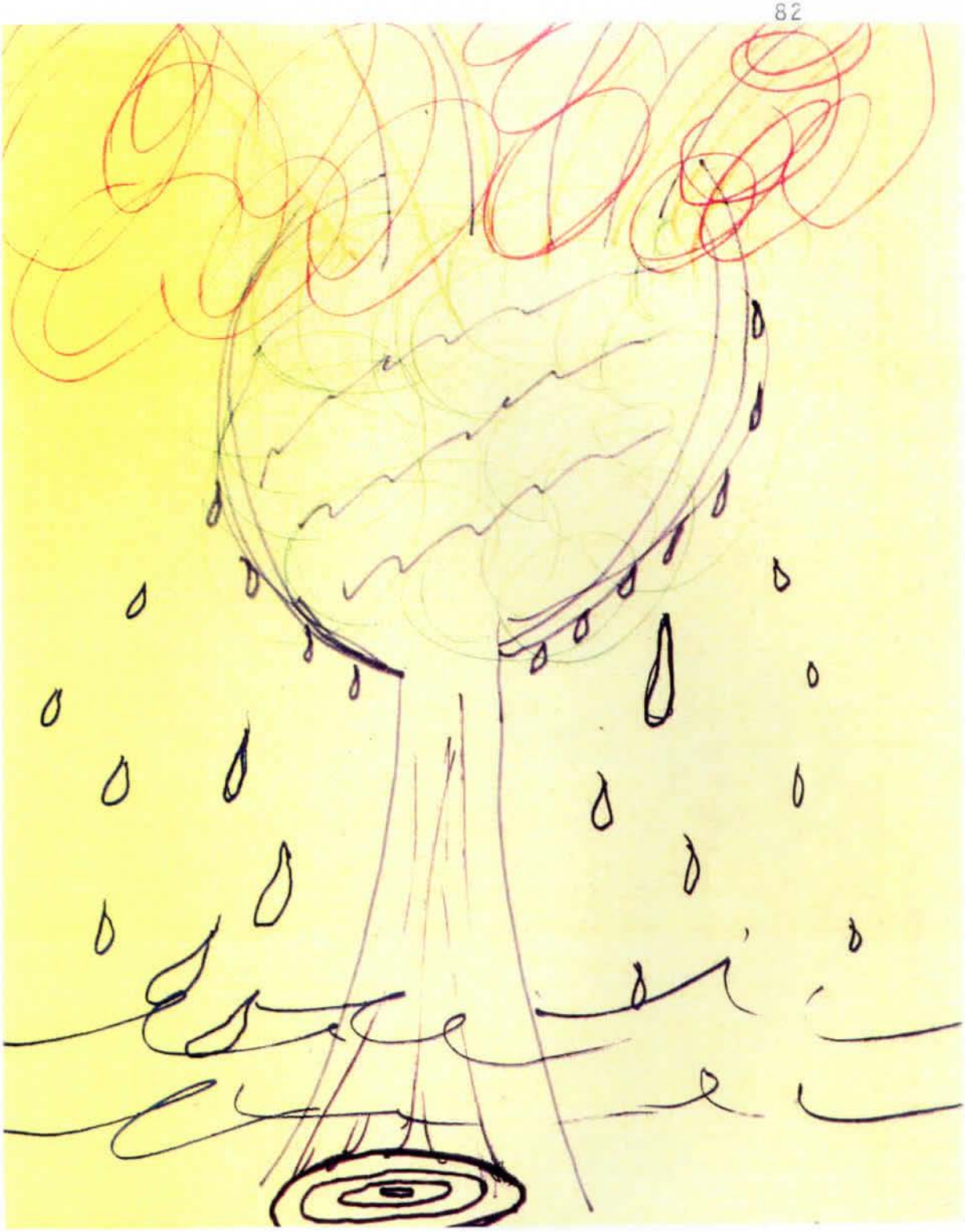
4. End the first session by telling members that "even though they may have been reluctant at first, they really put a lot into their pictures."



#1

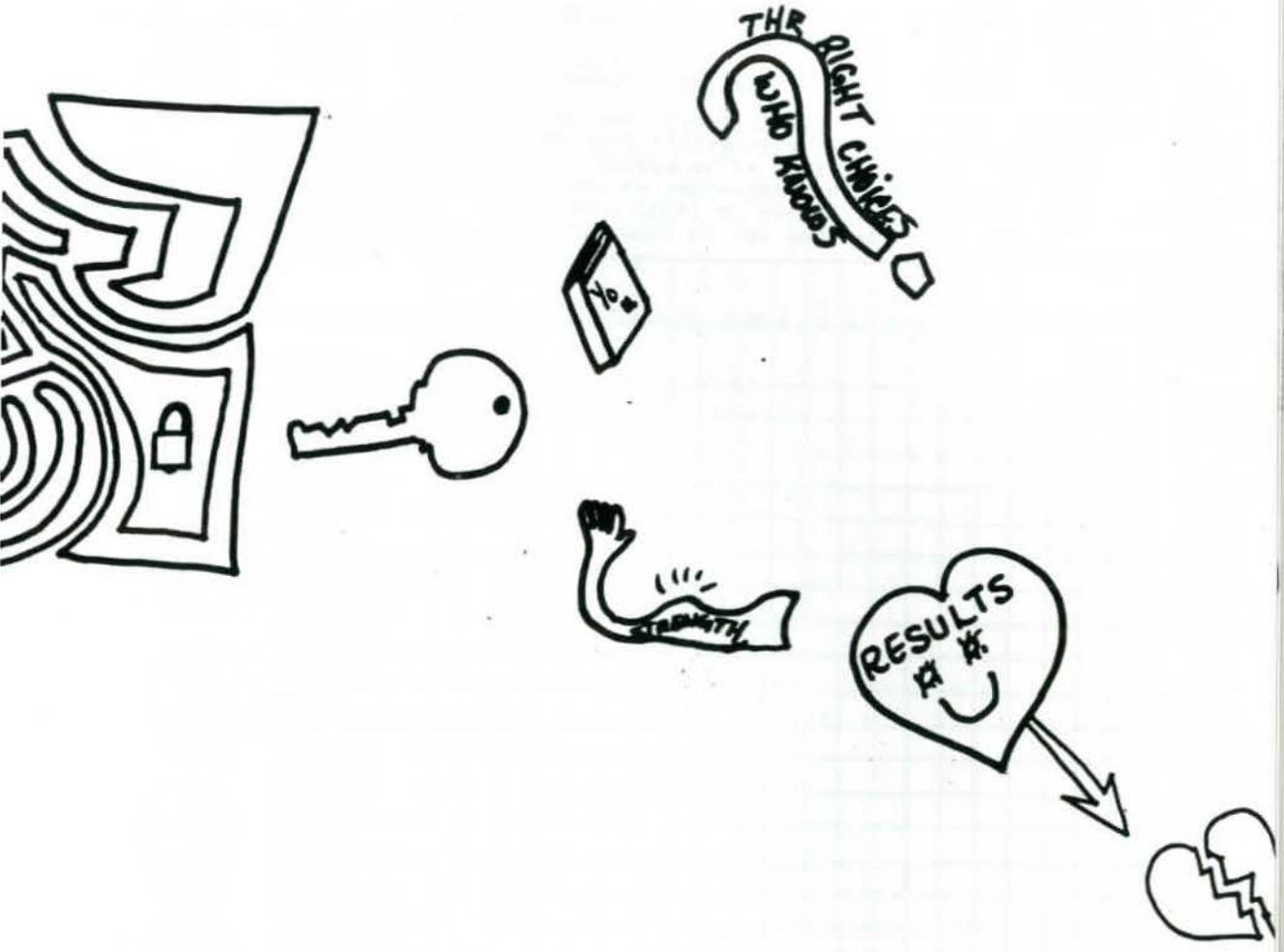
ROUND ROBIN DRAWING: HOW IT FEELS TO BE A THE WOMEN"S CENTER

Carol drew the boat. Joyce added the waves and the fish which describe how the women are all different -- some were quiet and others were more aggressive -- some had children with them. Beth drew the upside-down figure because that's how her life was before she came to treatment. Amy put the S.S. Serenity on the boat because that was what she was working toward at the Women's Center. Nancy added the Goodyear blimp for the good year she planned to have since she got help. Terri put the lines in the background which represented all the problems that the women brought with them to the Center. Sue added the rainbow and the pot-of-gold because she felt grateful and hopeful that there would be a better life for her when she finished treatment.



#2
SELF-ESTEEM DRAWING

"The spiral hole at the bottom is the pit I was coming from which is growing towards the center -- full of emotion and energy (in the middle). The tears falling down are releasing the pain and the past to be swept away in the ocean. The bright colors of the future are at the top -- the light of hope".



#3
SELF-ESTEEM DRAWING

"The maze is all the different things that are going on in my life. The question mark is the confusion of not knowing what to do and hoping I'm making the right decisions. I hope I have the strength because now I'm sad, broken hearted, hoping the results will be ok and that I can fine the key to see my way through all this abuse and breaking up of my family."

Many of us have learned that our feelings don't count, that they are somehow wrong. We quit listening to our feelings, or try to make them disappear because we're afraid of them. When we deny our feelings we lose an important part of ourselves and we stay stuck. Using this chart to record your feelings can help awaken the emotional part of you and make awareness of yourself a habit.

	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
confident																					
sad																					
lonely																					
confused																					
sick																					
jealous																					
anxious																					
frustrated																					
angry																					
relieved																					
guilty																					
shy																					
grieving																					
scared																					
happy																					
shamed																					
satisfied																					
meditative																					
indifferent																					
love struck																					
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MODULE 2

FOCUS ON CURRENT CHALLENGE

Module 2 - Time Outline

3:00-3:15	Introduction, review, pass out materials	Introduce new members. Briefly review from last session
3:15-3:30	Explanation of project	Discuss the current challenge that brought each member to treatment
3:30-3:40	Read relaxation exercise	Have clients close their eyes and relax. Relaxation music may be used.
3:40-4:00	Exercise on current challenge	Have clients draw their feelings.
4:00-4:45	Summary Process	Allow time for clients to process their work.

Module 2 - Focus on Current Challenge

Purpose: To put the present in perspective by seeing it is the contact of the past.

Technique: Combination of abstract scribble drawing and awareness drawing.

Materials: Colored markers and drawing paper.

1. The goal is to continue helping members feel comfortable drawing. They are encouraged to continue scribbling as they did last session --remind them to "pretend they are in kindergarten--to just have fun with it."

2. The purpose of this session is to prepare group members to identify feelings about their chemical dependency and/or domestic violence and then to discuss feelings they felt in the past and what effect the feelings have on them now.

3. Explain that this session will include a relaxation exercise and thinking about what brought them into treatment.

Exercise on Current Challenge

1. Have members scribble on their paper with a light marker to get "warmed up." Follow this with a relaxation exercise such as the following: Meditation music may be played to facilitate relaxation.

2. Exercise: Close your eyes and begin to relax. Breathe deeply, slowly take the air in and slowly let it out. Do this several times. Now focus on the feelings inside your body. See if there are any areas of tension or pain.

   Do an inventory of your body. Start with your head and face. Breath deep and relax. Move down your neck and shoulders, then to your arms and hands. Breathing deep and relaxing. Check each area for tension. Then move to your chest and abdomen, and your back. Continue to breathe deep and to relax. Then your pelvic area and buttocks. Relax your thighs and knees, your calves and feet.

   Go back to any areas of tension. Continue deep breathing and, as you exhale, allow the tense areas of your body to relax, one by one. Each time you release your breath, release the tensions right along with it. Name each area and as you release the tension from that area, say to yourself, "My (body part) is feeling relaxed."

3. Now as your body continues to relax more and more, and with your eyes still closed, think about the day you came to treatment--what were some of your feelings?

4. I want you to really remember that day in detail. What time of day was it? Who was with you? What was the weather like? What was going on around you at the time?

5. Now go back to the "precipitating event" that brought you here. What was it? What was your life like? What effect was your particular situation having on your life? Take some time to think about these questions. (pause).

6. If there was a color that represented any of these feelings, what would it be? How would it move--slow, fast, sharp, painful--would it try to hide, jump, or run? What would it do?

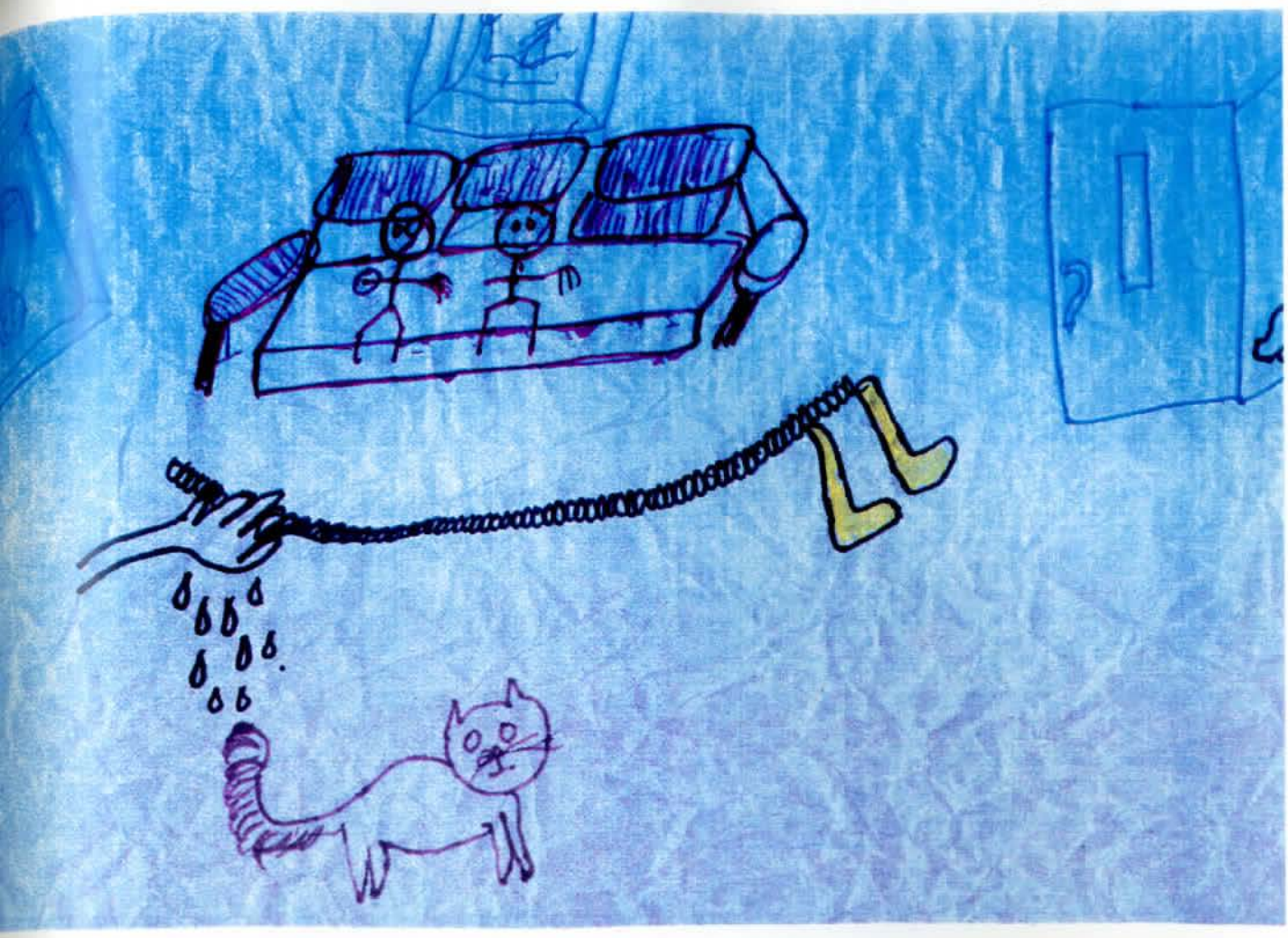
7. I want you to open your eyes and to choose that color. Think about what effect your situation has had on your life as you start to scribble--just try to get a sense of how that color would express itself on paper. See if you want to change it in any way as you continue to add to the drawing. You may feel like wadding it up, as one client did. (See illustration on Page 91).

Discussion and Sharing by Group

1. Have members explain and share their drawings with each other.

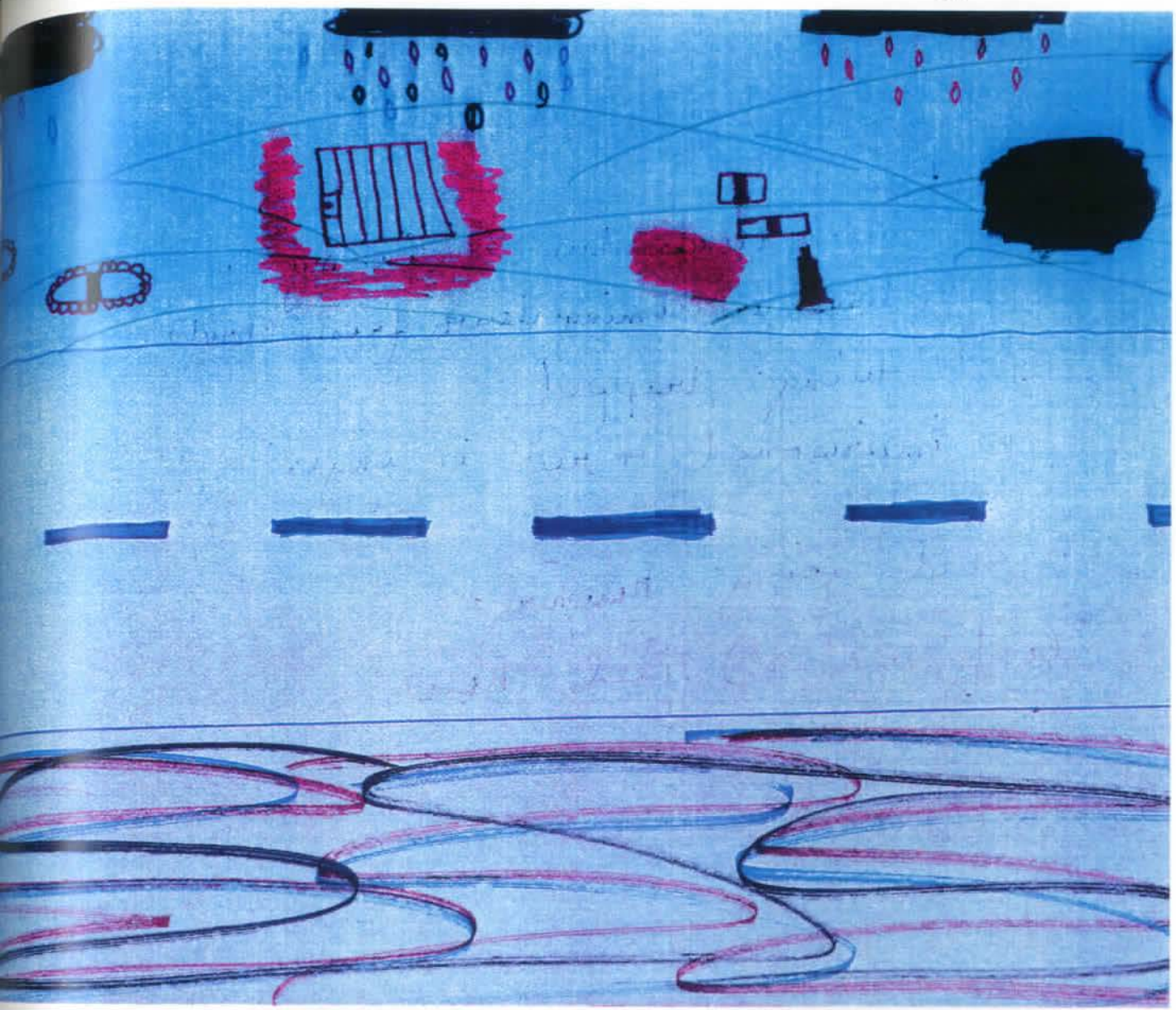
2. This exercise may bring up some very painful and sad feelings. Allow plenty of time for clients to process their feelings and ask members to be supportive of one another.

3. This was a powerful exercise that really helped clients understand each other. It seemed to fill in the lack of understanding that can sometimes happen between clients who are chemically dependent and those who are victims of domestic violence.



#5
THE EFFECT DOMESTIC VIOLENCE HAS HAD ON MY LIFE

"The figures on the couch are my children --- setting there with blank looks on their faces after seeing us fight so many times. The picture on the left is the happy times we used to have. The hand holding the chain is my husband's who is trying to keep me there at home --- the yellow feet are me leaving all the time and going back. It's me going out the door and driving off in my get away car. The poor cat is just there being neglected."



#6
THE EFFECT DOMESTIC VIOLENC AND CHEMICAL DEPENDENCE HAS HAD ON MY LIFE

"The black clouds are all the bad things that have been going on in my life. The feeling of being trapped which are the steel traps on the left. The cloud in the middle is the feeling like being in a prison where I could not leave. The blood, medicine, and bandaids tell about the times I got beat up. The last cloud is about the job I lost. The road in the middle of the picture shows that I was on a one way road going nowhere before I came here. The bottom of the picture is the confusion and mixed feelings about being here -- wanting to leave yet knowing I need to stay."

#7

THE EFFECT DOMESTIC VIOLENCE HAS HAD ON MY LIFE

"The black clouds (on the left) are the way I felt in my life. The confusion, the hurt/pain, obbsession, desire for life, for love, for understanding of why I am not happy, for happiness. It's all I've ever known. The red (in the middle) is my rage and frustration exploding from the black cloud (on the bottom) which is my life.

The green and yellow (on the left) is my life now -- full of hope. I am looking for it here. There are still some black clouds here too, but they are small because I expect to learn how to control or handle them. The right side is the new understanding of myself, growth, and love for myself. It is the peace and serenity I am working for".

#8

THE EFFECT CHEMICAL DEPENDENCY HAS HAD ON MY LIFE

"By the time I came here it felt like the world -- my world -- had me backed into a wall of knives waiting to stab me. I was devastated, scared, helpless, confused, worried, and hurt. Being in treatment once before and having to admit that what they said was true and applied to me was what hurt the most. After the humiliation of admitting they were right and I was wrong --- it went away, so did the knives waiting to stab me".

MODULE 3

FEELINGS AND FAMILIES

Module 3 - Time Outline

3:00-3:15	Introduction, review, pass out materials	Introduce any new members. Briefly review from last session.
3:15-3:30	Explanation of project	Discuss dysfunctional families and boundaries.
3:30-4:00	Write messages	Write down messages and tape on wall.
4:00-4:20	Make a boundary drawing	Using a circle or shape from their self-esteem drawing, have them record their own messages and a reply. (See Page 102).
4:20-4:45	Discussion and sharing by group	Allow time for clients to process their work.
4:45-5:00	Hand out free choice drawing and discuss. Remove messages from wall	Encourage members to continue work on their own and to bring drawings back to the group.

Module 3 - Feelings and Families

Purpose: To explore feelings related to family of origin.

Technique: Respond to putdowns by using "boundary outline" from self-esteem drawing.

Materials: Colored markers and drawing paper.

1. The purpose of this session is to become aware of family dynamics and how their family of origin affects their present life.

2. Use the explanation and discussion sheet on boundaries on Page 98 to start the discussion.

3. This exercise is designed to "get to the root" of self-esteem and to help clients to understand them. The response is a way to counteract the negative power of the putdowns. It helps to "erase old tapes" and to build self-esteem with new messages that are loving, nurturing, and assertive.

Explanation and Discussion on Boundaries

1. A boundary is a line or thing that marks a limit or a border. In recovery we talk about boundary issues, or how people define where they end and another person begins. If we look at a map, we see lines or boundaries marking the states or countries. We as people also have lines or limits that mark our personal territory, such as our bodies, minds, emotions, spirit, possessions, and rights. Our boundary surrounds all our energy. This boundary is invisible but real.

2. If we have an unclear sense of ourselves, it may be difficult to define the difference between our feelings and someone else's feelings, our problem and someone else's problem. Our ability to tell where we stop and someone else begins is blurred. Our boundaries are blurred. A person with weak boundaries easily picks up other people's feelings like a sponge absorbs water.

3. We are not born with boundaries. We learn these from our parents. Some of us have no boundaries; others have walls, and others have boundaries with holes in them. Some people have healthy boundaries and know who they are and what their rights are and aren't. They don't trespass on other people's territory and they don't allow others to invade theirs.

4. Children grow up with weak or non-existent boundaries when their boundaries and rights were violated, when they were forced into inappropriate roles such as taking care of their caregivers, emotionally or physically neglected or abandoned, or were not nurtured, or lacked appropriate limits. Inappropriate caretaking damages boundaries. If we had to take care of our parents as a child or if we were encouraged to be overly dependent on them, we may believe other people's thoughts, feelings, and problems are our own.

5. Controlling people invade boundaries. They think they have a right to. If we lived with such a person, chances are our boundaries are damaged. If our rights, thoughts, bodies,

and possessions were not respected we may not know we have rights. It's uncomfortable to be around people with too many or too few boundaries. Yet, if we lived in that kind of setting we may not be aware of how uncomfortable it is.

6. The goal is to develop boundaries that are not too rigid and not too pliable. As we develop healty boundaries we respect others as well as ourselves; we don't use others and we don't allow them to use us. We learn what hurts and what feels good. We learn what our rights are. We may feel shame when we start setting limits. It will probably be very uncomfortable at first. It may take a long time to recognize when something hurts because we've developed a huge tolerance for pain and insanity.

7. Often we don't have a frame of reference for what is normal. Sometimes it is difficult to tell when someone is hurting us, when we're hurting someone else, or we're hurting ourselves. How can we tell something is inappropriate if that's all we've ever known? It may feel normal. How can we know what we want if nobody ever told us it's okay to want something. We may have to work very hard at it all our lives. We can learn to listen to our feelings, and to be around healthy people, and to be responsible for our recovery.

Exercise on Negative Messages and Self-Esteem Boundary Drawing

1. Have them write down negative messages they received in their childhood and adolescent years growing up in a dysfunctional environment--from parents, teachers, adults, and other authority figures. Refer to list on Page 103 to get them started. Have them put each message on a separate piece of paper and tape it to the wall so everyone can observe and share the different messages. (See Page 104).

2. Have each member enlarge and modify some part of the outline from their self-esteem drawing that was done in the first session so as to have room to write on the inside and the outside of the drawing. (See illustration Page 107).

3. On the outside of the shape, have them write the negative messages they received growing up--using arrows pointing back to their self-esteem outline drawing.

4. As they read the negative messages back, take time for them to feel their gut reactions to those statements. Then using their subdominant hand (the one they usually don't use), have them write or print their response on the inside of the drawing, using arrows pointing back to the opposing arrow and putdown. Their response needs to include how they feel now at this point in their life reading these messages.

Discussion and Sharing by Group

1. Have members explain their drawings and share feelings with the group.

2. Questions and points for discussion:

   a. How did it feel to hear these messages or voices from the past?

   b. How did it feel to write with the other hand? Was it like being a child again?

   c. Were you able to really answer back? If not, what was it like?

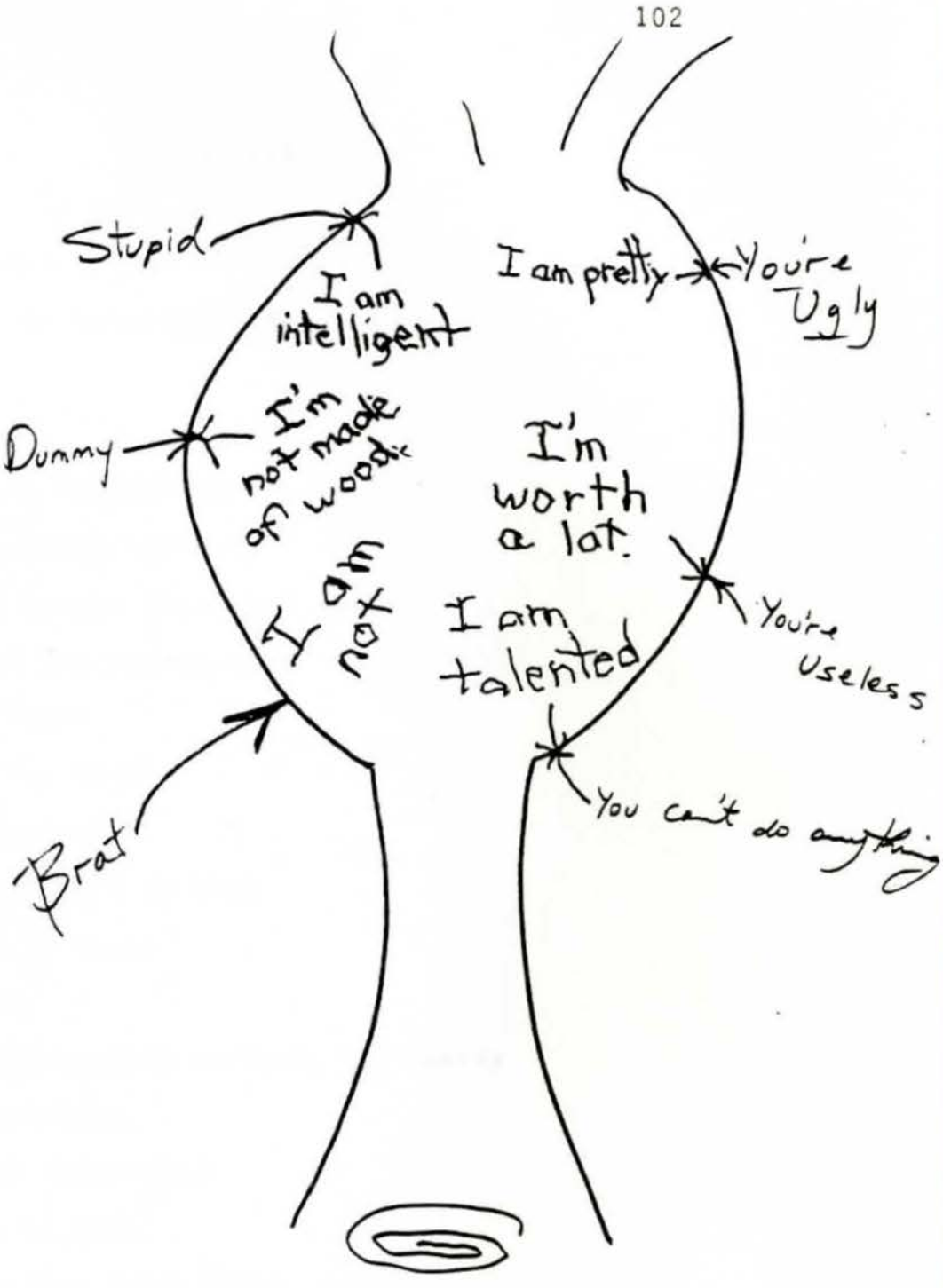
   d. How does this help you understand yourself and others?

   e. Review the meaning and importance of boundaries.

   f. Have them make a list of the negative messages they say to themselves. Encourage them to listen to how they may still be blaming and criticizing themselves destructively.

3. Hand out Free Choice Drawings sheet and review it with members, encouraging them to continue doing the exercises when they have time or even after they leave treatment.

4. Close the session by having members remove all the negative messages from the wall, tearing them up, and throwing them into the trash can!



#9
BOUNDARY DRAWING

#10 Putdown List

You're in the way

Be like your sister

You can't do anything right

Dummy

Stupid

We gave you everything

You're so sweet and nice

You don't really feel that way

You're not the pretty one

You're a loser

You cost too much

You're too fat

Nice girls don't do that

You gotta be tough

We own you

Don't trust anybody outside the family

You're worthless

Don't talk about that

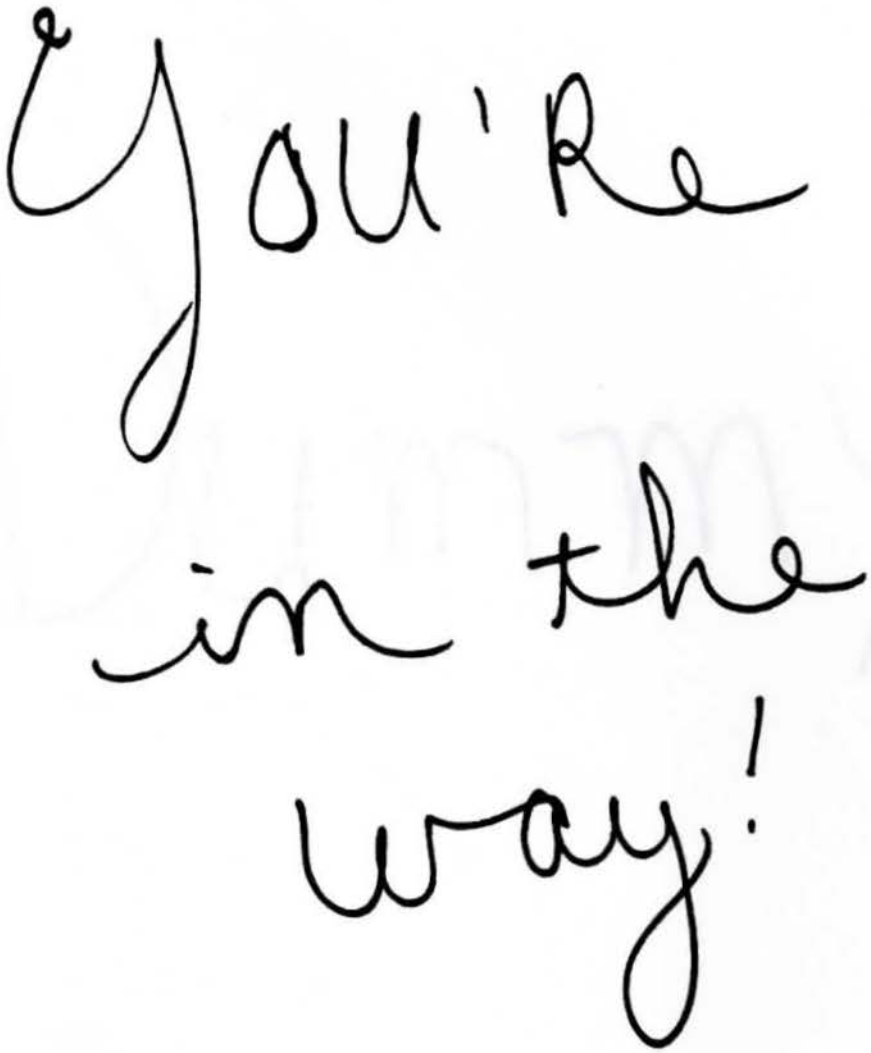
You can't do that

You don't have good sense

You're the meanest kid there is

You're so clumsy and awkward

That makes you look cheap

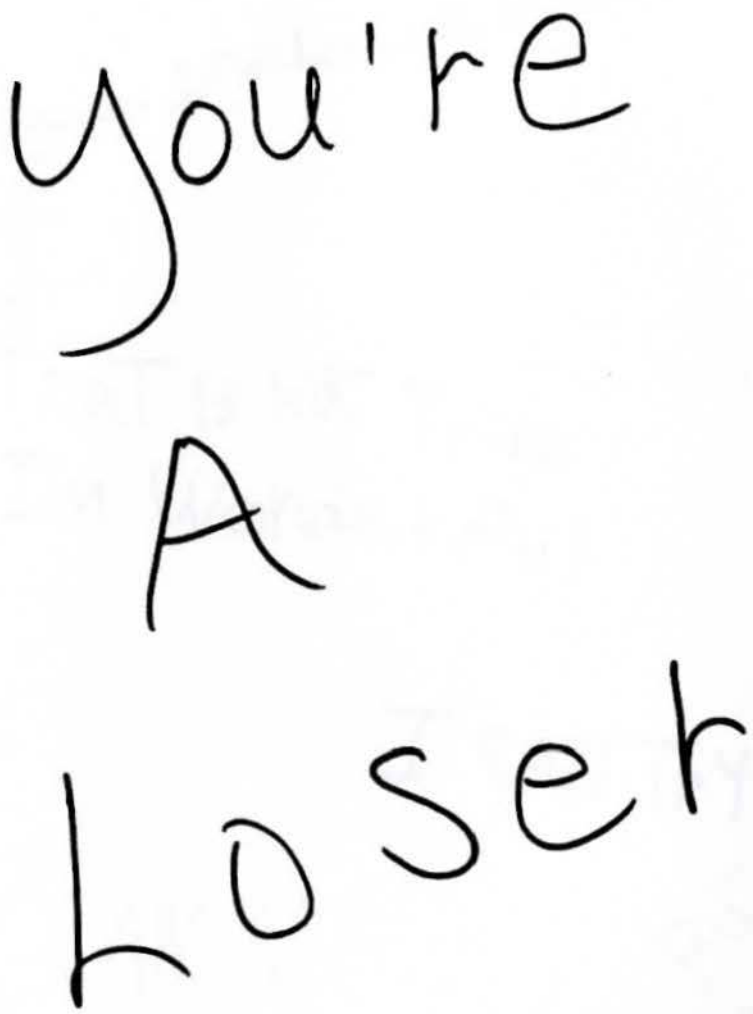


#11

EXAMPLE OF NEGATIVE MESSAGE

#12

EXAMPLE OF NEGATIVE MESSAGE



#13
EXAMPLE OF NEGATIVE MESSAGE

#14
BOUNDARY DRAWING

Free Choice Drawings

1. Do a drawing of your family of origin, placing members in a house plan drawing according to the roles they played at home. Dicuss or write about the family and the roles they played. What changes you would like. Do a drawing that shows how you would like to change the family roles.

2. Draw your response of anger, hate, love, depression, or fear.

3. Draw a person you admire, love, hate, or envy.

4. Draw yourself in a stressful, joyful, helpless, controlling, or criticizing situation.

5. Draw your most satisfying relationship.

6. Write a letter to an unknown person describing who you are.

7. Write a love letter to yourself describing all the qualities and ways of being that you love in yourself.

MODULE 4

INNER AND OUTER SELF

Module 4 - Time Outline

3:00-3:15	Materials	Arrange materials for easy access to all clients
3:15-3:30	Explanation of project	Discuss inner and outer feelings
3:30-4:14	Mask exercise	Have member design an inner and outer mask
4:15-5:00	Summary Process	Discussion and sharing by group

Module 4 - Inner and Outer Self

Purpose: To understand the inner and outer self

Technique: Paper mask

Materials: Brown packing paper, colored construction paper, oil pastels, crayons, paints, scrap materials, scissors, glue, and magazines

1. The purpose of this exercise is to help members understand and be aware of the inner and outer parts of themselves. The bright, positive parts and the dark, shadow parts. It helps them see how they behave and communicate these feelings to others as well as how they protect themselves.

2. Explain that during this session they will be making a mask that expresses their inner and outer feelings.

3. Use the explanation and discussion sheet on inner and outer feelings on Page 112 to start the discussion.

Explanation and Discussion on Masks

1. We all wear some kind of mask. A mask is used to help us protect ourselves. We learn as children, especially in very dysfunctional homes, not to show our feelings. What were some of the feelings you were afraid to show?

2. Have you ever thought about your inner and outer self? What does your inner and outer self look like at this time in your life? Your inner self is your internal, private world of physical sensations, emotional feelings, fantasies, memories, wishes, and thoughts. Your outer self is the part of you that shows to the outside world, the ways in which you express yourself for others to see, such as your activities, behavior, accomplishments, body, and environment.

3. Take a moment to close our eyes and meditate on your inner and outer self. Some images may come to you as you refelct on these parts of yourself at the same time. They may be contrasting the feelings, such as feelings very active on the inside with many thoughts buzzing around while your outside appears quiet, calm, even boring.

4. It's like we have two different sides to the same face. Did you ever think about how all the different parts of you live together inside of you? Are there times when they get in conflict with one another? How do the negative putdown messages that were put there by others and the ones we've put there, or continue to tell ourselves, affect our mask?

5. This exercise will give us a chance to explore the positive and negative, beautiful and ugly, and the strength and weakness that lives side by side within us. We can look at the parts we like and dislike and the parts we chose to show others or keep inside.

6. Hopefully, we can make changes in our lives that will give us more control and we will be able to present our outer self to be much like our inner self.

Explanation and Discussion on Masks

1. We all wear some kind of mask. A mask is used to help us protect ourselves. We learn as children, especially in very dysfunctional homes, not to show our feelings. What were some of the feelings you were afraid to show?

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6. Hopefully, we can make changes in our lives that will give us more control and we will be able to present our outer self to be much like our inner self.

Mask Exercise

1. Have them make a mask that best expresses the feelings they show the "outside world." (See illustration Page 115).

2. When it is finished, have them design another mask on the inside of the same mask, describing their true inner feelings.

3. As they design their inner marks, have then consider the following questions:

   a. What are the traits they feel are unacceptable to show the "outside world"?

   b. What qualities do they like about themselves?

   c. What does their "shadow" or dark side look like?

   d. What are the traits they fear, criticize, or dislike in themselves?

4. As they do the exercise, have them think about themselves, their body, their voice, their name, the feeling of being uniquely themselves, how they hear, touch, feel, smell, their history, dreams, what they can do, what they can't do, and their challenges.

Discussion and Sharing by Group

1. When the masks are finished, have them speak to each other in pairs as they wear the masks, telling one another what they see in each other's mask and sharing their feelings.

2. Display all masks temporarily on the wall and let members discuss and review their feelings with the group.

3. Additional questions for discussion:

   a. How does your mask keep others from knowing you?

   b. How did you use these masks as a child to keep others from hurting you?

   c. How do these masks keep others from hurting you now?

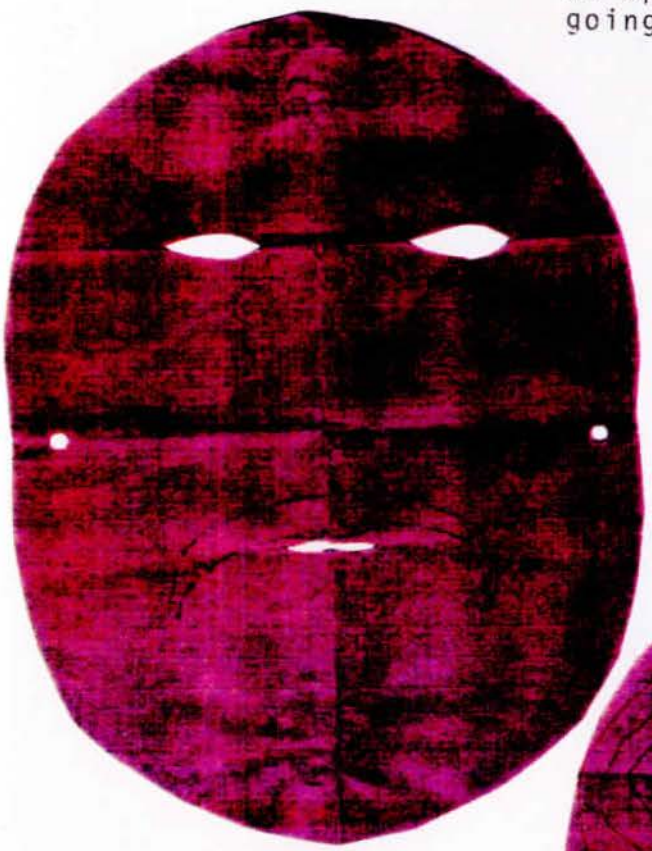
   d. How do you express your feelings to others now?

   e. How do you treat others?

   f. How do you feel inside?

   g. What situations "trigger" you into "playing the part" or adopting this behavior?

#16 "My outer self appears calm and shows no emotions. It appears that nothing is going on inside of me".

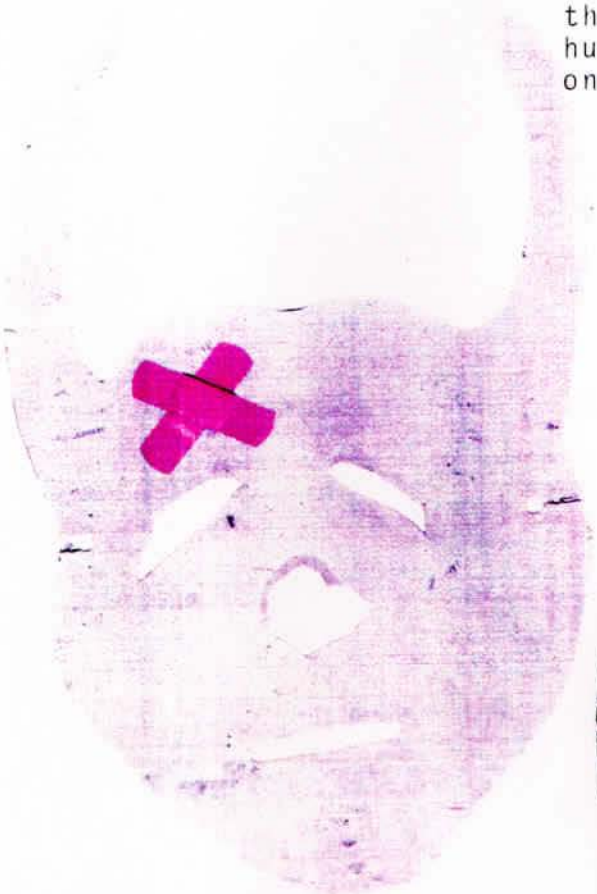


OUTER MASK

"My inner self is very intuitive and I am always taking in everything, especially with my eyes. The blue rubber-band is my rubber-band brain that feels like its' been strecthed in all kinds of directions. The happy and sad mouth shows that I keep my saddness and happiness inside of me. The red heart expresses how my heart feels as it is always in my throat".

INNER MASK

#17 "My mask has horns but they're not devil horns. Remember animals have horns to protect themselves and that is what my horns are for. The bandaides on the front show that I have been hurt. I don't show much feeling on the outside".



OUTER MASK

"My inner mask is very angry and that is why I made it black. The red shape is my inner eye that sees what is going on around me and is very aware. The blue tear is for the hurt and saddness I feel".

INNER MASK

MODULE 5

THE BALANCED AND FUNCTIONAL SELF

Module 5 - Time Outline

3:00-3:30	Review and discussion	Review previous sessions using Pages 77 and 98.
3:30-3:50	Balanced Self Exercise	Explanation of, and doing drawing of balanced self
3:50-4:20	Summary Process	Discussion and sharing by group
4:20-5:00	Evaluation and closure	Have clients fill out evaluation sheet and share feelings about the group ending.

Module 5 - The Balanced and Functional Self

Purpose: To review, gain perspective, establish goals and closure

Technique: Drawing of the balanced individual

Materials: Colored markers and drawing paper

1. This final exercise is designed to review the work that has been done in order to gain a new perspective. It is planned to help clients find cycles or patterns than can open up new choices and possible alternatives. It is important to set goals, establish closure, and to make future recommendatins.

2. Review explanations and discussions on feelings (Page 77), boundaries (Page 98), and masks (Page 112). Ask members to share what they have learned about each one.

3. Discuss the balanced and functional self using the explanation on Page 120.

4. Explain that this will be the last time the group will meet and that there will be time at the end of the session for members to share any closing thoughts or feelings about the group.

Explanation and Discussion of the Balanced Self

1. All of us want to be happy, to be able to function at our best. Whether we call it happiness, peace of mind, or serenity, we're talking about the overall way that people get along with others, how they feel about themselves, and how they are able to meet the demands of life.

2. What are some characteristics of people who have their life in balance and can function well in their environment? Some characteristics may include:

   a. They are not overwhelmed by their own emotions, fears, anger, love, jealousy, guilt, or worries.

   b. They are able to develop relationships and to trust other people.

   c. They accept their responsibilities and set goals.

3. Have clients share how their goal group, which is part of their treatment plan, has helped them make progress.

   a. Social refers to those around us, our family, and the community.

   b. Emotional deals with how we manage our feelings and maintain relationships with others.

   c. Physical is how we take care of our bodies, such as eating well, not abusing drugs, and getting medical care when it is needed.

   d. Mental (intellectual) refers to being able to use resources that we have available, such as the Women's Center. It includes improving skills.

   e. Spiritual is for each person to decide what they need. The 12-Step program offers spiritual development.

f. Hopes and Dreams - What are your goals and plans? Is there anything you can do now to work toward them?

Exercise on the Balanced and Functional Self

1. Begin the exercise by having members think about the different parts of themselves. Ask them to divide the parts into six dimensions:

   a. Social
   b. Emotional
   c. Physical
   d. Mental
   e. Spiritual
   f. Hopes and dreams

   Explain that as they start to recover, they can learn to balance all these parts of their lives.

2. Use the explanation and discussion sheet on the balanced and functional self on Page 120 to start discussion.

3. Have clients draw a circle or shape of their choice on their paper, depicting these various areas of their life. (See illustrations on Pages 124 and 125). They may choose a circle that is divided into a pie shape of six parts, or express their design in a more abstract way. As they draw these different parts, ask them to draw how they feel now about each one, and to draw what they want to change about each area.

Discussion and Sharing by Group

1. Have clients share their drawing with the group, explaining what areas are their strongest and weakest.

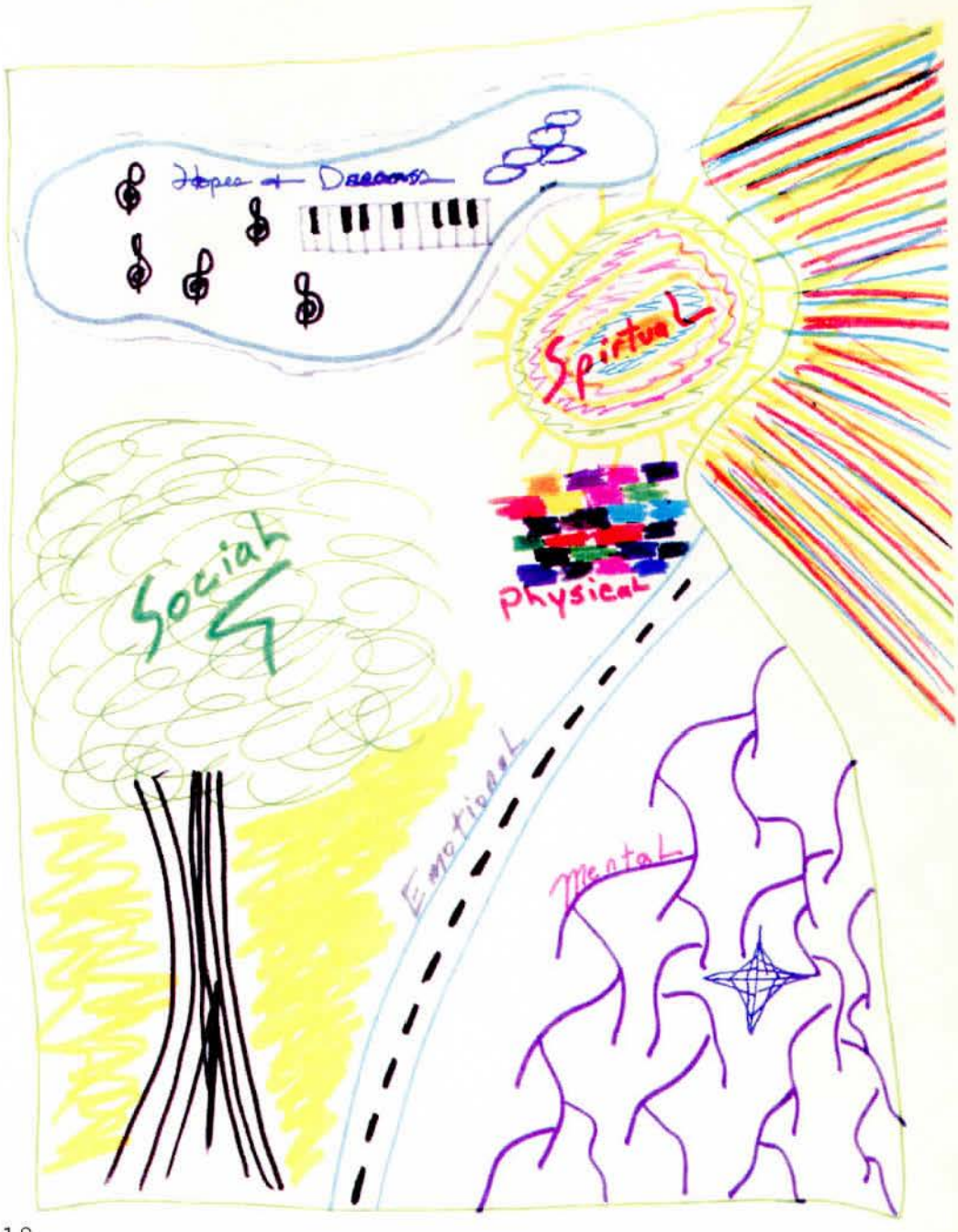
2. Questions for discussion:

   a. Have you learned anything new about the different parts of yourself?

   b. Have you uncovered any conflicts that are creating stress?

   c. How can you work toward some resolutions and develop a sense of unity?

3. Encourage members to make a list of their skills, experiences, personal strengths, and achievements.



#18

THE BALANCED AND FUNCTIONAL SELF

"My hopes and dreams are to work in the field of music. My spiritual part shines like the sun because I'm very happy with my 12 step program. My physical is strong as a brick wall. Emotionally I never stay on the straight and narrow. My intellect is complex and confused. Socially I feel like a tree growing in the desert. I am working on my social and intellectual".

#19

"My social self is like being in a prison as I've really been isolated. I would like to have a lot of friends and to have some fun. My emotions are going in all directions but I want to feel calm like a still lake. Nothing is happening with me spiritually now, but I am interested in learning about the 12 steps. Physically I've been sick and I would like to take better care of myself and to have more energy. Mentally I like to read but I don't know what else. My hopes and dreams are confused. I don't know what I'm going to do. I hope I can find a relationship that works and have enough money".

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Appendix B

COVER LETTER

To All Concerned:

I am a candidate for a Master's Degree in the counseling psychology department at Lindenwood College. In order to full the requirements of this program, I am writing a thesis on art therapy which includes an art therapy workshop manual which I presented to group of women at Women's Center. This workshop is a series of five separate sessions.

I need this manual to be evaluated by professionals in the field of counseling. I would greatly appreciate your taking the time to review the enclosed manual and answering the questions on the last page.

Thank you.

Sincerely,

Mary Cook

CLIENT PERMISSION

Date: _____

I, _____, grant Mary Cook permission to use my drawings in her thesis. I understand that it will be used for professional purposes only and that identity will be protected.

_____
Signature

_____
Witness