

“Face-to-Face” With Addiction: The Spontaneous Production of Self-Portraits in Art Therapy

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Abstract

In this brief report, two examples are presented of self-portraits spontaneously produced by chemically dependent patients who participated in art therapy while in an acute inpatient psychiatric hospital. The author concludes that self-portraits provide true-to-life representations of the diseased aspects of the self and enable patients to confront their addictive natures.

Introduction

Often the chemically dependent person is the last to recognize that he or she has an addiction. This lack of awareness is commonly referred to as denial. As an integral part of the disease process, denial allows the individual to either disavow or distort variables associated with his or her addiction in spite of evidence to the contrary (Kaufman, 1994; Stevens-Smith & Smith, 1998). It is a defense mechanism whereby chemically dependent individuals can avoid facing painful realities and the consequences of their addictive practices.

Addiction causes a person to construct a self and worldview that is harmonious with the preservation and continued progression of the addiction. Consequently, addiction renders difficult if not impossible the experience of a self and a worldview incongruent with its objectives. The process of addiction eventually transforms the worldview of the addicted individual and even realigns the person's sense of self so as not to impede the advancement of the disease (George, 1990; Springham, 1999; Winship, 1999).

Denial creates a major obstacle to recovery and is frequently a precipitous factor in relapse events. The addiction cannot be effectively addressed until the individual acknowledges its existence (Perkinson, 1997; Waller & Mahony, 1999). The chemically dependent individual can have various levels of insight and readiness to alter worldviews or sense of self (Stevens-Smith & Smith, 1998; George, 1990).

Art therapy can often assist a chemically dependent individual to work through defense mechanisms that distort his or her sense of self and life circumstances.

Schaverien (1990) wrote that a spontaneous frontal portrait often implies the need to recognize and accept something that is difficult to acknowledge. Dalley, Rifkind, and Terry (1993) agreed and stated that a self-portrait may represent the individual's need to face up to something difficult to accept. Hammer (1967) argued that a full frontal portrait possibly indicates the individual is ready to contend with reality and to confront painful truths that may alter his or her self-image.

On occasion, self-portraits are spontaneously produced by chemically dependent patients during the course of art therapy. My clinical observations have shown me that a spontaneous frontal self-portrait often reflects the individual's effort to come face-to-face with his or her addictive nature. The self-portrait is a true-to-life representation of the individual's addictive practices. Often it is a candid reflection that refutes the individual's false sense of self and distorted worldview. Thus, self-portraits enable the chemically dependent individual to confront painful realities and to acknowledge the ill effects of his or her addiction.

Case Examples

The following examples were obtained from individuals participating in group art therapy in an acute inpatient psychiatric hospital. Group membership changed as patients were discharged and new individuals were admitted. The group was not homogeneous and included people with a variety of psychiatric diagnoses. It was mandatory for all patients to participate in art therapy. Time was provided at the end of each session for patients who wished to share and discuss their imagery.

All individuals participating for the first time were shown around the art studio and oriented to the various materials, storage spaces, and so on. The studio was stocked with art materials and had a sink, places to sit, and table space. Typically, a non-directive approach was employed in the sense that participants were provided a variety of art media and encouraged to use these materials according to their own choices and needs.

Bob

Bob (pseudonym) was a 50-year-old Caucasian male hospitalized for a depressive episode and recent alcohol binge. He was divorced and had two children. At the time of his hospitalization, he was living with his mother whom he described as domineering and controlling. Bob had sought treatment for his alcohol addiction several times in

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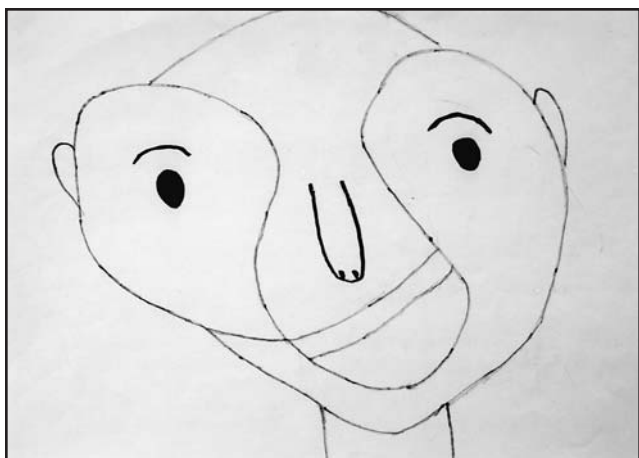


Figure 1

the past; however, his sobriety was always short lived. He failed to recognize the severity of his alcoholism and believed he could control his drinking. Bob was hospitalized for five days, during which time he attended two art therapy sessions.

In his initial session, Bob was withdrawn and remained on the periphery of the group. He expressed intense misgivings regarding the art process and was hesitant to engage with the art materials. Despite encouragement and support from group members and me, Bob watched passively and remained silent during the group discussion.

In his second session, Bob continued to experience self-doubt and reluctance. I employed the "scribble technique" to help him reduce his inhibitions and to facilitate his production of spontaneous imagery (Cane, 1983; Hanes, 1995). Bob performed the scribble in a rigid and self-imposed manner, demonstrating his reluctance to relinquish control. He was encouraged to view the shapes and forms brought about by the intersecting lines with the expectation of discovering some approximation of an image.

As I rotated the scribble to adjacent sides, Bob discovered a semblance of a face. I then encouraged him to develop the image further by adding and removing additional lines. Bob identified the contorted face as a portrait of himself. He described the portrait as "being one hell of a drunk." The portrait stares out from the paper and may have illustrated his need to face his addictive practices, which until then he had been unable to renounce (Figure 1).

The image was true-to-life and provided a genuine representation of his addictive nature. Through his self-portrait, Bob came face to face with his alcoholism. "That's what I look like when I'm drinking," uttered Bob. He furrowed his brow and stated, "I don't like what I see."

Again, I rotated the scribble and encouraged Bob to find some semblance of an image. In the center of his paper, Bob discovered the visage in Figure 2. He stated, "It is a man wearing a blindfold and he is frowning." The blindfold may have represented his denial, which cloaked his eyes from the truth, thus thwarting his ability to see the world as it truly was. "I don't want to see my problem,"

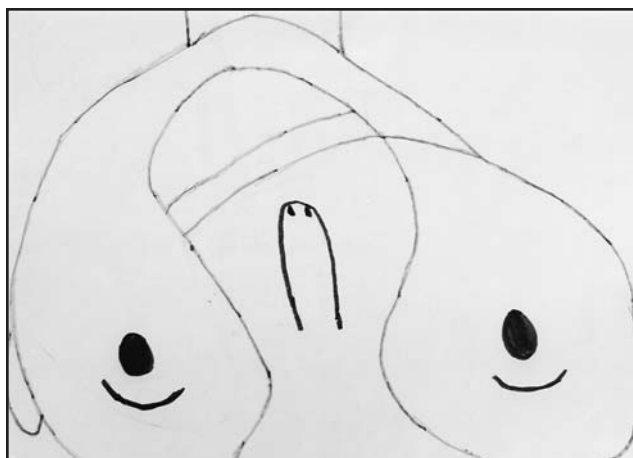


Figure 2

stated Bob. The portrait seemed to convey a sense of helplessness and anguish. Bob acknowledged, "I am a hostage to my addiction." His denial had kept him in the dark and held him captive to his addictive habits.

The figure appears to be squeezed between two breast-like shapes which may represent Bob's oral dependence as well as his mother's stifling dominance. Bob discussed his reliance upon his mother whereby she was able to assert her control and influence. "My mother is smothering me," asserted Bob.

Bob's brief hospitalization permitted only two art therapy sessions, yet his impromptu self-portrait was instrumental in helping him come face to face with his addictive nature and begin confronting his denial. "I have to start dealing with my drinking. I don't like what I've become," stated Bob. His self-portrait enabled him to recognize painful realities that would ultimately alter his self-image. After being released from the hospital, he remained committed to treatment and began attending Alcoholics Anonymous and outpatient services.

Kevin

Kevin (pseudonym) was a 23-year-old Caucasian male hospitalized for polysubstance dependence. He was married and had one child. Although Kevin volunteered for treatment, he said he felt coerced by his family and friends. He believed he had lost his job unfairly and that he did not have a drug or alcohol problem. Kevin was unwilling to recognize his addiction and the need for treatment. He was hospitalized for 7 days, during which time he attended two art therapy sessions.

In his initial session, Kevin engaged in the art process without hesitation. He used a pencil and a sheet of 12" x 18" paper to draw the image in Figure 3. Kevin created a cinder block wall that spans the page. Throughout the wall image, he intermittently placed syringes and a marijuana leaf. Kevin laughed and announced to the group, "This is my addiction." The fortified wall also may have represented his attempt to defend and protect himself. Cooper (1978) identified walls as symbolic of providing shelter yet

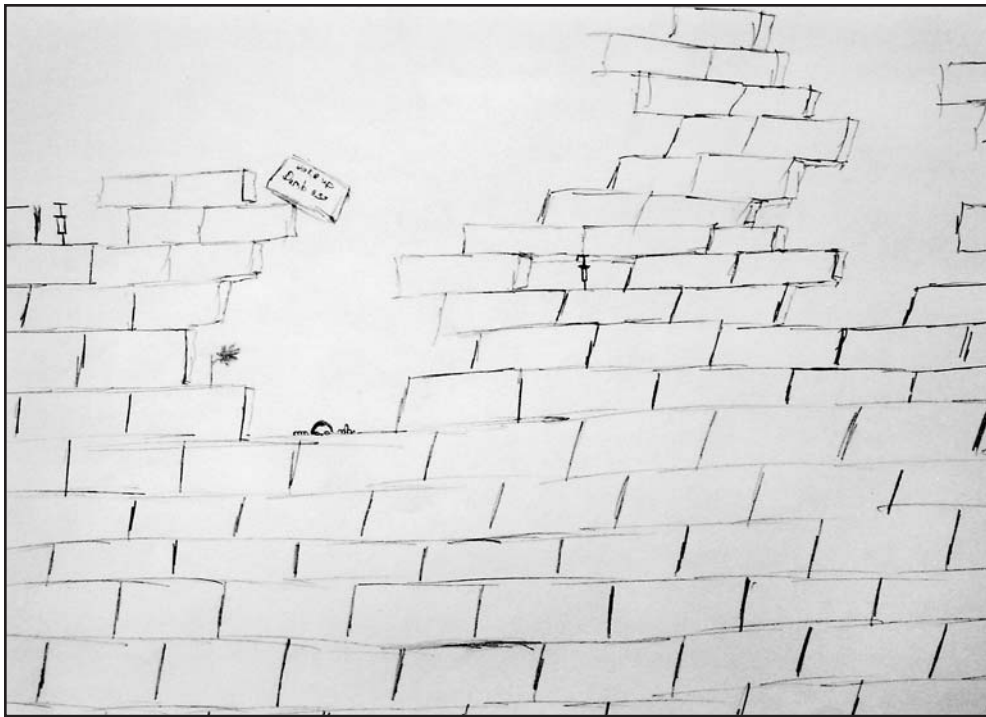


Figure 3

simultaneously placing limitations. Portions of the wall appear to have collapsed, suggesting that Kevin's defenses may have been weakening.

Kevin drew a likeness of himself emerging from behind the wall (Figure 4). The figure is displaying its middle finger, suggestive of hostility and an anti-social stance. Directly above the figure is a cinder block that is teetering. The block reads, "wake up dumb ass" and suggests that Kevin needs to become conscious of something. Kevin stated, "I guess I need to get hit over the head. Maybe then I will deal with my drug problem."

In his next art therapy session, Kevin used pencil and 12" x 18" paper to draw the frontal portrait in Figure 5. Like Bob, Kevin's portrait stares out from the page. The eyes are vacant, creating a mask-like appearance that suggests his unwillingness to view the environment or to absorb what it has to offer (Oster & Montgomery, 1996). The eye without a pupil suggests an "unseeing eye" (Hammer, 1967).

A straw for snorting cocaine appears to protrude from the nose. Syringes of heroin are stuck in the temples and fangs emerge from the mouth. The self-portrait seems to be part vampire and part Frankenstein's monster. Kevin stated, "I'm not human when I'm on drugs. I'm like a monster." Kevin became visibly shaken by his grotesque portrait and spoke of how his addictive behavior had hurt family members and friends.

On the hat of the person in his self-portrait, Kevin wrote, "Roll Roll Roll your Joint/Twist it at the ends/fire it up take a hit/Pass It To me then." When confronted by group members, Kevin laughed and said, "I'm just kidding." His rhyme seems to illustrate his ambivalence toward sobriety and may foretell a possible relapse.



Figure 4

Kevin's brief hospitalization permitted only two art therapy sessions yet his impromptu self-portrait allowed him to come face to face with his addictive nature. His monster-like portrait was a true-to-life representation of his addictive nature. The self-portrait enabled him to own

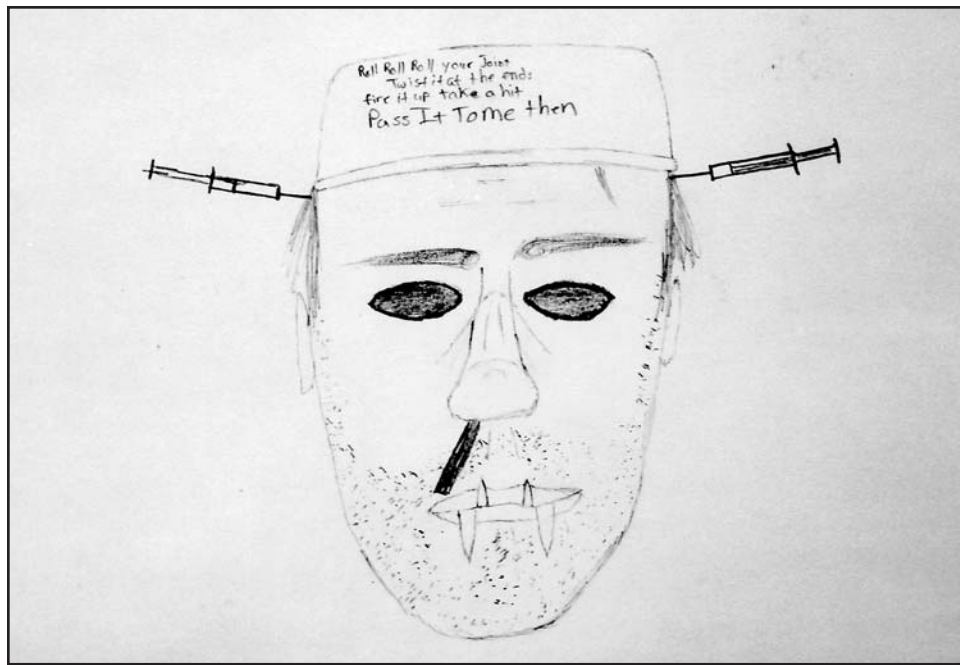


Figure 5

harsh realities that refuted his distorted sense of self and worldview. Despite his heightened awareness, Kevin remained ambivalent about his sobriety. Once released from the hospital, Kevin did not continue treatment and relapsed shortly thereafter.

Conclusion

The intent of this brief report was to acquaint the reader with the spontaneous production of self-portraits produced by chemically dependent patients during the course of art therapy. The preceding examples illustrate how frontal self-portraits may reflect the person's need to come face-to-face with their addictive nature. The self-portraits provided a true-to-life representation of the diseased aspects of the self which ultimately enabled the clients to work through defense mechanisms that distort their sense of self and life circumstances.

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