



Modified amusement park technique with a SUD population in a residential setting

Michael J. Hanes¹

Arcadia Trails Center for Addiction Recovery, 3305 Hunting Hawk Circle, Edmond, OK 73013, USA

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ABSTRACT

This article presents a modified version of the amusement park technique administered to a substance use disorder population in a residential treatment center. Following an overview of the amusement park technique and method, I present three vignettes that illustrate how the modified task was a potentially less threatening, novel way to engage clients with a therapeutic intervention that provided assessment and treatment value. Additionally, the amusement park motif had the capability to mirror the everyday human conditions that are often experienced by clients, including highs and lows, escape, repeating cycles, loss of control, risk taking, and pleasure seeking. Sharing their drawings enabled clients to reflect on their substance use and mental health issues and encouraged constructive connections among clients in the art therapy group.

Introduction

Since the 1950's there has been a mounting body of literature that illustrates the benefits of employing art therapy with the Substance Use Disorder (SUD) population (Czamanski-Cohen & Abato, 2021; Schmanke, 2017). Additionally, a nationally representative sample of SUD treatment settings showed nearly 40% of programs offered art therapy as part of the treatment milieu (Aletraris et al., 2014). One key benefit of art therapy is facilitating insight and awareness (Czamanski-Cohen & Abato, 2021; Malchiodi, 2012; Moore, 1983; Quinn & Dobrich, 2021; Rubin, 2016; Schmanke, 2017; Waller & Mahony, 1999). The projective properties of the image-making process enable clients to gain swift access to significant mental and emotional aspects, as well as a deeper understanding of their substance use (Hanes, 2017). Additionally, art therapy permits clients to reduce denial and bypass rigid defenses (Czamanski-Cohen & Abato, 2021; Francis et al., 2003; Hanes, 2017). Similarly, Schaverien (1990) observed how art therapy allows clients to circumvent defenses that inhibit self-awareness and insight. Furthermore, the image making process can bring forth and contain sources of conflict that are not yet conscious and enable clients to see alternative perspectives (Quinn, 2021).

Another advantage of using art therapy with addiction is encouraging emotional expression (Hanes, 2017; Holt & Kaiser, 2009; Mahony, 1999; Mahony & Waller, 1992; Quinn, 2021; Schmanke, 2016, 2017). When there is the necessity to protect one's self with psychological

defenses, art therapy can offer a potentially less threatening means of exploring emotions (Mahony & Waller, 1992). Moreover, the image making process is a mode of communication that permits clients to scrutinize uncomfortable internal experiences and feelings without the pressure to explore them on a verbal level (Skeffington & Browne, 2014). The artwork itself can act as an outlet and holding form, permitting clients to safely externalize and experience intense emotions such as shame, anguish, and rage (Johnson, 1990; McKee, 2017; Schmanke, 2016; Waller & Mahony, 1999; Wilson, 2012). Kaufman (1981) proposed that art therapy is valuable when verbal expression is problematic, when words are used to conceal feelings, or when there is an absence of awareness of one's thoughts and feelings. The image making process can, as well, facilitate mood regulation and enable SUD clients to overcome avoidance and denial of emotions (Moore, 1983). Additionally, the preceding author discovered art therapy helps to differentiate feelings and merge them into the personality.

Other benefits to employing art therapy with the SUD population include enhancing self-esteem and positive self-identify (Albert-Puleo, 1980; Foulke & Keller, 1976; Kaufman, 1981; Quinn, 2021); promoting creativity and problem solving (Allen, 1985; Johnson, 1990); decreasing isolation (Hanes, 2017; McKee, 2017); relapse prevention (Quinn, 2021); restoring motivation (Cox & Price, 1990; Forest, 1975; Moore, 1983); and enhancing treatment retention (Quinn, 2021). Lastly, Schmanke (2016) recognized how informal art therapy assessments, such as road drawings (Hanes, 1995, 2008, 2017, 2020), bridge

E-mail address: mhanes62@att.net.

¹ ORCID ID: <http://orcid.org/0000-0002-5554-7762>.

drawings (Hays & Lyons, 1981), and the amusement park technique (Hrenko & Willis, 1996), have offered insights into the complexities of individuals with substance use problems. For a more comprehensive overview of the benefits of art therapy with addiction, the reader should refer to Aletraris et al. (2014), Czamanski-Cohen and Abato (2021), Hanes (2017), Mahony and Waller (1992), McKee, 2017, Megranahan and Lynskey (2018), Moore (1983), Quinn (2021), and Schmanke (2017).

Amusement park as a preferred drawing theme

For this paper, the definition of an amusement park will be limited to an enclosed or gated area that features various rides, games, or attractions for entertainment purposes (Silverman, 2019). A theme park, often referenced interchangeably with amusement parks, is a specific type of amusement park—in which landscaping, buildings, and attractions are based on one or more specific theme, such as jungle wildlife, fairy tales, or the Old West (Wood, 2017). In short, a theme park can be considered an amusement park, but an amusement park cannot be considered a theme park.

A detailed history of amusement parks and their origins is beyond the scope of this paper. Briefly, amusement parks evolved from European fairs, pleasure gardens, and large picnic areas, which were created for people's recreation. World fairs and other types of international expositions also influenced the emergence of the amusement park experience. By the 18th and 19th centuries, the event had evolved into places of entertainment for the masses, where the public could view human oddities, acrobatics, magic, juggling, take part in competitions, and wander through breathtaking menageries (Silverman, 2019).

Many points can be raised in favor of the amusement park phenomenon over other emotive themes, but it is not my intention to argue for absolute superiority of this theme over all others. The amusement park motif is well suited for a drawing theme by reason of its familiarity and universal appeal with the public. For centuries the amusement park phenomenon has been a cross-cultural spectacle relevant to many societies (Silverman, 2019). Levine (2021) pointed out that nearly 160 million people visited the top 20 North American amusement parks in 2019. According to recent figures, approximately 1000 amusement parks span the globe with more than 475 million annual visitors (Silverman, 2019). The amusement park's widespread familiarity has also grown through movies and other types of mass media (Giles, 2018). Additionally, the public has come to know the amusement park phenomenon through literature. In his book, *The Amusement Park: 900 Years of Thrills and Spills, and the Dreams and Schemers Who Built Them*, Silverman alone referenced over 400 manuscripts that gave testimony to the amusement park experience.

The amusement park phenomenon is, as well, a potentially less threatening, novel way to engage dually diagnosed clients with a therapeutic intervention (Hrenko & Willis, 1996). The subject matter is often seen by clients as alluring and entertaining; thus, amusement park drawings are often capable of bypassing a client's defenses because of the playful appeal. The amusement park motif provides access to experiences that feel beyond the bounds of reality and are perfectly engineered to capture the individual's imagination (Neyfakh, 2014). Additionally, the hypnotic-like state of the amusement park phenomenon lends itself to tapping into the fantasies and unconscious impulses individuals are denied in everyday existence. This dream-like spectacle has the potential to elicit a wealth of associations in comparison to other subject matter. Furthermore, clients tend to experience the amusement park phenomenon as engaging and pleasurable. They are, therefore, likely to draw more spontaneously, being less encumbered by the stereotypic or conventional censors that inhibit the emergence of unconscious content. The drawing task is capable of gaining access to portions of the inner self that clients may be reluctant to acknowledge.

Lastly, the amusement park phenomenon can be equated to human conditions that are experienced by clients with substance use disorders

and/or mental illness. For example, park rides, booths, and events can depict everyday engagement and struggles with highs and lows, escape, repeating cycles, loss of control, overstimulation, risk-taking, and pleasure-seeking (Hrenko & Willis, 1996). Additionally, the preceding authors proposed clients can relate to one another's life situations when verbally processing amusement park drawings. The task enables clients to find common connections with peers and feel support in knowing they are not alone in their struggles. The task can, as well, offer a potentially less threatening avenue for clients to express their feelings.

Materials and method

As a treatment intervention, the amusement park technique was examined by U.S. art therapists Kathy Hrenko and Robert Willis roughly 25 years ago. The purpose of their study was to introduce a potentially less threatening, innovative means to engage dually diagnosed clients with a therapeutic intervention that provided both assessment value and opportunity for clients to relate to one another's life situations. Originally the amusement park technique was employed in a group setting with white mural paper and a variety of drawing materials. Clients were instructed to "draw an amusement park ride, booth, or event which represents their life" (Hrenko & Willis, 1996, p. 261). I maintained the use of a group setting along with drawing materials (colored pencils, crayons, markers, chalks, and oil pastels); however, I modified the amusement park technique in two ways.

First, I provided 12" X 18" white paper rather than mural paper. This modification had the potential to deliver a more secure holding form for the potential image. Mural size paper is often advantageous to a group setting, yet it can also be experienced as overwhelming to clients who feel compelled to fill the entire space (Hanes, 2017). Second, I diverged from the original amusement park directions by asking clients to "Draw an amusement park ride, booth, or event which represents your life. Include some type of action. Something must be happening in the picture." The request for action had the potential to bring the drawing to life and create a visual metaphor that greatly expanded the understanding of the individual. Burns and Kaufman (1970, 1972) recognized how the request for action in the Kinetic Family Drawing and Kinetic House Tree Person Drawing could better illustrate the lived experience of the client. The kinetic factor allows figures and objects to interact with one another. Through these patterns of interaction there is the capacity to view the client's current ability to interact with forces and significant objects within their environment.

Vignettes

I utilized the amusement park technique in a voluntary residential treatment center located in the mid-west U.S. Clients were age 18 and older with a primary Substance Use Disorder (SUD) diagnosis often with co-occurring disorders and/or trauma. The average length of stay was just under 30 days. The art therapy program functioned within a milieu therapy model that included individual sessions with a therapist and psychiatrist, group therapy, recreational therapy, rehabilitation groups, experiential therapy, 12 step facilitation, and group art therapy.

The following vignettes were obtained from clients participating in group art therapy. Art therapy was scheduled for 90 minutes, three days a week. It was mandatory for all clients to participate. Group membership changed as clients were discharged and new individuals were admitted. Clients differed in their stages of recovery and treatment. A non-directive approach was typically employed in the sense that clients were provided a variety of media and encouraged to use these materials according to their own choices and needs. I provided time at the end of each session for clients who wished to share and discuss their imagery.

On this particular day, I chose to divert from the non-directive approach and asked clients if they would be agreeable to completing the amusement park drawing. I introduced the emotive theme in hopes of reducing defense mechanisms, increasing emotional expression,

helping clients identify common connections, and cultivating group cohesion. Any emotive theme or topic must be employed with careful attention to clinical goals and with full awareness of the client's needs (Hanes, 2017). Clients provided consent for their drawings to be collected for presentation and publication.

I employed a fairly psychoanalytic approach with the anticipation that the projective properties of the image-making process would provide swift entry to principal mental and emotional aspects, as well as insights into the client's substance use. Examination of the amusement park and its various elements were obtained through mutual exploration with the client, lived experiences, current contextual information, idioms of speech, folklore, and professional literature. As with any drawing, amusement park drawings must be viewed on the bases of age, maturation, emotional status, social and cultural background, or other pertinent history of the individual. Observations and suppositions were not intended to be used as absolutes, rather as indications and possibilities. With a text as complex as the amusement park, several levels of meaning are possible. The reader should be mindful that there is no one certain meaning behind any art object or symbol. Symbols can have universal or archetypal significance as well individual meaning (Betts, 2012, 2016; Schmanke, 2017). The ensuing examples were selected to illustrate the value of using the modified amusement park drawing with an adult SUD population in a residential setting.

Carousel

Jacob was a 38-year-old, single, White male. He had a high school education and limited experience with the image making process. His demeanor was controlled, and he was emotionally reserved. He reported periodic bouts of rage that included episodes of domestic violence. He was separated from his fiancé and living with his mother. Jacob reported a long history of heavy alcohol use, beginning at age 20. He had been arrested multiple times for driving under the influence of alcohol and public intoxication. Jacob made numerous attempts to stop or reduce his substance use with little success. He described episodes of depression followed by periods of elevated mood and anxiety. This was Jacob's first time in treatment and only his 2nd art therapy session. Asked to complete the amusement park drawing, Jacob engaged the task in a thoughtful and deliberate manner. "This is going to be straightforward," asserted Jacob. He used pencil and colored chalks to render the image in Fig. 1.

Jacob drew the carousel also known as the merry-go-round, galloper, horseabout, and flying horses (History of Carousels, n.d.; Silverman, 2019). The carousel consists of a rotating circular platform on which are placed seats for riders. Most carousels have seats shaped like horses although there are those that have other types of mounts like zebras, tigers, and mythological creatures (Silverman, 2019). Jacob rendered five horses. His horses lacked saddles, bridles, and reins, which I



Fig. 1. Carousel.

believed had assessment value. The preceding are used to control and restrain the animal. Furth (1988) asserted absent elements from a picture may represent what is lacking in a person's life. The absence of equestrian apparatuses suggested these were not domesticated or well-disciplined horses. Indeed, Jacob described the horses as "wild and aggressive." I encouraged Jacob to explain further. He revealed to group members he had been acting on "instinct" and without constraint prior to seeking treatment. Jacob acknowledged, "I was out of control ... I couldn't stop myself." Jacob and group members discussed their feelings of powerlessness and the unmanageability of their lives while actively engaged in addiction. Additionally, Jacob examined his inability to rein in his anger, as well as his cyclic fits of rage. "I can't control it ... I'll blow up ... be calm for a while and then blow up again," stated Jacob.

Jacob colored the circular platform of his carousel a deep blue, creating what appeared to the author as horses suspended above a pool of water. Jellineck (1977) recognized how alcoholic beverages are often symbolically interchangeable with life-giving substances such as water, milk, and blood. Schmanke (2017) pointed out that water has routinely been cited as a common element in drawings of SUD clients and is suggestive of regressive security and dependency needs. I pointed out to Jacob that all the horses were facing to the left when the horses on the far side of the circle should be facing the opposite direction. Jacob explained, "Everything is going in the same direction. I'm always looking at the same thing over and over. Nothing changes." A horse overlapped the central pole placing the middle column in the background where it provided inadequate support for the roof. I questioned if the preceding pictorial misrepresentations had assessment value and illustrated Jacob's inability to accurately perceive life situations and events in his environment.

Jacob compared the carousel to his struggles with addiction and mental health. He observed, "Addiction is a vicious cycle and all we do is go up and down and round and round." The ups and downs and cyclic motion of the ride seemed to embody the highs and lows of his mood and substance use, as well as feelings of helplessness. Group members divulged their sense of powerlessness and emotional instability and discussed how substances provided a means of escape and eased their emotional distress. I encouraged Jacob to identify a means of exiting the carousel. He replied, "We can get off whenever we choose, but unfortunately for most, we fall off." Jacob went on to describe the negative events that led to his sudden and chaotic dismount from alcohol use. Similarly, group members described the undesirable circumstances that lead to their need for treatment.

Jacob's amusement park drawing appeared to be instrumental in helping him to express the unmanageability of his addiction as well as his inability to restrain his anger and fits of rage. The ups and downs and cyclic motion of his carousel seemed to represent the highs and lows of his mood and substance use, as well as feelings of helplessness. Additionally, Jacob and group participants acknowledged repeated cycles and their sense of hopelessness to overcome their addiction. In their original paper, Hrenko and Willis (1996) observed the amusement park technique frequently elicited discussions about feelings of powerlessness. Lastly, Jacob and group members discussed how substances provided a means of escape and eased their emotional distress. The group was able to share healthier coping skills that could sooth their emotional suffering.

Dunking booth

Danny was a 55-year-old, divorced, White male. He was college educated and had minimal experience with art. His appearance was usually disheveled and unkempt. I often observed Danny engaging in self-deprecating humor which exposed his feelings of inadequacy and low self-worth. Like many individuals with substance use disorders, he struggled to effectively recognize and manage emotions and was often incapable of developing stable relationships. Danny disclosed a history of multiple treatment episodes for his substance dependency, none of

which had yielded much success. This was Danny's second admission to the treatment center and his 9th art therapy session. Once instructed to complete the amusement park drawing, Danny engaged the task without hesitation. Using pencil only, he drew the image in Fig. 2.

Danny drew the dunking booth or more specifically the "Dunk the Drunk Clown" booth. When introducing his drawing to the group, Danny remarked, "I hope this doesn't offend anybody." The dunking booth consists of a person in a cage with a collapsible seat suspended above a tank of water. Participants attempt to hit a tea or dinner size plate with a baseball which causes the seat to disengage, dropping the antagonist into the water.

Danny drew a working-class white family that he described as "rednecks." The thrower sported cowboy boots, a plaid shirt, beard, ponytail, and a "MOM" tattoo on his arm. As the thrower wound up, "his girl" uttered "I need 2 dollars more baby." When group members questioned Danny about the female figure, he voiced, "I'm always using woman as a reason to avoid or leave treatment." Upon further questioning, he recognized his dependency on women as another compulsion. "Women are like another drug for me," stated Danny. Other group members identified with Danny and discussed their inclination to substitute their ties with mind-altering substance with a compulsive relationship.

The clown was housed within a cage and suspended over a tank of water. Danny's clown may have had assessment value and represented his lack of self-confidence and struggles to following through on his plans and goals. In general, the personality of the clown is that of inferiority and inadequacy (Roger, 1979). Often, the clown will go to extremes to prove its mental and physical superiority only to fail miserably (Rapport, 1972). It is anything but master of the situation. When I questioned Danny about the clown, he asserted, "I can't do anything

right I keep coming back to treatment." Group members pointed out Danny's tendency for self-criticism and showered him with praises. Upon further exploration, Danny was able to connect his feelings of inadequacy and self-degradation back to his father's relentless verbal and emotional abuse. "He was always putting me down," explained Danny.

Danny's clown was displaying the middle finger with both hands possibly illustrating his contempt and hostility. Danny stated, "The clown insults the shit out of people to the point they want to buy baseballs." He wrote "Hit Me" above his target further illustrating efforts to antagonize and encourage others to strike out at the clown. Furthermore, the clown was yelling "HI and Dry" in an attempt to ridicule and taunt the thrower. Additionally, this may have been a reference to substance use and sobriety which pictorially revealed his ambivalence toward recovery. I encouraged Danny to explore the relationship between the thrower and the clown. "Often, I feel targeted by others, but I also ask for it I do it to myself," observed Danny. Danny's drawing potentially revealed his internalized aggression and hostility manifested in his compulsive self-attacks with substance use. Albert--Puoleo (1980) proposed the self-attack phenomenon characterizes the narcissistic defense, as anger and other feelings are defended against by narcissistic withdrawal into euphoria.

Danny's clown appeared "cut off at the knees," which may have had assessment value and possibly illustrated his feelings of humiliation and shame. As further evidence, he voiced to the group he was embarrassed about returning to the treatment center. Other group members disclosed their feelings of shame related to previous reoccurrences. I pointed out to group members that addiction is like other chronic diseases, in that, lapses and relapses often occur in the journey to a sustained recovery.

In the upper right corner, Danny drew the chair swing ride—a variation of the carousel in which the seats are suspended from the rotating top of the carousel. A figure was portrayed flying out of its seat. Danny wrote "OH Shit" possibly inferring the figure forgot to do something especially important. Danny chuckled, "He forgot to buckle himself in the seat." Group members discussed how they routinely sought the thrill of substances to generate pleasure and gratification despite the potential life-threatening consequences of their actions. Hrenko and Willis (1996), observed, "Patients often comment on the attraction to certain rides despite their fears. Similarly, addictive patients will discuss their continual use of substances despite negative consequences or feelings experienced" (p. 262).

In the upper left quadrant, Danny drew a theme park roller coaster. The cars and figures are about to enter a tunnel. Danny's roller coaster and passageway may have symbolized his transformation in the recovery process. Upon further questioning from his peers, Danny observed, "I will have lots of ups and downs, but I will make it through to the other side." Above the tunnel he wrote "ROCKY MT (mountains) To HIMALAYA MT (mountains)," possibly illustrating the enormity and magnitude of his journey. The location of Danny's roller coaster may have had assessment value and seemed to imply he was only now beginning to embark on his difficult journey. When I questioned Danny about the placement of the roller coaster, he responded, "I'm just getting started." In their original study, Hrenko and Willis (1996) discovered the placement, motion, direction, and speed of the rides play significant roles in the personal meaning of each symbol.

Danny associated the stick figures in his drawing with himself and other clients at the treatment center. He wrote "YIPPEE" above the figures which seemed to imply a feeling of exuberant delight or triumph. "I'm excited...I will be leaving soon," announced Danny. Indeed, Danny was just days away from being discharged from the center. He had grown close to many of his peers and stated he would miss their companionship and support. Group members made known their affection for Danny and discussed the importance of establishing a recovery community. A group member pointed to the figures on the coaster and remarked, "We are all in this together." Danny smiled and nodded in agreement.

The amusement park drawing appeared to offer insights into Danny's

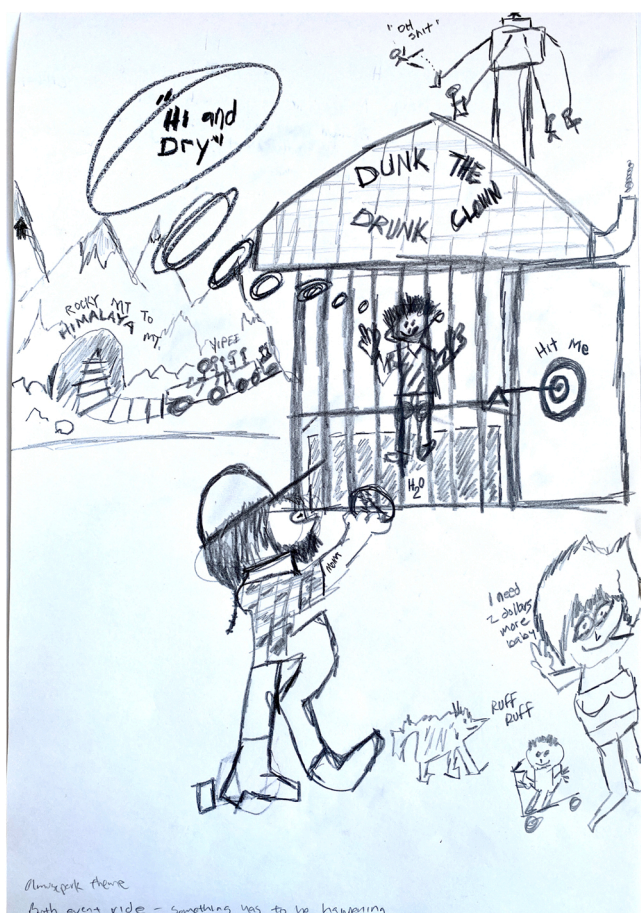


Fig. 2. Dunking booth.

substance use and psychological state. His “Dunk the Drunk Clown” seemed to embody his struggles with addiction as well as his low self-worth which resulted in self-degradation, self-ridicule, and feelings of humiliation. Additionally, Danny and other group members explored their feelings of shame related to multiple recurrences. The chair swing ride may have brought to light how he and other group members would routinely seek the thrill of substances to generate pleasure and gratification yet fail to see the life-threatening consequences of their actions. Lastly, Danny’s roller coaster seemed to reveal the importance of companionship and a recovery community as he embarked on a long and difficult journey to recovery.

Ferris wheel

Donna was a 60-year-old, married, White female. She was college educated and had minimal exposure to the image making process. She presented with a slovenly appearance and slumped posture. Donna had been a stay-at-home wife and mother for the past forty years. She reported symptoms of severe depression, fatigue, and anxiety. In the past year, Donna had been contending with the unexpected death of her father and the loss of motherhood due to her youngest child exiting the home. Donna lived in a sparsely populated rural area of the state. She reported no close relationships and spent most of her time at home alone. She was reluctant to recognize her addiction to alcohol and came to treatment only by reason of her husband’s insistence. This was Donna’s eighth art therapy session. Encouraged to complete the amusement park drawing, Donna was hesitant to engage the task. She expressed strong misgivings about her drawing abilities, yet with mild encouragement she used pencil and colored markers to create the image in Fig. 3.

Donna drew the Ferris wheel, also known by ups and downs, pleasure wheel, and great wheel (Hansen, 2019; Lowell, 2014; Silverman, 2019). The Ferris wheel consists of several parts. These components typically include support towers, an axle, spokes, drive mechanism, gondolas, and more (Silverman, 2019). Group members pointed out that Donna’s Ferris wheel appeared secluded and inaccessible. “It’s in the middle of nowhere,” observed Donna. Her Ferris wheel lacked support towers. The towers are the scaffolding for the wheel so that it remains on track and can flow freely while still elevating and spinning continuously (Malanowski, 2015). Her absent elements may have had assessment value and seemed to represent what was lacking in her life. Donna lived in a sparsely populated rural area with minimal resources and supports to sustain her recovery efforts. Furthermore, without support towers her wheel appeared stagnate and suggested that Donna was unable to advance and move forward. Donna observed of her Ferris wheel, “It looks stuck....I’m not going anywhere.” Finally, the rim of her wheel was overlaid with “X”s which may have been an attempt to point out a

specific problem area of which she may or may not have been aware, but which needed to be brought into the open (Furth, 1988). The “X” phenomenon can also be thought of as force and counterforce defining areas of conflict and attempts at impulse control (Burns & Kaufman, 1972).

The wheel has often been associated with the cycle of life. It can represent life’s perpetual change and transitory nature. Twelve o’clock is the place of happiness and success, three o’clock is the point where fortune has turned, six o’clock is the place of despair and loss of hope, and nine o’clock is the site of hopeful expectation (Johnston, 2001; Lama, 2015). Donna drew twelve gondolas and positioned them much like the numbers on the face of a clock. Several of the gondolas included stick figures. SUD clients tend to feature stick figures in their drawings rather than dimensional people (Gantt, 2001). Donna identified with the gondolas located at the six o’clock and twelve o’clock positions. She explained, “When I first got here, I was at the bottom ... I was hopeless and depressed.” Nearly three weeks into treatment, Donna asserted she was at the top of the Ferris wheel where she felt optimistic and happy. In their original paper, Hrenko and Willis (1996) similarly discovered that clients who drew the Ferris wheel associated the six o’clock position with despair and depression while the twelve o’clock point was linked to a more hopeful outlook.

Donna’s Ferris wheel was also missing many of its inner workings, specifically the axle and spokes. The axle is the center point upon which everything rotates, and the spokes make the assembly extraordinarily strong and somewhat flexible enabling it to be resistant to shock (The Great Wheel, 1893). The vacant center seemed to hold assessment value and suggested Donna’s ability to cope with adverse conditions was severely compromised. Additionally, it may have implied she lacked something central in her life that would provide meaning and purpose. Donna pointed to the center of her Ferris wheel and disclosed to the group that she was experiencing a profound sense of emptiness over the death of her father and the loss of her role as mother. She stated, “I just feel empty inside.... I don’t have a purpose anymore.” Group members suggested to Donna that she was using alcohol to fill her void and drown her grief. Donna reluctantly nodded in agreement. Her peers provided support and made known their own experiences with loss and grief that contributed to their substance use. Additionally, with encouragement, Donna was able to begin identifying interests and activities that could fill her sense of emptiness.

Donna’s amusement park drawing seemed to help her recognize the need for external supports and resources to sustain her recovery efforts. Her Ferris wheel may have represented the cycle of life and allowed her to view herself at admission and later into treatment where she perceived herself at a better point in her life. Hrenko and Willis (1996) stated, “Patients perceiving themselves at different points on the ride may be valuable in the treatment process.” The preceding authors asserted the drawing can act as visual reinforcement for clients to see themselves at healthier moments in time. Lastly, Donna’s drawing may have uncovered her profound sense of loss, emptiness, and lack of purpose. She seemed to recognize that her substance use was a means of filling a void and drowning her grief and loss. Group members appeared to connect and identify with her feelings of loss and emptiness.

Implications and conclusions

The vignettes presented in this paper indicated that clients may readily respond to the modified amusement park technique, even those with artistic insecurity. The drawing task did not take much time to complete, thus clients were able to complete the assignment in a single session. The request for action potentially brought the drawing to life and created a graphic metaphor that significantly increased the understanding of the individual’s human condition and lived experience. Furthermore, the modified directive seemed to reduce stereotypic and superficial responses, expanding the opportunity for greater assessment value. The use of 12" x 18" white paper rather than mural paper may have provided a more secure holding form for the potential image which

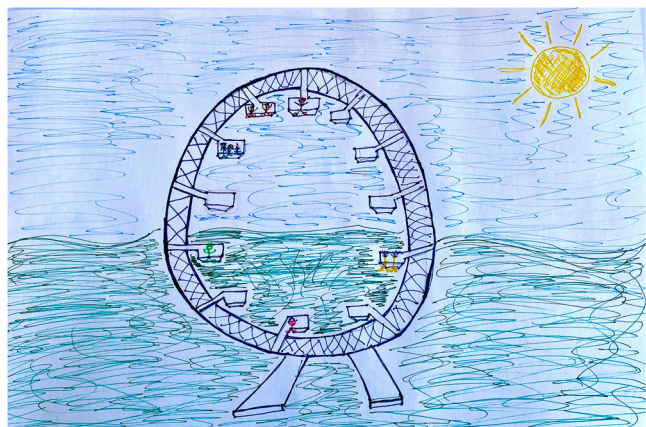


Fig. 3. Ferris wheel.

had the capability to diminish superficial responses to the task and did not appear to diminish the group experience.

The amusement park motif is a very literal interpretive intervention and must be used with great caution and awareness because its manipulative capacities could be readily recognized by SUD clients. Schmanke (2017) asserted that clients in substance use treatment will attempt to manipulate the clinician by drawing what they want the clinician to see. Conversely, the amusement park theme potentially elicited conscious and unconscious processes and permitted access to portions of the inner self clients may have been reluctant to acknowledge. Furthermore, the drawing task seemed to be useful for depicting everyday human conditions experienced by dually diagnosed clients such as highs and lows, escape, repeating cycles, loss of control, risk taking, and pleasure seeking. Sharing their drawings seemed to enable clients to reflect on their substance use and mental health issues and encouraged constructive connections among clients in an art therapy group. Lastly, the paper focused on an adult residential SUD population, yet the technique could, as well, be successfully employed in various levels of SUD treatment and with adult psychiatric populations.

Data availability

No data was used for the research described in the article.

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