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Modified Bridge Drawings With a SUD Population in a Residential Setting

Michael J. Hanes  and Julio Rojas

Abstract

This article presents a modified version of the bridge drawing assessment administered to a substance use disorder population at admission and discharge from a residential addiction treatment center. Following an overview of the bridge drawing assessment and method, the authors present two case descriptions that illustrate how the modified task enabled clients to visualize and understand their transition process, as well as obstacles they were less consciously aware of, such as fears and de-motivators. Equally, clients' strengths, aptitudes, and hopes were brought into more conscious awareness.

Keywords: Bridge drawing; SUD; residential; assessment; transition

As early as the 1950s, there has been a mounting body of literature illustrating the benefits of employing art therapy in substance use treatment (Schmanke, 2017). Some of these benefits include circumventing rigid defenses and denial (Hanes, 2008, 2017; Holt & Kaiser, 2009; Schmanke, 2016, 2017), fostering insight and awareness (Hanes, 2008; Moore, 1983), encouraging emotional expression (Mahony, 1999; Mahony & Waller, 1992; Quinn, 2021), enhancing self-esteem (Wilson, 2012), and promoting creativity and problem solving (Holt & Kaiser, 2009; Waller & Mahony, 1999). Furthermore, Schmanke (2016) recognized how informal art therapy assessments, such as the amusement park technique (Hrenko & Willis, 1996), road drawings (Hanes, 1995, 2008, 2017, 2020), and bridge drawings (Hays & Lyons, 1981) have offered insights into the struggles and concerns of individuals with substance use problems. This paper introduces a modified bridge drawing assessment as illustrated with two case examples.

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Bridge Drawing Assessment

Bridges are the oldest means of engineering ever conceived by humans (Gies, 1963; Watson, 2006). They have become a fundamental part of our everyday commutes, yet we take for granted their contributions to our daily lives. The bridge is a structure that provides passage over obstacles such as valleys, rough terrain, or bodies of water by spanning those obstacles with natural or man-made materials (Ross, 2018). Its mythic and metaphoric significance has permeated virtually all cultures. The bridge can be associated with transition from life to death or from the secular to the divine, as well as transition from one plane or state of consciousness to another (De Mare, 1954; Fontana, 1994; Jung, 1964). It can be a nexus or relationship joining two separate individuals or entities (Chetwynd, 1982; Cooper, 1978; Fontana, 1994; Jung, 1964).

Within art therapy, Hays and Lyons (1981) stated the bridge can be perceived as “crossing over something bad, possibly an obstacle of some type, or departing from some place to a better setting” (p. 207). They came to associate the bridge in clinical contexts with making connections, solving a problem, or overcoming an obstacle. Darewych (2013) asserted the bridge can link the past and present with a person’s future ambitions. Lastly, Holt and Kaiser (2009) alleged the bridge can provide a useful image that reveals the anxiety and ambivalence about the prospects of embarking on change. For these reasons, the bridge drawing has emerged in the United States (U.S.) as one of the most widely used art-based assessments administered by art therapists working the field of addiction treatment (Betts, 2016; Darewych, 2014; Darewych & Campbell, 2016; Schmanke, 2017).

As an assessment tool, the bridge drawing was investigated by U.S. art therapists Hays and Lyons (1981) 40 years ago. The original purpose of their study was to “obtain an indication of how a normal population that is going through a difficult change would draw a bridge going from some place to some place” (p. 208). They concluded that directionality enabled the client and art therapist to focus on progress in therapy as well as the client’s attachment to the past and desired attachment to the future. Often, what clients drew as what was crossed

over characterized a fear or temptation and the bridge attachment to land could indicate solidity of the connection. In subsequent uses and development, the bridge drawing has come to represent elements of a person's perception of life orientation (Darewych, 2013, 2014), transition (Campbell, 2012), goals (Darewych & Campbell, 2016), conflicts (Councill, 2003; Heo & Jue, 2010), barriers (Teneycke et al., 2009), and problem solving (Schmanke, 2017).

Originally the assessment was completed in pencil on letter size paper. Hays and Lyons (1981) instructions for the bridge drawing are:

Draw a picture of a bridge from some place to some place. Indicate with an arrow the direction of travel. Place a dot to indicate where you are in the picture. On the reverse side of the paper, put your age and sex. If you wish, you may describe your picture in words. (p. 208)

They also identified 12 formal bridge drawing variables useful for examining the images: directionality; placement of self in the picture; places drawn on either side of the bridge; solidarity of bridge attachments; emphasis by elaboration; bridge construction; type of bridge depicted; matter drawn under the bridge; vantage point of the viewer; axis of the paper; consistency of gestalt; and written associations to the drawing. Per directionality, as far back as half a century ago, research has substantiated that for people from the U.S. and Europe where written language is from left to right, the left side is considered the past and the right side is considered the future (Bach, 1990; Furth, 1988; Hays & Lyons, 1981). Per solidarity of bridge attachments and construction, Hays and Lyons (1981) stated poorly constructed attachments can imply hopelessness in crossing the obstacle. The materials and construction of the bridge might illustrate its strength and the client's perceptions of the past or hope for the future.

Since its initial development, the bridge drawing has been modified to meet the treatment and assessment needs of various populations. For example, approximately 20 years ago art therapists began including chromatic materials on a larger 12" × 18" white surface (Campbell, 2012; Nucho, 1990; Teneycke et al., 2009). In our work, we modified the bridge drawing in two ways. First, we maintained the more expansive use of art materials by providing a variety of drawing media (colored pencils, crayons, markers, and oil pastels) and 12" × 18" white paper. The preceding allowed for greater detail, shading, and variance of color intensity which had the potential to draw attention to areas of conflict or importance (Furth, 1988). Furthermore, the larger and longer drawing service seemed more favorable to the narrative nature of bridge drawings. Second, we diverged from the original bridge drawing directions by asking clients to "Draw a bridge going from one place to another place. The bridge will go over an obstacle, difficulty, or

dilemma. Include any signs or markers you feel are important." The preceding modifications had the potential to draw attention to fears, potential hazards, obstacles, or conditions requiring special attention. Upon completing the drawing task, clients were instructed to "Indicate with an arrow the direction of travel and place a dot to indicate where you are in the picture." All questions on how to complete the task were referred back to the clients in such a manner as to indicate there were no right or wrong methods of proceeding. After completing the drawing, clients were encouraged to discuss and elaborate on their imagery. To gauge clinical progress, clients were instructed to complete a bridge drawing at admission and discharge from a clinical setting.

Case Descriptions

I (first author) utilized the adapted bridge drawing 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 ranged from 30 to 90 days. The ensuing case descriptions were selected to illustrate the value of using bridge drawings with a SUD population at admission and discharge from a clinical setting. Clients provided consent for their drawings to be collected for presentation and publication.

During the post-art making discussion, I employed a fairly psychoanalytic interpretive style in order to gain insight into the client's unconscious thought processes and hidden motives. With any drawing, several levels of meaning are possible. Our analysis of the bridge and its various elements were obtained through mutual exploration with the client, lived experiences and current contextual information, and comparison to the professional literature. 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; Schmanke, 2017).

Andrew

Andrew (pseudonym) was a recently divorced, 28-year-old White male. He had a muscular build and took pride in his physical appearance and athleticism. Like many individuals with a substance use disorder, he struggled to effectively identify and process emotions and was often unable to build stable relationships. He was impulsive and, at times, exhibited an inability to regulate appropriate personal space and intimacy. His alcohol use was compounded by mild brain trauma sustained during a car accident while intoxicated. This was Andrew's second admission to the treatment center. He experienced a reoccurrence two months after completing 90 days of treatment. Both treatment episodes were prompted by the threat of losing his livelihood.

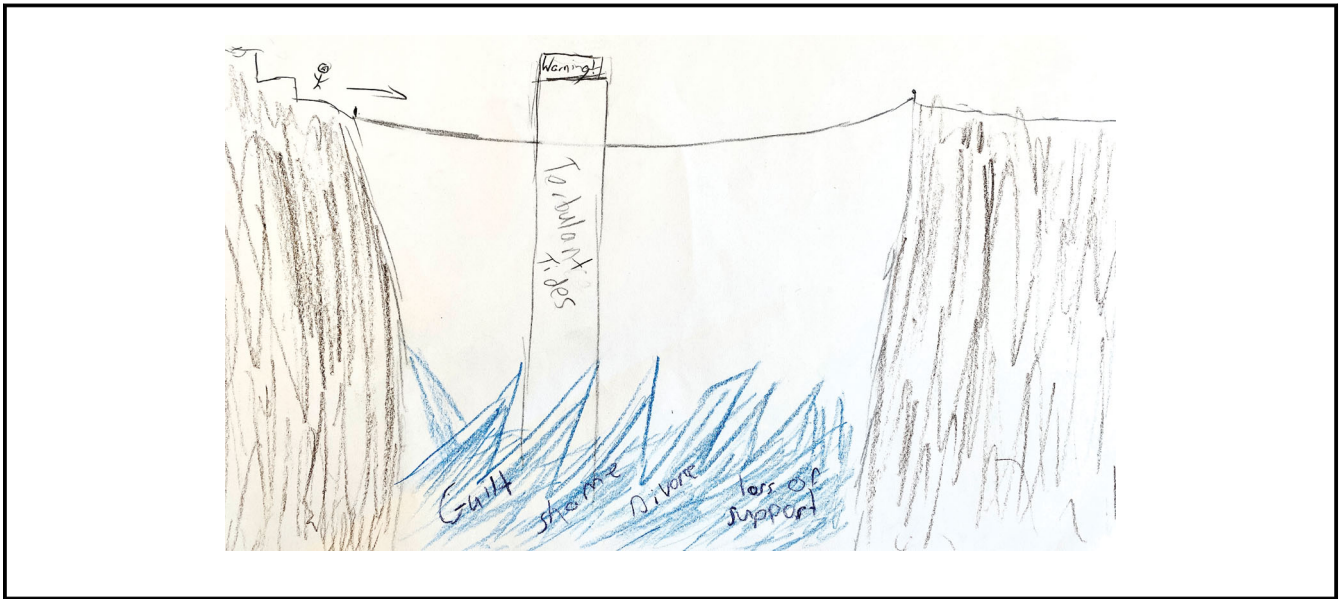


Figure 1. Andrew: Admission Bridge Drawing

Andrew's second episode of residential treatment spanned 30 days.

When instructed to complete a bridge drawing at admission, Andrew engaged the task hastily and without planning (Figure 1). He used a number 2 pencil and colored pencils. The paper was oriented in a horizontal fashion and his arrow indicated his direction of travel was from left to right, suggesting events started with the past and ended with his intent for the future.

Andrew portrayed a series of steps descended to his bridge, which indicated a lowering of status, loss of dignity, or a worsening state. As further evidence, he voiced shame and embarrassment regarding his readmission and stated, "It feels like a step down." Rather than a dot, Andrew depicted a self-effigy in the form of a stick figure. The figure seemed to float above the ground line. The effigy's facial expression conveyed both sadness and anger. Gantt (2001) discovered that SUD clients tend to feature stick figures in their drawings rather than dimensional people. The figure appeared to be sprinting toward the bridge suggesting to the authors impulsivity and a reckless approach. Additionally, the stick-figure was placed just prior to his bridge implying he was only now beginning to survey his problem, goal, or solution. Hays and Lyons (1981) asserted placement of the dot can indicate how close the client is to attaining a goal, or their lack of setting one.

Andrew's bridge was a single rope precariously connected to the edge of each land mass. Andrew stated his bridge resembled a "tightrope" which inferred that he was taking a very precarious course where any small mistake could have serious, even life-threatening consequences. Moreover, the tightrope mirrors everyday struggles with survival, stability and equilibrium (Hanes, 1997). He acknowledged, "If I mess up again, I'll lose my [professional] license." His tightrope also implied he was

dealing with a difficult situation, possibly deciding between two opposing plans of action. Andrew explained, "I have only two choices ... addiction or sobriety." Hays and Lyons (1981) proposed places on either side of the bridge may represent specific goals to be reached, yet both sides of his bridge were vacant indicating a possible defense against making a connection. Andrew further described his bridge as, "It is simple ... rickety ... it sways back and forth ... I'm unsure of its integrity." His associations illustrated his current instability, as well as his uncertainty regarding his transition process.

Below his bridge was a body of water filled with a torrent of jagged waves. In their original study, Hays and Lyons (1981) determined water was the most prevalent matter drawn under the bridge. 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. Jellineck (1977) recognized how alcoholic beverages are often symbolically interchangeable with life-giving substances such as water, milk, and blood. Jung (1964) proposed crossing a river can represent a fundamental change of attitude. Additionally, the river or obstacle can be associated with trouble or difficulty and, as such, must be overcome (Hays & Lyons, 1981). The impending danger may represent his anxiety regarding transition as suggested by Holt and Kaiser (2009).

Andrew wrote, "Guilt, Shame, Divorce, [and] loss of support" to describe the obstacle he was attempting to overcome. Often, words appearing in graphic material may be an attempt to draw the therapist's attention to something the client wishes to address (Case & Dalley, 2014). Conversely, Schmanke (2017) observed in her work with SUD clients that words on drawings may imply a need to avoid or deny emerging material, as well



Figure 2. Andrew: Discharge Bridge Drawing

as an attempt to sway the clinician into a certain interpretation. A support column was constructed nearly midway across his bridge, yet it lacked functionality and was incongruous with the overall structure of the bridge. He labeled the pillar “Turbulent [sic] Tides” and placed an information sign at the top that read “Warning!” Warning signs are used to indicate a potential hazard, obstacle, or condition requiring special attention and alerts the person to unexpected or dangerous conditions ahead that may not be readily apparent (Hanes, 2017).

Andrew’s bridge drawing illustrated his impulsive and reckless approach to his transition process and implied that he was only now beginning to survey his problem, goal, or solution. His response to the task suggested to the authors that he recognized his relationship with alcohol was problematic, even life threatening, yet he continued to have mixed feelings about his transition process. Furthermore, his drawing implied a defense against making a connection and hopelessness in crossing the obstacle. His bridge drawing illustrated guilt and shame regarding his recent reoccurrence as well as his feelings of isolation and lack of support. His drawing implied to authors a lack of commitment to solution-based action.

Asked to complete a bridge drawing at discharge, Andrew was more thoughtful and deliberate (Figure 2). Due to his familiarity with the assessment, his measured response could have been an attempt to control the authors’ interpretation by drawing what he wanted the clinicians to see. He used a number 2 pencil and crayons to complete the task. The paper was oriented in a

horizontal fashion and his arrow indicated his direction of travel was from left to right. The support column was now central to his picture and congruous with the overall structure of his bridge. Additionally, the bridge was grounded and firmly attached to both sides implying to the authors his obstacle could be crossed successfully. He described his bridge as “made from concrete and metal ... long lasting ... and sturdy,” possibly illustrating its strength and his commitment to maintain the connection. Hays and Lyons (1981) theorized steel and metal bridges implied strength. Both sides of the bridge had specific goals to be reached. Andrew once again drew a stick figure rather than a dot. His self-effigy was portrayed inside a car that was about to cross the bridge. Once beyond his bridge, he was greeted by several people and a bright yellow sun. Andrew equated the preceding with his newly acquired sober-living arrangements and a new beginning.

Andrew’s suspension bridge inferred to the authors he was at a heightened state of anticipation and uncertain about transitioning from residential treatment to a sober living house, “I’m filled with suspense but nervous about going to sober living.” The vertical suspension cables carried the burden of the bridge and were labeled “Recovery, Happiness, Hard Work, Hope, Community, [and] God.” His words may have been an attempt to draw attention to something he wished to address and/or an attempt to sway the clinician into a certain interpretation. Andrew explained, “These are the things that will support me.”



Figure 3. Noah: Admission Bridge Drawing

Andrew's response to the drawing task suggested that he was committed to solution-based action as a means of modifying his behavior. Below his bridge, he portrayed green fields and his body of water was no longer turbulent and threatening. Springham (1992) stated SUD clients associate pastoral landscapes with bliss, a positive future, and yearning for the "peace of pre-ambivalence." Andrew's flowing and calm river implied to the authors a fundamental shift of attitude and a significant reduction in anxiety regarding the transition process. Furthermore, his bridge was attached and grounded indicating his obstacle could be crossed successfully, and he was committed to maintaining the connection. His drawing identified solutions and inferred that he was building coping behaviors. Lastly, his drawing included others in his plans and identifying specific steps, as well as supports to make essential changes in his life.

Noah

Noah (pseudonym) was a single, 27-year-old White male. He was intelligent and well-informed yet was uncomfortable with social interaction and intimacy. He felt most at ease when discussing philosophical and learned topics. Often, he indulged in quixotic and romantic thinking. Noah used alcohol and cannabis concentrates daily to cope with his incapacitating anxiety. He did not perceive his substance use as problematic and felt coerced into residential treatment by his father. On the sixth day of treatment, he attempted to leave the program against the advice of the treatment team. He reluctantly committed to 30-days to appease his father.

Instructed to complete a bridge drawing at admission, Noah responded quickly and without thought (Figure 3). The paper was positioned in a horizontal fashion and his arrow indicated his direction of travel was from left to right. Noah's arch bridge spanned the entire page. When paper-spanning bridges are drawn by residential clients, Schmanke (2017) surmised this reflected the inpatients' more intense immersion in the treatment (bridge) experience. His bridge lacked pillars to bear the weight and side rails for support. Furth (1988) asserted absent elements from a picture may represent what is lacking in a person's life. Furthermore, the bridge was not grounded nor was it connected to a land mass on either side implying to the authors a lack of strength and a defense against making a connection. It may, as well have suggested hopelessness in crossing the obstacle (Hays & Lyons, 1981).

To the left, Noah drew a rainstorm with a destructive vortex of violently rotating winds. His tornado signified to the authors that everything had come at once and he was possibly feeling overwhelmed by forces in his environment. Anything or anyone captured in the grips of a tornado would find it difficult to escape its destructive force. Pointing to the left side of his paper, Noah stated, "This is pain, confusion, and sadness." He voiced that he felt deceived, as well as helpless to oppose his father's calls to complete residential treatment. To the right, Noah drew a sun, butterfly and flower which appeared childlike and whimsical to the authors. Noah observed, "This represents peace, simplicity, and love." Springham (1992) stated SUD clients often associate such imagery with happiness and a positive future. Additionally, the imagery seemed to function as a decoy

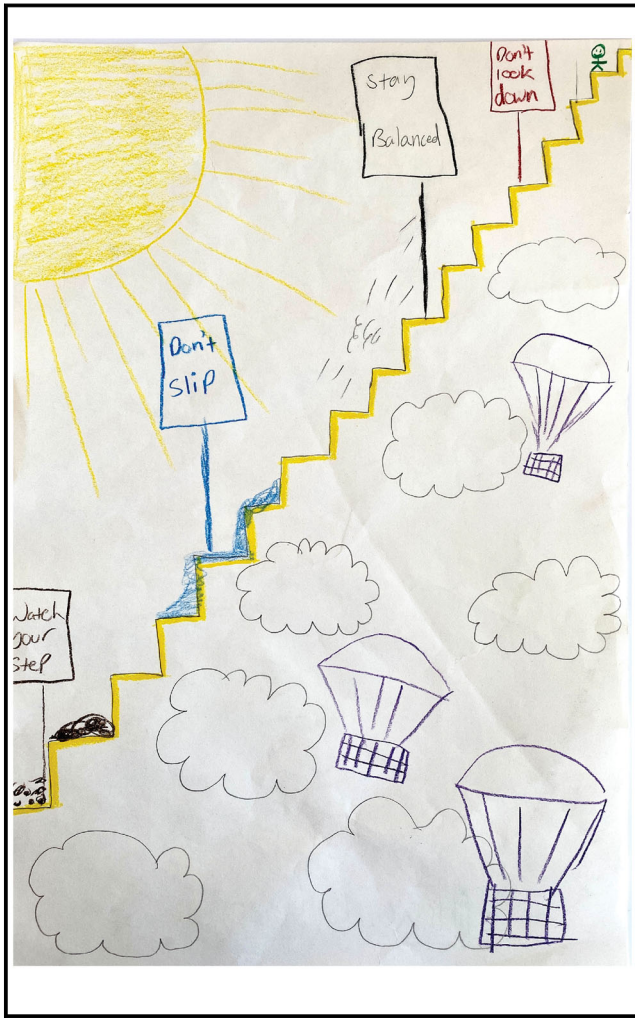


Figure 4. Noah: Discharge Bridge Drawing

and suggested that Noah was trying to divert attention or deny the danger looming below his bridge. Bolander (1977) proposed that flowers and butterflies can be regarded as decoys and designed to divert attention away from something the person is unwilling to admit.

Noah's bridge began as a dark and narrow highway and progressively widened into a golden yellow path. He described the right side of his bridge as the "yellow brick road" illustrating to the authors his desire to move toward magical thinking. Hays and Lyons (1981) associated an emphasis on a fantasy place with a lack of seriousness toward therapy. Beneath Noah's golden path, was a body of water and menacing shark. Noah associated the shark with his father whom he believed was undermining his goals for the future. He placed his dot to the right side of his bridge to indicate where he was in the picture. He explained, "This is where I want to be..but my dad is keeping me from getting there."

Noah's response to the drawing task suggested that he was defending against a connection and lacked grounding, strength, and adequate supports for his transition process. Furthermore, Noah felt vulnerable and overwhelmed by

forces in his environment. He felt helplessness to resist his father's calls to complete residential treatment. His response to the task inferred that he was experiencing underlying trepidation about the prospects of embarking on change and was indulging in fantasy thinking.

When requested to complete a bridge drawing at discharge, Noah responded promptly and with enthusiasm (Figure 4). He employed a number 2 pencil and colored pencils. Noah oriented the paper in a vertical fashion. In their original study, Hays and Lyons (1981) observed few clients employed a vertical orientation. They surmised that it served as a defense against making a connection as it discouraged placement of material on either side of the bridge. Vertical orientation can also suggest an attempt to announce something or make an impact on the viewer (Furth, 1988; Hanes, 2020; Schmanke, 2017). Neither side of the bridge was connected to an anchoring land mass, which suggests a possible defense against making a connection and hopelessness in crossing the obstacle (Hays & Lyons, 1981). Additionally, Noah did not indicate his direction of travel with an arrow inferring an unwilling to set a goal (Hays & Lyons, 1981).

Rather than a traditional bridge, Noah drew a staircase with a large yellow sun in the upper left corner. He titled his picture "Stairway to heaven" possibly alluding to Led Zeppelin's iconic rock song embraced by many immersed in the drug culture who believe the song metaphorically refers to buying drugs, getting high, and overdosing. Noah highlighted his staircase in yellow and referred to it as the "golden path." Huskinson (2013) proposed the symbolic meaning of stairs is the ascent or descent from one domain or plan to another. Noah often argued he could reach a higher plan of being, insight and consciousness when using cannabis. Noah associated his staircase with the 12-step program, which provides a set of guidelines or steps toward recovery, "I'm taking it one step at a time." Rather than a dot, Noah represented himself as a stick figure near the apex of his staircase placing him at the height of his endeavor.

Noah erected several information signs along his staircase. Zedda et al. (2013) asserted road signs play an important role in giving guidance, planning, and ensuring safety. His information signs provided warnings to potential hazards and risks to his transition process. In the lower left quadrant, an information sign read "Watch your step," implying that he needed to be cautious and pay attention. Below the sign, he placed piles of rocks and recognized that he could slip or fall if not careful. Further up his staircase, an information sign stated, "Don't slip," suggesting that he could lose his footing or make a mistake. Below the sign he placed water and stated he could slip backward if he was not careful. The next information sign read "Stay Balanced." Below the sign, Noah drew winds and asserted forces could blow him off balance. He related the winds to external forces such as people, places, and things. Near the top of his staircase a sign read "Don't look down,"

inferring that he needed to stay focused on the task at hand to avoid a misstep. It also seemed to illustrate his efforts to focus on the future. Noah asserted, "I don't want to look back."

Below his staircase, Noah drew clouds and a series of parachutes. A parachute permits a controlled fall or descent to earth. Noah observed, "The higher I get, the harder I will fall. The parachutes are my safety net." His parachutes seemed to be his attempts to self-regulate his behavior as well as his efforts to safely manage and control a possible reoccurrence.

Noah's "stairway to heaven" may have been a reference to the drug culture, as well as his ascent and descent from one domain or plan of consciousness to another. His bridge drawing and information signs gave warning to potential hazards and risks to his transition process and provided guidance, planning, and safety. Lastly, Noah's signs and parachutes illustrated concerns about an impending reoccurrence, as well as his attempt to soften and reduce the effects of a reoccurrence should it occur.

Implications

Our revised bridge drawing instructions seemed to create the potential to reduce stereotypic and superficial responses and enabled the clients to better represent their fears and obstacles. The addition of signs or markers permitted clients the opportunity to represent potential hazards, obstacles, or conditions that required special attention. These images alerted the clients and us to unexpected or dangerous conditions not readily apparent.

The modified instructions contributed to making a very literal interpretive instrument that must be used with great awareness and caution because its manipulative capacities could be readily perceived by clients. In other words, many clients in substance abuse treatment will attempt to control the clinician's interpretation by drawing what they want the clinician to see (Schmanke, 2017). This may provide clients who wish to "present well" a means for doing so. The interpretive usefulness of the task could be greatly undermined upon application of a second administration once the metaphors have been revealed or at least explored with the client during the initial application.

Conclusions

These case descriptions indicate that clients may readily responded to the modified bridge drawing instructions. The drawing task did not take much time to complete, thus clients were able to complete the task in one session. The modified task enabled clients to visualize and understand their transition process, as well as obstacles they were less consciously aware of, such as fears and de-motivators. Equally, clients' strengths, aptitudes, and hopes were brought into more conscious awareness. Lastly, the preceding case descriptions

demonstrated how the drawing task can be used to stimulate a conversation about a client's transition process at admission and discharge from a clinical setting.

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