

Road to Recovery: Road Drawings in a Gender-Specific Residential Substance Use Treatment Center

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Abstract

In this article I discuss the benefits of using road drawings in art therapy for the specialized treatment needs of women in a gender-specific residential substance use treatment center. Gender differences in substance use treatment are explained and the benefits of using art therapy in the treatment of substance use disorders are reviewed. The rationale and procedure for administering road drawings is provided with case examples to illustrate how road drawings address the complex constellation of interdependent biopsychosocial factors that comprise women's specialized treatment needs. Road drawings appear to help clients gain insight into a path of recovery and provide a metaphor for their capacity for change. They are also useful as an informal assessment, offering insights into substance use and psychological state.

Research has consistently demonstrated that gender is an important factor to consider when scrutinizing patterns of substance use, such as overall prevalence and substances of choice, as well as the progression and treatment of substance use. Many studies on women and substance use have shown they have heightened vulnerability to adverse medical, psychological, and social consequences of use (Tuchman, 2010). Uziel-Miller and Lyons (2000) stated, "The literature identifies a complex constellation of interdependent bio-psycho-social factors that comprise women's specialized treatment needs" (p. 355). These specialized treatment needs can include, but are not limited to, higher rates of psychological symptomology, trauma and abuse, relationship problems, family disruption, and complications with pregnancy and parenting (J. Marsh, Dingcai, & D'Aunno, 2004; Tuchman, 2010; Uziel-Miller & Lyons, 2000). In this article I discuss the benefits of using the art therapy technique of road drawings as a therapeutic intervention to address the specialized treatment needs of clients in a gender-specific residential substance use treatment center. In addition, the road drawing provides a metaphor for the client's capacity to change and offers insights into a client's substance use and psychological state.

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A growing body of research suggests that there are sex and gender differences in the demographic and clinical characteristics, as well as the progression and treatment of substance use disorders (Arfken, Klein, di Menza, & Schuster, 2001; Beckman, 1994; Blume, 1990; Center for Substance Abuse Treatment, 2009; Chen et al., 2004; Family-Centered Treatment for Women, 2007; K. Marsh & Simpson, 1986; J. Marsh et al., 2004; Nelson-Zlupko, Kauffman, & Dore, 1995; Tuchman, 2010; Uziel-Miller & Lyons, 2000; Walitzer & Dearing, 2006; Wechsberg, Craddock, & Hubbard, 1998). For instance, women entering substance use treatment are typically younger, have lower educational achievement and employment opportunities, are more apprehensive about child-related issues, are unlikely to be married, have more health and psychiatric problems, and have experienced more incidents of physical and sexual abuse compared to their male counterparts (Center for Substance Abuse Treatment, 2009; Tuchman, 2010; Uziel-Miller & Lyons, 2000; Wechsberg et al., 1998). Additionally, there is mounting acknowledgment that compared to men, women are more likely to respond to treatment interventions that are supportive rather than confrontational. Women benefit from interventions that encourage relationships and constructive connections with others in recovery and with their service providers (J. Marsh et al., 2004; Tuchman, 2010; Walitzer & Dearing, 2006).

In addition to disparities in demographic and treatment issues, Tuchman (2010) and Uziel-Miller and Lyons (2000) determined that women are underrepresented in substance use treatment when compared to their male counterparts. Both asserted there are specific barriers that dissuade many women from seeking assistance and treatment. These include, but are not limited to, pregnancy, lack of services for pregnant women, fear of losing custody of a newborn, fear of prosecution, difficulty with transportation, inadequate health insurance, lack of financial support, and lack of on-site child care or inability to make child care arrangements.

The use of art therapy with substance use disorders is well established in the literature (Holt & Kaiser, 2009). Chandler (n.d.), concurred and stated, "A review of the literature shows that over the past 30 years, art therapy has been used in various forms of application to treat substance abuse" (p. 9). In fact, since as early as the 1950s, there has been a mounting body of literature that has illustrated the benefits of employing art therapy in substance use treatment (Albert-Puleo, 1980; Allen, 1985; Bender, 2009; Callaghan, 1993; Chandler (n.d.); Cox & Price, 1990;

Diehls, 2008; Feen-Calligan, 1995; Forrest, 1975; Foulke & Keller, 1976; Hanes, 2007; Harms, 1973; Hinz, 2009; Holt & Kaiser, 2009; Horay, 2006; Johnson, 1990; Julliard, 1995; Kaufman, 1981; Luzzatto, 1989; Mahony, 1999; Mahony & Waller, 1992; Moore, 1983; Rockwell & Dunham, 2006; Schmanke, 2016; Virshup, 1985; Waller & Mahony, 1999; Wilson, 2012). Some of these benefits include circumventing rigid defenses (Julliard, 1995; Moore, 1983; Waller, Plevin, & Groterath, 1999), encouraging emotional expression (Cox & Price, 1990; Forrest, 1975; Holt & Kaiser, 2009, Kaiser & Holt, 2002; Schmanke, 2016; Waller et al., 1999), enhancing self-esteem (Foulke & Keller, 1976), and promoting creativity and problem solving (Allen, 1985; Johnson, 1990).

Kaufman (1981) and Groterath (1999) asserted art therapy is especially 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. Waller and Mahony (1999) stated when there is a need to protect one's self with psychological defenses, art therapy can provide a less threatening means of exploring difficult emotions. The artwork itself can act as an outlet and holding form that allows the client to safely externalize and experience intense emotions such as shame, anguish, and rage (Johnson, 1990; Schmanke, 2016; Waller et al., 1999).

Holt and Kaiser (2009) asserted that art therapy can aid clients in overcoming denial so they can begin to acknowledge the need for adopting behavioral changes that support recovery. Moore (1983) observed similar results and concluded that art therapy provides a dynamic means of experimenting with the image-making process to communicate symbolically, extends a channel for clarifying feelings and attitudes, diminishes distorted thinking, and fosters awareness and insight that leads to behavioral modifications.

The Road as a Preferred Drawing Theme

There are several advantages to using roads as a drawing directive with women in substance use treatment. Research has shown that women enter substance use treatment with lower self-esteem than their male counterparts (Beckman, 1994). This lack of confidence can often be manifested in intense insecurities about their artistic efforts (Franklin, 1992; Mahony, 1999; Waller & Mahony, 1999). Because the road can be simpler to draw than other subject matter, the task is less likely to arouse feelings of insecurity. Even those who are uneasy about art making are likely to respond to drawing a road. Everyone is familiar with roads and most individuals believe they are capable of rendering one (Hanes, 1997). Roads and road signs are easy to represent because they consist of simple geometric shapes such as rectangles, squares, octagons, triangles, circles, and parallel lines (Zedda, Piras, & Pinna, 2013). The use of structured, minimalist, and familiar forms is less likely to arouse feelings of artistic insecurity.

Another advantage of using the road motif is its universal significance and ability to quickly generate useful information. I have noted previously that the road's

mythic and metaphoric meaning has permeated the language, art, poetry, and music of virtually all cultures, and so can elicit a wealth of associations in comparison to other subject matter (Hanes, 1995, 2008). Clients tend to view roads as a neutral theme and are more likely to be spontaneous and unfettered by conventional censors that impede the emergence of unconscious content (Hanes, 1997, 2008). An additional benefit of the road motif is its narrative potential and its association with a person's life journey. White and Epston (1990) argued that to make sense of their life experiences, humans recount stories of a life journey. Zimmerman and Dickerson (1994) concurred and asserted people tell their stories in therapy to provide a sense of continuity, meaning, and the opportunity to create an alternative ending. Similarly, Stokes (2016) encouraged readers to look at life as the ultimate road trip with their life map helping them to find their way. She also encouraged the study of one's chosen paths in life to obtain a deeper understanding of self, significant moments, and life lessons. In the same way, Schwartz (n.d.) proposed using a map of life changes to regain a sense of control and to manage life changes in a manner that minimizes self-destructive or self-defeating actions.

The road motif can also serve as a metaphor for the person's road of life and parallel the person's life circumstances. As a solitary drawing, the task can evoke the client's origins, the history of the person's life, experiences to date, and intent for the future (Hanes, 2008). Hence, the road's narrative quality can be employed as a supportive and non-confrontational intervention in which clients can safely express issues related to psychological symptomatology, trauma and abuse, relationship problems, and family disruption. The periodic repair or upgrade of the road can function as a metaphor for the client's capacity for change (Hanes, 1995). Potholes and cracks can be repaired, paths resurfaced, alternate routes built, and warning signs raised.

Materials and Procedures

A sheet of 12" × 18" white drawing paper best lends itself to the creation of a road drawing (Hanes, 2008). The rectangular and oblong shape of the paper is conducive to the narrative nature of a road and furnishes a secure space. Cirlot (1981) said of the rectangle:

Of all geometric forms, the most rational, the most secure and regular; this is explained empirically by the fact that, at all times and in all places, it has been the shape favoured by man when preparing any space or object for immediate use in life: house, room, table, bed, for example. (p. 272)

Extra paper is made available should the person want to restart the task.

When selecting art media, the clinician should consider the characteristics of various art materials and determine how those properties will influence the participant's response to the drawing directive. Hinz (2016) asserted there has been little emphasis on gender differences or

preferences in the selection of media in art therapy. She acknowledged the majority of media work effectively with both genders, yet she also recognized the need to further examine this issue. Women at our treatment center have had little experience with the art process; therefore it is advantageous to have materials available that do not signify the need for artistic aptitude. Clients are offered a variety of dry media including crayons, colored pencils, oil-based pastels, and markers. This media allows for greater detail, shading, and variance of color intensity. Furth (1988) asserted these media might yield information relevant to treatment and draw attention to areas of conflict or importance when used for expression in a drawing. Additionally, dry media provide safety and security for clients who are apprehensive about employing fluid media (Liebmann, 1986). The use of paint or chalk pastels, for example, might elicit too much emotion too early in treatment or recovery. Devine (1970) also discovered this relationship and asserted clients can more easily tolerate fluid media and emotions in the latter stages of their recovery.

The instructions for the road drawing are simple: "I would like you to draw a road." The following suggestions can be offered to reduce artistic insecurities and stereotypic responses (Hanes, 2008): Is the road made from dirt, gravel, stone, brick, cement, or blacktop? Where does the road begin and end? What is the condition of your road or roads? Is this a straight road, curvy road, hilly road, or flat road? The suggested questions often elicit inquiries. I respond in a way that indicates there is no right or wrong method of proceeding. After completing the drawing, participants are asked to title the drawing on the back of the paper.

Case Examples

I selected the case examples here to illustrate the value of the road drawing technique in our treatment center. Clients completed road drawings in an art therapy group, which all are encouraged to attend. Road drawings, like any other directive, must be employed with careful attention to clinical goals and objectives. In addition to therapeutic value, the road drawing is useful as an informal assessment, offering insights into the individual substance use and psychological state of each person.

When using road drawings with clients it is important to include them in the discussion of their analysis and significance. Curtis (2011) asserted that understanding client art is a complex process and requires more than merely analyzing content and visual elements. Acosta (2001) also recognized these complexities and encouraged art therapists to use all resources and information in an exploratory manner such that the image is understood as greater than just a consolidation of its individual parts. Betts (2012) was of the same opinion and stated, "Assessment should be understood as an evaluative process, incorporating tools that are used in the larger context of a process entailing triangulation of data from multiple sources" (p. 206). Furth (1988) recommended therapists not put their faith exclusively in symbolic interpretations originating from a dictionary, yet cautioned against swinging to the opposite extreme and

completely devaluing this approach. Erard (2010) recognized the importance of clinical intuition when obtaining meaningful information about clients and recommended "cooking without a cookbook" to move beyond the information given and the restraints of validated measurements (p. 10). Erard further asserted,

We know that clients derive considerable benefit, therapeutic and otherwise, from being understood and learning to understand themselves better, and that those who work with them in therapeutic or even in forensic or human resources settings can use such highly personalized, in-depth understanding to great advantage. (p. 10)

It is my experience that elements of a road drawing might have several symbolic meanings superimposed on one other or that might occur simultaneously at different levels. Cohen and Cox (1995) and Schaverien (1992) acknowledged this phenomenon and asserted multileveledness of a drawing or a single element of a drawing can have connecting or related and contrasting meanings that are simultaneously communicated. Waller et al. (1999) concurred and asserted that images can have many different layers of meaning even within the same picture or object. Each road drawing is distinctive and its personal meaning must not be overlooked (Hanes, 2008). In the examples provided, the analysis and significance of the road drawing and its elements were generated through mutual exploration with the client.

Katie

Katie (pseudonym) was a single, 42-year-old White female who began experimenting with marijuana at age 12 and progressed to using methamphetamine and hallucinogens in her 20s. She had used methamphetamine for the past 20 years with episodic periods of sobriety. She lost permanent custody of her eldest daughter and her two younger children were in temporary guardianship with her stepsister. Katie was optimistic that treatment would provide her the opportunity to become sober and reclaim custody of her younger children.

When asked to draw a road, Katie responded enthusiastically and without hesitation. She placed her paper in a vertical position, suggesting her image was making a statement or attempting to announce something to the viewer (Furth, 1988; Hanes, 1995). Using colored markers, Katie created the surreal and dream-like image seen in Figure 1. The vivid red, orange, yellow, and blue structures contrast with a purple sky and hills colored in shades of green. The concave and contorted buildings simultaneously diminish and magnify the forms. Referring to her drawing, Katie stated, "Everything looks warped . . . It reminds me of my life." She spoke of her drug use and how it altered and distorted her once normal life and perception of reality. Katie often voiced thoughts of paranoia and would misinterpret events in her surroundings. She joked, "My picture doesn't look right . . . it's like I'm on an acid trip." She smiled with satisfaction and titled her picture "Who dropped the acid?"



Figure 1. Katie's Road Drawing

Katie has two distinct roads juxtaposed in her drawing. "These are two separate paths," she stated. She referred to the road in the lower left and remarked, "This is what I'm doing in my life now." Pointing to the adjacent road, she said, "This is the path I desire but it's not reachable . . . I'm running out of time . . . I would like to have a baby but it's not possible now." The apples and crescent moon she depicted possibly suggest maternal inclinations (Bolander, 1977; Cooper, 1978). Katie disclosed to the group that motherhood was an important part of her identity and sobriety. "I love being a mother . . . I never used when I was pregnant," she said. Should Katie not regain custody of her younger children, she might have fantasized about having another child as a means of satisfying her maternal instincts and maintaining sobriety. Other group participants voiced how motherhood was a primary reason for seeking treatment as well as a stressor that could lead to reoccurrence of substance use. The hourglass shape of the structures also suggests fertility and sexuality with the narrow waist and full bust and hips of a female body. "When I was younger and working as a dancer, I had a body like that," she chuckled. Group members spoke about their own physiques and how childbearing and unhealthy lifestyles altered their bodies and negatively affected their self-esteem. K. Marsh and Simpson (1986) observed that women with substance use disorders report more negative feelings about their bodies than male counterparts.

Katie's parallel paths dip over multiple hills leaving segments of her roads hidden and out of sight, possibly

implying reluctance to reveal certain aspects about herself (Hanes, 1997, 2008). The mounds of earth also give the impression that something is concealed or buried and might be pressing to the surface (Bolander, 1977; Hanes, 2008). Katie was extremely guarded and found it difficult to openly share in the group. Participants questioned Katie about the concealed sections of her road. "There is a lot of stuff hiding in there. . . I've had a lot of trauma in my life . . . I'm not ready to share it yet," she stated. Many women in substance use treatment report a history of traumatic abuse, specifically sexual and physical abuse (Doshan & Burshch, 1982; Kane-Cavaiola & Rullo-Cooney, 1991; Reed, 1985; Tuchman, 2010). Several group members acknowledged their own trauma and how this contributed to their substance use. They discussed their own reluctance to trust and assured Katie that her concerns were normal.

In addition to its therapeutic value for Katie, the road drawing was useful as an informal assessment, offering insights into her substance use and psychological state. Her drawing was instrumental in helping her recognize how substance use affected her perception of reality and amplified her feelings of paranoia. "Now that I'm sober I'm starting to see things a little more clearly," she said. The road drawing also illustrated her need to reconcile parallel and divergent paths. One path portrayed her current realities; the other revealed her maternal desires. Katie referred to her drawing and stated, "I'm not able to have a baby . . . but I can still be a mother . . . I'm happy the way my picture turned out." Her statement implies the beginnings of integration between divergent paths of reality and fantasy.

Sara

Sara (pseudonym) was a single 38-year-old Native American female. She began experimenting with marijuana at age 17 and then used alcohol, methamphetamine, and opiates regularly by 19. Women are more likely to be involved in multiple substance use than their male counterparts (Celentano & McQueen, 1984; Nelson-Zlupko et al., 1995; Uziel-Miller & Lyons, 2000). Sara's motivation for treatment was prompted by warnings from the Department of Human Services that she would lose custody of her 3-year-old if she did not complete residential treatment.

Asked to draw a road, Sara readily completed the task. She applied her paper in a horizontal fashion, suggesting her road as a story that could be read from left to right (Furth, 1988; Hanes, 1997; Holt & Kaiser, 2009). Hays and Lyons (1981) stated research substantiates "the left side is considered the past, the right side is considered the future, and the direction of travel would be from past to the future in our culture" (p. 209). Jungian analyst Back (1990) agreed and stated the left quadrant might well represent the past and the right quadrant the future.

Using oil pastels, Sara drew a bird's-eye view of her road, seen in Figure 2. This unique vantage point might be an attempt to handle anxiety by distancing herself or to reject the implications of her drawing (Burns, 1987; Hammer, 1967). In their article on bridge drawings, Hays and Lyons (1981) associated bird's-eye views with the need

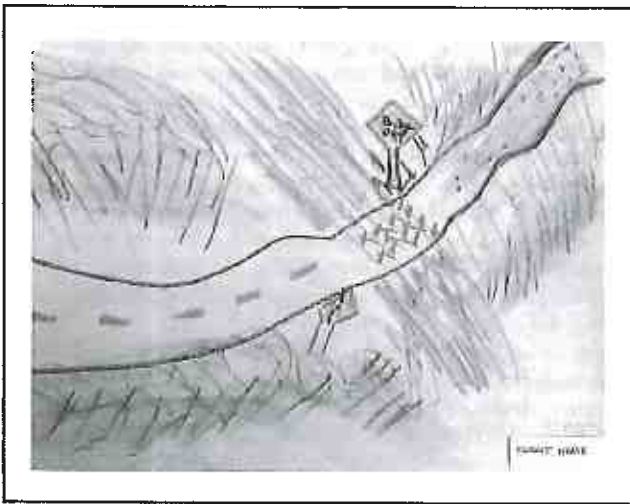


Figure 2. Sara's Road Drawing

for control and power. Sara's road originates in the west and travels through a hastily drawn and turbulent forest, which could represent a period of darkness and unknown perils (Cirlot, 1981; Cooper, 1978). Pointing to this segment of her road, Sara stated, "This is when I was using . . . It was a dark time for me." Her path emerges from the forest and travels eastward until arriving at a bridge. Sara stated the bridge reminded her of a rickety bridge from her childhood. Hays and Lyons (1981) noted that most who contributed drawings to their study chose to depict bridges with which they had familiarity. Sara's odd use of green to render her bridge might be an attempt to call attention to something important. Furth (1988) stated it is essential to explore atypical use of color and how this might amplify the meaning of a symbol. Sara stated, "Green reminds me of growth." Malchiodi (1998) asserted it is difficult to assign a specific meaning to color, yet common associations to green are growth and restoration. Did Sara feel her bridge represented opportunity for growth and change?

There are multiple associations and meanings regarding Sara's drawing of the bridge. Bridges have been associated with the transition from one plane or state of consciousness to another (Chetwynd, 1982; Cooper, 1978; Fontana, 1994; Jung, 1964). Hays and Lyons (1981) observed, "the bridge is seen as crossing over something bad, perhaps an obstacle of some type, or going from some place to a better setting" (p. 207). Darewych's (2014) research on an art-based assessment, the Bridge Drawing with Path, indicated bridges might link the past and present with a person's future ambitions. Holt and Kaiser (2009) created a variation of the Bridge Drawing they termed the Recovery Bridge Drawing; they asserted that a recovery bridge "provides a useful visual image that frequently reveals the anxiety and ambivalence a client may have about the prospects of embarking on change" (p. 247). Sara stated the bridge represented her "crossing over from addiction to recovery." It signified her desire to transition beyond her substance use to recovery. Referring to the bridge, Sara observed, "It's poorly constructed . . . I guess I didn't have the right tools to build it [laugh]." The bridge appears weak and poorly

designed, bringing into question her connection and commitment to recovery. Hays and Lyons (1981) asserted the materials and construction of the bridge might illustrate its strength and the commitment to maintain the connection. "Last time I was in treatment I skipped a lot of steps . . . I bullshitted my way through," Sara asserted. Beneath her bridge, she had depicted rapid waters, which she perceived as threatening. Jung (1964) associated bridges crossing over a river as a symbolic representation of change. "The water is starting to wash away the bridge," she said. Hays and Lyons (1981) asserted that what is under the bridge might represent a fear or temptation. The impending danger seems to suggest anxiety and ambivalence regarding change and recovery as suggested by Holt and Kaiser (2009).

The road signs in Sara's drawing provide valuable information about the significance of her drawing. Zedda et al. (2013) asserted that road signs play a very important role in giving guidance, planning routes, and ensuring safety. Road signs keep people out of harm's way and guide one in the right direction (Importance of Sign Boards, 2013). Her path has several diamond-shaped hazard signs, which denote immediate danger (Hanes, 1997). Sara said the hazard sign in the lower right warns of upcoming road curves: "I never know what to expect. . . Life is always throwing me a curve." Curves could be associated with something unexpected or sudden and can also indicate danger, uncertainty, and doubt (Hanes, 1997). Sara disclosed that she felt some uncertainty and ambivalence about her recovery. "This is my second time in a place like this . . . I usually learn the hard way . . . I keep doing the same things over and over and I go back to using."

There is a second hazard sign in the upper right that reads "Bridge Out," suggesting her bridge is not in working order and cannot be crossed. This sign again might bring into question her commitment to recovery. Moreover, the sign has been placed on the adjoining side of the bridge, failing to provide adequate warning of the impending hazard. The peculiar placement of the sign calls attention to a specific problem area of which Sara might or might not be cognizant but that needs to be recognized (Furth, 1988)—it fails to provide adequate time to heed the cautionary message, possibly illustrating her lack of insight, forethought, or planning.

Once across the bridge, Sara's path transitions into a dirt road. Sara identified this segment of her path as her road to recovery. "This is the road less travelled," she stated, implying her path of recovery is a difficult choice filled with uncertainty. Dirt road conditions can change quickly due to variations in the surface and it can be difficult to maintain control. Sara recognized the potential perils to her path of recovery and stated, "I need to take it slow . . . stay focused or I'll lose control." Group members suggested her dirt road implied her recovery is a newly formed path and in the beginning phase of construction. Sara concurred, stating, "This is the ground work to my recovery."

Sara's road drawing was ultimately useful in helping her to recognize the fragility of her transition from addiction to recovery. Group members were also able to discuss and normalize their own ambivalence regarding sobriety. Referring to

her treatment, Sara asserted, "I'm slowly getting the tools to build a stronger bridge to my recovery." Sara was able to recognize the need to refine her ability to foresee potential perils and hazards of recovery. "I need to see the warning signs and make better decisions if I'm going to stay clean," she stated. Sara and the group members discussed potential triggers that might lead to a reoccurrence of substance use and offered each other suggestions on how to cope with these.

Conclusions

As seen in the case examples, these women readily respond to the road drawing. It is a useful therapeutic intervention to address the specialized treatment needs of clients in a gender-specific residential substance use treatment center. Furthermore, the road drawing offers insights into the clients' substance use and acts as a metaphor for their potential change process. Even though the drawing is not a standardized art therapy assessment, its projective properties provide swift access to significant mental and emotional aspects that make it useful as an informal assessment. Clients consider the road a neutral theme, thus the road's projective properties enable them to gain a deeper understanding of themselves and the road to recovery. Furthermore, the drawing task seems to empower clients to break through denial and view significant aspects of their recovery without diminishing their self-esteem. The road motif brought forth important information that they might otherwise have been reluctant to acknowledge. It is a supportive approach that builds clients' strengths and increased confidence in their ability to identify and resolve problems. Reflecting on their drawings enables clients to self-assess their capacity for change, alter destructive patterns of thought and behavior, and offer hope and optimism for the future. Finally, road drawings are an effective nonconfrontational intervention that encourages constructive connections among clients in an art therapy group.

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