

Using Mandalas to Enhance Spiritual Connection
in Women with Substance Dependence

Linda Beth Ziert, BA

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Fulfillment of the Requirement
for the Master of Arts in Art Therapy Degree

Department of Art Therapy In the Graduate Program
Saint Mary-of-the-Woods College
Saint Mary-of-the-Woods, Indiana

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MEMO

To: Jill McNutt, MA, ATR-BC, LPC, ATRL
Linda Ziert, Graduate Student
From: Lamprini Pantazi, Ph.D., & Chair of the Human Subjects
-Institutional Review Board
Date: May 19th, 2014
Re: Human Subjects Institutional Review Board Application

Thank you for submitting a Human Subjects proposal entitled **“Using Mandalas to Enhance Spiritual Connection in Women with Substance Dependence.”**

The Institutional Review Board (IRB) of Saint Mary-of-the-Woods College has **approved your research.** Unless renewed, this approval will expire on July 3rd, 2015.

If any changes need to be made during implementation of this research project, please submit those changes to the IRB for its approval. Also, if any incidents occur, please notify the IRB as soon as possible.

We wish you success with your research project.

Institutional Review Board members:

A handwritten signature in black ink, appearing to be 'Lamprini Pantazi', written over a horizontal line.

Lamprini Pantazi, Ph.D.
Joyce Cadwallader, Ph.D.
Brad Huffey, Ph.D.
Pam Sebura, Ph.D.
Scott Ripple, MD

Abstract

The quasi-experimental research study investigated the use of mandalas to enhance the spirituality component in recovery from substance abuse. Carl Jung (as cited in Diaz, 1992) asserted the creation of a mandala serves as a healing process in which the individual is reflected amongst the divine. The investigator provided a series of three mandala art directives to clients in the experimental group with the intent of increasing connection to a Higher Power, improving self-worth, and increasing recovery perceptions. In addition, participants were given an educational tool to encourage the use of creative spiritual practices. The investigator utilized pre and post-questionnaire data to determine the impact of creating mandalas. Findings of the study indicated relevance in combining the spirituality component with art therapy to assist women in addictions treatment in connecting with a Higher Power, increasing self-worth, and encouraging the use of Creative Spiritual Practices.

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CHAPTER I

Introduction

Substance dependence is undoubtedly one of the largest problems in America today. The Substance Abuse and Mental Health Services Administration (SAMHSA) reported 22.2 million Americans were either dependent or abusing substances in a 2012 national survey (2012). A variety of treatments exist for substance abuse or dependence. Individuals with addiction often relapse and seek treatment numerous times because of failed attempts at recovery. Therefore, it is important one looks at treatment options that have reliable outcomes. Kelly and Yeterian (2011) discussed the cost-effectiveness and outcome effectiveness of mutual-help groups such as 12 step programs like Alcoholics Anonymous (AA), Narcotics Anonymous, Cocaine Anonymous, and other similar ones.

Alcoholics Anonymous (AA) has been around since the 1930's and mutual-help groups like it are proving to not only be cost-effective, but also provide successful outcomes in abstinence rates (Kelly & Yeterian, 2011). Step two in AA's recovery program is substantiated by an individual's belief in a power greater than the self to find inner harmony (Alcoholics Anonymous World Services, Inc., 2001). Carolan (2007) pointed out AA's spiritual re-awakening component is crucial to recovery. He highlighted the importance of clients voluntarily coming to meetings, admitting to powerlessness, expressing belief in a Higher Power, and turning his or her will over to the Higher Power for restoration. It is possible one may only superficially work the program if no personal value is placed in having a Higher Power (Miller, 2005). Carolan (2007) identified the tenants of AA may imply that a person's addiction stifles one's spirituality.

The spirituality dimension of recovery has often been thought to provide individuals with a strength and resiliency to aid in recovery from addictions. Investigators found through different spirituality scales and surveys, one's faith and religious or spiritual involvement provided positive outcomes in recovery (Kelly et al., 2011; Shorkey, Uebel & Windsor, 2008; Galanter, 2007). When working with clients in recovery, many have reported losing touch with religious or spiritual activities for various reasons during substance abusing periods. This loss of spirituality may be in lieu of the addicted person's preoccupation with their drug use, struggle with low self-esteem, and guilt. These issues may prevent individuals from engaging in once enjoyed spiritual habits. Many clients engaged in substance abuse treatment report feelings of worthlessness, self-doubt, shame, and hopelessness; all of which can be explored through a spiritual lens in an art therapy context.

It seems many twelve step programs lack a creative outlet for individuals to explore his or her spirituality. Art therapy directives can help clients reclaim lost creativity (Carolan, 2007) as well as help addicted persons process feelings, learn to cope, improve problem solving, transform self-identity, and connect spiritually (Chickerneo, 1993; Hinz, 2009b; Horay, 2006; Wadson, 2000). Individuals in recovery programs do not often have the opportunity to develop individual Creative Spiritual Practices which could be extremely beneficial to his or her recovery from addiction. The use of art essentially acts as a healthy replacement for the addiction.

Research Questions

This study looked at answering the following two questions; 1) Could the use of mandala making enhance one's connection to Higher Power, increase self-esteem, and improve

perceptions of recovery? 2) Would educating participants on the benefits of doing a Creative Spiritual Practice help them to utilize one?

Rationale/Basic Assumptions

Art therapists have sought to treat substance abuse and addiction by combining art therapy with known successful treatment frameworks such as the twelve steps (Wadeson, 2000), stages of change, and motivational interviewing (Horay, 2006). Art therapists have also seen the value of incorporating art and spirituality for the treatment of addiction (Chickerneo, 1993; Nobis, 2009) and enhancement of spirituality (Moon, 2001). One might make the assumption then that art therapy directives can be utilized to enhance an individual's understanding of their addiction, and increasing one's spirituality might encourage his or her recovery process.

Moon (2001) discussed prayer as a way to connect with something beyond our humanity. She asserted creating art is like prayer in that it strengthens the soul via expressing the unknown and shedding light on life. Specifically, the calming and containing qualities found within creating a mandala or circle shape can help clients to focus on reaching insights regarding his or her spiritual selves (Hinz, 2009a). Carl Jung (as cited in Diaz, 1992) asserted the creation of a mandala serves as a healing process in which the individual is reflected amongst the divine. Jung also noted the mandala as being a universal healing symbol known to many different cultures. It is further anticipated the constructing of a mandala could be likened to an act of prayer connecting one to his or her Higher Power and allowing for personal insights to be gained. Additionally, the use of reflective writing and art making can increase individual insight and lead to enhanced self-efficacy (Allen, 2005). Therefore, it is expected an art therapy

directive which combines creating a mandala with reflective writing would offer increased insight into one's spirituality and self-worth.

Purpose of the Study

The purpose of this study was aimed at providing a series of three spiritual art therapy directives at an inpatient substance abuse treatment program to increase participants' connection to a Higher Power. Specifically, the use of mandala making with reflective writing provided the basis for the experimental group and served as a springboard for participants to increase connection to a Higher Power and develop a Creative Spiritual Practice at the end of the three week series. Furthermore, engagement in the three sessions was intended to improve self-esteem and perceptions of recovery. Another purpose of the study was to add to the body of professional literature regarding spiritual art therapy and substance abuse. Lastly, the investigator fulfilled a partial requirement for graduation from the Master of Arts in Art Therapy program from St. Mary-of-the-Woods College.

Hypothesis

The investigator tested two major hypotheses in this research study. 1) Providing a series of three mandala art directives for women in an inpatient substance abuse treatment program would increase connections to a Higher Power, improve self-esteem, and increase recovery perceptions as measured by a pre and post self-report questionnaire. 2) Participant's engagement in the three mandala sessions along with an educational tool on the benefits of doing a Creative Spiritual Practice would aid participants in utilizing a Creative Spiritual Practice of their own during the three week period.

Operational Definitions

The operational definitions for the research study are as follows:

Higher Power: Any power greater than the individual which one relies on for strength in recovery from addiction (J. Miller, personal communication, January 21, 2014).

Creative Spiritual Practice: An art activity one engages in with the intent of connecting with one's Higher Power.

Expressive Therapies Continuum (ETC): A framework utilized in art therapy to assess and implement treatment interventions based on one's graphic processing (Hinz, 2009a).

Twelve Step Programs: Recovery programs for addiction such as Alcoholics Anonymous (AA), which operate under the basic assumptions that change occurs after admitting powerlessness to addiction, putting faith in a Higher Power, and lastly, utilizing others in recovery for support (Miller, 2005).

Mandala: A circle shape known from the Sanskrit language of India, meaning sacred circle (Fincher, 2010).

Recovery: The process of restoring one who is addicted to health and wholeness (Chickerneo, 1993).

Ethical Implications

Ethical implications for this study included the investigator having sensitivity to any participants who did not have a belief in a Higher Power. This was respected and addressed during the introduction of the art directive and participants were asked to be open to the opportunity of exploring the concept of Higher Power. Participants who did not have an established Higher Power were asked to think of words or images to describe one's values or

beliefs in place of a Higher Power such as, *love, hope, family, and peace*. If at any time a client wanted to opt out of the art activity, they were informed they could do so without consequence.

Spiritual art therapy is highly personal as it deals with one's belief and faith systems. With this in mind, all art work produced in the sessions was kept by the participants. The practice of participants keeping their art images after an art therapy session was typical at the facility and the participants were pre-informed of this. If a participant left her work behind, the client was asked if they wanted it and if not, the piece was discarded in the confidentiality containers provided onsite. The onsite art therapy supervisor provided oversight and support during the study's data collection and was present during each three week group series to ensure ethical considerations according to the American Art Therapy Association, Art Therapy Credentials Board, and Health Insurance Portability Accountability Act were followed throughout the study. Furthermore, in case participants felt they would benefit from additional processing about their Higher Power, they were informed the supervising art therapist and facility chaplain were both available for support.

CHAPTER II

Review of Literature

The Substance Abuse and Mental Health Services Administration (SAMHSA) reported 22.2 million Americans were either dependent or abusing substances in a 2012 national survey (2012). One only has to work in the mental health field for a short time to see the troubles arising from substance dependence. The American Psychiatric Association highlighted the complications arising from substance abuse and dependence including but not limited to: problems in work; school; or household; legal issues; relational troubles; physical or mental health issues; and/or risk taking behaviors leading to adverse consequences (2000).

Substance Abuse and Mental Health Services Administration (SAMHSA) identified a recovery approach that is holistic in nature can be very helpful for individuals with addiction including dimensions such as: body, mind, spirit and community (2012). Traditionally, addictions treatment has consisted of twelve step programs such as Alcoholics Anonymous which emphasizes a spiritual component along with social support and service-mindedness (Alcoholics Anonymous World Services, Inc. 2001). The major underpinning of AA is for participants in recovery to admit to one's life becoming chaotic and in need of repair from a power greater than the self (2001). Unfortunately, when one is in the depths of addiction, spirituality is often thwarted. Dilorenzo, Johnson, and Bussey (2001) found mothers suffering from addiction experienced a spiritual void due to the physical and psychological damage associated with the disease. Many clients in recovery verbalize feeling "numb." They often describe feeling disconnected emotionally from themselves, family, and a Higher Power.

The spirituality dimension of recovery has been studied by various investigators who sought to validate the importance of its place in addictions treatment (Carter, 1998, Kelly et al., 2011; Shorkey, Uebel, & Windsor, 2008; & Galanter, 2007). Zaphir-Chasman (2001) indicated, when an individual places his or her reliance in the divine, they find hope in that they were created in the image of God. The connection between the self that is flawed and the divine, who is almighty, is what gives an individual the ability to transform the self despite their addiction. It seems a convergence of the two forces, the self and the divine, needs to be met for healing to occur. Often times, individuals in recovery from substance dependence speak of this duality. Clients in addictions treatment continually share stories of the ‘addicted-self’ versus the ‘true-self’, who seeks transformation into something greater.

Another area of treatment focus for individuals with dependency issues is self-worth. Many clients enter treatment reporting feelings of worthlessness, self-doubt, shame, and hopelessness. One case study by Hanes (2007) demonstrated this in addicted clients’ self-portrait drawings and verbal associations with them. The clients in the study referred to themselves in their images using derogatory names and made self-deprecating statements. Bandura (1997), Washington and Moxely (2001) found long term substance abuse decreased self-esteem and increased feelings of hopelessness. Kelly and Yeterian (2011) discussed how self-esteem is often improved for individuals with addiction when participating in Alcoholics Anonymous (AA) or other self-help groups.

The Use of Art Therapy in Addictions Treatment

Wadeson (2000) asserted art therapy fits nicely with other practices in addiction treatment such as medical detox, psychopharmacology, psycho-education, and social work.

These services combined with art therapy can ensure a collaborative model of care for individuals dealing with addiction. Interestingly, art therapy treatment approaches for addiction can easily be utilized within many of the existing therapy frameworks.

One of the more recent treatment approaches stressed in addictions treatment programs is mindfulness based therapy. Marek (2001) described the importance of mindfulness as it relates to experiencing one's feelings with rawness. The key to mindfulness in addictions treatment then is to allow clients to safely feel and manage emotions. Due to addicted clients' tendencies at numbing themselves, mindfulness can be quite uncomfortable. Marek continued one must develop a relationship with their feelings which can readily be achieved by attending to the process of art-making. One is encouraged to be in the present moment and fully absorbed in the art-making. Attention to the art process can help one understand how art can be used as a coping and self-soothing tool and in turn may build one's confidence in managing emotions and one's addiction. Moon (2008) broached the idea that the actual art process is a catalyst for change in that "mindfulness...leads to creative anxiety, which leads to action and change, which fosters expression that deepens mindfulness" in a circular fashion (p. 119). Slowly, the individual may begin to trust his or her own abilities in coping and finding inner balance again, without the use of substances.

It is well known that individuals who participate in treatment programs or twelve step programs are more successful in their recovery. In fact, Moos and Moos (2006) found that participants in recovery programs were sixteen times more likely to remain abstinent. Within the twelve step approach, Horay (2006) pointed out art therapists have typically provided art directives aimed at confronting denial, hopelessness, ambivalence, and developing images of

recovery. The author gave the example of an art therapist directing the client to draw his or her addiction as a monster to develop insights about the destructive properties of the substance.

Horay (2006) indicated by incorporating the tenants of the Stages of Change with Motivational Interviewing and art therapy directives, one can more readily achieve the desire to change, strengthen the ego, and explore ambivalence creatively.

The road drawing specifically can be used in step work (Holt & Kaiser, 2009) and as a tool to gain understanding of a client's perceptions of the past, present, and future (Hanes, 1995). Hanes (1995) used the road drawing with patients in inpatient psychiatric treatment for dual diagnosis. Case studies revealed the road drawings often reflected one's destructive paths from addiction, ambivalence towards recovery, and/or possible outcomes for the future.

Holt and Kaiser (2009) further explored how step one from Alcoholics Anonymous could be used within a Motivational Interviewing and Stages of Change framework to treat substance abuse. The authors demonstrated how a series of five specific art directives could be useful for working within a Stages of Change model. The directives included the following: the *crisis or incident* drawing to bring into awareness the addiction problem, the *recovery bridge* drawing to highlight fears, ambivalence, or dangers associated with changing, the *cost benefits* collage to enhance understanding of life with and without substances, a *year from now* drawing to experience the reality of changing or not changing, and a *barriers to recovery* drawing to identify what support the client needs in recovery.

Shifting now to another framework, Hinz (2009b) discussed how the Expressive Therapies Continuum can be utilized to create healing opportunities in those who are being treated for substance abuse. The Expressive Therapies Continuum is a way one processes

graphic information. Hinz shared how an art therapist can use the Expressive Therapies Continuum framework and media variables to engage a client in art making that is individualized to treat the blockages the client might be experiencing from addiction. Hinz further discussed four main parts of the Expressive Therapies Continuum in relation to addiction treatment.

The first area of the Expressive Therapies Continuum Hinz (2009b) emphasized was the Kinesthetic/Sensory component. She indicated the Kinesthetic/Sensory element is helpful if someone with addiction is numb to what his or her body is feeling. Hinz mentioned an art directive to engage the client's entire body like a standing scribble draw or working with scented clay could be beneficial. Next, one might engage the Perceptual/Affective component if someone is having trouble controlling emotions. An art directive, like a pro and con collage of quitting the substance or continuing to use, can help provide a structure to organize and look at issues more deeply. Hinz further illuminated the Cognitive/Symbolic realm in which a client could practice problem solving with incident drawings or work on self-identity through self-portraits. Hinz continued the idea that the Creative realm can be engaged at any moment during any art task if the client is seriously engrossed in the art piece and attending to the experience of the different media being utilized. Within the Creative component, clients operate with all facets of the Expressive Therapies Continuum and there, greater insights can be gained (Hinz, 2009a).

Art Therapy Applied to Spirituality and Recovery

Levine (as cited in Carolan, 2007) set a foundation as to why using creative processes might be a good way to address addiction. The author explained a theory of substance abuse in which individuals use due to repression of one's creative identity which typically occurs in adolescence, when identity formation takes place. When the teenager uses substances as a way

to escape or deny unpleasant feelings or experiences; imaginal needs are stifled. This lasts into adulthood and it is vital to invoke the creative-self again in order to develop the self further. The process of searching for the creative-self can be similar to a spiritual experience.

Chickerneo (1993) documented the healing journeys' of ten individuals dealing with substance abuse and asserted spirituality was a guiding principle of recovery. She further professed her participants' stories indicated creativity encourages spiritual growth and personal transformation. She described six themes that emerged in relation to how art contributed to participants' perceptions of spirituality and recovery. Themes identified were the following: identification and acceptance of self, admission of powerlessness, personal meaning in art elements, life and feeling in process, God's communicating through art, and growing spiritually.

Allen (2005) explored the use of reflective writing and art making to increase individual insight and lead to enhanced self-efficacy in an open studio process. Nobis (2009) shared a book of art directives and written reflections to utilize within all twelve steps of traditional step programs to enhance recovery from addiction. Much of the literature on recovery and addiction in art therapy has focused on steps one through three. However, it is of interest to explore later steps to increase understanding of one's addiction, Higher Power, and to take on one's newly forming self-identity.

Still, there could be other ways to enhance creative spirituality in addictions treatment through the use of art therapy. Prayer flags which are a Tibetan tradition of releasing prayers via the wind could be utilized as a way for individuals in addiction treatment to increase connection with a Higher Power and build hope (J. Miller, personal communication, March 22, 2014). Prayer flags can be fashioned by decorating a piece of fabric and writing prayers, hopes, or

messages of inspiration to be carried by the wind to a divine source. The flag would become a lasting tangible reminder of what one might wish for in his or her recovery.

The Hamsa is another spiritual art directive that can be utilized in addictions treatment. According to Zaphir-Chasman (2001), it is a Jewish symbol of a hand pointing downward and an eye in the middle of it. Zaphir-Chasman explained, “The hand symbolizes the protective hand of G-d and the eye represents G-d’s watchful eye, which is said to deflect the gaze of the evil eye” (p. 95). This could be useful in addressing one’s need for protection from his or her destructive, addicted self, thus admitting to powerlessness. The hand can also be utilized as a way for individuals to identify what they need to let go of and what they need to give over to their Higher Power. Additionally, the Hamsa could be a forum for individuals to identify what they need to give themselves or what they believe God is giving them for their recovery.

Malchiodi (2007) supported the use of mandalas for those with mental health issues acknowledging they not only decrease anxiety and promote peaceful feelings and wholeness, but also may be utilized to depict transformation. Junge (2010) explained the mandala as an archetypal symbol which can direct a person toward “wholeness, transpersonal thought, and spirituality” (p. 220). Psychologist, Carl Gustav Jung was an early pioneer in the creation of mandalas for his own introspection as he studied their meanings in relation to different archetypal images, religions, and ancient symbolism (Jung, 2009). Jung also studied a number of spontaneously produced mandalas by his clients concluding the significance of the mandala was to bring one’s opposites, the unconscious and conscious parts of the self, into awareness for the purpose of unification (1959). Often clients dealing with addiction speak of the opposing forces of their addiction versus the person they wish to become. Merging the two sides can be

especially helpful to allow for greater integration. Jung (1959) further asserted the mandala as being able to provide one with psychic order and “inner reconciliation” (p. 384). The mandala may help the individual with addiction gain desired feelings of wholeness again, and further aid in the recovery process.

The calming and containing qualities found within creating a mandala or circle shape may also help clients to focus on reaching insights regarding his or her spiritual selves when combined with Cognitive/Symbolic components of the Expressive Therapies Continuum (Hinz, 2009a). Furthermore, Carl Jung (as cited in Diaz, 1992) asserted the creation of a mandala serves as a healing process in which the individual is reflected amongst the divine. The implications for the use of the mandala in addictions treatment may enhance one’s connection to higher power, self-worth, and perceptions of recovery.

Summary of Literature Review

It is easy to acknowledge the problems that arise from substance dependence. One’s physical, emotional, and spiritual selves are affected to a detriment and a holistic approach to treatment is beneficial. Spirituality is an important aspect of one’s treatment and is a crucial recovery principle. Common characteristics of individuals in addictions treatment are low self-worth, guilt, and shame. Art therapy can address one’s battle with addiction and the negative self-concept developed. Models such as mindfulness, the twelve steps, Motivational Interviewing, Stages of Change, and the Expressive Therapies Continuum can be used in conjunction with one another to help those with substance dependence find healing. The field of art therapy has worked diligently to provide creativity as a means for enhancing spirituality in addictions treatment.

There are many spiritual art therapy directives which can be applied to addictions treatment. One art directive of special interest, the mandala; was investigated for this research study. The potential ability of the mandala to enhance one's connection to a Higher Power and to a higher self is exciting! Zaphir-Chasman (2001) stated it is "emuna," from Hebrew language meaning "faith," that is the divine force allowing one to persevere through afflictions; and it is "emuna" which guides art therapists in trusting art to heal through a power greater than the self. Through the use of the mandala, individuals in addiction may enhance their faith in a divine power, themselves, and in their recovery.

CHAPTER III

Methodology

Participant Selection

Approval for the study was obtained by The St. Mary-of-the Woods (SMWC) Human Subjects Protection Committee/Institutional Review Board (IRB) and the treatment center's facility director. A quasi-experimental, pilot study was conducted at an inpatient chemical dependency treatment facility. According to Kapitan (2010), a quasi-experimental study is one in which there is no control group or no randomization of the sample size. In this study, there was a control and an experimental group however the investigator lacked the ability to randomly assign participants to groups. Instead, any females on the women's unit, who volunteered to participate during the first of the three consecutive study sessions, were assigned to the control group. There was a two week gap to ensure participants in the control group had left, and then any women in treatment who volunteered to participate, were assigned to the experimental group.

Participants gave consent to take part in the study via signed, voluntary consent forms (Appendix A) prior to the start of the initial sessions. The investigator kept the signed consent forms in a locked file cabinet in the art therapy room at the site. Additionally, the registered art therapist supervisor ensured the art room was secured while uninhabited.

Sample

As mentioned in the previous section, the study involved a control and experimental group. Participants in the control group consisted of women who were in treatment at the start of the first three week group series and who gave consent. Participants were identified by the name

of their first childhood pet and a matching identification number on a pre-questionnaire (Appendix B) and post-questionnaire (Appendix C) for tracking purposes. At the start of the study, there were eleven participants in the control group, however due to individuals being discharged before they could participate in the last session, only six participants remained. The experimental group consisted of any consenting women enrolled in the inpatient treatment program after two weeks since conducting the last control group session. There were a total of eight participants in the experimental group who were also tracked in the same way on their questionnaires. Due to five discharges in the experimental group, only three remained at the end of the study.

Research Design

Participants in both the control group and the experimental group met for three art therapy sessions over a time span of three Saturdays with each session lasting seventy-five minutes. Both groups utilized the same three spiritual art directives and had access to the same art materials, however the experimental group was asked to provide their art responses within the shape of a mandala or circle. The format of each group was the following: 1) Introduce the research study and review consent forms 2) Pass out pre-questionnaire 3) Complete a check-in with clients whereby clients share their name, current feeling, and an answer to a Higher Power related question. 4) Explain the Higher Power art directive 5) Ask clients to begin the art making 6) The investigator writes a processing question on the board and asks clients to write a response to it after they have made their artwork 7) Clients share their artwork with the group and comment on any insights individually or as a whole 8) Participants are given the handout on

Creative Spiritual Practices at the end of session one 9) Post-questionnaires are completed in the last group for participants who have attended all three sessions.

All participants were asked to complete the following three art directives and reflective questions: 1) Think of your Higher Power's ability to provide healing for you and create an image of that healing power or energy. How can you tap into the healing strength found in your Higher Power? 2) Think of a personal name for your Higher Power and create an image of it. Embellish it however you would like. What does the name mean to you and how can this help you in your recovery from addiction? 3) Think of who you are with the help of your Higher Power and create an image of this. What awesome strengths do you possess with the help of your Higher Power?

The experimental group met for three art therapy sessions and completed the same art directives and questions as the control group, however participants in the experimental group received the independent variable, learning briefly about mandalas, and being asked to provide their art responses within a mandala or circle shape. Both groups received an educational tool (Appendix D) on developing a personal Creative Spiritual Practice, which for the purpose of the study was defined as: an art activity one engages in with the intent of connecting with one's Higher Power.

Data Collection

Regarding data collection, a self-report pre-questionnaire (Appendix B) was completed at the beginning of the first group sessions. The questionnaire was developed by the investigator to measure client's thoughts and attitudes towards the testing categories using a Likert-type scale. The pre and post-questionnaires content was identical and addressed areas of connection to

Higher Power, self-worth, recovery outlook, and creative spiritual practices. The post-questionnaire (Appendix C) was given after the participants' third session. Client art works created during the study were kept by individual participants as the productions themselves were not the focus of the study.

CHAPTER IV

Results of the Study

Analysis of Results

Data analysis was completed by noting the numerical point values and differences between pre and post-questionnaire ratings for each participant. All control group participant point values are shown in Table 1, including a column per participant, containing the difference in points between pre and post-questionnaire scores. Additionally, a column on the far right of Table 1 calculates the average difference for each questionnaire statement addressed.

TABLE 1 CONTROL GROUP	Participant 1			Participant 2			Participant 3			Participant 4			Participant 5			Participant 6			
Pre & Post Questionnaire Statements	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Mean Diff
I feel connected to my Higher Power	3	5	2	4	4	0	4	5	1	4	5	1	4	5	1	5	5	0	0.83
I value myself	3	4	1	4	4	0	4	4	0	3	5	2	4	4	0	5	5	0	0.5
I am hopeful about my recovery	4	5	1	5	5	0	5	4	-1	5	5	0	5	5	0	5	5	0	0
I have faith in my abilities to abstain from using substances	4	5	1	5	5	0	4	4	0	5	5	0	5	5	0	5	5	0	0.17
I have a creative spiritual practice I am using	2	3	1	2	3	1	3	4	1	2	5	3	4	5	1	1	5	4	1.83
# of times doing a Creative Spiritual Practice in last 30 days?	0	20	20	0	0	0	1	3	2	1	6	5	0	7	7	0	5	5	6.5

Table 2, shows the experimental group data displayed and calculated in the same way as the control group.

TABLE 2 EXPERIMENTAL GROUP Pre and Post Questionnaire Statements	Participant 1			Participant 2			Participant 3			Mean Diff
	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	
I feel connected to my Higher Power	3	4	1	4	4	0	4	5	1	0.67
I value myself	2	4	2	2	2	0	3	4	1	1
I am hopeful about my recovery	3	4	1	4	4	0	5	5	0	0.33
I have faith in my abilities to abstain from using substances	3	4	1	3	3	0	5	4	-1	0
I have a creative spiritual practice I am using	3	3	0	1	4	3	4	4	0	1
# of times doing a Creative Spiritual Practice in last 30 days?	4	0	-4	0	7	7	7	3	-4	-0.33

Table 3 shows the mean differences between pre and post-questionnaire scores for each question and the column, far right shows the amount of increase or decrease of average scores in point values between the control group and the experimental group. Positive point values show a greater change in the control group, whereas the negative point values indicate a stronger change in the experimental group.

TABLE 3 AMOUNT OF CHANGE BETWEEN GROUPS Pre & Post Questionnaire Statements	Mean Difference Pre & Post scores Control Group	Mean Difference Pre and Post Scores Experimental Group	Increase/Decrease of Average scores Between Groups
I feel connected to my Higher Power	0.83	0.67	0.16
I value myself	0.5	1	-0.5
I am hopeful about my recovery	0	0.33	-0.33
I have faith in my abilities to abstain from using substances	0.17	0	0.17
I have a creative spiritual practice I am using	1.83	1	0.83
# of times doing a Creative Spiritual Practice last 30 days	6.5	-0.33	6.83

Both control and experimental groups had an overall increase from pre to post-questionnaire in feeling connected to Higher Power with the control group averaging 0.83 more points from pre to post-test and the experimental group averaging 0.67 points more. The control group had a small, but greater change of 0.16 points in feeling connected to HP than the experimental group. Both the control and experimental group had an average increase from pre to post-questionnaire regarding self-worth with the control group average increase being 0.5 points and the experimental group increase of 1 point. The experimental group had a 0.5 point greater change in the area of self-worth. The control group had no average difference between pre and post-questionnaire scores for hope about recovery. The experimental group showed an increase from pre to post-questionnaire of 0.33 points. Therefore, the experimental group had a 0.33 point greater change regarding hope for recovery. Only the control group showed in

increase in mean scores for perceptions regarding abstinence in one's recovery, which was a 0.17 point average change from pre to post-questionnaire.

Regarding participants having a Creative Spiritual Practice, both the control and the experimental groups had increased average differences from pre to post-questionnaire, with the control group showing an average difference of 1.83 points, and the experimental group showing an average difference of 1 point. Therefore, the control group showed a 0.83 point greater increase over the experimental group for having a creative spiritual practice. Only the control group had an increase in mean score for the number of times spent doing one's creative spiritual practice from pre to post-test at a value of 6.5. The experimental group actually showed a decrease of 0.33 from pre to post-questionnaire in mean score for number of times utilizing a creative spiritual practice in the last thirty days.

It is clear from the analysis of the pre and post-questionnaire mean scores, the control group as well as the experimental group showed overall average increases in the areas of connecting to a Higher Power, self-worth, and having a Creative Spiritual Practice at the end of the three week group series. Interestingly, the control group generally had greater increases in mean point values in the areas of connecting to a Higher Power, abstaining from substances, and having and engaging in a Creative Spiritual Practice. The experimental group had greater increases in mean point values in the areas of self-worth and hope regarding one's recovery.

Discussion

It is exciting to think of the implications of utilizing the mandala to increase connection to a Higher Power, improve self-worth, and enhance recovery perceptions. The identified areas have been central to addictions treatment and continue to be expressed as issues for clients

receiving services. Additionally, it is crucial to provide clients creative ways to process feelings as they attempt to make sense of their addictions (Hinz, 2009b). The study indicates there is relevance in combining the spirituality component with art therapy to assist women in addictions treatment in connecting with a Higher Power, increasing self-worth, and encouraging the use of Creative Spiritual Practices. This might take shape in the form of spiritual art therapy directives implemented into Alcoholics Anonymous group meetings or other outpatient, inpatient, or church-based addiction treatment groups.

This study looked at specifically the use of the mandala which is known as a tool of self-transformation and spiritual insight (Hinz, 2009a, Jung, 1959, Junge, 2010, Jung (as cited in Diaz, 1992). It is clear due to only small improvements in mean scores for the experimental group in the areas of self-worth and hope for recovery, more investigation is necessary to determine the usefulness of the mandala as a therapeutic tool to improve the targeted areas in the study. Further research is necessary to conclude any definitive outcomes associated with women in addictions treatment and the usefulness of creating mandalas to enhance recovery.

Conclusions

This research study investigated the hypotheses that providing a series of three mandala spiritual art directives for women in an inpatient substance abuse treatment program would increase connections to a Higher Power, improve self-esteem, and increase recovery perceptions as measured by pre and post self-report questionnaires. The results indicate that creating a mandala to explore Higher Power had most impact in the areas of self-worth and recovery perceptions regarding having hope for one's recovery. This is

important as authors have noted the toll one's self-esteem takes while in the throes of addiction (Hanes, 2007, Washington and Moxely, 2001).

In reflecting on the area of recovery perceptions, Chickerno (1993) defined recovery as the process of restoring one who is addicted to health and wholeness. Speaking of this concept of finding unity within the self again, Jung (1959), Junge (2010) and Malchiodi (2007) pointed out the mandala's ability to assist individuals in this way. With that in mind, the research study considered the impact creating a mandala might have on recovery perceptions. The investigator found the mandala spiritual art directives had more of an impact on building one's hope for recovery, whereas the spiritual art directives alone had greater impact on one's faith to abstain from substances. Still, it should be mentioned, the differences in mean scores between pre and post-questionnaires were minor in these areas, but showed an improvement nonetheless.

Jung (1959), Junge (2010), Hinz (2009a), and Carl Jung (as cited in Diaz, 1992) all concurred on the transformative, self-introspective, and spiritually enhancing qualities found within creating a mandala. Therefore, it was hoped the mandala would specifically increase feelings of connection to a Higher Power. The mandala did impact feelings of connection to a Higher Power. Interestingly, the control group actually had more of an increase in feeling connected to a Higher Power at the end of the three week series. This was a beneficial outcome for participants, though it does not indicate the mandala alone encourages greater feelings of connection to a Higher Power.

The research study also hoped to solidify that participant's engagement in the three mandala sessions along with an educational tool on the benefits of doing a Creative Spiritual Practice would encourage participants to utilize their own Creative Spiritual Practices. The

investigator found both groups reportedly showed increases in mean scores for having a Creative Spiritual Practice and actually the control group had an even greater increase than the experimental group. This moreover supports the sheer usefulness of engaging in creative processes to assist in one's recovery from addiction (Chickerneo, 1993, Hinz, 2009b, Nobis, 1993).

Limitations

Limitations of the study included the insignificant sample size and participants leaving treatment during the course of data collection. The control group had eleven participants to start and the experimental group only had eight. Each of the group sessions were completed over a three-week time span. Due to participants being at different stages in their treatment when they started the study, five participants from each group were discharged before the third session and therefore, did not turn in post-questionnaires. The control group ended up having six participants and the experimental group ended up with a mere three participants.

Recommendations

Future recommendations for the research involve the research sample, extending the study to male participants, and changing the research design slightly. As mentioned in the previous section the sample size was not valid. Obtaining a larger sample size by doing the three sessions with various units at the facility would have increased efficacy of the results. The facility also provides treatment for males with addiction and it would have been advantageous to include male data as a way to generalize to both male and female populations. Regarding the research design, the participants were only given approximately thirty five minutes to work on their images because thirty minutes was needed to process the artwork produced, and ten minutes

was reserved for set up and clean up. Perhaps longer group time might have helped participants engage more fully in the process of their mandala making.

Ultimately, as Nobis (2009) highlighted, there is benefit to exploring one's addiction creatively within a Twelve Step Program framework. Overall, the women receiving addictions treatment in this research study benefitted as the majority of average scores rated from pre to post-questionnaire improved in the areas of connection to Higher Power, self-worth, and having a Creative Spiritual Practice. In the field of art therapy, the issues central to addictions treatment that are so difficult to verbalize and process are easily made known via the creative process. The study supports there was a marginal change in the experimental group for scores of self-worth and hope for recovery. Further research is indicated to support a cause and effect relationship between the making of mandalas being responsible for these changes. The study seems to indicate that taking time to create images of a Higher Power's healing energy, crafting a personal name for a Higher Power, and depicting who one is with the help of their Higher Power can support the journey to health and healing in addiction.

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Philadelphia, PA: Jessica Kingsley.

Appendix A
Informed Consent, Saint Mary-of-the-Woods College

I _____ acknowledge that on _____ I have been informed of the following:

Purpose of the research

I understand the research study is being conducted by the Investigator to partially fulfill the requirements for a Master of Art Therapy degree from Saint Mary-of-the-Woods College. I understand the purpose of the proposed pilot research study is to gain an enhanced understanding of the use of spiritual art therapy directives in substance abuse treatment.

Type of Research Intervention

I understand the research study Investigator under supervision, may lead art therapy groups as part of the study. I understand there will be a pre and post-questionnaire to be filled out.

Participant Selection

I understand that I am being invited to take part in this pilot research study while being in treatment for substance abuse.

Voluntary Participation

I understand that participation in the research study is entirely voluntary and I may stop participating at any time and for any reason. If I choose not to participate I will inform the Investigator and her supervisor. Doing so will not have any resulting consequences on my treatment.

Procedures

I understand participation in this pilot research study requires art making and two questionnaires. I understand the questionnaires will address themes associated with art therapy and my recovery from substance abuse.

Duration

I understand the pilot research study will take place over a three-week duration. During that time, I understand the art therapy sessions for this study will take approximately one hour and fifteen minutes for three Saturdays. Completion of the questionnaires will take approximately five-ten minutes. I understand the Investigator may contact me if any follow-up is necessary in regards to readability of questionnaires.

Risks

I understand that there may be risk when sharing personal or confidential information and that I may feel uncomfortable at times during the art making or verbal processing of art during the research study. I understand I can choose not to answer any question or participate in the study procedures. I understand that participation in this study may elicit possible feelings concerning

new perceptions and insights regarding my substance abuse treatment. I have been informed that the Investigator's supervisor, the Registered Art Therapist onsite at the facility, is available for consult at any time during the study.

Benefits

I understand my participation in the research study is likely to increase knowledge and understanding about my substance abuse treatment and recovery process. Additionally, it may lead to new insights gained for the field of art therapy as it pertains to substance abuse treatment and spirituality.

Reimbursements

I understand that I will not receive any incentives for my participation in the research study.

Confidentiality

I understand the data collected during the research study will be stored under lock and key and only the Investigator and her art therapy supervisor will have access. Further, I understand that no names of research participants will be revealed in the research study.

Right to Refuse or Withdraw

I have the right to withdraw from the study at any time without repercussions. I realize that the questionnaires are records of this research study, but I have the right to withhold them from the study without any repercussions. If I decide I do not want data I contributed to be included, the information will be safely discarded with no consequence.

Who to Contact

If I have any questions about the research study, I understand that I can ask the Investigator or her art therapy supervisor at any time. If I choose to make an inquiry to someone other than the Investigator, I have been informed to contact the following individuals:

Principal Investigator: Jill McNutt, ATR-BC

Assistant Director, Graduate Art Therapy Program

1 Saint Mary-of-the-Woods College

Saint Mary-of-the-Woods, IN 47876

812-535-5160

jmcnutt@smwc.edu

Co-Investigator: Linda Ziert, BA

1 Saint Mary-of-the-Woods College

Saint Mary-of-the-Woods, IN 47876

lziert@smwc.edu

Chair of the Saint Mary’s-of-the-Woods Institutional Review Board:

Dr. Lamprini Pantazi

1 Saint Mary-of-the-Woods College
Saint Mary-of-the-Woods, IN 7876

Art Therapy Intern Supervisor: Jada Miller, MSAT, LCPC, ATR, CADC

Rosecrance Harrison Campus
3815 Harrison Avenue
Rockford, IL61108
815-387-2449
jmiller@rosecrance.org

I have received a signed copy of this informed consent form.

I agree to participate in this pilot study and acknowledge that I have been informed regarding my rights as defined above. I grant permission for the release of my confidential information relating to this pilot study, for the duration of five years, to the Investigator, a student in the Graduate Art Therapy Department at Saint Mary-of-the-Woods College for educational and publication purposes. I have been assured that confidentiality and the strict adherence to professional and ethical standards outlined by the American Art Therapy Association, the Art Therapy Credentials Board, and the Health Insurance Portability and Accountability Act will be observed.

Participant’s Signature of Consent _____

Date_____

_____ By placing my initials here, I acknowledge that I understand the contents of this document and I have received a copy of this informed consent.

Appendix B

Spiritual Art Therapy Self-report Pre-Questionnaire

- 1. **I feel connected to my Higher Power.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

- 2. **I value myself.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

- 3. **I am hopeful about my recovery.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

- 4. **I have faith in my abilities to abstain from using substances.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

- 5. *A creative spiritual practice* is an art activity one engages in with the intent of connecting with one’s Higher Power.

I have a creative spiritual practice I am using.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Please describe your creative spiritual practice on the lines below.

How many times approximately, have you done your creative spiritual practice in the last 30 days? _____ (indicate number here).

Name of your first childhood pet _____ Participant ID: _____ Date: _____
(for tracking purposes only)

Appendix C

Spiritual Art Therapy Self-report Post-Questionnaire

1. **I feel connected to my Higher Power.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

2. **I value myself.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

3. **I am hopeful about my recovery.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

4. **I have faith in my abilities to abstain from using substances.**

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

5. *A creative spiritual practice is an art activity one engages in with the intent of connecting with one's Higher Power.*

I have a creative spiritual practice I am using.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Please describe your creative spiritual practice on the lines below.

How many times approximately, have you done your creative spiritual practice in the last 30 days? _____ (indicate number here).

Name of your first childhood pet _____ Participant ID: _____ Date: _____
 (for tracking purposes only)

Appendix D
Guide to Creative Spiritual Practices

Higher Power (HP): Any power greater than the individual which one relies on for strength in recovery from addiction.

Creative Spiritual Practice: An art activity one engages in with the intent of connecting with one’s Higher Power.



“If a higher power is truly greater than the person who is believing, then a willingness to live in a daily process of faith is necessary.” – Nancy Barrett Chickerno

Why should I do a daily Creative Spiritual Practice?

<ul style="list-style-type: none"> • To connect with your HP 	<ul style="list-style-type: none"> • To strengthen your relationship with your HP
<ul style="list-style-type: none"> • To believe in the healing capacities of your HP 	<ul style="list-style-type: none"> • To make time for yourself is to love yourself
<ul style="list-style-type: none"> • To make art is to take positive action 	<ul style="list-style-type: none"> • To learn to enjoy solitude
<ul style="list-style-type: none"> • To self-reflect 	<ul style="list-style-type: none"> • To personally grow
<ul style="list-style-type: none"> • To transform yourself 	<ul style="list-style-type: none"> • To believe in your greatness

Making Time for your Creative Spiritual Practice

Choose a time of day that works best for you when you can unbusy yourself and focus well, perhaps in the morning upon rising, an afternoon break, or as part of your bedtime routine. The best time for me is _____.

Committing to Doing a Creative Spiritual Practice

Make a specific goal to engage in a Creative Spiritual Practice. I will try to do my Creative Spiritual Practice _____ (#) times each week on the following days; _____
_____ for approximately _____ minutes.

Art Materials to Use for Creative Spiritual Practices

Any art media will work, but some good supplies to start with are things you have access to already. Use what you have and add art supplies a little at a time. Materials might include; markers, colored pencils, watercolors, oil pastels, chalk pastels, beads, string, magazines, glue, old scraps of fabric, sticks, leaves, acorns, pinecones, yarn, buttons, clothespins, boxes, paper, envelopes, index cards, a journal, old books etc.

Selecting a Creative Spiritual Practice

Pick a different Creative Spiritual Practice each week to try out new things or select one to develop for a month and become fully absorbed by it. I will start trying the following Creative Spiritual Practice(s)_____.

- ✿ **Recovery Cards-** Create a small index sized card each day with an empowering message and/or symbol of hope or recovery from your HP (adapted from Nobis, 2009). Use the back of the card to write a message to your HP. Post them where you can see them frequently such as in the car, on the bathroom mirror, or at your bedside.
- ✿ **Communication Chain-** Select a bead/button each day to place on a string and speak to your HP mentioning a need you have or something you are grateful for.
- ✿ **Picture Pins-** Using different lines, shapes, and colors create a small image of the energy your HP gives to you. Then pin them to a cork board in a prominent place in your house.
- ✿ **Hand of Protection-** Trace your hand and decorate it however you would like including images of strength, hope, peace, nature, animals or any other theme you feel connects you to your HP (adapted from Zaphir-Chasman, 2001).
- ✿ **Prayer Flags-** Use hot glue or sew old scraps of fabric to a broken off twig. Next, wrap a sturdy string around the twig for hanging. Each day you work on your prayer flag attach new embellishments; feathers, leaves, sequins, draw symbols with markers, or write messages to your HP with permanent markers or fabric markers (J. Miller, personal communication, March 22, 2014).
- ✿ **Mandalas-** Draw a circle on a sheet of paper and fill it with designs or images to or from your HP (Buchalter, 2013). Think of themes such as; faith, healing, love, recovery, change, peace, strength etc. Think of what you need and/or what your HP might give you. Use markers, watercolors, bits of paper, collage, glue, glitter etc. to decorate your mandalas.
- ✿ **Triangles of Change-** Cut small three inch wide triangles out of different colored construction paper. Choose a color to represent how you're feeling that day. Now in each corner of the triangle write a word to your HP that describes how you are trying to change such as; *Love, serve, calm down, think, explore, AA meeting, prioritize* etc. Add a symbol or design in the middle of the triangle.

Guide to Creative Spiritual Practices References

Buchalter, S. I. (2013). *Mandala symbolism and techniques: Innovative approaches for professionals*. Philadelphia, PA: Jessica Kingsley.

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Zaphir-Chasman, E. (2001). Emuna and tikva: Art therapy from a Jewish perspective. In M. Farrelly-Hansen (Ed.), *Spirituality and art therapy: Living the connection* (pp. 29-51). Philadelphia, PA: Jessica Kingsley.

Appendix E

Email Correspondence of Site Approval for Study

FW: follow up

Miller, Jada [JMiller@rosecrance.org]

To: [Linda Ziert](#)

Wednesday, July 23, 2014 3:44 PM

You replied on 7/25/2014 8:43 AM.

You are approved for your research YEAAAAAA!

From: Gomel, David

Sent: Wednesday, July 23, 2014 1:18 PM

To: DeRosso, Michele

Cc: Miller, Jada

Subject: RE: follow up

She is okay to get started.

Dave Gomel

From: DeRosso, Michele

Sent: Wednesday, July 23, 2014 12:43 PM

To: Gomel, David

Subject: FW: follow up

Please see the email below from Jada. Thanks

Michele S. DeRosso | Administrative Assistant

Rosecrance Health Network

1021 N. Mulford Road | Rockford, IL 61107

T: 815.387.5696 | C: 815.298.1985 | F: 815.391.5041

www.rosecrance.org

From: Miller, Jada

Sent: Wednesday, July 23, 2014 12:42 PM

To: DeRosso, Michele

Subject: RE: follow up

Hi Michele,

I was just wondering if you knew if Dr. Wright presented Linda's research at all? She will be needing to start that soon, and if not approved at our facility will need to come up with a back-up plan 😊

Any word on it yet?

Thanks,

Jada