

Changing Dragons, Harnessing Wings:
*On Creative Arts/Dramatherapy practice with
recoverers from substance abuse.*

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Changing Dragons, Harnessing Wings

This paper is based on my creative arts/dramatherapy practice with people recovering from drug and substance abuse. It is also about people who are undertaking a journey to gain a sense of wholeness and Life for a second, third or possibly the twentieth time after having spent time flying with dragons that hold out illusory promises.

At some time or other all of us experience some circumstance or other in our lives that may cause us to lose our focus and lead us to put ourselves in the control of powers that serve to disconnect us from the main currents of life that allow us to experience health, love and a sense of goodness and lead us to become dependant on them. Whether it was that there was never felt to be a sense of connection with goodness, love and life ; whether it was that some enormous sense of pain or anger led to a cutting off from those people and things that would feed us properly on our journeys or whether it seemed to us that we were merely participating in something that would lead to further pleasures and enjoyments we have come to some degree or other to the edge of using some or other substance – food, alcohol, tobacco, sex, relationships, work or drugs. Whether or not our usage of these develops into abuse or addiction depends on many factors that would take us outside the scope of one discussion.

I begin at this point in order to invite a sense of the journey of recovery from substance abuse as being part and parcel of the larger human journey that we all may need to undertake in life at some time and in some way or other – a spiritual journey from disconnection and a dark sense of powerlessness towards a connection with a spiritual source of wholesomeness, health and light. In so doing, it is my position, that we do not subject recoverers from drug abuse to levels of objectification and pathology that place them outside the universal struggles of the human spirit.

The title *Changing Dragons, Harnessing Wings* has a dual aspect. It is suggested from the phrase 'chasing the dragon' used in heroin, cocaine and crack cocaine using culture - also from the transformative aspect of recovery where I am associating the 'dragon' with the meaning of the Dragon in Chinese symbolism where it has connotations of good fortune, progress and growth. Changing dragons then refers to the transformative commitment undertaken by people in recovery who are in the process of harnessing their wings to ride on the new dragon of good fortune.

Some referential frames

The theoretical and practice foundations of my clinical work with this client group that inform this paper are derived from a number of referential frames:

Jung

It is well established that Jung always encouraged his patients to paint and draw pictures. He states his position on the respect for the contents of the unconscious in *The Psychology of the Transference* (1946, p 14) when he says

Consciousness...must always be the smaller circle within the greater circle of the unconscious, an island surrounded by the sea; an, like the sea itself, the unconscious yields an endless...abundance of living creatures, a wealth beyond our fathoming....The only way to get at them is to try and attain a conscious attitude which allows the conscious to co-operate instead of being driven into opposition.

The images that clients give expression through a variety of media and modalities arise from such states.

Cassirer

The rationalist philosopher, Ernst Cassirer (1874-1945), a neo-Kantian was, for a period, part of the Marburg School of Neo-Kantians from which he broke away basically due to disagreements with Hermann Cohen, who led the Marburg School at the time, over Cohen's belief that 'the logical and mathematical character of thought could establish the absolute certainty as well as the unity of human consciousness' (Lipton, *Ernst Cassirer*, 1978). Cassirer's development extended to broaden the basis of philosophy to include other disciplines and spheres of human thought and activity and led to his work on Symbol.

In *The Phenomenology of Knowledge* (vol. 3 of his triadic work, *The Philosophy of Symbolic Forms*), Cassirer refers to a stage in the development of consciousness when 'consciousness passes from the immediacy of life into the form of the spirit and of spontaneous spiritual creation' leading to what he calls 'analytical differentiation'. It is only in this transition that 'what was previously a concrete unity ...now begins to separate and in this differentiation to interpret itself...' This is what Cassirer calls the 'pure phenomenon of expression'.

Dr Joy Schaverien, the analytic art psychotherapist, refers to this in her book *The Revealing Eye* and points out that this 'pure expression' is not amenable to conceptual interpretation but it is a 'form of knowing' (1992, p9).

She goes on to say that

pictures offer such a mode of understanding - 'When a picture is made in therapy it may "uncloak" an image of which the artist was previously unconscious. Once such an image is pictured it is "out there" rather than internal: it can be seen and this affects a change from an unconscious state in the artist, to a more conscious one. As a result of this a transformation begins to take place in the inner world of the artist' (ibid.).

The same holds true – with specific differences of modality for gesture, music, movement, dramatic enactments and story-telling. The created picture, drumming sequence, body shape, mask, poem or characterization can be the means through which the subjective experience and the objective experience of a client in therapy can be mediated.

12 Steps

A great number of clients within this client group who attend Narcotics Anonymous and Alcoholics Anonymous groups follow the 12 Steps Programme, which has a secular character but with spiritually-oriented philosophical foundations. The 12 Steps are structured and formulated as affirmations that people adopting the programme choose to follow. Articulated as a "spiritual awakening" the programme includes the encouragement to prayer and meditation.

The first 3 Steps are acknowledgments of the individual's powerlessness over addiction and the establishment of a sense of connection with a Power (Source) of Goodness:

- | | |
|--------|---|
| Step 1 | We admitted that we were powerless over our addiction, that our lives had become unmanageable. |
| Step 2 | We came to believe that a Power greater than ourselves could restore us to sanity. |
| Step 3 | We made a decision to turn our will and our lives over to the care of God <i>as we understood Him</i> . |

While there may be several interpretive perspectives on these first 3 Steps as providing a belief system that can enable the client recovering from substance abuse to tolerate the sense of chaos experienced in both addiction and recovery from addiction, they provide an over-arching container for the painful journey of change that is contained within some of the other Steps:

- | | |
|---------|---|
| Step 4 | We made a searching and fearless moral inventory of ourselves. |
| Step 5 | We admitted to God, to ourselves and to another human being the exact nature of our wrongs. |
| Step 10 | We continued to take personal inventory and when we were wrong and promptly admitted it |

It is in the process of the client accomplishing these Steps that therapy, including the arts therapies, have a substantial number of functions – facilitating the clients' access to inner states of mind, feelings, desires, needs, mediating internal and external conflicts, anger, pain, ambivalence; assisting the integration/re-integration of fragmented aspects of clients' self-images and facilitating the creation and expression of new ways of being.

The Recovery Model

Associated with the previously mentioned referential frames above, I would add, is the Tidal Recovery Model which has developed over the last decade internationally as a key model in mental health nursing and treatment. 'Recovery' here refers to the reclamation of something lost – lost lives, lost opportunities, lost potential, lost status, etc. There is a sense in which when people become 'clients' or 'patients' or 'service users' that they experience a loss of their personal sense of identity and the Tidal Recovery Model seeks to facilitate this process of recovery/reclamation. To reclaim their sense of personal identity and their own lives there is a need for people to reclaim their own personal stories in their own voices. Within the Tidal Recovery Model, individual and group work help people access (recover) their own personal stories of who they are as persons as well as the stories of how the problems they are dealing with arose in their lives and of how they can explore possibilities of moving on in their future pathways. This is part of the journey of 'discovery' as well as 'recovery' including the story of how life created problems for them.

It is here that there may seem to be some tension between the Recovery Model, with its focus on facilitating people to reclaim their personal lives in order to direct their own life pathways and the 12 Steps with its emphasis on turning one's life over to a higher 'Power'. But it may also be that this tension could be more apparent than real depending on the interpretive perspective through which the two approaches to Recovery are viewed. However, arts therapies can fulfil important functions within either model and my own clinical practice in this field draws on both models.

Context of the clinical practice

The material I am drawing on for this paper is taken from creative arts practice undertaken well known drugs and alcohol rehabilitation agency between February and March 2002. The agency runs three houses in London for residents recovering from drug and alcohol dependency. One of the houses is for residents who are in Stage 1 of their recovery which is a highly structured 18 week programme to which they come after having successfully completed an initial detoxification programme. The two other houses are for residents at Stage 2 of their recovery. Here, the regime is much less structured, focusing on preparation towards re-settlement into the community.

For the first 8 weeks of Stage 2 residents follow a mandatory structured programme which is referred to as being 'on structure'. During these weeks clients are obliged to attend a number of groups, key work sessions, House Meetings and a variety of alternative therapies including acupuncture, Shiatsu, Tai Chi, Yoga and dramatherapy. After successfully completing their obligatory 'structure' weeks - without relapsing, absconding or breaking House Rules – residents are not obliged to follow any structured activities at all and are supported in developing and sustaining their own individuals programme of voluntary work, training courses, appropriate support groups and any therapies they consider valuable

There were 14 clients in the weekly arts and dramatherapy group sessions and they were all at Stage 2 of an integrated part of a structured programme. My creative Arts/dramatherapy sessions were part of the alternative therapies that form part of the residents' 8 week mandatory 'structure'. The sessions were of 1½ hours duration each week.

The sessions were attended by residents who are on 'structure' as well as any residents who have completed their 'structure' weeks and wish to continue to attend voluntarily, having found arts/dramatherapy to have been of value to them in the past. The number in attendance varied weekly as

- new residents were admitted into the houses weekly;
- residents' time on 'structure' started and finished at different intervals depending on when they were admitted to the houses and if they were been put on 'special assessment' for relapsing or breaking a House Rule;

- residents had asked to attend the group when they felt they were in need of a structured activity and then asked to leave depending on whether their voluntary work programme or training courses began to take priority.

Content of practice

Clients brought to the sessions feelings they wish to work through. These covered a wide variety of concerns including adjustment to resettlement, the discomfort involved in remaining drug-free, the increase of self esteem, long-term bereavement, loss, guilt, and self-sabotage. The sessions included drama games, therapeutic story-making structures, role-play, masks, dance movement, drumming, dance and working through symbols of transformation through pictorial material, constructing mandalas, inner journeys, visualizations, dream analysis and story and myth. The sessions usually opened with a verbal 'checking in' or by a physical warm-up followed by movement, games or drumming, depending on the current energy in the group at the time, which was then followed by enactment or the appropriate creative arts therapy strategy, which was then followed by a period of reflection and discussion before closure.

Accessing Inner Landscapes

Most of the clients involved either had been on the 12 Steps programme or were contemplating attending NA or AA groups. For them, part of the work involved in Step 4 of the 12 Steps that related to 'making a searching and fearless moral inventory of ourselves' involved the safe and contained means of expressing deeply held, profound feelings by the creation of pictures of their 'inner landscapes'. Figs 1 and 2 that were painted by the same client, Client A, show a complex inner world of dark shades surrounded by glittery surfaces and tendrils of that appear to show a central chaotic mass surrounded by an almost 'psychedelic' brightness



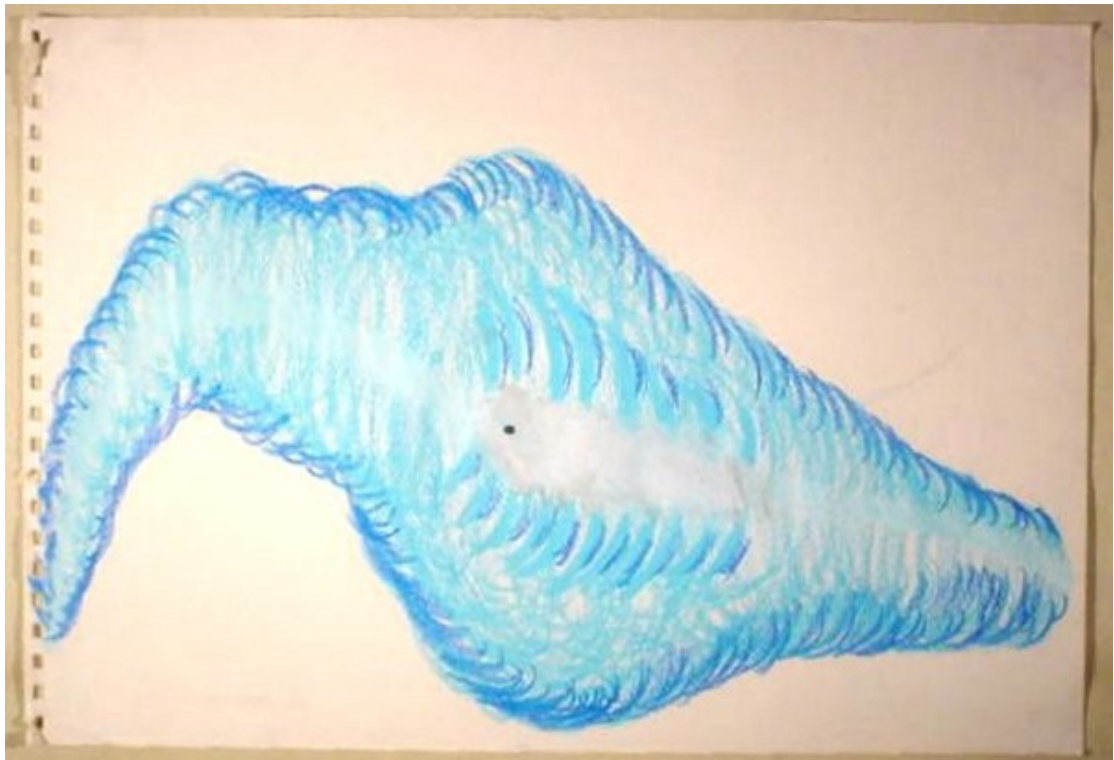
1.



2.



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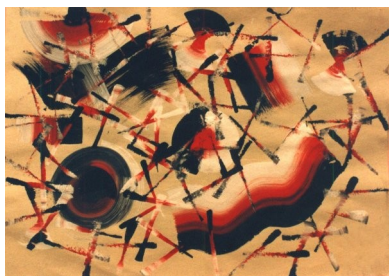


4.



5.

The sense of a tumultuous, overwhelming world within which the client feels overpowered by seemingly uncontrolled forces is present in the whirlwind-like image in Fig 3, the cyclonic mass in Fig 4 and the turbulent sea in Fig 5, all of which were produced by Client B. In all the 3 pictures, the overwhelming landscapes surround a central spot/dot that the client identified as being how she felt when she saw herself as being 'at the mercy of my pain'.



6.



7.

Figs. 6 and 7 produced by different clients, both show similarities of dark and bright areas that form backgrounds of some substance, flow and direction over and around which each painter has laid sharp, needle or thorn-like points seeming to pierce through the main areas resulting an energetic and quite turbulent effect.

Acknowledging the Badness

In addressing Steps 5 and 10 of the 12 Steps programme relating to 'wrong doing' and also in keeping with the Recovery Model's acknowledgement of what went wrong in their lives in order to reclaim their own renewed direction, the group members found it more meaningful for them to share some of these images via non-verbal means - in pictorial form or through creative visualization such as traditionally employed by depth psychology rather than through verbalizations. The following illustration is taken from my session notes.

Though there were only five members the enthusiasm was high, mainly, I believe, because H had come to the session in order to use it for specific personal issues and this gave a good focus for the two of them to take the opportunity to work in a fair amount of detail on their personal situations. Issues covered were centre around bereavement and loss, feelings of 'strangeness' and 'solitude' that can be experienced in undertaking the journey towards healing in a way that they had never done before. Both members were apprehensive of how much they might/might not have progressed and seemed to need. The drama content consisted of specific and individual visualizations of therapeutic scenes/environments in which they placed themselves and which they then reflected on making connections with the elements in the scenes and their current real-life situations e.g. if the scene was of a beach made of rocky pebbles, what 'rockiness' could they identify in their current realities; if there was a cold wind blowing, what uneasiness were they facing in reality). The work then led on to changing the scene/environment into a more desirable one and reflecting on the real actions that they can take to make such changes possible (if the scene then became one of physical action/running, what actions could they take to 'earth' or stabilize their feelings and moods in real life). (Session 4)



8.

Client D produced Figs 8 and 9 in his personal acknowledgement of the badness that had entered his life. Using very bright colours he started Fig 8 as a portrayal of a pleasant summery island but as he went on he introduced a shape that appears to be a large mouth with a gap in the teeth that was being filled with a red liquid by an arm coming 'out of the blue'. In reflection, he identified the drops falling out of the mouth as blood – 'I feel as if I have been like a vampire but I really can't say how it all started.'

Fig 9 appears to be a clear statement of the dual nature of addiction – the Pleasure that is the underbelly of the Pain. Again, we see the drops of 'blood' dripping out of the thin space that forms the narrow divide between the Pain and the Pleasure.



9.

Images of Change, Therapeutic Story-making

As the sessions developed, the focus themes were around developing a positive self-image and the obstacles to maintaining it. The dramatic work involved building simple therapeutic story-making structures based on the traditional 6 part story. Here, however, I utilized stories containing four elements only - a central character, the character's goal objective, the 'tyrant', 'villain' or obstacle that the character has to overcome to approach the goal and the help-meet, support or strength that the character has to help them overcome the obstacle. Each member chose these elements for themselves and constructed simple 'story-board' narratives. Three stories were composed and narrated verbally, idea by idea, rather than in pictures:

1. A panther whose goal was to roam independently struggling against the hazards of the journey through a mighty jungle assisted by its own strength, pride and ability to survive.
2. Red Riding Hood whose goal was to achieve safety and a secure home base, whose obstacle was the Wolf and whose sense of strength derived from her honesty and alertness.

3. Desperate Dan whose goal was happiness and self-acceptance against the non-acceptance of people who find him ugly and frightening and whose support was found in recognizing his own good-heartedness.

Each member then reflected on how these elements and stories related to their own situations and experiences.

Conclusions

I am now working toward concluding this paper by summarizing a few of the demonstrated values of creative arts therapy/dramatherapy to people recovering from substance abuse and end by itemizing a few problems and dilemmas facing an arts therapist working in settings similar to that in which this clinical practice was carried out.

Value of creative arts therapy to the client group

Clients have assessed that dramatherapy has given them a safe and creative way by which to maintain their journey back to 'wholesomeness'. Shared participation in which all the residents have found invaluable as much of their recovery is experienced as a struggle involving self-loathing, guilt and self-punishment.

As clients start to access these feelings through their recovery, through NA or AA group meetings, following the 12 Steps Programme, through counselling or key work sessions they find value in the opportunity afforded them by creative arts therapy to express these inner states, feelings, changes and aspirations in embodied enactments and symbols in order to mediate them in a safe and shared relationship via the body which is not necessarily afforded them via discussion groups.

The work with symbols of transformation allows them to start to create a self-image of integration rather than the fragmented disconnected self-hurting, self-loathing self-images that they can develop; this is invaluable in restoring to them a sense of hope in their reaching out for maintained health and spiritual renewal and a sense of wholesomeness which they recognize may be difficult for them to sustain.

Problems and Dilemmas

As not all clients are appropriate for referral to arts-based therapy work, those who have very strong resistances to drama have a negative perception of the group which

can lead to some clients feeling that the group is not much more than a 'dumping ground' for their resentments. This can have anti-therapeutic effect on those residents who do respond to arts-based interventions.

If attendance is subject to regular changes, it is not a climate in which personal issues can be usefully explored. This leads to those clients who have said that they would like to usefully explore personal issues experiencing difficulty in establishing a level of trust in the group.

What level of working within a therapy culture is considered to be desirable given that the clients have practical and physical/chemical issues that are important or vital for them to be addressing?