

**Development of a Spiritually Focused Art Therapy Program for Addiction Recovery in Adults**

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## **Abstract**

Spirituality and addiction recovery have long been paired in the treatment of substance abuse, mainly since the creation of Minnesota's Hazelden rehab center approach - which is based on AA's 12 step program - in the 1940s. The topic has been widely studied and documented, within many fields and models such as social work, health care, neuropsychology, transpersonal and positive psychology. The literature generally reports spirituality as a beneficial and protective factor in addiction recovery. However, it also reveals that not all religious /spiritual beliefs and practices have positive correlations with mental health and addiction recovery. The present study aimed to broaden the idea of spirituality in addiction recovery by proposing ways to explore this concept through art therapy interventions. The methodology used was intervention-based research, more precisely Fraser and Gallinsky's (2010) model. In accordance with transpersonal theory, the present research views spirituality as a normal human psychological need or dimension that is interrelated with and affects all other dimensions of humanity. Through an in-depth review of the literature, 45 spiritual elements correlating with addiction recovery and mental health were found. From these, 10 themes were developed to inform the design of an intervention program. The program presents each theme, accompanied by related art therapy approaches and interventions. The findings of this study suggest that spirituality is a promotive and protective factor in addiction recovery and that art therapy is effective in the exploration and experience of spirituality without the risk factors linked to certain spiritual practices or beliefs. However, this needs to be demonstrated by further research, through pilot testing of the program with real participants.

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## **Development of a Spiritually Focused Art Therapy Program for Addiction Recovery in Adults**

The goal of the present research was to design a spiritually-focused art therapy program for adults in addiction recovery. This research wishes to broaden the use of spirituality in addiction treatment by proposing art therapy interventions to explore this concept. To reach this goal, scientific literature was investigated to (a) define spirituality, (b) understand the role of spirituality in addiction treatment in adults, (c) consider what spiritual practices and/or beliefs best contribute to addiction recovery in adults, (d) determine which art therapy interventions could achieve this same spiritual endeavour, and (e) inform the creation of an art therapy program for that population and phenomenon.

Carroll & Nuro (1997) posit that a “one size fits all” program approach is not suitable in the field of psychotherapy; however, they defend the usefulness of program manuals in bridging research and practice (p. 404). Consequently, the present research aimed to design a program that would be flexible and could be adapted to each art therapist’s practice, while also informing them on the best practices regarding spiritually-focused art therapy for addiction recovery in adults, according to research.

The main question this research wanted to answer was: what spiritually-focused art therapy program could be designed for adult addiction recovery? This study investigated to find which elements of spirituality practices/beliefs best contribute to addiction recovery in adults, and accordingly which art therapy interventions could achieve this same spiritual endeavour. These findings served to inform an art therapy program to assist adults in addiction recovery in a variety of settings, such as recovery centers (in or out-patient), community organizations working with a clientele that may present with addictions (shelters, food banks, socio-professional integration), or private practice.

## Literature Review

### Defining Spirituality

Before any data on spirituality in addiction treatment and art therapy interventions could be processed, the notion of spirituality itself needed to be defined with regards to the topic and theoretical lenses chosen. This section firstly presents different definitions of the concept of spirituality found in the literature on addiction recovery and mental health. Relevant elements of each definition have been highlighted and then integrated into a new definition that is presented in the end of this section and that was used for the present study's program design.

While part of the literature uses the word religion and spirituality synonymously, Yamada et al. (2019) view the term spirituality as an “umbrella term that encompasses personal spiritual and organized religious beliefs, practices, and participation” (p. 1); such as spending time in nature, attending religious services, singing, or art-making (p. 6). Bouckaert & Zsolnai (2011) also differentiate spirituality and religion. They explain that spirituality is related to the “Ultimate” immaterial reality, and the “search for a transcendent meaning of life”, while religion implies a system of belief and obedience to a divinity (p. 11-12). The authors mention that religion is a “source of inspiration for spiritual people” (p. 11). Hence religion can be seen as one way to search for this “transcendent meaning of life” (Bouckaert & Zsolnai, 2011, p. 12), among other ways. Consequently, for the present research, religious, secular, and other spiritual practices and beliefs were considered as different ways for individuals to engage with spirituality.

Abraham Maslow (1970), one of the fathers of the humanistic approach, and later of transpersonal psychology, proposed that every human being is born with a spiritual need. He called it a “higher and transcendent nature” that is part of humanity's “essence” (p. 89). He also observed that the “psychologically healthiest individuals (...) were those with a well-integrated, deep sense of spirituality in life” (Vaughan p. 105). In transpersonal psychology, human functioning is “considered multidimensional in nature” (Bliss, 2015, p. 388). This means that spirituality can be seen either as one among several dimensions operating together (such as biological, psychological, or social), or it can be viewed as the “overarching construct that encompasses and integrates all other dimensions of human functioning” (Bliss, 2015, p. 388). Donna Leigh Bliss (2015) considers the totality of the human experience as being essentially spiritual. She does not define spirituality as a dimension of life among

others, equal to social, physical, or emotional dimensions, but rather one that gives meaning and puts in context all other aspects of human existence (Bliss, 2015, p. 388). For the present paper, spirituality was considered as a normal human psychological need or dimension that is interrelated, supersedes, and affects all other dimensions of humanity (Hughes, 2017; Maslow, 1970).

From a general viewpoint, spirituality can be defined as a concept that is in opposition to the concept of materiality and that concerns things of the spirit or the divine (Larousse, n.d.). It is also generally defined as the human capacity to wonder about the meaning of life, the search for wisdom, happiness, perfection, interiority, and oneness (Lavoie et al., 2006 p. 49). From a point of view specific to addiction recovery, spirituality can be defined in different ways depending on the theoretical lens used. In literature on the 12 step approach, spirituality is defined as a belief in a higher power, a search for meaning, purpose, and true personal identity, as well as a source of motivation beyond daily life (Dermatis & Galanter, 2016). Christopher Cook (2004) reviewed 265 published sources on spirituality and addiction with the specific goal of clarifying the concept of spirituality in relation to addiction recovery. His findings revealed 13 common denominators from which he created a new definition of spirituality that aimed to rally and receive approval from the majority of clinicians and researchers in the field.

Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent, and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values (Cook, 2004, pp. 548-549).

Koenig (2008) explains that measuring spirituality in research requires a precise and exclusive definition of the term. However, for an intervention program in a clinical setting, a broader view of spirituality needs to be embraced to respect the reality of the human relation to the spiritual realm (Koenig, 2008). He explains that:

In a pluralistic healthcare system where patients may have different religious backgrounds or no religion, a wide assortment of personal beliefs, and come from different cultures, health

professionals must communicate in a language that is welcoming and supportive. (...) For these reasons, a broad, nebulous and diffuse term such as spirituality is ideal (...). For some patients, it will mean a connection with nature, relationships with loved ones, the high experienced from psychedelic drugs, or the fulfillment of human potential; for other patients, it will mean their religious beliefs and relationships within a faith community (Koenig, 2008, p. 353-354).

In light of the literature found on this topic, a new definition of spirituality has been created for the present research paper to inform the design of the proposed spiritually focussed program for addiction recovery in adults. This definition aims for simplicity, clarity, inclusiveness, and relevance within the context of mental health and addiction recovery. Spirituality is here defined as a dimension of the human experience, including both individual and communal subjective awareness to an immaterial greater reality, within and/or outside of self, that encompasses the concepts of truth, life, sense of meaning, purpose, and belonging, as well as personal values. It can be experienced through personal and/or organized beliefs and practices like, among others, nature contemplation, faith, prayer, singing, religious activities, community, music, or art-making.

### **The roles of spirituality in addiction treatment in adults**

#### ***Spiritually-focussed Art Therapy as a Culturally Aware Practice in Addiction Recovery and Mental Health***

A role that spirituality plays in art therapy is to offer a more culturally informed and sensitive practice (Horovitz, 2002, Isaac et al., 2016, Sue, 2014). Spirituality should not only be referred to in palliative cares, as it is often the case (Isaac et al., 2016; Horovitz, 2002), since it is a part of one's daily life (Izzard, 2003; Vaughan, 1991), as well as a high-level interest for a vast majority of mental health care users (Yamada et al., 2019). Bliss (2008) found that "Spirituality that was consistent with specific ethnic and cultural worldviews was also found to be a protective factor, in addition to assisting in the recovery of those who already had a problem with alcohol" (p. 9). Art therapy can allow clients to explore spirituality in a way that is relevant to them, even in the midst of a multicultural group. The rationale behind bringing spirituality into the therapeutic setting, is to offer a more client-centered, culturally aware, and addiction recovery promoting service to clients (Isaac et al., 2016; Horovitz, 2002; Bliss, 2008).

### ***Spirituality as a Promotive Factor for Addiction Recovery and Mental Health***

Numerous studies have found a positive correlation between spirituality and addiction recovery. Spirituality has shown to be a protective factor against addiction, to promote recovery, and improve functioning in life for adults struggling with addictions (Bliss, 2008; Dermatis & Galanter, 2016; Heinz, 2010), and also to be a protective factor for general mental health as well (Bonelli & Koenig, 2013; Izzard 2003; Koenig, 2012; Vaughan, 1991; Yamada et al., 2019).

According to the literature, the spiritual practices that contribute to mental health include meditation (Geppert et al., 2007; Yamada et al., 2019; Bowen et al., 2006); “church” participation, belonging to a faith community, prayer, rituals, reading of spiritual literature, and singing (Yamada et al., 2019); social support, religious involvement, and lifestyle changes (Bliss, 2008); voluntary spiritual discussion group (Heinz et al., 2010); mindfulness practices (Bowen et al., 2006) and recovery supportive social network (Kelly, 2016). The spiritual theoretical concepts that contribute to mental health are hope, love, courage to change, acceptance of what can’t be changed (Yamada et al., 2019); culturally aware spirituality (Bliss, 2008); abstinence, recovery coping skills, self-empowerment, and motivation (Kelly, 2016). The spiritual beliefs that are favourable to addiction recovery are a belief in divine support (Yamada et al., 2019) and a belief in a higher power (Dermatis & Galanter, 2016). Cook (2004) also identified 13 spiritual concepts that have been conducive to the promotion of addiction recovery: relatedness (social interactions), transcendence, humanity, soul/force, meaning/purpose, authenticity/truth, values, non-materiality, non-religiousness (opposition of religiousness to spirituality), wholeness, self-knowledge/self-actualization, creativity, and awareness (p. 543).

In their literature review on the 12 step program, Dermatis and Galanter (2016) presented three main spiritual characteristics of these groups that have shown to be beneficial and predictive of positive addiction recovery outcomes. These are: (a) the belief in a universal higher power, (b) the daily experience of God’s presence or spiritual renewal (through spiritual readings, meditation, prayer, etc.). The emphasis of this recommendation is on the ‘daily’ aspect of it. Just like addiction is often a daily thing, the 12 steps programs suggest daily spiritual renewal to attain, maintain and remain grateful for sobriety (p. 519). Finally (c), the involvement in the program as a sponsor to others is another main characteristic of these groups that have shown to be beneficial in addiction recovery.

Besides the 12 steps spiritual philosophy, two major psychological approaches have informed spiritually-focused treatment in addiction recovery: transpersonal theory emerging from the humanistic model (Bliss, 2015), and the field of positive psychology (Selvam, 2015, Koenig, 2008). An example of transpersonal theory-informed addiction treatment is the Spirituality Enhanced Addiction Treatment (SEAT) protocol, designed to treat addictions or to enrich existing models of treatment with a spiritual dimension (Bliss, 2015). The author of this protocol focuses on five areas of spiritual development that influence addiction recovery: 1) relation with self, others, and a greater reality, 2) development of empathy, 3) development of one's human potential, 4) development of awareness and consciousness, and 5) exploration of the meaning and purpose of life (Bliss, 2015, p. 387-388).

Within the positive psychology approach, the "Character strengths and virtues" (CSV) model (Peterson & Seligman, 2004), consists of a list of 24 universal character strengths that would lead people to act and think in a way that is beneficial to themselves and society (Selvam, 2015, p. 377). The literature relating spirituality to addiction recovery was reviewed by Selvam (2015) to identify the mediators involved in the relationship between the two, using the character strengths and virtues terminology. Selvam identified 10 character strengths that were relevant to addiction recovery and were present in all the studies reviewed. These are wisdom, integrity, vitality, humility, forgiveness, kindness, love, self-regulation/control, hope, spirituality (God/ Higher power). His hypothesis was that "addiction could be related to a lack in these character strengths, and that recovery could be facilitated by maximising these strengths" (Selvam, 2015, p. 400).

Koenig (2012) noted that many spiritual beliefs and practices help "psychiatric patients to cope with illness and other stressful life changes" (p. 15). They also correlate with better mental health and adaptation, increase general health and well-being, increase the frequency of positive emotions, reduce the risk of emotional disorders, suicide, and substance abuse, give meaning and purpose to life difficulties, and offer a sense of control and hope in knowing that a "personal transcendental force" who loves us is in control (Koenig, 2012, p. 7). Another protective factor of spiritual practices and beliefs is that most organized spiritual communities follow principles about how one should live and treat others, which generally promote a healthy lifestyle, for instance, the promotion of family, altruistic acts, social support, the avoidance of excesses, crime, risky sexual behaviours or substance abuse, and the promotion of values such as honesty, gratefulness, and forgiveness which help maintain social relationships (Koenig, 2012).

Koenig (2005) identified three essential therapeutic determinants of a healthy spirituality: (a) it promotes a positive worldview that gives meaning, (b) it encourages love for our neighbours and promotes the giving and receiving of support, and (c), it prohibits unhealthy addictive behaviours or obsessive preoccupations with selfish desires and concerns (p. 143). The following attributes of spirituality are also protective factors for mental health and indicators of a healthy spirituality (Vaughan, 1991):

- Social and individual responsibility
- Forgiveness to ourselves and others, letting go of the past, “Living fully in the present” (p. 117)
- Community
- Awareness of one’s inner experience and of their perception of the world
- Creativity
- Authenticity and integrity: being true to oneself, living in harmony with one’s belief in words, thoughts, and actions
- Peace: with ourselves, each other, and nature
- Freedom and autonomy
- Wholeness: holding and integrating opposites, “the intersection of the temporal and the eternal, the finite and the infinite, the personal and the transpersonal” (p. 107). Seeing one’s being as a whole, biological, psychological, social, and spiritual.
- Transpersonal experiences: when interpreted as such, can have a positive effect on mental health, particularly in addiction recovery, as such experiences have “helped people wean themselves from chemical addictions” (p. 109), maintain recovery, and stimulate their psychological growth.
- Wisdom: Listening and trusting one’s inner wisdom or intuition
- Equality: Seeing oneself as equal to others and respecting their beliefs and traditions. Believing that spirituality is a universal experience accessible to all, a part of human potential and that there are many different ways to access it.
- Generativity and altruism: caring for others and wanting to positively impact the lives of others
- Acceptance of self and others: Accepting others and one’s own human frailties, desires, and emotions as normal and not needing to be denied or suppressed.
- Self-esteem: valuing oneself and others for who they are, while also seeing the potential of what they can become.

- Simplicity and accessibility: spirituality can be found everywhere, in every moment, in everyday ordinary life. Often fostered amid grief or “in the presence of death”, spirituality is also awakened “whenever the heart opens fully to love without fear” (p. 116).
- According to Vaughan, the spiritual journey should lead one “from fear to love, from ignorance to understanding, and from bondage to freedom” (p. 118), and not the other way around.

Izzard (2003) discusses healthy spirituality through the lens of object relation theory. Adults relationships reflect one’s internalized dynamic of relating to others/object, developed in early childhood experiences with caregivers, and, in the same way, relationship with the object of spirituality /God, is affected by past experiences. In the same way, one may unconsciously search for unhealthy relationships because it’s all they’ve known, and they may also project such perceptions to a Higher Power as well. Psychological health and maturity, according to Izzard (2003), is to be able to reflect on and change one’s internal objects, and learning to see others as separate, autonomous, and independent of one’s own projections. And so it is with spirituality. Much can be learned on one’s internal objects by asking them to talk “about the God in whom they do not believe” (Izzard, 2003, p. 5). Izzard (2003) proposes that through spiritually-focused psychotherapy, a person can review and adjust their concept of divinity and develop a healthy spirituality that can promote mental health and addiction recovery.

### ***Spirituality as a Risk Factor for Addiction and Mental Health Issues***

Certain spiritual practices and beliefs could act as risk factors for addiction (Bliss, 2008; Isaac et al., 2016). For instance, having a negative concept of God, that sees God as a strict, angry, or punitive judge, would be a risk factor for addiction and mental health-related problems (Izzard, 2003; Bliss, 2008). The use of psychotropic drugs to induce spiritual highs would be another example of such a risk factor. Individuals can address their spiritual needs (Hughes, 2017; Maslow, 1970) in a healthy or unhealthy way (Izzard, 2003; Vaughan, 1991). Koenig (2012) acknowledges that religion, in its unhealthy form, can be used to justify:

- hatred, aggression, prejudice, and the exclusion of others; gain power and control over vulnerable individuals (as seen in cults); foster rigid thinking and obsessive practices; lead to anxiety, fear, and excessive guilt over minor infractions (and even self-mutilation in some cases); produce psychosocial strains due to failure to live up to high religious standards; lead

to escape from dealing with family problems (through excessive involvement in religious or spiritual activities), and delay diagnosis and effective mental health care (due to antagonistic relationships with mental health professionals) (p. 8).

The following spiritual practices and beliefs are risk factors for addiction (Vaughan, 1991):

- Spirituality based on wishful thinking, abdication of one’s personal responsibility. Spirituality used as a magical solution to problems one is unwilling to face, as an escape from reality, a compensation for lack of satisfaction in life and in relationships, and an avoidance of intimacy.
- An attraction to altered states of well-being attained through spiritual practices (like contemplation, meditation, prayer, fasting, etc.) can become addictive if they’re not appropriately integrated into ordinary life and if they serve the purpose of getting high and avoiding the pain of ordinary life. Spiritual experiences if misinterpreted can lead to discarding intelligent thinking and blindly idolize a particular experience, person, or cause.
- Individual as well as group shared transpersonal experiences, by obliterating possible feelings of loneliness or alienation, can forward a dependency on others and/or on a particular circumstance, seen as the solemn source of this experience.
- Spiritual ambition: a desire for spiritual and inner development that is unbalanced can conflict with the demands of the outer world, such as having and keeping a job, taking care of a family, paying bills, etc.
- Suffering may be perceived as a more desirable goal and ambition than well-being, one that has more spiritual merit.
- Spiritual denial: “Ego defences of projection and denial can easily be reinforced by some forms of spirituality” (p. 111). When a spiritual group or a religion sees themselves as the only bearers of truth and righteousness, they tend to split the population in two sides: the insiders, the good ones, and the outsiders, the bad ones. This cult philosophy, which can also take place in secular groups as well, leads to judgment and condemnation of others, but also, often unconsciously to the denial of one’s “dark side”, faults or fears, which get projected to the outsider.
- Spiritual specialness: elitism; the belief that only some privileged individuals have access to spirituality or certain levels of it. “Whenever we take pride in "our" spirituality, we have lost the essence of it” (p. 112).

- Self-Abnegation: selflessness can be part of a healthy spirituality if it comes from a place of healthy ego strength and identity, as a conscious desire to live a more altruistic lifestyle. However, it can be unhealthy and become a risk factor when coming from a lack of ego strength. The spirituality of a person lacking ego strength, can increase one’s fear, low self-esteem and negative self-image, while falsely be associated with humility and a spiritual transcendence of the ego.
- Guilt and purification: A fear of a human “spiritual” authority, of a punishment from God, or of an unpleasant afterlife are risk factors as they can foster feelings of guilt and unworthiness. Natural human sexuality or emotions such as anger can be seen as wrong, and bring forth feelings of guilt. Purification rituals can be seen as ways to eliminate the guilt, yet causing shame in the individual always needing to go through it again and again. These rites can also foster the idea that suffering is more spiritual and righteous than well-being.
- Idolatry: “A spirituality that is narrowly focused on idols or symbols of divinity believed to be the exclusive purveyors of spiritual blessing is problematic from the perspective of psychological health, since it tends to create dependency, avoidance, escapism or denial” (p. 115).

Wilson (2011) explains that there are many emotional risk factors implicated in addiction, shame being the most important. Shame is often both the reason for the addiction and its consequence which leads to more addictive behaviour to numb the shame (Wilson, 2011). Many of the risk factors mentioned above relate to shame, feelings of unworthiness, low self-esteem and denial which correlate with addiction (Conner, 2017).

In conclusion to this section, general attributes of spirituality were found to be promotive and protection factors for addiction recovery and mental health, while others, mostly related to specific beliefs and practices, were described as risk factors.

## **Art Therapy for Addiction Recovery and Spiritual Development**

### ***Art Therapy on the First step of the 12 Step Program***

Feen-Callgan (1995), offers a model of intervention in which art therapy is used to explore and integrate the first step of the 12 step program of recovery from addictions, which is the step relating to the acknowledgment of one’s powerlessness facing addiction, and the need for a higher power to help

them overcome it. The author created an intervention called “Doing By Not Doing”, where she provides clients in a group with a time to stop, listen, and get in touch with their inner self, and “higher power” (p. 12). The frame and setting proposed for this intervention are a moment of silent contemplation followed by art-making and discussion for those who want to. She explored powerlessness through interventions such as transferring body gestures in the air to paper; drawing with closed eyes; or with the non-dominant hand; making a painting with a partner without talking; pouring odourless turpentine over oil pastel drawings, etc. (p. 5). The goal is to realize one’s powerlessness over the results, as well as the beauty, meaning, and messages that can arise from these types of moments where we let go of control and listen. The author concludes that her intervention of “Doing by Not Doing” allowed clients to acquire this sense of spirituality needed as a first step to recover from addiction. Art therapy was also useful in replacing the need for the high coming from substances with an emotional and spiritual high encountered during the art-making groups.

### ***Shame Reduction Art Therapy***

Wilson (2011) developed art therapy interventions for addiction treatment specifically aimed to reduce shame. The author explains the major role shame plays in addiction and mental health issues, as a risk factor, but also, in the maintenance of the problem and relapse. She describes how art therapy, through its symbolic, non-verbal, and metaphorical language, is an ideal approach to reduce shame, bypass defence mechanisms, and allow for exploration and expression of difficult material in a secure and controlled way. Art therapy and creativity can help process early childhood trauma, even one that is linked to preverbal memories (Wilson, 2011). Wilson (2011) proposes “five basic guidelines for art therapists” that consist of specific tasks related to addiction recovery and shame reduction (Wilson, 2011, p. 306). These five guidelines and tasks promote humility, a healthy conception of God, self-reflection, self-expression, and emotional regulation. The themes and interventions proposed by Wilson (2011) are relevant to inform a spiritually focused art therapy program for adults in addiction recovery, however, these need to be adapted to the client, as many of her suggestions include drawing of specific elements which can be a difficult task, inaccessible to some individuals, as well as counter therapeutic to some who may feel they need to perform artistically to answer the prompt. Collage or other mediums may be more relevant for some clients. The following five guidelines come directly from Wilson’s (2011) shame reduction-focused art therapy addiction treatment.

**Safety with Self and Others.** Different actions can be taken to promote an atmosphere of safety within the therapeutic relationship and within the therapy group. For example, setting the therapeutic frame and group norms, suggesting that older clients mentor newcomers on their experience with art therapy, and reminding the group about confidentiality. Helping clients develop the capacity to express their feelings and access their inner wisdom through art can help them feel safe during art-making times. One way to do this is to offer easier and less messy mediums, such as magazine collages at the beginning of the therapy. Art prompts for this step could be: “Introduce yourself in a picture”; “ Draw a picture about what circumstances brought you to treatment”; “Draw how you feel about being here” (Wilson, 2011, p. 307).

**Understanding of Addictive Illness.** It is important to educate the clients on the disease of addiction, knowledge empowers and reduces self-blame and shame. The use of the creative process and images is useful to help clients integrate learning, visualize, externalize and face the reality of addiction. Art prompts for this step are: “Draw your addiction”; “Draw what happens to you when you’re ‘under the influence’ of mood-altering substances or behaviours”; “Group exercise: draw the outline of someone’s body (...) fill in the effects of substances on the body”; “ Draw a picture about what circumstances brought you to treatment”; “Draw how you feel about being here” (Wilson, 2011, p. 307).

**Promote Admission of Powerlessness and Unmanageability.** Creating on the themes of the 12 steps program to visualize and integrate the recovery process. Art prompts are: “Draw the unmanageability of your addiction”; “Draw how being powerless feels to you”; “Draw the effects of unmanageability and powerlessness on your family” (Wilson, 2011, p. 308).

**Breaking through Denial.** Wilson (2001) explains that defences and denial are decreased through art therapy which is more efficient for this purpose than sole verbal therapy. This step aims to help the client understand the role of denial in the maintenance of their addiction in the early phase of their treatment. The art prompts related to this guideline are: “Draw a fantasy versus reality picture that compares and contrasts what the addiction promised you and what the reality of the experience actually was”; “Draw a picture that depicts all that you have lost as a result of your addiction”; Draw the consequences of the addiction, both external and internal” (Wilson, 2011, p.309).

Wilson also mentions the importance of educating clients on the different forms of denial. To achieve this, she suggests the following art prompts: “Illustrate three (or more) forms of denial that you

have used”; Self-box: the outside represents what you show to others, the inside what you don’t want others to see (Wilson, 2011, p. 309).

Finally bringing awareness to the client of their triggers, and helping them find solutions to avoid these triggers is the last step of this task. Art prompts for this part are: “Draw your checklist of triggers including emotional triggers”; Draw a picture about when you are most vulnerable to addiction”; Draw yourself with the tools of recovery to help you deal with triggers” (Wilson, 2011, p. 309).

**Surrender to, and Acceptation of, the Process of Recovery.** Helping clients accept their limitations and humanness is an important way to reduce shame. For that purpose, encouraging involvement in 12 step groups in early treatment can help in building a new addiction-free social network and providing exterior support (mentor) for the clients while they build their inner resources. Art prompts for this step: “Draw a picture about all the benefits of attending 12 steps meeting”; “Draw yourself surrounded by people who nurture you”; “Draw the qualities that you want to look for in a sponsor”; “Use a cartoon format to walk yourself through approaching someone at a meeting to be your sponsor” (Wilson, 2011, p. 311).

**Understanding Where the Shame Originates From.** Another important guideline is helping clients deal with the feelings of shame that may arise once they stop using addiction to numb it, as well as the shame that may emerge from the process of becoming more authentic and revealing one’s true self. A lot of adults suffering from addiction have used these addictive substances to self-regulate traumatic memories. Helping them reconstruct their past trauma narrative and meaning, is a way to decrease the shame. Art prompts related to this topic are: “Draw a family portrait”; “Draw the outline of a house. Outside the house, draw the image that the family portrayed to others. Inside the house, draw the way the family really functioned”; “Draw a picture about what you never got as a child and still long for today” (Wilson, 2011, p. 313).

Often adults with addiction live by myths and rules that keep them captives, such as perfectionism, the need to control, etc. Safe play and exploration without reprisal through the use of art can promote self-affirmation and empowerment, and help the client let go of damaging self-talk originating from childhood received messages. The art therapist can assist the client in their learning to nurture their inner child. Art prompts for this section are: ask the client to make an outline of their bodies and to “fill the inside with positive affirmations and images”; “Have clients work together to build a road to

recovery”; “Ask clients to create images of their inner child being attended to by their adult part”; “Have clients make a fabric doll or puppet of their inner child and create an environment of safety” (Wilson, 2011, p. 314).

### ***Art-based Psychotherapy Groups***

Moon (2016) observed that the participants in his art-based psychotherapy groups, naturally ended up addressing life’s existential questions. Even though each of his clients had very different struggles and difficulties, Moon (2016) noticed that they often brought common themes to the therapy group that “related to the ultimate concerns of existence: freedom, aloneness, guilt, personal responsibility for one’s own life, the inevitability of suffering and death, and a longing for purpose and meaning” (p. 161). Through art-making, his clients were able to express themselves, to attune to their ultimate concerns about existence, and to develop their self-awareness (Moon, 2016).

### ***Spiritually-oriented Art Therapy***

Spiritually-oriented art therapy helps bring balance and a sense of wholeness and harmony because it acknowledges all of life’s aspects: mental, emotional, physical, and spiritual (Kirca, 2019). Art-based interventions give access to spirituality and assist adults in acquiring a sense of meaning, purpose, hope, harmony, inner peace, social inclusiveness, mental balance, personal beliefs, values, and self-knowledge (Van Lith, 2014). Kirca (2019), describes five areas of change for which spiritually-oriented therapy has demonstrated to be helpful, these are: self-realization or accomplishment, self-knowledge, exploration of a greater reality, search for meaning and purpose, and self-integrity development (p. 257).

**Art-Making as a Prayer.** Farrelly (2001) compares the spiritual nature of art making to praying. She describes art as a mean for art makers as well as observers to feel some kind of intimate connection to another realm, one that is different from daily life and that may even supersede it (p. 30). She compares art-making to praying and explains that by expressing and laying down a claim on the canvas, an individual opens the door to an answer, a revelation of their unknown potentialities, a way out of their dilemma (p. 32). She sees the spiritual in the untameable and uncontrollable process of creating. This spiritual experience is attained, she explains, when one surrenders to the process of creation and does not try to control the outcome.

**Art-Making as a Transcendental Experience.** Natalie Rogers (1993) explains that the creative process is a “ life-force energy” that helps us heal, and even more so, makes us sick when it is blocked (p. 187). Pat Allen (1995) describes the art process as a way of knowing and connecting to our true essence; while Pelletier and Cournoyer (2015) along with Van Lith (2014) claim that art therapy, through its symbolic language, allows more than any other intervention, access to the spiritual within us (pp. 102-103).

**Intention-Creation-Witness Art Intervention.** Allen (1995) suggests this intervention to access one’s inner wisdom, inner knowledge, or intuition. The first step she proposes is to write down an intention (request, question, something we’d like to explore further) in a journal or on a piece of paper. The second step is to simply create whatever comes freely without judgment or plan of an end product. Finally, the last step is to witness the creation and write everything that comes to one’s mind as they observe and engage with the creation. She suggests that through this process, insightful answers to the initial intention will come.

### ***Motivational Interviewing, Motivational Enhancement Therapy, and Art Therapy***

Holt and Kaiser (2009) documented how Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET), both used to treat addiction, could be enhanced through art therapy. They found that the merging of these three approaches was especially effective in the early stages of substance abuse treatment. The authors used MI interventions from a twelve-step program perspective as well as the five stages of change of MET (pre-contemplation, contemplation, preparation, action, maintenance). They created a series of five structured art therapy interventions to promote motivation for change in patients seeking to recover from addiction.

### ***Externalisation of Problem through Art***

Conner (2017) demonstrated how the externalization of problems through art, along with the use of mapping and narrative type interventions could be beneficial in building self-confidence and self-empowerment while facing addiction. Conner (2017) asked her clients to create an image representing their situation, problem, and/or addiction, and to name it. She then assisted the clients in the exploration of their problem and its influence on their life. Lack of self-confidence and coping skills being risk factors for substance abuse (Conner, 2017), the author advocates that separating the problem from the self through art creation, allowed the clients to gain some sense of power back (p. 3).

### ***Spontaneous Images Intervention***

Spontaneous images intervention allows self-expression and reflection on a problem and its solutions. It can also allow the presence of the spiritual to bring peace and meaning within a situation (Pelletier & Cournoyer, 2015). Art feeds the soul (Pat Allen, 1995). The soul which is often the starving part of an individual suffering from substance abuse and addictions, the part that addiction unsuccessfully tries to feed or numb (Ringwald, 2002).

Spontaneous self-portraits are another way to use art in addiction recovery treatment. Hanes, (2007) researched a group of patients suffering from addictive disorders in an inpatient art therapy group. She demonstrated how the creation of self-portraits by the patients, promoted recognition, acknowledgment, and acceptance of the reality of their addiction. She explains that by representing the “diseased aspects of the self”, the patients were able to confront their addiction and problems instead of remaining in denial (p. 2).

### ***The Use of Metaphors in Art Therapy***

Moon (2016) discusses the important role of metaphors in art therapy, allowing self-expression with less shame, hence gaining self-awareness as a result. For example, to help participants disclose part of themselves in a safe way in a group of people they don't know, Moon suggested imagining “that someone has been hired to write a book about their lives. Because they are the experts on this subject, their task is to design the cover of the book and come up with a title” (Moon, 2016, p. 203).

### ***Positive Art Therapy***

Positive art therapy (Wilkinson, 2013) a model linking positive psychology to art therapy, proposes interventions that promote happiness, well-being, flow, strengths, and positive emotions. The rationale behind this approach is that art therapy should not only focus on the relief of suffering, but also on the promotion of positive emotions and purpose. This is relevant for the present research, firstly because of the common humanistic ground between positive and transpersonal psychology, but also for the need for addicts to feel positive emotions. Their addiction offered relief from suffering and a source of pleasure; replacing the positive effect of substances with art therapy interventions producing positive emotions can be a good tool for recovery.

### ***Dialectical Behaviour Therapy and Art Therapy***

Dialectical behaviour therapy (DBT) has been successfully used in addiction recovery (Dimeff & Linehan, 2008). DBT addresses the topics of mindfulness, interpersonal skills, distress tolerance, and emotional regulation which corresponds to some of the spiritual aspects related to addiction recovery. Clark's (2016) mindfulness art therapy intervention "State of mind mandalas" (p. 178), aims to foster mindfulness, identification, understanding, and expression of emotional states. Her "Wise-mind portrait mask" (p. 179) intervention, addresses mindfulness by deepening the understanding of the "wise-mind" state, a DBT skill related to inner wisdom, authenticity, and self-regulation. She also proposes a "Mindful creative response to music" (p. 182), "doing what works sculpture" (p. 184), as well as "Mindfulness grounding stones" (p. 185) which address general mindfulness.

Suzan Buchalter (2015), in the fourth chapter of her book *Raising Self Esteem in Adults*, proposes many different mindfulness-based art therapy interventions such as "inner peace collage", "mindful drawing", "comfort collage", "mindful listening", "loving breath", "body scan", "mindfulness flower", and "mindfulness stone" (Buchalter, 2015, pp. 123-139). Buchalter (2015) conveys that mindfulness therapy brings forth peace and serenity to clients, teaching them to be observers without judgement or critique, to be compassionate towards themselves, and to let go of their past and guilt. She also describes mindfulness as a way to gain control of one's "own mind, rather than your mind controlling you" (Buchalter, 2015, p. 123).

### ***Mindfulness-Based Art Therapy***

Mindfulness-based art therapy (MBAT) combines mindfulness philosophies with art therapy. This approach has been found to foster "a greater understanding of one's emotions and inner self" (Hinchey, 2018, para. 2). It is also beneficial for self-exploration, self-understanding, and acceptance, as well as self-awareness and increased self-esteem. In addition, mindfulness increases self-regulation in adults recovering from addiction and has been successful in relapse prevention (Hinchey, 2018, para. 7).

## **Methodology**

The methodology used for the present research was intervention-based research, more specifically Fraser and Galinsky's five-step model (2010) for the design and development of social programs. This model links interventions with theoretical knowledge and theories (O'Cathain et al., 2019). The five steps of this model are: a) to develop theories on the problem, b) to create a program of intervention, c) to refine and confirm the interventions through efficacy tests, c) to test the program with its population, d) to disseminate the findings and program materials (Fraser & Galinsky, 2010, p. 463). However, due to demands on time and resources only the two first steps of this model were applied for this present paper.

### **Step 1**

In the first step, the initial procedure was to develop a theory of the problem. What were the risk and protective factors related to the problem (Fraser and Galinsky, 2010)? To answer this question, literature on the triangulation between spirituality, addiction recovery in adults, and art therapy interventions was researched. The concept of spirituality related to addiction recovery was defined, and the role of spirituality and art therapy in addiction recovery was investigated. The literature was examined to explore which art therapy interventions or approaches, as well as which specific spiritual practice or belief correlates with addiction recovery and mental health, and which ones may represent risk factors. Secondly, a program theory was developed, to define the malleable mediators, in this case the spiritual practices/ beliefs on which intervention can act and foster change (Fraser and Galinsky, 2010). Finally, the intervention level and setting were established through proposed art therapy approaches and interventions. A theory of change regarding addiction recovery in adults through spiritually-focused art therapy was proposed through the design of a program in the second step.

### **Step 2**

The second step of Fraser and Galinsky's (2010) model is dedicated to the design of the intervention program. During this step, the theories developed in step 1, were used to create the spiritually-focussed art therapy program for addiction recovery in adults. Literature was investigated again to assist in the design of an intervention manual. The manual created presents the program's

structure, goals, and proposed setting as well as suggested interventions and approaches. Some guidelines are given to therapists regarding risk factors to consider when using this program.

The program designed included the translation of the raw data (spiritual elements) into themes that could be addressed in therapy sessions. Art therapy approaches and interventions we're suggested for each theme, according to the findings of the present research. Specific assessments we're proposed as an important tool for the program. Indeed, integrating spirituality in art therapy needed to be done prudently, with cultural awareness and sensitivity, as well as sound knowledge of the benefits and risks of such an endeavour. If therapy confronts a client's beliefs, it may bring resistance on their part, and cause withdrawal from treatment (Koenig, 2015). Hence the probability of a client complying willingly with an addiction recovery program is increased when the issue of beliefs is openly discussed and the reason for the resistance is addressed. This program proposed doing a spiritual assessment as a way to address spirituality with clients (Koenig, 2015; Horovitz, 2005).

Relapse prevention was also an important aspect that was included in the design of this program, as well as a mention of possible issues and problems that could occur, and the suggested action.

### **Data Collection and Analysis**

The data consisted of peer-reviewed research. It was collected through the Concordia Library search engine and Google Scholar. The keywords used for this search were spiritual\*, "art therapy" and addict\*. References coming from the papers found were also considered if relevant.

The data was classified into themes and categories through coding. The first coding structured the data collection into five major categories : a) the definition of spirituality and its role in addiction recovery, b) the spiritual elements of spirituality that correlates with addiction recovery c) the protective and risk factors related to spiritually focused art therapy in regards with addiction recovery, d) the art-therapy approaches and interventions related to addiction recovery and spirituality, and e) the guidelines that inform the design of a therapeutic program. In total, 45 spiritual elements correlating with addiction recovery we're found in the literature. These were then organized into the following six categories of malleable mediators: spiritual practices, spiritual community, spiritual values, spiritual beliefs, lifestyle changes associated with spirituality, and psycho-socio-spiritual competencies. Art

therapy approaches and interventions that have shown to influence these malleable mediators were associated to these ones. The new data obtained, including the related risk factors, became the basis for the theory of change which translated into the proposed program.

### **Ethical and Personal Biases**

A personal bias for the present research was the author's own experience with art, spirituality, and addiction recovery, which may bring assumptions and preconceived ideas on either or all of these. The strategy used to avoid this was to consider all literature regarding those three subjects, whether or not the findings confirmed the author's own experience on the subject. Communications with the author's teachers and research supervisor have also assisted her in preventing any enactment on these biases.

Another important ethical consideration was that adults suffering from addictions are often in a vulnerable state when entering therapy. For this reason, the proposed intervention program needed to be respectful and open to the client's personal views. Consequently the core values and spiritual approach of this program will be mentioned to all clients wishing to participate. If they agree, on the following session, a spiritual assessment will be administered to open the discussion, and to inform the therapist of the client's beliefs and needs, which will enable the art therapist to provide respectful and culturally aware services to the client.

## Results

From a literature review on spirituality, addiction recovery and art therapy, 45 spiritual elements correlating with addiction recovery were found and categorized into six groups: spiritual practices, spiritual community, spiritual values, spiritual beliefs, lifestyle changes, and psycho-socio-spiritual. The result tables are shown in the appendices of this paper. Seven spiritual elements were gathered under the 'spiritual practices' category (Appendix A), six for the 'spiritual community' (Appendix B), 19 for the 'spiritual values' category (Appendix C), two in the spiritual beliefs' category (Appendix D); three elements were placed under the 'lifestyle changes associated with spirituality' category (Appendix E), and eight elements under the 'psycho-socio-spiritual competencies' category (Appendix F). These six groups constitute the malleable mediators of change potentially leading to addiction recovery according to the present research. These were regrouped into 10 themes according to their relation and fit with one another from a therapeutic viewpoint, considering also the risk/protective factors and art therapy approaches or interventions that could influence them. These final 10 themes are transpersonal experience, spiritual community, human potentiality, awareness, transcendence, authenticity, humility, happiness, purpose, and lifestyle changes.

### **A Proposed Spiritually Focused Art Therapy Program for Addiction Recovery in Adults**

This program is divided into 20 sessions and contains 10 different spiritual themes. Each theme can stand on its own and a specific order doesn't need to be followed. However, it is recommended that all the themes be addressed, to foster the anticipated results of promoting addiction recovery in adults. Many sessions could be spent on the same theme, as each theme includes many different aspects. A general structure for 20 sessions is described in the following sections.

The suggested format for this program is closed group sessions, with, in parallel weekly (or bi-weekly) individual session for each group member. Group therapy is recommended in addiction recovery to promote peer support and social skills training (Moon, 2016; Koenig, 2012; Bliss 2015). However, because issues vary a lot from one client to another, it is "challenging to maintain the individualized nature of treatment " with this clientele all while delivering it "uniformly in group settings." (Bliss, 2015, p. 390). Also, "group cohesion, which is commonly seen as a desirable treatment goal, can be hard to achieve as clients may have little basis for knowing how to relate to each other in a more pro-recovery manner" (Bliss, 2015, p. 390). For these reasons, individual sessions held in parallel

to the group sessions, allow the art therapist to address these concerns, as well as provide a safe place for more sensitive topics that may come up in the course of therapy, such as sexual abuse, domestic violence, or criminal activity (Wilson, 2011). The individual sessions can also help in the client's personal goal setting, assessments, or re-evaluation.

This program suggests that the clients keep an artistic journal during the course of therapy to keep track of their progress, emotional state, things they've learned, insights, etc. (Nowinski et al., 1992). In addition, this can serve as a way to cope with urges to "use", and as a tool to express emotions or situations that otherwise would lead them to such an urge (Nowinski et al., 1992).

### **Structure**

As Moon (2016) explained, too "little structure can lead members to become unnecessarily anxious and resistive, while too much direction can promote inhibiting dependence upon the leader" (p. 198). Consequently, the goal is to reassure clients that the therapeutic setting is "an emotionally safe and predictable place where they can use art-making to express feelings that may be difficult to simply talk about" (Moon, 2016, p.198). A suggested structure for each session is as follows:

- Check-in, verbal or artistic format (ex. how are you arriving today?)
- Presentation of the theme and art directives/material if applicable
- Art-making
- Discussion
- Closure ritual (ex. what do you take with you from today?) (Moon, 2016)

### **Assessments**

Assessments are suggested in this program to assist with providing trauma-informed care (Barnet et al., 2013) as well as individually and culturally sensitive spiritual therapy (Horovitz, 2005). The BATA (Belief Art therapy Assessment), or an adaptation of it, can provide information on the spiritual belief of a client through a verbal and an art assessment, which allows the art therapist to understand better a client's spiritual views and culture, which will, in turn, inform their interventions (Horovitz, 2005).

## **Program Sessions**

The program is 20 weeks long and consists of 2 hour weekly group sessions combined with 45 minute weekly individual sessions. This program is suitable for a closed group of five to eight participants; however, the facilitator can adjust the number of sessions or their length according to the number of participants. The first two sessions of the program are individual sessions that include the intake, an assessment, and an evaluation of the capacity and willingness of the client to show up for therapy sessions. Attendance and punctuality are important elements to consider in group therapy, as they have an impact on group cohesion and trust.

### ***Session 1***

After receiving the reference or call from a potential participant, the first individual session, prior to the group sessions, will be used for the intake and presentation of the program. This will enable the therapist and client to see if this program is appropriate and corresponds to what the client wants and needs.

### ***Session 2***

The following week is another individual session used to confirm the desire of the client to go through with the program, sign the consent forms, and complete a general and spiritual assessment (Horovitz, 2002).

### ***Session 3***

The third session is the first group session. This session includes :

- Presentation of the art therapist(s) and of each participant (can include a quick check-in, like: how am I arriving here).
- Group discussion on group norms and confidentiality. When considering the group norms with the participants, the following suggestions can be a good start: “ 1) This is a safe space. What is said here stays here. 2) No judgments toward self or others. (...) 3) Share to your comfort level.” (Force, 2019, p. 15)
- Presentation/reminder of the frame, the format, and the journal.
- Individual art creation: personalizing the cover page of their journal.

- During the week:
  - Start thinking about their goal for therapy (which will be next week’s theme).
  - Use their journal as often as needed to express themselves, externalize emotions, deal with urges to use, or reflect on material seen in therapy.
- Closure ritual (Ex. In silence, ask members to think within themselves about what from this session, they choose to leave here (in the therapeutic space), and what do they want to take with them for the week?)

#### ***Session 4***

- Check-in: verbal or artistic format (ex. represent how you’re arriving here today with a line/colour/shape/image/etc.)
- Presentation of the theme of the session: therapeutic goals
- Individual art-making on goals (suggested collage as a first art intervention)
- Break time
- Group discussion on the creation process, sharing of the creations with the other members of the group
- During the week:
  - Use their journal as often as needed
- Closure ritual (It is suggested to keep the same closure ritual all through therapy to create a sense of safety and security before leaving the session)

#### ***Session 5 to 14***

This is the first of a series of 10 regular sessions, based on 10 themes which are detailed below. Each one of these 10 sessions is based on this same format:

- Check-in: verbal or artistic format (ex. represent how you’re arriving here today with a line/colour/shape/image/etc.)
- Presentation of the theme of the session
- Individual or group art-making on the theme (see the list of suggested art therapy interventions and approaches for each theme).
- Break Time
- Group discussion on the creation process, sharing of the creations with the other members of

the group

- Closure ritual
- During the week: Use their journal as often as needed

### **Theme 1**

**Transpersonal Experience.** (This is the theoretical concept, however it is suggested to simply use the term **Spirituality** as the first theme, since it is an easier word to understand and might be less threatening for clients.) Dermatis & Galanter (2016) suggest the daily practice of spiritual renewal/ spiritual experiencing to achieve and maintain sobriety. This theme includes the notions of God's presence (Dermatis & Galanter, 2016), of faith (Cook, 2004; Dermatis & Galanter, 2016; Lavoie et al., 2006; Selvam, 2015) of a relationship with a greater reality (Bliss, 2015), of a belief in a universal higher power, in divine help and support (Yamada et al., 2019), in a perfect higher being, and of a positive concept of God (Bliss, 2008).

**Art Therapy Session.** The art therapist can suggest art creation on the topic of transpersonal experience and related elements (Allen, 1995; Farelly, 2001; Feen-Callgan, 1995). The following approaches and interventions could also address this theme:

- Spontaneous images intervention (Pelletier & Cournoyer, 2015)
- "Doing by not Doing", an intervention on powerlessness and AA's first step (Feen-Callgan, 1995)

**Warning for Therapists.** When proposing the theme of transpersonal experiences through spiritually focused art therapy with adults in addiction recovery, it is important to be aware of the potential risk factors for addiction and mental health issues that may be related to this topic. For instance, the use of drugs or other substances to induce spiritual highs is visibly counter-indicated for this population (Cook, 2004). It is also important to be aware of any guilt or fear of punishment from a deity that may surface during the exploration of spirituality through art; as such concepts of God correlate with mental health issues and addiction (Vaughan, 1991).

## **Theme 2**

**Spiritual Community.** This theme includes belonging to a faith community (Yamada et al., 2019), relatedness and social interactions (Cook, 2004; Bliss 2015), development of empathy towards others (Bliss 2015), kindness (Selvam, 2015), culturally aware spirituality (Bliss, 2008), notions of equality (Vaughan, 1991), church participation (Yamada et al., 2019), a recovery supportive social network (Bliss, 2008; Kelly, 2016; Dermatis & Galanter, 2016), being mentored and becoming a mentor for others (Wilson, 2011), and participation in a voluntary spiritual discussion group (Heinz et al., 2010).

**Art Therapy Session.** Group art therapy can help fulfill this aspect of spirituality until the client can create this space in their life outside of therapy (Moon, 2016). The art therapist could also suggest art creation on spiritual community and related elements (Van Lith, 2014). The following approaches and interventions could also address this theme:

- Art therapy for shame reduction since being in relation with others can bring up shame (Wilson, 2011)
- The 12 steps program as a complement to the art therapy (Wilson, 2011)
- DBT informed art therapy (Buchalter, 2015; Clark, 2016)
- Using metaphors in art making to facilitate self-disclosure (Moon, 2016).

**Warning for Therapists.** Shame, often present in individuals with addictions (Wilson, 2011), is frequently caused by previous traumas and/or attachment issues and can lead to a lack of satisfaction in relationships and avoidance of intimacy (Izzard, 2003, Wilson; 2011, Barnett et al.; 2013). Consequently, relation to divinity needs to be presented not as a replacement for intimate relationships but as a foundation for fulfilling relationships (Vaughan, 1991).

## **Theme 3**

**Human Potentiality.** This theme includes the development of one's full human potential, including spirituality (Bliss, 2015; Cook, 2004), self-actualization, self-empowerment (Kelly, 2016), self-esteem (Vaughan, 1991), creativity (Cook, 2004), self-expression (Koenig, 2012), and vitality (Selvam, 2015), which suggests that spirituality promotes physical and mental health (Koenig, 2012).

**Art Therapy Session.** The art therapist could suggest art creation on human potentiality and related elements (Farrelly, 2001), particularly exploring the creative process (Rogers, 1993). The following approaches and interventions could also address this theme:

- Positive art therapy to promote well being, flow, and strengths (Wilkinson, 2013)
- Mindfulness-based art therapy (Hinchey, 2018)
- Spiritually-oriented art therapy (Kirca, 2019)
- Art-based psychotherapy groups (Koenig, 2012)
- Spontaneous self-portraits (Hanes, 2007)
- Externalisation through art with mapping and narrative type interventions (Conner, 2017)

**Warning for Therapists.** When accessing one's inner potentiality and creativity, some individuals, and most likely those with addiction disorders, can experience shame (Wilson, 2011). It is therefore primordial that the art therapist promotes a safe and secure place for the exploration of these themes (Moon, 2016).

#### **Theme 4**

**Awareness.** This theme includes the notions of interiority, relation with self (Bliss, 2015; Lavoie et al., 2006), and of the awareness of one's inner life and perception of the world (Koenig, 2005).

**Art Therapy Session.** Art therapy is known for its ability to bring awareness to clients regarding their inner issues, since art is a language that bypasses our defences and rational thinking (Pelletier & Cournoyer; 2015; Van Lith, 2014). Hence simply through the process of art-making, awareness can be gained (Farrelly, 2001; Pat Allen, 1995), and more so, with the guidance of the art therapist through the exploration of the creation. The following approaches and interventions could also address this theme:

- "Doing by not Doing", an intervention on powerlessness and AA's first step (Feen-Callgan, 1995)
- DBT informed art therapy (Buchalter, 2015; Clark, 2016)
- Art-based psychotherapy groups (Koenig, 2012)
- Use of metaphors in art therapy (Moon, 2016)
- Mindfulness-based art therapy (Hinchey, 2018)

- Spiritually-oriented art therapy (Kirca, 2019)
- Spontaneous images intervention (Pelletier & Cournoyer, 2015)
- Spontaneous self-portraits (Hanes, 2007)

**Warning for Therapists.** A lack of awareness can be a self-protective defence for individuals with addictions, and the use of substances that lead to the addiction could have played the role of preventing painful memory, feelings, or trauma to be brought to consciousness (Wilson, 1991). Therefore the art therapist needs to promote an atmosphere of safety for the client, through welcoming, normalizing, and validating emotions and experiences that may come to awareness as one is ceasing their addiction (Wilson 2011, Buchalter, 2015; Clark, 2016). It is also important to provide positive coping strategies and emotional regulation tools to alleviate distress. Working with spirituality, it is also important that the art therapist watch for shame or psychological strain that may come up and be fostered by religious beliefs such as viewing emotions of anger, or normal sexual desires as unrighteous (Koenig, 2012).

### **Theme 5**

**Transcendence.** This theme includes the practices of meditation (Geppert et al., 2007; Yamada et al., 2019; Bowen et al., 2006), prayer (Yamada et al., 2019), reading spiritual literature (Yamada et al., 2019), and rituals (Yamada et al., 2019). It also includes concepts such as intuition (Selvam, 2015; Vaughan, 1991), non-materiality (Cook, 2004), motivation beyond daily life (Dermatis & Galanter, 2016; Kelly, 2016), altruism (Koenig, 2005), wholeness, oneness, balance (Cook, 2004; Lavoie et al., 2006; Vaughan, 1991), the holding of opposites (Hughes, 2017; Vaughan, 1991), and wisdom (Lavoie et al., 2006; Selvam, 2015).

**Art Therapy Session.** The art-making process is known for its capacity to bring the participant in a transcendent space, one that transcends the rational and material world, into a realm where intuition, inner wisdom, peace, and answers are often found (Pat Allen, 1995; Farelly, 2001). The simple use of art-based interventions and of the creative process (Rogers, 1993) can achieve the goal of connecting with this deeper part of ourselves (Pelletier & Cournoyer; Van Lith, 2014). The following approaches and interventions could also address this theme:

- Spiritually-oriented art therapy (Kirca, 2019)

- MI, MET & art therapy program for addiction (Holt & Kaiser, 2009), this motivational program can assist in exploring inner sources of motivation, beyond materialistic life
- Art-making as a prayer (Farely, 2001)
- Art-making as an answer to an intention, then witnessing the answer in the creation (Pat Allen, 1995)
- Journaling, decorating spiritual slogans, verses, quotes, or prayers (Nowinski et al., 1992).
- Mindfulness-based art therapy (Hinchey, 2018)

**Warning for Therapists.** When discussing this theme with clients, the art therapist needs to watch out for the presence of possible self-abnegation beliefs or practices in clients, who may see suffering as more spiritual and meriting than well-being (Vaughan, 1991), and may consequently transfer their addiction to certain spiritual practices, such as fasting for example (Vaughan, 1991; Izzard, 2003; Koenig, 2012).

### **Theme 6**

**Authenticity.** This theme includes the notions of integrity, truth (Cook, 2004; Selvam, 2015), true identity (Dermatis & Galanter, 2016), attuning to one's true self (Koenig, 2012), living in harmony with one's belief in words, thoughts, and actions (Selvam, 2015), a life centered on personal values (Cook, 2004), the courage to change (Yamada et al., 2019), freedom and autonomy (Vaughan, 1991), and non-religiousness which opposes religiousness, seen as following rules, to spirituality, seen as following one's inner truth (Cook, 2004).

**Art Therapy Session.** The art therapist could suggest art creation on authenticity and related elements (Farely, 2001). The following approaches and interventions could also address this theme:

- MI, MET & art therapy program for addiction (Holt & Kaiser, 2009)
- Self-portraits (Hanes, 2007)
- Spontaneous images intervention (Pelletier & Cournoyer, 2015)
- Use of metaphors in art therapy (Moon, 2016)

**Warning for Therapists.** An excessive desire for freedom and autonomy can translate in a client's wish to be free from any rules, attachment, responsibilities, or commitment. This can be a risk factor for

relapse as “family attachment, work commitment, and respect for authority” correlate with a decreased probability of relapse (Giordano et al., 2014, p. 125).

### ***Theme 7***

**Humility.** The theme of humility (Cook, 2004, Selvam, 2015), includes the concepts of forgiveness (Selvam, 2015) of oneself and others (Vaughan, 1991; Selvam, 2015), humanity and acceptance of self and others' human frailties, emotions, and needs (Vaughan, 1991), as well as the acceptance of what can't be changed (Yamada et al., 2019).

**Art Therapy Session.** Group art therapy on humility (Koenig, 2012), and the following approaches and interventions could address this theme:

- "Doing by not Doing": an intervention on powerlessness, AA's first step (Feen-Callgan, 1995)
- DBT informed art therapy (Buchalter, 2015; Clark, 2016)
- Mindfulness-based art therapy (Hinchey, 2018)

**Warning for Therapists.** Certain spiritual beliefs can see humility as self-abnegation and as the opposite of self-confidence (Vaughan, 1991). However, a lack of self-confidence is a risk factor for substance abuse (Conner, 2017). Art therapists need to help clients discern between self-conceit and a healthy self-confidence that allows humility in the acknowledgement of one's strengths as well as their limits.

### ***Theme 8***

**Happiness.** The theme of happiness (Lavoie et al., 2006) includes the concepts of well-being; of positive emotions (Koenig, 2012); of felt gratitude (Dermatis & Galanter, 2016); of love (Yamada et al., 2019; Selvam, 2015), and hope (Yamada et al., 2019; Selvam, 2015). The spiritual aspect of hope includes a sense of optimism and control in knowing a “personal transcendental force” who loves us is in control (Koenig, 2012, p. 7).

**Art Therapy Session.** The art therapist could propose art interventions on happiness and related elements (Van Lith, 2014). The following interventions and approaches could also be used to address this theme:

- Positive art therapy (Wilkinson, 2013)
- Mindfulness-based art therapy (Hinchey, 2018)

**Warning for Therapists.** Spirituality can bring a sense of joy and happiness, however, negative emotions or life struggles should not be seen as unspiritual; nor should suffering be seen as more spiritual and meriting than joy and well-being (Vaughan, 1991). Art therapists should also watch out for beliefs linking spirituality to a magical solution to problems one might be unwilling to face, or as an escape from reality (Vaughan, 1991).

### ***Theme 9***

**Purpose.** This theme refers to having a sense of meaning and purpose in life (Cook, 2004; Bliss, 2015, Dermatis & Galanter, 2016; Lavoie et al., 2006), of having a positive worldview that gives meaning (Koenig, 2005), and of finding a source of meaning and purpose in life difficulties (Koenig, 2012).

**Art Therapy Session.** The art therapist could propose an art-making activity on purpose and related elements, either in individual or group settings (Van Lith, 2014, Koenig, 2012). The following interventions and approaches could also be used to address this theme:

- Positive art therapy (Wilkinson, 2013)
- Spiritually-oriented art therapy (Kirca, 2019)
- Spontaneous images intervention (Pelletier & Cournoyer, 2015)

**Warning for Therapists.** Art therapists should encourage their clients to integrate spiritual meaning and purpose into their daily lives and relationships, to avoid the possible compensation for a lack of satisfaction in everyday life through solemn involvement in spiritual activities (Izzard 2003, Vaughan, 1991).

### ***Theme 10***

**Lifestyle Changes.** This theme refers to the lifestyle changes promoted by spiritual communities, beliefs, and/or practices, including the 12 step groups. According to Bliss (2008), a lot of organized spiritual communities encouraged members to follow spiritual principles about how one should live and treat others that generally promote a healthy lifestyle (Koenig, 2012). Included in this theme is also

spirituality as a bearer of new coping skills and increased levels of adaptation (Koenig, 2012; 2015; Conner, 2017), abstinence and recovery coping skills (Kelly, 2016), self-regulation, and self-control (Selvam, 2015), mindfulness as a lifestyle (Bowen et al., 2006), letting go of the past and living in the present, and individual responsibility towards self (Vaughan, 1991). Giordano et al (2014) also define three main areas of lifestyle changes that correlate with decreased probability of relapse, these are: “family attachment, work commitment, and respect for authority” (p. 125).

**Art Therapy Session.** The art therapist can propose a group art-making intervention (Koenig, 2012) on the general theme of lifestyle changes, or on a specific skill or lifestyle change, per example on some element of the 12 steps program lifestyle (Wilson, 2011). Additionally, art-making can be proposed as a coping and self-regulating activity to pursue after the therapy, to maintain recovery (Buchalter, 2015; Clark 2016, Hinchey, 2018). The following interventions and approaches could also be used to address this theme:

- Mindfulness-based art therapy (Hinchey, 2018)
- Spontaneous self-portraits (Hanes, 2007)
- DBT informed art therapy (Buchalter, 2015; Clark, 2016)
- Art-based psychotherapy groups (Koenig, 2012)

**Warning for the Therapists.** Certain spiritual communities or beliefs may set very high expectations regarding lifestyle (dress code, sexuality, diet, finances, etc.), which could cause psychosocial strains to individuals recovering from addiction and coming out of a very different lifestyle (Koenig, 2012). The art therapist must therefore be on the lookout for signs of distress regarding this theme, and should also model compassion, understanding, and validation for the clients’ changes and growth, even though these may not be apparent to others. The goal is to help the clients internalize this positive regard for themselves and build their ego strength.

### ***Session 15 and 16***

These 2 extra sessions could be used to pursue further or deepen one of more of these 10 themes. It could be presented as a single theme for the whole group or a free session where everyone explores the theme of their choice individually. This decision should be taken with the group according to their goals and needs.

### ***Session 17***

This session is the last one before the termination sessions. The themes of this session are “relapse prevention skills” and the “after therapy”. Relapse prevention can include the following elements: abstinence and recovery coping skills (Kelly, 2016), finding a spiritual community, having a recovery supportive social network (Bliss, 2008; Kelly, 2016; Dermatis & Galanter, 2016), being mentored, and becoming a mentor for others (Wilson, 2011). The after therapy theme includes elements like dreams, goals, family, work, studies, etc. It also includes the giving of references for employment and reintegration services, for mental health help services, helplines, and etc. Time should also be taken during this session to decide on the order in which each client will present their work in the termination sessions.

### ***Session 18 and 19***

These are the termination sessions. If the group has more than 8 participants another termination session may be needed. Each member should review and present the creations they've made during the course of therapy. A discussion with the group on their growth and journey as well as their goal for the future follows. Instead of a check in, a short relaxation or meditation is suggested, as termination sessions are not recommended to explore issues that may come up in check-in.

- 5 min group relaxation/meditation
- Presentation of the first client and discussion (20 min)
- Presentation of the second client and discussion (20 min)
- Break time
- Presentation of the third client and discussion (20 min)
- Presentation of the fourth client and discussion (20 min)
- Closure-ritual

### ***Session 20***

This last session is a celebration and ceremony of graduation. A blank card can be given to each participant on which the other participants can write or draw encouraging words, images and comments. It is important to remind them to not sign their names, but only their initials if they want to, as this item will be brought out of therapy. Snacks and non-alcoholic drinks can be served and diplomas

can be given.

- Verbal check-in
- Celebration: graduation ceremony, diplomas, etc.
- Break time
- Writing in each other's cards
- Closure-ritual

### **Possible issues or problems**

When working with clients in addiction recovery, it is useful to prepare ahead of time, for situations or problems that may arise during the course of therapy (Carroll & Nuro, 1997). For instance, substance use and withdrawal alter a client's mental state, which can make it more difficult for some clients to arrive ready and on time to all their sessions (Bliss, 2015). A client may also show up to a session under the influence of alcohol or other substances (Bliss, 2015). This can be due to a denial, to a fear of failure, or to social shyness (Nowinski et al., 1992). When clients arrive to their therapy session under the influence of substances or alcohol, Nowinski et al. (1992) advise not to proceed with the planned session, but to direct the client to a helpline, an AA meeting or sponsor, to reschedule the session and arrange for safe transportation of the client if needed. If these patterns arise (lateness, showing up under the influence, absences, etc.), it is suggested to engage in a frank and open conversation with the client without judgements, regarding their resistance to therapy, as well as their motivation for being in the program (Nowinski et al., 1992).

## Discussion

The findings of the present study suggest that spirituality is a protection and promotive factor in addiction recovery (Bliss, 2015; Dermatis & Galanter, 2016; Heinz, 2010; Kime, 2018), and that certain specific practices and beliefs are risk factors (Bliss, 2008; Vaughan, 1991). Art therapy is found to be an effective approach to explore and experience spirituality (Feen-Calligan, 1995; Kirca, 2019; Allen, 1995) without the risk factors linked to certain practices or beliefs. This means that art therapy could prove to be effective in a spiritually focused addiction recovery program. This will need to be demonstrated through pilot testing of the program with real participants.

Other findings regarding the design of a spiritually-focused art therapy program for addiction recovery for adults, suggest that closed groups, individual sessions format, relapse prevention strategies, participation in 12 steps program, as well as journaling during the course of therapy should be included in the program design. The next step forward following this study would be to pursue Fraser and Gallinsky's (2010) next steps with a real population in order to examine its efficacy.

## Conclusion

An in-depth literature review was done to find the best practices regarding spiritually focused art therapy for addiction recovery in adults. Spirituality was defined as a dimension of the human experience, including both individual and communal subjective awareness to an immaterial greater reality, within and/or out of self, that encompasses the concepts of truth, life, sense of meaning, purpose, and belonging, as well as personal values. It can be experienced through personal and/or organized beliefs and practices like, among others, nature contemplation, faith, prayer, singing, religious activities, community, music, or art-making. There were 45 spiritual elements contributing to addiction recovery and mental health that were identified. Risk factors were examined and associated with each element if applicable. The literature on art therapy acknowledges the relation between this modality and spirituality. Relevant art therapy approaches and interventions from different authors were selected and associated with the spiritual elements contributing to addiction recovery. The 45 spiritual elements we're grouped into 10 themes. A 20 weeks long, bi-weekly art therapy-based program, combining individual and group sessions exploring these 10 themes was conceived and proposed in the results. Again, risk factors and inclusion criteria regarding spirituality were taking into consideration to offer a psychologically healthy spiritually-focused art therapy program. The rationale behind merging spirituality and art-therapy to attend to the needs of adults in addiction recovery was presented throughout this study, and includes cultural awareness, client centered approach and research based practice. This program could be a useful and flexible tool that art therapists can use partly as an inspiration for their work, or entirely as a detailed program. In future research, the present program could be pilot tested with real participants.

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## Appendix A

**Table 1**

<b>Spiritual Practices</b>		
<b>Elements of spirituality correlating with addiction recovery and mental health</b>	<b>Risk factors for addiction/ mental health related to these elements of spirituality</b>	<b>Art therapy intervention related to these elements of spirituality</b>
<p><b><i>Transpersonal experiences</i></b> (Vaughan, 1991; Izzard, 2003) Daily experiencing of spiritual renewal or God's presence (Dermatis &amp; Galanter, 2016; Vaughan, 1991) Relation with a greater reality (Bliss, 2015)</p>	<p>Attraction to altered states of well-being attained through spiritual practices can become addictive; unbalanced spiritual ambition can conflict with everyday life demands (job, family, etc.) (Vaughan, 1991) Drug-induced spiritual highs (Cook, 2004) Escape from dealing with family problems (through excessive involvement in religious or spiritual activities) (Koenig, 2012)</p>	<p>Art-making (Allen, 1995; Farelly, 2001; Feen-Callgan, 1995) Spontaneous images intervention (Pelletier &amp; Cournoyer, 2015) "Doing by not Doing": powerlessness 1st step (Feen-Callgan, 1995)</p>
<p><b><i>Meditation</i></b> (Geppert et al., 2007; Yamada et al., 2019; Bowen et al., 2006)</p>	<p>Excessive involvement in religious or spiritual activities can be an escape from dealing with everyday life or family problems (Koenig, 2012)</p>	<p>Mindfulness-based art therapy (MBAT) (Hinchey, 2018)</p>
<p><b><i>Mindfulness practices</i></b> (Bowen et al., 2006) Letting go of the past, living in the present (Vaughan, 1991)</p>	<p>Excessive involvement in religious or spiritual activities can be an escape from dealing with everyday life or family problems (Koenig, 2012)</p>	<p>DBT informed art therapy (Buchalter, 2015; Clark, 2016) MBAT (Hinchey, 2018) Art-based psychotherapy groups (Koenig, 2012)</p>
<p><b><i>Prayer</i></b> (Yamada et al., 2019)</p>	<p>Excessive involvement in religious or spiritual activities can be an escape from dealing with everyday life or family problems (Koenig, 2012)</p>	<p>Art-making as a prayer/request/intention (Farelly, 2001)</p>
<p><b><i>Reading spiritual literature</i></b> (Yamada et al., 2019)</p>	<p>Excessive involvement in religious or spiritual activities can be an escape from dealing with everyday life or family problems (Koenig, 2012)</p>	<p>Journaling, decorating spiritual slogan, quotes, or prayers (Nowinski et al., 1992)</p>
<p><b><i>Rituals</i></b> (Yamada et al., 2019)</p>	<p>Excessive involvement in religious or spiritual activities can be an escape from dealing with everyday life or family problems (Koenig, 2012)</p>	<p>Art-based group opening and closing rituals (Moon, 2016)</p>
<p><b><i>Singing</i></b> (Yamada et al., 2019)</p>	<p>Excessive involvement in religious or spiritual activities can be an escape from dealing with everyday life or family problems (Koenig, 2012)</p>	

*Spiritual Practices*

## Appendix B

**Table 2**

<b>Spiritual Community</b>		
<b>Elements of spirituality correlating with addiction recovery and mental health</b>	<b>Risk factors for addiction/ mental health related to these elements of spirituality</b>	<b>Art therapy intervention related to these elements of spirituality</b>
<p><b><i>Belonging to a faith community</i></b> (Yamada et al., 2019) Community (Vaughan, 1991)</p>	<p>Shame (Wilson, 2011) Spirituality as a compensation for lack of satisfaction in relationships/ avoidance of intimacy; spiritual denial/ defences of projection; dependency/ Idolizing people; fear of human spiritual authority causing guilt; (Vaughan, 1991) Power and control over vulnerable individuals (as seen in cults); delayed diagnosis and mental health care due to antagonistic relationships with mental health professionals (Koenig, 2012)</p>	<p>Art therapy for shame reduction; 12 steps program (Wilson, 2011) Art-based psychotherapy groups (Koenig, 2012)</p>
<p><b><i>Church participation/religious involvement</i></b> (Yamada et al., 2019; Bliss 2008)</p>	<p>Self-abnegation; unbalanced spiritual ambition can conflict with everyday life demands (job, family, etc.); fear of punishment from deity causing guilt (Vaughan, 1991)</p>	
<p><b><i>Culturally aware spirituality</i></b> (Bliss, 2008) Social responsibility (Vaughan, 1991)</p>	<p>Hatred, aggression, prejudice, exclusion of others; gain of power and control over vulnerable individuals (as seen in cults) (Koenig, 2012)</p>	<p>Art making that is consistent with specific ethnic and cultural worldviews (Bliss, 2008)</p>
<p><b><i>Recovery supportive social network</i></b> (Bliss, 2008; Kelly, 2016; Dermatis &amp; Galanter, 2016) Being mentored and then mentoring (Wilson, 2011) Giving and receiving support (Koenig, 2005) Generativity and altruism, generosity (Vaughan, 1991)</p>	<p>Dependency, idolizing people; self-abnegation (Vaughan, 1991) Gain power and control over vulnerable individuals (as seen in cults) (Koenig, 2012)</p>	<p>Art therapy for shame reduction; 12 steps program (Wilson, 2011)</p>
<p><b><i>Relatedness / social interactions</i></b>(Cook, 2004; Bliss 2015) Development of empathy (Bliss, 2015)</p>	<p>Shame (Wilson, 2011) Hatred, aggression, prejudice, and the exclusion of others (Koenig, 2012)</p>	<p>Art-based interventions (Van Lith, 2014) DBT informed art therapy (Buchalter, 2015; Clark, 2016) Metaphorical art interventions (Moon, 2016)</p>
<p><b><i>Voluntary spiritual discussion group</i></b> (Heinz et al., 2010)</p>	<p>Spiritual denial and defences of projection; spiritual specialness, elitism (Vaughan, 1991) Shame (Wilson, 2011) Hatred, aggression, prejudice, and the exclusion of others (Koenig, 2012)</p>	<p>Art-based psychotherapy groups (Koenig, 2012) Metaphorical art interventions (Moon, 2016)</p>

*Spiritual Community*

## Appendix C

**Table 3**

<b>Spiritual Values</b>		
<b>Elements of spirituality correlating with addiction recovery and mental health</b>	<b>Risk factors for addiction/ mental health related to these elements of spirituality</b>	<b>Art therapy intervention related to these elements of spirituality</b>
<p><b>Authenticity/Truth/Integrity</b> (Cook, 2004; Selvam, 2015)                      Living in harmony with one’s belief in words, thoughts, and actions (Selvam, 2015)                      Attuning to true self (Koenig, 2012)                      True identity (Dermatis &amp; Galanter, 2016)</p>	<p>Shame (Wilson, 2011)</p>	<p>Self-portraits (Hanes, 2007)                      Art-making (Farrelly, 2001)</p>
<p><b>Courage to change</b> (Yamada et al., 2019)</p>		<p>MI, MET &amp; art therapy program for addiction (Holt &amp; Kaiser, 2009)</p>
<p><b>Equality</b> (Vaughan, 1991)</p>		
<p><b>Forgiveness</b> (Selvam, 2015)                      Forgiveness of ourselves and others (Vaughan, 1991; Selvam, 2015)</p>		<p>DBT informed art therapy (Buchalter, 2015; Clark, 2016)                      Art-based psychotherapy groups (Koenig, 2012)</p>
<p><b>Freedom and Autonomy</b> (Vaughan, 1991)                      Self-expression (Koenig, 2012)</p>	<p>Wanting to be free from attachment, responsibilities, or commitment (Giordano et al., 2014; Vaughan, 1991)</p>	<p>Spontaneous images intervention (Pelletier &amp; Cournoyer, 2015)                      Metaphorical art (Moon, 2016)</p>
<p><b>Happiness</b> (Lavoie et al., 2006)                      Well-being; positive emotions reduce the risk of emotional disorders, suicide, and substance abuse (Koenig, 2012)</p>	<p>Spirituality used as a magical solution to problems one is unwilling to face, or as an escape from reality (Vaughan, 1991)</p>	<p>Positive art therapy (Wilkinson, 2013)                      MBAT (Hinchey, 2018)</p>
<p><b>Hope</b> (Yamada et al., 2019; Selvam, 2015)                      A sense of control and hope in knowing a “personal transcendental force” who loves us is in control (Koenig, 2012, p. 7)</p>		<p>Art-based interventions (Van Lith, 2014)</p>
<p><b>Humanity</b> (Cook, 2004)                      Acceptance of self and others' human frailties, emotions, needs (Vaughan, 1991)</p>		
<p><b>Humility</b> (Selvam, 2015)                      Selflessness (Koenig, 2005; Vaughan, 1991)</p>	<p>Self-abnegation (Vaughan, 1991)                      Fear, and excessive guilt over minor infractions (even self-mutilation in some cases); psychosocial strains due to failure to live up to high religious standards (Koenig, 2012)                      Lack of self-confidence which is a risk</p>	<p>"Doing by not Doing": powerlessness 1st step (Feen-Callgan, 1995)</p>

	factor for substance abuse (Conner, 2017)	
<b>Kindness</b> (Selvam, 2015)		
<b>Love</b> (Yamada et al., 2019; Selvam, 2015)		
<b>Meaning/purpose</b> (Cook, 2004; Bliss, 2015, Dermatis & Galanter, 2016; Lavoie et al., 2006) Positive worldview that gives meaning (Koenig, 2005) Meaning and purpose in life difficulties (Koenig, 2012)	Spirituality used as a compensation for lack of satisfaction in life (Vaughan, 1991)	Art-based interventions (Van Lith, 2014) Spiritually-oriented art therapy (Kirca, 2019) Art-based psychotherapy groups (Koenig, 2012) Spontaneous images intervention (Pelletier & Cournoyer, 2015) Positive art therapy (Wilkinson, 2013)
<b>Non-materiality</b> (Cook, 2004) Generosity (Koenig, 2005) Attuning to true self (Koenig, 2012)	Self-abnegation (Vaughan, 1991) Suffering seen as more spiritual and meriting than well-being (Vaughan, 1991)	
<b>Non-religiousness</b>		
Opposition of religiousness to spirituality (Cook, 2004)		Spiritually focused art therapy non specifically related to any religion (Pat Allen, 1995)
<b>Peace</b> (Koenig, 2012) Peace with ourselves, each other, and nature (Vaughan, 1991) Coping with illness and stress (Koenig, 2012)	Spirituality used as a magical solution to problems one is unwilling to face, as an escape from reality (Vaughan, 1991)	Art-based interventions (Van Lith, 2014) Spontaneous images intervention (Pelletier & Cournoyer, 2015); MBAT (Hinchey, 2018)
<b>Self-regulation/control</b> (Selvam, 2015) Individual responsibility towards self (Vaughan, 1991)	Suffering seen as more spiritual and meriting than well-being (Vaughan, 1991) Fear, and excessive guilt over minor infractions, (and even self-mutilation in some cases); psychosocial strains due to failure to live up to high religious standards (Koenig, 2012) Shame (Wilson, 2011)	DBT informed art therapy (Buchalter, 2015; Clark, 2016) MBAT (Hinchey, 2018) Art making (Farrelly, 2001) Spontaneous self-portraits (Hanes, 2007)
<b>Simplicity and accessibility</b> (Vaughan, 1991)		
<b>Wholeness/oneness /balance</b> (Cook 2004; Lavoie et al., 2006; Vaughan, 1991) Holding opposites (Hughes, 2017; Vaughan, 1991)		Art-based interventions (Van Lith, 2014) Spiritually-oriented art therapy (Kirca, 2019)
<b>Wisdom</b> (Lavoie et al., 2006; Selvam, 2015) Intuition (Selvam, 2015; Vaughan, 1991)		Art process (Pat Allen, 1995) Art therapy (Pelletier & Cournoyer; 2015; Van Lith, 2014)

### *Spiritual Values*

## Appendix D

**Table 4**

<b>Spiritual Beliefs</b>		
<b>Elements of spirituality correlating with addiction recovery and mental health</b>	<b>Risk factors for addiction/ mental health related to these elements of spirituality</b>	<b>Art therapy intervention related to these elements of spirituality</b>
<p><b><i>Belief in divine support</i></b>(Yamada et al., 2019) Positive concept of God (Bliss, 2008) A sense of control and hope in knowing a “personal transcendental force” who loves them is in control (Koenig, 2012, p.7)</p>	<p>Spirituality based on wishful thinking, and abdication of personal responsibility (Vaughan, 1991) Lack of self-confidence and coping skills are risk factors for substance abuse (Conner, 2017)</p>	<p>"Doing by not Doing": powerlessness 1st step (Feen-Callgan, 1995)</p>
<p><b><i>Transcendence</i></b> Belief in a universal higher power / Perfection / Faith (Cook, 2004; Dermatis &amp; Galanter, 2016; Lavoie et al., 2006; Selvam, 2015) Spirituality (Selvam, 2015)</p>	<p>Spirituality based on wishful thinking, and abdication of personal responsibility; spiritual specialness, elitism (Vaughan, 1991) Negative concept of God (Bliss, 2008) Fear and excessive guilt over minor infractions (and even self-mutilation in some cases) can produce psychosocial strains due to failure to live up to high religious standards; delay diagnosis and effective mental health care (due to antagonistic relationships with mental health professionals (Koenig, 2012)</p>	<p>"Doing by not Doing": powerlessness 1st step (Feen-Callgan, 1995) Spiritually-oriented art therapy (Kirca, 2019) Art-making (Fareilly, 2001) Art-based psychotherapy groups (Koenig, 2012)</p>

*Spiritual Beliefs*

## Appendix E

**Table 5**

<b>Lifestyle changes related to spirituality</b>		
<b>Elements of spirituality correlating with addiction recovery and mental health</b>	<b>Risk factors for addiction/ mental health related to these elements of spirituality</b>	<b>Art therapy intervention related to these elements of spirituality</b>
<p><b><i>Acceptance of what can't be changed</i></b> (Yamada et al., 2019) Spirituality increases adaptation (Koenig, 2012)</p>	<p>Suffering seen as more spiritual and meriting than well-being (Vaughan, 1991) Spirituality used as a magical solution to problems one is unwilling to face, as an escape from reality (Vaughan, 1991)</p>	<p>DBT informed art therapy (Buchalter, 2015; Clark, 2016) MBAT (Hinchey, 2018)</p>
<p><b><i>Life centered on personal values</i></b> (Cook, 2004) Attuning to true self (Koenig, 2012)</p>		<p>MBAT (Hinchey, 2018)</p>
<p><b><i>Lifestyle changes</i></b> (Bliss, 2008) Following spiritual principles about how one should live and treat others generally promote a healthy lifestyle (Koenig, 2012)</p>	<p>Psychosocial strains due to failure to live up to high religious standards (Koenig, 2012)</p>	

*Lifestyle Changes Related to Spirituality*

## Appendix F

**Table 6**

<b>Psycho-Socio-Spiritual Competencies</b>		
<b>Elements of spirituality correlating with addiction recovery and mental health</b>	<b>Risk factors for addiction/ mental health related to these elements of spirituality</b>	<b>Art therapy intervention related to these elements of spirituality</b>
<p><b><i>Abstinence and recovery coping skills</i></b> (Kelly, 2016) Spirituality helps cope with stressful life changes and increases adaptation (Koenig, 2012; 2015; Conner, 2017)</p>		<p>Art-making as a coping activity MBAT (Hinchey, 2018)</p>
<p><b><i>Awareness</i></b> (Cook, 2004) Awareness of one's inner life and perception of the world (Koenig, 2005)</p>	<p>Shame (Wilson, 2011)</p>	<p>"Doing by not Doing": powerlessness 1st step (Feen-Callgan, 1995) DBT informed art therapy (Buchalter, 2015; Clark, 2016) Art-based psychotherapy groups (Koenig, 2012) Metaphorical art (Moon, 2016) MBAT (Hinchey, 2018)</p>
<p><b><i>Creativity</i></b> (Cook, 2004)</p>	<p>Shame (Wilson, 2011)</p>	
<p><b><i>Motivation beyond daily life</i></b> (Dermatis &amp; Galanter, 2016; Kelly, 2016)</p>	<p>Spirituality used as a compensation for lack of satisfaction in life (Vaughan, 1991)</p>	<p>MI, MET &amp; art therapy program for addiction (Holt &amp; Kaiser, 2009)</p>
<p><b><i>Relation with self/ interiority</i></b> (Bliss, 2015; Lavoie et al., 2006)</p>	<p>Shame (Wilson, 2011) Psychosocial strains due to failure to live up to high religious standards (Koenig, 2012)</p>	<p>Art process (Pat Allen, 1995) Art therapy (Pelletier &amp; Cournoyer; 2015; Van Lith, 2014) Spiritually-oriented art therapy (Kirca, 2019) Spontaneous images intervention (Pelletier &amp; Cournoyer, 2015) MBAT (Hinchey, 2018)</p>
<p><b><i>Self-actualization/development of one's human potential</i></b> (Bliss, 2015; Cook, 2004) Self-expression (Koenig, 2012); Potentiality (Vaughan, 1991)</p>		<p>Spiritually-oriented art therapy (Kirca, 2019) Art-based psychotherapy groups (Koenig, 2012) MBAT (Hinchey, 2018)</p>

<p><b>Self-empowerment</b> (Kelly, 2016) Self-esteem (Vaughan, 1991)</p>	<p>Gain power and control over vulnerable individuals (as seen in cults) (Koenig, 2012)</p>	<p>Spiritually-oriented art therapy (Kirca, 2019) Art-making (Fareilly, 2001) Spontaneous self-portraits (Hanes, 2007) Externalisation through art with mapping and narrative type interventions (Conner, 2017) Positive art therapy that promotes strengths (Wilkinson, 2013) MBAT (Hinchey, 2018)</p>
<p><b>Self-knowledge</b> (Cook, 2004)</p>		<p>Art-based interventions (Van Lith, 2014) Spiritually-oriented art therapy (Kirca, 2019) Art-making (Farrelly, 2001) Spontaneous self-portraits (Hanes, 2007) MBAT (Hinchey, 2018)</p>
<p><i>Psycho-Socio-Spiritual Competencies</i></p>		