

Spring April 2016

An Exploration of Existential Group Art Therapy for Substance Abuse Clients with a History of Trauma

Sung Liskin

Loyola Marymount University, lizshwee@gmail.com

Follow this and additional works at: <http://digitalcommons.lmu.edu/etd>

Recommended Citation

Liskin, Sung, "An Exploration of Existential Group Art Therapy for Substance Abuse Clients with a History of Trauma" (2016). *LMU/LLS Theses and Dissertations*. 295.
<http://digitalcommons.lmu.edu/etd/295>

This Thesis is brought to you for free and open access by Digital Commons @ Loyola Marymount University and Loyola Law School. It has been accepted for inclusion in LMU/LLS Theses and Dissertations by an authorized administrator of Digital Commons@Loyola Marymount University and Loyola Law School. For more information, please contact digitalcommons@lmu.edu.

An Exploration of Existential Group Art Therapy for
Substance Abuse Clients with a History of Trauma

by

Liz Liskin

A research paper presented to the

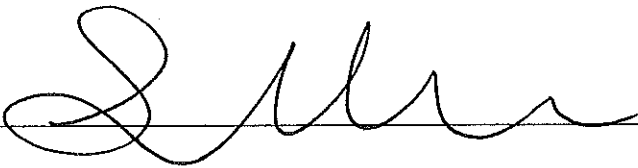
FACULTY OF THE DEPARTMENT OF
MARITAL AND FAMILY THERAPY
LOYOLA MARYMOUNT UNIVERSITY

In partial fulfillment of the
requirements for the degree
MASTER OF ARTS

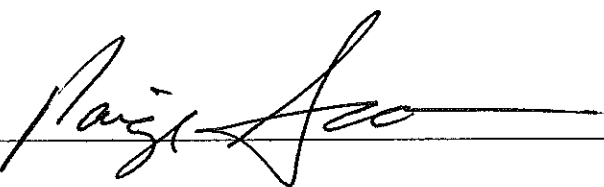
May, 2016

Signature Page

Author's Signature



Research Project Advisor



Acknowledgements

I want to express my deepest gratitude to my research mentor, Prof. Dr. Paige Asawa for the immense support and guidance she provided to me for this project. I would also like to thank the other faculty members and all the students at LMU's Marital and Family Therapy/Clinical Art Therapy program.

I also acknowledge Tarzana Treatment Centers for supporting this research.

Dedication

This paper is dedicated to my parents and my husband for their unwavering support, love, and encouragement.

Abstract

The purpose of this study was to explore existential group art therapy (EGAT) as an alternate or integrated method in treating clients with substance abuse and a history of trauma. Subjects for this study were male and/or female adults, ages 18 and older, volunteer participants who were in treatment for substance addiction at Tarzana Treatment Centers. A group of seven participants who met the criteria for both substance abuse and history of trauma received Existential Group Art Therapy (EGAT) treatment for eight consecutive weeks. Participants were asked to fill out the Scale for Existential Thinking (SET) at the start of the group and at the end of the treatment process to determine whether or not there was an increase in “existential thinking” following eight weeks of EGAT. The group engaged in the art-making process and discussion of their artwork each week, and were asked to answer Post Group Survey Questions (PGSQ) after the termination of the group. This study details four of the seven participants since they attended most consistently and were deeply engaged in the process. The statistical significance of the observed results was measured using a paired two sample for means T-test (one-tailed). Changes in SET scores were deemed to be statistically significant with a result of $p < 0.05$ and many of the results were significant at the $p < 0.01$ level. These results which were triangulated with the analysis of the artwork, session notes and PGSQ provide preliminary support for the use of existential group art therapy with this population. Suggestions for future research would include a larger sample size with a control group, a comparison between varied duration over the course of treatment and facilitation of the EGAT by an art therapist who is not the Primary Investigator.

Table of Contents

	Page
Signature Page.....	ii
Acknowledgment.....	iii
Dedication.....	iv
Abstract.....	v
Table of Contents.....	vi
List of Figures.....	xi
List of Tables.....	xiii
Introduction.....	1
The study Topic.....	1
Significance of the Study.....	1
Background of the Study Topic.....	4
Literature Review.....	7
Existentialism.....	7
Existential Psychotherapy.....	8
Logotherapy.....	9
American Existential Humanistic Approach.....	10
Existential Therapy with Substance Abuse Population.....	12
Lack of Meaning and Purpose in Life and Substance Abuse.....	12
Meaning of Life Group.....	13
The Scale for Existential Thinking.....	13
Suffering as Motivation for Treatment.....	14

Existential Therapy with Trauma Populations.....	15
Trauma and Substance Abuse Treatment.....	16
Prevalence of Co-occurrence of History of Trauma and Substance Abuse.....	16
Cognitive Behavioral Therapy.....	17
Twelve Steps Programs.....	17
Seeking Safety (or Safety-based model).....	19
Motivational Interviewing.....	20
Existential Therapy for Clients with Substance Abuse and Trauma History.....	21
Art Therapy.....	22
Art Therapy for Treatment of Co-occurring Substance Abuse and Trauma.....	22
Existential Art Therapy.....	23
Group therapy.....	23
Conclusion.....	25
Research Approach.....	27
Methods.....	28
Definition of Terms.....	28
The Absurd.....	28
Anxiety.....	28
Authenticity.....	28
Awareness.....	28
Death.....	28
Existence.....	28
Existential Anxiety.....	28

Existential Vacuum.....	29
Freedom.....	29
Freedom of the Will.....	29
Meaning of Life.....	29
Responsibility.....	29
Therapeutic relationship.....	29
Will to meaning.....	29
Design of Study.....	30
Sampling.....	30
Gathering of Data.....	30
Analysis of Data.....	30
Results.....	32
Presentation of Data.....	32
Scale for Existential Thinking (SET).....	32
Introduction of Participating Clients.....	33
Lola.....	33
Walter.....	33
Jack.....	34
Juan.....	34
Session 1.....	35
Session 2.....	37
Session 3.....	40
Session 4.....	45

Session 5.....	52
Session 6.....	58
Session 7.....	63
Session 8.....	68
Post Group Survey Questionnaire (PGSQ).....	75
Analysis of Data.....	76
Participants' Attendance.....	76
The Results of the Scale for Existential Thinking (SET).....	76
Significance (1-tailed).....	76
Discussion of Emergent Themes.....	82
Purpose (meaning) of life.....	82
Self-empowerment.....	85
Change/Transformation.....	86
Family/community.....	88
Identity.....	90
Feeling lost/disconnected.....	92
Uncertainty/chaos.....	93
Study Questions.....	94
Findings.....	100
Conclusion.....	104
References.....	107
Appendices.....	115
Appendix 1.....	115

Appendix 2.....	116
Appendix 3.....	117
Appendix 4.....	118
Appendix 5.....	120

List of Figures

- Figure 1. Lola. "What I need in my life to be happy."
- Figure 2. Walter. "My peace is?"
- Figure 3a. Walter. "My universe on drugs."
- Figure 3b. Walter. "My universe without drugs."
- Figure 4. Juan. Self-portrait with (right) and without (left) drugs.
- Figure 5. Lola. "The hardest moment in my life and what I've learned."
- Figure 6. Walter. "Overcoming segregation."
- Figure 7. Jack. "Growing up with HIV."
- Figure 8a. Juan. "Digging a hole, deeper and deeper."
- Figure 8b. Juan. "Proud to Live."
- Figure 9a. Lola. "Overdosed and abandoned."
- Figure 9b. Lola. "Everyone is here."
- Figure 10a. Walter. "Falling apart."
- Figure 10b. Walter. "Going to heaven."
- Figure 11a. Jack. "Lost Soul."
- Figure 11b. Jack. "How I want to be remembered."
- Figure 12a. Juan. "No one would know what to say about me."
- Figure 12b. Juan. "How I want to live my life."
- Figure 13a. Lola. "What I don't have control of."
- Figure 13b. Lola. "What I can change."
- Figure 14a. Walter. "Armenian 4 life."
- Figure 14b. Walter. "It becomes your destiny."

Figure 15a. Jack. "How growing up with HIV led me to addiction."

Figure 15b. Jack. "A good heart and good ideas."

Figure 16a. Lola. "Far away from each other."

Figure 16b. Lola. "Reunited."

Figure 17a. Walter. "Forgive me?"

Figure 17b. Walter. "For what?"

Figure 18a. Jack. "Two-way."

Figure 18b. Jack. "One-way."

Figure 19. Juan. "Separated and blended."

Figure 20. Lola. "Rebel with a cause."

Figure 21. Walter. "Change the world."

Figure 22. Jack. "The best I can be."

Figure 23. Juan. "Grooming my voice."

Figure 24. Lola. "What I am leaving behind and what I am headed towards."

Figure 25. Walter. "Not knowing."

Figure 26a. Jack. "What I am leaving behind and a new door in front of me."

Figure 26b. Jack. "Yellow Brick Road."

Figure 27a. Juan. "My future."

Figure 27b. Juan. "What I'm leaving behind."

Figure 28. Average response by question.

List of Tables

Table 1. Results by the participant

Table 2. Percentage increase in SET scores by the individual

Table 3. Percentage increase in SET score

Table 4. Percentage of participants with SET score increase

Table 5. Emergent Themes

Introduction

The Study Topic

The purpose of the research was to explore existential group art therapy (EGAT) as an alternate or integrated method in treating clients with substance abuse and a history of trauma. In contrast to the traditional Alcoholics Anonymous (AA) model, existential therapy emphasizes the importance of client's actions. The approach seeks to empower clients by enabling them to see their role and responsibility in their lives despite their history of trauma. The art therapy group approach offers a non-threatening space and alternate way for clients to express themselves through art material, especially for those who have been kept silenced by their abusers, family members, and other systems in their lives or lack thereof. The research findings provide preliminary support for the use of EGAT with this population. The research questions were:

- 1) How do participants experience EGAT in comparison to other treatment models?
- 2) How does EGAT address issues of substance abuse and trauma history?
- 3) What is the variation of the scores on Scale for Existential Thinking for participants in the study at the start of the group and at the end of the treatment process?
- 4) How do the participants utilize the art to identify existential issues and apply it to their lives?
- 5) How does the group format itself impact the participants' existential thinking?

Significance of the Study

The existential art therapy approach has been written about very little but there are claims that the empirical evidence is beginning to amass (Corbett & Milton, 2011). Furthermore, proponents argued that the issues being explored in existential therapy are

universal and basic to human experience (Yalom, 1980) and thus can be integrated into any approach (van Deuzen, 1997). In traditional rehabilitation programs, many clients with substance abuse issues have a hard time getting past the pre-contemplation stage (Ford, 1996). Ford (1996) argues that it is in part because clients are provided very little opportunities to ponder existential issues in regard to the nature of the addiction and the possibility of change. Existential art therapy may be an effective treatment for clients with substance addiction and trauma history. It may provide a safe place where they can explore existential issues such as death, freedom, anxiety and the meaning of life through images and metaphors which may promote change within clients.

In working with a substance abuse population, I have found that many of clients did not have any purpose or meaning in their lives. This void left them directionless and feeling lost. Frankl (1984) suggested that discovering a sense of purpose was essential in one's life and the key to physical and psychological health. The literature review explores a number of studies that found significant relationships between lack of meaning or purpose in life and substance abuse. In my clinical work, I've also encountered a number of clients who struggle with death anxiety and other existential crises such as a feeling of aloneness and meaninglessness of life. According to Yalom (1980), death impacts how we live, grow, falter and become ill because life and death are interdependent and "death is a primordial source of anxiety" (p. 29). The author argues that exploring death has positive contributions because the realization of the limitation makes us appreciate our lives more and place more value on enjoying life each day (Yalom, 1980).

Prevalence of complex childhood trauma and abuse history is high in the substance abuse population. Art therapy can provide an opportunity for working with and expressing

uncomfortable experiences through images (Skeffington & Browne, 2014). Existential art therapy with its focus on exploring the meaning and purpose in life may promote more stable and lasting results in drug addiction treatment.

Background of the Study Topic

Despite the fact that Twelve Steps and Cognitive Behavior Therapy (CBT) are the most dominant approaches for the treatment of substance abuse, researchers and clinicians have questioned whether or not they are most effective for working with clients who have both substance abuse disorder (SUD) and trauma history (and subsequently, post-traumatic stress disorder).

Twelve Steps programs address the issues of fear, abandonment and shame and provide a philosophy of living that promotes attitudes and skills for protection and nurturing (Sullivan & Evans, 1994). The Twelve Steps model considers addiction as a disease, not in a medical sense but rather a spiritual one. Therefore, a spiritual change must occur for the recovery (Kemp, 2015).

Evans and Sullivan (1995) claim that involvement in Twelve Steps groups is the essential treatment component for clients with post-traumatic stress disorder (PTSD) and SUD. They argue that shame and guilt frequently associated PTSD can be reduced through the disease model approach. However, there have been many concerns voiced about this approach including Ouimette Humphreys, Moos, Finney, Cronkite & Federman (2001). They are concerned about the effectiveness of Twelve Steps with clients with SUD and co-occurring PTSD because of the contrasting views of the primary problem (Twelve Steps considers SUD as primary problem and the patients consider PTSD the primary concern) and the need, according to the authors, for psychotropic medication (Ouimette et al., 2001). They explain that Twelve Steps proponents disapprove of psychotropic medication even for the significant psychiatric symptoms of PTSD. The authors also point out that SUD-PTSD clients could have difficulty embracing the concept of a higher power because of their trauma

PTSD history which results in loss of hope for the future. Similarly, Evans (1994) argues that Twelve Steps recovery approaches are not effective for addressing both trauma and substance abuse. The author points out that survivors frequently need extra preparation and support to endure Twelve Steps meetings because they often associate powerlessness with helplessness.

The evidence-based interventions for SUD are cognitive-behavioral treatments (CBT) which include coping skills training, relapse prevention, contingency management and behavioral couple's therapy (Emmelkamp & Vedel, 2006). CBT addresses "avoidant symptoms by teaching cognitive processing of trauma-related thoughts, affects, and experience" (McGovern et al., 2009, p. 893).

Cohen et al. (2003) state that family therapy and CBT have been found most effective in reducing problematic behavior and substance usage in adolescents with child abuse history. Contrarily, Bryant (2010) states that CBT approaches need to be used with caution when dealing with trauma because it may inadequately address psychological difficulties with clients with complex trauma experience. Talyor (2007) also agrees that CBT may not be a sufficient treatment when working with clients with emotionally complex trauma because it assumes that an individual's inability to process the traumatic experience is what leads to the development of symptoms. Similarly, May (1999) criticizes CBT's narrow focus on symptom reduction and the lack of acknowledgment of the personal barriers in expressing clients' will and freedom in choices. Furthermore, Rowe (2007) reminds us that the long-term benefits of CBT are not as clear or certain as they have been portrayed, and Corbett and Milton (2011) argue that overly simplified quick-fix solutions of CBT approaches negate the core issues and fail to provide a comprehensive understanding of a trauma.

Existential therapy originated from existentialism for which people have many types of associations. Cooper (2003) defines existential philosophy as an approach in which the existence of the human being is its primary concern. It helps clients “place their substance use in the existential context” (Somov, 2007, p. 318) and assists clients to recover the purpose of life (Ventegodt et al., 2006). Existential therapy has been shown to be effective in treating substance abuse populations but is seldom implemented.

Art therapy is effective in dealing with substance abuse and trauma issues (Skeffington & Browne, 2014). Art therapy provides a safe and non-judgmental space where clients can express their feelings freely (Hongo et al., 2015). The focus of the image makes art therapy safer and less intrusive because it enables clients to distance themselves from strong feelings that are evoked. There has been support for the idea that existential therapy, art therapy and the combination of the two may be an effective treatment approach.

Literature Review

“To live is to suffer; to survive is to find some meaning in the suffering.”

-Friedrich Nietzsche-

While Twelve Steps and cognitive behavior therapy (CBT) are the dominant approaches for the treatment of substance abuse, researchers and clinicians have questioned whether or not they are most effective for working with clients who have both substance abuse disorder and trauma history (and subsequently, post-traumatic stress disorder or PTSD). This literature review explores existentialism as a philosophy, existential psychotherapy, the prevalence of co-occurrence of history of trauma and substance abuse, and the different modalities of treating clients with substance abuse and history of trauma. Based on this review of the literature, there is support for the idea that existential therapy, art therapy and the combination of the two may be effective treatment approaches. There is evidence that suggests benefits of existential art therapy when used alone or in conjunction with traditional treatments for individuals with both substance abuse and trauma.

Existentialism

The field of existential philosophy has been associated with many different ideas, often as a result of confusion and misunderstanding. To some, it is associated with discussions about the meaninglessness of existence at gloomy cafes in post-World War II France, and to others, it is associated with ideas such as nihilism, angst, atheism and death (Cooper, 2003). Some people think of Jean-Paul Sartre and his circle when they hear the term, existentialist, (Cooper, 2003) and others might think of Martin Heidegger who had rejected the term explicitly (Wartenberg, 2010) but are generally known as one

of the most significant existential thinkers (Cooper, 2003). In fact, existentialism derives from the Latin word, *ex-sistere*, which means to “stand forth” or to “become” (May, 1958a, p. 12) and it is argued that existentialism can be traced back over two and a half millennia to Ancient Greece (Wartenberg, 2010). Wartenberg (2010) explains that Greek philosophers asked questions like “Why am I here,” “How should I live my life” and “What significance does death have for me?” (p. 5). We now commonly refer to these as existential questions as Wartenberg (2010) states. Similarly, Cooper (2003) defines existential philosophy as an approach in which the existence of the human being is its primary concern. In existentialism, human beings are considered essentially free and unique (Macquarrie, 1972).

Existentialism can be defined as a “chiefly 20th century philosophical movement” which centers on analysis of individual existence in “an unfathomable universe and the plight of the individual who must assume ultimate responsibility for acts of free will without any certain knowledge of what is right or wrong or good or bad” (Existentialism, n.d.). Cooper (2003) lists key philosophers of existentialism as, Soren Kierkegaard, Friedrich Nietzsche, Martin Buber, Karl Jaspers, Paul Tillich, Gabriel Marcel, Martin Heidegger, Jean-Paul Sartre, Maurice Merleau-Ponty and Albert Camus.

Existential Psychotherapy

Based on existential philosophy, existential psychotherapy is defined as a dynamic therapy approach that involves the concerns that originate in the individual’s existence (Yalom, 1980). The goal of existential therapy is confronting anxieties of daily living and creating meaning from lived experiences and connectedness with others (May, 1996b). Existential therapy focuses on three values: freedom, experiential reflection, and

responsibility (Schneider & Krug, 2010). It addresses the “four ultimate concerns,” which are death, freedom, isolation and meaninglessness (Yalom, 1980) and helps clients to re-own and reclaim their lives (Schneider & Krug, 2010). The existential therapist has a responsibility to understand clients’ anxieties and experiences and to guide them through their difficulties (May, 1996b). Schulenberg (2015) lists Rollo May, Irvin Yalom, James Bugental and Kirk Schneider as the most notable existential therapists.

In existential therapy, clients learn to see their own strengths and talents to overcome life’s challenges and burdens (Cooper, 2003). In his existential analysis, Frankl (1984) encourages clients to “focus out” on their responsibilities towards others. He explains that the most basic motivation of human beings is to find meaning in their lives.

Logotherapy

The Greek word ‘logo’ means “meaning” and logotherapy is a therapeutic approach that was developed by Viktor Frankl. Frankl’s book, *Man’s search for Meaning*, introduces some of the basic components of logotherapy and is an outstanding example of how one can ease despair in adverse situations “by incorporating personal meaning through attitudes, experiences, and behaviors” (Schulenberg, Hutzell, Nassif & Rogina, 2008). Logotherapy’s goal is to aid clients in the discovery of their purpose and orientation in life (Frankl, 1984) and “to overcome feelings of emptiness and despair” (Cooper, 2003, p. 51). According to Cooper (2003), logotherapy is heavily influenced by psychoanalytic thinking as are most other forms of existential therapy. Somov (2007) claims that logotherapy can help normalize the anxiety during substance abuse recovery as a “normal vital sign.” Clients are offered a perspective that is normalizing and de-

pathologizing on their substance use as “an escape from meaninglessness” and a way to cope with neurosis or depression (Somov, 2007, p 318).

The American Existential Humanistic Approach

American existential therapy has been referred to by many different terms such as existential analytic psychotherapy, existential psychodynamics, existential-integrative psychotherapy and existential-humanistic psychotherapy (Cooper, 2003). The existential-humanistic approach can be traced back to Rollo May and his colleagues but three of his protégés, James Bugental, Irvin Yalom and Kirk Schneider became the leading advocates of this approach (Cooper, 2003).

May (1980) focused on will and decision in his approach and explained that existential psychotherapy does not “leave will and decision to chance” nor does it assume that clients will happen to make a decision somehow (p. 271). He argued that only by “revealing and exploring” the “deterministic forces” in life, such as decision and will, one can orient him/herself and therefore engage in making choices and experience freedom as a result (May, 1986, p. 271).

Schneider and Krug (2010) explain existential-humanistic (E-H) therapy as a combination of existential philosophy, European humanistic, and American humanistic psychology. It can be described as both integrative and gradual approach to freedom in which E-H therapists challenge clients to tackle their issues intellectually, behaviorally, experientially, and programmatically to maximize the ability to transform themselves (Schneider & Krug, 2010).

According to Bugental and Bracke (2002), the existential-humanistic approach (also known as existential analytic psychotherapy) explores “being” as the central focus

in one's life. In order to become fully alive, one has to maintain "full awareness of one's sense of being" (p. 255). The authors explain that existential-humanistic psychotherapy's goal is to help clients regain the "lost sense of being" which will alleviate the symptoms and distress that brought clients to the therapy (p. 255).

In his existential psychodynamic approach, Yalom (1980) claims that one has to discover the "four ultimate concerns: death, freedom, isolation and meaninglessness" through "deep personal reflections" and encourages to confront each one of them (p. 8).

Yalom and Leszcz (2005) also introduces five existential factors:

1. Recognizing that life is at times unfair and unjust
2. Recognizing that ultimately there is no escape from some of life's pain or from death
3. Recognizing that no matter how close I get to other people, I must still face life alone
4. Facing basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities
5. Learning that I must take ultimate responsibilities for the way I live my life no matter how much guidance and support one receives from others (P. 98).

The authors also inform us that the group modality of existential therapy is very effective in addressing these existential factors because it offers the universality that normalizes clients' existential concerns (Yalom & Leszcz, 2005). Lastly, Yalom emphasizes the importance of exploring death anxiety with the clients in his approach. He explains that death impacts how we live, grow, falter and become ill because "life and death are interdependent" and "death is a primordial source of anxiety" (Yalom, 1980, p.

29). The author argues that death has positive contributions to our lives because the realization of the limitation makes us appreciate our lives more and value enjoying each day (Yalom, 1980).

Existential Therapy with Substance Abuse Population

Lack of Meaning and Purpose in Life and Substance Abuse

Frankl (1984) suggested that discovering a sense of purpose was essential in one's life and the key to physical and psychological health. Olive (1990) stated that drugs create an artificial meaning of life which acts as a way to cover up a void of authentic meaning in life. The author claimed that Twelve Steps based therapies or other types that were designed to persuade the addicts of the danger of drugs have varied in their success rates. He argues that addicts often go back to the drug subculture because it provides them the false sense of meaning and belonging and self-esteem.

There have been a number of research studies that found a significant relationship between lack of meaning and purpose in life and substance abuse. Roos, Kirouac, Pearson, Fink and Witkiewitz (2015) conducted research examining the correlation between the temptation to drink and purpose in life. The authors found a significant correlation between purpose in life and temptation to drink in all three treatment facilities which utilized cognitive behavioral therapy, motivational enhancement therapy, and Twelve Steps. The authors conclude that the treatment providers should explore clients' purpose in life in relation to clients' temptation to drink. The providers could assist clients in identifying important values in their lives and encourage them to immerse themselves in meaningful activities. They argued that this sense of purpose and meaning could serve as a poignant reminder to stay abstinent.

Based on their findings, Martin, MacKinnon, Johnson and Rohsenow (2011) suggest that it is highly valuable to increase purpose in life as part of treatment for alcohol and cocaine-dependent clients. In their research, the authors utilized the Revised Purpose in Life questionnaire and discovered significant correlations between lower purpose in life and number of days of cocaine use or drinking. They further stated that having a higher level of purpose in life at baseline predicted significantly better results in substance use treatment for alcohol and cocaine-dependent clients.

Meaning of Life Group

Somov (2007) introduced the Meaning of Life group which is a group format for logotherapy for substance use treatment. Like Yalom, Somov (2007) also accentuates the universality, the normalizing factors of the group therapy process in dealing with existential concerns, and offers the group a safe place for socially isolated substance users.

The goals for the Meaning of Life group are to awaken the philosophers inside the clients and to help them explore their substance use in relation existential perspective (Somov, 2007). The eight themes of the model are (a) meaning of meaninglessness, (b) meaning of adversity, (c) meaning of self, (d) meaning of presence, (e) meaning of death, (f) meaning of freedom, (g) meaning of substance use, and (h) meaning of transition (Somov, 2007). Somov (2007) argued that logotherapy is highly valuable treatment modality in pre- and post-rehabilitation substance treatments that teaches the addicts that “there is more to life than recovery” (p. 344).

The Scale for Existential Thinking

Allan and Shearer (2012) define existential thinking as “the tendency to consider the core issues of human existence and the ability to engage in a meaning-making process that locates oneself in respect to ultimate concerns” (p. 32). The authors argue that it is important to consider one’s existence and other existential issues for humans to function at their optimal level. To support their claims, the authors introduce the Scale for Existential Thinking (SET) to explore the relationship between existential thinking and existential well-being. They utilize an 11-item measure with scores that range between 11 and 55. Participants are asked to rate “how often they engage in various existential thinking behavior” utilizing a 6-point scale which ranges from “no” or “every once in a while” to “all the time” (p. 25). The authors found a positive correlation between existential thinking and the presence of meaning in life. They claimed that the existential thinking might contribute in discovering and/or maintaining meaning in life. They concluded that the SET was a valid and reliable assessment in measuring the relationship between existential thinking and existential well-being and existential thinking can help people develop a sense of meaning in life which may subsequently lead to his/her well-being.

Suffering as Motivation for Treatment

Frankl (1984) argues that searching for meaning can alleviate human suffering and that suffering generates changes in clients. Chen (2010) examines this meaning of suffering in drug addiction in her article and argues that suffering is a “psychological distress that threatens an individual’s intactness and deprives him of self-transcendence” (p. 364). In her conceptual model called “suffering as motivation for treatment” the author describes that when people feel negative emotions but are not able to cope, this

causes “primary sufferings” (p. 368). This then leads to eventual substance abuse. The “secondary sufferings” occur when drug addiction becomes “the driving force” in one’s life and when he/she “hits bottom” and it becomes the motivation for addiction recovery (Chen, 2010, p. 369). As Chen (2010) presents suffering as an internal motivation for change, Wieman (1946) also states that suffering can provide creativity and be useful to the sufferer. Similarly, Williams (1969) claims that suffering may also deliver a source of personal growth.

Existential Therapy with Trauma Populations

In their case study, Ventegodt, Clausen, and Merrick (2006) describe how existential therapy helped a client who had survived extensive childhood sexual abuse. They state that damage inflicted by the traumatic event is on one’s “philosophy of life” (p. 2080) rather than on one’s body or soul. It impacts the way one perceives life, self, others and the world (Ventegodt et al., 2006). With a borderline client who suffered over 100 childhood sexual abuse incidents, the authors utilize “existential holistic therapy” (p. 2080) that helped the client regain her hidden resources and motivation to live. The authors help the client release the negative and “life-denying sentences” such as “I trouble other people”, “I have got nobody”, “I am ashamed”, “nobody likes me”, “I can do nothing” and “I have failed.” (p. 2083). They claim that the process allowed the client to recover her character and the purpose of life (Ventegodt et al., 2006).

Southwick, Gilmartin, McDonough and Morrissey (2006) claimed that logotherapy offered an effective and structured template to veterans who suffered from chronic combat-related PTSD. The authors reported that the veterans they treated for five years were burdened with existential loss of meaning which affected them profoundly on

their psychosocial functioning. They asserted that logotherapy provided the hope for healing to their clients through meaning.

Corbett and Milton (2011) examine the effect of existential therapy in treating psychological trauma in their review. They inform us that existential therapy is a creative evolving process in which a therapist assists the client in inducing meaning, its implications, and possible consequences. The authors draw a special attention to the role of the therapeutic alliance in working with a client with a trauma history. They explain that the existential therapist's function is to create a meaningful encounter with their clients. Subsequently, the development of the therapeutic relationship contributes significantly to the processing of the traumatic events because recovery can occur only when the meaningful therapeutic relationship is present (Corbett and Milton, 2011).

Trauma and Substance Abuse Treatment

Prevalence of Co-occurrence of History of Trauma and Substance Abuse

Individuals with substance abuse disorders (in other words, chemically dependent) very often suffer from PTSD from their history of trauma and the co-occurrence of substance dependency and survivor-related disorders increase the possibility of relapse (Sullivan & Evans 1994). Wainrib (2006) also states that those individuals with a history of trauma experiences more psychiatric diagnoses such as major depression and substance abuse disorder. Similarly, Cohen, Mannarino, Zhitova and Capone (2003) claim that there is a significant linkage between child abuse and the subsequent development of both PTSD and substance use disorder (SUD). Finally, Sullivan and Evans (1994) conclude that generally, trauma survivors are at risk for

developing problems with substance abuse and the increased intensity of the coexisting psychiatric disorder.

Cognitive Behavioral Therapy

The evidence-based interventions for SUD are cognitive-behavioral treatments (CBT) which include coping skills training, relapse prevention, contingency management and behavioral couple's therapy (Emmelkamp & Vedel, 2006). Cohen et al. (2003) state that family therapy and CBT have been found most effective in reducing problematic behavior and substance usage in adolescents with child abuse history. Contrarily, Bryant (2010) states that CBT approaches need to be used with caution when dealing with trauma because they may inadequately address psychological difficulties which clients with complex trauma may experience. Talyor (2007) also agrees that CBT may not be a sufficient treatment when working with clients with emotionally complex trauma because it assumes that an individual's inability to process the traumatic experience is what leads to the development of symptoms. Similarly, May (1999) criticizes CBT's narrow focus on symptom reduction and the lack of acknowledgment of the personal barriers in expressing clients' will and freedom in choices. Furthermore, Rowe (2007) reminds us that the long-term benefits of CBT are not as clear or certain as they have been portrayed, and Corbett and Milton (2011) argue that overly simplified "quick-fix" solutions of CBT approaches negate the core issues and fail to provide a comprehensive understanding of a trauma.

Twelve Steps Programs

Twelve Steps programs address the issues of fear, abandonment and shame and provide a philosophy of living that promotes attitudes and skills for protection and

nurturing (Sullivan & Evans, 1994). The Twelve Steps model considers addiction as a disease, not in a medical sense but rather a spiritual one. Therefore, a spiritual change must occur for recovery (Kemp, 2015). The Twelve Steps model typically involves “(1) abstinence as a goal, (2) regular attendance at Twelve Steps support group, (3) using the Twelve Steps of AA as both a support for sobriety and as a guide for living, and (4) having a sponsor or member of a Twelve Steps group to mentor the individual” (Sullivan & Evans, 1994, p. 371).

Spiegel (2005) claims that working through Twelve Steps aids in the healing of trauma and argues that survivors of severe trauma can highly benefit from it. Similarly, Evans and Sullivan (1995) claim that involvement in Twelve Steps groups is the essential treatment component for clients with PTSD and SUD. They argue that shame and frequently associated PTSD can be reduced through the disease model approach.

However, there have been many concerns voiced about this approach including Ouimette Humphreys, Moos, Finney, Cronkite & Federman (2001). They are concerned about the effectiveness of Twelve Steps with clients with SUD and co-occurring PTSD because of the contrasting views of the primary problem (Twelve Steps considers SUD as the primary problem while the patients consider PTSD as the primary concern) and the need, according to the authors, for psychotropic medication (Ouimette et al., 2001). They explain that Twelve Steps proponents disapprove of the use of psychotropic medication even for the significant psychiatric symptoms of clients with PTSD. The authors also point out that SUD-PTSD clients could have a hard time embracing the concept of a higher power because of their trauma PTSD history which results in loss of hope for the future. Similarly, Evans (1994) argues that Twelve Steps recovery approaches are not

effective for addressing both trauma and substance abuse. The author points out that survivors frequently need extra preparation and support to endure Twelve Steps meetings because they often associate powerlessness with helplessness.

Seeking Safety (or Safety-based model)

Seeking Safety combines non-trauma focused CBT for PTSD and CBT for SUD to inform clients about both disorders and help them acquire self-control skills to avoid drug use and to cope with overwhelming effect (van Dam et al., 2012). It also focuses on clients' interpersonal and communication skills and encourages building a supportive network (van Dam et al., 2012). Sullivan and Evans (1994) state that the overwhelming lack of safety is what needs to be addressed the most when working with survivors of trauma since these individuals were denied protective and nurturing experiences in their lives. The authors explain that staying sober and working through the trauma gradually is safer than using substances. The approach also focuses on utilizing self-care and learning how to be assertive as safer alternatives. Najavits (2002) describes Seeking Safety as a treatment for both PTSD and substance abuse which has 25 topics that address cognitive, behavioral, and interpersonal domains. Each domain focuses on "safe coping skills" that help clients in establishing safety. It can be facilitated in groups or as an individual modality. The five central ideas are "(1) Safety as the priority of treatment, (2) integrated treatment of PTSD and substance abuse, (3) a focus on ideals, (4) four content areas including cognitive, behavioral, interpersonal, and case management, and (5) attention to clinician processes" (Najavits, 2002, p. 5). The challenges of this treatment model are (a) there is very little, if any, processing of a client's relationship with the therapist or in

group treatment, of members' relationships with each other, and (b) interpretive psychodynamic work is avoided (Najavits, 2002).

Motivational Interviewing

Motivational Interviewing (MI) is a short-term treatment approach that is designed for helping clients create "intrinsic motivation" (p. 297) to alter their addictive behaviors (Martino, Carroll, Kostas, Perkins and Rounsaville, 2002). MI is described as a conceptual mix of the stages of change model of recovery, Rogerian therapy and motivational psychology (Martino et al., 2002). Therefore, MI is a client-centered but directive way to enhance a client's motivation by "exploring and resolving client ambivalence" (Burke, 2011, p. 74). The MI therapist utilizes techniques such as open-ended questioning, use of affirmations, reflective listening and summarizing clients' comments (Martino et al., 2002). Other notable techniques include asking permission, eliciting/evoking change talk, exploring importance and confidence, normalizing, decision balancing, Columbo approach (according to Bilsen, 1991, it is an approach that a clinician utilizes a stance of uncertainty or confusion to motivate the client in taking control of the situation through presenting a solution to the clinician), statements supporting self- efficacy, readiness to change rules, advice/feedback and therapeutic paradox (Sobell and Sobell, 2008).

A lot of articles claim the efficacy of MI at least in the short term. In one study, D'Amico, Miles, Stern and Meredith (2008) state that brief motivational interviewing proved to be effective in decreasing substance use when working with high-risk youth. The authors argued that the teens who received the brief MI treatment showed reduced desire to use marijuana in the following six months, reduced perceived prevalence of

marijuana used and fewer friends who utilized marijuana compared to the control group. Similarly, Shorey, Martino, Lamb, LaRowe, and Santa Ana (2015) concluded that change talk occurred significantly more often in an MI group than in a control group. The change talk consisted of “desire, ability, reason, need, commitment, and taking steps” (Shorey et al. 2015, p.78). Berman, Forsberg, Durbeej, Källmén and Hermansson (2010) also state that a single MI session was effective in increasing self-efficacy to abstain from substance use and transition into the preparation/action stage. But the authors declared a need for future studies to show if MI’s impact would extend to the 6 and 12-month follow-up visits. It appears that it is unclear how long-lasting MI treatments’ effects are. Carroll et al. (2006) agree with the previous authors that participants who were assigned to MI showed “significantly better retention through the 28 day follow-up” than those who were in standard treatment (p. 301) but report that there was no significant difference in outcomes at both the 28 day and 84 day follow-up visits.

On the contrary, Mullins, Suarez, Ondersma, and Page (2004) inform us that there was no difference found between their MI group and a control group with women who used substances while pregnant. Both attendances for the treatment retention group and results from random urine analysis showed no significant difference between the two groups. Foxcroft, Coombes, Wood, Allen and Santimano (2014) also claim that according to their study results, there is no meaningful or substantial benefit from MI interventions in reducing alcohol misuse in youth with problematic drinking.

Existential Therapy for Clients with Substance Abuse and Trauma History

Existential therapists “view humans as creatures of continual change within finite lives in the context of environmentally-created opportunities and limitations” (Longhurst,

2015, p. 64). May (1999) believed that the purpose of existential therapy in working with a trauma population was to free them so that clients could be aware of and experience the possibilities available to them. In his book, May (1981) described the “existential bottoms” as “the process of giving up the delusion of false hopes and, thus fully acknowledging the facts of destiny... then and only then, can this person begin to rebuild himself” (p. 216). By helping clients recognize the lack of meaning and purpose in their lives, instead of pursuing drugs, existential therapy can provide the clients a chance to think about what they want to achieve in order to get significant life satisfaction (Ford, 1996). Haines (1997) suggested boredom as the leading cause of relapse. Crises always provide a purpose and when a crisis ends so does the purpose. She concluded that the only way to avoid relapse was to incorporate meaning in recovery.

Art Therapy

Art Therapy for Treatment of Co-occurring Substance Abuse and Trauma

Skeffington and Browne (2014) claim that art therapy is effective in dealing with substance use and trauma issues. Unlike traditional therapy approaches in which clients can “guide discussions away from uncomfortable thoughts and feelings” art therapy can provide an opportunity for working with and expressing uncomfortable experiences through images (p. 119). Hongo et al. (2015) also suggest that art therapy provides a safe and non-judgmental space where clients can express their feelings freely. Merriam (1998) similarly argues that the focus of the image makes art therapy safer and less intrusive because it enables clients to distance themselves from strong feelings that are evoked. The author states that art therapy provides a voice to clients who have lost ability to verbalize because of their trauma history. She also adds that art therapy offers the

opportunity of self-empowerment because it is a self-directed activity that is highly personal.

Existential Art Therapy

An existential art therapy approach has been written about very little except by Bruce Moon (2009), in his book, *Existential Art Therapy: The Canvas Mirror* describes existential art therapy as art therapy process which deals with the “ultimate concerns of life” (p. xiii). The author also adds that most prominent themes of existential art therapy are “issues of human struggles, relationships, meaning, guilt and love” (p. xiv).

Existential art therapy puts less importance on decreasing stress or resolving the conflict but rather on encouraging clients to use their own imaginations. Subsequently, the healing occurs by the fueling of clients’ imaginations (Moon, 2009). Moon (2009) states that his goal as an existential art therapist is “to empower clients to explore freedom in the context of their limitations, and help them discover the meanings of their lives as shown in their creative work” (p. 117). He goes on to write that existential art therapists should remember three positions: “1) people long for and need meaning and purpose, 2) nothing is absolute, and 3) an individual can only create meaning in the context of the person’s relationship with others” (Moon, 2009, p 64). Moon (2009) claims that people who live without imagination are afflicted with struggles such as boredom, emptiness, absence of meaning, despair, fear of life and fear of intimacy.

Group therapy

Group psychotherapy is an important, if not the most vital, element of the substance abuse treatment program (Flores, 1993). Yalom and Leszcz (2005) claim that group therapy is highly effective in helping the group members work on responsibility

and positive interpersonal relationships. The population and/or purpose may be different for each group but they share the common processes of group therapies, such as conflict and group cohesion. (Yalom & Leszcz, 2005). The 11 therapeutic factors that group therapy provides are:

1. Installation of hope
2. Universality
3. Imparting information
4. Altruism
5. The corrective recapitulation of the primary family group
6. Development of socializing techniques
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors (Yalom, 2005, p. 2).

Yalom and Leszcz (2005) explain that since the group therapy is based on the relationships between the group members, it can help people with trauma history normalize their experiences, receive social support and learn from others with similar experiences. Similarly, Keenan, Limley and Schneider (2014) state that the focus of the treatment for trauma has to be on rebuilding the connection to oneself and to the others because traumatic events produce shame, guilt or grief from severed interpersonal relationships. Comparably, in their study, Kalsson, Bridges, Bell and Petretic (2014) claimed that their eight weeks, Sexual Violence Therapy Group produced a significant

decrease in symptoms of depression and anxiety in incarcerated women with sexual trauma.

Group therapy has been also widely used to treat substance abuse population (Levine & Gallogly, 1985) and considered the most effective in fighting the resistance of the addicts (Milgram & Rubin, 1992). Addicts usually have a history of difficult relationship with authority figures and therefore more likely to acknowledge and receive information from peers than the leader of the group (Milgram & Rubin, 1992). A group therapy also provides an “opportunity for mutual aid and support” (Milgram & Rubin, p. 96). Battjes, Gordon, O’Grady, Kinlock, Kats and Sears (2004) reported a significant reduction in the use of marijuana by adolescents who participated in group-base treatment at 6 and 12 months. Experiencing universality, developing socializing techniques and role models, obtaining a change to rehearse and feedbacks from peers and therapists are the factors that contribute to the effectiveness of group therapy (Kaminer, 2005).

Conclusion

Even though existential therapy remains under-researched, there are claims that the empirical evidence is beginning to amass support (Corbett & Milton, 2011). Vos, Cooper, Correia and Craig (2015) claim that promising scientific evidence has been found in the efficacy of existential therapy for helping clients with “their existential and psychological development, especially meaning therapies for physically ill individuals” (Vos et al., 2015, p. 60). Furthermore, proponents argue that the issues being explored in existential therapy are universal and basic to human experience (Yalom, 1980) and so it can be integrated into any approach (van Deuzen, 1997). In traditional rehabilitation programs, many clients with substance abuse issues have a hard time getting past the pre-

contemplation stage (Ford, 1996). Ford (1996) argues that it is partially because clients are provided very little opportunities to ponder existential issues in regard to the nature of the addiction and the possibility of change. Based on this review of available literature, existential art therapy may be an effective treatment for clients with substance addiction and trauma history. It may provide a safe place where they can explore existential issues such as death, freedom, anxiety, purpose and meaning of life through images and metaphors which can promote change within the clients.

Research Approach

The complexity of the research study required a mixed methodology approach in order to gather data utilizing both qualitative and quantitative measures. Since each type of data has its limitations and strengths, by applying the two methods, I could develop “a stronger understanding of a problem or question than either by itself” (Creswell, 2014, p. 215).

For the quantitative model, I employed single-subject research because I was not able to assign a control group. In the single-subject research, the group participants function as both the experimental sample and control sample (Kapitan, 2010). A single-subject research is useful to look at “components of art therapy interventions in stages and consequently developing a clearer understanding of what aspects of the therapeutic art process seem to have effects for a given sample group” (Carolan, 2001, p. 195).

A qualitative method was also utilized in order to analyze the art data, PGSQ, and my notes which examined participants’ observed behaviors and conversations during the group sessions.

This research explored “the cause-and-effect relationships” (Kapitan, 2010, p. 58) between existential group art therapy and existential thinking by examining every individual’s response to Scale of Existential Thinking (SET) at the beginning of first and the last sessions of treatment, participants’ artwork, notes from group sessions and post group survey questions (PGSQ).

Methods

The method section of the proposal includes a list of definitions of terms relevant to the study topic. This section also describes the outline of the design of the study, including the recruitment method, procedures of data gathering and a detail of data analysis used.

Definition of Terms

Some of the key concepts of existentialism can be defined as follows.

The Absurd. Camus explains that it is absurd to demand the universe to be reasonable, which it can't provide to human beings (Wartenberg, 2010).

Anxiety. Kierkegaard (2015) said, "Anxiety is the dizziness of freedom." You feel anxiety because you recognize that you and you alone are responsible for your actions (Panza, 2008). May (1958a) described anxiety as "an experience of threat which carries both anguish and dread, indeed the most painful and basic threat which any being can suffer, for it is the threat of loss of existence itself" (p. 52).

Authenticity. Authenticity can be defined as a "real or genuine expressions of self" which is not "false or masked versions" (Spinelli, 2014).

Awareness. Acquiring an awareness of our bodies, wishes and desires generally will bring increased appreciation of being ourselves and deep respect for being itself (May, 1990).

Death. May (1958 a) suggests that confronting death which is inevitable can help one develop the more positive meaning of one's life.

Existence. Heidegger refers to the word, *Dasein*, which means being there (Wartenberg, 2010). He emphasizes the distinctiveness of being human and "the importance of the awareness" (Wartenberg, 2010, p. 14) for our own being.

Existential anxiety. May (1958) explains that existential anxiety occurs when the facades of life crumbles and one faces the reality of existence and the “possibility of fulfilling his existence at the possible expense of his present security” (Daitz, 2011, p. 145).

Existential vacuum. Existential vacuum is the result of one’s frustration when his or her will to meaning fades away. Common symptoms of existential vacuum are emptiness, alienation, boredom, despair, and loss of purpose (Frankl, 1969).

Freedom. Schneider & Krug. (2010) define freedom as “a capacity for choice within the natural and self-imposed limits of living” (p.13). The authors also added that dysfunctional or counter-reactions can be expressed as oppressiveness or impulsivity when individuals are not able to recognize or use this freedom or dread of freedom.

Freedom of the will. Freedom of the will refers to the human capacity of choosing how they respond to existential circumstances (Lukas & Hirsch, 2012).

Meaning in life. One can find meaning in life in all circumstances, even when they involve intense and unavoidable sufferings (Frankl, 1984). Life provides the opportunity to decide what is meaningful to each individual (Lukas & Hirsch, 2012).

Responsibility. We have “the capacity to choose and to act on choices” and therefore, we face with responsibility for what one does and chooses and what one doesn’t select and not accomplish (Bracke & Bugental, 2002, p. 258).

Therapeutic relationship. The therapeutic relationship is a “central preoccupation” for existential therapy (Corbett & Milton, 2011, p. 68). It is “a relational aspect of life and of therapy” which helps clients “to become aware of their experience, potentialities, and mean of interaction with the therapist” (Corbett & Milton, 2011, p. 68).

Will to meaning. Will to meaning is the most basic human motivation which enables individuals to search the meaning they desire. Existential frustration may occur when the will to meaning is blocked or interrupted and this can potentially cause the consequences such as boredom and apathy (Frankl, 1984).

Design of Study

Sampling. Subjects were notified of the research in an announcement in their community meetings at Tarzana Treatment Center in Long Beach (which is the Primary Investigator's current practicum placement) and by flyers (Appendix 2). Subjects were male and/or female adults, ages 18 and older, volunteer participants who are in treatment for substance addiction at Tarzana Treatment Center. A group of seven participants who meet the criteria for both substance abuse and history of trauma received Existential Art Therapy Group Treatment for 8 consecutive weeks.

Gathering of Data.

- a) Participants in the group were provided information at the beginning of the first session that helped them understand the format of the group and the research requirements. Participants were asked to sign a consent form (Appendix 1) and provided a copy of the research subject's bill of rights.
- b) Participants were be asked to fill out the Scale for Existential Thinking (SET) at the start of the group and at the end of the treatment process (Appendix 3).
- c) Participants engaged in the art-making process and discussion of their artwork, based on the curriculum Primary Investigator (PI) has developed (Appendix 4).
- d) Participants were asked to answer Post Group Survey Questions (PGSQ) after the termination of the group (Appendix 5).

Analysis of Data. In analyzing the art, recurrent and common themes were explored. Each participant's artwork was analyzed individually, vertically across the eight sessions and horizontally in a comparative evaluation with other participant's artworks.

In analyzing the Scale for Existential Thinking, I had the interval data using the scale of 1-6, which is continuous and logical in order. The data had standardized differences between values but did not have natural zero. I utilized correlation to describe the nature of the relationship between two variables which are the EGAT program and existential thinking (i.e., weak and positive or statistically significant, or non-significant). The notes from the group and reflections on the group sessions were analyzed as the textual data as well as the responses to the participants' artwork which were also collected from the PI, five graduate students and PI's research mentor. The textual data gathered was compared with the art images for consistency and the SET and PGSQ were utilized by the group members.

Results

Presentation of Data

There were seven participants who volunteered to join this research project, agreeing to participate in an eight-week existential art therapy group. The primary investigator asked seven people who had substance addiction and a history of trauma and all of them accepted the offer to join the group. They were all seeking substance abuse treatment at the Tarzana Treatment Center (TTC) and they were among the 48 total population at the center. The Tarzana Treatment Center provides residential rehab alcohol and drug treatment, transitional and supportive housing, dual diagnosis (for substance abuse and mental health), HIV Services and court-related services to low SES clients with substance addiction. The primary investigator was the art therapist facilitating the groups. The quantitative and qualitative research data were gathered through observation of the group art therapy sessions utilizing the existential modality and clinical notes from the observation, and through the use of the Scale for Existential Thinking (SET) and the Post Group Survey Questionnaires (PGSQ). Every week, a group discussion was held after the introduction of the topic and an art task followed. Each participant was given the option to share something about their art and comment about others' artwork as well. The participants were asked to complete the SET two times, once before the first session started and later before the last session started. They completed the PGSQ after the last session in order to assess the impact of the group.

Scale for Existential Thinking (SET)

All numerical data were gathered on February 10th 2016 (at the beginning of the 1st session) and March 30th, 2016 (at the beginning of the 8th session) through self-administered questionnaires utilizing the Scale for Existential Thinking (SET), completed by seven participants (n=7), at a 100 % response rate. A total of 14 questionnaires were received and all 14 were usable for this study. There were 11 questions total and a scale of 1 to 6 was presented. 1 was “no or rarely,” 2 indicated “sometimes,” 3 was “often,” 4 was “almost all the time,” five denoted “all the time,” and six was “I don’t know.” The 11 questions inquired about how often the participants engaged in existential thinking, such as wondering about purpose or meaning of life, thinking about death and afterlife, pondering about life’s Big Question and questioning the nature of reality or the universe. The questions also asked the participants how much time they spent reading, thinking about, or discussing philosophy or beliefs and in meditation, prayer, or reflecting on the mysteries of life.

Participants

Out of seven participants, this research paper provides detail for four individuals, Lola, Walter, Jack, and Juan. They were the ones who attended the weekly group sessions, participated in group discussions and engaged in the art tasks most consistently.

Lola. Lola is a 23-year-old Hispanic bisexual female who is in treatment by court order. Her 2-year-old son is in foster care and she is trying to gain custody back from the state. Lola shared with the group that she was severely neglected as a child by her parents and she wanted to become a “loving parent” for her son which is something she never had. Her drugs of choice were methamphetamine and hashish and she was diagnosed with bipolar disorder. She shared with the group that she had anger issues and that she had “beat up” her mom pretty bad before and subsequently arrested for the assault.

Walter. Walter is a 31-year-old Armenian male suffering from heroin addiction who entered the program in hopes of “getting his life together.” Walter grew up in Los Angeles where he interacted with people of the Hispanic cultural background more than those of his own heritage. He reported feeling “not belonging anywhere” because he was different than other Armenians and he wasn’t Hispanic even though all his friends were. Walter claimed that he was in a gang while he was in high school and witnessed two of the new recruits getting shot and dying. He shared with the group that this experience changed his life forever, making him realize that “it was so easy to lose one’s life” and “it (gangbanging) wasn’t worth it (life).” Walter is also a street artist who has participated in a lot of graffiti art in the city.

Jack. Jack is a 26-year-old Caucasian male who was born with HIV. Jack was one of the group members who were attending another group the art therapist was facilitating weekly at TTC. Since he met the requirement of SUD and trauma history he was invited by the art therapist to join the group at the 3rd session due to three initial participants leaving the treatment early for different reasons. In one of the later sessions, Jack disclosed with the group that he was abused (he didn’t specify how) by his male cousin when he was very young. He shared that he was likely using drugs such as heroin, methamphetamine, and speed “to soothe” himself because he was “always feeling sorry” for himself. Jack grew up with his biological father, stepmother, and a step brother. Jack shared that he loved his brother so much that he never thought about “not sharing full blood” with him. Several times during the sessions, Jack expressed his desire to reconnect with his younger brother and become his role model again.

Juan. Juan is a 27-year-old Hispanic male who identifies himself as a bisexual. Juan has two daughters who live with their mother. Juan reported that he had contracted HIV a couple years ago and felt like he had “hit rock bottom.” His drugs of choice are methamphetamine and marijuana and he is in treatment to gain custody back of his daughters. Juan claimed that all his family suffered from drug addiction “in one way or another,” including his parents. Juan shared that he wanted to become a father that his two daughters could be proud of and an advocate for the individuals with HIV.

Session 1

To begin the first group session, participants were provided with consent forms and the SET. One of the participants commented that he thought about those questions in the SET all the time and that he was glad that he was in the group. Then the participants were introduced to the basic concept of existential therapy and art therapy. The participants were asked if they had watched a movie called “*Groundhog Day*” and were provided a brief summary of the movie. The participants were asked to think about what they would do if they were the protagonist, the character Bill Murray portrayed. “If you were to live the same day over and over again how would you spend your day? Draw what that would look like.” The rationale for the directive was to encourage the participants to start the search for meaning in their lives which can be the greatest motivation for recovery. Some of the participants needed help with understanding the question. They had about 15 minutes to draw and materials such as colored paper, oil crayons and markers were provided. All participants were immersed in the art process. The group processed all seven drawings together for 20 minutes. The participants were excited to share their drawings. Jack and Juan were not present in this session.

Lola. Lola drew a smiley face (representing herself) in the middle of the page and her baby on the opposite side of her, on the bottom of the page (see Figure 1). Then she drew a red heart between them and moved on to drawing the 4 arrows. Lola explained that the arrows were representing the earth we live in. She added the bible on the right side between the two arrows and people playing dominos (at TTC) on the left side. She said her love for her son and for the people at TTC and her faith in god would keep “recycling” and make the earth a better place to live in.



Figure 1. Lola. “What I need in my life to be happy.”

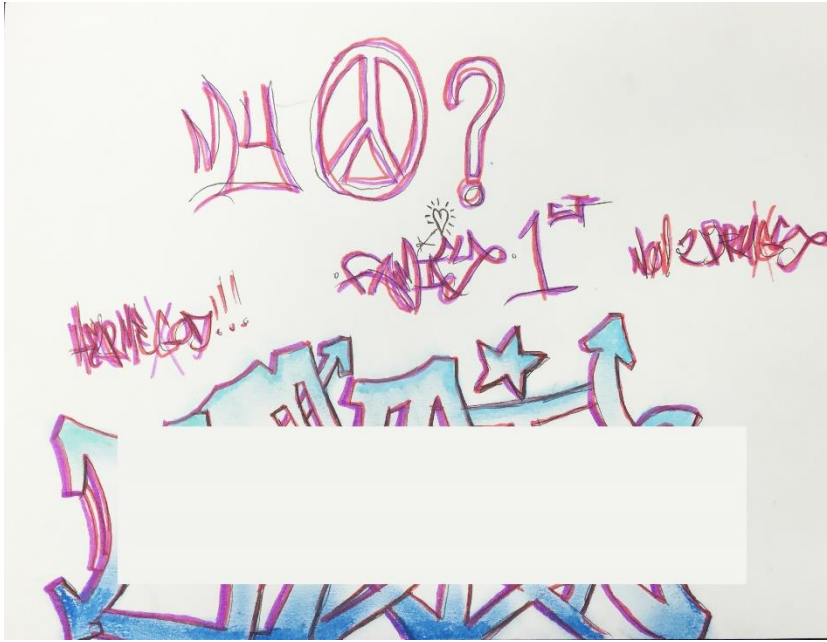


Figure 2. Walter. “My peace is?”

Walter. When it was time for him to discuss his artwork, Walter stated that he drew his tag (he was a graffiti artist) because he “didn’t know what to draw” (see Figure 2). He wrote, “My peace (he drew a big peace sign) is?” at the top of the page and below it wrote, “Hear me, God!”, “Family 1st” and “No Drugs.” Walter shared that he didn’t know how he could find peace at this point in his life. He stated that he knew what he needed to do, which was “not to use drug ever again” but he “couldn’t see how he could actually make it happen.”

Session 2

In the second group session, the group acknowledged and talked about two participants who were missing. During the weekend, one participant left the facility (the reason was unknown) and the other participant was discharged (due to deviating from the program). The art therapist talked about the nature of the substance treatment program and how someone could relapse the next day and be gone. The group discussed and processed the uncertainty of the recovery process. Then the group explored the meaning of self.

Participants were asked about their sense of identity. The art therapist specifically inquired about the meaning of being an addict and a recovering addict. Some of the group members shared that being an addict sometimes felt like it was their sole identity. The art therapist normalized how in addition, the sole purpose of people's lives often becomes attaining the next fix and people forget or do not think about any other meaning in their lives. The art therapist encouraged the participants to think about their identities without drugs. "What was it like before you started using drugs? What makes you who you are? What would be different than now or the past?" Then the participants were asked to fold the paper in half and draw who they "are right now" (or before when they were using drugs) on one side and who they would be or would want to be in the future without drugs on the other side. The rationale for this directive was to help participants explore the view of themselves beyond being an addict or recovering addict. The five of the group members spent about 15 minutes drawing with materials such as oil crayons and markers. The group processed all the artwork together for about 20 minutes. Lola and Jack were not present in this session.

Walter. Walter stated that he drew his "universe" on drugs and without drugs (see Figure 3a). He shared that he was thinking about all the good things of being on drugs on the "my universe on drugs" page but failed to find many positive things and realized how much he always "glorified" the experience. He exclaimed, "All I could remember was all the bad stuff!" He added that the only good thing about being on drugs was "the euphoria" which only lasted for a very brief moment. After the short period of the euphoria, Walter explained,

“jail”, “sadness”, “police”, joblessness”, “depression”, and “pain” followed and surely

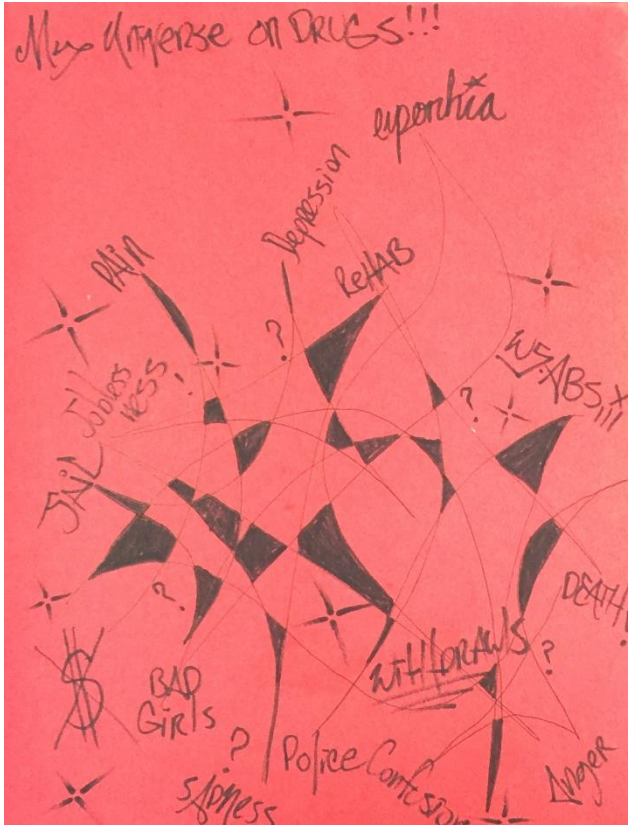


Figure 3a. Walter. “My universe on drugs.”

“death” would have followed as well if he didn’t stop using. In his “universe with no drugs,” he included “inner peace”, “happy family”, “marriage”, “money”, “success”, “happy girlfriend”, “career”, “happiness”, “freedom”, “school”, “children”, and his dream car, “BMW MG” (see Figure 3b). When Walter was sharing this portion of the artwork, one of the group members shared that he liked how this one was a lot bigger than the first one and asked if Walter made it that way on purpose. Walter responded, “No, I think that happened unconsciously but I like it that way, too.”

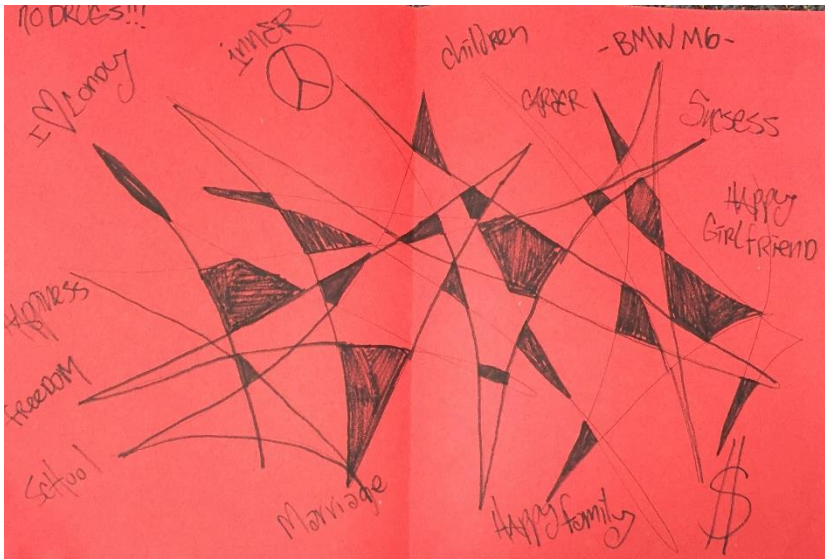


Figure 3b. Walter. “My universe without drugs.”

Juan. Juan shared that he drew who he was before he came into the treatment center and who he wanted to be in the future (see Figure 4). The figure on the right represented Juan in the past while he was “deep in drugs,” he said. He continued to explain that the figure was smoking marijuana and was “broke.” He also wrote, in one talk bubble, “stressed work, sad, who am I, lost money, whores, the pipe” and in the other one, “lost dreams, bad dad.” When he was asked about another small figure on the left, Juan explained that it was his “shadow.” He said, “That is how I see myself, a nobody.” After a brief silence, Juan moved on quickly to talk about his future-self on the left side of the paper. He explained that without drugs, he would be healthy, happy, positive, and love himself. He added that he wanted to become “a role model not just a person” and a great cook who owns a café called, Jiztay Café. The group members told him that they liked the name of the café and that he was a great cook (Juan worked as a chef in the kitchen at the facility for a month).

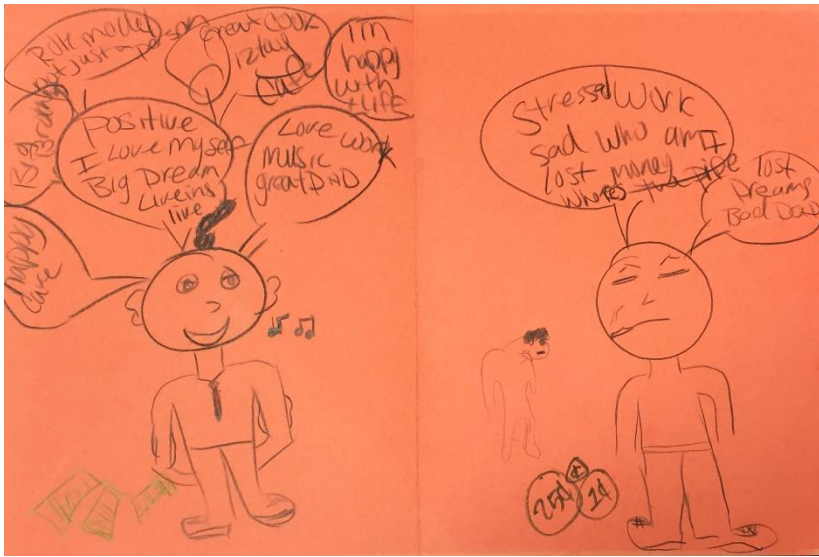


Figure 4. Juan. Self-portrait with (right) and without (left) drugs.

Session 3

In preparing for the third group session, the art therapist had learned that three of the original group members left the program unexpectedly for various reasons and the art therapist decided to recruit additional participants for the group. Jack was invited to join the group and he excitedly agreed to participate and came to the 3rd session on time. Doug who was seeing the art therapist as his primary therapist also showed up and asked to join the group. Since he met the criteria (substance addiction and trauma history) and the art therapist thought it would be a great experience for Doug who was suffering from chronic depression and social anxiety, she also welcomed him to the group. The art therapist first welcomed the two new group members and asked them to fill out the consent forms and SETs. When they were done, the art therapist went over the definition of existential art therapy and the summary of the first two sessions. Then the art therapist introduced the idea of substance use as a way to cope with adversity in life. The group had a discussion about different ways to interpret sufferings in life. The art therapist asked the participants to think about some of the

hard moments in life and try to identify any learning experiences that came from them. “What have you learned from that experience?” “What do you think is the meaning of suffering?” “Even though it was very hard, painful, and damaging, is there any value you can take away from these experiences?” Then the participants were asked to pick one of the most painful experiences they had had so far and try to identify what they have learned from that experience and draw what that looks like. The rationale for the directive was to assist participants in making sense of adversity from their failure and help group members see that their suffering was not in vain. All but one of the participants were able to start right away. Again, materials such as colored paper, oil crayons and markers were provided and the group had about 15 minutes to draw and 20 minutes to share. Overall, the group was engaged and appeared to value the content of the session.

Lola. Lola drew two figures who represented her parents on the right side of the paper (see Figure 5). She explained that her father “always favored” her brothers over her and later “abandoned everyone” by leaving for Vegas. Lola added that her mom neglected Lola and her siblings because she was always busy “chasing after some men.” Her voice became shaky and she started wiping her tears with her hands when she shared that she had to practically “raise herself” which felt like she was “getting sucked into a black hole.” She pointed out that like the picture she drew, she was “screaming for help but no one was there to save” her. Lola was still crying but she was able to keep sharing. She said that even though this was a very hard experience, it made her stronger and want to become a better parent to her son. Lola went on to say “I think love rules all and I won’t abandon my son like my

parents did with me. ...I was left alone but not forever.”

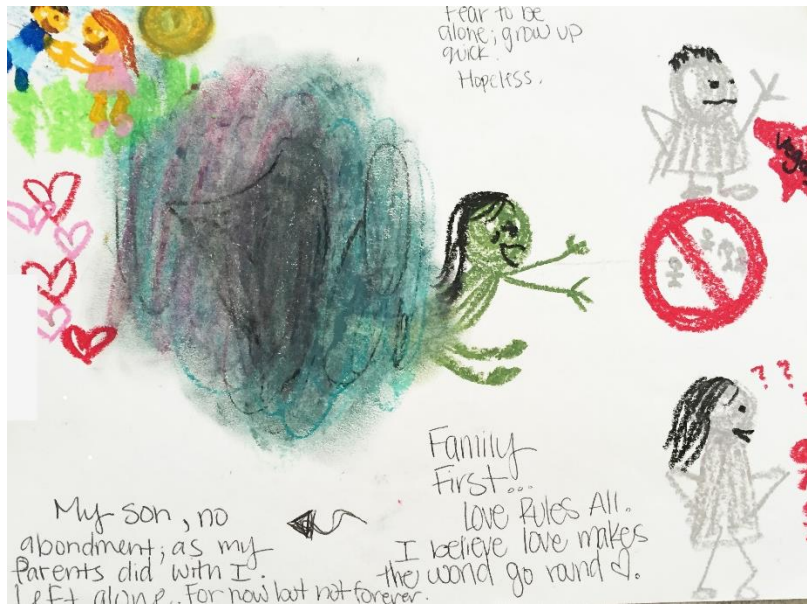


Figure 5. Lola. “The hardest moment in my life and what I’ve learned.”

Walter. On the top of the white paper, Walter wrote “overcoming segregation.” In the middle to the left, he drew a big set of red eyes and to the right, an Armenian flag and Mexican flag (see Figure 6). Below the eyes, he wrote, “I am different” and “Don’t really care but I do...” For Walter, “overcoming the segregation” was one of the hardest things he had to do in his life. Walter grew up in a city where there were big Armenian and Mexican communities and he went to schools where those two ethnic groups were most predominant. He shared that the two ethnic groups “didn’t really get along with each other and there was a big divide between the two.” Walter hung out with the Mexicans and that subsequently made the Armenians in his school “get mad” at Walter. Walter added that he “always looked different than everyone” and no one ever guessed that he was an Armenian. He claimed that the Mexicans were also “always skeptical” of him “because I am white.” He always felt like he had to consistently “prove himself to others” and therefore he always “struggled within.”

He shared that he acted as if he didn't really care but in truth, he did. Walter claimed that going through this experience made him "become more aware of racial issues" and helped him to treat everyone equally.

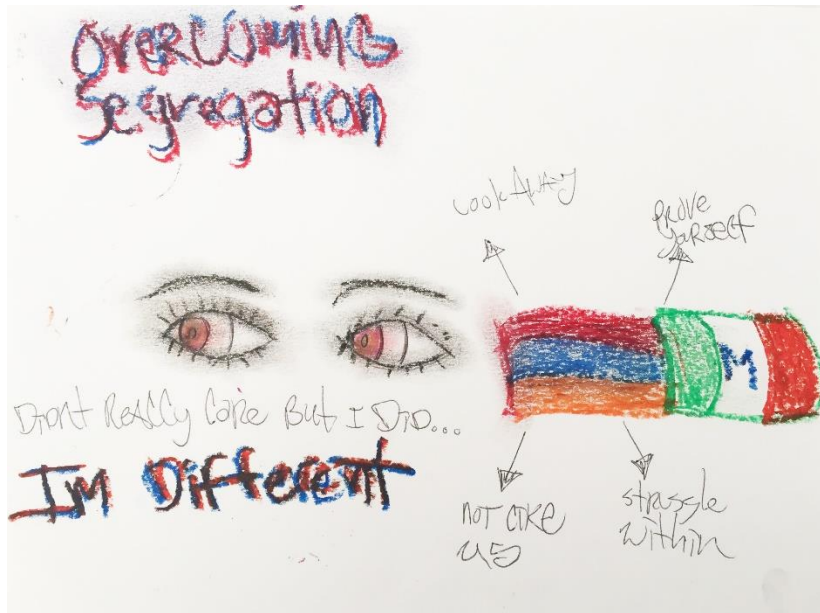


Figure 6. Walter. "Overcoming segregation."

Jack. This was Jack's first week attending the group. Jack was one of the two late additions to the group due to three initial group members leaving the treatment early for numerous reasons. Jack drew "an eagle soaring up" and a red ribbon (see Figure 7) which "symbolizes HIV" (the unity of people living with HIV/AIDS). Jack disclosed to the group that he was born HIV positive and that was one of the hardest things he had to live with, growing up. He explained that he grew up with "people being scared of him." Parents of Jack's friends didn't allow their kids to play with Jack anymore once they found out about Jack's disease. Some of his friends even transferred school entirely, Jack said. Because of the



Figure 7. Jack. “Growing up with HIV.”

safety issues, Jack always had to inform the school about his disease and “everyone always knew about it.” Jack stated that he was “ashamed” about it when he was younger, but now he felt that he could “rise above it.” He described this image as “I am soaring up like an eagle.” He stated that he never talked about his HIV status in a group setting before and he “felt good” about sharing it with the group members today. He stated that he was proud of who he was now and he felt that his experience made him a strong person. At the end, he added, “I also do not discriminate against people now, I always try to treat everyone equally.”

Juan. For his hardest moment of life, Juan chose to draw a time when he was in his deepest addiction with methamphetamine (smoking every day). This was also when he just found out that he was HIV positive. He described that it felt like he was digging a hole deeper and deeper, where he felt like he could never get out (see Figure 8a). Juan explained that the hole was so deep that his daughters couldn’t get to him, and he felt scared and lost. He added that he “would have probably died if he kept on smoking.” For the things he has learned from this experience, Juan drew a big figure who embraces the HIV symbol on his whole torso (see Figure 8b). He shared that because of the experience he is now a stronger

person and a stronger father who learned how to love himself. He claimed that he was happy now and “proud to live.” Juan also stated that his daughters would be happy with the new him.

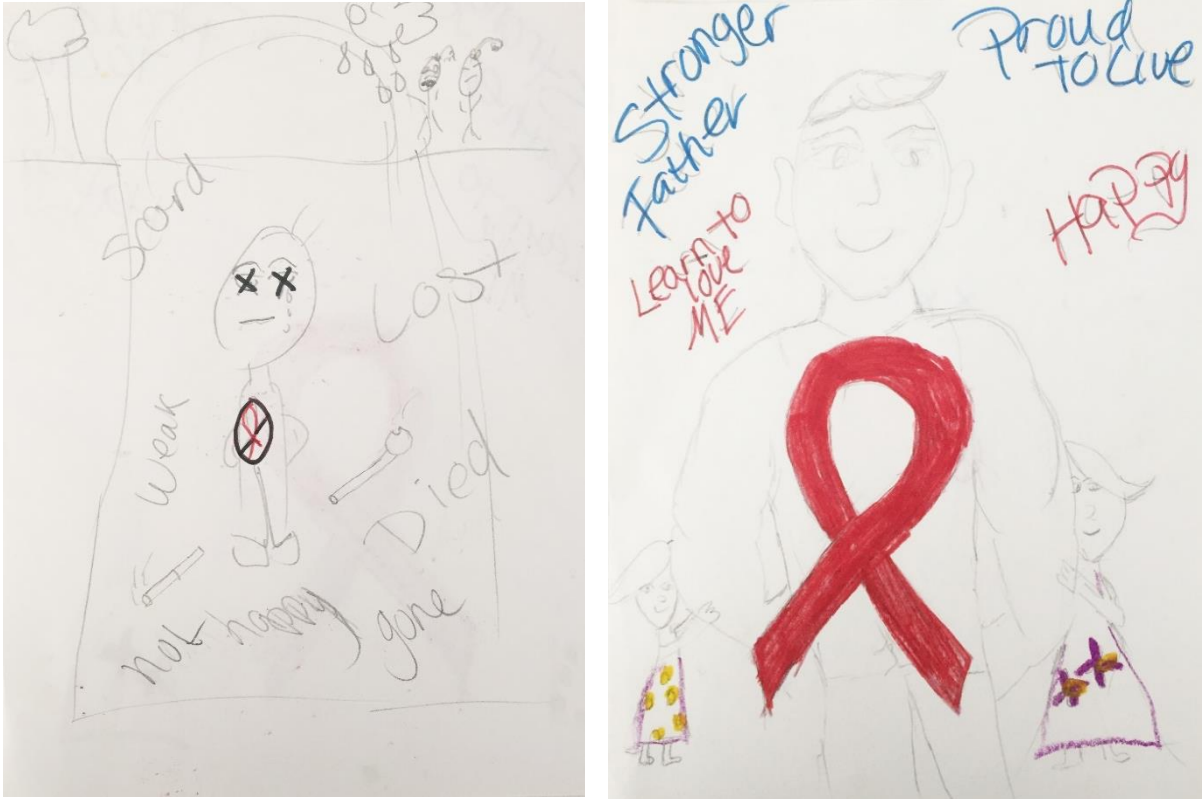


Figure 8a. Juan. “Digging a hole, deeper and deeper.” *Figure 8b.* Juan. “Proud to Live.”

Session 4

In the fourth week, the group first discussed the meaning of death. The art therapist asked the participants questions such as “how do we think of death” and “what does death mean to us”? The group explored different concepts of death such as the start of the after-life, the ultimate end of life, the rebirth or reincarnation and the unknown. The art therapist asked the participants to think about what their view of death was and also ponder several questions. “What do you think will happen when you die? Where do you think you are headed? How does it affect your decision today?” The art therapist explained to the group

that all different views were welcomed and accepted. Then the group was introduced to the topic of substance abuse in relation to death. The art therapist shared with the group that Existentialists look at substance abuse as “temporary death.” If life is “being awake” then death is “being asleep” and when we are in addiction we lose ourselves and we are not conscious nor awake. The art therapist also reminded the participants that thinking and talking about death might be a very uncomfortable and difficult task but it could serve a very important purpose for us. Regardless of what our beliefs are about death, confronting death can be “an awakening experience” that helps us to live a “fuller life.” The group was provided one of the most well-known examples of this which exists in the book titled *A Christmas Carol* by Charles Dickens. The protagonist, Scrooge, was visited by three ghosts who showed him the past, the present and the future of his life. After realizing how he lived a regrettable life with “ignorance” and “want” and seeing his future grave that was sad and neglected, Scrooge turned his life around and started living a very different life. He helped the people in need and became a much kinder and more generous and compassionate person whose heart was full of joy and love.

After discussing the summary of the book, the group was given an art directive. “If you died right now (or sometime very soon) how do you imagine your tombstone would look like? Is it different than how you want it to be? Draw these two different versions of your tombstone.” The rationale for this directive was to help participants discover the discrepancy between how they are living their lives now and how they actually want to live their lives or how they want to be remembered. Colored paper, oil crayons, and markers were provided and the group had about 15 minutes to draw. When the participants finished their drawings, everyone shared their artwork. The group engaged in a conversation about how they could

minimize the discrepancy; in other words, what they had to do to have the tombstone they wanted rather than the one that would be given to them if they didn't change their lives. One participant talked about his death anxiety which had been bothering him ever since he witnessed the deaths of two people. The group then discussed different possible reasons for death anxiety such as "afraid of pain, afraid of losing oneself in the world, regrets from an unlived life and afraid of after-life."

Lola. Lola picked a piece of black paper and drew a tombstone that was being tagged by someone and her family members "not doing anything about it but just watching it from far away" (see Figure 9a). She stated that this is how her tombstone would look like if she had died couple months ago when she had overdosed. The tombstone says, "Lola. Overdosed. A mother, a daughter, grandbaby, RIP, will be forever loved." She explained that



Figure 9a. Lola. "Overdosed and abandoned."

in the drawing, the sun was there but it was a foggy or cloudy day. She picked another piece of black paper again for the next drawing but drew a tombstone much bigger this time (see

Figure 9b). It said, “A loving mother, oldest daughter who set examples to live life right to brothers and sisters. Granddaughter, cousin, niece and friend. Forever smiling above us with laughter, RIP.” There were a lot of flowers in front of the tombstone and a lot of people were gathered for the funeral service which was held by a pastor. Lola stated that this is how she wanted her tombstone to look. She said that she didn’t have enough space on the tombstone so she wrote more on the back of the paper. She read, “Blessed us with every step she took. God is beside her now and she will be beside us as an angel to guide us.”

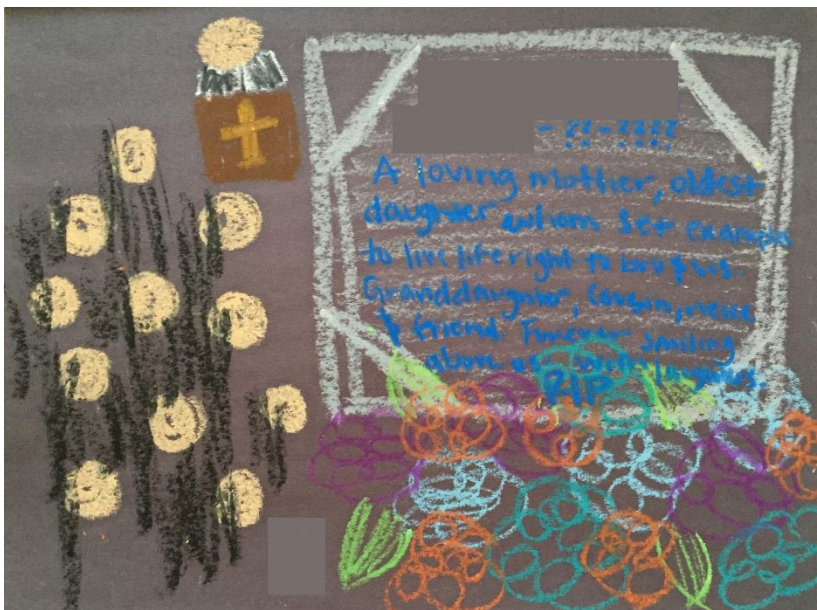


Figure 9b. Lola. “Everyone is here.”

Walter. There is the moon on the left upper corner and below it a small tombstone of Walter (see Figure 10a). It is “abandoned and tagged.” Walter explained that “there were a lot of lost souls” around his grave, weeds were growing out, and the tombstone was cracked and “falling apart.” Then he moved on quickly to talk about what he saw in the future. He stated that the tombstone would say “loving husband, son, and father” (see Figure 10b). Walter said that he drew his funeral day and that was why we could see his soul going to heaven. He added, “Everyone (his family) would be there, birds are flying around my tombstone which is

glowing.” When asked about the dark clouds, Walter stated that they might represent his fear of death. He was scared of death because he had witnessed many deaths in his life (when he was in a gang). After a brief group discussion on death anxiety, Walter identified that his



Figure 10a. Walter. “Falling apart.”



Figure 10b. Walter. “Going to heaven.”

death anxiety might originate from the fear of unlived life. Having witnessed people die right in front of him, Water claimed that he realized that “life can end anytime.”

Jack. Jack chose a piece of black paper to draw his tombstone of “what it would have been” if he didn’t come into treatment (see Figure 11a). He explained that he would have “overdosed for sure” and his tombstone would just say, “Lost Soul.” Jack added that his



Figure 11a. Jack. “Lost Soul.”

grave wouldn’t be well taken care of and you would be able to see the footprints (or fallen leaves) all over. He described the grave as “lonely and sad.” What Jack wanted to see rather was depicted in his second drawing on a piece of orange paper (see Figure 11b). He stated that it was a sunny day with blue sky, the grass was green and the grave was well taken care of. Jack then emphasized that the tombstone wouldn’t describe him as “lost soul” anymore but rather as “a loyal, honest, good and loving son and a big brother, loving husband, genuine individual.” He then said, “This is how I want to be remembered.”

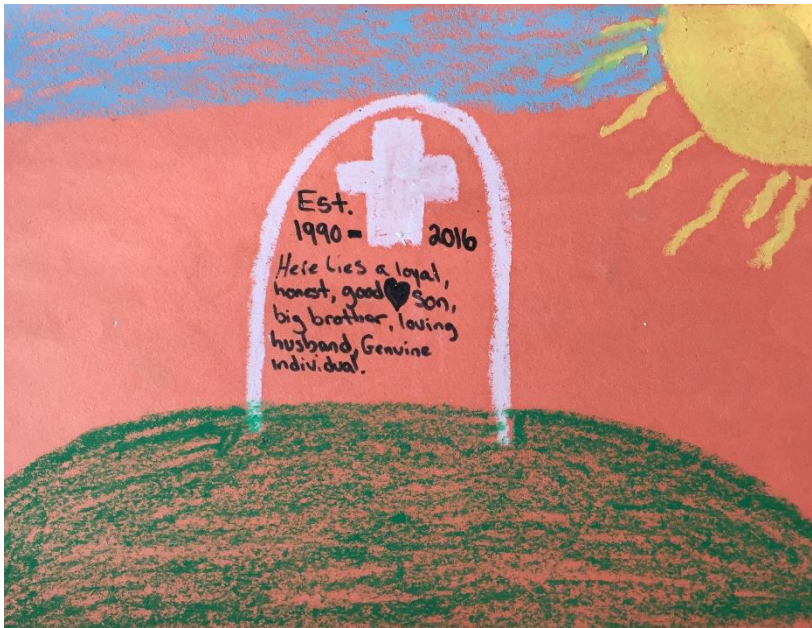


Figure 11b. Jack. “How I want to be remembered.”

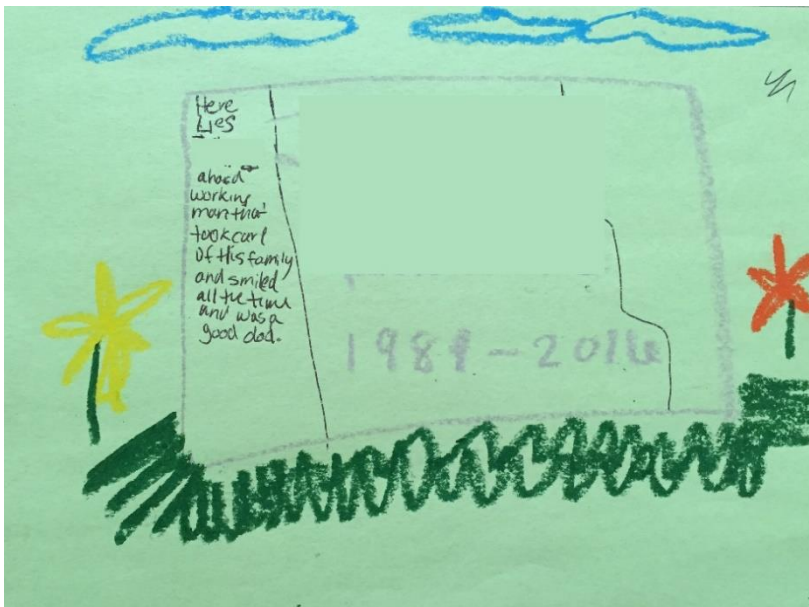


Figure 12a. Juan. “No one would know what to say about me.”

Juan. Juan stated that if he died right now his tombstone would look pretty “plain and simple” and just say, “He provided for his family” (see Figure 12a). He explained that it wouldn’t say anything personal about him. In contrast, what Juan wanted his tombstone to look like was with a much bigger tombstone, decorated with music notes (to show his love

for music), and describing him as someone who had overcome hardships in his life and who helped people in need (see Figure 12b). Then Juan shared that he was very shocked when he realized that no one would know what to say about him on his tombstone if he died right now. He said people didn't know what he liked to do because he always "just smoked" and that was all he did. Juan stated that he kept thinking about what he liked to do and even he

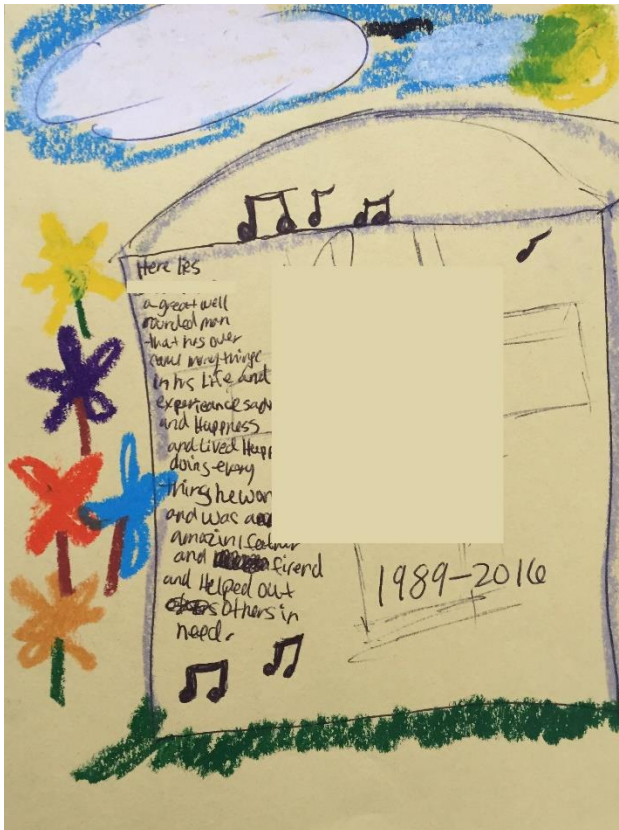


Figure 12b. Juan. "How I want to live my life."

couldn't think of anything. He shared that it "clearly showed" how much he smoked and "did little of anything else." He went on to say that that was not how he wanted to live his life and he wanted to become an advocate for people with HIV to reduce the stigma and help others who were in need.

Session 5

The group started about 15 minutes late because the room was double-booked for the

hour and some of the group members were coming back from presentations by the Department of Child and Family Services (DCFS). The session started with the art therapist asking whether or not the participants believed in “fate, destiny or free will.” Group members discussed their views. There were various views including “God had this path laid out for me”, “I think I make my future”, “There might be some things that are already determined and some I am in control of”, and “There are many possible predetermined ways that God prepared for me and I have freedom to choose which one.” The art therapist then suggested that participants think about what it would mean to have everything (or some things) predetermined in their lives already and what it would mean to be free to make different choices. The art therapist provided psychoeducation on freedom and responsibility and more group discussion followed. The participants were asked to draw “what feels like fate or destiny in your life and what feels like a free choice, something you can change and have control over.” The rationale for the directive was to empower the participants by helping them realize that they had a freedom to make different choices in their lives including recovery. Two participants came in late at this time (about 15 minutes after the group started) and appeared to be visibly upset. They had a hard time understanding the art directive and complained that they were not able to focus. When the art therapist inquired about what made them upset, they shared that the DCFS presentation was “depressing.” These participants declined to talk about how they were feeling but started on the art directive. It took some re-explaining but the participants were able to complete the art task. One group member wrote instead of drawing but shared with the group for the first time. All the other group members shared as well and the group went over by 5 minutes. Most of the group members were

anxious to get out so they had time to smoke before their next group. Juan was not present for this session.

Lola. Lola was one of the two people who came in late to the group from the DCFS meeting. She was acting very unusual and kept repeating that she couldn't focus and she needed help with understanding the directive. She appeared to be frustrated by the information she had learned from the DCFS meeting but she declined to talk about what was bothering her. She just shared, "It was something that was said at the meeting." She put two pieces of construction paper together (light blue and orange) and made a small booklet. After



Figure 13a. Lola. "What I don't have control of." *Figure 13b.* Lola. "What I can change."

I explained the directive several times to her and provided some examples, Lola finally calmed down a little and was able to start drawing. What she drew on the light blue page (see Figure 13a) expressed her feeling that she couldn't change time, love for her son, her

“overlook on god” and the fact that she was bisexual (represented by the rainbow and two female figures holding hands and another set of male and female figures holding hands). On the orange page (see Figure 13b), she drew what felt like she could change in her life. She shared that what she could change was her “attitude.” She explained that she “tends to push people away” because she doesn’t want to get hurt. She added that she “had a lot of abandonment issues.” She also stated, “On the other hand, I hand out my heart too easily to people as well, to men especially.” She claimed that she was now trying to give people her “mind not heart” which she thought was “more meaningful anyway.”

Walter. Walter folded a piece of white paper in half and on the outside of the booklet, he drew a big letter “A” in a very stylized way and wrote “Armenian 4 life” below it (see Figure 14a). He stated that the fact that he was born an Armenian “really complicated things”



Figure 14a. Walter. “Armenian 4 life.”

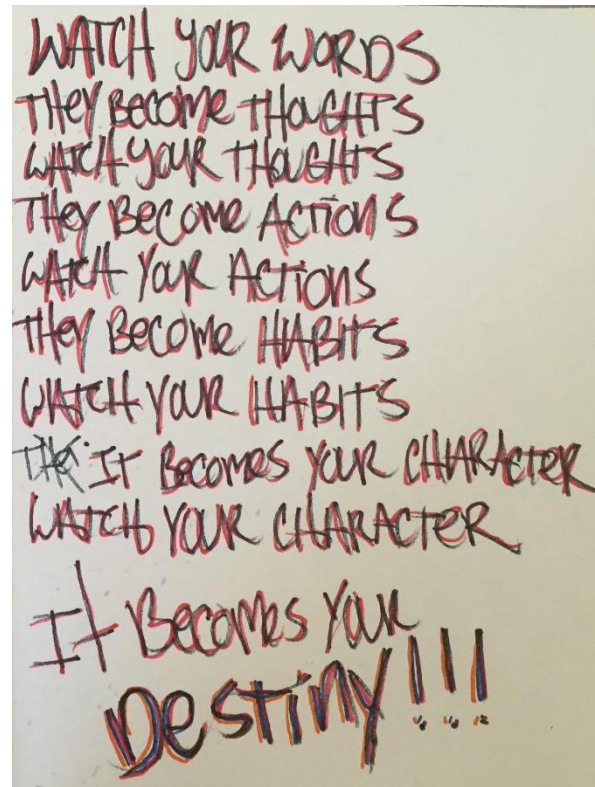


Figure 14b. Walter. “It becomes your destiny.”

in his life. He felt that there were a lot of things that were expected of him especially by his family members. For example, his mom wanted him to become a doctor and that was the only option for him as a career. He described his parents as being very strict and at times harsh towards him growing up. He said that nothing he did ever felt good enough for them. Walter claimed that he “looked different and acted different” than other Armenians and now that he was a drug addict, his parents threatened to “give up” on him if he failed one more time (if he relapsed again). On the inside of the folded paper, he wrote a poem he really liked (he memorized it) which he said represented how he felt about what destiny was and how he wanted to live his life (see Figure 14b). It said, “Watch your words they become thoughts. Watch your thoughts; they become actions. Watch your actions; they become habits. Watch your habits; they become character. Watch your character; it becomes your destiny.” When sharing the poem, Walter noted that in the first sentence, he made a mistake by writing “words” first then the “thoughts.” Walter explained that he felt like he could change his destiny by paying attention to how his thoughts, words, actions, habits and character that “influence” him and his life.

Jack. For Jack, the fact that he was born with HIV was something that he didn’t have any control over. He folded a piece of black paper in half and drew a red ribbon that symbolized HIV and inside the loop part of the ribbon, he drew a variety of drugs he was addicted to (Figure 15a). He stated that growing up with HIV had affected him in many negative ways and that it might have led him to his drug addiction. Inside the booklet, Jack drew a light bulb as a head, a red heart and arms with “healthy muscles” (see Figure 15b). He explained that he had, “a good heart and good ideas.” He stated that he was going to be “smart in making the right decisions” to get a good career and a housing.

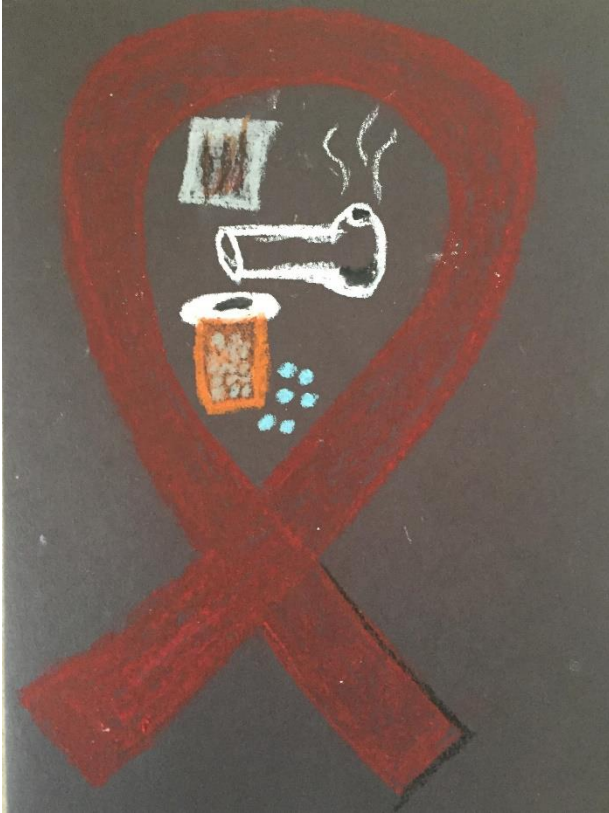


Figure 15a. Jack. "How growing up with HIV led me to addiction."

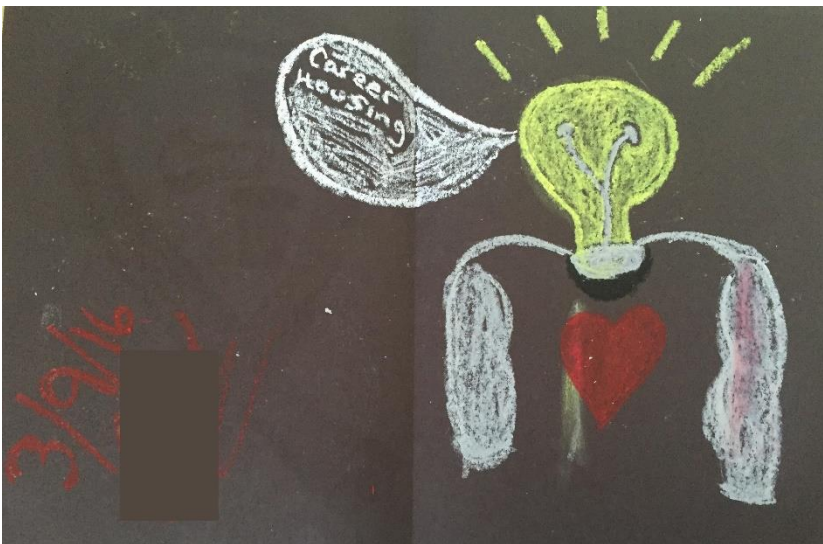


Figure 15b. Jack. "A good heart and good ideas."

Session 6

The session started with a discussion about “relationship” and “connectedness.” The art therapist asked the participants what relationships meant for them and why we should connect with other people around us. The answers included, “Human were built in a way that we couldn’t live alone, we are social animals”, “We feel better when there are other people around us because they can help us when we are in need”, “When you are alone and isolated, you feel sad and depressed” and “I feel better when I know I can help other people around me.” The art therapist also asked the participants to think about whether or not they had isolated themselves before in their lives. In particular, did it ever happen when they were in a state of addiction? Most group members shared that they avoided people when they were “using” because they were “embarrassed and felt guilty” about their addiction. They also added that sometimes it was not by their choice. They reported that their friends and family members “didn’t want to be around” them. One participant stated that drug addiction was “a lonely road.” The art therapist asked the group to think about a relationship or overall relationships in their lives. What were they like? Were they satisfactory? Did they have the human connection that they needed and craved? The group was then asked to paint or draw what their relationship looked like right then and how they wanted it to be in the future. The rationale for this directive was to introduce the idea that relationships and connectedness are not only the most profound source of meaning but also the essential part of recovery, happiness, and mental health. Tempura paints, brushes, markers, color pencils and colored paper were provided to all participants. All 6 participants used tempura paints and brushes to make their artwork.

Lola. Lola folded her paper in half the long way and painted a scenery “to show” the distance between her son and her. She said they were “so far away from each other.” Her son was in foster care in Venice (on the left) and she was “stuck” in Long Beach (on the right). She said that each palm tree and each heart (blue and red) represented herself and her son (see Figure 16a). Inside of the booklet, she drew herself “kneeling down to pick up her son” in front of a big heart (which was painted with both blue and red paint) and two joined palm trees that represented their “reunion.”



Figure 16a. Lola. “Far away from each other.”



Figure 16b. Lola. “Reunited.”

Walter. Walter spent a very long time painting his bamboo trees on both the outside and inside of the booklet which was made by folding the paper in half. On the outside (see

Figure 17a), he used black and white paint to render the trees and also to write, “Forgive me?” He shared that he used black paint because “the relationships are dark” in his family.

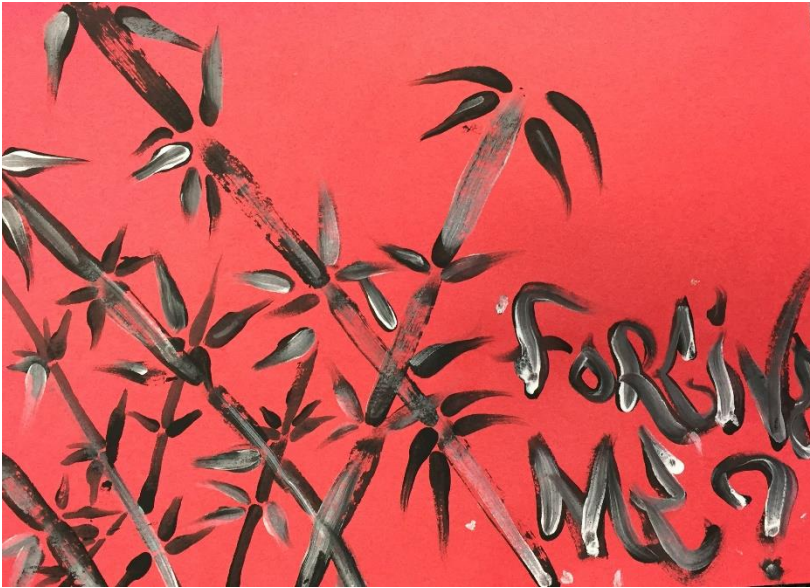


Figure 17a. Walter. “Forgive me?”

On the inside (see Figure 17b), Walter used blue and white to paint the trees and wrote, “For what?” Walter explained that he made his art about his relationship with his parents. He stated that he felt sorry for what he had done in the past, “especially for becoming a drug addict” which disappointed his parents greatly. So he wanted to say that he was sorry and ask for forgiveness from his parents. But at the same time, he felt resentments towards his parents because he forgave them for their wrongdoings in the past as well. He asked, “Why do I have to say that I am sorry so many times? They have hurt me before, too.” Walter said that was why there was a question mark at the end of “forgive me”. He wished he didn’t have to even ask for forgiveness and he depicted that on the inside of the booklet. He wanted his family to forgive him but he wanted even more for them to ask “forgive you for what?” like they had all forgotten about his drug addiction and all the things he did while he was in that state.

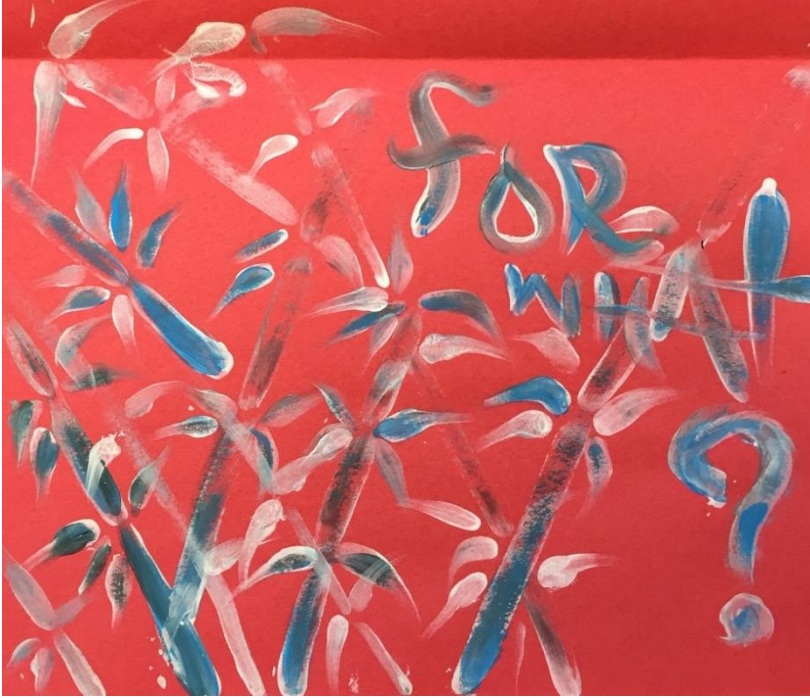


Figure 17b. Walter. "For what?"

Jack. Jack painted a wide black road in the middle of the paper horizontally, a big, yellow sun in the right upper corner, and a street sign for "two-way" (see Figure 18a). Next to the sun and above the road, he wrote, "RIDE or DIE (both "E"s were drawn backward,

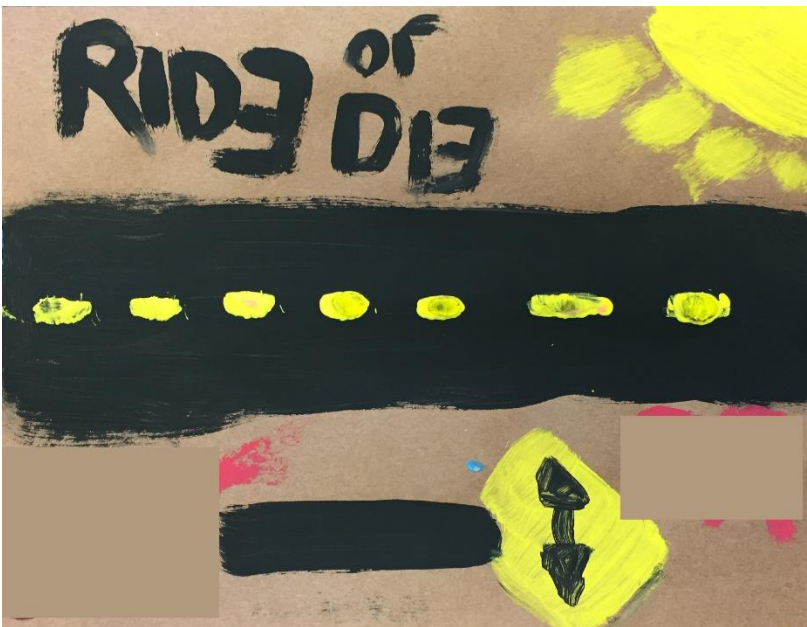


Figure 18a. Jack. "Two-way."

like a mirror image).” He shared that he was thinking about his relationship with his half-brother while he was making the artwork. He claimed that they used to be really close before but recently “grew apart.” Jack thought it was because he was in “a heavy addiction.” Jack explained that he used to be a great role model for his brother and they used to always ride (motorcycles) together. Because of the distance that was created recently, it felt like they were heading different directions right now. What he wanted was for them to become close, be together and head in the same direction once again in life. Jack drew a “one-way” road sign inside of his booklet to represent his wishes (see Figure 18b).



Figure 18b. Jack. “One-way.”

Juan. For this directive, Juan drew two groups of “branches” (see Figure 19) to show what his relationship was like with his family at that time and how he wanted it to be. He stated that the branches on the right represented how “separated” everyone was in his family

then. He explained that everyone in his family (his parents and his eight siblings), who were represented as flames, used drugs in one form or another so they all led isolated lives. Juan shared that he was the only one in treatment for addiction but they all needed it. One of the



Figure 19. Juan. “Separated and blended.”

group members commented, “Maybe YOU can get everyone sober by example!” Juan nodded and said, “I would like for that to happen.” In the next drawing (on the left) he drew the same branches but the flames were much bigger. He stated that he wanted to make the branches “all blend in and mixed together.” He shared that he wanted his family members to be all connected once again.

Session 7

In session 7, the group was first reminded that there was only one session left before termination. A number of group members complained that they did not want it to end and

asked the art therapist why they could not continue coming. The art therapist validated their feelings and also disclosed that she was sad the group was ending. Then she explained to the participants that the group was approved to run for only eight sessions for the research paper that the art therapist was writing and suggested that they make the most of the last two sessions. Next, the art therapist engaged the group in a conversation about existential frustration caused by lack of meaning. The art therapist explained that the feeling of meaninglessness in life can create a void in an individual. Existential therapists believe that when one cannot find a solution to this emptiness, one may turn to a substance to fill the void and people who turn to addiction often mention this lack of purpose and say that they use drugs because they are bored. Thus, it can be crucial to find purpose in life. The art therapist gave an example of the movie *Moulin Rouge* in which a painter (Toulouse-Lautrec) suffered from severe depression. He nearly killed himself but his commitment to his work (his art) saved his life. While he was waiting for the gas to fill up his room so he could die, he noticed an error he made on one of his paintings. He got up to fix it and turned off the stove. The art therapist reminded the participants that meaningful personal goals and relationships enhanced people's ability to handle their sufferings and problems. Then the group discussed the "will to meaning." The art therapist asked questions to the participants such as, "What is the unique meaning of your life? Can you find purpose in your life? What is your life going to be beside using drugs?" The art therapist shared a quote by Nietzsche, which said, "If we have our own why in life, we shall get along with almost any how." The questions and the quote were followed by an art directive, "Draw or make a collage that represents the unique you. What makes you unique and special? Think about the qualities you would like to utilize in realizing the positive goals you want to achieve in your life." The rationale for this directive

in a medical field in the future. He stated that he could see himself becoming a doctor who could invent a cure for drug addictions. Then, his painful experience with heroin “wouldn’t all be in vain,” he said. Walter worried though because he didn’t know if he could become a doctor since he might have a criminal record (he had an ongoing court case for possession of heroin). The art therapist reminded him that he also mentioned about wanting to become a drug counselor before in one of the previous sessions and as a drug counselor, he could still help others who struggled with drug addiction. He agreed but stated that becoming a doctor was his first choice.



Figure 21. Walter. “Change the world.”

Jack. To show his special qualities about himself, Jack chose to make a collage (see Figure 22). The picture of a person running represented that he was “always running and always working,” he said. Jack shared that he used to only think about “body” before but now that he was “able to care for his mind” as well, he always tried to take care of both mind and body. Jack added that he was a very passionate person, who was a team player and content with his life. He thought of himself as a “funny man” and he wanted to become “a better man” for his girlfriend. He stated that he was “surviving” and “free” now and wanted

to be at the “top.” When asked to talk more about being at the top, Jack stated that he “wanted to be the best he can be” in everything he did but he wasn’t quite sure what he would do in the future yet in terms of a career.



Figure 22. Jack. “The best I can be.”

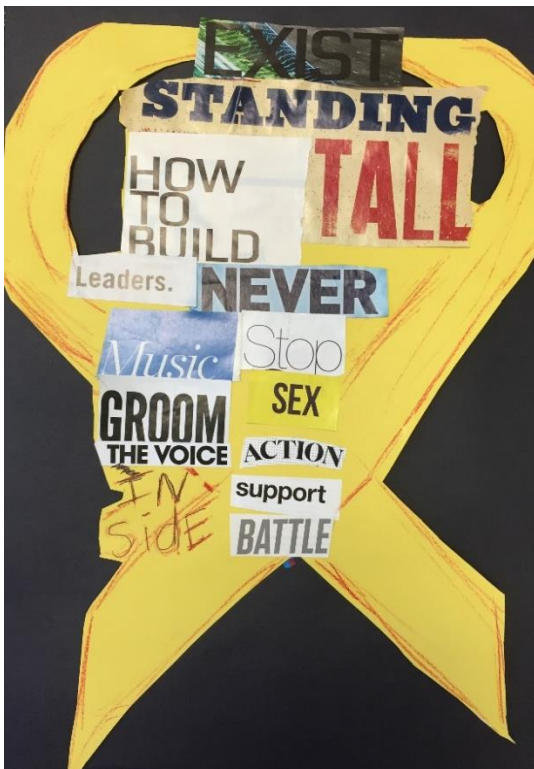


Figure 23. Juan. “Grooming my voice.”

Juan. Juan drew and cut out a big yellow ribbon that represented HIV and glued images and words on top of it (see Figure 23). He stated that the fact that he was HIV positive made him “different” which allowed him to be an advocate for people with HIV. It took a while but now he learned how to “stand tall,” he said. Juan shared that he wanted to become a leader who “won’t ever stop.” He stated that he was “grooming his voice” for the future.

Session 8

The session started by the art therapist stating that it was the last session for the group. The SET worksheet was handed out to the group again and members were asked to fill it out. One participant jokingly asked if there was a correct answer and if the art therapist wanted a certain answer. The art therapist assured the group that there was no right answer and asked that everyone answer the questions honestly. Then Lola asked why they “had to do it again” and before the art therapist could answer her question, Walter made a “shhhhhhh” sound to her. Lola then blew up and yelled “you shut the f*** up” at Walter who shushed her again. Walter looked visibly upset, shaking his head, but didn’t say anything back to Lola. Instead, Walter stated that he was going to leave the room because he “didn’t need this.” The art therapist reminded Walter that this was the last session of the group and asked him to stay. Then the art therapist asked the two of them if they could state what just happened and how they were feeling. Lola then blew up again, raising her voice and stating that Walter had been treating her badly recently and making comments whenever she spoke in groups. Lola also added that Water groped her and she didn’t want him to do that anymore. Walter was also yelling at the same time and said that Lola was a “liar” and “fake.” Walter also accused Lola of grabbing him first. The other group members tried to stop the two of them from

arguing with each other but Lola and Walter ignored them and kept shouting. The art therapist stopped both of them then and stated that maybe both Lola and Walter needed some time to cool off first before they talked again about what happened. The art therapist offered to talk to both of them after the group and help them process what had happened. The participants then took 5 minutes or so to complete the SET. The art therapist then introduced the topic of termination and transition. The art therapist reminded the group of the other seven topics the group had discussed over the last seven weeks. The group was encouraged to keep their search for meaning going even after the groups terminated. The search continued and everyone was just transitioning now from group to individual search. The participants were then asked to think about what they had learned in their seven-week journey, if anything. The group was asked questions such as, “How did it change you? Where do you go from here? What do you know now that you didn’t know before?” The art therapist then provided the final directive to the group. “Draw (or paint) the road to your future. What are you leaving behind and what is ahead of you? Where are you going?” The rationale for this directive was to help participants visualize their future and assure them that it was okay if they haven’t yet found the road to their future yet because the search for meaning continued. The group had about 25 minutes to make their art and 15 minutes to share what they have made. The post-group survey question forms were handed out to the group members to complete before leaving the group.

Lola. “What I’m leaving behind is this black hole which is all the bull***t and all the sufferings I had to go through.” Lola started describing her artwork (see Figure 24). She continued to say with a shaky voice that she sometimes hated her mom for what her mom had done to her but she still loved her mom. She started crying then and stated that she



Figure 24. Lola. “What I am leaving behind and what I am headed towards.”

wanted to forgive her mom. Lola added that the two hearts and the two palm trees represented her life with her son. She saw a house, education, and happiness in her future. She stated that she was working very hard to get all these things in her life right now. She explained that she was getting pretty close to getting discharged (upon completing the 6-month treatment) so she had to make sure that everything was “in line” for her. The art therapist commented that she’s seen the two hearts, two palm trees, and the black hole before in other artwork Lola had made in the group. Lola said, “Yes, that is true.” When asked what it meant for her that the black hole was still there but in the background this time and was not sucking her inside it, Lola answered that it might represent that her problems didn’t disappear and she was still worried about them. She shared with a smile now that she was feeling a little nervous about leaving the treatment center but she knew she “could do it.”

Walter. After the altercation with Lola, Walter was very upset during the whole session and even tried to leave. He got up from his chair and started walking towards the door. The art therapist reminded him that it was the last session for the group and she really wanted him to be a part of it. Walter stopped and came back to sit down again and eventually

was able to calm down and participate in the group. He was still angry though when he was sharing what he drew. He stated that he couldn't think of anything else to draw and he "wasn't really in the mood to draw" but he did it anyway. Walter explained that he saw himself on this road which was emerging from the water (see Figure 25). Then Jack commented that he was going to say that the base of the road didn't look too "sturdy" but now it made sense to him that the base was water. Walter continued to say that the road leads in many directions which made it look like a palm tree but it was unintentional. When he was asked what might be the meaning of a road heading in many different directions, Walter stated that maybe it represented how he was "not being decisive or not knowing" what was going to happen. "It's just not so sure." The art therapist told him that it was okay that he didn't know yet because he will keep searching. Walter agreed and smiled.



Figure 25. Walter. "Not knowing."

Jack. The grave and the tombstone that read “Lost Soul” were what Jack was leaving behind (see Figure 26a). Pointing at the artwork he stated that he really thought “that” (the grave and tombstone) was what would have happened to him if he had kept up with his drug habits. He continued to say that now he saw this door to his new life and he was about to open it (he was leaving the treatment facility in two weeks). On the other side of the paper,



Figure 26a. Jack. “What I am leaving behind and a new door in front of me.”

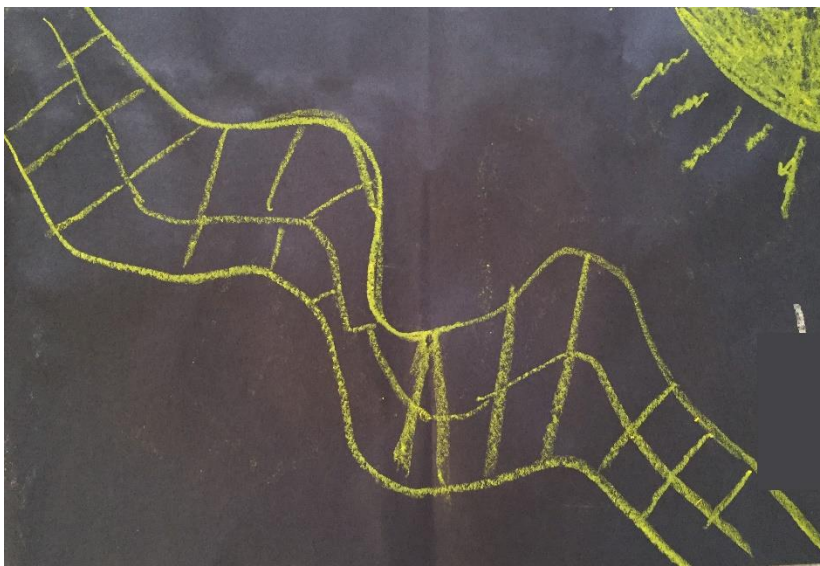


Figure 26b. Jack. “Yellow Brick Road.”

Jack drew “a yellow brick road” that he would be following (Figure 26). He shared that he was thinking of Dorothy in the Wizard of Oz and how she faced so many obstacles but she “always overcame all of them.” He went on to say that he knew his recovery wouldn’t be easy and he knew he too would face a lot of obstacles. But he knew that he was going to be alright, he said, because he “will get through them.”

Juan. Juan immediately started a drawing to depict what he was headed towards with great excitement (see Figure 27a). He spent quite a bit of time rendering his future with a lot of different colors. Juan later explained that he was headed towards his life with his family and love. He stated that in his future, he was really embracing his identity as an HIV

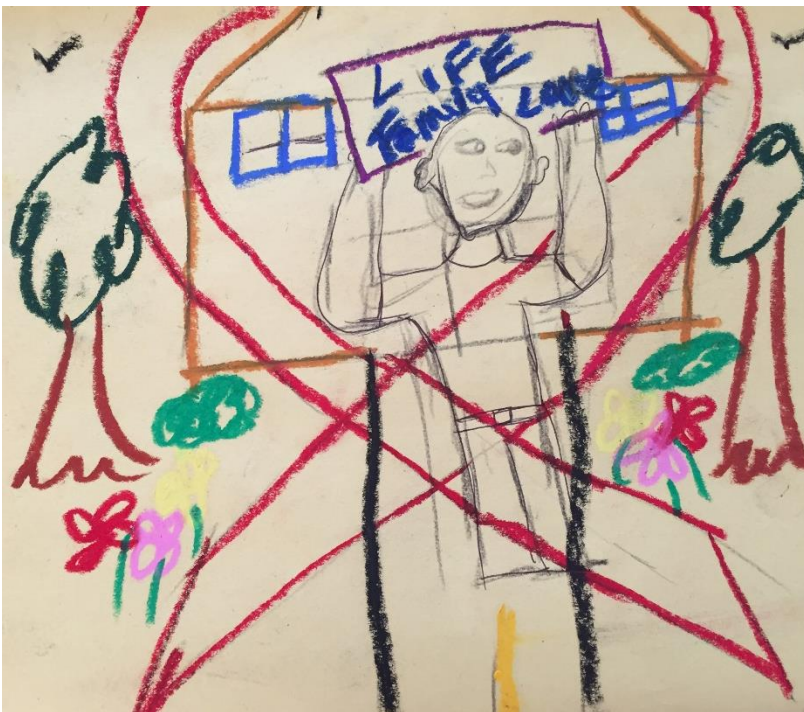


Figure 27a. Juan. “My future.”

survivor; he was happy, he was healthy, and he had a beautiful house with trees and flowers. Then when he was reminded that there were just a few minutes left before the group started sharing, he added what he was leaving behind at the bottom of the page by folding the paper

facing the other way. Using a black color pencil, Juan drew a deformed house with broken doors and broken windows (see Figure 27b). To the right of the house, there was also a figure with “xx” on his face instead of his eyes and a big pipe. Juan explained that he was leaving behind “hate, death, loneliness and feeling lost.” He then added, “Also the pipe.” He stated that this house was all “broken down” and he was this figure who looked “lost.” The art therapist commented that this figure also looked familiar from previous sessions. She said that she remembered he called it his “shadow” but now it appeared that he was naming it as one of the things he was leaving behind. Juan said, “Yes, that is true. I didn’t realize that.” He shared that the questions that were asked in the group really helped him to see things more clearly and he was thankful for the art therapist and the group members who shared his “journey” with him. Other group members joined in and said things like they were also very



Figure 27b. Juan. “What I’m leaving behind.”

appreciative of what everyone did for each other, they really valued the group, it was the best group, they didn’t want it to end, and that it was sad to say goodbye. The art therapist thanked the participants and handed out transitional objects (painted rocks with colorful mandalas on one side and positive affirmations on the other side) and closed the group.

Post Group Survey Questionnaire (PGSQ)

During the week following the last session, the participants were asked to fill out the Post Group Survey Questionnaires. All seven participants were present and they answered all ten questions. The PGSQ solicits feedback from the group members on what they learned from EGAT sessions, from art directives and group discussions. It includes questions about how EGAT helped them with their recovery process and how EGAT helped their personal problems if any. Also covered are participants' general feelings about existential therapy, art therapy, and group format vs individual therapy. Lastly, the PGSQ includes feedback on the length of each group, the number of sessions of EGAT, if they would be willing to attend the group again and how EGAT can be improved.

Analysis of Data

In this section, the quantitative data generated using the Scale for Existential Thinking (SET) is presented. The study questions are answered and the emergent themes found in the qualitative data are discussed with a focus on three areas: (a) the participants' artwork, (b) the notes from the group sessions, and (c) the Post-Group Survey Questions (PGSQ). Four participants' (Lola, Walter, Jack, and Juan) artwork was analyzed individually first, vertically across the eight sessions, and lastly horizontally in comparison with the other three participants' artwork. Data were analyzed for the purpose of identifying, describing, and exploring the relationship between the existential thinking and the EGAT and the need for future care of a population who suffer from substance abuse and trauma history.

Participants' Attendance

The only participant who was present at all eight sessions were Walter. Lola missed one session and Jack and Juan both missed two sessions.

The Results of the Scale for Existential Thinking (SET)

The primary goal of using this scale was to determine whether or not there was an increase in "existential thinking" following eight weeks of EGAT. The statistical significance of the observed results was measured using a paired two sample for means T-test (one-tailed). Changes in SET scores were deemed to be statistically significant with a result of $p < 0.05$ and many of the results were significant at the $p < 0.01$ level.

Significance (1-tailed). I used one-tailed T-tests to determine if the improvement (from pre-group and post-group) of measured outcomes of the SET were statistically

significant. I was interested in individual participants and overall group improvement as well as the results for each question.

In this study, the overall change in SET scores was statistically significant ($p < 0.01$), demonstrating a significant increase in the scores at the end of the EGAT program when compared to those from the beginning of the program. This means that participants thought significantly more frequently about existential issues after completing the EGAT program.

Table 1 *Results by the participant*

Participant	Scale	Question											Average	P Value	Significance Level
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11			
Lola	Pre	5	2	5	4	5	5	5	3	5	4	3	4.2	0.00010	.01
	Post	6	6	6	6	6	6	6	6	6	6	5	5.9		
Walter	Pre	5	2	5	5	5	5	1	3	1	1	1	3.1	0.00720	.01
	Post	5	5	5	5	5	4	5	5	5	5	5	4.9		
Jack	Pre	3	3	3	3	5	3	4	3	3	3	3	3.3	0.25293	N/A
	Post	4	2	4	3	3	3	3	3	3	3	3	3.1		
Juan	Pre	3	3	3	4	3	3	4	3	3	3	3	3.2	0.00019	.01
	Post	4	5	4	5	4	5	4	3	4	4	4	4.2		
Blair	Pre	3	3	3	5	3	3	2	2	1	2	2	2.6	0.37798	N/A
	Post	4	3	2	4	3	5	2	2	2	2	1	2.7		
Ben	Pre	2	2	3	5	2	5	1	1	3	1	1	2.4	0.02888	.05
	Post	5	5	3	4	5	2	3	3	3	5	3	3.7		
Doug	Pre	6	6	6	6	6	6	6	6	6	6	6	6.0	N/A	N/A
	Post	4	5	5	4	4	4	4	4	4	4	5	4.3		
Total	Pre	3.2	2.6	3.4	4.4	3.6	3.8	2.4	2.4	2.2	2.0	2.0	2.9	0.00082	.01
	Post	4.4	4.0	3.6	4.2	4.0	3.8	3.4	3.2	3.4	3.8	3.2	3.7		

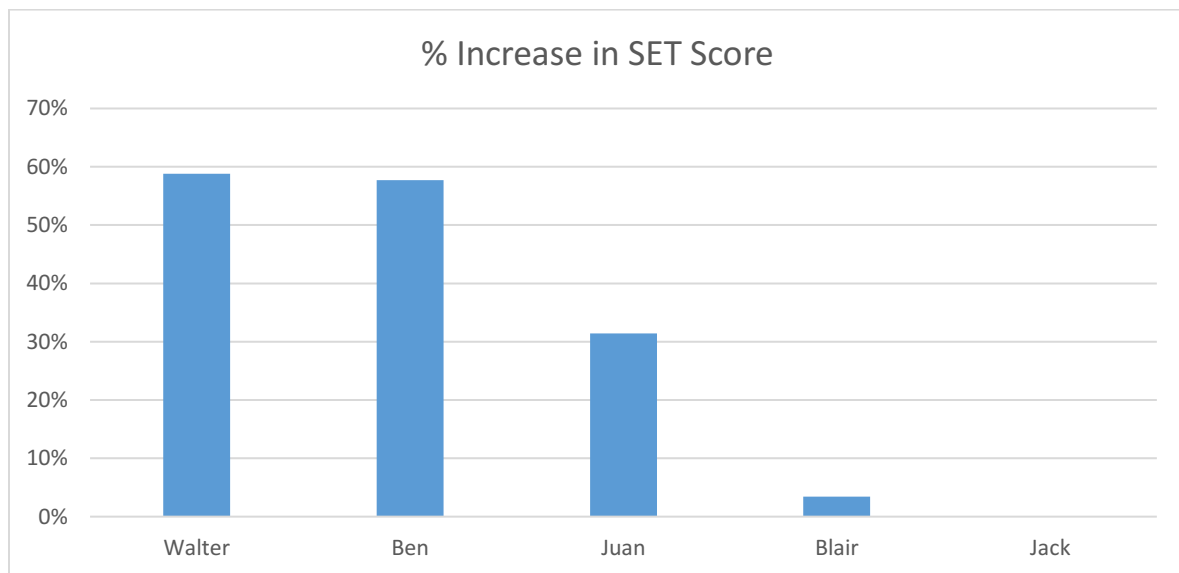
Paired T-test for Sample Mean p -value=0.00082

*(A p -value of > 0.05 denotes non-significance)

Among the four individuals followed in this paper, three showed significant increases at the $p < 0.01$ level: Lola (p -value=0.00001), Walter (p -value=0.0072), and Juan (p -value=0.00002). Jack (p -value=0.2529) did not present a significant increase in the SET (see Table 1). Unfortunately, two of the group participants used the “I don’t know” category.

While I am pretty confident that one of the group members (Lola) tried to use 6 as the highest measure since I couldn't be sure I decided to not use both sets of data. Of the remaining five, three participants showed a significant increase in the scores at the end of the EGAT program. Overall, the group demonstrated a significant increase in the SET (p -value=0.00082).

Table 2 *Percentage increase in SET scores by the individual*



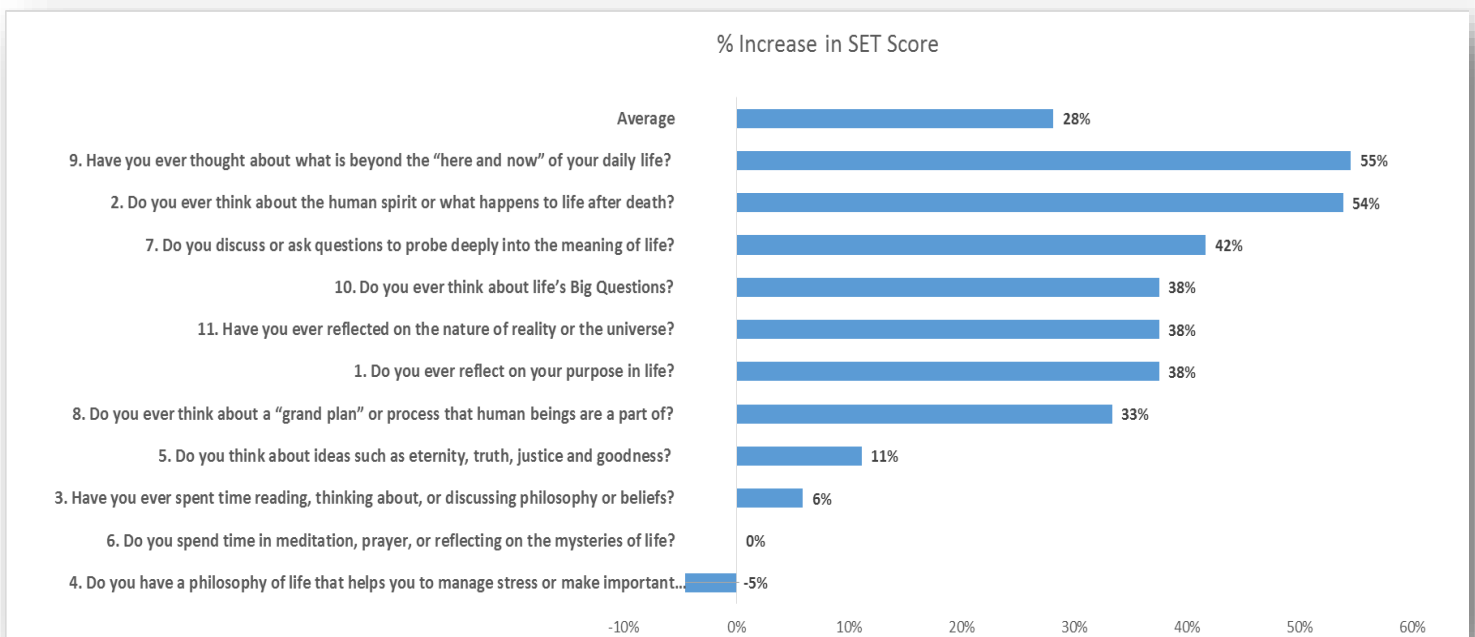
As a group of five, SET scores increased by 23%. Individually, Walter increased 59%, Ben increased 58%, Juan increased 31%, Blair increased 3%, and Jack showed no increase (see Table 2).

SET scores increased by 28% on average and the overall change was statistically significant ($p < 0.01$). Among the 11 questions, 9 showed an increase except question #6 and #4 (see Table 3).

Looking at the increase in each question, the SET for question #9 (Have you ever thought about what is beyond "here and now" of your daily life?) presented the increase at

55%. The second largest increase was for question # 2 (Do you ever think about human spirit or what happens to life after death?) at 54 % which was followed by question #7 (Do you discuss or ask questions to probe deeply into the meaning of life?) at 42 %. Question #10 (Do you ever think about life’s Big Questions?), question #11 (Have you ever reflected on nature of reality or the universe?), and question #1 (Do you ever reflect on your purpose in life?) all proved to be the 4th most improved at 38%. Question #8 (Do you ever think about a “grand plan” or process that human beings are a part of?) was ranked as 5th most improved question at 33%.

Table 3 *Percentage increase in SET score*



Question #5 (Do you think about ideas such as eternity, truth, justice and goodness?) and question #3 (Have you ever spent time reading, thinking about, or discussing philosophy or beliefs?) only improved 11% and 6% in SET value and question #6 (Do you spend time in meditation, prayer, or reflecting on the mysteries of life?) showed no improvement. The question that showed the least

amount of improvement was #4 (Do you have a philosophy of life that helps you to manage stress or make important decisions?) at -5 %. See table 3.

Figure 28 depicts the average scores for each question. The blue line represents the average score for each question pre EGAT program and the red line represents the average score for each question post-EGAT program. Before the EGAT program, the average score for all 11 questions was 2.9 and it was 3.7 after the EGAT program. SET scores increased by 0.8 on average after the EGAT program and the overall change was statistically significant ($p < 0.01$).

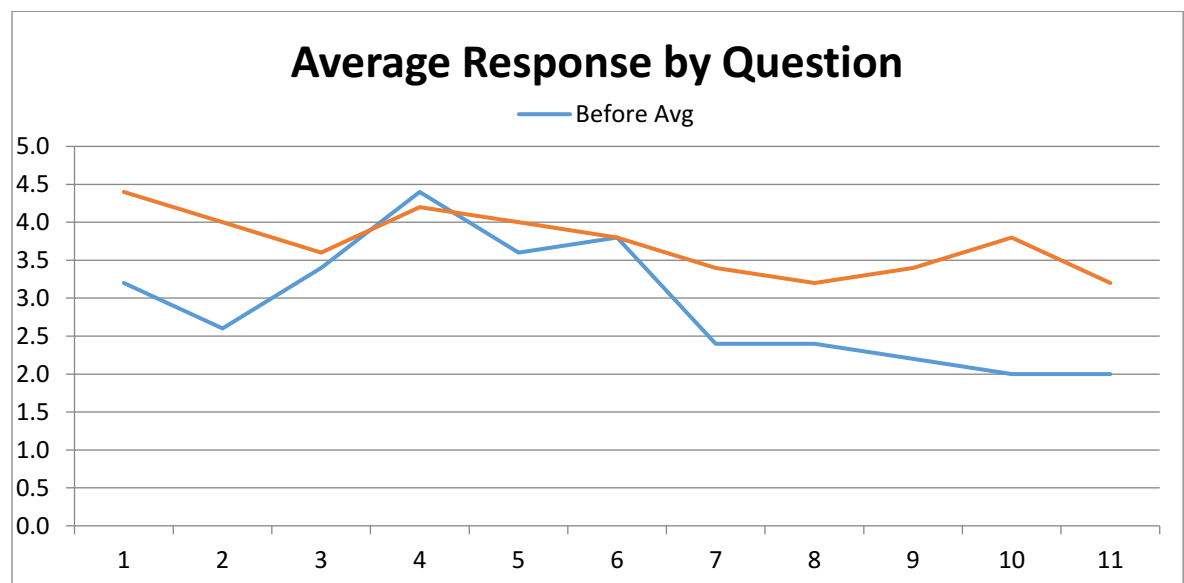
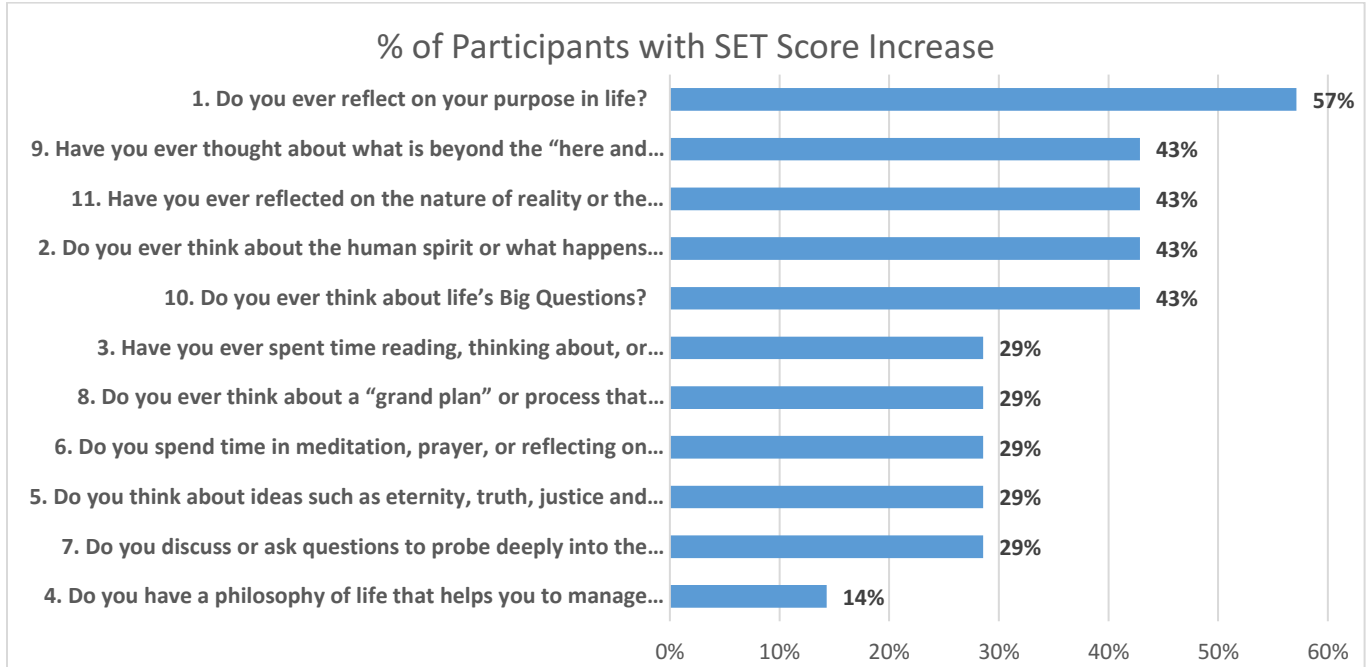


Figure 28. Average response by question.

Of the 5 participants 57% showed an increase in SET score for question #1; 43% of the participants presented improvement in their SET score for questions #2, #9, #10, and #11; 29% showed improvement in questions #3, #5, #6, #7, and #8; only 14% of the participants displayed an increase in SET score for question #4 (see Table 4).

Table 4 *Percentage of participants with SET score increase*

Discussion of Emergent Themes

The seven themes which most frequently appeared from reviewing the participants’ artwork, the notes from the sessions, and the PGSQ were (a) purpose (meaning) of life, (b) self-empowerment, (c) change/transformation, (d) family/community, (e) identity, (f) feeling lost/disconnected, and (g) uncertainty/chaos (see Table 6).

Purpose (meaning) of life. The most identified theme was the theme of purpose or meaning of life which was found 104 times. All four participants’ artwork revealed repeated images relating to purpose or meaning of life. In session 3, Lola drew an image with her parents facing away from the viewer (Figure 5), “abandoning” and “neglecting” her and not being able to hear her cry for help while she is getting sucked into a black hole. Even though she reported this experience to be extremely hard for her, she shared that it helped her learn that she wanted to become a better parent to her son by providing the love, care, and support that she never had. This became a purpose of her life reflected in the artwork. This new

purpose was the only thing that was depicted in full color (located in the upper-left corner of the page), yet it occupied a very small portion of the artwork and it even had a dreamlike and far-away quality to it. It might reflect Lola's uncertainty in her ability and ambivalence about making a change. In session 7, she focused on altruistic goals in her life by including an image (Figure 20) that read, "Need a lift?" She often provided positive feedback and encouragements to other group members and offered to help whoever was in need. As with a lot of other

Table 5 *Emergent Themes*.

Emergent Themes	Artwork	Notes	PGSQ	Total
Acceptance/Forgiveness	8	14	5	27
Abandonment/Forgotten	9	20	0	29
Boundary vs Enmeshment	5	5	0	10
Change/Transformation	16	43	24	84
Culture/Upbringing	4	5	2	11
Depression/Sadness/Anxiety	11	24	0	35
Drugs/Addiction	6	19	0	25
Family/Community	11	61	11	83
Feeling empty/lonely	8	41	0	49
Feeling lost/Disconnected	31	37	6	74
Feeling ashamed/Low Self-esteem	10	16	15	41
Goals/Dreams/Role Model/Advocate	13	33	7	53
Happiness/Joy/Love	12	23	3	38
Identity	26	38	10	74
Death	9	26	6	41
Positive outlook on future, self, or the world	5	13	4	22
Purpose (meaning) of life	16	50	38	104
Pre-contemplation/Contemplation	5	1	0	6
Religion/Faith/Spirituality	9	12	0	21
Self-empowerment	22	42	23	87
Trauma/Suffering	9	29	5	43
Uncertainty/Chaos	34	37	2	73

*(Highlighted in brown- most emergent themes, highlighted in yellow-second most emergent themes)

participants, Lola also appeared to realize that the altruistic goals gave meaning to her life and by helping others she began to experience healing for herself from her trauma. In session 4, Juan drew a tombstone (Figure 12a) that didn't express many personal things about himself because he could not figure out what people would say about him other than that he "smoked (meth) all the time." It resulted in him leaving the right side of the tombstone empty. He appeared to be in shock, realizing how little he did anything besides smoking meth daily. This exercise pushed him to think more about how he wanted to be remembered and, therefore, how he should live his life. In session 5, Jack drew a light bulb as his head with muscular arms and a red heart (Figure 15b). Here he was recognizing that even though growing up with HIV affected him in "many negative ways" ultimately, he had the control over what he did with his life. He was now determined to make "right decisions" using his "good mind and good heart" in hopes of attaining a good career and good housing. Jack appeared to realize that he was living his life purposelessly, just feeling sorry for himself. Learning that he had free will and that many options were available to him empowered Jack and he began to think about what he wanted to do with his life. In session 7, Walter painted a sign for heroin to the right of the page (Figure 21) and wrote, "Heroin kills" and "CHANGE THE WORLD" above the sign. Walter wanted to utilize his experience with heroin to help others struggling with the drug. He was hoping that he could become a doctor who would develop a cure for heroin addiction in the future. It appeared that when he was prompted to think about what made him special, and how he would use those qualities to achieve his goals, he realized that he had a unique experience with heroin that he could use to help others. Becoming a doctor was his parents' wish for him ever since he was little and he felt a lot of pressure "not to disappoint them anymore." Despite

sharing that he wanted to become a drug counselor in the group in one of the prior sessions, he did not mention anything about that in this session. It is possible that this grand purpose of life was the result of the pressure to please his parents.

In the PGSQ, Jack stated that through EGAT he learned how to search for purpose in life and seek solutions to his problems. Lola acknowledged that the search for the purpose of life continued for her.

Self-empowerment. The second most observed theme was the theme of self-empowerment which was noted 87 times. Again, the images of this theme appeared in all four participants' artwork. In session 1, followed by his universe on drugs, Walter drew his universe without drugs (Figure 3a and 3b). The images are very similar to each other, but Walter's universe without drugs is twice as big as his universe on drugs and it was located inside the booklet. He placed his universe on drugs (Figure 3a) on the cover of the booklet. It represented his past or the current situation which was filled with hardship and suffering. The inside was filled with hope for his new future. It appeared that imagining himself without the drug provided a lot of hope for his future and the art process helped him to visualize and solidify it. In session 3, through the "soaring eagle" (Figure 7) Jack expressed his experience of being born with HIV and being feared by people because of that. It demonstrates that suffering from the stigma made him a strong person and he wanted to "rise above" his problems. The eagle was missing its bottom part of the body which gave a sense of not being whole. This might have resulted from the fact that this was Jack's first day of the group and even though Jack was successful in empowering himself to overcome the hardships in his life, he didn't quite know how he would do it yet or if he could do it. Juan also shared that his severe drug addiction and contracting of HIV were a "crushing blow" to him (Figure 8a), but

this experience of “the worst moment” of his life made him become a stronger person and a stronger father (Figure 8b). It appeared that after spending a lot of time in self-hate and embarrassment he finally learned to love himself and he felt proud to live. In session 7, Lola used collage images and words to state that she would be “changing the game” upon completion of the program because she was “a rebel with a cause” (Figure 20). It appeared that her self-esteem improved dramatically from the earlier sessions and she felt empowered to make the changes that she wanted in her life and even in the world.

In the PGSQ, Juan wrote that EGAT helped him to stay strong and realize how much he loved himself, what he “stood for,” and of his self-worth. He also added that EGAT taught him how to use self-empowerment at times when he felt “lost” and encouraged him “to become a better person” to his family and himself. Jack shared that EGAT helped him to see that life was “full of ups and downs” and, therefore, he shouldn’t get “stuck” but should “keep moving.”

Change/Transformation. The third most identified theme was the theme of change or transformation and it was observed 83 times. Several of the participants’ artwork revealed recurrent images of the theme. In session 2, in response to the directive, “Draw yourself with drugs and without drugs,” Juan created two self-portraits (Figure 4). The one on the right represented Juan with drugs and the one on the left represented Juan without drugs. The figure on the far right did not have any hair, hands or ears which made him look completely helpless. The figure on the left still didn’t have any hands but had some hair, ears, more arm muscles and even a tie. It might be that Juan didn’t feel comfortable drawing hands but it seemed that he at least made an effort to problem solve on the left side, by having the figure stand with his hands on his back. In between the two figures he drew another small figure next to himself

with drugs. According to Juan, this figure represented his shadow and how he looked at himself. This ghostly and creepy figure was deformed and even looked like he was melting. It appeared that the way Juan truly thought of himself was even worse than what people could see and he was ashamed of it. However, by creating himself full of positive goals he wanted to achieve in his life, Juan transformed himself from a broke, stressed out, sad, and lost individual to a happy and positive person who is a role model, a cook, and a business owner. In session 3, Jack drew himself as a soaring eagle (Figure 7) who was able to overcome his troubles and fly away. In the process of making meaning out of the adversities he had experienced, he was able to transform himself into an eagle who was strong and free. Now he has decided that he will not feel ashamed about having HIV but rather will “rise above it” like an eagle. In session 4, Lola was able to examine how she had lived her life so far and how differently she wanted to live her life from now on by drawing two tombstones of her own. One was for how it would look if she didn’t change her ways and died couple months ago when she overdosed (Figure 9a) and the other one was for how it would look if she was able to stay sober and live a more meaningful life (Figure 9b). She could clearly see that if she didn’t change, she would probably die young from an overdose. She also thought that her family wouldn’t care much about her death. She would be abandoned by her family again but this time, for eternity. If the change occurred and she was able to stay sober for the rest of her life, her funeral would look quite different. It would be filled with her loved ones celebrating her life, she would be awarded a religious ceremony, and the tombstone would describe her as being a good member of a family and a society who filled people’s lives with her laughter. It appeared that she was able to see the discrepancy between the two different tombstones (graves) and realize that she really needed to change to get what she wanted. In session 5,

Walter wrote one of his favorite poems (Figure 14b) which reminded him that he made his own destiny and no one else did. Like the poem, he might have believed that he could change his life by watching his thoughts, words, habits and character that influenced him and his life. This poem was very fitting to the topic but it didn't reveal anything personal. It is possible that Walter was not able to personalize this topic. Walter might not have been able to identify what he was in control of. Heroin is one of the most addictive drugs (he was in treatment for heroin addiction) and maybe Walter was still not that confident that he could stay sober, so he may have decided not to talk about it, or perhaps the anxiety from not knowing kept him from exploring it further.

In the PGSQ, Walter shared that EGAT helped him realize how he wanted to change his life in the future. Juan also stated that EGAT helped him to look at his life in a whole new way and realize what he could really do with his "life of sobriety and recovery."

Family/community. Another theme that was frequently discerned (the same amount as the change/transformation) was family and community which was found 83 times as well. Throughout the eight sessions, the theme of family and community was discussed often. In session 1, Lola drew her 2-year old baby and her peers playing dominos (Figure 1) as parts of the "love cycle" that would make the world a better place for her. It was unclear if she understood the directive completely, but she expressed that in order for her to be happy in her life, she needed her baby, God, and the peers who supported her. Juan spoke a lot about his desire to become a better father to his two daughters throughout all the sessions he attended. He wanted to become a role model for his daughters and wanted them to be proud of him. In session 3, he drew himself physically very strong (Figure 8b), much bigger and muscular than how he was in actual life and his young daughters holding on to his arms at either side,

smiling, and looking happy. Juan depicted his daughters proportionally very small. It is possible that he felt extremely inadequate to care for his daughters or to be their role model as he was (in his addiction), so he had to make a “superman” version of himself become someone who his daughters could be proud of. In session 6, Walter painted “bamboo trees” (Figure 17a and Figure 17b) to represent his relationship with his parents and what he would like their relationship to be in the future. He expressed some resentment towards his parents because he felt the pressure to apologize for all the time for his mistakes. He was hoping that his parents would be more understanding and forgiving towards his wrongdoings and trust him again. When asked about the color choices, Walter answered that he chose black and blue because he thought his relationship with his parents was dark (black) and cold (blue). He also shared that he chose to paint “bamboo trees” to represent growth. It was apparent that he had painted bamboo before as he was very skillful at it. He also liked Japanese culture and Buddhism so it wasn’t a surprising choice but some of the characteristics of bamboo may reveal more about Walter’s thinking. Bamboo is not a tree but a type of grass. It is strong but flexible and can bend but not break easily. New shoots can grow pretty fast reaching their full height within just a few months. It is possible that Walter knew these qualities about bamboo and wanted his relationship with his parents to be also a flexible and fast-growing one but it is unknown if he did. In the same session, Jack painted a black road (highway) that his brother and he used to ride motorcycles on together (Figure 18a). There was a 2-way road sign in yellow and black, and his initials were painted on the left and his brother’s initials were on the right, in red. They showed that his brother and he were not on the same path anymore. Jack was sad knowing that his brother and he were not as close to each other as before and he thought it was his drug use that had created the distance between them. He wished that the two

of them could again travel the same way (Figure 18b), side by side, and become close brothers again. According to the Urban Dictionary, the phrase, “Ride or Die” means to be supportive of a person (or persons) no matter what, through all the good and the bad. So it could have been reflecting some of Jack’s disappointment about the situation or about his younger brother not standing by Jack through his hard times.

In the PGSQ, the four participants talked about the importance of other group members’ support in the sessions in their recovery process. Jack stated that he valued other people’s opinions and their perspectives. Walter shared that he realized that he wasn’t the only one with “issues” with his life and that other people also struggled with some of the same problems as he did. Juan wrote that he valued having peers in the group because they could relate to him and give him hope.

Identity. After family and community, identity was the next most highly observed themes, seen 74 times. In session 1, in response to the question, “If you have to live the same day over and over again how would you spend your day?” Walter drew his own tag (Figure 2). It appeared that he was inevitably questioning his identity when he was thinking about which way he wanted to live his life. His tag was elusive and guarded. He was not really talking about who he was and that could have been because he didn’t feel safe yet in the group or because he did not have a clear sense of identity. In session 3, Walter again engaged in making his artwork about his identity. He drew a set of big red eyes that were “always watching” on the left side of the paper and the Armenian and Mexican flags next to them (Figure 6). He always felt different because he did not really fit into his biological, Armenian culture and mostly hung out with Mexicans growing up. He shared that he always stood out and was not trusted by the Mexicans because he was white. It appeared that Walter constantly

struggled with the idea of who he was, who he should be and who he wanted to be. In session 5, Walter drew a big letter “A” and wrote “Armenian 4 life” on the outside of his booklet (Figure 14a). You can sense his pride for Armenian culture even though it had affected him in some negative ways as he noted before. Interestingly, the letter, “A” has some shapes that appear similar to a grim reaper’s scythe, which was continually haunting Walter. Jack identified himself as an HIV survivor, who was “born with HIV.” He drew a big red ribbon below the eagle (Figure 7) and identified himself as someone who was “HIV positive.” It appeared to be important for Jack that people knew that he was born with HIV and did not contract it another way (he didn’t want people to think he was gay mostly). At the same time, Jack was always mindful of Juan (who was bisexual and did contract HIV just a few years ago from his sexual partner) and never made him feel bad or uncomfortable by pointing out the differences between them. They bonded strongly with this shared identity, as HIV survivors, and supported each other throughout the sessions. Juan also talked about his identify as an HIV survivor throughout the eight sessions. In sessions 3(Figure 8b), 7 (Figure 23), and 8 (Figure 27a), he drew the big ribbons in his artwork to show how proud he was to embrace his HIV survivor identity. The ribbons increased in size as the sessions went on and they ended up taking up the whole space in the last session. It appeared that Juan found it very helpful to talk about his HIV survivor status openly with the group members because it gave him an identity that he lacked as a result of a long-term drug addiction. Lola focused on her sexual identity in group discussions on a number of occasions. In session 5, she drew one female couple and another couple with a female and a male (Figure13a) to represent her bisexuality. In session 7, she picked one image of a heterosexual couple and a homosexual couple (two females) embracing each other (Figure 20). The phrase “HIS AND HERS” was glued on top of these

two images. When she was sharing these images, Lola stated that she was thinking about the fact that she had been bisexual, but she recently realized that she “might be only gay (lesbian).” She did not really explain a lot but shared that she was doing some work around the issue with her primary therapist. Another image might provide insight into Lola’s struggle with the perceived stigma that being a (gay) lesbian was more shameful than being bisexual. She used an image from the movie *Ex Machina*. In the image, a robot was looking at a mask-like face that resembled her face but was hung on the wall as if it was part of a decoration. Lola stated that it was her looking at herself when she has discussed it with the group. She was always questioning who she was and she would probably be doing work around her identity for quite some time.

In the PGSQ, Walter shared that he had discovered that a lot of his struggles were the result of his own culture and neighborhood that he grew up in because those defined who he was. Juan stated that art directives provided him a way to express himself and helped him see the difference between how he used to see himself and how he saw himself currently

Feeling lost/disconnected. Another prevalent theme of identity was the theme of feeling lost or disconnected and floating which were also noted 74 times. In session 3, Juan drew a big hole with himself buried in it (Figure 8a). It almost looked like a tomb with a mound at the top. He was alone in the deep hole that he had dug himself. The only things that kept him company were the meth pipe and the marijuana joint he was smoking all the time. His two daughters were at the ground level looking sad and unhappy, not being able to get to him. In session 4, Jack drew a tombstone that said, “Lost Soul” (Figure 11a). Because of how his drug habits resulted in him being completely isolated, it was possible that his grave wouldn’t look too far away from this if he died on the street instead of coming into the

treatment program a few months ago. His choice of black paper, the big and cold white moon, and the footsteps (or the leaves) that were all over the grave seemed to depict the loneliness and sadness he would feel if “no one was taking care of” his grave. In session 6, Lola drew Venice on the left side of the paper and Long Beach on the right side of the paper (Figure 16a). She stated that her two-year-old son was staying in a foster home located in Venice and since she was in a treatment located in Long Beach they were very far away from each other. She was feeling totally disconnected from her son by this distance and wished to reunite with him soon. Lola tried to create some connections between them by portraying her son and herself using the same objects (hearts) but in different colors. She also drew palm trees on either side which mirror each other (Figure 16a). In *Figure 16b*, the two hearts were blended into one and the two palm trees were also intertwined as Lola picked up her son in the air. In session 8, in response to a directive, “Where are you headed and what are you leaving behind?” Walter drew a road emerging from water (Figure 25). This road heads straight up and ends up looking like it had an explosion. Now there are many different roads that split from the initial single road. This image appeared to show how lost he still felt when it came to his future.

The participants did not discuss the theme of feeling lost or disconnected and floating in the PGSQ.

Uncertainty/chaos. Lastly, another theme that was found frequently involved uncertainty and chaos and it was identified 73 times. In session 1, above his tag, Walter wrote, “My peace?” Below it, he also wrote, “Hear me, God!”, “Family first”, and “No to Drugs” (Figure 2). He explained that he knew how he should spend his life but he just was not sure if he could do it. It appeared that either he was ambivalent about the recovery process or that he

was not sure if he was able to make it through. Lola used a black hole to depict the chaos of her life. In session 3, she drew herself getting sucked into one while her parents were ignoring her (Figure 5). In session 8, she drew that same black hole on the whole page (Figure 24). Even though it was much bigger than before (which might be due to examining it closely in the sessions), the color was not as dark as before and she was no longer getting sucked inside. It seemed to reflect Lola's comment that her problems were still there in the background but she was feeling more confident that she could handle them. In session 5, when Jack was asked to draw "things that felt like fate and things that felt like a free choice," Jack drew a big red ribbon on a piece of black paper and in the loop part of the ribbon, he drew the drugs he used to frequently abuse (Figure 15a). He explained that the fact that he was born with HIV and the way it affected him (how it led him to use drugs and the chaos that followed) felt like fate to him. It was a little concerning that Jack thought of his drug use as part of his fate rather than his choice. Upon discussing the matter further, Jack clarified that he did think that he had "a choice to use or not use" drugs "after all, no one held a gun" to his head. He just did not think he would have become addicted to them if he had not gone through with HIV. It sounded like Jack could recognize only partial responsibility for his actions at the time. In session 8, Juan made a two-part artwork that described what he was leaving behind and what was ahead of him. For what he was leaving behind, Juan drew a road that led him to a deformed house with broken windows and doors (Figure 27b). A figure looking lost in hatred, loneliness and looming death was standing in front of the house. Through this exercise, Juan was able to leave behind all the chaos related to his drug abuse, as well as his old self.

In the PGSQ, Lola stated that EGAT helped her with the recovery process by helping her realize that she was becoming someone that she did not want to be.

Study Questions

- 1) How do participants experience EGAT in comparison to other treatment models?
- 2) How does EGAT address issues of substance abuse and trauma history?
- 3) What is the variation of the scores on Scale for Existential Thinking for participants in the study at the start of the group and at the end of the treatment process?
- 4) How do the participants utilize the art to identify existential issues and apply it to their lives?
- 5) How does the group format itself impact the participants' existential thinking?

How do participants experience EGAT in comparison to other treatment models?

Participants compared EGAT to Twelve Steps model most frequently (TTC is 12-step based facility). They pointed out the difference around how the Twelve Steps model views addict powerless over drugs and existential therapy emphasizes the fact that each addict has the power to make a different choice and change their lives. It appeared that the group members got a little confused when they realized this fact initially. Then the group discussed how there were many different approaches to substance abuse treatment and mental illness such as, Twelve Steps, CBT, DBT, Seeking Safety, Art Therapy and Existential Therapy (TTC offered all of these modalities at this time through the group format and most of the participants attended several of these groups if not all). They were able to understand that not one theory was better than the other or one was right or wrong but they offered different ways to look at things. As the facilitator, I introduced the concepts of the existential therapy to the group members and explained how they might benefit from its theory but did not try to change or correct anyone's view and belief if they were different. I also validated "feeling powerless" especially when one is in his/her deep addiction but questioned the group

members if that is how they feel in their sobriety. I asked if they haven't been gaining their powers back, and all the group members agreed that they have been. What the group members had to think about at that point was what they want to do with their lives (if they had the power to choose) knowing that freedom comes with responsibilities.

Several group members commented that existential therapy's focus on free will empowered them to change their lives as they felt helpless when they learned in Twelve Steps that they had to surrender before the power of drugs.

In another session, a different comparison was made between the Twelve Steps model and existential therapy about their views on "responsibility." A group member asked me what I thought about the Twelve Steps' teaching, "stop blaming and take responsibility for your part." He asked, "If someone was abused by another person, what was that victim's responsibility?" Then he added, "It sounds like that is how existential therapy views responsibility as well." I explained that the victims never have any responsibility for what happen to them. I emphasized that any type of assault always was the perpetrator's fault and no one else's. Then I added that I didn't think existential therapy wanted victims to take responsibility for what happened to them. Maybe the part where the victims can take a responsibility was how they live their lives after the assault. For example, the victim starts drinking every day and soon becomes an alcoholic. One day, he/she realizes how destructive their drinking has been and takes steps to stop drinking (ex: starts going to therapy, admit oneself to a rehab). That would be an example of how one can start taking responsibilities for their future. The group members shared that they agreed.

Participants claimed that they never attended any groups that talked about any existential issues including the purpose or meaning of life before this EGAT. Several of

group members shared that they were “craving” for existential discussions because they “thought about it a lot” on their own. They stated that the other groups’ sole focus seemed to be achieving and maintaining sobriety and that became very repetitive and boring. They also shared that having an art task in EGAT for each given topic made it fun and much easier to engage in talking about the existential issues especially some of the tough ones such as adversity and death.

Participants compared EGAT to the other two art therapy groups at TTC (one was facilitated by the art therapist). They recognized different focus of the two groups but stated that they liked both because they got to make art which was fun and made them feel creative. It also appeared that the group members felt a sense of achievement having finished artwork each week.

How does EGAT address issues of substance abuse and trauma history? The participants were encouraged to see the relationship between their substance abuse and their experienced trauma through 8 weeks of EGAT. In session 2, the group discussed the meaning of self as beyond being an “addict” or “recovering addict.” Establishing the sense of self as a non-addict empowered the group members and helped them to envision the possibility. It also encouraged the group members to obtain that new (or old) identity through reminding them of the positive effects it can have on their lives. In session 3, the group engaged in the conversation of the meaning of adversities and sufferings in their lives. Making sense of adversity from their failure or trauma helped participants to see that their suffering was not in vain. In session 5, the group had a discussion about freedom and responsibility. The participants were encouraged to differentiate what they thought was fate or destiny and what felt like a free choice. After identifying what they

were in control of, the group members were empowered to think about the all the possible choices and actions, and then choose the most meaningful option. Surprisingly, only a couple of group members engaged in discussing their drug abuse/addiction as something they were in control of. Those participants shared their trauma as their fate and their drug addiction as the result, but they stated that now they could control how they lived their lives without using drugs to self-soothe. In session 8, the group was asked to envision their future. They were asked to think about what they were able to leave behind and what they were able to see in their future. Most of the group members were able to leave their trauma histories behind and move forward with their newly attained sobriety.

What is the variation of the scores on SET for participants in the study at the start of the group and at the end of the treatment process? The average value of SET for Walter for pre-group was 3.1 and for the post-group was 4.9. Juan also showed an increase in the average value of SET from the pre-group of 3.2 to post-group of 4.2. Jack had an average of 3.3 pre-group and average of 3.1 post-group and he was the only participant who showed a decrease in SET. When considering the whole group of five, the average SET value for pre-group was 2.9 and for the post-group was 3.7 which resulted in an average of 0.8 increase.

How do the participants utilize the art to identify existential issues and apply it to their lives? Participants were able to use art as a tool to process and express how they felt when exploring their existential issues. It provided a safe place to a lot of the participants who had difficulty talking about their trauma or drug addiction or both by allowing the group members to utilize metaphors and symbols that represented themselves or their problems. Art also allowed the unconscious become conscious. Often when sharing the artwork, the

participants noticed and realized things that they were unaware of while making the artwork. Discovering or giving meanings to these unintentional things they have drawn or painted proved to be very meaningful work as the group members shared what they saw in each other's artwork and discussed what it meant for them. The metaphors and symbols in artwork also acted as great visual reminders that the participants could keep and take with them to apply the learnings from EGAT to their own lives.

How does the group format itself impact the participants' existential thinking?

Participants' existential thinking was stimulated weekly by hearing other people's existential issues which led them to explore their own issues even deeper. Participants reported that knowing that they were not the only ones having difficulty with their lives and struggling with existential issues resulted in being more open to discussing them. This universality created safety for the group members and encouraged them to share their experience and support each other.

Findings

This research was designed to explore the relationship between participation in existential group art therapy and the frequency of existential thinking, which some believe to be one of the key factors that promote sustained sobriety for clients with substance abuse and trauma history.

The results of the SET scores pre- and post-EGAT program and the emergent themes observed from eight weeks of EGAT demonstrate that EGAT may effectively increase existential thinking in group participants.

These results are consistent with findings from other similar studies of existential therapy with clients with substance abuse or trauma history. Haines (1997) claimed that recovery could be successful and the quality of living would be established only when clients with addiction realize the importance of finding meaning because “meaning facilitates a transition into recovery” (p. 37). Roos, Kirouac, Pearson, Fink and Witkiewitz (2015) found a significant negative correlation between the temptation to drink and purpose in life in their study. The authors stated that the sense of purpose and meaning could act as an effective reminder for clients to remain abstinent and strongly suggested that the treatment providers explore clients’ purpose in life regarding their temptation to drink. The visual nature of the EGAT also offers clients another form of reminder of their desire to achieve abstinence. The participants can take and keep the artwork that pertains metaphors and symbols they utilized and processed, which will help them employ the learnings from EGAT to their own lives.

Martin, MacKinnon, Johnson and Rohsenow (2011) also stated, in their research, that it is highly beneficial to increase purpose in life as part of treatment in treating clients with alcohol and cocaine dependence. The authors reported significant correlations between lower purpose in life and the number of days of cocaine use or drinking. They further concluded that in clients with alcohol and cocaine dependence, significantly better results were predicted when clients had a higher level of purpose in life as a baseline.

This research was conducted based on the premise that the more existential thinking (focus on meaning and purpose of life) that clients with SUD and trauma history are able to engage in, the better chance they will have at a recovery from addiction and trauma, and the achievement of overall well-being. It has been reported by many of the clients in the clinical setting where the research was conducted that they lived without any clear meaning or purpose in their lives even before the addiction. When they started using drugs, they spent years with a sole purpose of “getting the next fix” and once they obtained sobriety, they did not know what to do with their lives. By eliciting thoughts and discussions about existential themes such as change/transformation, family/community, identity, purpose (meaning) of life, self-empowerment and uncertainty/chaos, existential art therapists may be able to help clients with substance abuse and trauma history in choosing what to do with their lives instead of using drugs.

Based on participant artwork, notes from sessions and the PGSQ, universality appeared to be another central element that contributed to sobriety, recovery from trauma, and general wellness. Group members consistently shared feedback supporting this idea such as “knowing that there were other people going through similar issues”

helped them “feel better and not alone.” Images of peers were also present in several participants’ artwork, suggesting a central role that these peers played in their recovery process.

This observation is consistent with other findings reported on the effectiveness of the group format and the importance of universality. Moon (2009) claimed that “an individual can only create meaning in the context of the person’s relationship with others” (p. 64). Yalom and Leszcz (2005) and Somov (2007) asserted that the group modality of existential therapy offered universality which normalizes existential concerns of clients, and therefore, effectively addresses these existential factors. Kaminer (2005) also stated that experiencing universality was one of the factors that contribute to the effectiveness of group therapy in addition to learning socializing techniques, obtaining role models, receiving feedback from peers and therapists, and having a chance to rehearse. Milgram and Rubin (1992) claimed that addicts usually have a history of a difficult relationship with authority figures and therefore are more likely to acknowledge and receive information from peers than the leader of the group.

Another predominant finding in this study was that EGAT successfully facilitated self-empowerment in many group members. This was evident in emergent themes from participants’ artwork, PGSQ, and notes on group discussions. This result was also consistent with other authors’ reports such as by Hongo et al. (2015) who suggested that art therapy provides the opportunity of self-empowerment because it is a highly personal, self-directed activity.

The use of art also appears to be an effective and safe way to process trauma and explore existential issues. According to group discussions and the PGSQ, participants reported that they “felt comfortable” expressing their thoughts and feelings through the art process and stated that it brought more insight than simply talking about the concepts presented in the group. Utilizing metaphors and symbols may have helped this process by creating some distance between the individuals and their feelings or the incidents that had happened to them. Art may also allow unconscious ideas to become conscious for participants by observing and discussing content in the artwork they were not aware of previously or finding new meaning through the process.

These observations are supported by other authors who explored the effectiveness of art therapy in treating clients with substance and trauma issues. Skeffington and Browne (2014) claimed that art therapy can facilitate an opportunity for clients to work with and express uncomfortable experiences through images. Merriam (1998) also stated that art therapy was safer and less intrusive than traditional talk therapy because of the focus on the image which provided distance between the clients and the strong feelings that are evoked.

Conclusions

This paper described the relationship between the EGAT program and existential thinking and its possible benefits to individuals who suffer from SUD or substance abuse and PTSD from their trauma history. The findings revealed that participants who engaged in eight weeks of EGAT program improved significantly in their frequency of existential thinking. The curriculum developed for this research helped elicit existential thinking in participants, the art process allowed group members to feel safe to share and process the difficult feelings through images, and the group modality created a safe environment where participants were provided universality and support.

In traditional rehabilitation programs, many clients struggle to move forward from the pre-contemplation stage and it is partially because clients are not provided opportunities to ponder existential issues in regards to the nature of the addiction and the possibility of change (Ford, 1996). Based on this review of available literature and findings from this research, existential group art therapy may be an effective alternative or supplemental treatment for clients with substance addiction and trauma history through the capacity to promote existential thinking. It can provide a safe place where clients can explore existential issues such as death, freedom, anxiety, purpose and meaning of life through images and metaphors which can promote change within the clients.

While the findings may support the use of existential group art therapy for a substance abuse population with trauma history, there are some important limitations to note.

First of all, the sample size was very small (seven participants). The use of a larger sample size in the future would help researchers and practitioners generalize the findings of the study. Second, the study was conducted in only eight weeks due to the time constraint to this research project. In future studies, a longer program might prove to be more effective. If future research could be conducted for 16 weeks (4 months) or 24 weeks (6 months), it would be useful to determine if there are any improvements based on the frequency of existential thinking and if the clients are able to sustain sobriety for a longer period. Third, the PGSQ and SET were self-reported so the subjectivity cannot be ignored. The participants might have exaggerated their responses. Fourth, since all the data for this research was gathered by the primary investigator, who was also the art therapist who facilitated the group sessions, it should be noted that there may have been a certain degree of subjectivity.

Another limitation of the study is that the art therapist who facilitated EGAT also led DBT and art therapy groups and some of the EGAT participants also attended those two groups. Two of the group members were also the art therapist's clients for individual therapy. Some of these group members also attended CBT and 12 steps big book study groups. Therefore, one could also argue that the increase in the existential thinking for the participants was not associated solely with the EGAT program.

Lastly, participants were all in a six-month substance abuse treatment center and because the art therapist's nine-month contract was coming to an end, it was not possible for her to follow the participants to track their progress (maintaining sobriety and overall wellness).

Ford (1996) emphasized the importance of having meaning and purpose in one's life to achieve any significant degree of life satisfaction. Despite the limitations noted, I too,

emboldened by these findings, believe that EGAT programs can offer life transforming opportunity and experience to clients with substance abuse and trauma history. In order to verify these assertions additional studies to confirm the evidence of the effectiveness of the EGAT program are recommended.

Reference List

- Allan, B. A., & Shearer, C. B. (2012). The Scale for Existential Thinking. *International Journal of Transpersonal Studies*, 31(1), 21-37.
- Battjes, R. J., Gordon, M. S., O'Grady, K. E., Kinlock, T. W., Katz, E. C., & Sears, E. A. (2004). Evaluation of a group-based substance abuse treatment program for adolescents. *Journal of Substance Abuse Treatment*, 27(2), 123-134.
- Berman, A. H., Forsberg, L., Durbeej, N., Källmén, H., & Hermansson, U. (2010). Single-session motivational interviewing for drug detoxification inpatients: Effects on self-efficacy, stages of change and substance use. *Substance Use & Misuse*, 45(3), 384-402.
- Bracke, P. E., & Bugental, J. T. (2002). Existential/humanistic psychotherapy. In F. W. Kaslow, F. W. Kaslow (Eds.), *Comprehensive handbook of psychotherapy: Interpersonal/humanistic/existential*, 3, 255-277.
- Bryant, R. A. (2010). The complexity of complex PTSD. *American Journal of Psychiatry*, 167, 879-881.
- Burke, B. L. (2011). What can motivational interviewing do for you? *Cognitive And Behavioral Practice*, 18(1), 74-81.
- Carolan, R. (2001). Models and paradigms of art therapy research. *Art Therapy*, 18(4), 190-206.
- Carroll, K. M., Ball, S. A., Nich, C., Martino, S., Frankforter, T. L., Farentinos, C., & ... Woody, G. E. (2006). Motivational interviewing to improve treatment

- engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and Alcohol Dependence*, 81(3), 301-312.
- Chen, G. (2010). The meaning of suffering in drug addiction and recovery from the perspective of existentialism Buddhism and the 12 steps program. *Journal of Psychoactive Drugs*, 42(3), 363-375.
- Cohen, J., Mannarino, A., P., Zhitova, A., C., & Capone, M., E. (2003) Treating child abuse-related posttraumatic stress and comorbid substance abuse in adolescents. *Child Abuse & Neglect*, 27, 1345-1365.
- Cooper, M. (2003). *Existential therapies*. London: Sage Publications.
- Corbett, L., & Milton, M. (2011). Existential therapy: A useful approach to trauma? *Counselling Psychology Review*, 26(1), 62-74.
- Daitz, L. (2011). Understanding, truth or resolve? Considering the 'Aim' of existential psychotherapy and the approaches of van Deurzen and Spinelli. *Existential Analysis*, 22(1), 140-149.
- Foxcroft, D. R., Coombes, L., Wood, S., Allen, D., & Santimano, N. M. L. (2014) Motivational interviewing for alcohol misuse in young adults. *Cochrane Database of systematic Reviews*, 8(8), CD007025.
- D'Amico, E. J., Miles, J. V., Stern, S. A., & Meredith, L. S. (2008). Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment*, 35(1), 53-61.
- Emmelkamp, P. M., & Vedel, E. (2006). *Evidence-based treatment for alcohol and drug abuse*, New York: Routledge.

Evans, K., & Sullivan, J. M. (1995). *Treating addicted survivors of trauma*, New York: Guilford Press.

Existentialism. (n.d.).

<http://www.merriam-webster.com/dictionary/existentialism>

Flores, F. (1993). Group psychotherapy with alcoholics, substance abusers, and adult children of alcoholics. In H. I. Kaplan & B. J. Sadock (Eds.) *Comprehensive group psychotherapy* (p. 429-442). Baltimore, Maryland: Williams & Wilkins.

Ford, G., G. (1996). An existential model for promoting life change. Confronting the disease concept. *Journal of Substance Abuse Treatment*, 13(2), 151-158.

Frankl, V. E. (1984). *Man's search for meaning*. New York: Washington Square Press.

Haines, P. E. (1997). Addiction recovery: Transcending the existential root of relapse. *International Forum for Logotherapy*, 20(1), 37-45.

Hongo, A., Katz, A. & Valenti, K. (2015) Art: Trauma to therapy for aging female prisoners. *American Psychology Association*, 21(3), 201-207.

Kaminer, Y. (2005). Challenges and opportunities of group therapy for adolescent substance abuse: A critical review. *Addictive Behaviors*, 30(9), 1765-1774.

Karlsson, M., Bridges, A., Bell, J., & Petretic, P. (2014). Sexual violence therapy group in a women's correctional facility: A preliminary evaluation. *Journal of Traumatic Stress*, 27(3), 361-364

Keenan, M., Lumley, V., & Schneider, R. (2014). A group therapy approach to treating combat posttraumatic stress disorder: Interpersonal reconnection through letter writing. *Psychotherapy*, 51(4), 546-554.

- Kemp, R. (2015). Review of Integrating 12-steps and Psychotherapy: Helping clients find sobriety and recovery. *Existential Analysis*, 26(1), 180-182.
- Kierkegaard, Søren. (2015). *The Concept of Anxiety: A Simple Psychologically Oriented Deliberation in View of the Dogmatic Problem of Hereditary Sin*. New York: Liveright Corporation.
- Levine, B. & Gallogly, V. (1985). *Group therapy with Alcoholics*. Beverly Hill: Sage.
- Longhurst, L. (2015). A life worth living. *Counseling psychology review*, 30(1), 64-81.
- Lukas, E., & Hirsch, B.Z. (2012). *Logotherapy*. In F.W. Kaslow (Ed.-in-Chief) & R.F. Massey & S.D. Massey (Vol. Eds.), *Comprehensive handbook of psychotherapy*, 3, 333-356. New York: John Wiley & Sons.
- Macquarrie, J. (1972). *Existentialism*. Harmondsworth: Penguin.
- Martin, R. A., MacKinnon, S., Johnson, J., & Rohsenow, D. J. (2011). Purpose in life predicts treatment outcome among adult cocaine abusers in treatment. *Journal of Substance Abuse Treatment*, 40(2), 183-188.
- Martino, S., Carroll, K., Kostas, D., Perkins, J., & Rounsaville, B. (2002). Dual diagnosis Motivational Interviewing: A modification of motivational interviewing for substance-abusing patients with psychotic disorders. *Journal of Substance Abuse Treatment*, 23(4), 297-308.
- May, R. (1958a) Contributions of existential psychotherapy. In R. May, E. Angel, & H. Ellenberger (Eds.), *Existence* (p. 37-91). New York: Basic Books.
- May, R. (1981). *Freedom and destiny*. New York, NY: Norton.
- May, R. (1990). Will, decision and responsibility. In K. Hoeller, K. Hoeller (Eds.), *Readings in existential psychology & psychiatry*, 269-278.

- May, R. (1996b). *Psychology and the human dilemma*. New York: Norton.
- May, R. (1999). *Freedom and destiny*. New York: Peter Smith.
- May, R., Angel, E., & Ellenberger, H. F. (1958). *Existence: A new dimension in psychiatry and psychology*. New York: Basic Books.
- Merriam, B. (1998). To Find a Voice. *Women & Therapy*, 157-171.
- Milgram, D., & Rubin, J. S. (1992). Resisting resistance: Involuntary substance abuse group therapy. *Social Work with Groups: A Journal Of Community And Clinical Practice*, 15(1), 95-110.
- Moon, B. (2009). *Existential art therapy: The canvas mirror* (3rd ed.). Springfield, Ill.: Charles C. Thomas.
- Mullins, S. M., Suarez, M., Ondersma, S. J., & Page, M. C. (2004). The impact of motivational interviewing on substance abuse treatment retention: A randomized control trial of women involved with child welfare. *Journal of Substance Abuse Treatment*, 27(1), 51-58
- Najavits L. (2002). *Seeking Safety: A new psychotherapy for posttraumatic stress disorder and substance use disorder*. Washington, DC: American Psychological Association Press.
- Najavits, L. (2009). Psychotherapies for Trauma and Substance Abuse in Women: Review and Policy Implications. *Trauma, Violence, & Abuse*, 290-298.
- Olive, K.W. (1990). Meaning in drug treatment. *The International Forum for Logotherapy*, 13, 131-132.
- Ouimette, P., Humphreys, K., Moos, R., H., Finney, J., W., Cronkite, R., & Federman, B. (2001) Self-help group participation among substance use disorder patients with

- posttraumatic stress disorder. *Journal of Substance Abuse Treatment*, 20(2001), 25-32
- Panza, C. & Gale, G. (2008) *Existentialism For Dummies*. 1st ed. New Jersey: John Wiley & Sons
- Rollnick, S., Heather, N., & Bell, A. (1992). Negotiating behavior change in medical settings: The development of brief motivational interviewing. *Journal of Mental Health*, 1(1), 25-37
- Roos, C. R., Kirouac, M., Pearson, M. R., Fink, B. C., & Witkiewitz, K. (2015). Examining temptation to drink from an existential perspective: Associations among temptation, purpose in life, and drinking outcomes. *Psychology of Addictive Behaviors*, 29(3), 716-724.
- Rowe, D. (2007). *Making up the mind*. Oxford: Blackwell Publishing.
- Schneider, K. (Ed.) (2008). *Existential-integrative psychotherapy: Guideposts to the core of practice*. New York: Routledge.
- Schneider, K., & Krug, O. (2010). *Existential-humanistic therapy*. Washington, D.C.: American Psychological Association.
- Schneider, K., & May, R. (1995). *The psychology of existence: An integrative, clinical perspective*. New York: Mcgraw-Hill Book Company.
- Schulenberg, S., E. (2015). Clarifying existential psychotherapy: Introduction to the special issue. *Journal of Contemporary Psychotherapy*, 45(1), 1-2.
- Schulenberg, S. E., Hutzell, R. R., Nassif, C., & Rogina, J. M. (2008). Logotherapy for clinical practice. *Psychotherapy: Theory, Research, Practice, Training*, 45(4), 447-463.

- Shorey, R. C., Martino, S., Lamb, K. E., LaRowe, S. D., & Santa Ana, E. J. (2015). Change talk and relatedness in group motivational interviewing: A pilot study. *Journal of Substance Abuse Treatment, 51*, 75-81.
- Skeffington, P., & Browne, M. (2014). Art therapy, trauma and substance misuse: Using imagery to explore a difficult past with a complex client. *International Journal of Art Therapy, 114*-121.
- Sobell, L. C., & Sobell, M. B. (2008). Motivational Interviewing strategies and techniques: Rationales and examples. Retrieved from http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf
- Somov, P., G. (2007). Meaning of life group: Group application of logotherapy for substance use treatment, *The Journal of Specialists in Group work, 32*(4), 316-345.
- Southwick, S. M., Gilmartin, R., McDonough, P., & Morrissey, P. (2006). Logotherapy as an Adjunctive Treatment for Chronic Combat-related PTSD: A Meaning-based Intervention. *American Journal of Psychotherapy, 60*(2), 161-174.
- Spiegel, B. R. (2005). The Use of the 12 Steps of the Anonymous Program to Heal Trauma. *Journal of Social Work Practice In The Addictions, 5*(3), 103-105.
- Spinelli, E. (2014). An existential challenge to some dominant perspectives in the practice of contemporary counseling psychology, *Counselling Psychology Review, 29*(2), 7-14.
- Sullivan, J. M., & Evans, K. (1994). Integrated treatment for the survivor of childhood trauma who is chemically dependent. *Journal of Psychoactive Drugs, 26* (4), 369-378.

- Van Deurzen., E. (2002a). *Existential counseling and psychotherapy in practice*. (2nd ed)
London: Sage.
- Van Deurzen., E. (1997) *Everyday Mysteries*. Hove: Routledge.
- Ventegodt, S., Clausen, B., & Merrick, J. (2006). Clinical holistic medicine: The case
story of Anna. III. Rehabilitation of philosophy of life during holistic existential
therapy for childhood sexual abuse. *The Scientific World Journal*, 2006(6), 2080-
2091.
- Vos, J., Cooper, M., Correia, E., & Craig, M. (2015). Existential therapies: A review of
their scientific foundations and efficacy. *Existential Analysis*, 26(1), 49-69.
- Wainrib, B.R. (2006) *Healing crisis and trauma with body, mind, and spirit*. New York:
Springer Publishing Company.
- Wartenberg, T., E. (2010). *Existentialism: Beginner's guides*. Oxford, England, One
world oxford.
- Wieman, H.N. (1946) *The source of human good*. Carbondale and Edwardsville:
Southern Illinois University Press.
- Williams, D.D. 1969. *Suffering and being in empirical theology*. The future of empirical
theology. Chicago: University of Chicago Press.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy (5th
ed.)*. New York: Basic Books.

Appendices

Appendix 1

LOYOLA MARYMOUNT UNIVERSITY

Informed Consent Form

Purpose: The purpose of the study is to evaluate the existential group art therapy as an alternative or integrated model to treat clients with substance abuse and a history of trauma.

Your Participation: Participation consists of completing SET scales and art projects each week for 8 weeks.

Benefits and Risks: Potential benefits to participants may include an increase in self-awareness, self-esteem, and self-efficacy, in the rating of SET (Scales for Existential Thinking), a decrease in anxiety level, in symptoms of depression, in the number of relapses. Participants could also potentially gain insight on issues of death, freedom and isolation, and find meaning and purpose in their lives. There are no conceivable risks involved in participating in this study.

Confidentiality: Privacy will be ensured through confidentiality. Participation is voluntary and the participant has the right to terminate the survey and art response at any time. A summary of the results will be available to participants upon request. Please contact the researcher, Paige Asawa, with any questions or concerns. 310-338-7646.

Art Work: All the artwork produced by the clients will remain at the site during the 8 sessions. All the artwork will be photographed and the images can be used in the study anonymously (with no identifying information visible). At the end of the study, the artwork will be returned to the participants or destroyed at the site if they choose not to take it with them.

By signing below, I acknowledge that I have read and understand the above information. I am aware that I can discontinue my participation in the study at any time. Please contact researcher or faculty any questions or concerns. I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Hardy, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 (310) 258-5465, david.hardy@lmu.edu, or the research mentor, Dr. Paige Asawa, at (310)338-4562.

Print name _____

Signature _____ Date _____

Signature of primary investigator _____ Date _____

Primary Investigator: Liz Liskin

Phone: 310-357-9549

Email: lwee@lion.lmu.edu

Appendix 2

Existential group art therapy



Seeking

8 Male and/or female adults who meet the criteria for both substance abuse and history of trauma to participate in 8 weeks art therapy group.

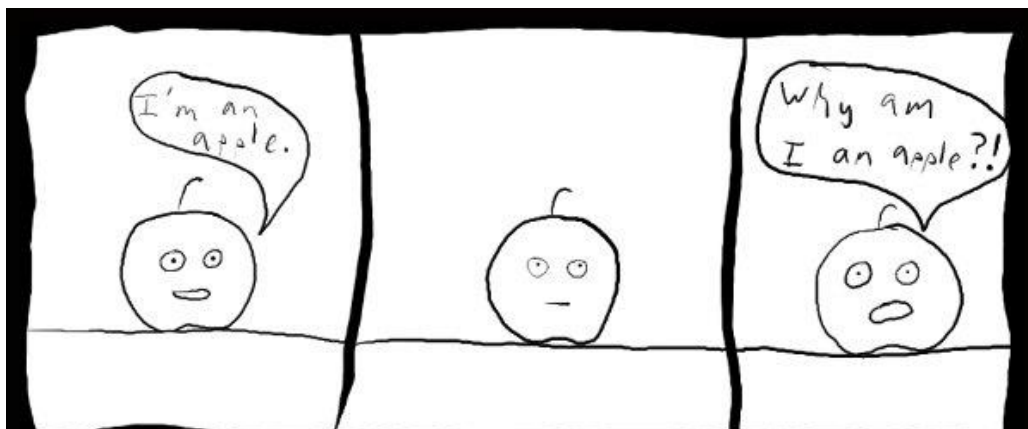
Goals for the group

Increase in self-awareness, self-esteem, and self-efficacy, in the rating of SET (Scales for Existential Thinking), a decrease in anxiety level, in symptoms of depression, in the number of relapses. Participants could also potentially gain insight on issues of death, freedom and isolation, and find meaning and purpose in their lives.

Structure of group

Eight consecutive week sessions starting February 2016

Duration – 50 minutes weekly



Appendix 3

Scale for Existential Thinking

1= No or rarely.

2= Sometimes.

3= Often.

4= Almost all the time.

5= All the time.

6= I don't know.

Circle answers that best fit for you either now or in the past.

1. Do you ever reflect on your purpose in life? 1 2 3 4 5 6
2. Do you ever think about the human spirit or what happens to life after death? 1 2 3 4 5 6
3. Have you ever spent time reading, thinking about, or discussing philosophy or beliefs? 1 2 3 4 5 6
4. Do you have a philosophy of life that helps you to manage stress or make important decisions? 1 2 3 4 5 6
5. Do you think about ideas such as eternity, truth, justice and goodness? 1 2 3 4 5 6
6. Do you spend time in meditation, prayer, or reflecting on the mysteries of life? 1 2 3 4 5 6
7. Do you discuss or ask questions to probe deeply into the meaning of life? 1 2 3 4 5 6
8. Do you ever think about a "grand plan" or process that human beings are a part of? 1 2 3 4 5 6
9. Have you ever thought about what is beyond the "here and now" of your daily life? 1 2 3 4 5 6
10. Do you ever think about life's Big Questions? 1 2 3 4 5 6
11. Have you ever reflected on the nature of reality or the universe? 1 2 3 4 5 6

Appendix 4

Group Existential Art Therapy

Session 1: Consent and assent forms will be signed. The Scale for Existential Thinking will be provided to the participants.

Theme: Introduction, the meaning of life.

Discussion: Introduce members to the group process and art therapy. What is the meaning of life? Normalizing and de-pathologizing the meaninglessness and emptiness of one's life. Search for meaning aids in search for motivation for recovery. Substance use is normalized as a problematic search for meaning and /or dysfunctional coping with meaninglessness.

Art task 1: Create group rules.

Art task 2: What if you have to re-live one day over and over? How would you spend that day? Draw what that would look like.

Session 2:

Theme: Meaning of self.

Discussion: Who/what am I? Explore clients' view of themselves beyond being an "addict" or "recovering addict." Explore who/what they were and are in addition to being substance abusers.

Art task: Fold the paper in half and draw who you are right now on one side. On the other side, draw who you were or who you would be without drugs.

Session 3:

Theme: Meaning of adversity/suffering.

Discussion: What is the meaning of pain and suffering? Making sense of adversity from failure can help group members see that their suffering was not in vain.

Art task: Think about one of the most painful moments in your life and draw what that was like. On another sheet of paper, draw what you've learned from that experience.

Session 4:

Theme: Meaning of death.

Discussion: Help group members find their unique meaning (purpose) in life. What gives meaning to your present and future lives? If life is a journey, where do you believe you are going? How would you live differently if you knew you had only a short period of time to live? What is the meaning of death? What is your belief about death?

Art task: Pretend that you can see your tombstone. What will it say? Fold the paper in half and draw how that would look. On the other side, think about what you would want it to say about you. Are they different? What does it mean?

Session 5:

Theme: Will of freedom.

Discussion: Human capacity to choose how one responds to external circumstances. Am I free? One's belief about freedom and recovery are interrelated.

Art task: Fold a piece of paper in half. On the first half, draw what feels like fate, something that is unchangeable. On the other half, draw what feels like free action despite the given problem. Think about all the possible choices and actions, then choose the most meaningful option.

Session 6:

Theme: Isolation and connectedness.

Discussion: Relationships are the deepest and most profound sources of meaning for our lives. The connection is essential to happiness and mental health.

Art task: Fold the paper in half. Draw what your relationships look like currently on one side and draw what you want them to look like on the other side.

Session 7:

Theme: Commitment to a positive purpose.

Discussion: Think about positive goals you are striving toward. Commitment to a positive purpose helps us to overcome various hardships in life. "If we have our own why of life, we shall get along with almost any how." –Nietzsche-

Art task: Draw the unique self. What makes you unique and special? Draw or make a collage to represent your special qualities that you can utilize to fulfill your dream (future) or achieve your goal.

Session 8: Termination, the Scale for Existential Thinking and post group survey questions will be provided to the participants.

Theme: Meaning of transition.

Discussion: The search continues, dealing with ambiguity. What have you learned and where do you go from here?

Art task: Draw a road to your future. Where are you going? What is ahead of you? What is your purpose?

Appendix 5

Post group survey questions

1. What did you learn from the Existential Group Art Therapy?
2. What did you learn from art directives (activities)?
3. What did you learn from the group discussions?
4. How did the Existential Group Art Therapy help you with your recovery process, if any?
5. How did the Existential Group Art Therapy help you with your personal problems, if any?
6. What is your general feeling about existential therapy?
7. What is your general feeling about art therapy?
8. What is your general feeling about the group format vs individual therapy?
9. What did you think about the length of each group and a number of sessions and would you participate in the Existential Group Art Therapy again?

10. How can the Existential Group Art Therapy be improved?