

Art Therapy in Psychosocial Intervention for Alcohol Use Disorder: A Case Study

Alkol Kullanım Bozukluğuna Yönelik Psikososyal Müdahalede Sanat Terapisinin Kullanımı: Olgu Sunumu

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Abstract

This case study aims to show how art therapy, as a part of psychosocial intervention in the treatment of alcohol use disorder, can help the patient increase their self-expression skills and symbolization skills, develop appropriate coping methods, and increase one's functioning. The client was diagnosed with alcohol use disorder and has been in remission for 14 months, had 42 (+1) sessions during the 15-month process using art therapy. In each session, various art therapy exercises were carried out from different art modalities such as painting, literature, music, dance/movement, taking into account the client's situation and needs. In this article, eight sessions, which are thought to reflect the psychological conflict and progress experienced by the client are included. It is seen that art therapy techniques experienced by individuals with alcohol use disorder can be helpful in diagnosis and evaluation at the beginning. Besides these techniques can have positive effects on increasing the ability of self-expression and symbolization, developing appropriate coping skills and increasing psychosocial functioning by enabling the client to establish causal relationships between symptoms, complaints, and life cycles. It is suggested that such programs might be included in psychosocial interventions to prevent relapses of individuals suffering from addiction and to strengthen their psychological resilience.

Keywords: Alcohol, alcohol use disorder, art therapy, emotional process

Öz

Bu olgu sunumu, alkol kullanım bozukluğunun tedavisinde psikososyal müdahalenin bir parçası olarak sanat terapisinin, hastanın kendini ifade etme becerilerini ve simgeleştirme becerilerini artırmasına, uygun baş etme yöntemleri geliştirmesine ve işlevselliğini artırmasına nasıl yardımcı olabileceğini göstermeyi amaçlamaktadır. Alkol kullanım bozukluğu tanısı alan ve 14 aydır remisyonda olan danışana, 15 aylık süreçte sanat terapisini kullanarak 42 (+1) seans uygulandı. Her seansta danışanın durumu ve gereksinimleri dikkate alınarak resim, edebiyat, müzik, dans/hareket gibi farklı sanat dallarından çeşitli sanat terapisini uygulamaları gerçekleştirildi. Bu makalede danışanın yaşadığı psikolojik çatışmayı ve süreç içerisinde gösterdiği ilerlemeyi yansıttığı düşünülen sekiz seansa yer verilmiştir. Alkol kullanım bozukluğu olan bireylerin deneyimlediği sanat terapisini tekniklerinin tedavinin başlangıcında tanı ve değerlendirmede yardımcı olabileceği görülmektedir. Ayrıca bu teknikler danışanın semptomlar, yakınmalar ve yaşam döngüleri arasında nedensel ilişkiler kurmasını sağlayarak kendini ifade etme ve simgeleştirme becerisinin artırılması, uygun baş etme becerilerinin geliştirilmesi ve psikososyal işlevselliğin artırılması üzerinde olumlu etkiler yaratabilir. Bağımlılık sorunu yaşayan bireylerin tekrar kullanmaya başlamalarını önlemek ve psikolojik dayanıklılıklarını güçlendirmek amacıyla psikososyal müdahaleler içerisinde bu tür programlara yer verilmesi önerilmektedir.

Anahtar kelimeler: Alkol, alkol kullanım bozukluğu, sanat terapisini, duygusal süreçler

Introduction

Alcohol is a substance that has been known and used since ancient times. Alcohol, which was drunk as an elixir of life and used as a remedy for diseases in the middle ages, has no therapeutic value today, and its excessive and chronic use has become an important social and health problem (1). Using more than desired or planned, continuing the use despite physical and mental problems, wanting to reduce it continuously but spending too much time to use it or getting rid of its effects, decrease in social functioning, tolerance and abstinence are psychosocial criteria in alcohol use disorder (2). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), alcohol use disorder can be diagnosed with the presence of two psychosocial criteria without any specific criteria for alcohol. While the psychosocial consequences of alcoholism tend to be more common in societies with a tradition of not drinking alcohol, health problems and psychosocial consequences are more common in societies where heavy drinking is ordinary (1).

In the psychodynamic conceptualization of alcohol use disorder, when the self-regulation and adjustment system is not functional, deterioration in self-care, the disorder in emotion regulation, and super-ego pathology occur. Relaxation, appreciation, recognition, and fulfillment of physical and emotional needs by parents in the relationship established with parents during infancy are the basis for developing the ability to regulate one's own emotions and calm oneself (3). People who use alcohol/substance compulsively have a qualitative disorder, these individuals have difficulty in recognizing and regulating their emotions. Studies have shown that individuals with alcohol/substance addiction differ from controls in terms of some personality traits such as impulsivity and novelty seeking. Novelty-seeking is a general risk factor for substance addiction, and individuals with high harm avoidance and novelty-seeking tend to alcoholism more (4). It is stated that risky behaviors seen in alcohol addiction and problems related to self-care and attention develop as a result of insufficient internalization of self-protective functions gained in the early stages of development (3).

Wurmser (7) mentions that people suffering from addiction have a reduced ability to symbolize. As these people have difficulty in putting their emotions into words, their symbolization skills are reduced and most of the emotions are expressed in the form of bodily complaints. Moreover, feeling an emotion hurts them because they often cannot recognize, understand, or control their emotions. Although the after-effects may be unpleasant or painful when alcohol/substance is used, addicted individuals create a situation that they know, understand, and control over time, instead of distress they cannot control. They believe that alcohol/substance relieves them of what is bothering them, so they ignore it regardless of its danger or threat (3).

Art therapy is a universal therapeutic method with roots that trace back to ancient times. Examples of its historical practices include drawing on cave walls, mummifying the dead, and creating artwork on parchments. In modern times, art therapy continues to evolve through various forms, such as using graphics, dough, and clay materials. These examples illustrate the enduring presence of art therapy throughout history (4).

The practice of art therapy began in the 1940s, but it became more formally recognized in the field of therapy during the 1960s. The term "art therapy" was coined by artist Adrian Hill in 1942 to describe his work with tuberculosis patients. In his study, Hill discovered that painting not only helped patients pass the time but also served as a valuable tool for expressing their anxiety and traumatic experiences. Art therapy can be used with individuals of all ages and is particularly effective for those who have difficulty expressing themselves verbally. This includes adults with autism, depression, addiction, patients with dementia, and children with chronic illnesses. Numerous studies in the literature discuss the healing effects of art therapy in various areas, including cancer, eating disorders, somatization, dementia, and grief (5).

Working with emotions using art therapy, which is an expressive method in addiction, helps addicted people to establish connections between their thoughts, emotions, and alcohol/substance use behaviors (8). Art therapy uses various modalities of art such as dance, painting, and music in diagnosis and treatment to help realize emotions and thoughts, reduce stress, and discover different coping strategies. In this therapy

approach, since the individual mostly participates in the creation process, art therapy also includes the individual's experience. Experiencing and receiving feedback in the artistic creation process is a good method for self-assessment and helps one recognize one's reality. Creating a work of art, which is mostly action-based, acts as a facilitator by increasing interpersonal connections with internal and external processes such as the motivation to change, which is an important factor for permanent change. Besides, it is emphasized that a door for change can be opened by creating internal motivation through artistic activities providing emotional relief (9-14).

The act of creation is an active process involving conscious and unconscious expressions. Art therapy creates a safe and inclusive space for the person to explore their inner experiences such as thoughts, feelings, perceptions, dreams. Activating the associations of introjected experiences through art provides the emergence of conflicts accumulated inside and pushed out of consciousness. Art practices offer opportunities for a more focused therapeutic relationship that evolves throughout the production process. Multiple artworks that emerge during therapy can also be a way to follow the client's change (8,9,15,16).

There are various studies in the literature on the use of art therapy in addiction. Holt and Kaiser (9) conducted a study designed for the initial stages of therapy aimed at working with the patient's ambivalent emotions towards the substance. Matto et al. (8) used art therapy together with other methods such as solution-focused therapy, motivational interviewing, and the 12-step program. In addition, there are many art therapy studies using different modalities of art such as music, literature, and painting (10,17-21).

In alcohol use disorder, a chronic and recurrent disease, physical problems such as activity intolerance, poor nutrition, and inadequacy in self-care occur. There are also changes in role performance, hopelessness, powerlessness, a disorder in self-esteem, changes in family relations, and social and professional difficulties caused by recurrent hospitalizations. However, many areas of functioning are also negatively affected. Especially, relapses experienced during the treatment process cause patients to return to their old days. Individuals with poor coping skills prefer alcohol/substance use to relieve negative symptoms and feel good (22). Psychotherapy in alcohol use disorder is more beneficial when it focuses on the main reasons for drinking alcohol. The situations in which the patient prefers alcohol use, the stimulant effects behind it, the consequences of alcohol use, and alternative coping methods are the focus points in psychotherapy. There are several psychotherapy approaches benefitted for the psychosocial treatment for alcohol use disorder. For example, in cognitive behavioral therapy, the person is taught ways to cope with anxiety. It provides patients with relaxation training, resistance training, self-control skills, and new methods to control the environment (23). While, art therapy applied to individuals with alcohol use disorder helps patients to make connections between their thoughts, feelings, and alcohol/substance use behavior, and to develop more appropriate and effective coping methods to cope with stress, instead of using alcohol as the patient did before. Thus, while preventing relapses of the patient, it also contributes to the strengthening of mental health (8,16,22).

In this case study, the use of art therapy within the scope of psychosocial intervention for alcohol use disorder was included. It has been seen that art therapy helps a patient to develop coping methods appropriate to the situation and increase psychosocial functioning by enabling a patient to increase his/her self-expression skills and symbolization skills.

Case

Psychiatric History and Assessment

The participant is a 46-year-old single woman with a master's degree in economics. After working as a senior manager in the banking sector for 20 years, she quitted her job in 2012 due to her workload, then became depressed severely, and started to drink alcohol. At the start of our work with art therapy, she met the criteria for alcohol use disorder, although she was in full remission at that time. She was using Lamotrigine 150 mg/day for a long period. Unfortunately, we could not obtain information about her previous treatment processes or the medications she had used. The client was monitored through clinical observation;

no other scales were applied during the follow-up, and no additional psychiatric diagnoses beyond bipolar disorder were identified.

Approximately four years ago, the client sought help from a psychiatrist due to concerns about an increase in both the amount and frequency of alcohol consumption. She reported struggling to reduce or control their alcohol use, as well as difficulties in fulfilling essential responsibilities, including challenges with attending work because of her drinking. Additionally, she faced issues in maintaining interpersonal relationships. According to the DSM-5 criteria, these behaviors indicate the presence of an alcohol use disorder. The participant was being followed up by a psychiatrist in a private institution with the diagnoses of Alcohol Use Disorder and Bipolar Affective Disorder II. The participant had previously received inpatient treatment in a private hospital and was receiving treatment for a period of 4 to 4.5 years. Moreover, she followed the Green Crescent Counseling Center in Uskudar district of Istanbul and continued Alcoholics Anonymous (AA). She was at the 7th step in the 12-step program in AA. She was referred to us after she told her psychologist, who followed her at this center, that she was interested in art therapy and that she wanted to receive such therapy. When she expressed interest in art therapy, she indicated that she wished to continue her treatment with the same psychiatrist and that she would keep working on her alcohol issues with the psychologist from the Green Crescent Counseling Center in Uskudar district of Istanbul and through AA groups. She intended to seek art therapy services solely for that purpose. The psychiatrist at the facility evaluated her, and after the examination, it was deemed appropriate for her to continue treatment with her external specialist. She was admitted to the psychotherapy program, taking into account the guidance of her psychologist from the Green Crescent Counseling Center in Uskudar district of Istanbul, as well as her motivation. Collaboration with both the psychiatrist and psychologist was established as needed.

Our first contact with the client was via phone. She called me to schedule a meeting so we could discuss the possibility of working together. During our conversation, I noticed that she seemed very anxious. She changed her appointment several times, which made me doubt whether we would be able to work together due to her intense anxiety. However, after our first meeting, my perspective changed. I observed that her communication skills, education level, and intellectual capacity were quite good, and her psychological state appeared to be more stable than during our phone call. In the first meeting, anamnesis was taken and information was given on what art therapy is. During the interview, she had unrealistic concerns that she felt intensely that her boyfriend would leave her, and she sought the therapist's approval on everything she talked about herself. It was noticed that the need for approval was quite intense, and fears of being cheated on, abandoned, and loneliness.

The client was conscious, cooperative, and maintaining eye contact. She was a tall, normal weight, a well-groomed, fair-skinned woman who looked younger than her age, had a sporty style, spoke with a decent accent. Her clothing was appropriate for her sociocultural status. She was constantly wearing her hair up because her mother said that fair hair made her look old. She exhibited anxious affect, but her associations were normal and goal-directed. No delusions or hallucinations were noted in her thought content, and her reasoning was adequate. There were no observed memory problems, and she was fully oriented. At the time of the examination, she showed no signs of intoxication or withdrawal from any substances or alcohol. Her psychomotor activity was relatively decreased. Although she appeared slightly restless due to her anxiety, it was not to the extent that it hindered her ability to complete assigned tasks, and she remained open to cooperation. She was respectful and polite to the other people.

The participant's first psychiatric application was at the age of 18 with complaints such as disharmony, conflict with the family, and loneliness. She was diagnosed with an eating disorder during her university years and lost 35 kilograms after treatment. She mentioned that when she left home to study at university and stayed at her aunt's house, she struggled to adapt to her strict rules. As a result, she began to eat excessively due to stress and gained approximately 30 kilos. Her aunt would hide food from her, which made her feel a constant urge to eat. Eventually, she sought short-term psychotherapy and reported that she lost weight through diet and exercise. While in therapy, she consistently engaged in sports but did not pursue any additional treatment.

She had a history of abuse when she was 6 years old. Although she mentioned that it affected her very much and shook her deeply, it was noteworthy that there was no change in her emotions. She said that she had difficulty in getting close and having sexual relations with the opposite sex, that this was related to the abuse she experienced, and that she started to drink alcohol and have sex with alcohol to overcome this difficulty. The client mentioned this period as an “experimental period”. She had a relationship of 3 and a half years. “The only man I could be with without alcohol,” she said. She and her boyfriend had been living together for about 8 months. At the time of her therapy process, her parents were alive. Her mother was 71 years old, and her father was 74 years old. It was noteworthy that when asked about their relationship with their parents, she mentioned their illness processes. Her mother had cancer and was undergoing chemotherapy. Her father had sleep apnea, diabetes, hypertension, and obesity.

She expressed fears about losing her family and boyfriend, ambivalent feelings about her relationship, and anxiety regarding whether I would continue to see her. These concerns indicated that her fears of being cheated, abandonment, and loneliness were quite intense. Additionally, she displayed insecurity and frequently sought approval when sharing her thoughts and feelings. This pattern persisted for some time; she arrived at sessions feeling anxious, but after discussing her concerns, her anxiety began to decrease. We even started one session in the hallway because she couldn't wait to get to the room. She spoke rapidly and at length, jumping from topic to topic with disorganized thought content. However, as she became more relaxed over the course of our sessions, this behavior diminished. During our initial interview, she mentioned a childhood trauma that affected her deeply. It was notable, though, that there was no visible emotional transition on her face or change in her affect when she discussed this trauma.

This case report was evaluated by the Clinical Research Ethics Committee of Istanbul Erenköy Mental and Nervous Diseases Training and Research Hospital in 09.04.2018, and we were informed that ethics committee approval is not required for case studies and that informed consent is sufficient. Informed consent regarding the study was obtained from the patient.

Sessions

In this case, it is aimed to present the art therapy process of a patient who had been diagnosed with alcohol use disorder and bipolar disorder and has been in remission for 14 months. The client was monitored by an outpatient psychiatrist for one year following her discharge and met the criteria for full remission. However, even while in full remission, the client continued to experience cravings, which affected her daily functioning. At the beginning of therapy, she did not have a regular job and struggled to meet her responsibilities. For these reasons, she referred for art therapy, as it was believed this approach would be beneficial. Although cravings occurred occasionally, the client was supported in developing functional coping strategies, including creativity and humor. She had occasional cravings throughout the process, but no relapse occurred.

During the therapy period of 15 months (between 26 August 2016 and 14 November 2017), 42 (+1) sessions were held with the client. In each session, various art therapy practices were carried out from different art modalities such as painting, literature, dance, movement, taking into account the client's situation and needs. In the first ten sessions, the focus was on establishing a relationship of trust and developing a therapeutic alliance. Although she talked about her trauma in the first session, she started to face feelings such as insecurity, fear, and anger caused by her trauma in the 5th session and after. Although reflecting these feelings to the therapist afterward made it difficult for the patient to stay in the process, it was thought that the treatment of this situation on a therapeutic basis was empowering for the alliance. The picture she brought with her in the ninth session and with the help of the questions like “What do you see here, how did you feel?”, control issues were discussed. “If I let go of control, I will die!” she said, it was suggested that she would gradually experience the therapeutic environment. It was thought that after the tenth session, which was seen to have started to cooperate and came by saying “I leave myself to you”, trust was now established in the relationship.

The client was an experienced patient who has been treated for a long time. She was also constantly reading scientific articles and books about her illness. While the therapeutic exercises were more planned according

to the condition and needs of the client at first, it was performed more spontaneously in the following sessions. In the following sections, eight sessions were selected from the 15-month session period, which are thought to reflect the mental conflict and spiritual progress experienced by the client, are included.

Session 2: The First Tree Picture

The client was 20 minutes late for the session. Therefore, she blamed herself, jumped from topic to topic, spoke too quickly, nervous and anxious when speaking. The therapist suggested to work through these feelings, and she agreed. She sat at the table with her back to the therapist. The therapist sat in the middle of the room where she could see her but not too close. She drew a picture of a tree (Fig. 1). The tree had no solid ground and no roots. There was also a grassy, soilless ground, a thick trunk, and four dry branches sticking out from that trunk. The sun was so close to the tree, it was almost touching its branches. The participant described her tree as “a dry tree that does not bear fruit and is useless like itself”.



Figure 1. The first tree picture drawn by the client

Her drawing suggested the need for nutrition and support, past eating disorder, and weight gain, but progressed with the participant's associations, no comment was made on this. The client's comparison of herself to a dry, useless tree suggests that feelings of inadequacy and worthlessness were intense.

The intense emotions of guilt in the statements of the client was remarkable. She blamed herself for her mother's illness. She linked her emotions of guilt to her childhood trauma, and she talked about it towards the end of the session. After she talked about her trauma, she started to cry, looking very hurt. She wanted to extend the session because she was late at the beginning of the session, and although it was said that she would talk for the remaining time, the therapist had to exceed the time limit at the end of the session.

Session 5: Emotions and the Function of Emotions

The client arrived at the session on time. She was very well-groomed and wore more specific makeup. She cried a lot and put on makeup to cover the puffiness of her eyes. When she came to the previous session, she was very angry with her boyfriend, and they broke up. It was observed that this session's anger was replaced by an intense feeling of guilt. She blamed herself for the breakup. On these feelings, the client was offered an art therapy exercise. She accepted. In the accompaniment of non-verbal music, the client was

asked to paint a picture, leaving herself to the flow of music and watercolors. She finished the painting quickly, not wanting to continue any further. Emotions and their functions were discussed through the art product that emerged after the exercise. Emotions such as fear, anxiety, insecurity and control issues explained to the client as feedback.

She always used light colors in the painting. These colors symbolized positivity and positive emotions, nothing negative (Fig. 2). There was just a minor grayness, which she did unintentionally. She seemed to deny her feelings and couldn't quite parse them. She acted as if there was nothing negative. She acted like she was not experiencing anything negative and could not realize that the more she was pushing herself. This attitude was interpreted as using the denial defense mechanism intensively. Therefore, emotions and their functions were mainly focused on, and the client's emotions were tried to be defined.

The client was asked to use watercolors in the painting, but she still used crayons. Because watercolor is a more fluid material, she had trouble controlling it. She was constantly trying to control everything and when she encountered setbacks due to external reasons, she had a hard time dealing with them.



Figure 2. The picture drawn by the client in the 5th session

At the end of the session, she said that when she broke up with her boyfriend, the thought of her boyfriend being with someone else came to her mind very often, and she thought about this all the time. "Why do you think I keep thinking about this and making myself suffer? Why am I like this, why am I obsessed? Why am I afraid of everything? What should I do to get rid of them?" she asked. Upon these questions, "The questions you ask about yourself and your experiences are meaningful and important. Emotions and thoughts also have functions. In the next session, if you want, we can continue to talk about them." the therapist said. At the end of the session, the client was trying to prolong the session with questions. It was reminded that the time had expired, and the next session could be continued from here if desired.

Session 6: The Connection of Trauma with Emotions

The client was asked to use watercolors in the painting, but she still used crayons. Because watercolor is a more fluid material, she had trouble controlling it. She was constantly trying to control everything and when she encountered setbacks due to external reasons, she had a hard time dealing with them.

The client sat as far away as a chair in this session, acting a little coldly. She started talking about the previous session, saying that she didn't want to make any activity and she wasn't very talented anyway. She said she thought about the feedback given in the last session that emotions may also have a function, and found links to her trauma. This session was the first time she shared her trauma. "Because when I was very young, experiencing sexual abuse, hearing the news of the other girl's death, and learning that I was close to death, made me feel a bit like that," she said. The client shared these experiences with her family at that time and her family took her to a pedagogue. The pedagogue told her family not to be too hard on her, that she would forget what she had experienced in time. But the client said that she never forgot this incident. In order to make her feel understood and describe her feelings, it was emphasized how frightening what she experienced could be for a child of that age. Then she talked about her feelings and her constant fears. She idealized the therapist and was angry with her other therapists for not confronting her with this trauma before. After talking about her trauma, "...The word abuse also describes my relationship with my boyfriend very well," she said. But from her conversations, it was clear that she and her boyfriend were reconciled.

Due to the intense work schedule of the therapist, a session was held with the client once in ten days. After this session, a weekly session was recommended and the client accepted this offer. The session ended with a general evaluation.

Session 8: Need for Control

The client started the session by mentioning that she started working in an association. Then she showed the notebook in hand. She said she forgot what she had to say, so she took notes, she felt better that way. This behavior of the client was thought to be related to the need for control. She said she was feeling better, she had been very angry last week, it was good for her to talk here and she was calmer in this session. She realized that she attributed everything that went negative in her life to this trauma. She questioned why she did this. The feelings of guilt and anger were quite intense. She mentioned that she bought a few foreign books about her trauma, she said it was good for her, and she stopped reading when she had difficulty. After expressing her anger in the previous session, she said that she shared her trauma and anger in AA as well and that she learned that a few people from the group had experienced similar things after she shared it. She stated that many people experience such things, that she does not feel alone because of this, and that this situation seems more acceptable. Instead of turning her anger on herself as she did before or venting it in the form of tantrums, it was considered progress that she was able to express her anger appropriately in AA as she shared in the session.

This session spoke for the first time on issues of sexuality and femininity. While she usually came to the session in sweatpants and trousers, this session was the first time she wore a skirt. "Why can't I be more female?" she questioned herself. She linked these to her trauma. She said she may be doing her weight gain and not appearing feminine to protect herself from harassment. It was thought that the client might have learned these from the books she read, but even if she learned from the book, it was considered a good development to think about it and talk about it in this session.

At the end of the session, the client said she wanted to go to trauma therapy. It was emphasized that she will make her own decision as an adult, but with the therapy, she received here, it might be too heavy for her. Therefore, the client was told that she could take a break from her sessions for a while. Upon this conversation, the client said that she did not want to end her therapy that was here, but she mentioned that she wanted to go to rational therapy right after.

Towards the end of the session, the therapist told to the client that art exercise was no longer practiced in the sessions and that the last exercise she had done might have frightened her. However, the client said that it had nothing to do with it and wanted to make an exercise again in the next session.

Compared to the previous session, the client's anger had subsided and she was observed to be cooperative again. But she was very cautious, she had come with a notebook in her hand. She seemed to be controlling what she had to say, the session and the therapist. The fact that the client did not want to make any exercise for a while made us think that the exercises could be both frightening and uncontrolled. Considering that the

level of anxiety might have increased, instead of giving feedback on the notebook, the need for control was discussed at the end of the session, through the absence of any more work.

Session 12: Hope, Trust or Integrity

The attack at Reina on New Year's Eve triggered the client, leading to a hypomanic episode, as noted by her psychiatrist. She did not attend her therapy sessions and stayed at home for four weeks, during which she felt insecure.

She was very angry with her psychiatrist, her psychologist in Yedam, and me. She believed that her psychiatrist only saw her for financial gain, and that both I and her psychologist viewed her as an interesting case rather than genuinely caring about her well-being. During the time she was unable to leave the house, she also stopped taking her medication. In response, her psychiatrist adjusted her medications. To help her cope with the fear and anxiety she was experiencing, an exercise was conducted: She was asked to choose one of the books on the table and then to create a story using one of the themes: "hope," "trust," or "integrity," incorporating words from the book. She concluded her story with the word "coffee," explaining that it represented her addiction and that she had been experiencing cravings due to recent events, though she was able to control herself. She indicated that the work we did together was effective in this regard. She noted that the old woman on the cover of the book she chose had a mischievous smile, and she realized that what she was missing was humor. After this session, she began to make more room for humor and fun in her life.

Session 15: Burdens

The client started the session by talking about forgiveness. She expressed that unforgiveness hurt her and it was a burden on her. In response to this situation, "Your Burdens" exercise was done. The client was asked to think about the things that she saw as a burden and to draw a picture about them. She held the paper upright and listed the things that she thought were a burden first, then grouped them. "Guilt", "Fear" and "Anger" were the main titles of the things that burdened her, and then she painted them (Fig. 3).

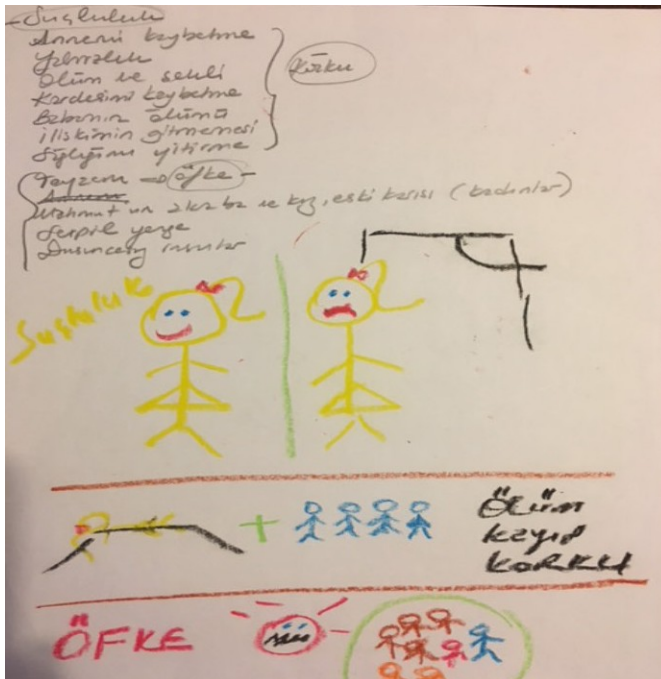


Figure 3. The picture drawn by the client in the 15th session

The feeling of guilt almost prevented her from living and breathing. She described this as the biggest burden for herself. In the second row of their burden, there was death. She feared that she and her loved ones would die. After the death of her parents, her severe ties with her sibling and her boyfriend leaving her were other fears she experienced intensely. Again, emotions and the functions of emotions were discussed. At

the end of the session, she was advised to drop at least one of her burdens, but she couldn't decide and let go.

This study continued in the next session. The client said that this work was very good for her. In this session, emotions were discussed again, she described these emotions as "emotions that hinder her progress". Referring to previous sessions, she said the last few exercises had done her very well. She stated that she started reading humor magazines at home and started giving more space to humor and entertainment in her life.

Session 17: The Road to Emotions

The client's thoughts about her relationship with her boyfriend were not clear, and she was asking the therapist about how to proceed in this regard. Upon these questions, the client was asked to stand up spontaneously and in the middle of the room, she was told to think about the road and walking with the associations created by the questions she asked. It was noticed that the patient had difficulty in reaching her emotions and thoughts and she was worried. Thereupon, it was said that her emotion might turn into a sound, a word, or a color and she could continue working with pictures or writing if she wanted to. After saying "blue" she continued with the painting (Fig. 4).

Then it continued with the painting exercise. Body and movement were used for the first time in this session. In the previous sessions, the need for holding increased as the client faced emotions such as insecurity, fear, and anger caused by her trauma. For this reason, the therapist sat at the table with her while she was working, but in this study, she spontaneously stopped sitting next to her.



Figure 4. The picture drawn by the client in the 17th session

She broke up with her boyfriend in the 18th session, asked him to move out, and they lived apart for three months. She said that she had a hard time when they broke up before, but this time she coped better, although it was hard from time to time. After a week on which the therapist took leave, she did not show up for a month. When she arrived, her mother's illness had progressed and she was in intensive care for a while. She reconciled with her boyfriend and decided to get married. Her family reacted harshly to her decision. She stated that she had difficulty coping with the fears and worries about losing her mother. It gave the therapist the impression that she was in a relationship and having intimacy with her boyfriend, as when she used alcohol to feel good about herself.

Session 31: Fear of Losing Loved Ones

The client thought that she would be harmed by her boyfriend, and her concerns about her relationship increased. Subjects such as her boyfriend's constantly taking serious risks in financial matters, his relationships with his ex-wives and daughter, and her boyfriend's family not wanting her were on the client's agenda. In addition, she thought that her boyfriend's ex-wife's family was like the mafia and that they would somehow harm her and her boyfriend. It was suggested that she would paint a picture of a time in the future for these thoughts (Fig. 5).

In this session, she turned to the play dough on the table for the first time. She drew a black umbrella, water flowing all over it. Under the umbrella were herself, her boyfriend, and her daughter. She had drawn the snowflakes on them with a blue pen, and they were like raindrops. Her father, brother, and mother were coming toward them from the opposite direction, she had forgotten to draw her mother's arms. She made the snow that fell on his family with blue play dough, and the snowflakes were huge. The blue dashed lines represented the bond between them and their family. It was snowing on her family as well, but everyone was very happy. In the upper right corner were the heads of her boyfriend's ex-wife and her family, she had drawn lines around the edges and framed them.

When talking about the painting with the client, feedback was given about drawing herself in the same difficulties in the future. But she didn't seem to hear anything. This attitude of the client was interpreted as using the defense mechanism in the form of denial. Also, there was no ground in the painting, all that was painted was in the air and space. Therefore, the process was continued by allowing the client to describe more of her picture without confronting her too much.

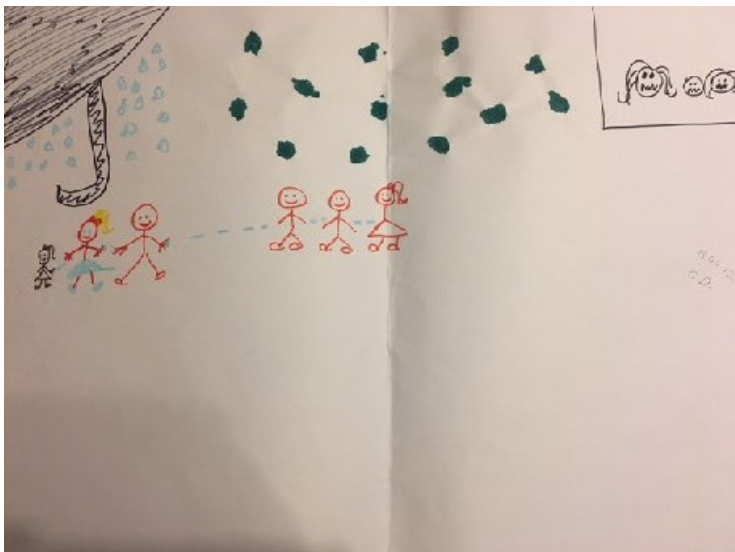


Figure 5. The picture drawn by the client in the 31th session

In the following sessions, her mother's progressive illness, the therapist's pregnancy, her relationship with her boyfriend, which continued with ups and downs, and the separation came to the agenda of her meeting with another psychologist. Talking about her relationship in the 41st session, "Everyone has a spouse, a girlfriend, a relationship in their life, you are not alone, you will go home to your husband when you leave here, only I am alone." she said angrily. She was very angry, she wanted to end the therapy by saying that going to therapy while her mother was so sick was spoiled, nothing had changed anyway, she was tired of talking about the same things for a year and she was bored with herself.

She did not show up for the next session and ended the therapy on the phone. As the therapist will be on maternity leave, a meeting with another therapist from the hospital was arranged as discussed earlier so that the client would not be left without support. When she was called to convey this situation to the client, a face-to-face interview was offered to end the interviews she had with the therapist, and the client accepted this interview.

Session 42: Free Painting

In the last session, the therapist took the client's permission and accompanied her, both to say goodbye to the client through the picture and to evaluate the process. The painting with watercolor was suggested (Fig. 6) and said that she could draw as she felt. The client first started with black paint, the therapist waited and observed her for a while. The client was like in the first sessions. Then the therapist started to lighten her black paint a little. After the therapist started making small touches to the picture with green paint, she then used yellow paint. Then, she painted the red circle in the picture, lastly used the green paint and added the orange dots.

The colors she used in her painting symbolized her emotions. The blacks in the picture reflected the first time she came, she was pessimistic and unhappy at that time. She said that it was good for her to have the therapist open those blacks, as in the therapy process. Then, she painted yellow, the feeling of guilt she felt so intensely and now these feelings had lessened. In the process of working through her trauma, very intense feelings of anger emerged and the color red represented anger. The therapist reminded her of the exercise on what she saw as a burden in her life. The client did the green color after the therapist, and the color not found in the exercise regarding burdens in life was green. The client said that this color is what they got from the process.



Figure 6. The picture made by the client in the last session

She stated that she has undergone some changes since the first time she came, and now she feels more valuable and stronger. The client said that she saw the acceptance from her family, from the therapist, and thanked her therapist and left with gratitude. "I wish I had brought you a gift," she said just as she was about to leave. Thereupon, the therapist told her that if she wanted to, she could write a letter evaluating the therapy process, and the therapy process was ended in this way.

She lost her mother two months later. "I'm fine, if you give me your e-mail address, I'll send the letter," she wrote. The therapist said she could come for the session, if she wanted to. Thereupon, a final session was

held with the client. She brought the baby cardigan made by her mother with her letter to the therapist. She looked good. She talked about her mother, but it was something she had struggled with before. She said that she was always with her mother in her last days and shared her memories with her. She was mourning the death of her mother. She continued to go to her other therapist, also she kept going to AA. She was doing yoga and sports. She talked about her relationship at the end of the session, she rarely saw her boyfriend anymore. She said that because of her mother's illness, her relationship was not on her agenda for a long time, she started to break up gradually and now she is at the center of her life.

Discussion

In this case study, it is aimed to show how art therapy, as a part of psychosocial intervention in the treatment of alcohol use disorder, can help to increase self-expression and symbolization ability, develop appropriate coping methods, and to increase functioning. When the 15-month therapy process with the client is evaluated, it is thought that art therapy techniques have a facilitating effect in reaching these goals. During the therapy process, as the client realized and expressed her emotions, she experienced establishing more open and sincere relationships with her family and the people around her. In addition, while the client was not dealing with any job at the beginning of the process, she started to take part in an association during the process. This situation was evaluated in the line with the increase in her functioning.

Art products are parts of a person's symbolic life. When this experience, which is processed at the symbolic level, is ready to rise to the level of consciousness, concrete and experiential connections begin to be established. Expressing the experiences in ways such as painting, music, movement, poetry, and story-writing and story-telling creates a safe space for the person. Healing is related to the therapist's capacity to hold and to cope with the emerging mental state. Here, patiently witnessing and attentive listening is necessary for the client to develop an awareness of the situation (11,14,24). The client did not allow any emotion being evaluated as negative in the first sessions, she could not recognize or understand her emotions. She shared "I couldn't find anything to do. Light colors in the picture symbolize positive emotions, positivity. There was one blackness, grayness, but I want it to never exist," on the picture she made in the fifth session. The fact that she faced emotions such as insecurity, fear, and anger caused by her trauma during the sessions, and then transferring these emotions to the therapist and processing this situation on a therapeutic basis, shows that it makes it easier for the client to accept and express her emotions. After this session, she was able to share her trauma and anger in AA as well. After this sharing, she received support from other group members, she saw that many people had similar stories, and this feeling of togetherness was good for her, what she went through was difficult, but she said it was now more acceptable and manageable. The issues of sexuality and femininity came to the agenda. "Why can't I be more feminine," she said. The client was able to relate the weight she gained and the fact that she didn't look feminine with her effort to protect herself from harassment. She gave the impression that she might have learned these from the books she read, but even so, it was considered a positive development for her to think about it and share it.

According to Winnicott, psychotherapy takes place where the play areas of the patient and the therapist overlap. If the therapist cannot play, she is not suitable for the job. If the patient is unable to play, then something needs to be done to get the patient to play, and only then can psychotherapy begin. The reason why playing is so fundamental is that it is only while playing that the patient's creative capacity can increase. A child or adult can be creative and use all parts of their personality just while playing. It is this creative insight above all that makes one feel that life is worth living (25). Also, May emphasizes that creativity is a longing for immortality, that we express our existence by creating, and that it is a necessary continuation of creativity (26).

Addiction is a difficult lifestyle, and Wurmser (7) argues that drug addicts ask themselves if it's worth surviving. The self-harming, self-punishing aspect of substance use is well known. Substance use is mostly considered as a softened and delayed suicide attempt (3). Art therapy can help the client feel that life is worth living by improving their creative capacity through play (24). Different artworks that emerge during

therapy can also be a way to monitor the client's change (16). For example, the fact that the tree drawn by the client in the 17th session has a stronger root than the tree she drew in the first session, and the tree bears fruit shows that the client also progresses, changes, and develops like in the drawing. It was observed that at the beginning of the process, the client perceived the therapist as a parent and teacher, constantly tried to take notes, asked for homework, got ideas about what she shared, and formed a relationship where she expected to be told what to do. In the process, it was determined that she started to establish relationships more sincerely and spontaneously, started to trust herself and to make her own decisions.

Functioning, which is another point in which the case process will be evaluated, will be discussed particularly in terms of social functioning. Social functioning includes the ability to fulfill social, family, and professional roles, participate in social activities and take care of oneself (22). While the client was not working in any job at the beginning of the process, over time she started to work in an association and to make translations in foreign languages again. Although she had difficulties in the process, she finished the translation and sent it to the publishing house. It is remarkable that she started to participate in life again, and that she was able to share the trauma she experienced in her childhood both in her session and in her group process. It was as if she dared to put herself into existence in life after she was able to put this life into words and be accepted, which she had difficulty in understanding spiritually. Again, the symbolization field provided by the words helped the client to reveal herself creatively. Another situation that was evaluated as related to the change in social functioning was that after the armed attack on New Year's Eve in Reina, a famous nightclub in Istanbul, her concern was that she would also be harmed. After she started to feel unsafe, she continued to go to her therapies and AA during the period when she could not leave the house and had a hypomania attack. This means that the client can take the initiative for her need for support, take action and maintain the relationships she has established.

A positive change in social functioning is reflected to close relationships. Even though the client's relationship with her family continued with ups and downs throughout the process, she tried to express her feelings to them more, establish open communication, and be more constructive. He supported her during her mother's illness. She started to have a relationship with her boyfriend where the boundaries of her relationship were clearer and she clearly expressed her expectations from her boyfriend.

In the context of social functioning, the client developed different ways of coping with her problems throughout the process. It is noteworthy that the client also searched for what would be good for her during the 15-month therapy process. Many studies on addiction show that alcohol is often used as an inappropriate coping mechanism to overcome social fears and avoidance (27). Identifying emotions through art therapy, which is an expressive method, enables the client to establish connections between thoughts, emotions, and alcohol/substance use behavior. Moreover, she can develop more appropriate and effective coping methods instead of using alcohol to cope with stress (8,10,13,22). She had tried new coping methods, such as humor, art, and sports. She was doing yoga and sports. She started to pay attention to her diet and to take care of her self-care, to reveal more courageously the femininity that she avoided revealing.

It is stated that humor regulates the emotional reactions of individuals in difficult situations and supports positive coping features (28). In this case, she chose John Berger's book "And Our Faces, My Heart, Brief as Photos" in the study, in which the story was written with the words to be found in a book selected from among the books left on the table in 12th session, and she was very impressed by the photograph on the outer cover of the book. After this session, she realized that she was lacking in humor.

An anecdote about this awareness is given below:

"There were things that I realized and let go. Especially the last works we did have been very good for me. The old woman on the cover of the book I chose, the smile on the woman's face, the happy and mischievous look of that woman at that age impressed me a lot. I realized that there was no fun in my life, that there was no humor. I can't laugh, I'm always serious and I have to do serious things, important work. When I saw that woman, I realized I wanted to be like her when I got older. I wanted to be a prankster... After that exercise, I started to buy humor magazines."

Wolin & Wolin (29) define humor as a by-product of creativity and state that they have similar developmental characteristics. Creativity starts with dramatic games played to balance the self in the face of loss, then turns into experiments of self-expression through art, and finally takes its final form in the form of serious artistic pursuits. According to the theory, humor, which is a kind of by-product of creativity, starts with play, then turns into the capacity to see the behavior of the problematic family as absurd, and finally takes its final form as the ability to laugh at one's emotional pain (28).

The client's use of humor, symbolization capacity, and development in her creative potential have an effect on her attitudes and behaviors during the loss of her mother and the mourning process, coping better than before. As she wrote in her letter, she was confronted with the loss of her mother and the emotions she has experienced afterward, and she was coping better than before.

It is understood from her sentences that she was in the process of mourning. On the other hand, the expressions in her sentences indicated both the development of the client's capacity to symbolize and the change in her creative potential in coping with difficult emotions:

"It has been exactly 20 days since I sent my mother away from this world. In these 20 days, almost all the emotions that we worked on for a year visited me. And it continues to do so ... I am experiencing the loss of my mother, one of my open doors, and thankfully I can go through it with tenacity. I believe that our work has a share in this, and I wanted to thank you for your help and sincere support. I think that door that I left open has been closed with this experience. With your help too."

The present study is a qualitative study in which the artworks produced by the patient are also evaluated by making use of observation and session notes. Qualitative research and analysis methods offer measurement opportunities that can be recommended for use in the field of psychotherapy. The products that emerged in art therapy studies, the protocols kept during the study, the verbal expressions of the client, all the data accumulated over time can be evaluated with criteria and defined categories regarding how and why the work was done. Valuable data can be accessed in terms of understanding and explaining how close the goals and objectives have been, and to shed light on future studies (16). However, more detailed information can be also obtained on the effects of controlled studies on the treatment process in which art therapy exercises are carried out as individual or group work with people with alcohol use disorder. Preferring mixed-method research on the effect of art therapy within the scope of psychosocial interventions to be made with people with alcohol use disorder in the future will help both to monitor the change in symptoms quantitatively and to obtain in-depth content about how people experience and perceive this change. Also, the limitations of this study include insufficient information about the client's prior treatment processes and medications, as well as the absence of a scale during the follow-up period.

In summary, this case study highlights the importance of using art therapy as a part of psychosocial intervention in the treatment of alcohol use disorder. Research indicates that art therapy can extend the remission period for individuals who meet the criteria for alcohol use disorder. In this particular case, the client had not consumed alcohol for approximately 36 months. Additionally, her cravings for alcohol had significantly reduced, and her overall functionality had greatly improved. It is believed that art therapy contributes to longer remission periods in this group of patients, coinciding with the notable decrease in cravings (8,16,22). When this study is taken as a whole, it is seen that besides the use of art, the relationship with the therapist, the process not only with individual therapy, but also with a treatment team, and the client's continuing to self-help groups such as Alcoholics Anonymous (AA) are therapeutically effective and beneficial. People with addictions develop unconscious hatred and destructive drives towards the therapist, and establishing a work bond can be difficult. Patients with high ambivalence may split their transference within a team. While the patient's anger and destructive drives are transferred to one member of the team, a love-based relationship can be established with another. Thus, the chances of staying in the treatment might increase. Art therapy program applied to individuals with alcohol use disorder might help diagnosis and evaluation at the beginning and enables the client to establish causal relationships between symptoms, complaints, and life cycles in the future. Thus, it has positive effects on the patient's self-expression and

symbolization skills, developing appropriate coping methods, and increasing functioning. In this way, it is recommended that such programs be continued and included in the mental health system to prevent relapses and strengthen their mental states in individuals with alcohol/substance use disorder.

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