STEPPING THROUGH CREATIVITY:
DISCOVERING THE TWELVE STEPS THROUGH
THE CREATIVE ARTS

By

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Integrated Studies Project
submitted to Dr. Pat Rasmussen
in partial fulfillment of the requirements for the degree of
Master of Arts – Integrated Studies

Athabasca, Alberta
March, 2011
ABSTRACT

This paper explores the use of creative arts-based activities directly related to the Alcoholics Anonymous 12-steps. The didactic portion of the paper explores briefly the stages of creativity (Wallas) and change (DiClemente and Proschaska) in relation to addiction recovery using the arts-based activities approach. It explores rationale behind using creative activities in exploring each of the Alcoholics Anonymous 12-steps in a psycho educational group environment. The second half of this paper outlines a step-by-step eight-week expressive arts-based group. A supplies list and objectives are clearly outlined for each week’s activity.
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INTRODUCTION

This paper is a final project report and is the culmination of an examination of literature about personal change, creativity, and adult learning styles for the purpose of creating an arts-based curriculum for addiction recovery. The first half of this final report includes a brief overview of the theories that inform the design of an art-based curriculum, and the second half of this paper presents the expressive arts activities that constitute the week-by-week curriculum for an eight week addiction recovery course that can be used either in a residential treatment centre or within an outpatient program.

PARTICIPANTS

This curriculum is designed for adults in Canadian inpatient or residential addiction treatment settings and can also be used in outpatient addiction treatment. In this curriculum, an expressive group is a type of psycho educational group that uses mediums that foster creative expression, such as movement, writing, singing or art-making (Liebmann, 1986). A psycho educational group is a group based on providing education and information for clients’ benefits (Mueser et al. 2003). For this curriculum the focus will be on, but not limited to, visual-based activities using various visual media such as collage, painting and drawing. Continuous enrolment to this psycho educational group makes running the creativity group much more difficult but also inspirational. While newly admitted clients may be contemplating a change, participants who have been in the group longer may be involved in making change. Although abstinence is not required in order to work through these expressive-arts activities, it is ideal. Clients will have the
ability to reflect on the Alcoholics Anonymous (AA) 12-steps (Anonymous, 1939) throughout each session as time is allotted to read through each summation of the step. The performance of the actual Alcoholics Anonymous steps (Anonymous, 1939) during the eight-week group is highly unlikely and preferably avoidable because most of these steps take longer than one expressive arts session, or even one week, to carry out. As well, some steps are meant to be completed with only select people.

ADDICTION

According to the Diagnostic and Statistical Manual of Mental Disorders (Version IV), substance dependence is defined as a pattern of continued use of “substance despite significant substance-related problems” (American Psychiatric Association 1994, p. 176). In this abuse “there is a pattern of repeated self-administration that usually results in tolerance, withdrawal, and compulsive drug-taking behaviour” (American Psychiatric Association 1994, p. 176). In this paper, “dependency” will be defined within the parameters of chemical substances including alcohol, narcotic legal pharmaceuticals and illegal drugs and referred to as addiction. Gambling and sex will also be included under the definition of addiction for the purposes of this paper.

“One of the central identifying characteristics of a harmful addiction will be the persistent failure of these attempts at control and continued use despite the ongoing experience of negative consequences” (Kesten, 2004, p. 177). With the population of men that I work with I witness continuous failure at attempting to arrest the addiction. By the time I see them they are homeless and penniless and oftentimes close to death. This is the harm in harmful addiction. Ironically a harm reduction model is used in my workplace
mainly because these clients vacillate between the pre-contemplation and contemplation stage of change. Once then decide to change, they enter an abstinence based treatment program where recovery is further explored and exercised.

I use the term “recovery” to mean the life-long process of addressing the addiction. Here it involves abstinence of the substance and personal work to address issues such as coping mechanisms, triggers, and character traits that are associated with addiction. Although the use of the substance may be arrested, the thought and behavioural patterns do not change immediately (the removal of said substance). Each theoretical position has differing views on what addiction is. There are models based in biological aspects of addiction. This model believes that genetics and physiology are the underlying reasons of alcoholism or why a person is addicted to drugs or. The notion of tolerance and withdrawal play significant roles in supporting the biological theory of addiction. It believes in the influences of nature. The social or environmental theory of addiction is based on the notion that family and peer pressure play a significant role in the formation of alcoholism or addiction in a person. It believes in the influences of nurture. The personality model of addiction ascribes to the notion that alcoholics or persons with addiction issues have an addictive personality. This theory makes links to anti-social personality disorder and issues at the oral stages of psychosocial development. Also linked to personality on a learned response level is the conditioning model that believes addiction is a learned response based in Pavlovian theory of reinforcement. Under this theoretical framework, alcoholism is a learned response in which the perceived payoffs outweigh the costs of using. Most of the time, the perceived payoffs are self-medicating anxiety or trauma symptoms. In the singular models is the compulsive model which sees
addiction nothing more than a compulsive disorder that has a biochemical imbalance in the brain.

Finally one of the newest models and one model that many harm-reduction agencies use is the “Transtheoretical model”, also known as the biopsychosocial model. This model is in a sense a culmination of all other aforementioned theories of addiction. While it does not pin point one origin or definitive factor in addiction is does help shape treatment reminding practitioners of all areas to address the multilayer problems that addiction can bring. It also shapes treatment options and widens the variety of treatment methods thereby possibly increasing the chances to success.

TRANSTHEORETICAL MODEL OF BEHAVIOUR CHANGE

James Potachska and Carlo DiClemente (2003) are the foremost fathers of the transtheoretical model of behaviour change that has become popular in many social services and health agencies. It is a stage theory of change that explains what individuals go through when they embark on any type of change in their lives. This model contains six distinct stages in the cycle of change: precontemplation, contemplation, preparation, action, maintenance and termination stages of the cycle. Each is briefly outlined below so that the application of this theory can be readily identified in the curriculum presented in the second part of this paper.

Precontemplation (not ready)

People at this stage of change are not aware of a problem and therefore do not know or intend to make any change. At this stage, pleas for change from friends or other
outsiders fall on deaf ears. The person does not see a problem nor cannot be made to see that change is needed. Precontemplators typically underestimate the advantages of changing. Education efforts at this point are focused on teaching about healthy behaviour and understanding the effects of their current behaviours on others.

Contemplation (getting ready)

Participants at this stage have become aware of healthy behaviour and yet remain ambivalent about making any change. People at this stage are beginning to periodically recognize that there might be a problem and that they may have to do something about it. It is only at this stage that participants may begin to hear the pleas of family and friends to seek help. Educationally, people learn about the kind of person they could be if they altered their behaviour, and they spend time thinking about their everyday realities and identifying possible futures.

Preparation (ready)

People at this stage begin to tell family and friends that they want to make a change. People usually begin preparing for change by taking tiny steps such as gathering information, exploring possible resource people and organizations. People with a substance abuse issue begin to say they want to quit. Some may attend an Alcoholics Anonymous (AA) meeting, others may read what is required of AA membership. Educationally at this stage, people are encouraged to tell family and friends their plan to change and they are also encouraged to seek support and learn about succeeding and dealing with temporary set back. Participants often fear failure at this stage.
Action

People at this stage begin to take action to change their behaviour. If the change concerns quitting an addiction, the person actively walks away from using. Quite often people enter an outpatient or residential treatment program or perhaps attend Alcoholics Anonymous meetings. People stop using the substance and fight the urge to slip back to addictive habits. Educationally, people at this stage are taught how to keep up their commitment to healthy behaviour by rewarding themselves for taking steps toward change and avoiding people and situations that tempt them to behave in less than healthy ways.

Maintenance

People at "maintenance" have successfully implemented new healthy behaviours (sobriety) for more than six months and remain actively engaged in practicing healthy behaviours. People at this stage are encouraged to pay attention to situations that seem to tempt them to slip back into unhealthy activities. They are taught to reinforce their support from people whom they trust and to problem solve ways to engage in alternative activities to cope with stress or these tempting situations.

Termination

In using this transtheoretical model of behaviour change in the realm of addiction treatment, the termination stage is rarely used. Addicts or persons living with substance abuse issues are commonly viewed by as being in a continuous state of recovery. It is assumed that there is no termination. For all other non-addictive changes, this stage of change marks the end of the change cycle.
CREATIVITY

Creativity is the ability to bring two (or more) independent ideas together to make a distinct third. For the purposes of this project, "creativity" is viewed as a process that has four distinct, and interrelated, stages: (1) preparation: a person prepares the ground for ideas to percolate by gathering ideas, information, or inspiration; (2) incubation: then a person weighs the strengths and weaknesses of the new idea letting it marinate; (3) illumination: birth of a new idea (insight); and (4) verification: testing out the new idea (Kneller, 1965, p. 47).

"Preparation" involves the creator or person preparing themselves for change. “In order to think originally, we must familiarize ourselves with the ideas of others” (Kneller, 1965, p. 49). A writer may read specific literature pertaining to the area in which they want to write. As an artist, I seek other artists’ ideas when I want inspiration: I go to the gallery, flip through my art books or magazines before I ever start sketching. As ideas collect, the person enters the incubation stage. Ideas start to percolate and coalesce. A visual artist would collect these ideas as sketches in a sketch book. A writer may have an idea file. Old ideas and sources of inspiration are thrown out, while others are reserved. This stage is characterized by a decisional balance of sorts taking place in the person’s mind: what’s useful and needs to be kept versus what’s no longer needed or no longer inspirational. As a new idea forms the illumination stage begins. An idea is born. An eager and motivated person wants to test out this new idea, show it to others or verify it. Verification marks the final stage of the creative process.

This model can be compared to the stages of change model to illustrate how participants access the creative aspect of themselves using the visual or artistic medium.
According to Wallas’ stages of creativity, Prochaska and DiClemente’s action stage would be akin to the preparation and/or incubation stage (Wallas, 1926). These stages of creativity help form the basis of the activities listed in the curriculum. First, by presenting an idea (preparation by reading the step); second, by allowing time to explore the idea with participants’ senses (incubation stage) and finally by allowing time to discuss their work (illumination). This allows for ideas to form, percolate and assemble while participating in the act of creating and finally for insight and illumination. According to the stages of change, by the time a person has reached the preparation stage, much thought has gone into a decision whereas during the stages of creativity, preparation indicates a gathering of ideas in order to allow for thoughts to form and develop. The stages in these, and other models, are not always distinct and there exists overlap between the stages. For example, a client may be in the action stage of recovery by mere fact that s/he is a treatment facility but could be going through the contemplation stage in a specific session of an expressive arts group. “In the daily stream of thought, these four different stages constantly overlap each other as we explore different problems” (Wallas, 1926, p. 81).

The entire creative process is marked by an essential character trait: motivation. Without a desire to want to create something new, satisfy a need or explore the marriage of ideas, no new thoughts, concepts or images will ever come to fruition. Motivation is the single most important characteristic to move through the creative process. Other characteristics needed to proceed through the creative process include flexibility and sensitivity. One needs to be flexible in thought in order to bend and shape thoughts and inspiration into new ideas and concepts. Sensitivity allows the creative individual to see
things in ways that others would not, and to pick up on subtleties that other, less perceptive people, would not notice. For an artist, sensitivity to colour benefits the creative process in such a way that shades of a certain colour could differ so slightly, something a non-artist type individual may not pick up on. It’s the simple nuances that differentiate the artist’s eye (or writers’ words) from that of the non-artist (or writer). The creative person is also an individual “who regularly solves problems, fashions products, or defines new questions in a domain in a way that is initially considered novel but that ultimately becomes accepted in a particular culture” (Gardner, 1993, p. 37). Motivation also helps a person move from the pre-contemplation stage to the point in which the desire for change enters the brain/thought process. In order to create change, bring forth ideas, “creativity needs freedom in order to function” (Haefele, 1962, p. 7).

EXPRESSIVE ARTS AND HEALING

Together with a myriad of art modalities (painting, music, writing), the expressive therapies carved a niche within the field of psychology beginning as early as Sigmund Freud. He viewed human creativity as a manifestation of libidinal energy. Later Carl Jung used the mandala (a drawing usually contained within a circular framework) in his work accessing client’s unconscious. Art and expressive therapies is emerging as a field in its own right. The Canadian Art Therapy Association was formed in 1977 and there are currently less than half a dozen graduate programs in Canada specializing in art or expressive art therapy. For the most part, in traditional art therapy, there is “more emphasis on the product...as being an important diagnostic tool the therapist can use to evaluate a client’s emotional state” (Ganim, 199, p. 3). Limitations of art therapy have
given birth to a new concept of using the arts and creativity for healing, but in a much less clinical form. No longer is art or the process of creativity exclusive to those registered art therapists or psychotherapists. Power is given back to the client (in keeping with client-centred psychotherapy) and art-making is also “seen as inherently healing ‘via a shamanic, spiritual and soul-making, studio-based tradition’” (Jones, 2005, p.31).

Creative groups based on Julia Cameron’s seminal book called the *Artist’s Way* have popping up all over the North America since its’ publication in the early 1990s. The creative process becomes the arena in which expression and change can take place. Artists and educators alike can introduce the healing power and potential of art-making to groups of students. “The creative process involved in the making of art is healing and life-enhancing” (Jones, 2005, p.23) and educators and individuals outside of formal counselling or therapy are beginning to realize its potentials.

LEARNING STYLES

Using art-based activities and visual expression as a teaching tool addresses various adult learning styles. According to Neil Fleming’s Visual-Auditory-Reading-Kinesthetic (VARK) system, each factor of his acronym is addressed in this curriculum. VARK stands for Visual, Auditory, Reading/writing, and Kinesthetic (Fleming, 1992). For participants who learn by reading, kinesthetic learners, reading chosen segments of the step at the beginning of each session addresses information synthesis. Those who are auditory learners will be able to listen to the current step and to the instructions for each activity. Discussions of an art piece can also offer an opportunity to explore meaning and perhaps help the client to reach a greater understanding of the process. Readers will have
the ability to read the information at hand and kinesthetic learners will have the ability to participate or do the activity.

To elaborate the program using David Kolb’s four learning styles (converger, accommodator, diverger, assimilator) based in experiential learning (Kolb, 1983), the participant will have ample opportunity to access and express themselves no matter which learning style they use. The converger will be able to think about the step just read and physically partake in the activity. The accommodator will be able to tap into their emotional reactions to what is read and create around it. The diverger will be able to learn through watching others and observing their own process. Finally, the assimilator will be able to think about what is read or what s/he has created while watching and observing what is taking place. Participants will have the opportunity to focus while reading, experience while creating, listening while hearing others talk about their pieces and reflection while talking about their own pieces. Taking care to make sure that there is adequate time for reading, reflecting, observing, expressing, and discussing, all the various learning styles will have an opportunity to be addressed within a two hour expressive arts group.

FACILITATION

The facilitator needs to provide information in all the learning styles for maximum group participation. Running expressive groups in addiction treatment settings requires eliciting participation from everyone involved (Meijer-Degen, 2009). A facilitator needs to encourage risk-taking among participants, which can be a risky undertaking especially for those who have not touched a crayon or paint since grade
school. The facilitator fosters initiative taking among the participants by modelling or demonstrating the desired outcome. In some cases, bringing in examples or samples may deter creativity rather than foster it. It can place limits on a participant’s imagination by making the group object centred rather than participant centred.

Facilitating the group process rather than instructing participants from a position of power allows for participants to have their own voice in the expressive and group process. One of the goals of recovery is to find one’s authentic voice, therefore, if the teaching style employed was more authoritarian than facilitation, participants may not feel that they have been heard. An authoritarian teaching style also suggests that expression and experience are binary: right or wrong. Participants may feel that they are doing recovery the wrong way, versus a right way, which may lead to more negative self-talk which, in turn, may lead to relapse. Facilitation style teaching also places more responsibility on the participant to learn. The participant reads, listens, creates and reflects. It is also the participant who is responsible for his or her recovery. It is essential that facilitators clearly demonstrate how the activity is to be completed, especially for more complicated projects, because some participants may not have the technical skill to engage in the chosen activity without clear instructions or aid from the active facilitator/teacher.

The ideal size of the group would be between four and twelve participants. A minimum of four individuals is necessary to receive adequate feedback from each other. It is possible to run this group with more than a dozen clients but space may become an issue. Any more than twelve and the intimacy of the group experience is lost (Liebmann, 1986, p. 10). A group of this size also allows for observation and feedback from
participants and facilitator. Working in groups can have its benefits. “Sometimes there are practical reasons for group activities, such as shortage of counsellors or financial aspects” (Meijer-Degen, 2006, p. 86). Two hours should be set a side for each week’s session. It is best to contain activities rather than to explore them in depth, otherwise participants could use the creative venue as a way of allowing themselves to get caught up in the process. Obsessing on perfectionism could occur if more than the allotted amount of time were allowed. As stated earlier, the purpose and objective of the group is not to produce finished works of art but to focus on the process of art-making. Production is beneficial but not necessary. Walking away with a tangible artefact can instil pride in the client that he or she was able to make something that perhaps he or she thought he or she did not have the creativity or capability of doing in the past.

PURPOSE OF EXPLORING ALCOHOLICS ANONYMOUS 12 STEPS

The purpose of exploring the AA 12-steps through visual media and other exercises are two-fold. First, for the client first entering treatment, the AA 12-step model can sometimes be hard to comprehend. Not all clients have knowledge of the steps. Some clients may be curious to explore the steps, but may not be at the stage where they want to attend a 12-step meeting. Anxiety, shame, or location may prevent someone from attending a meeting. There may be a limited number of meetings in rural settings. Fear of commitment or other expectations also intimidate someone who is merely curious. An expressive arts group that explores the AA 12-steps can provide a safe avenue for self-expression without the client having to complete the step itself: “…expressive art methods… are particularly suitable to Twelve-Step programs” (Rogers, 1993, p.137).
This is a safe avenue for introduction of the steps because creative arts are safe, especially when the facilitator encourages and reminds participants that the product is not the purpose or focus of the group (Carey, 2006). It is essential to spend time at the start of the eight week group to explain the purpose to using art based mediums to express one’s thoughts or emotions through the non-verbal, self-expressive, format. Pictures of other client’s art can help quell any anxieties and fear about level of talent and what the finished product looks like (Fausek-Steinbach, 2002). Sharing the art can also create an atmosphere of safety, non-judgement, and acceptance that is essential for any expressive therapeutic group (Meijer-Degen, 2006).

An additional purpose of exploring the twelve 12-steps through the use of art is that it can help clients access parts of the subconscious mind. This medium can provide powerful insight into the subconscious by using forms of expression beyond spoken language. “Expressing these emotions through colour, form, shape and image releases their hold on the body, mind and spirit, clearing the way for healing to begin” (Ganim, 1999, p. 21). At times, clients may not know the appropriate words to describe their feelings. Creating artistic things can also provide a distraction to intrusive or racing thoughts that can sometimes be common to those in recovery thus allowing for release, a lowering of defenses, and an awareness of being in the present (Brantley, 2007). Focusing on doing something creative releases a person from the potential struggle of having to talk about the personal interpretation of the select step that was read at the start of the session (Curtis, 2006). An art piece is neither right nor wrong; it just is. The concept of just “being” is part of teaching clients to live in the present with acceptance, something that expressive arts have the potential to teach. Group discussion during the
latter half of the group sessions allows for insight by the creator of the art work or activity, and by the people who witness the creative process. This characterizes Wallas’ illumination stage of creativity, also called the fourth stage of Wallas’ five stages of creativity (Wallas, 1926).

In the curriculum, reading the steps from *Twelve and Twelve* by Alcoholics Anonymous as an introduction to the theme of each activity acts as a safe preface to the twelve steps of AA in a non-threatening art-making environment thus reading the step before the incubation or action of the creative act. For those participants who have never been exposed to the AA 12-steps, the act of reading the step would satisfy the preparation stage in both the stages of change and the stages of creativity models since it prepares participants by introducing information in a non-threatening way (Anonymous, 1939). Reading the step is the starting point to creative expression. The purpose of allowing time to complete an expressive exercise is to allow a participant to venture into the language of the subconscious where these concepts ‘incubate’, according to the stages of creativity (Wallas, 1926). Initial reactions to a step might not be well verbalized but may make sense for visual or kinaesthetic learners who need to do more than read information to assimilate it. The act of creation allows those participants who are familiar with the steps to interpret them with their senses rather than just their intellect. Engaging the right brain through picking up crayons and making a mark across a page has the potential to open up a creative flow that was otherwise dormant under the veil of addiction (Cameron, 1992). One of the activities, building prayer boxes, acts as a metaphor for the construction of the recovery journey that takes place during recovery. Addiction consumes the life force of an individual, becomes a life of its own and then over-runs that life, by robbing the
person suffering from substance abuse issues of any relationships, employment, spiritual connection or even personal health. Alternatively, recovery attempts to rebuild physical health, repair a spiritual connection, and potentially repairing relationships by correcting and modifying behaviours.

CRAFTING A CURRICULUM

When we parallel the stages of creativity and the stages of change we find similarities within human experience. Whether approaching a behaviour that needs changing or an idea that needs developing humans begin with a period of researching. Once awareness has begun and the mind is made up (the contemplative stage), the person starts gathering information (preparation). At this stage/process a person needs motivation. The addict needs some sort of motivation to quit, the artist needs some sort of exterior motivation to create. Information in psycho educational groups help motivate, at the very least, educate the addict. The artist would visit an art gallery. Outside information can foster inspiration in both the addict seeking some sort of solution and the artist seeking some sort of inspiration. It is at this point where “artistic knowing is different that intellectual knowing” (McNiff, 1998, p. 36). In the treatment of addictions this point comes when the outcome of decisional balance moves towards the choice of not using. The benefit of not using outweighs the costs of using. It is no longer about knowledge or ideas located in the head. It has to move to the heart in forms of action, for both the addict and the artist. All the inspiration and outside influences in the world will not help the artist if s/he does not make a mark on the canvas. All the understanding as a
result of information gathering in the world will help if the addict does not themselves take action to not pick up.

The action or illumination stages are just that: time to put that insight into action. As an artist puts brush to canvas, so too does the addict take steps to “put down that drink”. The creation of an artistic piece, the creation of a new way of life (recovery) takes place. Both the artist and the addict experience a new anxiety: the anxiety of separation. The addict separates from using behaviour and the artist from the world of ideas to the concrete. The action or illumination stage can last months. The artist may spend months on a painting with some days experiencing struggle and some days painting with clarity. So to may the addict struggle during the action stage. The “anxiety of separation” (Haefele, 1962, p. 18) may cause the addict so much anxiety that action is not constant. The addict may struggle with using thoughts or even relapse just as the artist may experience a creative block (or “writer’s block” in the case of the poet).

Once the recovering person is able to maintain continued consecutive sobriety for a longer period of time (usually over six months) they enter the maintenance stage of change. At this point to the artist is usually near completion of an artwork or series of artworks for exhibition. For the artist this is the verification stage: they (usually) launch their work into the world.

“For a permanent change to truly take place, it must occur on all three levels: the conscious, subconscious, and cellular” (Ganim, 1999, p.69). A new identity beyond title is formed. The person in recovery now maintains this new identity and way of living. If using a twelve step model to help maintain sobriety the requirement at meetings is to qualify oneself as an alcoholic or addict once one introduces themselves. This new
identity is spoken time and again with each attendance at each meeting. The artist maintains their identity by sharing his/her work in a gallery or other exhibition setting. An artist who’s works remain in their basement does nothing to verify their identity as an artist. It is only in the exhibition of the work that the identity is truly formed for themselves and to others at large. This is the verification stage of creativity.

In working with both the stages of change and the stages (or process) of creativity, we learn a new way of moving through the phases, allowing for the ventilation of personal expression and accessing perhaps a deeper level of motivation or insight for the process for which we are in. Creating a new life in recovery or a new artwork or poetry or prose are all very similar tasks. Humans change whether theorists describe it in terms of a change model or a creativity model, the process of change happens. “We must be able to ‘trust the process’ and allow it to do its work of transformation. The more we know, the more we will trust and open ourselves to the medicines of creative expression” (McNiff, 1998, p. 37).

Through paralleling the stages of change and the stages of creativity in relations to addiction recovery we can see how change is possible. “The stages of creativity are not stages at all, but processes which occur during creation” (Heafele, 1962, p.17). When we look at change as a process we can realize that motivation is an essential characteristic both in the creative process and negotiating oneself through the stages of change model. Without motivation a person will not be able to move beyond the pre-contemplation stage of change, or the preparation stage. We have seen how without ideas or a desire to want to create something new, the preparation stage will not even be broached. That is why adding creative aspects to psycho educational groups that address addicts and substance
abusers during the precontemplation stage of change is beneficial: seeing is believing. It is crucial to keep informing or providing inspiration during the early stages of change before an addict (or an artist) is even aware of a needed change. When we look to the precontemplation and contemplation stages as a way of inspiring and providing an avenue for preparation (as in the stages of creativity) then perhaps an expectations of quitting and/or producing results can be dropped. Be it through the stages of creativity or the stages of change, humans require time before they can even contemplate a serious change or a new art work. It is this time that cannot be rushed in order to successfully pass through the remaining stages.

STRENGTHS OF AN ARTS-BASED APPROACH

There are few areas of research that bring together the stages of change, creativity and the teaching and making of art. Layering both of these stages, change and creativity, while using expressive activities helps foster learning of the 12-step model in an alternative fashion not usually delivered in treatment settings.

For participants this approach enhances deep exploration of the 12 AA steps by accessing visual aspects hidden deep in the subconscious mind. Creating art helps the client to return his or her focus to personal expression. Often addiction takes away the capability to express buried emotions in a healthy constructive way. The vehicle of creativity enables a client to journey through the stages of creativity and change while learning and discovering the information about the 12-step model used in making art. It acts as a method of non-invasive exploration of the steps for clients to consider. Art making elicits a relaxation response (Samuels, 1998) rather than a defensive response.
thereby allowing the client to gently explore such areas as spirituality (steps 2 and 3, prayer boxes), personal image (steps 6 and 7, masks), and self-acceptance (step 10, journal making). Creating concrete, tangible works of art can depict a journey without using words and act as a record of work done during the treatment phase of one’s life.

The teaching of expressive arts activities in conjunction with the 12-step platform gently introduces the 12-step model to clients in a non-threatening way. For group facilitators, the expressive arts also offer an avenue to explore personal creativity – a topic not often addressed during treatment. Choosing to teach art-making and creativity as tools in psycho-educational groups in addiction treatment employs yet another avenue of self-expression and self-examination that empowers a client. It is the client who has to dig deep into the process to handle a paint brush, crayons, or scissors in order to select, arrange and compose a drawing, painting or other creative piece. Whether the client chooses to talk about the experience openly in the group is not the essential component at this time. The creating, the doing, and being entirely involved in what one is doing and learning is what is essential at this stage in the process. The stages of change form the basis of the curriculum for this process and learning group. The stages of creativity form the basis of this group by sheer fact that it is a group based on art-making. The study of the twelve-steps from a creative angle offer tools that participants would not have otherwise thought of if working the steps in a traditional context.

INTRODUCTION TO ACTIVITIES

The first part of this paper has briefly introduced the theories that underpin the construction of the curriculum that follows. Specifically, the transtheoretical model for
behaviour change, the stage theory of creativity and the theory regarding a diversity of learning styles each inform the organization, content and design of the curriculum. Implementation and evaluation of this curriculum is beyond the parameters of this final project, but may constitute a future research project.

On the following pages you will find a week-by-week description of arts-based, learning activities that have been designed to teach the 12-steps of AA. Some weeks' activities group two of the 12-steps together for the purpose of shortening the curriculum, and some steps are grouped together because they complement each other. The curriculum is designed for those in early recovery and no previous knowledge of AA 12-steps.
ACTIVITIES

Week 1

Step 1: Admitted we were powerless over alcohol and that our lives had become unmanageable (Anonymous, 1952, p. 21).

Activity: Painting or drawing a picture of unmanageability and or powerlessness.

Principle: Honesty

Materials needed:

• magazines for collage
• large sheets of newsprint
• scissors
• oil pastels
• pencil crayons and or crayons, pencils
• glue and or tape

Method:

1. Take the first ten minutes to read step one from the Alcoholics’ Anonymous Twelve and Twelve. Another ten minutes can be spent discussing or answering any general questions on step one. However, it should be noted that any more time than that takes away from client’s personal interpretations of step one.

2. The next forty minutes should be set aside for clients to make the collages (including selecting images, organizing and gluing to paper provided).
3. After a ten minute break, clients return to discuss their collages that explore what powerlessness and insanity looks like to them.

4. Questions to explore: what does unmanageability look like to you? What does a manageable life look like? What does powerless mean to you? What feelings are associated with that?

Objective:

The first of Alcoholic’s Anonymous’ twelve steps begins with a concept of admission of powerlessness over alcohol and awareness of life having become unmanageable (Anonymous, 21). Powerlessness means to have no power or control over the addiction (Boriskin, 2004, p. 115) to be unable to control something. According to the twelve step model, in order to recover one has to first admit complete defeat over substances. This helps the participant come to a realization that one’s life is controlled by substances. The second half of this step requires that one recognizes life as being unmanageable the way it is. The definition of unmanageability can be more individual because everyone’s “bottom” (or lowest point) is different and dependent upon the person experiencing it. By putting images to experiences it allows a participant to ‘see’ beyond the words they choose and really look at what it is they are powerless over, or how unmanageability looks to them and others in the group. It also allows for discussion of such concepts (powerlessness and unmanageability) while referring to the work in hand.

The use of collage introduces the visual medium without intimidating clients by requiring them to draw if they have limited artistic ability (Malchiodi, 2007). For some
clients it may have been years since they last drew a picture and therefore using magazine pictures can relieve some of the anticipatory stress that creativity might elicit. Collage “allows people to think about the process, and the expression of thought, without having to struggle with the mechanics” (Fausek-Steinbach, 2002, p. 9). By making oil pastels and pencil crayons available to those who prefer to draw images also offers an array of choice to all participants. A less structured activity for this first week acts as an easier transition to the visual medium for weeks to come.
Week 2

Steps 2 & 3:  *Came to believe that a Power greater than ourselves could restore us to sanity* (Anonymous, 1952, p.25).

*Turned our will and our lives over to the care of G-d as we understood him* (Anonymous, 34).

Activity:  Prayer boxes

Principles:  Hope and faith

Materials needed:

- Box pattern (see appendix A)
- Card stock
- Scissors
- Glues sticks or tape
- Oil pastels
- Pencil crayons
- Magazines

Method:

1. Take twenty minutes to read both steps two and three.

2. Trace pattern of box provided (enlarge if need be) onto card stock.

3. Cut out box pattern, being careful to leave the flaps on the sides. These are important.

4. While box pattern is still flat, colour box sides and top to personalize box. Magazine images can
be added if desired.

5. Once done decorating, fold box along the lines folding in and inwards direction.

6. Centre of “cross” becomes one of the sides, also folding inwards (upwards).

7. Place some glue on the side flaps and press onto the other sides. If the glue does not stick, use tape to tape the sides together.

8. Be sure to keep the top of the box open (so that it can be used for prayers). Add a flap if desired: cut a small piece of paper (about 2.5 cm by 1 cm and fold long sides inwards to create a small tab. Tape down on top of box.

Objective:

Prayer boxes act as a receptacle for clients’ prayers. Creating and personalizing a box with images of what define spirituality or spiritual connection is important for a client. Spirit is intangible. It is not something that can be seen. Putting images to thoughts of what spiritual connection is to a client can help personalize their conception of a Power greater than themselves. Assembling this prayer box to include these spiritual images is a preparation step. During this week’s activities clients are not asked to compose prayers but simply construct a box to act as a receptacle for prayers written later on during week seven of the curriculum.

Oftentimes learning to pray, or to “turn it over” as they say in 12 step programs, is an essential part of recovery from substance addictions and other process addictions. Being asked to choose images that represent their understanding of Higher Power and spirituality is an exercise in putting to sight what one can only feel. “Words simply can’t
describe such an experience” (Ganim & Fox, 1999, p. 1) but images have the potential of making the intangible tangible, or at the very least, something to relate to.
Week 3


*Admitted to G-d, to ourselves, and to another human being the exact nature of our wrongs* (Anonymous, 1952, p.55).

Activity: Self-portrait of defects

Principles: Willingness and humility

Materials needed:

- Blank paper
- Oil pastels
- Paint, brushes, water containers
- Pencils and pencils crayons
- Black marker or thick black crayon
- List of the 7 deadly sins (Lyman, 1989) and other character defects offered by participants
  - Sloth
  - Lust
  - Anger
  - Pride
  - Envy
  - Gluttony
  - Greed
Method:

1. Take twenty minutes to read through the steps from the Alcoholics’ Anonymous Twelve and Twelve or give an overview of steps four and five if no time to read (these are long steps).

2. Introduce the list of the seven deadly sins for those participants that are not acquainted with them. Ask participants to randomly select other defects of character (limit this to 5 additional that are not represented by the list of seven).

3. Draw the shape of a body outline with the black marker (or thick black crayon).

4. Allow each participant to choose colours that represent each of the 7 deadly sins. For example some participants associate red with anger, green with jealousy, yellow with sloth, etc. Their associations are personal and remind participants that there are no wrong colour associations.

5. Each client can spend up to 30 minutes colouring in their body map, locating where in the body they think any of these “deadly sins” (shortcoming) reside. Allow the participant to decide which shortcomings pertain to them and which do not.

6. After a break, spend the next hour discussing the participant’s shields and how they might prepare themselves to look at their lives to take stock like a store performs a yearly inventory and why it might be important to put down the shield they wear with their sponsors or their counsellors in order to be fully honest.

Objective:

Drawing the body helps clients focus back on body awareness. Using the body as a map helps clients locate where emotions come from. Although shortcomings are not emotions, as defects of character they can be considered as instincts gone wild. In order to discover what those shortcomings are, one needs to do a complete character inventory
as suggested in step four. The body map of deadly sins acts as a metaphor for what instincts are involved in such behaviours. Is it sexual conduct, hurt, sadness?

During this exercise, the participant does not actually disclose to the group their wrong-doings, fears, sexual conduct or harms done to others (Anonymous, 1939). The objective is to reflect upon how one carries themselves in the world, perhaps hiding behind character defects that motivate and fuel addiction/alcoholism (Anonymous, 1939). By mapping out the body, looking at where we carry or can locate where these transgressions manifest, the participant can also become more aware of what it is they are carrying. “Resentment is the number one offender” (Anonymous, 1939, p.64) and must be brought to the skin’s surface in order to be dealt with. An inspection of what resentment is and where it might be carried in the body acts as an introduction to the effects of resentments (and other transgressions) in life without having to or being expected to create a “searching and fearless moral inventory” (Anonymous, 1952, p. 42) of themselves. The very nature of the wording of step four can be intimidating. Discussing and exposing the steps in a safe yet creative environment can lower defences around these two steps.
Week 4

Steps 6 and 7: Were entirely ready to have G-d remove all these defects of character

(Anonymous, 1952, p.63)

Humbly asked (him) to remove our shortcoming (Anonymous, 1952, p.70).

Activity: Mask making/painting

Principles: Courage and integrity

Materials needed:

- Premade masks (made from papier maché)
- Glue, scissors
- Random fixings: feathers, buttons, beads, ribbon, glitter, pipe cleaners, shells
- Acrylic paint, paint brushes
- Water containers, paint palettes
- String to hang

Method:

1. Take ten minutes to read through steps six and seven in the Twelve and Twelve.

2. Each participant will spend time painting and decorating a premade mask from a craft store. It is up to them if they want to cut out the eyes or not. Be sure to remind clients that the outside of the mask will be where they can interpret or depict their character assets and the inside of the mask can be the shadow self or their character defects.

3. Be sure to add wire or strong string to each side near the area that ears would normally go in order to be able to hang the masks.
Objective:

Masks can shield or cover a person’s truth. Or, they can expose the truth without words. In this exercise, participants are asked to decorate both the outside of the mask and the inside. As it pertains to this step, the outer mask would represent the participant’s character assets while the inside of the mask represent their defects, something they will be working on improving as they move further along into recovery. It is possible that some participants may do the reverse and decorate their masks with a negative connotation or representation on the outside (character defects) and positive connotations or images on the inside (character assets). This might reflect how they see themselves, as a person of none-value or low self-esteem (which can be common in addictions treatment (Twerski, 1990). Masks act as a front or façade “which many (participants) come to believe were really them” (Liebermann, 1986, p76). Mask-making and decorating is a safe way to explore the faces we put on in life. They are a safe way to find out what’s beneath the mask, the subconscious. Tapping into the subconscious is important in recovery work in order to go deeper. Examining only the surface, or the outside of the mask, can slow the change process. “For permanent change to truly take place, it must occur on all three levels: the conscious, subconscious and cellular” (Ganim, 1999, p. 69). For those who are trying to get clean and sober, the mask acted as a barrier to the true self. This barrier is what is worked on during steps six and seven by ridding the self of shortcomings (P. & W. & S., 2005). Demonstrating the existence of those dualities (shortcomings and assets) is represented by decorating both the inside and outside of the
mask. Participants have the opportunity to explore what others see and what they see
(external versus internal views) of the self.
Week 5

Steps 8 and 9: Made a list of all persons we had harmed, and became willing to make amends to them all (Anonymous, 1952, p. 77).

Made direct amends to such people wherever possible except when to do so would injure them or others (Anonymous, 1952, p. 83).

Activity: Letter writing (to the self)

Principle: Discipline and action, forgiveness

Materials needed:
- Special paper and envelopes
- Pens, pencils
- Soothing music for light background calming

Method:
1. Take twenty minutes to read the selected steps from the Alcoholics’ Anonymous Twelve and Twelve book.
2. Discuss amends making and what that might mean or look like.
3. If handy, share examples of amends letters to the self.
4. Spend time writing a letter of amends to the self (while playing soothing music in the background).
5. Another way of writing this letter is to ask participant’s to write using their non-dominant hand. This can activate feelings of compassion for the small self needing forgiveness (Capacchione, 1991). Be sure to leave adequate amount of time for this
version as it can create frustration in those with low frustration tolerance (Broder, 2005).

Objective:

Steps eight and nine are action steps. Although this expressive creativity group only explores the steps to the effect that participants do not have a full opportunity to perform each step fully, according to the Alcoholics Anonymous model, these creative activities offer a taste of what is to come. Writing a letter (of reflection and apology) to oneself can be a pivotal point in recovery, recognizing that among those hurt by the participant’s substance use, they themselves have also caused their own hurts and are also allowed to bestow forgiveness upon themselves. “Reflection helps establish a sense of mental order” (Baldwin, 2005, p. 106). Those who cannot forgive themselves have a hard time forgiving others or as Louise Hay suggests, in order “to release the past we must be willing to forgive” (Hay, 1984, p. 7). Step eight is about developing that willingness. This letter writing activity helps foster the developing relationship with the self. It is also “an effective tool that facilitates assertiveness, strength building, and balance (Boriskin, 2004, p. 88).

Choosing special paper also shows value to the self. It is those small acts of kindness that are often missed when someone’s self-esteem is very low. Introducing amends-making now helps foster the growing self-esteem that needs to develop in recovery. Jerry Borsiskin (2004), in his book PTSD and Addiction: A Practical Guide for Clinicians and Counsellors, also suggests that when practicing the tool of letter writing,
always write a first unedited draft. Boriskin then suggests to put the letter away for a week and then rewrite it once ready. In this week’s activity a participant will not have time to write a final version however the session could be used in composing that draft version. It is more important to come up with some ideas and reasons of self-forgiveness than it is to have a perfect finished letter. These ideas include brainstorming acts of self-kindness and self-nurturance. Forgiveness also implies a change in behaviour and therefore behaving differently, from a place of practicing love, is step towards the action in self-forgiveness (Z., 1990).
Week 6

Step 10: *Continued to take personal inventory and when we were wrong promptly admitted it* (Anonymous, 1952, p.88).

Activity: Book-binding (journal making)

Principle: Acceptance

Materials needed:

- Standard white 8.5 x 11” paper
- Cardboard or card stock
- Scissors
- Stapler (optional)
- Hole-punch
- Ribbons,
- Various decorations for cover: wallpaper samples, twigs, crepe paper,

Method:

1. Take ten minutes to read step six for the Alcoholics’ Anonymous Twelve and Twelve.
2. Overview what it means to take a daily step ten.
3. To make a double fold journal, hand each participant approximately 15 sheets of standard blank white paper.
4. Fold the entire stack of paper over in half width wise. This should make the insides of a booklet about four inches by five and a half inches.
5. Select cardboard or card stock for the front and back covers.
6. Decorate the journal cover with wall paper samples, participant’s own painting, magazines photos or other findings in order to personalize it.

7. Hole punch the front and back cover.

8. Trace the holes onto the booklet so that the next holes will be in the proper place. Hole punch the papers (from the booklet).

9. Use ribbon or other string to weave together the front and back covers to the booklet papers.

Objective:

This week’s activity is two-fold: first, to fabricate a personal journal and second, to learn to use a journal for self-development. Often clients are encouraged to write in journals but do not own one. By the end of this week’s activities, clients will have made their own journals with a personalized cover, a functional hand-made product. Making a personal journal for the self is empowering because it is very personal. Learning a new skill, such as rudimentary book binding, is empowering because it is a skill that can be repeated every time a participant wants to create another journal. This is one of the only activities in this curriculum where an exercise results in a functional product. Being able to use the product over again is rewarding in that it is like opening a gift to the self over again. Documenting a personal inventory can be as simple as writing how a situation could have been handled better or as complex as all the emotions involved in the situation. It is also about documenting what went right; what new skills were put into place. This is just as important as documenting the attempts at coping that just didn’t work. Personal journal writing is one of many tools offered by the creative process, and it
helps to build self-esteem. It is a chosen tool for ventilation of emotions (Maisel, 2008, p.173) and for developing one’s own voice.

Journal-keeping is more than simply a way of connecting feelings, journaling becomes a part of a self-monitoring and self-empowering process (Boriskin, 2004 p. 77). Drawing in journals, such as the one with blank pages made during this week’s activity, provide the participant with an outlet to express bottled up emotions. In a study conducted by James Pennebaker (1990) regarding writing and emotions, Pennebaker found that participants who wrote about emotions fared better emotionally after a period of time than those who journalled about factual events of the day (1990). Journalling is an often prescribed activity in learning to identify emotions. Making his or her own journal for personal use allows a participant to personalize and make the journal special. Using blank paper allows a participant to draw, doodle or write any way the client wants to. The lack of lines gives freedom to the chosen mode of expression. Collecting writings or drawings over time in one place through the use of a journal, allows a participant to gain awareness of potential patterns in thinking or reacting, insights that are possible with this mode of self awareness.
Week 7

Steps 11 and 12: *Sought through prayer and meditation to improve our conscious contact with G-d as we understood (him), praying only for (his) will for us and the power to carry that out* (Anonymous, 1952, p. 96).

*Having had a spiritual awakening as a result of these steps, we tried to carry this message to Alcoholics, and to practice these principles in all our affairs* (Anonymous, 1952, p. 106).

Activity: Writing your own prayer and making prayer/meditation (affirmation) cards

Principle: knowledge and awareness, and service and gratitude.

Materials needed:

- Thesaurus (optional)
- Examples of other prayers (photocopies provided for inspiration)
- Pencil crayons, black markers,
- Blank paper (standard 8.5 x 11”), or pretty writing paper
- Blank card stock cut to 2x3” (perforated business cards)
- Packing tape, scissors
- List of affirmations or slogans (see Louise Hay or Twelve Step slogan)

Method:

1. Take twenty minutes to read steps eleven and twelve in the Alcoholics’ Anonymous Twelve and Twelve.
2. Using a perforated sheet of (blank) business cards, fold and tear cards off the sheet.

3. Using pencil crayons colour and personalize each meditation card (or prayer card).

4. On the side is coloured with desired images or patterns, write with a black permanent marker (dark enough to go over the pencil crayons) the chose prayers or affirmations.

5. If writing their own prayers, use a scrap piece of paper to think up verses. Sometimes simple is best (eg: Serenity Prayer).

6. Finally, “laminate” each card for protection by using packing tape to cover both sides. The width of the clear packing tape just about covers the width of the card. Cut off any access if desired.

Objective:

Although one can purchase affirmation cards, prayer cards and “angel” cards making them by hand allows for self-empowerment by learning a new skill thereby having pride over finished work. Making cards are also more affordable and for some clients who have no money, they would not be able to own cards on their own. Finally, choosing your own affirmations that resonate with you is not only empowering but important. Pressure to come up with one’s own appropriate saying may prohibit the use of affirmations however Louise Hay wrote an entire book on affirmations called Heal Your Body (1982). These same affirmations can be found in her best selling You Can Heal Your Life published in 1984. The affirmations in these books can be used as is or as a basis for personalizing new affirmations that resonate with clients. Both books focus primarily but not exclusively on physical conditions of the body. Her approach can be used for psychological issues as well. Hay’s early writings foreshadow the science behind
neuroplasticity. It claims that if we change our thinking we can change our attitude or even our being (Pert, 1997).

The sayings are of the participant’s choosing therefore something they can relate to. Meditation cards are a way to teach that reflection can be portable if they simply pull out an affirmation from their wallet. Daily readers are a valuable tool to those in recovery. Since men do not generally carry purses, these daily readers are harder for them to carry around, despite being small. A business card sized affirmation is small enough to carry in a back pocket. Daily affirmations are an essential part of brain reprogramming. Rewriting tapes is essential in countering low self-talk. These cards provide for an instant positive message when a sponsor, counsellor or friend is not available.

If choosing to write prayers, clients can chose to deposit these prayers into a prayer box created during the second week of the curriculum. After many months participants will have a record of prayers sent. Participants can reread prayers sent, establish if their prayers were answered or if said issue still needs focus. It acts like a journal without requiring pages of writing and reflection on the part of the participant.
Week 8

Theme: Twelve principles and unity

Activity: Group painting

Principle: Unity, the 12 principles

Materials needed:

- 12 (12x12”) canvases
- 1 (48x48”) canvas
- Paint
- Assorted brushes
- Water cups
- Palettes (old ceramic plates work well).
- Wire fasteners, wire, 12 cup hooks

Method:

1. Spend a few minutes reviewing the twelve principles of Alcoholics Anonymous.

2. Depending on how many participants there are, each participant can paint their interpretation of one each of the twelve principles. If there are more participants than principles then the remaining participants can, together, paint the centre canvas.

3. Each of the 12 canvases may include the word painted along with any images that are invoked or inspired.

4. The centre canvas does not have to include any written word but merely an image inspiring hope (such as a dove, a tree, a rainbow, etc.)
5. Once this collection of pieces are done they may be hung together surrounding the centre piece in a focal place the treatment centre.

6. To hang, use wire to secure to a cup took in the wall (so paintings cannot just be pulled off of the wall). (see Appendix B for layout).

Objective:

Group work is a wonderful way to end psycho educational group therapy. Hopefully by the end of the eight weeks individual bonding will have occurred enabling participants to work closely together. If this is not the case, there are also individual canvases (one per each principle) in which to work on and add to the wall hanging once finished. Groups paintings, whether finished on separate canvases or one large canvas help foster group unity. Working in groups on one large project also encourages the use of collaboration, democracy, and communication, at the very least. In order for 12 participants to achieve a goal, it must be broken down and appropriately distributed in order to accomplish the task (Leibmann, 1986). Providing individual canvases for the principles allows each participant to work at their own pace knowing that they are contributing to the greater whole/picture.

Group projects made to be hung and showcased also show that, even though art-making is therapeutic, it can beautify a hallway. Personal autonomy can develop from seeing a piece of one’s work make up part of a larger work of art. A sense of pride and belonging can be nurtured when a participant leaves the treatment centre yet their work still stands in the hallways for all to see. It makes a mark “I was here” for all to bear
witness. Whether or not participants ever return, simply the knowledge of being a part of a treatment facility allows the person to personalize their presence, be seen and be known to those who suffer through similar growing pains of addiction recovery.
Appendix A

Feel free to enlarge this diagram when copying. Only this diagram may be copied for group purposes.
Appendix B

Ideal placement of finished piece. Place the 24 inch by 24 inch canvas in the centre and place around it each of the 12 inch by 12 inch canvases that depict each principle discussed in the 8 week expressive arts group.

<table>
<thead>
<tr>
<th>Honesty</th>
<th>Hope</th>
<th>Faith</th>
<th>Willingness</th>
</tr>
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<tbody>
<tr>
<td>Service</td>
<td>Centre canvas</td>
<td>Humility</td>
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</tr>
<tr>
<td>Knowledge</td>
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<td>Courage</td>
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<td>Acceptance</td>
<td>Forgiveness</td>
<td>Discipline</td>
<td>Integrity</td>
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