

Addiction & Art Therapy

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Introduction

If we understand *alexithymia* as a *difficulty* in verbalizing or symbolizing emotions within the psychopathological mood of the patients who come to consult us, the experimental research field of art therapy in mental health teams must be considered a *bridge* that allows the metacommunicative obstacle that addictive patients suffer from to be *transferred* into a creative image.

Alexithymia

Let me start by pointing out a concept that seems key to supporting the process of art therapy or psychotherapy through art, assuming plastic expressive technique as a useful and important resource when attempting complementary treatment within an addictive clinical picture that has not been able to be treated satisfactorily by other therapeutic means.

This concept or construct is called *alexithymia*. Etymologically, the word can be broken down into three parts: **a-lexi-timia**: it involves a letter *a* as a prefix denoting lack ; *lex*, understood as language and *timia*, equivalent to emotion or affection. Therefore, alexithymia is the difficulty in verbalizing repressed emotions. A large majority of clinical profiles, including addictions, are based precisely on this dissociated mechanism between the brain and expressive language.

It is no coincidence that addictive pathology is a sort of constant *acting-out* , in which the person consuming prefers *acting*, leading to the concrete action of inhaling, smoking, injecting or drinking to excess, *before* connecting with their anguish and existential pain,

due to not introducing words full of meaning to their suffering and thus generating a symbolic record of their suffering that might permit a psychic development change.

If this practice of *not* symbolizing emotions persists and deepens, the *passage to the act* through an overdose is only a matter of time.

The state of *drug addiction* leads to the permanent repetition of the *act* of consuming, to achieve that imaginary, transitory state of pseudo-pleasure, which, with the passage of time, the body demands more, until reaching a particular state of brutalisation and everyday sleepwalking that makes any psychotherapeutic approach difficult.

Throughout my professional practice, I have seen a direct link between *drug addiction* and clinical profiles of underlying personality disorders. The spectrum changes according to condition, gender and social vulnerability. From what I have been able to observe in treating the patients that come to the Dianova Center in Viña del Mar, most are related to underlying affective profiles that were not psychiatrically treated in due time, and reached their *acting out* through *toxic release* with cocaine base and/or a lonely, melancholic alcoholism.

On the other hand, the presence of anxiety conditions in a considerable number of "users", was increasingly *in crescendo*, reinforcing the iatrogenic and self-medicating use of a "legal drug", like any type of benzodiazepine, as an apparent substitute and/or supplement to the usual consumer "illegal drug" to 'hide' respective phobic pictures.

It is in this subjective situation that one should emphasize the importance of psycho-education: the limit of the power of the necessary word of psychotherapy with a radical chemical withdrawal and the complement of workshops on expressive artistic mediation of the unconscious image produced by the repetition of the toxic self-destructive act.

This is how patients improve their mental health, since, as in an alchemical process, with the use of certain materials related to psychic functions of *intuition*, they manage to connect with the *feeling* of their abused body and overcome the state of permanent narcosis in which they were trapped.

The image that emerged from this situation of development is the beginning of a gradual process, where the patient is applying for the first time a proper word to his existence and self-knowledge and a limit to the deadly addictive process, and by applying words, and hence thoughts, he can overcome this traumatic emotional dissociation of alixitimia.

Hence the importance of giving and generating *potential transitional spaces* through individual and/or group workshops, so that they may express the latent conflict which sparked the addiction to toxins within a predetermined clinical structure.

Case Report

I will sketch out a very complex case, in which R., a 24-year-old, decided to seek help, and who introduced herself as a *drug addict* at the initial interview, and who maintained an emotionally tumultuous relationship with her partner.

However, she was given a space and appropriate materials so that she could freely express all her fears through images with respective accounts on the back of the pages.

By expressing her emotional state on drawing pads, R. was able to contextualise her subjective condition. With the slogan: "who am I?", R. is building her sense of identity, with a great propensity for artistic and musical creativity. R. managed after a reasonable period of treatment to overcome her addiction by replacing the repetitive behaviour with a creative attitude in confronting the problems posed by existential pain. In fact, currently, she works as an instructor in art therapy.



Conclusions

The use of art therapy in its different modalities with patients suffering from various diseases enables a *resignification* of the clinical profile and an effective relief of mental pathology.

Enriched by the contribution of art therapy, personal experience has allowed me to achieve, *broadly*, the following:

1. Reduce the use and abuse of psychopharmacological drugs.
2. Carry out an indirect clinical report in the group workshops through the direct manifestation of the graphic image on the white surface of the cardboard, since the image is what comes first to consciousness and then the *word*.

3. Apply *color psychology* with its correlative discursive narrative always above the images. Coupled with the temporal systematization in order to observe the evolution of the clinical profile through the evolution of the pen stroke, predominant color, location and spatial distribution of graphic elements.
4. Using psychotherapy through art humanizes the doctor-patient relationship as an inter-personal link. It increases self-esteem within a landscape of self-observation and self-knowledge.
5. As perhaps a new paradigm in mental health, cross-lined only with occupational therapy in the field of psychosocial rehabilitation, the rigorous application of the art-therapy framework allows us to cross into the therapeutic field of repressed thoughts and experiences.

To conclude, let me point out the following statement from a user at the end of a session:

"I feel that the workshops have done me good because I can communicate and vent feelings. In fact when I don't come, I feel drowned".

As in other examples, he managed to establish a *new way to communicate*, as the alexithymic condition entails a disturbed core of the verbal-emotional message transmitter.