

**Mendel University in Brno**  
**Faculty of Regional Development and International Studies**

# **APPLICATIONS OF ART THERAPY IN THE DUAL DISORDERS TREATMENT**

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Brno, 2016



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## **Acknowledgement**

I would like to take this opportunity to express my gratitude to my supervisor Mgr. et Mgr., Miroslav Horák, Ph.D. for his valuable advice, guidance and support while writing this thesis. Also I would like to thank Bc. Jan Sobotka for opportunity to stay in therapeutic community Sejřek and clients who were willing to cooperate with me and enable me to insight into this issue.

## **Abstract:**

This bachelor thesis deals with possibilities and use of art therapeutic techniques on clients with dual diagnosis in therapeutic community Sejřek. It is focused on therapeutic methods which are used in treatment for drug addicts. The main goal of this thesis is the use of art therapy influence on self-knowledge development, self-worth awareness and communication development among clients in community. Theoretical part explains meaning of terms art therapy and dual diagnosis. Moreover, there is used art therapy on drug addicts and clients who use non-alcoholic drugs in Sejřek community. Thesis is focused on colour perception, art therapeutic relation and communication with clients. Also is focused on prevalence of dual disorders in Europe. Practical part deals with creative work, verbal and non-verbal communication with clients.

## **Keywords:**

Art therapy, drug addiction, dual diagnosis, community, communication

## **Abstrakt:**

Tato bakalářská práce pojednává o možnostech a využití arteterapeutických technik u klientů s duální diagnózou v terapeutické komunitě Sejřek. Zaměřuje se na metody arteterapie používané v léčbě drogové závislosti. Cílem mé bakalářské práce je využití vlivu arteterapie na rozvoj sebepoznání, uvědomění si své vlastní hodnoty a na rozvoj komunikace u klientů v komunitě, zaměřené na duální diagnózu. Teoretická část pojednává a vysvětluje pojem arteterapie a duální diagnóza. Dále využití arteterapie u drogově závislých a stručný popisem nealkoholických drog užívaných klienty ve vybrané komunitě Sejřek. Zabývá se vnímáním barev, arteterapeutickým vztahem a komunikací s klienty. Také je zaměřena na výskyt duální diagnózy v Evropě. Praktická část se zabývá hlavně vlastní tvorbou a verbální i neverbální komunikací klientů.

## **Klíčová slova:**

Arteterapie, drogová závislost, duální diagnóza, komunita, komunikace

## **List of Abbreviations**

|                  |   |
|------------------|---|
| <b>AATA</b>      | American Art Therapy Association  |
| <b>ALICE-RAP</b> | Addictions and Lifestyles in Contemporary Europe - Reframing Addictions Project |
| <b>EMCDDA</b>    | European Monitoring Centre for Drugs and Drug Addictions                        |
| <b>NIDA</b>      | National Institute on Drug Abuse  |

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# 1 Introduction

In today's way of life everyone wants to live as simply as possible, without pain, suffering and problems. It often happens; people find a drug that would make the stay in this world easier and acceptable. The topic of dual disorders is socio-pathological phenomenon in the intercultural perspective and people meet with addiction accompanied with mental disorder in developing and also in developed worlds. Nowadays there are many theories about the deal with the cause of addiction and state that if people lose something or someone with great value for them, their life becomes meaningless. There could be mentioned McKenna (1994) who looks deep into the issue of schizophrenia, shamanic traditions and how it all connects with human nature. The topic caught my attention. Therefore the Bachelor's thesis explores the approaches to dual disorders treatment and application of art therapy in Europe, represented by a week fieldwork in therapeutic community Sejšek in Czech Republic. Thesis examines the implemented dual disorders treatment, the importance of applied therapeutic method, application of art therapy and analyzing symbolic content of client's artworks for possible contribution in the facilitation of therapeutic process.

There are several reasons why people want to try some drug. The most often a person wants to experiment and longs for the entertainment. There are those who want to use drugs in fight with depression. Among them are people with other mental health problems and the drugs play very strong role. Other reason represents social stress due to which some people become members of groups.

The thesis is focused on application of art therapy in therapeutic community Sejšek where is realized practical part and there is also inspiration for theoretical part. It has given me a wonderful opportunity and experience to become for a week a part of the therapeutic community Sejšek where I could try the role of the therapist and rank among the clients addicted to drugs and through art therapy, which I used in the sessions, to reveal their problems and try to understand why they resorted to the drug.

All clients suffered from drug addiction and also another mental disorder. Art therapy became my very good helper and a teacher, as well as helping to refine the diagnosis of

mentally disorder people, but it also has a therapeutic aspect. That is why art therapy is used throughout the world and is included in psychology and in various cultures.

The aim of my bachelor thesis is to answer the hypothesis, whether the applications of art-therapy in the dual disorders treatment can be used in communities in Europe. It describes applications of art-therapy in the dual disorders treatment in Europe and possible contributions of art-therapy in the facilitation of therapeutic process. The thesis is divided into three chapters. My attempt is to present the theoretical summary of art-therapy and dual disorders. It explains the relationship of art therapist with client and treatment phases of target group. Also show the prevalence of dual diagnosis in Europe. This part is presented in the form of literature recherche. The three chapters are further divided into several subchapters.

To achieve the aim of my thesis I used qualitative research and focused on describing the selected community Sejšek in Czech Republic, the content analysis of gathered client's artworks in which I tried to find if the art therapy positively influences people with dual disorder. In order to bring the conclusions, I participated on a week fieldwork in therapeutic community Sejšek where I was involved in observation. There were collected 24 artworks from clients and I analyzed the statements, providing clients and my personal commentary on each artwork which appears in subchapters.

## 2 Methodology

In theoretical part scientific method of literature review is used. Data and information are mainly used from scientific books, publications, online resource and annual reports which deal with social and cultural drugs problem connected with dual disorders and psychosis. Main sources of practical part are online resources, participant observation, collection and analyzing of artworks. In examining various client artworks I will use induction, deduction, synthesis and also comparison.

The qualitative research and collection of client's artworks were lead in June of 2015, when my supervisor allowed me to visit Czech therapeutic community Sejšek, which I chose for my case study. I was assisting to therapists during the full length of qualitative research and analysis of the system of treatment in the Czech community. To fulfill the objectives, I collected 24 client's artworks and recorded the dialogues which were presented after the informed agreement. In the dialogues were covered my previously prepared questions for research. In the text are used acronyms.

I included the case study of all of the participating clients in the Czech community which also covers participant observation and emphasis on application of art therapy in the dual disorders treatment. I perceive the presents of dual disorders in Czech community and I indicate statistics from European countries.

In the next phase I focused fully on describing the structure of community and analyzing client's artwork which were focused on the expression of feelings. I used the artworks created by clients of therapeutic community Sejšek. There were used acronyms to describe the images due to sensitivity of issues. Art therapy was a part of week regime and I participated on creative methodological guidance.

## 3 Art Therapy

The word art therapy has its roots in a combination of words Latin *ars* = art and Greek *terape* = healing, drawing. Different authors look at the art therapy from the many perspectives but the core of art therapy can be found in psychotherapy which is widespread throughout the world. On the one side, Wadeson (2000) wanted to create a new art therapy theory that encompasses psychology, creativity, and the meaning of visual images, including an understanding of the healing process of art and a knowledge that art can build bridges between people (Morrell, 2011). On the other side, Simon (1997), stated that artistic production can affect people with mentally disorder. Art therapy can be used through graphics; painting and sculptural activities or as the means of education, social integration or communication. It also includes music, poetry, theatre, dance or fantasy (Šicková-Fabrici, 2008).

According to the American Art Therapy Association (2015), the creative process of art therapy is helpful in exploring the feelings, reconciling emotional conflicts, fostering self-esteem, managing behaviour and addictions, developing social skills, improving reality orientation, reducing anxiety and increasing self-esteem.

Art therapy affects a personality and can be used in all ages and a variety of population. According to Šicková-Fabrici (2008), art therapy is a set of artistic techniques and procedures that aim is to change and raise a person self-esteem, to integrate his personality and bring to him a sense of meaningful life. In this sense the art therapy could have a positive influence on a therapeutic group.

Really important is that clients may gain a better understanding of themselves and the nature of their difficulties or distress. Some experiences and emotional states can be better expressed through art therapy than through the words. Important is the process of creating even more than how final products look like (Edwards, 2014).

### 3.1 History of Art Therapy

The scientific foundations of art therapy are associated with the development of psychiatry. The first person who gave the name to the new field was Margaret Naumburg. In the twenties of the 20th century artists and psychiatrists started to believe that art

might have diagnostic or treatment potential. Simon (1997) significantly influenced art therapy; she was an author of the first book dealing with the artistic production of the people with mentally disorder. There were other important people like Sigmund Freud and Carl Gustav Jung, who today art therapy gave conceptual and methodological foundations, art therapist Edith Kramer who dealt with the possibilities of art effects and its use in the treatment and also to Hans Prinzhorn the art therapy owes for its existence (Gussak, Rosal, 2015).

## **3.2 Types of Art Therapy**

Two types of art therapy are distinguished: individual and group.

### **3.2.1 Individual Art Therapy**

Individual art therapy may be provided on a long-term or short-term basis. This type brings flexibility, privacy and emotional intimacy between the therapists and clients. For some clients this type is chosen because their difficulties are primarily internal rather than interpersonal. On the other hand, some clients are considered to be too withdrawn and vulnerable to participate fully in group (Edwards, 2014, p. 89). This type is selected in case when full attention is needed for client who is hyperactive or aggressive. For example, clinician might predict events and should have inner experiences and access to client's medical report. Client's disorder can be recognized through clarity and coherence of client's speech in interviews (Hopwood, Bornstein, 2014)

### **3.2.2 Group Art Therapy**

According to Edwards (2014, p. 83) this type of therapy is more appropriate for the clients who have problems with intimacy or where the problems are most apparent in social situations (e.g. homeless, unemployed). Edward (2014) also described when therapists are able to consider whether or not the client:

- Is able and willing to share their problems with others (primarily through image making but also through words) in a group context.

- Has the potential to understand that their problems could be connected to present and past, interpersonal difficulties.
- Has an awareness of the impact his manner of relating has on others.
- Has sufficient ego strength to not be overwhelmed by other people's problems.

According to Waller (1999), in a group psychotherapy could be explored the change of intolerable situation in one's life through intimate contact with other. On the other hand, the disadvantage is the less discretion and client is not so open.

Liebmann (2005) compares individual and group forms of art therapy intervention. He stated that benefit of individual form of therapy is individual approach of art therapist, but on the other hand group is better organized and allows greater versatility. Also avoid any negative reactions of individuals or there are not certain manifestations of an individual because of a greater number of participants on therapy. Advantages of group work lie in the possibility of using group dynamics, facilitating social learning, enabling individuals to establish relations, transfer experiences and in mutual reflection.

### **3.3 Goals of Art Therapy**

Objectives are related to various theoretical foundations on which art therapy is based. It is also connected with disorders, personality characteristics and individual needs of clients. There are two goals: individual and social (Rubin, 2011).

Among individual goals belong relaxation, expression of feelings and self-perception, visual and verbal arrangement of experiences, knowledge of own possibilities, a reasonable assessment, growth and motivation of personal freedom, the freedom to experiment in search of the expression of feelings, emotions or conflicts, the development of imagination, insight and overall personality development (Šicková–Fabrıcı, 2008).

Among social goals belong perception and acceptance of the surroundings, recognizing their value, establishment of contacts, participation in groups and cooperation, communication, common problem solving, sharing experiences, understand to relationships and the expression of social support (Šicková–Fabrıcı, 2008).

The common objective of all age groups and risk groups is to restore disturbed natural disposition of human beings and deepen the self-healing process that is associated with the development of feelings for truthfulness and beauty (Moon, 2015).

According to American Art Therapy Association (2013) the goals are provide for and promote:

- Educational opportunities within the field of art therapy.
- Public awareness of the field.
- Progressive development of the therapeutic use of art.
- The advancement of research and standards of clinical practice.
- Maintenance of criteria for training future art therapists.
- Appropriate opportunities for the exchange of information.
- The coordination of the therapeutic use of art in institutional and private practice setting.
- The awarding of scholarship and research grants.

### **3.4 Art Therapy as a Communication Tool**

For the treatment process is an important way of communication, the process of creativity and the process of interpretation. In art therapy are different possibilities and ways of communication. Art therapy allows the connection, transmission, communication and exchange of information in a clear and prominent way. Art therapy is gaining a lot of important knowledge and information that communication cannot be captured during normal verbal communication (Malchiodi, 2012).

The communication between the patient and the image is important. The patient can have an experience with an authentic immediate contact with himself when he is creating the artwork. Painting as a metaphor of the patient's inner world makes visible what is hidden deep in his psychological layers. This communication between the patient and the image is guided through the colours, curves, created space on the paper, composition etc. The patient gets the impression that causes a spontaneous negative or positive reaction (Matoušek, 1999). Also important is the communication between the therapist and the image. Image allows the therapist to get the amount of information on current

and temporally distant inner mental processes of the patient. The image is visually symbolic communication about the patient's inner world (Naumberg, 1958). Interrelationship between patient and therapist may take place through the image. This communication is a part of each session. Communication between patient and therapist also occurs when the therapist methodically and artistically helps to the patient (Wachtel, 1993). All these types of communication between the various actors are interconnected. The way in which art therapy can create the conditions for dialogue is unique.

### **3.5 Art therapy as a Therapeutic Tool**

Moor (1983) thinks that art therapy is a particularly appropriate treatment method for addicted people. Art therapists describe the difficulties of people with drug addiction and how these problems are addressed in art therapy. It is connected with loneliness, helplessness, low self-esteem, an inability to communicate in a genuine way and the loss or lack of sense of a control (Waller, Mahony, 1999). The causes of addiction can be traced to interpersonal relationships and relationships in general. Causes are described in chapter 5.2. for better understanding. Art therapy is able to read these relationships in details and work with them. Artistic expression can be considered as a principal mean to understanding, influencing human psyche and human relationships. (American Art Therapy Association, 2015) The creative arts foster a renewed ability to relax without drugs or alcohol (The Addiction Recovery Guide, 2014).



## **4 Art expression**

Art expression is a way to visually communicate thoughts and feelings that are too painful to put them into words. Expressive creation is intentional but spontaneous activity, used for symbolic communication and its thematic basis are real impressions and fantasy. It creates a silent dialogue in which are reflected experiences, expectations and imagination. Patient's feelings and experiences are transformed into the concrete and tangible images. From this reason it allows both the client and the therapist to obtain a fresh view of problems, conflicts, potentials and directions (Malchiodi, 2003).

Rappaport (2014) emerged the approach in psychological way which response to the needs of chronic psychiatric patients who were generally withdrawn, perceptually fragmented, unmotivated and largely invisible to themselves and others. According to him the art heals by transforming difficulties into creative expression if the persons can open themselves to the processes.

According to Campbell (1999) the artwork affects us through the visual means. Visual communication help to people express concerns about the environment and how it might be improved and also how environmental issues are interconnected.

### **4.1 Composition**

Composition means the arrangement of components in space, equilibrium and mutual relationships between the components. They are placed within the boundaries and the artist or researcher makes decisions about its focus. Creating a composition sorts out and point out on the most important details and also helps to researcher to understand the artwork (Kapitan, 2010).

### **4.2 Shape**

Shapes and outlines in the drawing can talk about the nature and type of human. There is a strong emphasis between human and their expressive behaviour in art therapy. Art therapists are able to recognize many things. The first sight can simply look but the therapists can see what thoughts and ideas of patients emerge (Rubin, 2011).

### **4.3 Colours**

Colours have in art therapy psychological, aesthetic and cultural context. It demonstrated the influence of colours and colour combinations on mental and physical health. Colour is able to capture a description of reality, evoke a certain mood, to express feelings and each colour also carries a symbolic meaning. It is important to see what colour the client uses because among them are different relationships (Šicková-Fabrici, 2008).

#### **4.3.1 Symbolism of colours**

Colour means different things for different people and cultures. In ancient Indo-European cultures there was no word for colour and many authors had an interesting opinion that the mankind had to learn to recognize the colours or give them the names as small children (Gage, 2000). The first colours described in history were red, black and yellow. Development of symbolism of colours extends far into the history. There is not only one-sided interpretation of symbols. Ancient cultures agreed with certain types of colour symbolism. It was especially in connection with the basic desire to find their place in a colourful world and introduce organizational principles to the world (Zimmer, 2015).

Tab. 1 Colors and their symbolism

|               |  |
|---------------|--|
| <b>White</b>  | Purity, innocence, naivety, clarity, cold, sadness and nostalgia. It represents the fertility but on the other side are the death. Emphasizes the existence of light, distraction of rudeness and the redemption.  |
| <b>Black</b>  | Color of darkness, death, emptiness, hopelessness and evil. Colour of the inside and expresses loneliness and closeness.   |
| <b>Red</b>    | Represents strength, enthusiasm for life, but also power, pride and anger. Senses perceive colour as excitement, desire and lust. Evokes the life force, self-esteem and confidence in the various options.  |
| <b>Blue</b>   | An unusual use of colour may reflect the trauma experienced in connection with the family. Color of responsibilities, self-observation, faithfulness, abstinence and cold. Evokes the desire, dreaming and represents, peace, relaxation and balance.                |
| <b>Yellow</b> | Promotes mental state of a person. It is a symbol of high intelligence and thought. This colour supports the ability of contact, processing experiences and impressions. In combination with other colours can symbolize dirt, misery, envy, falsehood and distrust. |
| <b>Green</b>  | Calms nervousness and irritability. It symbolizes hope, desire, peace, new beginning and development. It can also cause a depression.  |
| <b>Pink</b>   | Represents love, affection and devotion but also immaturity and naivety. It is often used by people with physical symptoms caused by stress or illness.  |
| <b>Brown</b>  | To this color are turned the depressed people. It reflects the need of security and the desire for a simple life.  |
| <b>Violet</b> | It symbolizes modesty, loneliness, grief and repentance. It represents mystery, superstition and sublimit.   |
| <b>Orange</b> | Helps to people with depression and failed to dissatisfaction, overwhelm explosions and regain self-control. Color of confidence, enthusiasm and courage.  |

Source: Cayce & Gordon, 1994.

## 5 Addiction and Dual Disorders

### 5.1 Addiction

According to European Addiction Research (2009), the drug addiction is a group of phenomenon. These phenomena are physiological, behavioural and cognitive. Factors that play significant roles in its development are personality and cultural components. The personality characteristics are associated with socio-demographic conditions. Drug abuse has impact on society and also affecting psychical, psychological, moral and intellectual growth of human being (Jiloha, 2009). The use of substance or class of substances for individuals has much higher priority than other behaviour which they previously appreciated more. These are mostly individuals who cannot control their behaviour and have a desire to take psychoactive substances, alcohol or tobacco. A return to substance use after a period of abstinence often leads to faster discovery of psychical or mental disorder. According to Nešpor (2000), the dependence should be determined if there are three or more following phenomena over a one year:

- Strong desire or feeling to gain a substance.
- Difficulties in self-control in the use of the substance.
- Physical withdrawal syndrome.
- Increased tolerance to the drug effect.
- Progressive neglect of alternative pleasures or interests.
- Continuing in use despite of a clear evidence of harmful consequences.

### 5.2 Causes of Addiction

There is not only one cause of addiction. ALICE-RAP (2016), stated that the addiction was associated with the notion of moral weakness and later concepts tried to distinguish them from any kind of this moral underpinning. Kalina et al. (2003) stated that causes of addiction can be psychological problem, someone may have innate dispositions or there could be socio-cultural links associated with rituals. People take a drug when they want to avoid or suppress a pain. It can be psychical or mental pain and also boredom or low self-esteem. Another cause is that people want to feel full of energy, joy and want to be

powerful. In this case people use stimulants that bring pleasure and euphoria. In connection with spirituality people use psychedelic substances which reveal deepest person psyche. Heavy use of drugs over time causes neurological changes in the brain and it is connected with psychological and mental disorders (Squeglia et al., 2009).

Specific causes of drug addiction are not known, but the factors which playing significant roles are genetic, psychological and environmental.

### **5.2.1 Psychological causes**

Psychoanalytic theory describes reason why people take a drug. Person begins use drug because of internal conflict. An individual may feel depressed; have low self-esteem, can be ashamed or experiencing guilt, therefore looking for satisfaction in drug, especially in opiates. This theory views drugs as substitutes of bad relations with parents and seek to satisfy a feeling of love and care in a drug. Risk can be in pregnancy, when mother is under stress and it is transmitted on a baby (Hawkins et al., 1992).

### **5.2.2 Social Causes**

According to Kalina et al. (2008), social factors focused mainly on relationships affecting a person in his maturation. Important is family or peers influence. The use of psycho-active substances is higher in families which are in low socio-economic educational status of the society. Social causes are associated with divorce among parents, single parenting and also availability and accessibility of drugs (Jiloha, 2009).

### **5.2.3 Genetic Causes**

Genetic causes of drug addiction appear to involve multiple gene sequences and science has not yet been able to point all the genes involved but is known that some genes involved in brain receptors contribute to the cause of drug addiction (NIDA, 2016). Biological cause of addiction is problematic during pregnancy when mother took drugs and child had met with drugs before birth. It is connected with neurobiological model of addiction which is based on the dopamine hypothesis. This model examines which behavioural changes produce effects of drugs on the brain (Kalina et al., 2008).

#### **5.2.4 Existential Causes**

Every person needs to know what things mean around him, has desire to knowing the world and need to know what position occupies in the world. According to Kalina et al. (2008), a large percentage of drug users looked for purpose of life in a drug. For this reason it is very important to include approaches that contain meaningful plane in primary prevention programs and also in therapeutic programs. The loss of meaning and existential emptiness can remain even in those who are already cured.

In this chapter, I described only few causes of addiction. Mainly, I wanted to point out the great influences of the social environment in which individuals grow, very important are family and peers. In existential reasons I refer to the loss of meaning of life which can often cause addiction.

### **5.3 Dual Disorder**

Dual disorder occurs when someone has both a substance abuse or dependence problem and coexisting psychiatric disorder. An addictive disease frequently appears in people with severe mental illness such as depression, bipolar disorder, schizophrenia and etc. (Evans, Sullivan, 2001).

Michael Hogan and Karen Carpenter-Palumbo (2010) stated that according to the statistics from United States half of the people who have dual disorder usually do not get with any care. A third of people undergo the treatment of mental illness or addiction and it was found that integrated treatment improves results of treatment of addiction and most people reach abstinence or will occurs significantly alleviation of harm which caused them a substance abuse. Most clients will see improvements in the area of independent living, symptom control, competitive employment, interpersonal relationships and overall life satisfaction (Fox, 2011).

Aim of the EMCDDA is to accumulation of knowledge and comparability of information in the area of dual disorders. It is drug use and a mental disorder, such as anxiety depressive and addictive disorders and psychosis which occur in European countries (Table 2). To achieve a better evidence base for European policymakers is necessary to

gather harmonized information and compare data from different epidemiological indicators, time and population groups at country level.

Tab. 2 Prevalence on dual disorders in European countries

| Country        | Prevalence of Dual Disorders(year) | Reference population   | Type of disorder(s)   |
|----------------|------------------------------------|--|---|
| Austria        | 51% (2010)                         | Drug users in treatment  | Not available   |
| Belgium        | 54% (2010)                         | Drug users in treatment  | Type of disorder – n.a.<br>41% moderate, 13% severe   |
| Bulgaria       | 2-10% (2008)                       | Drug users in treatment from different types of facilities     | Not available   |
| Croatia        | 21% (2010)                         | Drug users in treatment  | Mainly opioid users: 86% of whom have a dual diagnosis, Personality disorders 20%, Behavioural disorders 23%, Schizophrenia 16% |
| Czech Republic | 7% (2001–05)                       | Methamphetamine users admitted to hospitals                    | Psychotic disorder  |
| Denmark        | 11–29% (2002)                      | Psychiatric patients   | Schizophrenia Affective disorders Stress-related disorders Personality disorders  |
| Estonia        | 25%                                | Prisoners  | Not available   |
| Finland        | > 50% (2010)                       | Drug users in treatment (especially misusers of buprenorphine) | Depression  |
| France         | 55% (2009)                         | Prisoners  | Anxiety<br>Depression   |

|                   |  |   |  |
|-------------------|--|---|--|
| <b>Germany</b>    | 28–52% (2010)  | Psychiatric patients  | Anxiety disorders, 23%<br>Affective disorders, 19%<br>Somatoform disorders, 9%<br>Attention deficit hyperactivity disorders, 9%  |
| <b>Greece</b>     | 17% (2010)   | Drug users in treatment   | Not available  |
| <b>Hungary</b>    | 57% (2007)   | Drug users in treatment   | Boredom<br>Sadness or slight depression<br>Anxiety or intensive worrying   |
| <b>Ireland</b>    | 6 per 100 000 general population (2006)                    | Data recorded at psychiatric first admission in psychiatric hospitals | Type of disorder – n.a.<br>Increasing trend from 3 per 100 000 in 1990 to 6 per 100 000 in 2006  |
| <b>Italy</b>      | 22% (2007)   | Drug users in treatment   | Mainly males Mean age: 36 years<br>Opioids and polydrug users<br>Affective psychoses, 18%<br>Neurotic somatic disturbances, 10%<br>Schizophrenic psychoses, 7%<br>Other disturbances, 7%<br>Paranoid state, 1% |
| <b>Latvia</b>     | 18% (2009)   | Drug users in treatment   | Organic mental disorders, 25%<br>Behavioural and emotional disorders, 21%<br>Neurotic/stress-related disorders, 17%  |
| <b>Lithuania</b>  | 9% (2009)  | Psychiatric patients  | Not available  |
| <b>Luxembourg</b> | 83% had previous contacts with psychiatric services (2009) | Drug users in treatment   | Anxiety<br>Depression, Neurosis/psychosis<br>Borderline behavior   |



|                    |               |   |   |
|--------------------|---------------|---|---|
| <b>Malta</b>       | not available | Patients of dual diagnosis clinic                                     | Depression<br>Paranoid personality disorder<br>Borderline personality disorder<br>Narcissistic personality disorder                           |
| <b>Netherlands</b> | 84% (2007)    | Opioid users in methadone treatment                                   | Major depression and generalised anxiety disorders, 34%<br>Psychotic disorder, 39%<br>Current psychotic disorder, 9%                          |
| <b>Poland</b>      | 8% (2005)     | Patients admitted to inpatient psychiatric hospitals                  | Not available   |
| <b>Portugal</b>    | 53% (2005)    | Long-term street addicts undergoing treatment                         | Depression  |
| <b>Romania</b>     | 14% (2009)    | Drug users in treatment   | Behavioural and emotional disorder  |
| <b>Slovakia</b>    | 14% (2004)    | Patients of psychiatric hospitals                                     | Schizophrenia (in the last years with positive correlation with cannabis treatment demand)  |
| <b>Slovenia</b>    | 3 045 (2009)  | Hospitalisations related to drug, alcohol and mental health disorders | Not available   |
| <b>Spain</b>       | 13% (2007)    | Drug users in treatment   | Personality disorders<br>Antisocial disorder and borderline disorder, 12%<br>Paranoid disorder, 3%<br>Narcissistic and schizoid disorders, 2% |
| <b>Sweden</b>      | 47% (2002–04) | Drug users in treatment   | Borderline, 18% Schizotypal, 12%  |

|                                  |  |   |   |
|----------------------------------|--|---|---|
| <b>United Kingdom (England)</b>  | 60–90% (2002)                                      | Substance misusers in treatment                 | Anxiety (32% female; 17% male)<br>Depression (30% female; 15% male)<br>Paranoia (27% female; 17% male)<br>Psychoticism (33% female; 20% male) |
| <b>United Kingdom (Scotland)</b> | 21% female;<br>32% male<br>42% female;<br>40% male | Psychiatric patients<br>Drug treatment patients | Alcohol and depression<br>Alcohol and anxiety<br>Diazepam and anxiety   |

Source: Reitox: European information network, 2004.

## 5.4 Treatment Phases of Dual Disorders

The treatment of patients with dual disorders has been developed on a drug rehabilitation centre and emphasizes on standard biopsychosocial illness and rehabilitation model for treatment of serious psychiatric disorders. Each chronic and biologic mental illness is requiring specific treatment to stabilize acute symptoms and engage the patient in a recovery process. At each treatment phase a clinician is choosing an intervention according to the client's objectives and motivation for change. There is a strategy that helps clients achieve their goals. Clients will pass through phases and it will lead to reduction in consumption of psychoactive substances (Minkoff, 1989).

### 5.4.1 Establishing Contacts and Involvement in Treatment

The goal of the first phase is to establish the working relationship between clients and clinicians. Firstly, clinicians try to speak about client's problems and help to establish a relationship. At this phase a clinician must to know the client and provide him an emotional support (Harris, 1998, p. 502).

### 5.4.2 Working with Conviction

At the second phase, the clinician helps client to understand that the use of psychoactive substances negatively affects his mental illness. It has to be without accusation and judging. The most common intervention is a group therapy and the basic used technique

is motivational interview. Simple questions emerge the conflicts between the behaviour of the client and his values and goals. The client starts to think about the reducing the use of psychoactive substances but he often still refuses to implement the necessary changes. Other interventions include social skills training; work with families and supported employment (Fox, 2011, p. 59).

#### **5.4.3 Active Treatment**

To this phase clients can go in case of a reduction of use the psychoactive substances for a period longer than one month or when they want to reduce the use of substances or to quit the use. Client usually starts to visit groups focused on recovery. There exist groups specifically designed for dual disorders but are less accessible than group Anonymous Narkomans. During the active treatment a clinician helps clients to develop the skills needed to restrict the use of substances, reduce the negative consequences and reached the abstinence. These skills are recognizing triggers and early warning signs, coping with social situations and attendance to group that does not use psychoactive substances (Osher, Kofoed, 1989).

#### **5.4.4 Relapse Prevention**

To the fourth phase the client can go in case of abstinence or he is without negative consequences of substance abuse for six months. The goal of this phase is to provide an insight into the use of psychoactive substances as a chronic disease with possible relapse (Lam et al., 2005). At this point the clinician and client collaborate on clarification of relapse prevention plan that includes a list of specific triggers and frequent warning signals for an episode of mental illness and for substance use. The client should continue to attend the group focused on recovery. The goals are employment, housing, leisure and relationships (Fox, 2011, p. 61).

## **6 Dual Disorder Treatment in Sejřek**

### **6.1 Characteristics of Therapeutic Community**

The therapeutic community (TC) is a term connected with a range of treatment traditions and approaches that all share the idea of using the relationships and activities of a purposefully designed social environment or residential treatment setting to promote social and psychological change. TC offers drug-free environment and it leads to socialization into a normal social life with conventional current interpersonal relationships. The therapeutic community itself can be considered as a method including the use of a range of structured activities in which both staff members and residents are expected to participate and the use of peers as role models who set a positive example and demonstrate how to live according to the TC's philosophy and value system (EMCDDA, 2014).

### **6.2 Therapeutic Community Sejřek**

The target of my case study is Czech therapeutic community Sejřek which I visited personally. It is a part of a civil association of Kolping Art of the Czech Republic. It is a long term re-socialization program for men and women. They accept 18 years old and older who are addicted to drugs and also have another mental disorder – mostly psychotic disorder (schizophrenia), affective disorder and personality disorder. TC Sejřek belongs to the system of care for drug addicts in the Czech Republic as a long-term provider of residential care for a maximum of 18 men or women who are depend on non-alcoholic drugs, regardless of social status, religion, sexual orientation, nationality, mental or physical disability. Client care is based on multidisciplinary bio-psycho-social-spiritual model. The main aim of TC Sejřek is to help the clients to find, develop and strengthen motivation not to take drugs and to return back to the society and job market. The base of the treatment is long term therapy, training of responsibility, pedagogical work, social service, leisure time activities (sport, culture) and cooperation with family (TC Sejřek, 2008).

The requirements for accepting new clients for treatment, it is necessary that client is in a stabilized condition—oriented, in touch with reality, able to understand the meaning and goals of treatment at TC.

Before a client enters to the residence must meet the following requirement:

- Detoxification in the length set by detoxification centre.
- Short-term treatment in a medical facility (clients with dual disorder, usually 1-2 months).
- Application with cover letter, basic information and current life situation.
- Personal consultation.
- Completing the anamnesis sheet.

After client's arrival into TC are discussed his ideas about objectives and provided services. The client gives all personal documents, financial funds, medicines, mobile phones and other to community worker and things are deposited in vault. Staying in TC can be terminated properly if the client goes through all treatment phases and when he fulfill his treatment plan as he planned with his guarantor.

The regime is divided into four phases, making the total length of treatment seven to thirteen months. Each promotion to higher stage has its own criteria that the client must meet.

Tab. 3 The lengths and phases of the program in TC Sejřek.

|                                   |  |
|-----------------------------------|--|
| <b>0 phase<br/>(min.1 month)</b>  | It serves primarily to adapt to the new environment, decision to stay in TC and creation of treatment plan.  |
| <b>1st phase<br/>(2-3 months)</b> | It is about humility, adaptability, to overcome internal and external obstacles, adoption of community rules and preparation of the responsibility at 2nd phase. |
| <b>2nd phase<br/>(4-6 months)</b> | Responsibility for themselves and group, taking over important functions, client is thinking about ways of aftercare.  |
| <b>3rd phase<br/>(1-3 months)</b> | Separation from community, integration into real life, ensuring a social environment (housing, work, aftercare, etc.).   |

Source: Author's archive.

According to Sobotka (2010) there are basic rules in TC which must be followed.

It includes:

- Prohibition use of drugs, including alcohol.
- Prohibition of physical aggression and psychological pressure.
- Adoption of therapy and the regime of TC Sejřek and submission to the decisions and community groups.
- Prohibition of any manifestation of racism.
- The prohibition of sexual and intimate relationships within the community.
- The activity and cooperation in solving problems.

The stay may be terminated early by the TC if client repeatedly break the rules of stay, the client is seriously ill, the client does not seem interested in the working on themselves and the client break one of the basic rules. The stay may be also terminated or interrupted from the client side. Client could repeat the stay maximally twice and in the case of dual disorder it could be repeated several times.

The functioning of the community and fates of individual clients who utilize the community based system for organizing their life and relationships depends on rules observance. As the internship I was in the role of the client who is in the first phase. It meant that I had to follow the same rules and obligations as other clients. I was with clients 24 hours a day and from this reason I had a good opportunity to learn the principles and functioning of the community. For better understanding and coexistence of clients in community was created week regime. Clients have own functions, which they perform in the community. Functions were divided according to client's phases but the week regime was same for all.

## 7 Art Therapy with Clients

Clients with dual disorders could reflect their problems through art therapy. It can lead to understanding of client's inner feelings and their situation. Artworks created during art therapy used to later interpretations in individual group. I wanted to create a view which could show client that the urge to take drug is expression of some deficiency or expression of unmet needs in any area of life. By managing of social skills can increase self confidence and improve the social adaptation. I used a projection of feeling which serves to development of visual language and self expression. I chose six feelings with the therapists help and an assignment of clients was to draw them. Clients had free hand in drawing and I interfere in their work only minimally because I did not want to affect their authentic speech.

I communicated with four clients who were treated in TC Sežreč during my internship and I asked them for help in processing of my thesis. Each client participated in art therapy which lasted an hour and half under my supervision. During entire internship I had an opportunity to get know the clients better and talked with them personally. All clients started use THC and they preferred using drug pervitin or heroin later. The most common type of completed education is basic or they have incomplete secondary education. Some clients had hepatitis B or C. About half of clients TC Sežreč had experience in the criminal prosecution or have been sentenced to some punishment. The average time of successful completion of treatment is 10 month and clients go from TC Sežreč to an aftercare center where they are in the outpatient program or in sheltered housing.

## **8 Clients' Profiles**

### **8.1 John**

First client was a man, 29 years old, single and has no children. In the past was unconditional sentenced for theft and had only incomplete secondary education. He entered into TC after 10 years of drug use (pervitin, THC, toluene) and with mental disorder – schizophrenia. In TC Sežrek was 2 weeks during my internship. He was in the zero phase of program; it meant for him that he did not maintain contacts with the world outside the community. He was as much as possible with the group and TC could leave only with higher phases. Dominant feelings during drug consuming which he described were fear, anger, sadness, love and surprise for few times.

### **8.2 Carolina**

Second client was a woman, 19 years old, single and has no children. She had incomplete secondary education. She entered into TC after 4 years of drug use (pervitin, THC) with depressive anxiety. She earned money for drugs on the street. In TC Sežrek was 10 month during my internship. She was in second phase of program. She could leave areal of TC with the knowing of group and if it was planned. She could have a weekend visit once for a month. She must attended 10 days temporary job and had a possibility took one free day which she could stay alone outside TC. She saved money to pay for after-care center. She described her feeling during drug use as calm down.

### **8.3 Jacob**

Third client was a man, 32 years old, single and has no children. He had basic education. He entered into TC after 12 year of drug use (pervitin, THC) and with mental disorder - schizophrenia. In TC Sežrek was 6 months during my internship. He was in first phase of program. Letters and packages he could open before the boss of the house in the office. Areal TC Sežrek could leave with accompanied by second phase. He could have a family visit once for month in TC. He created savings for aftercare and was obliged to solve his debts. Dominant feelings during drug use were joy, love and fear.



## 8.4 Andrew

Fourth client was a man, 30 years old, single and has no children. He had secondary education. He entered into TC after 11 years of drug use (pervitin, THC) and with mental disorder - schizophrenia. In TC Sejřek was 11 months during my internship. He was in third phase of program. He was required to find a job. He could leave community for weekends. The condition of proper treatment completion was find aftercare center. Dominant feeling during drug use for him was a shame but on the other hand he felt clever.



Fig. 1: Building of TC Sejřek. Source: Sobotka J., 2008.

## 9 Interpretation of Artworks

No image interpretation we cannot do without cooperation with client. It is possible to think about client's creation without their presence but without their correction and other associations we need to take contents of artworks very reserved. My attempt is to demonstrate communication with client's and their mental condition through visual expression. In the following paragraph I will start with analysis of individual artworks in which I observe each colour and symbols. After finishing their work I asked them for four questions which helped me to better analyzing of their artworks (Table 4). Answers are included in my comments.

Tab. 4 Questions used for analyzing client's artworks

|  |
|--|
| What were you thinking during drawing every feeling? |
| Which feeling is closer to you?                      |
| Which feeling was dominant during drug consuming?    |
| Which colors do you like?                            |

Source: Author's archive

### 9.1 John's expression of feelings

Figure 2 shows John's expression of joy. He expressed it as a heartbeat. Heartbeat has blue colour and is framed by violet. In this case a blue with violet could express emotional immaturity and desire for connection with unreal. Tendency to depression and resignation shows dark blue colour. The background is brown and the whole picture is framed in dark green. The increased need for security and loss of integrity shows brown background which is enhanced by dark green which shows a feeling of hopelessness and increased level of anxiety. John spoke about joy when I asked which feeling was dominant during drug consuming. He said that he was delighted in connection with surprise at the good quality of drug. Jacob responded on this artwork. He said that it reminded him a feeling which he had when he use pervitin and his heart pounded.

Figure 3 shows expression of love as classic symbol of love and it is a heart. Heart is purple and background is brown. According to his words he drew a normal heart but he wanted to draw a broken heart. Love belongs to his furthest feeling because he did not have good experiences with it. He would like to be happy and not sad. He used same colours in the first picture. We can see the same situation which express emotional immaturity and need for physical comfort and satisfaction of senses.

Figure 4 shows expression of surprise. John expressed surprise as egg and rays. He would like to know what is in this egg. The rays are symbols of explosion. He likes surprise very much but it has to be positive. Egg is white and rays are yellow and brown. This figure shows rejection of order and desire for extreme situations.

Figure 5 shows expression of sadness which John drew as blue raindrops. He does not like sadness. He said that when it is raining it is also cold and person gets ill when it is for a long time in the rain. He experienced a night when he had to sleep outside and he had nowhere to hide. Client fills entire space with dark blue and it shows neurotic traits.

Figure 6 shows expression of a fear. John drew the whole space in black. He said that it means a negative thing. Negative thing for him is a violence or negative opinion to him. He had always worried when he took a drug. This figure shows effort to get attention to him at any price but also a fear from nothingness.

Figure 7 shows expression of anger. John expressed anger very strongly. He drew blue lightning which lead up to one point. He said that this point is a place where it hurts him. There is a pressure because in this place is concentrated all his energy. He said that he had to draw black lightning because it is negative for him. There is seen a great tendency to depression and his protest against the state of affairs. Caroline liked his image very much.

## **9.2 Carolina's expression of feelings**

Figure 8 shows expression of Carolina's joy. She drew it as three faces resembling smile. One face is complete and two faces are unfinished. Caroline used a red colour which she does not like very much. Completed face is framed by yellow. Space is fully unutilized and faces are miniature. It reflects metaphor of the client's self-esteem. Yel-

low expresses a desire for happiness and joy. Together with red expresses a desire for change. Caroline told that she is not happy and it is one of her most distant feelings. In this case, faces could express masks and sham. Masks which someone wants to deploy her even though she does not want to because she is not happy.

Figure 9 shows expression of love as a big orange question mark. She said that she has never known what is going on. She never had a good relationship. According to her words she does not want love and she does not want to understand love. She used a red colour again which she does not like. In her case a picture could express faithfulness and stability. It follows that she wants change and she longs for love.

Figure 10 shows expression of surprise. Caroline said that surprise for her is also gift wrapped in blue wrapping paper with decorative yellow ribbon. According to her words she is not accustomed to gifts and never received any gifts. She did not use red colour for the first time. John and Andrew liked her figure and told that surprise is expressed clearly. She used dark cold colours and it could suggest emotional deprivation. Green and blue connection indicates feelings of hopelessness, increased anxiety and tendency to sadness

Figure 11 shows expression of sadness. Caroline drew it as a big blue raindrop. She said that she likes sadness sometimes. It seems to her that she is very often sad. She is sad because of her family and mostly from her mother. She does not want to think about this situation but it is inside her. Figure indicates tendency to depression and prefers inner peace

Figure 12 shows expression of fear as two red crosses. It means for her that she has to avoid something. She is afraid of trying new things. She is not sure and she is afraid that she goes wrong. According to her words she has a fear very often. In this sense, image shows impulsiveness and stubbornness.

Figure 13 shows expression of anger as large red and orange flame. She drew her image with a great care. She added a blue exclamation mark because she wanted to emphasize her anger. She often feels very angry and she said that the flame is symbol of anger for her. According to her words it boils inside her and she all burns when she is angry. She had very often hysterical reactions and it also indicates connection of red and orange colors.

### 9.3 Jacob's expression of feelings

Figure 14 shows expression of Jacob's joy. He drew a nice, elaborate, colourful and positive image. I saw that he enjoyed creating of this feeling. He said me that he imagines joy when the sun shines, the two are happy and everything blooms. He likes when the birds are singing and have freedom. He drew everything what is missing to him. We can see love and joy. These two feelings are closer to him. He used additional and warm colours that indicate harmonization and loss of inner tension.

Figure 15 shows expression of love as heart with wings and halo because he is a believer. He drew a treble clef in heart which shows his love to music. Around the heart is painted seven figures. I would say that these figures are grandmothers and friends. He spoke about them and told me that he miss them very much. This figure expressed three kinds of love. First is love to music, second is love to God and third is love to people who died. He drew a black figures and blue background. This figure shows loss of emotional balance due to threats from environmental influences.

Figure 16 shows expression of surprise which Jacob expressed through figures of his family. He said that the biggest surprise for him would be a visit of his family. At the time of painting, client found out that his family called and said that they did not come to visit him. He was very sad. Figures are brown and background is dark blue. It indicates tendency to depression and increased need for security.

Figure 17 shows expression of sadness. He returned to his grandmothers and friends when he expressed this feeling. He is very sad and told me that he had bad conscience that he sometimes argued with friends. He drew a black grave with a yellow cross and a green lawn. It shows defiance and loss of meaningful life. He longs for change and joy.

Figure 18 shows expression of fear. Jacob has a fear of life and situation which is waiting for him. His mood was always worse when he took a drug. In this figure he illustrated house, rain and floods. The prevailing colors are black and dark blue. In this situation it means a feeling of hopelessness and a loss of meaningful life.

Figure 19 shows expression of anger. Jacob drew an anger as two black figures which have a conflict. One figure is framed by yellow and orange colors. Above both figures

are yellow lightning. He described his image as a fight at which he explodes maximally. He added that he feels safe in community. Black background shows defiance and yellow indicates desire for change.

#### **9.4 Andrew's expression of feelings**

Figure 20 shows expression of joy. Andrew expressed joy as purple and grey arrow which shows him right direction of life. He said that he will be happy when it will be better life. He likes purple colour which symbolizes the way to something for him. In the meaning gray with purple shows the opposite. It means emotional immaturity and suppression of himself and sense of self importance. His artwork is mysterious and captivating.

Figure 21 shows expression of love. Andrew said that he drew a typical love symbol because he could not think anything else. Heart is purple. He thought about this colour and said that it means that purple love is true love. In this figure is noticeable quandary with building space that is very remote to reality. Client limited a view of reality only to essential characteristic. Empty background is a metaphor for uninspiring life and at the same time a reflection of client's experience with reality as a space which does not satisfy him.

Figure 22 shows expression of surprise. Andrew drew a big orange treble clef. According to him is a lot of magic in music which can surprise him. His mother took him to concerts. He likes music very much. Treble clef is red and in his case it shows that the person is active and liveliness.

Figure 23 shows expression of sadness. Andrew is sad from a personality disorder. He feels as a split personality. He said that he would like to understand his disorder. Client used red and purple colours. Image is divided into two parts. First red part shows activity and vigor. Second part shows efforts to be captivating and mysterious. It indicates an escape into fantasy.

Figure 24 shows expression of fear. Andrew said that he is afraid of drugs. He described his image as a place where are drugs. He does not want to take drug anymore and he does not remember on drugs in good. On the other side he said that he felt smart after he

used some drugs. He felt more confident but he realized that it was wrong. He felt shame after he took drug and was afraid that someone will recognize his condition. Dark green corresponds to a feeling of hopelessness and increased level of anxiety. Purple frame points to concealment of thing; in this case it indicates his behavior after he used drugs.

Figure 25 shows expression of anger. He drew a hill and it means that before him is a pile of problems. A hill is dark green and is in the middle of space. In this image is shown tendency to sadness and anxiety.

## 10 Conclusions

In June 2015 I conducted a week long investigation in the therapeutic community Sejřek in the Czech Republic which concerned the application of art therapy in the treatment of dual disorders. This thesis wanted to answer a research question how art therapy could help in the treatment of dual disorders.

Based on analyses and artworks of four clients and participatory observation on the art therapy group in TC Sejřek were identified common features between clients with dual disorders and their interpretation of feelings in art activities. Each person in group expressed his opinion on individual client that could lead to some self-knowledge. In the interpretation of client's artworks, each person had to express and say what he likes about their own artworks, what he feels and if clients are able to identify themselves with artworks of other clients. I tried to show that expressive therapies have for target group of clients with dual disorders great advantages which verbally oriented therapy cannot offer to them. In addition, expressive therapy is well accepted by clients and it contributes to their motivation for treatment. Art therapy has unique contribution based on ability to reach and influence deeply repressed traumatic experiences. Combinations of traditional approaches with expressive therapies are heading to better outcomes. Concerning the question if art therapy affects the process of resocialization of people with dual disorder, I must say that the use of art therapy in Sejřek significantly helps in this process, because it is focused on improvement of communication skills, creation and self expression. The time I spent in TK Sejřek helped me to know clients personally. According to them, art therapy is a favorite part of the treatment program. My opinion is that clients perceive and advantage in expressing themselves differently than in verbal communication. Verbal expression often makes them big problems. Personally I think that each client saw a certain thing in expression of his feelings which he had not seen before. In this case, client's artwork helped him to insight into and connected himself with his/her addiction and mental disorder. After application of art therapy in the treatment of dual disorders I could say that art therapy positively affected clients, it helped to improve self-knowledge and insight into their problems. For these reasons I would recommend to use it in each therapeutic community in the world.



## 11 Summary

This bachelor thesis is focused on the connection of art therapy and dual disorders. In literature review are described problems of people with dual disorders and the appropriate use of art therapy to strengthen their self-confidence and improve their social situation. Through the analysis of client's artworks and interviews were discovered that in the process of social work in therapeutic community, a client can go through the change related to his attitudes. The change starts by socialization in a group, in a community, but also by establishing the relationship with the therapist. Experience acquired in the community may be transferred the personal life of clients. Client perceives that he is able to stay in social community and create different values. Art therapy is able to better interpret difficulties in client's everyday life. It also facilitates an insight into situations that clients lived through and may help to explain their feelings in these situations.

It happens that clients are unable to express their feelings or misinterpret them and fail to manage them better. In this case, relapse can return and treatment phases will start again. An important question is whether the change that clients achieve the residential program is permanent. Analysis associated with interviews proved that the clients after the program may be less isolated and alone than ever before. Another important finding was that art therapy can change the client's relationship with himself and it also points to more realistic image of their feelings. It is accompanied by improvement in confidence and also better understanding of the client's feelings. Program in TC Sežreč is an example of a good practice that can be recommended to other therapeutic communities at international level.

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## 13 Annexes

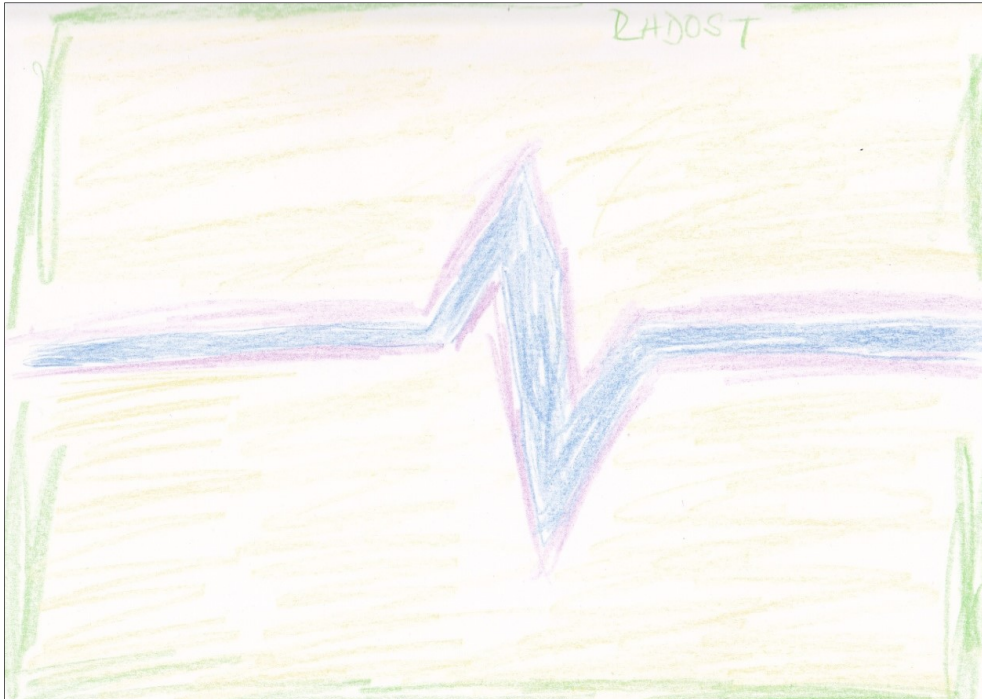


Fig. 2: John's expression of joy. Source: Author's archive.



Fig. 3: John's expression of love. Source: Author's archive.

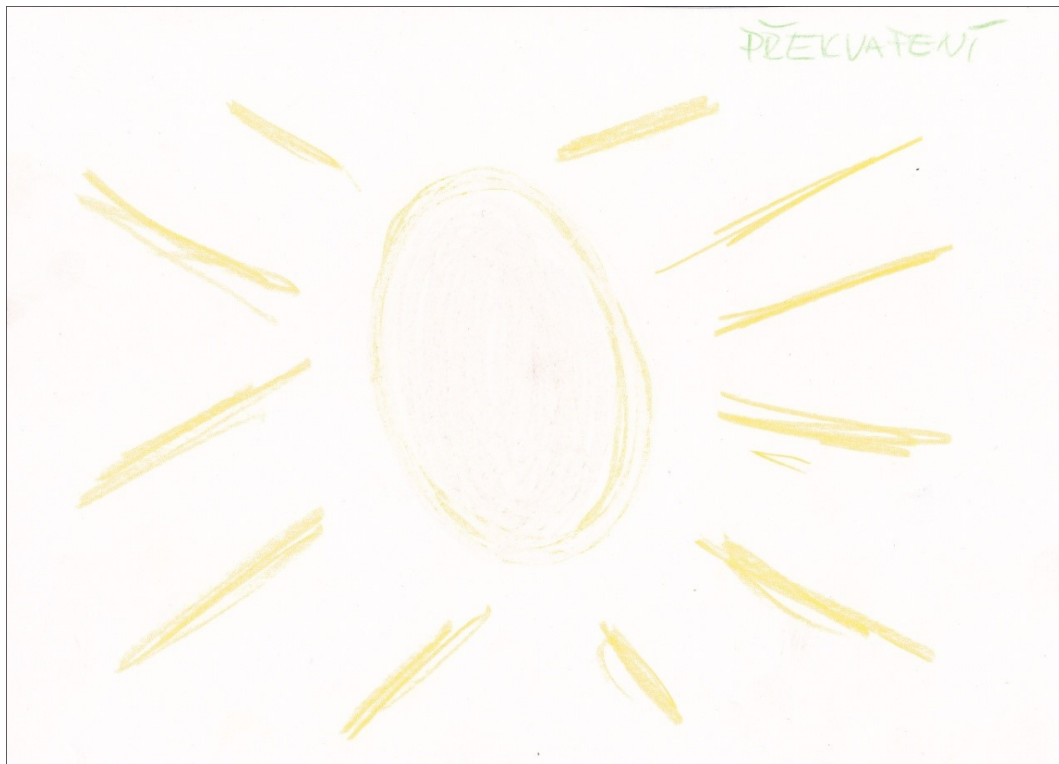


Fig. 4: John's expression of surprise. Source: Author's archive.

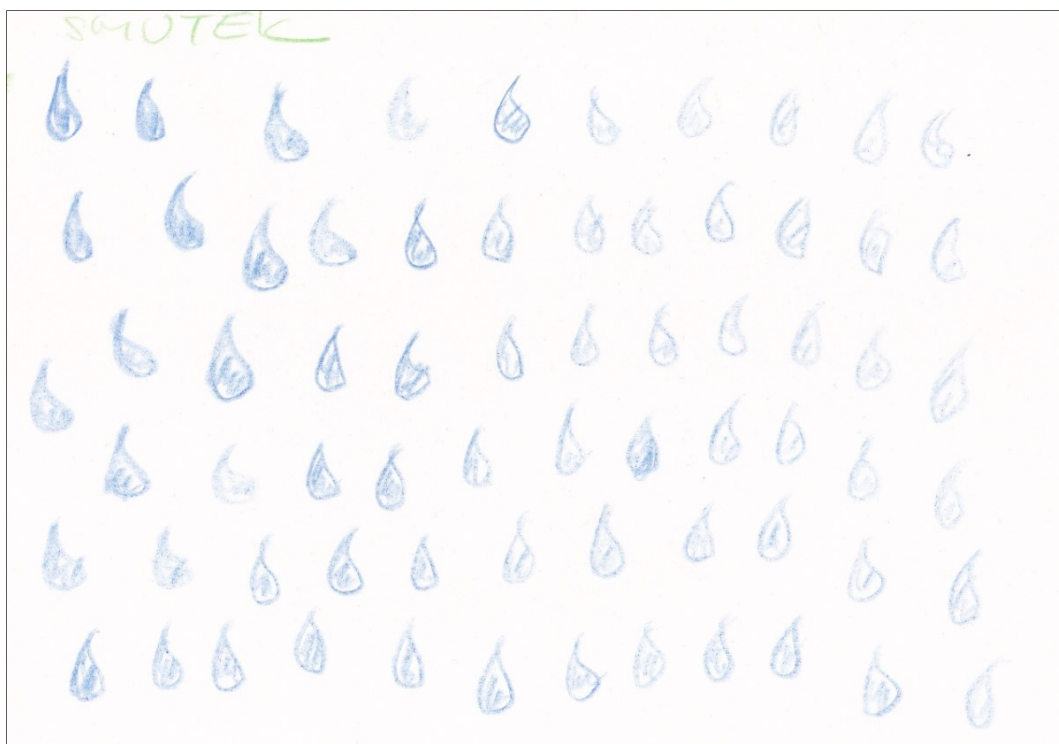


Fig. 5: John's expression of sadness. Source: Author's archive.

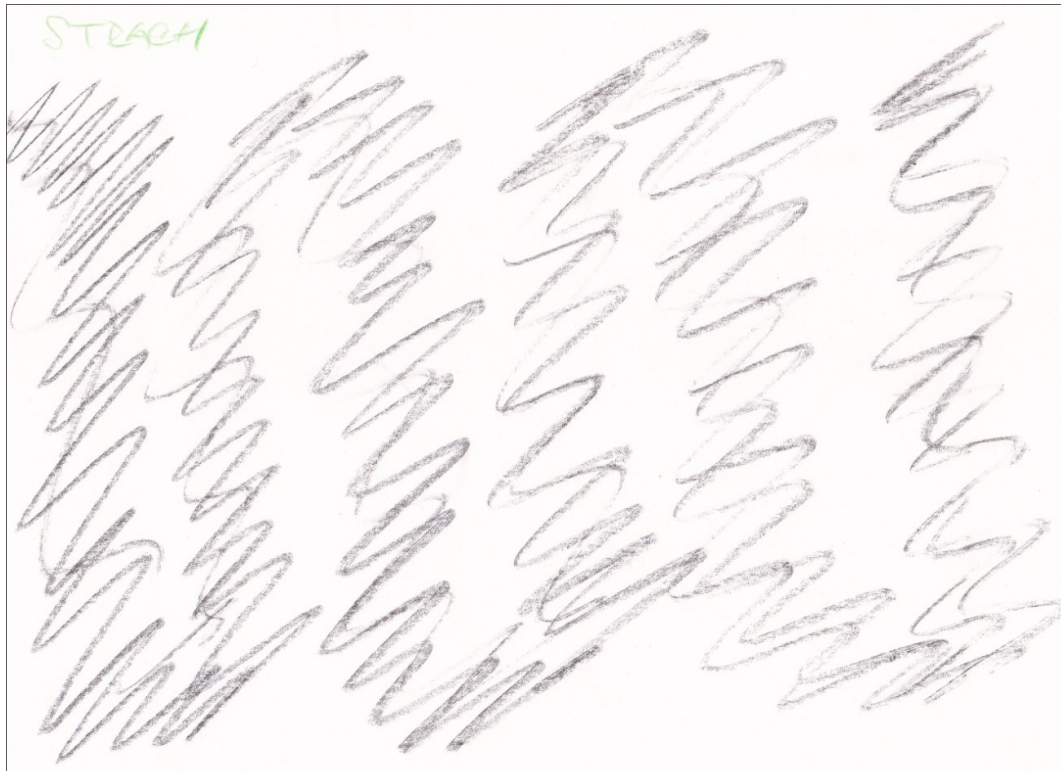


Fig. 6: John's expression of fear. Source: Author's archive.

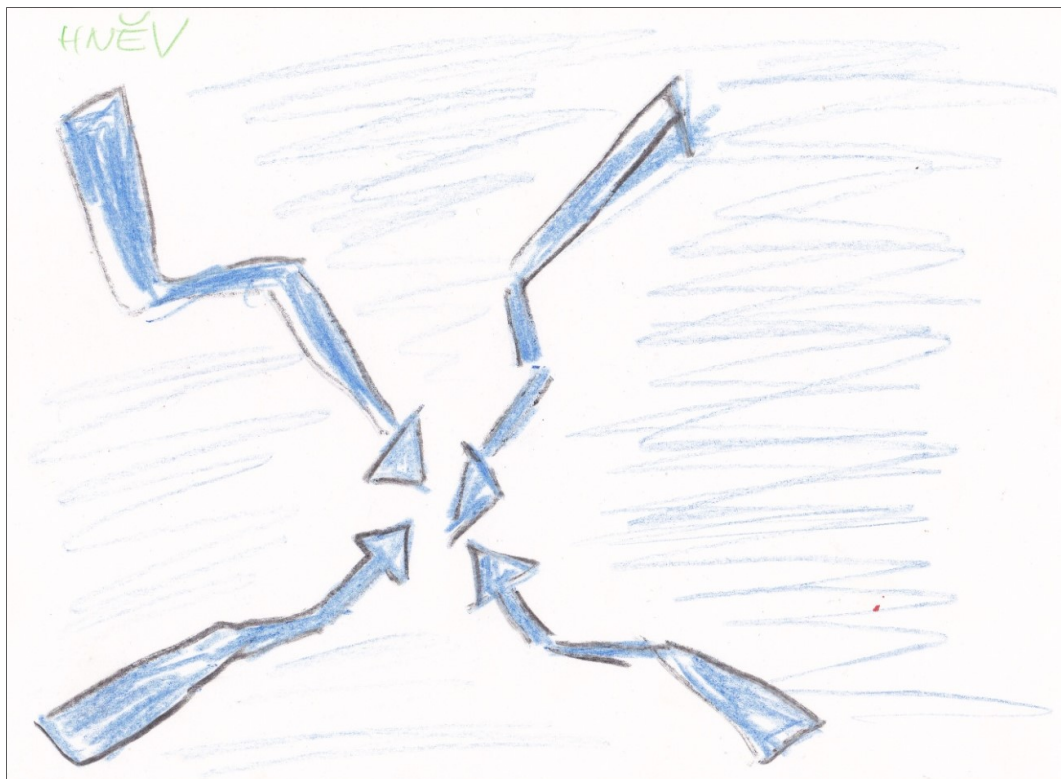


Fig. 7: John's expression of anger. Source: Author's archive.

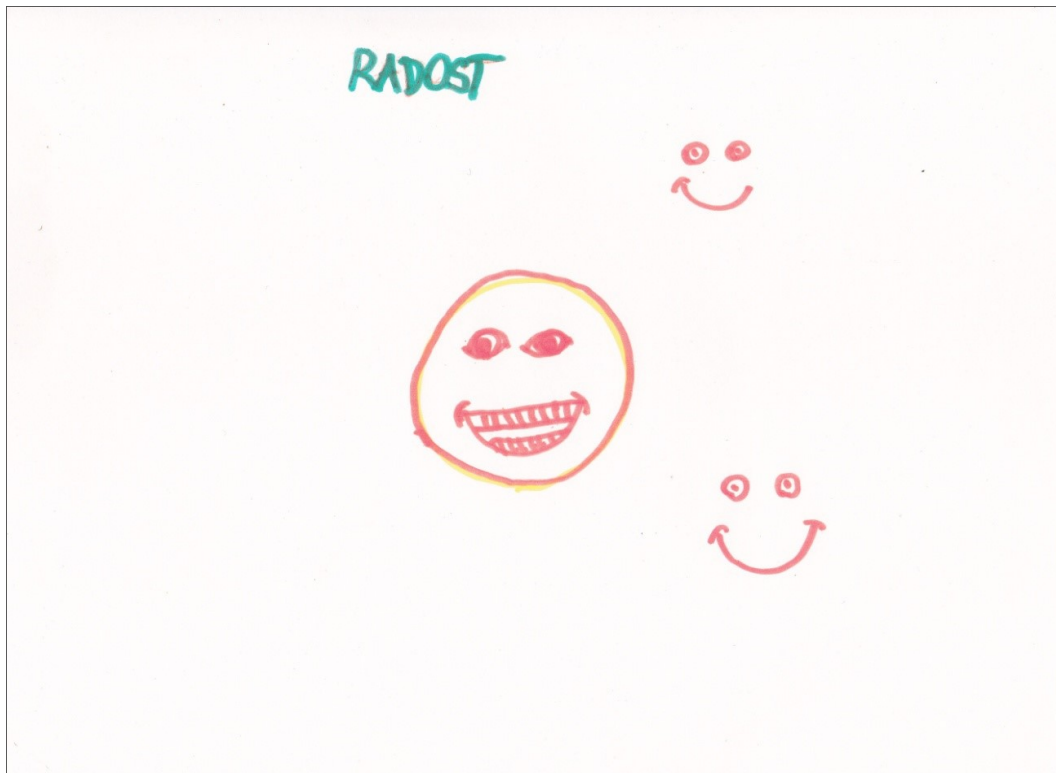


Fig. 8: Carolina's expression of joy. Source: Author's archive.



Fig. 9: Carolina's expression of love. Source: Author's archive.





Fig. 10: Carolina's expression of surprise. Source: Author's archive.

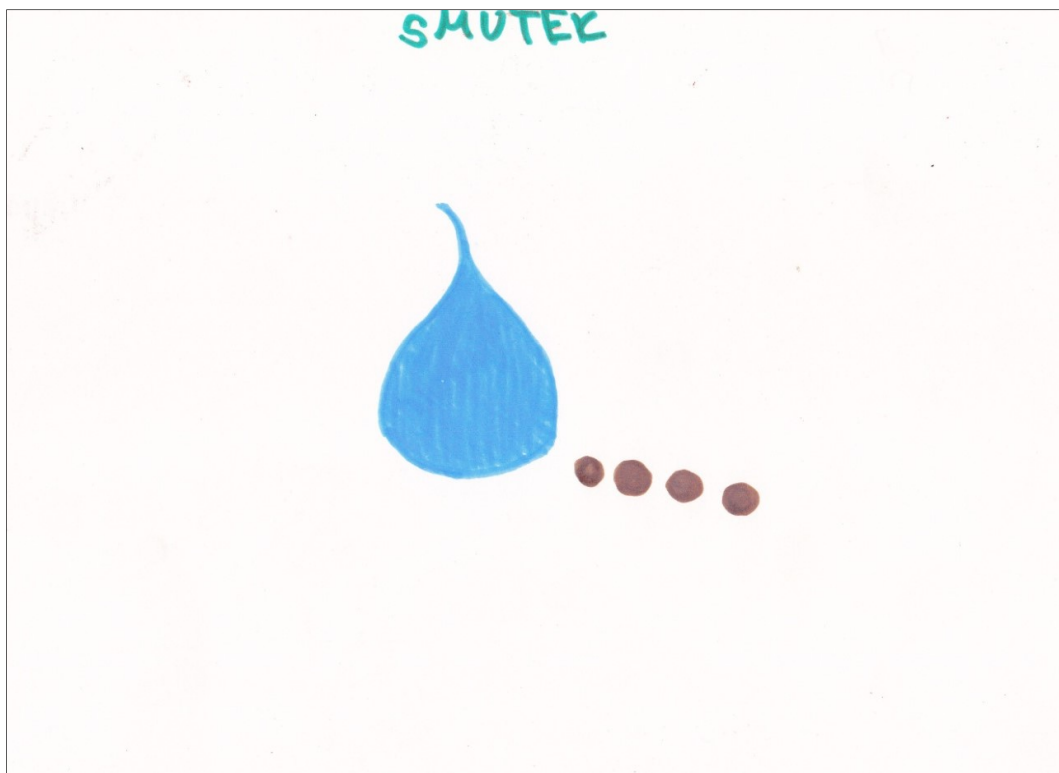


Fig. 11: Carolina's expression of sadness. Source: Author's archive.

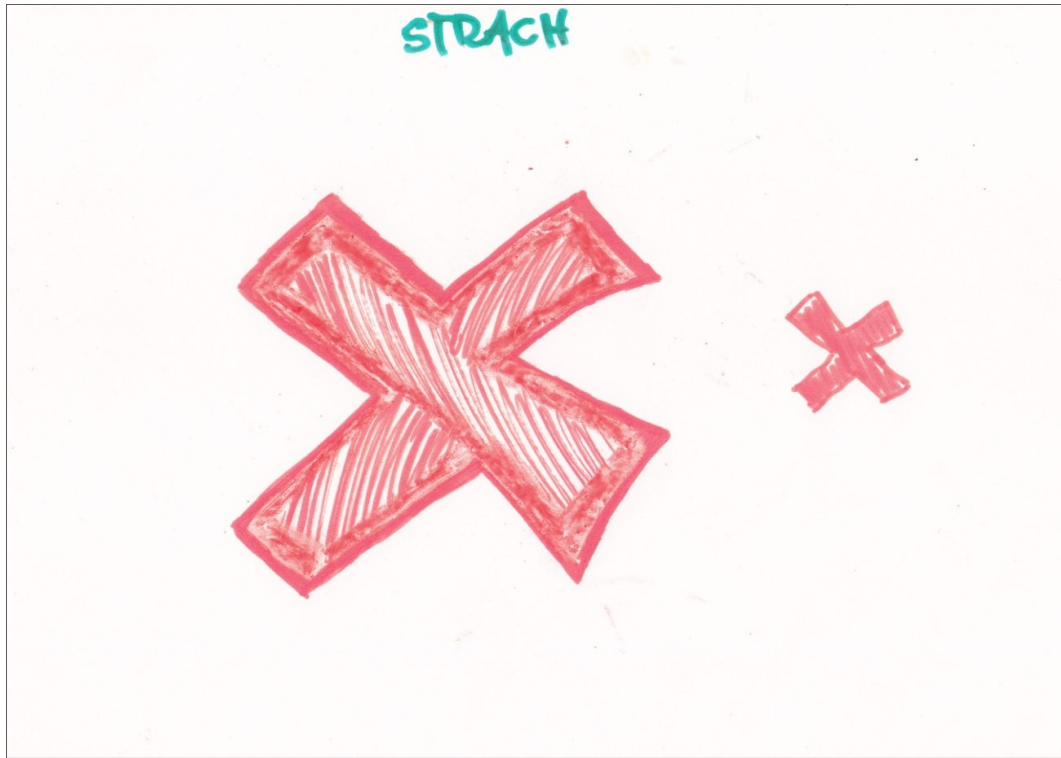


Fig. 12: Carolina's expression of fear. Source: Author's archive.



Fig. 13: Carolina's expression of anger. Source: Author's archive.



Fig. 14: Jacob's expression of joy. Source: Author's archive.



Fig. 15: Jacob's expression of love. Source: Author's archive.

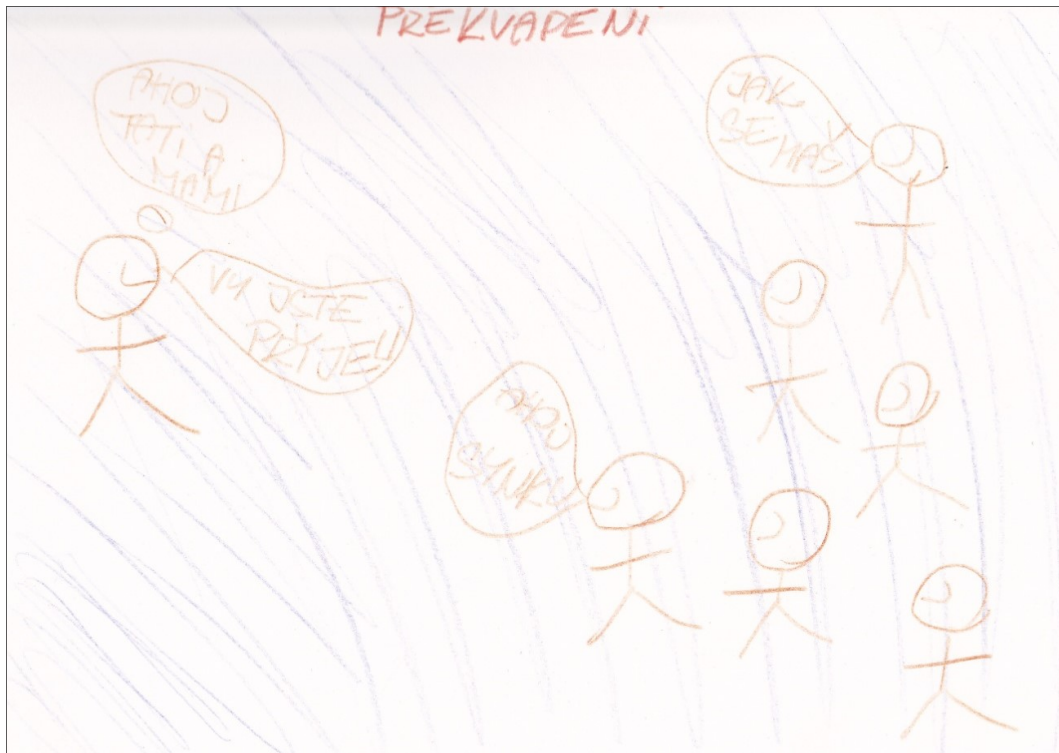


Fig. 16: Jacob's expression of surprise. Source: Author's archive.

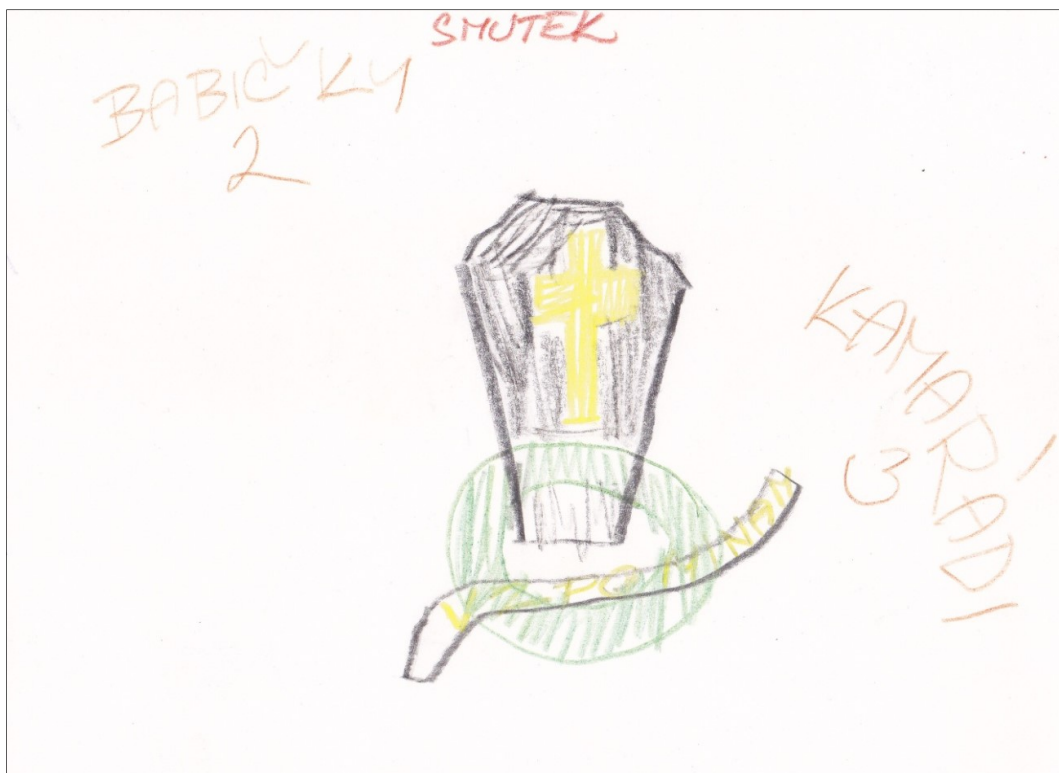


Fig. 17: Jacob's expression of sadness. Source: Author's archive.



Fig. 18: Jacob's expression of fear. Source: Author's archive.



Fig. 19: Jacob's expression of anger. Source: Author's archive.

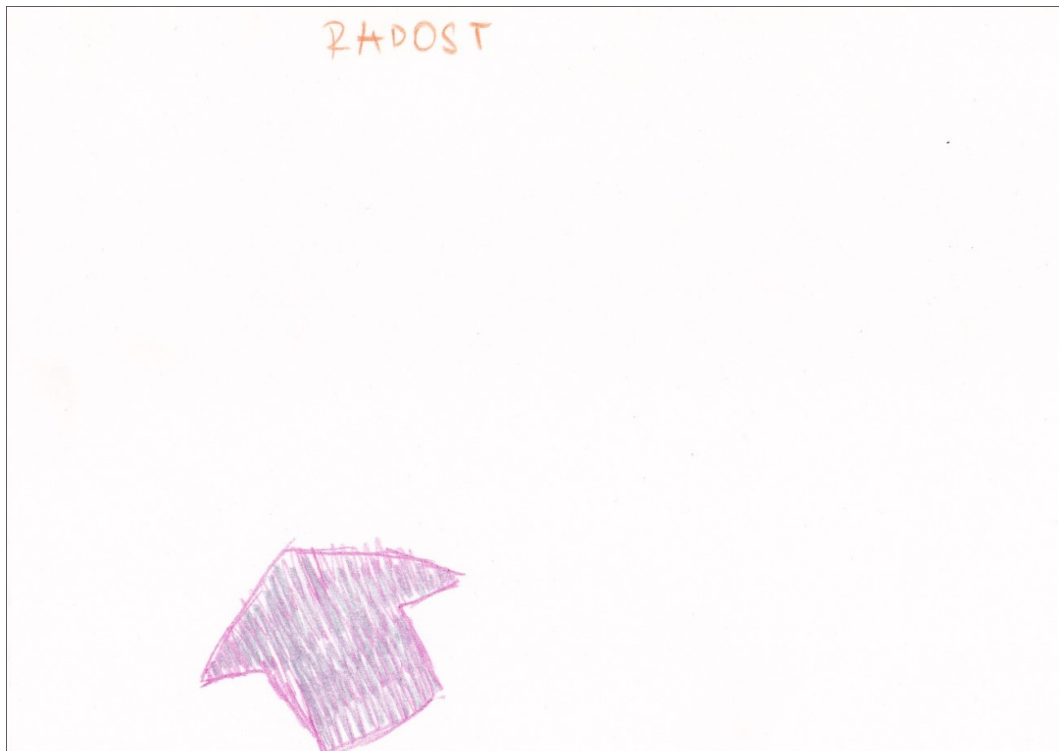


Fig. 20: Andrew's expression of joy. Source: Author's archive.



Fig. 21: Andrew's expression of love. Source: Author's archive.

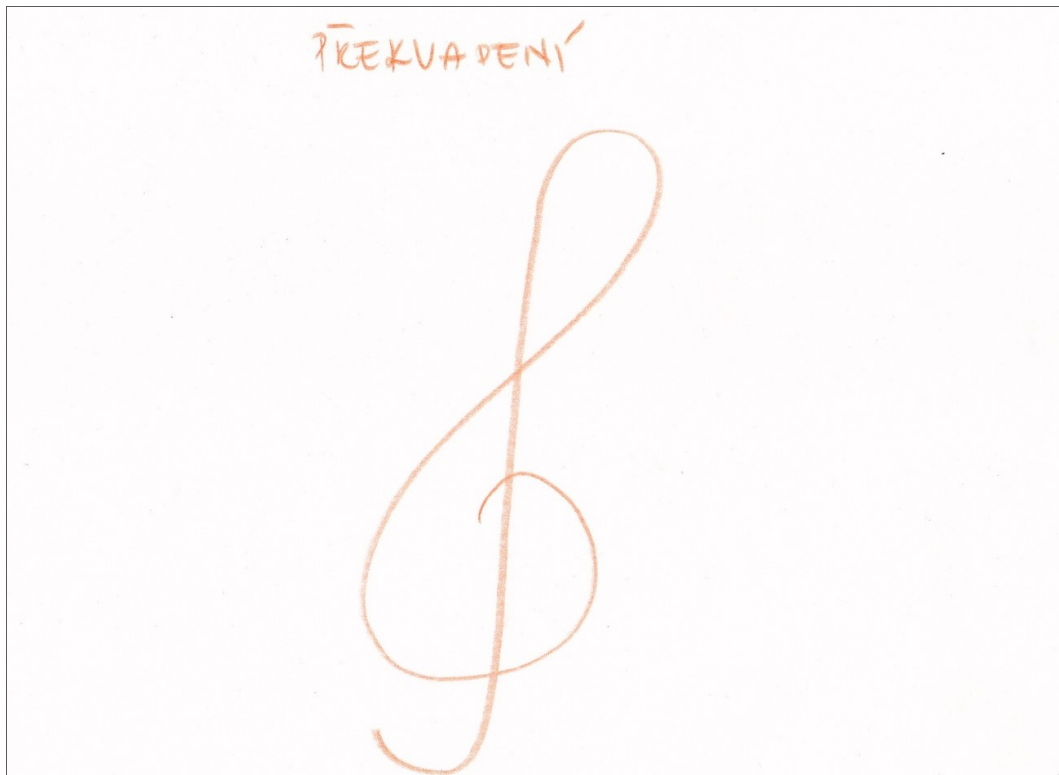


Fig. 22: Andrew's expression of surprise. Source: Author's archive.

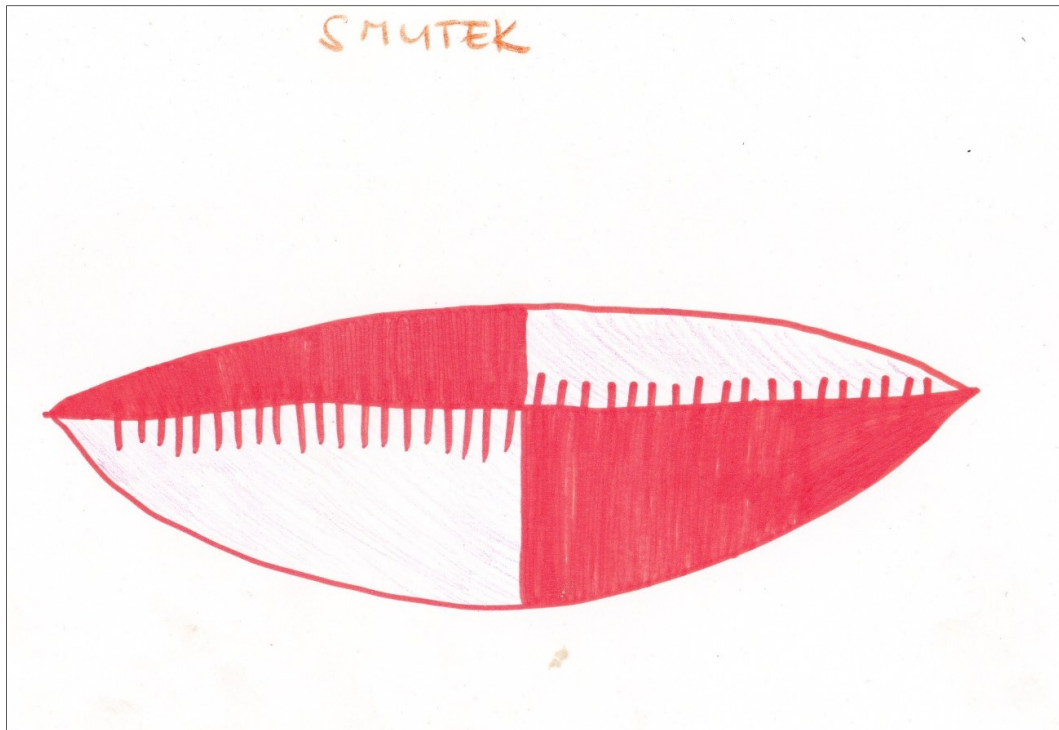


Fig. 23: Andrew's expression of sadness. Source: Author's archive.

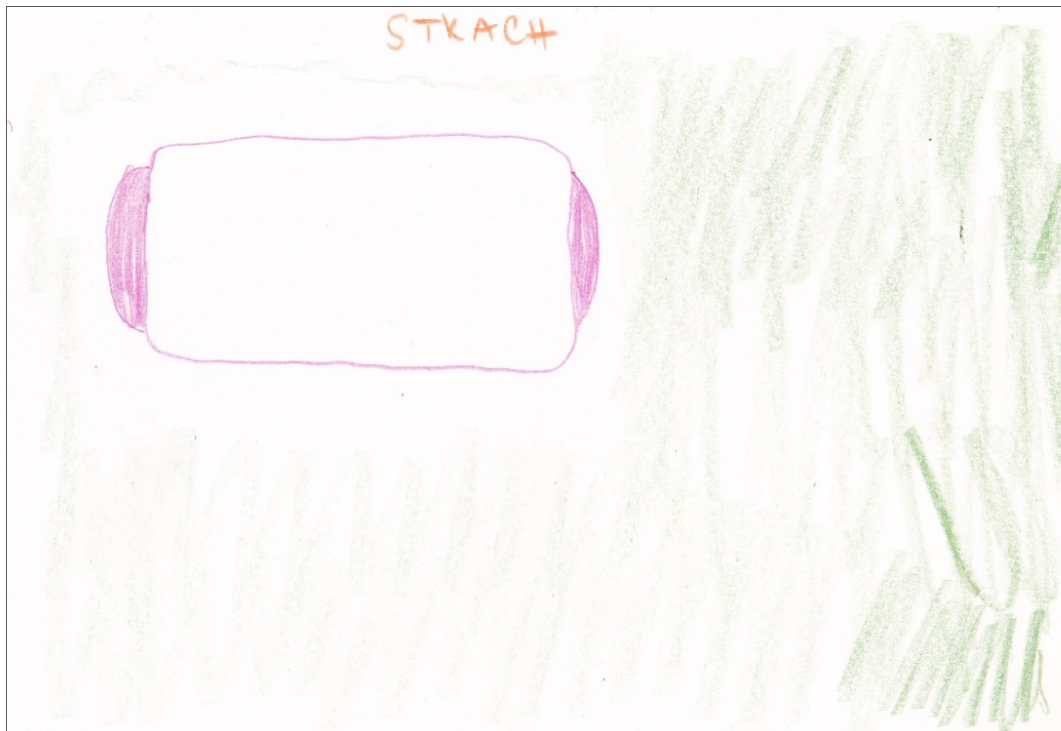


Fig. 24: Andrew's expression of fear. Source: Author's archive.

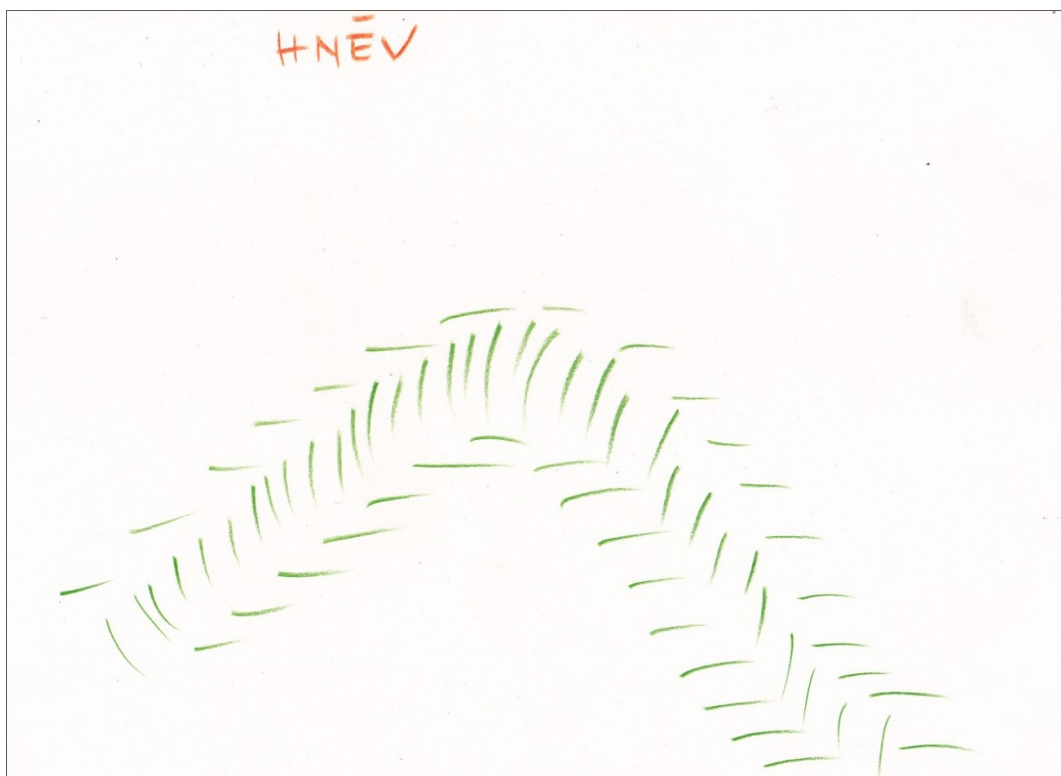


Fig. 25: Andrew's expression of anger. Source: Author's archive.



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