



## Exploration of Using a Kintsugi-Inspired Mask-Making Process in Addictive Behaviors-Part A

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### Abstract

This paper delves into examining a kintsugi-inspired ceramic mask-making process. By engaging with several ceramic masks and the integration of the kintsugi art form, the exploration will provide not only awareness of several understudied topics in the art therapy field, but also insight on the stigmas toward these individuals and the self-internalized stigma for the users. Often stigma is shown not only through people's projected behaviors, but also as an internal perception by someone with addictive behaviors. The research provides insight on four understudied topics in the art therapy profession to help support growth across all topics and all individuals who struggle with this issue. I will then demonstrate through several trials of mask-making the unexpected knowledge gained from making, breaking, and repairing these identities I created. These processes promote greater value in a variety of mediums and methods while supporting an oft-forgotten population. The goal was to find the beauty within after dedicating to the repair process.

**Keywords:** Art therapy; Holistic; Expressive therapies continuum; Defense mechanisms; Substance abuse; Addiction; Stigma; Self; Identities; Ceramic; Mask-making; Kintsugi; Growth

### Introduction

#### Topic

This paper explores the experiences of engaging with a kintsugi-inspired ceramic mask-making process. This exploration will provide not only insight on several understudied topics in the art therapy field, but also will provide insight on how participants can face an identity they struggle with, hold control over this identity, and find the beauty after dedicating to the repair process. My theory will highlight the individual benefits to each element being presented: Substance abuse, art therapy, ceramics, mask-making, and the Japanese technique, kintsugi. I will then demonstrate through several trials of mask-making the unexpected insight gained from making, breaking, and repairing these identities I created.

### Rationale

When I began this program to become an art therapist, I was introduced to the ceramic processor at the college through the intensive art explorations we had to go through. I instantly became captivated by the experiences of working with ceramics to the point I dedicated it as my medium of focus and was hired as his instructional assistant. Through my time working beside the professor, I learned about his time in Japan studying with the master of ceramics and the integrated values and meanings they put into their ceramic pottery, masks, and more. Additionally, I learned hands-on how ceramic work therapeutically helped me. As I began my journey in the master's program, I got to experience internships to work with a population that deeply interested me, those diagnosed with a substance abuse disorder. I for years witnessed the general population push individuals with addictive behaviors into the cracks of the sidewalks just to pretend they were not there. These individuals often are lost and struggling with their own issues and just need someone to listen to their stories. Yet, the general population holds such a strong stigma towards those with addictive behaviors, they only care about if they will be burned for offering a hand. This observation I have witnessed sickened my stomach because it was like we discredited their human value just because they struggle with addictive behaviors. I feel no one should be viewed and discredited for their internal struggles and we should offer that ear or hand to find their way to recovery. As I worked with these individuals at internships, my passion for helping only grew fonder. I got to experience the hardships they shared and realized they are no different from me or anyone of the general public, we could all easily end up where they were if faced with such pains too. Through my internships and ceramic experiences, I have learned a lot about myself and understanding where my passion lays as an art therapist to be. With the support of my literature review and the experiences from the proposed art making process, it has only concentered my passion and hopes to help these individuals with addictive behaviors find their hope to recover.

### Identity statement

As the researcher, I identify as a cisgender white female from a suburban area of the Mid-Atlantic. I understand that this perspective may influence how I look at the research and myself.

### Assumptions

From my experiences as a student and an intern holding art therapy sessions, I believe art making is the best way to remove oneself from the defenses we've been trained to use and really get to the truly meaningful things repressed within. Talking about these internal things can be preserved as a very threatening thing and often hard to describe with word association. Art takes away the word association requirement and allows for a more external, often metaphorical expression providing words that natural flow. I personally have found metaphors mixed within the art process to be substantial to the process of helping with emotional expression and highly resistant individuals. While talking about the issues may provide a band-aid for the cuts and wounds. The art process and metaphor projections can offer a deeper type of healing, allowing for the scars to form and more truly healing process. I assume that by engaging with this ceramic process and engaging with the kintsugi technique it will allow for a personal reflection for individuals with addictive behaviors. I feel each mask

create will assist in understand each of the substances impacts and provide a deeper understanding for the substance.

## Literature Review

The purpose of this paper is to provide insight into the exploration of using kintsugi-inspired mask-making processes. The paper will highlight the various elements of the process art therapy, ceramics, mask-making, and kintsugi while also connecting that process to the current struggles and stigmas toward individuals diagnosed with addictive behaviors. The focus is to explore and understand the stigmas toward these individuals and the self-internalized stigma for the individuals who suffer from addictive behaviors by engaging with several ceramic masks with integration of the kintsugi art form. The goal is to provide insight on four topics which are understudied in the art therapy profession in order to help support growth across all topics. This review of literature confirms the daily challenges of being diagnosed with addictive behaviors and how ceramic mask-making could be a new avenue to assist in the recovery process.

## Defining addiction

The first few questions to address are what are addiction, an addict, and addictive behaviors? "Addiction has several meanings due to fundamental ambiguity. For centuries, "addiction" referred to state of being "given over" or intensely involved with any activity. The ambiguity lay in the value attached to this state; addiction could be either tragic or enviable, or somewhere in between. As well, a second meaning emerged in the 19th century, and now coexists with the earlier one. The new meaning is more restrictive than the traditional one in three ways; it links addiction to harmful involvements with drugs that produce withdrawal symptoms or tolerance" [1]. In 2010 a book written by Ross et al. stated, "addiction is a "disease" that can be kept at bay but never cured" (p.viii). An addict is a term, often used in a derogatory fashion, for someone whose primary relationship is not with another human being but with a mood-altering chemical and who exhibits compulsive behaviors [2]. O'Brien shares that these compulsive and general addictive behaviors are defined with dual meanings that can often result in confusion. In the past dependency was referred to as an uncontrolled drug-seeking behavior, but also can mean "the physiological adaption that occurs when medications acting on the central nervous system are ingested with rebound with medications is abruptly discontinued" (p.1). An individual who struggles with addictive behaviors often goes through several struggles and consequences [3-5]. All too often, these individuals are the last to know that they are an "addict" because mind-altering chemicals keep them in denial.

## Addiction prevalence

It is important to note that addiction is a widespread issue that goes well beyond the United States, and that people around the world struggle daily with addictive behaviors. The national institute on drug abuse reported on three studies about drug abuse and consequences for the middle-aged adult population. Research was produced through several NIH grants and showed that between 2013 and 2015 there was a 53% increase in first-time treatments for addictive behaviors. It also found that older adults who misused their prescription and engaged in any form of drug use had an increase in suicidal thoughts. By 2017 the CDC reported across the U.S. on individuals who struggled with opioid addictions. It found that in 2016, 11.5 million Americans admitted to an opioid addiction. By 2017, pharmaceutical companies

had administered more than 191 million prescriptions for highly addictive opioids. This proves important by showing the prevalence of the addictive chemical's availability to the population and the resulting increase in usage. It is also important to note that the number of individuals admitting to addictions is limited to those who are willing to disclose their addictions. Individuals who do not want treatment, support, or are in fear of repercussions may not report accurately.

During the COVID-19 pandemic, everyone around the world struggled to learn "a new normal", and this had a significant impact on individuals dealing with addictive behaviors. The CDC was actively researching and collecting data on COVID-related impacts and deaths across the U.S. It reported more than 81,000 drug-related overdose occurred, making it the highest recorded rate of increase during a 12-month period. The CDC determined that the daily disruptions and ability to connect with friends, family, and supports hit the substance-abuse-addiction population the hardest. This is the most recent data concerning rate of overdose and how recent nationwide impacts have caused increases in drug-related deaths. I believe there are limitations in this data because not all drug-related deaths are reported accordingly, and there are individuals not cited in the studies. Recent newspaper articles state that some treatment facilities are not reporting overdose deaths appropriately due to the heightened numbers [6-10]. Misreports even stem back to recovery centers [11]. There are several research articles on the prevalence of addiction [12-14] but these articles highlight how devastating the numbers could truly be.

## Stigma is everywhere: The gaps of understanding

Why and how could such staggering numbers occur? It is first important to look at the general public's perceptions on addiction and on those with addictive behaviors. Over generations it was determined that the general population finds dishonor, disgrace, and shame [15-18] or stigma [19-23] had become associated with these individuals. Not only are there strong feelings toward these individuals with addictive behaviors, but there are also extremely negative feelings toward being resistant to changing [4,24].

Surveys were among the first attempts made to understand the public's perceptions of addiction. Tucker et al. conducted a quantitative study with random statewide phone calls that lasted roughly 24 minutes with 439 participants. The goal was to see if stigma for addiction can be changed. What they found was that public perceptions of addictions are more problematic than perceived. Most participants were unwilling to change their views on addiction even when provided insight and education. One obvious flaw to this article is it being limited to one state, which was unidentified. As technology advanced, research adapted as well. Barry et al. used a quantitative study to complete a national web-based survey gathered from 709 participants aged 18 and older. They attempted to gather insight on what the national views are on mental health and addiction. In homes with limited access to only a cell phone and no computer they paired with the survey research firm, GfK knowledge networks, to allow access to the survey *via* mobile devices. The research collected by this group found that the general population holds significantly more negative views toward individuals diagnosed with addictive behaviors. There were several noted responses to being dissatisfied if an individual diagnosed with addictive behaviors married into the family or worked closely to the respondent. To go even further, they found responders to the survey were accepting to discriminatory practices against the individuals with diagnoses for addictive behaviors and more opposed to policies aimed to helping them recover. They also

concluded from the surveys that more approaches need to be explored on how to reduce stigma and help advance public policies. These conclusions were made by asking two stigma questions and measuring the attitudes about the acceptability of discrimination by including three survey questions.

Birtel et al. to use a quantitative study to work with 64 various non-NHA treatment programs for substance abuse, charities, and networks from the United Kingdom. They were trying to determine if stigma could impact the levels of mental health, and internalized stigma or shame among those diagnosed with addictive behaviors. They had assigned three anonymous reviewers for this study to review the results and collected comments and suggestions from participants through an online stigma survey to assess the information collected. The researchers showed how the view of stigma will impact the recovering individuals diagnosed with addictive behaviors' self-esteem, depression state, anxiety levels, shame, and sleep. The less stigma perceived by an individual diagnosed with addictive behaviors, the better they can handle their sobriety, mental health, and internalized stigma or shame. The concluded descriptive statistics were made by getting the means and standard deviations for all measurements taken on perceived stigma, social supports, sleep, self-esteem, and depression or anxiety. This online survey represents important information about how support and stigma impact an individual's recovery process and sobriety maintenance.

During the same year, in the United States, Lang et al. used a quantitative study to collect data from an online questionnaire from 663 American adults, but only 612 completed the survey. The goal was to see how the public defines individuals diagnosed with addictive behaviors and their willingness to affiliate with these individuals' behaviors and substances. The survey participants were provided a short description of the study and then assigned to one of the five experimental conditions using a random number generator. The five categories were focused on different types of substance addiction. The collected data demonstrated less willingness from society to affiliate with individuals with drug, alcohol, or any addictive behaviors.

The U.S. department of health and human services conducted a three-day workshop using a cross-cultural approach to investigate where stigmas stem from and how to address this matter. It reported on 35 published studies evaluating stigma reduction and found four articles that highlighted the subject. These four specific articles discussed the values of global, cross-cutting theoretical framework, intersectionality, multiple stigmatized identities, and the stigma within the health-care facilities. The conclusions revealed that stigma is enabled by social, political and economic powers across the nation. Not only does it stem from these places, but it also impacts an individual diagnosed with addictive behaviors in these four elements of life. This is important because it highlights where stigma is typically generated and where changes need to begin for a global impact on how addiction is viewed.

Stigma within the health-care facilities is pivotal for someone with addictive behavior's chance to stay clean. With stigma being pushed by the people who were hired to support them, it is a major hang-up in this recovery process. For a change of this level to occur, Hadley argues that applying one's self-reflection on bias that could arise during the studies is not enough. Even if you think you are unbiased know your repressed biases can still impact others. We must make visible the oppressions and inequities that have been taken to be "natural order" [24]. This information indicates that often our perceptions of "natural orders" are only our biased ideologies, even if

we perceive ourselves as unbiased. We must visibly challenge our oppressed materials to make the changes. This can also support the information represented on why stigma toward individuals diagnosed with addictive behaviors is so prominent and resistant to change.

### **Is stigma changing?**

An important question is if stigma can change, or if the resistance to changing assumptions about addiction is still strong? Metsch conducted a qualitative survey with federally qualified health-care centers and other health-care settings. This research is an ongoing study to determine whether healthcare providers were included in holding stigma toward individuals suffering from addiction, and if it impacts the individual's treatment. The findings are still inconclusive, but Metsch's study offers insight into 2021 information about our health-care systems' potential toward unsettled biases. There are limitations to support individuals with addictive behaviors to recover, and it is important that we gain insight on how to keep them from becoming isolated and internalizing their stigmas. The national institute on drug abuse [20] also reported about a gentleman who had experienced overdose in his family. He worked with the NIDA to create an informative video about the stigmas he witnessed because of the loss of his sister and how he is trying to educate the public. One thing he addressed is that a witness to an overdose is equally impacted by the overdose and is subject to the stigma from the public. He also addressed insight on stigmas and personal family struggles and actions they took to bring light through art portraits. This shows that, finally in 2021, there may be slightly more welcoming changes to the original stigma. One thing obvious regarding stigma is that there are still major places where continued research is required to truly understand stigma resistance and how changes can be made. Stronger supports need to be explored and welcomed into assisting these individuals through their recovery process.

### **Art Therapy in Addiction**

When looking at the recovery process for individuals who struggle with addictive behaviors, holistic interventions can be an asset to the traditional treatment forms [25-29]. Holistic interventions refer to various modalities of therapy that go beyond talking and word association by utilizing creativity. Some common forms of holistic interventions are yoga, music therapy, creative arts therapy, expressive therapies, and art therapy. Through the holistic interventions, individual participants receive individualized understanding and healing even when in a group setting. One idea stressed by Quinn et al. is how the holistic interventions also provides a connection to understanding that sometimes there is a deeper cause, rather than "weak character", to what led the individuals to pick up a substance. This is shown by Tasic et al. who conducted a quantitative study with 79 individuals from a small town in Serbia--42 of whom were diagnosed with addictive behaviors and 37 who were not known for addictive behaviors. They conducted this study to verify if a "profile of an addict" [30] could be created and if personality disorders identify potentials for becoming an individual diagnosed with addictive behaviors. The data collected with a Million Multi-axial Clinical Inventory III (MCMC-III) questionnaire identified that addiction is firmly attached to major depression, PTSD, and dysthymia diagnosis on a row score. This data relying on one small town is problematic, but it still spotlights identifying factors that could lead to building addictive behaviors and shows that it goes much further than a "weak character".



Aletraris et al. conducted a quantitative study to work with almost 300 randomly selected U.S. substance abuse treatment facilities supported by SAMHSA. The group attempted to address how music and art therapy related to the traditional 12-step programming and how readily available the expressive therapies were at these types of facilities. They collected data from each of the facilities from June 2009 through January 2012 using face-to-face interviewing with the program's administrator and/or clinical director, and by using control groups. They also collected data on the number of the facility full-time staff, percentage of the clients who were females or adolescents, and if art or music programming is available. Using STATA 13 to analyze the studies variables, they were able to determine that 36.8% of programs used art therapy, 14.7% used music therapy, and 11.7% used both modalities. They were also able to discover a positive correlation between the 12-step programming and the attendance of art and music therapy. They found most participants in art therapy were women. Some limitations to this study are that they worked only with programming with minimal level of care, which removes detox and residential portions of the individuals dealing with these diagnoses, limiting the population sample. Through this study and other articles, we can see that not only does holistic interventions support the traditional programming, but it could also allow us to support a shift from drug to drug-free life.

When attempting to help individuals in art therapy groups or one-to-one sessions, the goal is often to offer them tools to gain insight on their addiction and behaviors. Often, art therapists will provide the clients with directives to help guide the process [2,14,28,31,32]. It is like paving a pathway for clients to build their own motivation and find their own growth without a forced guidance. Directives can be presented in various ways, such as requesting they create a specific image in the artwork or requesting, they create in a certain way with any image they please. Directives can be given on an individual basis, but then discussed as a group--or it could be a group making process. With all the research that has been completed, there is now a way to use the artmaking process to determine the likelihood that someone could be diagnosed with substance abuse disorders [2]. Rockwell et al. conducted a quantitative study working with 40 participants who were on probation or parole with substance charges. They had them engage in Person Picking an Apple from a Tree (PPAT) art directive. This was to determine if the Formal Elements Art Therapy Scale (FEATS) scoring can be used to assess if there is a likelihood of being diagnosed with substance abuse disorders. They divided everyone into two groups: A control group and an experimental group. The control group was made up of 10 Caucasian females, 1 African American female, 1 Asian female, 6 Caucasian males, and 2 African American males, with an average age of 34.6. The experimental group was made up of 7 Caucasian females, 9 Caucasian males, and 4 African American males, with an average age of 31.5. Once the art was collected from the 40 participants, they randomly mixed the art and scored the art directives using the FEATS scale over three sessions. They then brought in an independent scorer to do 10 artworks randomly selected from each group (experimental and control) and found 85% accuracy between the art and the FEATS scale.

### **What can art really tell you?**

When viewing the uses and availability of these art therapy processes it is only fitting to ask, "Is it really effective?" Two groups took on this challenge to test art therapy's effectiveness with clients. Adedoyin et al. argued that all forms of expressive therapies can further personal growths during group sessions. Along with expressive

therapies, holistic interventions allowed for a more individualized source of understanding and healing. Regev et al. however, conducted a systematic review with 27 of the latest studies exploring the effectiveness of art therapy from 2000 to 2017. They divided the studies into seven subcategories and found that there were a lot of interventions, yet none were conducted by certified Art Therapists (ATR). Still, the benefits of utilizing the art-making process showed benefits to the participants' experiences.

Two areas of growth are the focal point when using art therapy to guide the process of recovery. First, we have the benefit of understanding the self which through art can be reviewed in several ways. Often, individuals who come to treatment for addictive behaviors first struggle with reflection. Hesitation may be witnessed when it comes to engagement in art making among clients. Gaining trust and laying out expectations rather than focusing on art skill allows self-discovery and reflection to begin [26,27,33]. By engaging in an art process (body) and mind engagement, an individual may be more positive toward the art making which could boost their ability to self-reflect [34], all while providing a fun, empathetic, and liberating reflection. Once the individuals can face their self-reflections, they begin processing their self-esteem in the hopes of reconnection to self-identity.

The second focus is the ability to bypass defense mechanisms. By working with art, individuals can shed old behaviors and defenses while at the same time provide the support needed to realize that new self-image [35]. Often, the first feelings individuals with addictive behaviors will admit to are shame denial. For these individuals to embrace their new lifestyles of being non-chemically dependent they need to release the old habits and lay down their defenses. However, too often these individuals feel powerless to break their conditioned responses of fear. Offering a creative outlet for change allows individuals to do something their addiction does not allow [4,36]. They can build internal motivation for change, while also providing self-affirmation, life giving, and inherent shame reduction. Hanes et al. conducted a case study of acute inpatient psychiatric hospital patients in a group setting to explore how the spontaneous production of self-portraits can improve identity and bring comfort when confronting addictions. For this case study, only two participants were highlighted: Bob a 50-year-old Caucasian male hospitalized for depression and alcoholism, and Kevin a 23-year-old Caucasian male hospitalized for polysubstance abuse (meaning he uses at least three different substances). A non-directive approach was used in the study. Hanes found the self-portraits provided the participants a true-to-life representation allowing them to confront their addictions. As they worked, they were able to get through defense mechanisms that often distorted the self and life circumstances in an enriching way.

### **Changes and themes**

To reflect upon these life circumstances and the perceived distorted self, the individuals must welcome change into their lives. Arguments have been made that through art therapy directives and working through each stage of shame reduction, a new lifestyle and acceptance for the changes needed to become a non-chemical dependent individual [18] are produced. Parisian et al. conducted a long-term case study with a 16-year-old student from the Philippines who was dealing with complex identity crisis. The individual participated in drawing six self-portraits throughout the process of trying to find his identity. The portraits were assessed along with the student's reflections and insights to his self-identity, his understandings, and

where he belongs. Through this long-term study the 16-year-old had learned to change his views and accept the events necessary to be successful moving forward. Where there is change, there also is growth, just like the 16-year-old mentioned above. The individual grew internally which allowed these changes to happen. Through several different theoretical perspectives there has been a strong presence in the idea that internal self-growth will occur from those who engage with art making processes.

When working with individuals of any population it is important to also notice themes that occur with the artwork individually and as a group [29,37]. This is especially key when working with individuals diagnosed with addictive behaviors. Recurring themes highlight these defense mechanisms that have been distorting their perceived outcomes allowing for growth when gifted the insight. Morrell et al. used theory inquiry model to explore three literary reviews with individuals who work in similar fields to art therapy. This was done to determine if there was a correlation between art and language, along with common occurring symbols or themes. Four key factors were discovered: internal world, structure, signs and symbols, and recipient.

Walker et al. conducted a qualitative study to explore how art making processes can provide insight on active-military service members' combat-related trauma. This was done through a five-year study of mask-making to decipher if the art was equal to self and could go further than just that individual. Participants engaged with a four-week interdisciplinary intensive outpatient program through the National Intrepid Center of Excellence (NICoE), at the Walter Reed national military medical center. They found that artwork equals the identity as an individual, as relations, as community, and so much more. They also noticed that there were common themes across the group members over the various stages and symbolic meanings. This provided insight on how these representations go beyond just the individual as a person and include how they are self-perceived by the family and community.

## Ceramics in Therapy

When combining art therapy with addiction treatments there are several avenues to explore which could benefit the recovery process. One valuable medium often undermentioned is working in a three-dimensional process with ceramics [14,17,38-42]. Two authors wrote about using art therapy with the addiction treatment process and discussed the benefits of ceramic work. Both texts offered interesting insight that will be valuable to the process. First is Quinn et al. a licensed creative arts therapist with extensive experience working with addiction? She explores in-depth how art therapy in the treatment of addiction and trauma can bring benefits to this population. The text outlines how self-medicating to escape painful events is sometimes the cause (rather than "weak character") to what led the individuals to pick up a substance. Schmanke et al. also explored art therapy engagements with substance abuse individuals to rebuild characteristics and grow beyond their need of an addiction. Schmanke et al. is not only an art therapist, but she also is someone who has dealt with her own addiction struggles. This provides a firsthand experience from an individual diagnosed with addictive behaviors from a therapist's view.

There are several different points on how ceramic work could be beneficial in a therapeutic setting. One was addressed by Sholt et al. who presented their literature review on 35 clinical reports that ceramic work could be a therapeutic process related to attachment

theory, object relation, and psychoanalysis. What they expressed was how clay involves body expressions through the physical work. The ceramic work demonstrated demands for the mental process for modeling and observing of the products. It brought up unconscious materials and amplified personal meanings of their created symbols. Ceramics also promotes transformative repair with the ability to parallel several factors of life, recovery, and therapeutic relations [38-40,42].

Nan et al. presented their theoretical perspective that using clay in art therapy can impact emotional regulation through a two-stage process. In stage one, the clients engaged with a limited self-expression and low-energy input process. Stage two; they will be more expressive using a high-energy input. During the high-energy input process, the participants are engaging with more sculptural pieces and using problem-solving skills with practice of organization and use of perceptual and affective expressions. The reviewed articles offered support to the theory that new emotional experiences can aid in the transformation of negative effects. Overall, this indicates that with ceramics and expressions of positive affective experiences, participants could lead to emotional regulations to transform negativity. Wardi-Zonna et al. presented their theoretical perspective that meditation with ceramics could create mindfulness, acceptance, and more. Clay also allows experiences of the inner world to occur through touch processes. Although ceramics are rough and imperfect, they are believed to convey the most authentic expression of an artist's soul. There is a parallel with art therapists who encourage authentic rather than perfect expressions from clients. This information indicates that by accepting imperfections and engaging with such hands-on experiences, participants can experience feelings and mindfulness. This also provides insight on how mindfulness is affected while exploring repressed inner identities and emotions.

## Expressive therapies continuum

The Expressive Therapies Continuum (ETC) is an art therapy tool that is used to describe the ways in which a client processes information during their interactions with art materials [43]. It breaks down the different levels of expressions onto a chart to help track the client's engagements and resistances. In the books written by Quinn et al. and Schmanke et al. they discuss the ETC and different types of art engagements for the various levels of the continuum. In 2009, Hinz published a chapter highlighting research conducted over a 30-year period and how the ETC hits a variety of needed levels to help individuals diagnosed with addictive behaviors. Hinz et al. remarks on how art therapy is not a centered approach for treatment of substance abuse, but more a solution-focused therapy that adjuncts with the 12-step programming. There also was mention of how the ETC can highlight an individual's strengths and where there are needs for addressing through the therapeutic process. Hinz continues to express how each level of the ETC works with the integration of the individuals dealing with substance addictions and how it can become the very framework needed to find safety in expressing emotions. This offered benefits not only to an individual, but also can be provide a sense of community among a group as they went through the emotion recovery process.

Hinz et al. published a textbook exploring the foundation of the expressive therapies continuum and how various materials and engagements with materials result in different body and mind effects. This is a collection of a variety of registered art therapists and the highlights of each component to the ETC. It provides the breakdown

of each level to the chart and how movements and various mediums can assist with becoming more centered. The information and breakdown of each level of the ETC provides insight on how materials complement and hinder the individual's engagement and transition through the continuum in a way that promotes a safe environment. Bodily responses that occur to various textures, materials, and resistances are highlighted while providing insight on what is expected to occur from the hands-on experience and the emotional or physical responses that could occur. It also provides information that could assist with potential regressions and how to help provide a "safer" environment for individuals. Exploring the possible levels experienced and ensuring each level is touched upon creates balance.

### **Kinesthetic, affect and sensory**

Three focuses on the ETC that should be discussed for this paper are affect, kinesthetic, and sensory. Affect, or the emotion component, was demonstrated by Nan et al. as they presented their theoretical perspective that using clay in art therapy can impact emotional regulation through a two-stage process. During the high-energy input process, the participants are engaging with more sculptural pieces and utilizing problem-solving skills with practice of organization and use of perceptual and affective expressions. New emotional experiences can aid in the transformation of negative effects. Therefore, art therapists must enable participants to experience, re-experience, conceptualize, and express these positive affective experiences. Overall, this indicates that with ceramics and expressions of positive affective experiences, participants could lead to emotional regulations to transform negativity.

When viewing the kinesthetic, or bodily movements, Czamanski-Cohen et al. presented that by using questionnaires and various techniques to measure body responses, one's mind and body responses will impact the self-identity and expressions of the individuals. They argued that by accepting emotions one will experience a mechanism of change that enhances the observation of emotions and being more positive toward art boosts self-reflection. This indicates that combining body and mind engagements can be enhance acceptance to process emotions and explore self-identity. This information provided the evidence on how the art-making process can not only impact someone emotionally, but also influence their body's responses.

Viewing the sensory component, touch, taste, smell, sound, and sight, Nan et al. explored how ceramics correlates to a natural cycle of life and how it relates to the individual using it to create. Nan explored how while working with ceramics the individuals could begin to experience a self-transformation. This supports the sensory experiences and the self-discovery processes in the section titled "Transforming from construction and destruction to reconstruction of life" (p.68). Nan states how firing the clay transforms it into a precious and durable material. This parallels to the alchemy of inner self, transforming into a tougher state after each life change or challenge.

### **Mask-making**

Mask-making has been around for centuries and used in several cultural. Some cultures view masks as an honorable item. In more Westernized areas, masks are perceived as merely a manner for someone to hide and as a shield from their real identity. Masks can be created from a multitude of mediums such as papier-mache, ceramics, or even found objects. All of these can then be decorated and customized to achieve the desired look of the mask-maker.

Masks go beyond just a visual value; it goes into a very personal level for the mask-maker. With each facial shape and placement of the features and decorations, part of the mask-maker is also input. Whether the goal or not, mask-making provides an opportunity for the mask-maker to "face themselves" because the masks become equal to the self. When making a mask for the goal of self-exploration, it can allow for the chance to look deeper into oneself as a whole or a specific identity that they struggle with themselves, such as addictive behaviors. Stephens et al. stated that integrating elements of personal and professional identity in a holistic and healthy way may lead to an increased sense of joy and professional satisfaction in the workplace. This indicates that releasing positive personal strengths onto masks can result in increased self-views. Not only can mask-making be liberating, reflective, and fun, but masks also can be identity-formative [44].

In 2017, Walker et al. conducted a qualitative study to see how the mask-making processes can provide insight on active-military service members' combat-related trauma. This was done through a five-year study of mask making to decipher if the masks are equal to self and could go further than just that individual. Participants engaged with a four-week interdisciplinary intensive outpatient program through the National Intrepid Center of Excellence (NICoE), at the Walter Reed national military medical center. They found that masks equal the individual's identity and can even go much deeper. They found the masks also represented the self in relations, community and more. This provided insight on how these representations go beyond just the individual as a person but also how they are self-perceived by the family and community.

Working on a mask to focus on a specific identity allows natural connections to the behaviors exhibited from the depicted identity, whether they are positive personal strength or an old behavior that needs to be shed. Nonetheless, whichever behaviors surface from the identity created are two possible outcomes from facing this identity. Either internal strength will blossom from being able to face the identity or it will provide insight on how some behaviors need to be shed while offering realizations for the new self.

### **Kintsugi**

When looking at the transformation that can occur from the making of masks or any art medium, it is important to remember that often the transformation is available only because something was originally broken. In the Japanese culture there is a process called kintsugi which is based around the idea of taking what is broken and repairing it so that the once-damaged piece can be whole once more [38,45-48]. Kumai et al. has a Japanese heritage and provides insight on the non-Westernized views about the kintsugi process. She explains that "the practice of kintsugi is repairing broken vessels by sealing the cracks with lacquer and carefully dusting them with gold powder. The Japanese believe the golden cracks make the pieces even more precious and valuable" (p.4). She continues to address how kintsugi practices are a metaphor for life, transforming one's damages, difficulties, or pain into a radiating gold light of beauty. She marks that each stage of the kintsugi process is not just a step of building, but each stage is a reflective process with deep purposes. "Kintsugi marks progress so you don't forget. Teaches you to be kind to yourself. The cracks make you beautiful and You will have to do the work...".

Throughout the book written by Kumai et al. and Santini et al. they address how this process has impacted their lives and allowed for

internal strength by reflecting on life experiences. This seems to support the ideas stressed by Keulemans et al. a PhD in humanitarian designs. Keulemans argues that kintsugi is an even bigger form of transformative repair than what was previously mentioned. Not only can a repaired crack trigger original perceptions of threat or risk, but it can also transform into emotions of care or hope. This shows how actively engaging with kintsugi process can transform a crack of “triggers” to become a golden road to hope. Yet Navarro et al., a psychologist and the founder of consultancy and center of emotional well-being, stresses there are specific mindsets required for each stage of the process. Navarro also mentions how kintsugi can connect with the emotional strengths to find beauty in our mental and physical scars. This is done by breaking down into detailed processes and reminders of important takeaways before moving forward. Directly talking about the mindsets required to repair and honor past events makes an individual who they are today.

By breaking and repairing, in terms of kintsugi, the Japanese believe one can rediscover their new true self while accepting their past. New start recovery is an inpatient addiction treatment facility that explores the correlation between the Japanese culture and kintsugi art techniques and the recovery process of individuals diagnosed with addictive behaviors. New start recovery reports that there are strengths in honoring the past. They argue that the Japanese people did not hide from their pasts, but instead tended to their wounds, cleansed them, and then allowed them to heal. New start recovery connects these behaviors of the Japanese culture with how mental wounds need to also be addressed. More importantly, it allows insight on how the “golden scar tissue” of a cleansed wound can heal appropriately. This supports the use of kintsugi to help face and heal the wounds for someone diagnosed with addictive behaviors.

## Preparing for the Future

Stigma has proven to be substantial in the future of individuals with addictive behaviors’ recovery and self-reflection. There are already several well-known art therapy practices that work toward self-exploration and trying to overcome various aspects of life events [34]. Yet, there is a lack of insight on how combining ceramic mask-making with kintsugi can be beneficial. Through the process of identifying a specific aspect of addiction and creating a physical identity mask, it may allow for the creator to face the elements they internally struggle with to understand the most. Take this further by breaking and repairing through kintsugi to build the connections needed to understand the beauty in that identity, the past, and how to honor it moving forward toward the new view. Further research is needed, however, for a clearer understanding of ceramic mask-making with kintsugi techniques and the effectiveness of understanding and bringing light to the stigmas against individuals who suffer from addictive behaviors.

The goal of this paper was to provide insight on the experiences of an art therapy intern using kintsugi-inspired mask-making processes to better understand addictive behaviors and stigma. Various elements of the process art therapy, ceramics, mask-making, and kintsugi--were discussed while connecting it to the current struggles and stigmas toward individuals diagnosed with addictive behaviors. Reviewed articles for this paper demonstrate that ceramics, mask-making, and kintsugi all play a role in supporting transformative repairs and promoting changes. By combining these three elements to work toward the stigma perceived by the general population and the internalized stigmas for individuals who have addictive behaviors, it

could highlight new ground for the art therapy field. These processes promote greater value in a variety of mediums and methods while supporting an often-forgotten population.

## Conclusion

As I explored my experiences as an art therapy intern using kintsugi-inspired mask-making processes, I created 7 different masks each based on a different addictive substance. I focused on one substance, created its identity in the ceramic mask, and then broke the mask to repair its identity. My intentions were to discover the insight that could be gained toward the substance of focus and to my surprise, gain a better understanding to the addiction as a whole.

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