

**ART THERAPY
WITH SEXUAL ABUSE SURVIVORS**

ABOUT THE AUTHOR

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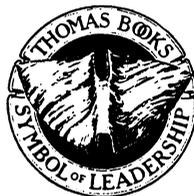
ART THERAPY WITH SEXUAL ABUSE SURVIVORS

By

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With a Foreword by

Dee Spring, PhD, A.T.R. - BC, BFCE



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FOREWORD

Art expression articulates the layered communication about forgotten or remembered events. Past experience, associated feelings, and references cannot be eliminated from artwork created in the present. Impressions build one upon the other and are influenced by their predecessor. Art reflects and incorporates past experience, its impact on current emotional reaction, and subsequent behavior. The feelings bonded to those events serve as reflectors through form as content. The communication of image in art expression is a silent, visual language, translated into linguistic form through retrocognition, examination, and experiencing the art object. Art making functions as a sender, the image as a message, the art maker as a receiver. Images in art expression, like dreams, are rooted in the personal history, incorporate current events, and in some form, express a wish for the future.

I call this the *image triad*. Images may remain internal, or be projected onto a tangible surface in the form of artistic expression. Since images are reflections of a field of view, they provide a schema or likeness that is within the constructs of the individual. As images build one upon the other, they arouse associations. The use of art expression in a directed and sequential manner prompts the emergence of historic information that has been stored in various caches of the mind.

Hidden images and responses to traumatic events tend to surface in a safe environment. The images originate during the traumatic experience, then stored in what we call the “unconscious” until the patient has decided that the original threat is no longer valid. First, the victim-artist must learn what has happened in the past. Next, the experience must be revisited in all its aspects: mental images, physical response (body memory), associated emotions, and references. Then, the historic experience must be reflected upon in a cognitive manner and processed from the adult point of view to form

a new perspective. The final step involves the resolution of personal truth, the acceptance that the past cannot be changed, and that there is a grieving for what is perceived as lost. These steps lead to trauma synthesis and to the time when it no longer hurts to remember.

During the process of trauma synthesis, distortion (visual or verbal) may occur. The content of the remembrance is represented by symbolic form which prompts other associations, references, metaphors, or parables. As more information is gained, details of historic experience may seem to change from the original story. Information may become more detailed as dissociated material is retrieved and processed. Regardless of the method of presentation, the reported scenes represent individual stories, including distortions, similar to the way history came down through the generations before there was written word. Pictorial form seems to be the most efficient and succinct method to communicate complex issues. Particular feelings may be attached to the images (dissociated materials in symbolic form). The reactions to the image are symptoms which emerge from dissociated material, commonly referred to as posttraumatic stress. It is important to identify the feeling and its connection to the image, as the image is the message.

During the course of therapy, the visual dialogue captures the missing pieces (image as messages) that are attached to art products created by victim-artists. Over time, the images go together in a composite (visual dialogue) that articulates past experience through recurring images, connecting history to current events. My empirical, quantitative research (1975-1988) on sexual abuse, posttraumatic stress, and artistic symbolic language concluded that there are two primary, consistent forms incorporated in the artistic symbolic language used by victims of sexual trauma. These consistent forms are wedges (threat) and disembodied/highly stylized eyes (guilt). These forms are the beginning of an alphabet that concretely differentiates traumatic and dissociative disorders from other disorders and experiences. This artistic language is also consistently created by individuals diagnosed with Dissociative Identity Disorder. Other population do not *consistently* use these forms in their art products. In this book, Stephanie Brooke refers to the emergence of this artistic language, and her own viewing of victim-artists' art

products which reveal symbolic forms.

Art Therapy With Sexual Abuse Survivors seeks to examine the most basic art therapy approaches to treatment of traumatic conditions due to sexual exploitation or abuse. The book is not structured around new or specialized ideas for treatment. Rather, the focus is a commentary on a collection of publications of art therapists and others who have written on the subject. The book includes a general reporting of material to various art therapy approaches and orientations. The theme throughout the book is on the importance of capturing iconographic material, through the use of art therapy, to assess and/or treat individuals who have experienced sexual abuse. I believe the collective content of the book to be especially important to art therapists who are just beginning to work with this victim population. The book provides a compendium and review of a number of historical and controversial areas that are important to art therapists and other disciplines.

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PREFACE

Sexual abuse survivor issues began coming to the forefront in the 1980s when I was earning my B.A. in Clinical Counseling Psychology. Survivors from all walks of life were coming forward to tell their story. Additionally, therapists began to focus more on these issues when working with their clients. One mode of therapy that was promising in promoting healing and growth was art therapy.

The purpose of this book is to provide therapists, who use art as an adjunct therapy or primary therapy, with an overview of art therapy with sexual abuse survivors. This text may be particularly helpful for the beginning art therapist who has little experience with sexual abuse issues. The book discusses art therapy assessment, graphic indicators of abuse, traumatic memory, and legal issues. Additionally, it will focus on research and case illustrations of individual, family, and group art therapy.

Chapter 1 presents an introduction on the use of art therapy with sexual abuse survivors, including various definitions of sexual abuse. Chapter 2 focuses on art therapy assessments including strengths and weaknesses. Graphic indicators of sexual abuse are discussed in Chapter 3. Chapter 4 debates the use of art therapy in with memories of sexual abuse. Chapter 5 reports on the legal issues of using drawings in court proceedings and the ability of art therapists to serve as expert witnesses. Chapters 6 through 11 present case illustrations of individual, group, and family art therapy. Finally, Chapter 12 provides a brief summary of the book.

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**ART THERAPY
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Chapter 1

INTRODUCTION

Sexual abuse is a recurring problem in our culture resulting in a myriad of treatment issues for survivors. Although there are a variety of therapeutic approaches for working with this population, art therapy is one which may be less threatening since it does not rely heavily on a verbal mode of communication. The purpose of this book is to focus on treatment approaches, including individual, group, and family art therapy. Case examples with illustrations are presented. Additionally, the book discusses graphic indicators of sexual abuse, along with the issue of forgotten memories and the false memory debate. Also, legal matters of using art therapy assessments in the court system and art therapists serving as expert witnesses will be addressed. This chapter provides a brief introduction to art therapy and the dynamics of different art products. Various definitions of sexual abuse are presented.

DEVELOPMENT OF ART THERAPY

Normal persons, children, who are involved in either personal or situational stress (such as sexual abuse) are temporarily vulnerable to developing emotional problems. The arts must be made available to these children to facilitate coping skills in the face of life-threatening trauma. (White House Commission on Mental Health, 1978; cited in Sgroi, 1982)

Throughout our history, art has served as a visual record of cultural, social and political issues of that time. On a personal level, art conveys the emotions, thoughts, feelings as well as the conflicts of the artist. Since art expression does not rely on verbal expression, therapists began using art as a diagnostic tool when working with clients. In the 1930s, art therapy emerged as a treatment modality.

Due to the increasing isolation, dehumanization, and over intellectualization of our culture, there is an increasing focus on affect and getting in touch with the inner self (Moreno, 1975). Accordingly, therapists are inclined to use nonverbal approaches such as art, music, dance, and drama for psychological healing and growth. Although these methods may be unorthodox to some, people have the opportunity to access information that eludes their perception by approaching problem solving through the modality of art therapy.

Art has been used as a means of self-expression for centuries. People have used art materials to “make images and connect them to feelings and bodily states [that] bring into the open thoughts that have been only vaguely sensed” (Keyes, 1983, p. 104). Edwards (1986) noted that drawing exists as a parallel to verbal language and is the simplest of all nonverbal languages. Art does not have the restriction of linguistic development in order to convey thoughts or feelings.

Aside from the therapeutic benefit of nonverbal communication of thoughts and feelings, one of the most impressive aspects of the art process is its potential to achieve or restore psychological equilibrium. This use of the art process as intervention is not mysterious or particularly novel; it may have been one of the reasons humankind developed art in the first place—to alleviate or contain feelings of trauma, fear, anxiety, and psychological threats to the self and the community. (Malchiodi, 1990, p. 5)

Projective methods designed to explore motivation are not new to the field of psychotherapy. Machover (1949) observed the power of projective methods in discovering unconscious determinants of self-expression that are not apparent in direct, verbal communication. Langer (1957) stressed that “there is an important part of reality that is quite inaccessible to the formative influence of language: that is the realm of the so called “inner experience,” the life of feeling and emotion, the primary function of art is to objectify feelings so that we can contemplate and understand it” (p. 4-5). Naumburg (1966), a renowned art therapist, asserted that “by projecting interior images into exteriorized designs art therapy crystallizes and fixes in lasting form the recollections of dreams of phantasies which would otherwise remain evanescent and might quickly be forgotten” (p. 2).

Due to the increasing number of therapists who utilized art as a method of therapy, the American Art Therapy Association (AATA) was created in 1969 to set standards for certification and registration

of art therapists. Art therapy was described as follows (cited in Levick, 1983, p. 3-4):

Art therapy provides the opportunity for nonverbal expression and communication. The use of art as therapy implies that the creative process can be a means of both reconciling emotional conflicts and of fostering self-awareness and personal growth. When using art as a vehicle for psychotherapy, both product and the associative references may be used in an effort to help the individual find a more compatible relationship between his inner and outer worlds.

Naumburg (1966) was one of the first individuals to utilize art therapy when working with her clients. It was her opinion that visual projections and unconscious material were frequently expressed more directly in pictures. In discussing art therapy, she made the following point:

Pictured projections of unconscious material escape censorship more easily than do verbal expressions, so that the therapeutic process is speeded up...the productions are durable and unchanging; the content cannot be erased by forgetting, and their authorship is hard to deny. (Naumburg, 1966, p. 512)

Ulman was another forerunner in the field of art therapy. Although Naumburg began her work as a psychologist, Ulman was an art teacher at the time she began her career in the field of art therapy. As Naumburg, Ulman adopted the psychodynamic perspective. In discussing art therapy, Ulman stated that the motivation to produce art derives from the personality as an attempt to bring order out of chaos (Ulman & Dachinger 1975). Additionally, Ulman felt that the art process allowed the person to learn about herself and the world and establish a relation between the two. "In the complete creative process, inner and outer realities are fused into a new identity" (cited in Rubin, 1987, p. 281).

Also having a psychodynamic orientation was Kramer (1971) who came to the field after Naumburg. Whereas Naumburg was known for her analytically-oriented approach to art therapy, Kramer was noted for her emphasis on the significance of art (Harris & Joseph, 1973). According to Kramer (1971), "art is characterized by economy of means, inner consistency, and evocative power" (p. 50). Kramer was interested in examining the psychological processes that are active when art is made. She described art as follows:

...a means of widening the range of human experiences by creating equivalents for such experiences... Using these equivalents the artist can choose,

vary, and repeat what experiences he will. He can reexperience, resolve, and integrate conflict. (Kramer, 1979, p. 8)

Stember (1977) was an art therapist whose contributions led to the development of Connecticut's Sexual Trauma Treatment Program for sexually abused children. She combined several theoretical perspectives when using art therapy with sexually abused children. Stember stressed that first drawings are vitally important:

The first drawings relate intimately to the impulses, anxieties, conflicts and compensations that are characteristic of that individual. In some sense, these drawings are the person at that moment. [Therefore] we can analyze some of the work, process behavior and product in terms of where symbols, forms, were placed on the sheet [of paper] and the [rapidity and repetitiousness] of graphic movement (whether they start small and tight and move outward or start large, scrawling, chaotic and diffused) and in recognition of diffusion and chaos-attempt to integrate the forms into a unified whole. (Stember, 1977; cited in Sgroi, 1982)

For a child, expression through art may be a nonthreatening means of expressing feelings and fears. Kramer (1971) discovered that art therapy helps a child master anxiety and make emotional preparations for change or transition. Through art, a child can fulfill wishes or express emotions which he/she may not be able to do in reality. Additionally, the child can learn to control the real world by experimenting with art and the thoughts and feelings illustrated in the creative process (Rubin, 1984). Researchers have found that the tactile and symbolic nature of art therapy allows the client to bring overwhelming and powerful emotions into consciousness thereby, permitting the client to master and integrate these emotions (Robbins & Seaver, 1976; Myers-Garrett, 1987).

APPROACHES TO ART EXPRESSION

Although art therapy derived from a Freudian perspective, a variety of theoretical approaches have emerged. The following theories will be described briefly: Psychoanalytic, Jungian, Gestalt, Developmental, Cognitive, and Group. These represent only a few of the theoretical approaches to art therapy. Research presented in this book utilizes these styles of therapy. Rather than adhering to one theoretical perspective, many of the therapists incorporate aspects of a variety of theoretical approaches in their treatment plans.

The forerunners of art therapy, Naumburg, Ulman, and Kramer, had a psychoanalytic orientation. This approach emphasized the importance of dreams in understanding the unconscious determinants of behavior (Corsini & Wedding, 1989). Art therapists working from this orientation will examine spontaneous drawings including those involving dreams and wishes (Rubin, 1987). As with free association, dream interpretation is unstructured and provides the artist with the freedom of expression that is not limited by language skills. Issues of transference are often worked through in order to uncover distorted perceptions based on unresolved conflicts from the past (Rubin, 1987). Decoding symbolic meanings associated with images is sometimes interpreted rigidly with this approach. Aware of this limitation, Naumburg (1966) stated that the only valid interpretation of an image comes from the artist.

Supporting the view that behavior is based on unconscious forces, the Jungian orientation interprets dreams as messages from the unconscious mind (Corsini & Wedding, 1989). Jung, a novice artist, worked through his own conflicts by painting and sculpting: "In fact, Jung's theories can best be understood in the context of the value he attached to the subjective reality of spontaneously generated images" (Rubin, 1987, p. 93). One aspect of Jung's theory of personality centered on archetypes which he described as latent thought-forms inherited by individuals: "Such images are not based on our personal life experiences, although they are activated by them; they are found universally" (DiCaprio, 1983, p. 88). A dialogue with the unconscious is stimulated by having the artist personify images or archetypes (Rubin, 1987). Elements, such as the shadow (dark side of person) are brought to light by personifying the image. Revelation of these aspects of the self will help the person work towards an integrated whole. Rubin (1987) stressed that some archetypical images, "being collective rather than personal, can never be fully assimilated, and it would be more accurate to describe the therapeutic goal as learning to trust the inner figures, as sources of insight and creative development in the individuation process" (p. 105).

As opposed to psychoanalytic therapy, Gestalt art therapy, began by Dr. Janie Rhyne, is nondirective. Gestalt therapists will not focus on interpretation, rather they will assist the client in expanding his/her awareness through active experiencing of the art image (Rhyne, 1973). One means of increasing awareness is by concentrat-

ing on dreams. When working with dream images, a therapist using a Gestalt approach will ask the client to enact a figure in a dream: "Clients can best process their dreams by "becoming" the objects in them and thus reown "disowned parts" (Rubin, 1987, p. 304). This is similar to the Jungian theory of personification. The Gestalt method is primarily affective, focusing on feelings and the recognition of one's feelings (Rhyne, 1973; Corsini & Wedding, 1989).

The reason drawing or painting may be "therapeutic" is that, when experienced as a process, it allows the artist to know himself as a whole person within a relatively short period of time. He not only becomes aware of internal movement toward experiential wholeness, but he also receives visual confirmation of such movement from the drawings he produces. (Zinker, 1977, p. 236)

Expression through art helps the person experience the inner self and integrate aspects of the self that may have been formerly denied (Rubin, 1987).

Developmental art therapy is especially useful for assessing age appropriate performance. Erikson's (1950) theory of development in addition to Lowenfeld and Brittain's (1987) stages of artistic proficiency is helpful. Using the developmental approach, a therapist will try to determine those issues affecting the client. Whether working with children or adults, an understanding of the client's developmental level, psychologically as well as artistically, is essential for guiding the course of treatment. The developmental approach begins with a nondirective segment in which the therapist offers a wide selection of materials and allows the artist to determine the theme, activity, and content. The next phase is directive, in which the therapist structures particular activities for the purpose of determining the client's level of skill, organization in the use of materials, response to media properties, and ability to express affect (Rubin, 1987).

The cognitive approach to art therapy explores emotions and thoughts. The main premise is to ease tensions and to build self-confidence. This method is particularly useful for individuals who experience difficulty in articulating thoughts and feelings in words (Rubin, 1987). For these clients, the metaphor of "right brain" thinking may be preferred; therefore, they need a channel of communication that can bypass the verbal mode. Free drawings are particularly useful for determining cognition. One art therapy