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A Group Art Therapy Program for Use with Adolescents Who Have Been Victims of Incest

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A GROUP ART THERAPY PROGRAM
FOR USE WITH ADOLESCENTS WHO
HAVE BEEN VICTIMS OF INCEST

H. ALEC ARNOLD, B.S.

An Abstract Presented to the Faculty of the Graduate
School of Lindenwood College in Partial
Fulfillment of the Requirements for the
Degree of Master of Art

1991



Abstract

This project represents the development of a manual for the application of art therapy activities in group therapy with adolescents who have been victims of incest. The treatment model presented in the manual is based on the need of incest victims to be able to articulate and abreact the feelings associated with their abuse within the context of a supportive and empathic relationship.

This need serves as the basis for this model for two principal reasons. In the act of incest victims are treated with complete disregard for their feelings and needs. Victims are treated as objects to be used in the service of others. In time, as a reflection of the incestuous environment in which they live, victims learn to disregard their own needs and emotions.

Additionally a principal coping strategy employed by individuals who have been exposed to traumatizing events is to dissociate from the feelings and memories associated with those events. This has the effect of limiting the victims overall ability to experience emotions. A central and necessary aspect of recovery is to learn to become emotionally responsive again. To accomplish this the memories and feelings related to the trauma need to be recalled and assimilated.

To achieve this art therapy activities are presented in four stages in the manual. These stages are meant to be used in sequence. They are designed to help clients recall and abreact their trauma.

The purpose of this manual is practical. It is hoped that the model presented here will help other therapists conceptualize and respond to the needs of adolescents who have been victims of incest.

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FOR USE WITH ADOLESCENTS WHO
HAVE BEEN VICTIMS OF INCEST

H. ALEC ARNOLD, B.S.

A Culminating Project Presented to the Faculty of
the Graduate School of Lindenwood College in Partial
Fulfillment of the Requirements for the Degree of
Master of Art

1991

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Chapter I

INTRODUCTION

Incest has moved from the periphery to the forefront of treatment concerns for therapists and clinicians in recent years. The rapidly increasing awareness of its prevalence has made the need for a comprehensive understanding of its dynamics and effects on its victims conspicuously important. Current estimates suggest that as many as one family in twenty is incestuous (Forward & Buck, 1978). It has been indicated that as many as one in three girls and one in out of every seven boys may be sexually abused before they are eighteen years old (Bass & Davis, 1988). Considerations of what this represents culturally are somewhat overwhelming. Incest has reached epidemic proportions.

Incest is distinct from other kinds of sexual assault. Its most conspicuous distinction is that its victims are always children. A second distinction is that the context of what should be a protective and nurturing relationship is blatantly and insidiously corrupted. It is my belief that the underpinnings of what should be the basis of a child's development are slowly and certainly undermined. Incest is more like a disease than a single traumatic event. Its effects fundamentally and progressively undermine the victims' views of themselves and their capacities to interact with others on the basis of their own needs.

The purpose of this project was to create a viable group-art-therapy based model of intervention for the adolescent incest victim. This model reflects a synthesis of existing

concepts and art therapy activities with others developed by the author based on my clinical experience of the therapeutic needs of sexually abused children. The information that follows is pertinent to that population and attempts to describe and respond to the influences of what may be a profoundly isolating and fundamentally disruptive experience.

This model is based on four stages of activities: (a) establishing personal boundaries; (b) clarifying feelings regarding the abuse; (c) externalizing repressed feelings; and (d) identifying alternatives to former dysfunctional behaviors and relationships. It generally reflects trends in existing approaches that suggest that therapy with this population evolves through phases as various needs are met. The stages of art therapy exercises in this model are based on the assumption that it is necessary, in therapy, for victims of incest to ultimately be able to express their feelings regarding their experiences, within the context of an empathetic and supportive environment. Symptoms arising out of the clients' experience of abuse occur essentially because they have not had an adequate opportunity to respond to their trauma (Miller, 1984). Symptoms are reduced and the clients' abilities to act on their own needs are restored as these feelings are expressed and assimilated.

It is further assumed in this model that the greatest inhibitor of progress in therapy with this population is the denial of the client. This population frequently survives their experience of trauma by minimizing or repressing the feelings associated with the abuse. This results in an overall reduction

of the victims' awareness of their feelings. This model takes the approach that it will be necessary to help clients cultivate a sense of what their feelings are regarding their abuse before these feelings can be expressed.

Stages one and two of this model are designed to help the client regain feelings connected with their abuse. The activities in stage three are meant to provide the client with an opportunity to express these feelings. Following the abreactive work, the activities in stage four are for purposes of assessing and redefining formerly dysfunctional behaviors and relationships.

Chapter II

LITERATURE REVIEW

The Prevalence and Context of Incest

Incest is a cultural and clinical concern that has largely been ignored until relatively recently. It has only been through the initial efforts of such individuals as Louise Armstrong (1978) that the public has begun to take notice. Most of the literature that exists pertaining to the effects and treatment of incest has only come into existence during the last decade.

The prevalence of incest has reached epidemic proportions. Studies estimate that the percentage of incest victims in the general female population is as high as 5% (Forward & Buck, 1978). It has been documented that sexual abuse has occurred among 14% of female college students, from 8 to 13% of female inpatient psychiatric patients, and from 30 to 33% of female outpatient case loads (Gelinas, 1983). One writer has claimed that one family in twenty is incestuous (Forward & Buck, 1978). The occurrence of incest crosses all ethnic, religious, and socio-economic boundaries (Armstrong, 1978).

Gelinas (1983) defined incest by two criteria: sexual contact and a pre-existing relationship between an adult and a child. The existence of a parent-child type relationship was essential to her definition of incest. This included surrogate parental figures as well. For the most part, these are father-daughter type relationships. Ninety-seven percent to 98% of incest offenders

are male and 80-90% of the victims are female (Gelinas, 1983).

Victims have been identified as young as 4 months old (MacFarlane, 1978). Incest is usually initiated when the victim is between 4 and 12 years old, with particularly high risk periods at ages 4 and 9 (Gelinas, 1983). They are generally too young and naive to understand what is being done to them (Forward & Buck, 1978). It is generally around ages 10 to 11 that they begin to realize that their experiences are socially taboo (Gelinas, 1983).

Sexual contact is usually terminated by the victim around age 14 or 15, often by disclosure, threats of disclosure, or repeated running away (Gelinas, 1983). Forward and Buck (1978) suggest that an adolescent victim has four choices with which to respond to the incest: she can put up with it; she can escape through drugs, alcohol, or psychological breakdown; she can inform authorities and perhaps take responsibility for imprisoning her father and impoverishing her family (if anyone believes her); or she can run away.

Forward and Buck (1978) also point out that many victims do not inform on the aggressor because they are gratified by the incestuous contact. Many victims feel unloved by other family members and may be at risk because of their own emotional needs. Victims may experience the incest as an expression of love. They may assume that to disclose their experience to another authority would be betrayal of that love.

It is important to note that incest is frequently the result of, not the cause of, inner family trouble (Cohen & Phelias, 1985; Forward & Buck, 1972; Sgroi, 1982). In the families of incest

victims usual communication and expressions of affection and support do not occur. Traditional roles in the family are being subtly shifted and normal nurturing is not experienced by the victim (Gelinas, 1983). What appears to be compliance by the victim may be an act of emotional desperation and may be the only form of affectional contact the child knows (Cohen & Phelps, 1985).

Maintaining that perception, however, becomes increasingly more difficult as the victims mature and become more aware of the incongruities that exist between their experiences and social norms. This at least partially explains the tendency of victims to disclose the incest at age 14 and 15.

Carozza (1982) has noted that incestuous families have the following symptoms: ill-defined boundaries, a father with damaged self-esteem and impulse control, a "silent-partner" mother, and a child in need of affection.

Sgroi (1982) has observed five phases in incestuous relationships. Phase one is the engagement phase. "In this stage," the molester fosters an opportunity to sexually abuse the child. Games, tricks, or deceit are employed. Entrapment can follow. Here the child is made to feel responsible for what is happening. Threats may be used, however, there are usually not acts of physical violence. The children are usually "engaged" in a kind, loving manner. Physical force is rare but occasionally used.

Phase two is the sexual interaction phase (Sgroi, 1982). The perpetrator begins sexual contact which may include mutual

masturbation, oral genital contact, or vaginal or rectal penetration.

Phase three is the secrecy phase (Sgroi, 1982). In this phase the perpetrator's task is to convey the importance of secrecy to the child. Usually through threats or bribes the perpetrator coerces the victim to "hide" the incest.

Phase four is the disclosure phase (Sgroi, 1982). It is important to understand whether the disclosure is purposeful or accidental. If it is purposeful, the child has come to someone and asked for help because she can no longer tolerate the abuse. Accidental disclosure may occur because the victim has become pregnant, has in some way been injured through sexual activity, or has incurred a sexually transmitted disease.

Phase five is the suppression phase (Sgroi, 1982). In this phase the family responds to the disclosure by actively denying the occurrence of incest out of fear of legal repercussions, family disintegration, removal of the child from the home, social stigma, or loss of job.

The Effects of Incest on the Victim

It is the context of an established relationship that makes the experience of incest particularly devastating for the victim. "Incest takes place within the context of a relationship that is supposed to nurture, protect and care for the child, where she should be able to get a reasonable interpretation of reality and

relational life, and upon which she is utterly dependent. Incest is a profound abandonment and betrayal, a travesty of parental love and care that is a young child's inherent right" (Gelinas, 1983, pp. 319).

Cohen and Phelps (1985) have observed that incest is a betrayal of trust that does not allow for the straightforward reaction of anger that rape does. The seduction of a child by a needed and trusted parent figure, close relative, or other individual with whom the child has an established relationship is far more complex and traumatic. The child is forced into a role that betrays his or her dependence upon the adult.

When the incest begins the young child typically does not notice that a threshold is being crossed. Compliance of the child is gained by misrepresenting sex as affection, and by exploiting the child's loyalty, need for affection, and desire to please (Gelinas, 1983).

It has been observed that victims must live in a kind of schizophrenic world of detachment and disconnection (Cohen & Phelps, 1985). The coping strategies required of these children to survive their experiences speaks both generally and fundamentally of the incests ultimate impact. They may learn to detach from all experiences that are painful or confusing. They may deny or depersonalize the experience of incest or attempt to dissociate from their bodies (Cohen & Phelps, 1985; Gelinas, 1983).

Miller (1984) explains that in the absence of a significant other who is capable of responding to the abuse of the victim

empathetically and thereby reflect and affirm her sense of offense the victim suppresses these feelings because they are simply too unbearable to experience all alone. Dissociated from the original cause, these feelings of anger, fear, helplessness, despair or pain will later find expression in destructive acts against others or against herself. These activities may include criminal behavior, drug addiction, alcoholism, prostitution or psychic disorders.

According to research, the psychological damage done to victims of incest includes sexual overstimulation and development of a compulsion to repeat the sexual acts in an attempt to master the conflict (Cohen & Phelps, 1985). The victim may have difficulty moving beyond the oral stage of development. The victim may feel an overwhelming need for consistent, congruent nurturing and experience confusion between aggressive and sexual impulses.

Forward and Buck (1978) noted the following recurring symptoms in victims of incest. Victims tend to become more self-destructive as they grow older as an expression of guilt and self-punishment. They suffer a pervasive lack of self-confidence and self-respect. Victims feel undeserving of emotional physical, or material satisfaction. If as children they found the incest painful or otherwise distasteful, they may be revolted by their own developing sexuality after puberty and subsequently suppress their own sexual feelings. On the other hand, victims may become promiscuous as an expression of self-degradation, or they may seek affection through sex. Because the victim confuses love, guilt

and sex, she may end up being used as a sexual object.

MacFarlane (1986) developed a rather comprehensive survey of the effects of sexual abuse described in literature. Symptoms were categorized in subgroups of related concerns. These categories included affective effects, physical effects, cognitive and school related problems, behavioral symptoms, self-destructive behaviors, psychopathology, and effects related to sexuality.

In the first category of surveyed effects guilt and shame were found to be common affective responses to sexual abuse. Children tend to blame themselves for the abuse, particularly if they enjoyed aspects of it. In cases of incest they may feel guilt if they think, or are led to believe, that their disclosure precipitated the destruction of their family (MacFarlane, 1986).

Anxiety is another common affective response to sexual abuse (MacFarlane, 1986). The anxiety may become manifest in various ways: as in difficulties in relations with the opposite sex, by way of somatic and behavioral symptoms or phobias and nightmares. Extreme levels of fear were also noted in sexually abused children.

A second category in which MacFarlane (1986) grouped correlates to sexual abuse is physical effects. It is noted that although actual physical effects are less frequently reported, they do occur. These may include injury to the genital area. More common physical effects observed, although not directly causally linked to the sexual activity, are somatic complaints. Problems reported include stomach aches, headaches, hypochondriasis, encopresis, enuresis, excessive blinking, and

hysterical seizures.

It has been observed that school-aged sexually abused children exhibit cognitive and school-related problems that may be related to the abuse (MacFarlane, 1986). Some sexually abused children seem to have problems concentrating on tasks. Clinicians have suggested that the abuse may promote attention deficits. The poor school performance of these children may additionally be an expression of their sense of powerlessness or lack of control. Sexually abused children tend to develop a "helpless victim" mentality that affects their behavior in various situations.

A wide range of behavioral symptoms have been associated with sexual abuse (MacFarlane, 1986). The behaviors can be grouped according to whether they involve a form of acting out, withdrawal, or repetition of the abuse relationship. Acting out behaviors cited in literature included aggressive behavior, antisocial and delinquent behavior, stealing, and substance abuse.

In contrast, some authors noted tendencies for some sexually abused children to behaviorally withdraw (MacFarlane, 1986). These included withdrawing into fantasy, staying inside and refusing to leave their homes, and regressive behaviors such as a return to thumbsucking (in pre-schoolers) or a fear of the dark.

It has been observed that many sexually abused children repeat the abusive situations in some fashion. This repetition of abusive relationships may occur with other adults while the victims are still children or after reaching adulthood in relationships with other adults and with their own children (Gelinas, 1983; MacFarlane, 1986; Miller, 1984). It has been

found that adult perpetrators were frequently abused as children when they were the same age as their victims.

A fifth category (MacFarlane, 1986) included in the survey is self-destructive behaviors. Essentially, the self-hate of the victim is translated into self-punishment in a variety of ways. Victims are frequently self-defeating. They may be masochistic or self-mutilating. Substance abuse and repetition compulsion, previously mentioned, are also examples of self-destructive behaviors observed in sexually abused children (Miller, 1984). It is suggested that these behaviors could be an expression of anger turned inward which can lead to depression and suicidal thoughts or attempts, both while the abuse is current and later in life.

Psychopathology is the sixth area of symptoms listed in MacFarlane's (1986) survey of the effects of sexual abuse. Diagnosis associated with sexual abuse included neurosis, character disorders and multiple personalities. Victims have occasionally been observed to develop psychotic features. It is added though, that generally there is not enough evidence to permit firm correlation of pathology and sexual abuse.

MacFarlane (1986) also considered the effects of sexual abuse related to sexuality. It has been consistently found that sexual abuse leads to premature sexual behaviors in children. This may be a result of reduced inhibitions or a means of working through the abuse. A related finding is that many molested children often become preoccupied with sexual matters and exhibit atypical knowledge of sexual acts. This is the single conclusive factor Conte (1987) could identify to distinguish sexually abused from

non-sexually abused children.

Problems with interpersonal relationships also appear to be related to child sexual abuse (MacFarlane, 1986). This has been observed in both peer relationships and in longer term heterosexual relationships. This could be attributed to the sexually abused child's tendency to withdraw socially after the abuse or possibly social skills deficits. Some believe these problems stem from a lack of trust which reflects the betrayal inherent in the abuse. Other contributing factors include feelings of being different and distant from others which evolve out of disassociation from one's own feelings used as a defense during the abuse.

No sexually abused child exhibits all of these symptoms and some sexually abused children do not visibly exhibit any. Conte and Schuerman (1987) attempted to distinguish the impact of sexual abuse in children initially by employing a survey of 110 symptoms with a known population of abused children. They ultimately arrived at a condensed list that included poor self-esteem, aggression, fearfulness, irrational/lacking confidence, withdrawn, acting out, and anxious to please/tries too hard. The average number of symptoms observed in the abused children was 3.5. Twenty-seven percent of those surveyed had four or more symptoms and interestingly 21% of the survey groups had no symptoms.

Brooks (1985) offers a possible explanation for the apparent nonexistence of symptoms in some sexually abused children. She administered a brief symptom inventory to a group of adolescent girls with a known history of sexual abuse. Her findings

suggested that the sexually abused population was composed of two types of symptom groups. She described these as a distressed group and a no problem group.

The distressed group was characterized by symptoms of depression, hostility, and somatization with paranoid and schizoid/psychotic trends. The girls in this group often reported feelings of emptiness, loneliness, and an impaired ability to trust others. They tended to suffer problems with identity, particularly around sexual issues and work career objectives. It was noted that their denial of their "womanliness" was significant.

A significant portion of Brooks' (1985) survey group indicated that they had few problems or complaints in their lives. The almost complete absence of anxiety, somatic, phobic, and obsessive-compulsive complaints in this group was most notable. They did however, indicate some distrust of others and occasional feelings of sadness. This group appeared to have responded to their abuse by shutting down all feeling states as a way of avoiding anxiety. Brooks (1985) ultimately attributed the symptom profile of this group to the overwhelming use of denial. The minimal affective response made members of this group much poorer candidates for therapy in Brook's estimation.

Gelinas (1983) thinks that the entire range of symptoms and problems seen in incest victims, and described in literature, could be accounted for by three underlying issues. She describes these as (a) chronic traumatic neurosis, (b) continuing relational imbalances and (c) increased intergenerational risk of incest.

some of her observations, which are principally about adults incestuously abused as children, pertain to the impact of incest experienced during adolescence as well.

Traumatic neurosis emerges only after disclosure of the incest. Gelinas (1983) explains that discussion regarding particular aspects of the incest is almost invariably accompanied by the emergence of very strong affect. She views the emergence of the affect and accompanying memories as curative and cathartic. Their emergence, however, is typically qualified by denial. Traumatic events are usually followed by an initial outcry and then denial, or sometimes only denial. The victim may persist in her denial but certain elements of the traumatic event will begin to intrude on her awareness. It was emphasized that this occurs after the initial disclosure. It was additionally emphasized that the symptomatic intrusions need to be recognized for what they are. They become manifest as involuntary compulsive tendencies to repeat aspects of the original trauma, despite conscious efforts at avoidance or suppression.

These repetitions may include recurrences in thought (such as nightmares, hallucinations, recurrent obsessive ideas or images), in emotions (as in panic attacks or weeping episodes) or by behavioral re-enactments of some aspect of the trauma (as in compulsive verbalizations or recurrent expressions of the trauma through gesture, movement, or artistic production). Gelinas (1983) indicates that without treatment secondary elaborations can develop. These may include chronic depression, guilt, poor self-esteem, feelings of powerlessness, and suicidal ideations.

There can occur a lengthy latency period between the termination of the abuse and the emergence of the traumatic neurosis (Gelinas, 1983). Again, this would explain some literature that suggests that some victims appear to be unharmed by their trauma.

Gelinas' (1983) second general underlying issue is relational imbalances. Her description of the predisposing familial dynamics that promote these imbalances is very significant to the consideration of the disposition of the adolescent victim. She points out that incest is relationally based sexual abuse. The trauma occurs within a family in which relationships have become totally distorted. The child grows up in an incestuous system with no experiential basis for comparison upon which she can form a healthy personality and undistorted interpersonal skills. Gelinas (1983) suggests that these relational imbalances have character-development and relational implications that may last the victim's lifetime. She asserts that these imbalances lead to the inception and continuation of incest.

A relational pattern that is particularly important to the understanding of the impact of incest on the adolescent is "parentification" (Gelinas, 1983). It is a symptom that is clearly indicative of the evolving nature of the impact of incest. In parentification a child begins to function as a parent. She begins to do more and more of the provisional activities in the home, such as cooking, laundry, or childcare. Unwittingly, she eventually begins to assume responsibility for these tasks. In this manner parent/child roles become reversed.

The significance of this is that the parentified child begins to meet the needs of other family members to the exclusion of her own. In time she may no longer realize that she has legitimate needs of her own.

Gelinas (1983) further points out that in incestuous families the mother has frequently been parentified as a child. She is subsequently ambivalent about her role as a spouse. Gradually the mother relinquishes these duties as her own daughter becomes increasingly parentified. The role reversal is essentially complete when her husband turns to her daughter for sexual contact as well.

As a result, the child victim is basically deprived of her childhood. Her caretaking functions and sense of responsibility are overdeveloped at the expense of her self-esteem, social skills, and personal talents (Gelinas, 1983). She will tend to be very nonassertive and passive. Guilt also plays a major role in the reaction of the victim, as she has been led to believe that she is responsible for everything.

One implication of this exploitative family system is that the victim will tend to allow or even induce future relationships to follow the same pattern (Gelinas, 1983). Gelinas (1983) described the third underlying general issue as intergenerational risk. Having once been involved in incest the victim is at risk of being involved again except in a different relational context. This time she is likely to be the mother that allows her daughter to become parentified.

Factors That Mediate the Effects
of Incest on the Victim

Researchers have suggested that there are factors that mediate the effects of sexual abuse. MacFarlane (1986) presented the following factors. The victim is believed to be at greater risk for psychological trauma if the pre-existing family system is pathological. Greater psychological health of the victim is associated with less trauma. A closer relationship with the offender is said to increase the trauma. Trauma increases when the duration of the abuse lengthens. Genital contact, especially intercourse, worsens the trauma. If the victim experienced pleasure during the abuse, or assumes that she precipitated it somehow, that may increase the impact. Additionally, an unsupportive or overreactive parental response will result in greater trauma.

Conte and Schuerman (1987) attempted to identify factors that lessened the effect incest had on the victim. Without being able to confirm the influence of isolated factors they concluded that the victim's support system played a powerful role in mediating the effect of the abuse. They found that victims had more symptoms when they came from families which were pathological in nature or had significant problems in living. Victims who had supportive relationships with siblings or non-offending adults were less affected.

Treatment of Adolescent Victims of Incest

Existing treatment approaches to the adolescent victim of incest include various combinations of individual, family, and group therapy. With this particular client population group therapy has been frequently cited as the treatment modality of choice. Sgroi (1982) has recommended a multiple-modality, multiple-therapist approach to families involved in child sexual abuse. This would begin with individual therapy for each family member, followed by dyadic therapy for mother and daughter while each simultaneously attends groups and eventually includes family therapy. Sgroi (1982) indicated that group therapy is the preferred eventual treatment for adolescents. Sgroi recommends the use of family therapy only in incest cases when the parents are willing to take total responsibility for the sexual abuse of the child.

Forward and Buck (1978) also found that group therapy was most effective with incest victims. They observed that many of the victims with whom they had worked had begun in individual therapy but had been unable to work through their shame and disclose the incest without being in a group. They found that victims discovered that they were not alone in their experiences. They were also able to gain the support and nurturing they required.

Sgroi (1982) recommended group therapy for adolescent victims of incest for the following reasons. Twelve- to eighteen-year-old female adolescents constituted 48% of the reported female population of incest victims. A trend toward group affiliation is

a normal developmental aspect of adolescents. Adolescents have a need for peer acceptance and approval. Groups help to minimize the isolation and social stigma of incest.

Victims of incestuous relationships usually have a history of alienation and isolation from peers and community systems (Sgroi, 1982). Group therapy provides participants an opportunity for appropriate socialization and an opportunity for sharing among peers. Trust and support from the group help them to regain a sense of self-worthy and identity.

Courtois and Leehan (1982) pointed out that group therapy is a treatment that demands interpersonal interaction. It provides members opportunities to express and meet each others needs. It also allows for the expression of feelings without fear of retaliation. Group therapy helps participants learn to confront the isolation common to abuse victims and to experiment with basic social skills and gain feedback.

Courtois and Leehan (1982) discussed several considerations that should be given to the formation of a group as an intervention with incest victims. In their work they have observed that the expression of one person's crisis would provoke a similar reaction in another member. It was often difficult for group members to assist each other because they were incapacitated by their desire to avoid painful or fear-producing emotions. Avoidance of feeling states may have been a primary defense employed in their experience of incest.

A second observation Courtois and Leehan (1982) made was that structures and boundaries were essential for the functioning of

this kind of group. It is likely that chaos has been a way of life for most incest victims. It is unlikely that they have any internalized sense of order.

Finally, Courtois and Leehan (1982) recommend group members to be taught feedback techniques. Most members may be found to function at low levels interpersonally. They have to be helped to learn how to state their observations and support for one another.

Treatment Issues for Adolescent Victims of Incest

Courtois and Watts (1982) identify four main goals to be accomplished in therapy with victims of incest. Clients need to become aware of and accepting of immediate feeling states. Victims need to experience emotional catharsis so that feelings associated with the abuse do not remain suppressed. Clients need to identify affirmative aspects of themselves and develop a positive self-concept. The final goal is self-management in which victims remain aware of past and present experiences and are able to experience personal growth.

Forward and Buck (1978) think that two steps must be achieved before specific treatment goals can be pursued. Clients need to make a commitment to treatment and be willing to face the incest and admit that it has taken place. Clients will also need to be willing to contend with patterns of secrecy and repression and work with unresolved conflicts that tend to emerge after the initial euphoria from sharing the secret has passed. Subsequent

goals then include: externalizing guilt, rage, shame, fear, and confusion, and placing the responsibility where it belongs (on the adult).

Gelinas (1983) indicated that following a victim's disclosure of incest the release in therapy of intense affect and memories is cathartic and curative. She stresses that catharsis should be achieved gradually so as not to allow the client to be over-whelmed. Sgroi (1982) thinks that treatment issues should include: ventilation of anger, socialization, preparation for court, and sex education. Miller (1984) asserts that remediation lies in the victim being able to relive the trauma within the context of a supportive relationship.

Sgroi (1982) presents the following list of issues and subsequently discusses their implications for treatment. The issues include the damaged goods syndrome, guilt, fear, depression, low self-esteem, repressed anger and hostility, impaired ability to trust, blurred role boundaries, pseudomaturity and failure to accomplish developmental tasks, and self-mastery and control. The first five issues are likely to affect all sexually abused children; the second five issues pertain particularly to those children who have suffered abuse by a family member or a significant other.

The damaged goods syndrome is an amalgam of reactions by victims in that they feel somehow damaged by their experience (Sgroi, 1982). If they experienced pain or unusual sensations during the abuse they may think that they are damaged physically. The response of others, such as expressions of curiosity,

hostility, or disgust can contribute to the child's perception that she has been damaged somehow. Overcoming distorted perceptions can be accomplished in therapy by refuting them directly with the child.

Guilt is described as a virtually universal response to incest (Sgroi, 1982). Guilt may be experienced because victims may assume that they are responsible for three aspects of the abuse. They may assume that they precipitated the sexual behavior, they may feel guilty for disclosing the perpetrator, or they may feel guilty because they assume that they are responsible for the ensuing disruption if members of the family are removed from the home. Victims may also feel guilt in relation to being different from their peers, from having experienced pleasure during the sexual experiences, and from having vengeful, angry feelings towards their parents.

Treatment for the issue of guilt lies in helping the child identify and sort out her feelings associated with the abuse (Sgroi, 1982). It is particularly important that the victims understand that she can never be held responsible for initiating sexual activity with an adult or older person or for the disruption that follows. An older child may feel guilty about having become manipulative or because they assumed a favored position in the family. Sgroi (1982) suggests that responsibility for this should be appropriately ascribed by the therapist to the perpetrator. MacFarlane (1986) has suggested that one other obvious means of relieving the child of the burden of guilt would be to have the perpetrator acknowledge his responsibility for the

incest.

Fear of separation and abandonment may be experienced by victims after disclosure of the abuse (MacFarlane, 1986). Sgroi (1982) stated that members of incestuous families have tendencies to pull out their support of the victims when the incest is revealed. Out of fear of having the income provider (perpetrator) removed from the home, families will deny the existence of the incest and accuse the victims of lying. victims may subsequently need to be helped in treatment to deal with a real basis for their fears.

MacFarlane (1986) indicates that depression is a common reaction in incest victims to the losses, confusion, changes, and disappointments they experience in their lives, particularly after disclosure of the abuse. children may mask their depression by treating their experiences as insignificant, by becoming easily fatigued, or by presenting somatic complaints. More overt signs of depression could include subdued, withdrawn behavior; self-mutilation; or suicide attempts (Sgroi, 1986). Implications for the treatment of depression include ventilating feelings, cultivating perceptions of support, or hospitalization (Sgroi, 1982).

The entire experience of incest and the responses of others tend to undermine self-confidence. Low self-esteem and poor social skills are a common effect of incest (Sgroi, 1982). Sgroi (1982) points out that many victims of intra-family sexual abuse may have had to depend predominantly on family members for socialization. They may have been pressed to limit outside

relationships. This limits the development of social skills. To this, MacFarlane (1986) adds that victims may be reluctant to be assertive on their own behalf. They may assume that they are unworthy or undeserving. Victims may attempt to compensate for their poor self-concept by acting out sexually (Sgroi, 1982).

Group therapy is felt to be a particularly effective treatment modality for limited social skills and self-esteem (Sgroi, 1982). Victims gain support from positive group experiences and have opportunities to enhance social skills.

Repressed anger and hostility is another issue requiring treatment (Miller, 1984). Sgroi (1982) suggests that although many incest victims appear outwardly passive and compliant, most are seething with anger. If victims can become aware of it they can initially identify their anger with the perpetrator and secondly with those who failed to protect them. However, most often the victim's anger is repressed (Miller, 1984; Sgroi, 1982). To this MacFarlane (1986) adds that some children are so symbiotically linked to the perpetrator that they do not experience an awareness of their own anger.

Victims must be helped to get in touch with their repressed rage and express their anger in a healthy and nondestructive fashion (Miller, 1984; Sgroi, 1982). Victims may be afraid of their own anger or unsure of their ability to handle it. They may be compensated by being overly compliant. MacFarlane (1986) recommends beginning treatment of repressed rage with less direct expressions of anger, such as smashing play-doh, and moving towards eventual direct displays of anger toward the perpetrator.

A replica of the perpetrator, such as a doll, could be used for this purpose. MacFarlane (1986) indicated that the most difficult anger for victims to express is their anger towards their mothers.

Victims of incest suffer impaired capacities to trust. Sgroi (1982) observes that a child who has been victimized by a known and trusted person can expect to have difficulty developing trusting relationships thereafter. MacFarlane (1986) suggests that the degree of the impairment depends on the overall duration of the incest, the identity or relationship of the perpetrator, the amount of disruption that follows the disclosure, and the responses of others.

Treatment requires that the victim begin to have some experience of relatedness with other individuals. Sgroi (1982) states that feelings of alienation can only be overcome through the experience of more satisfying interpersonal relationships.

Blurred role boundaries and role confusion are issues that require treatment in incest victims. The premature and inappropriate sexual experience with an adult generates a great deal of role confusion for the child (Sgroi, 1982). The perpetrator has acted in total disregard for familial and societal role boundaries. The victim's mother may have competitive feelings towards the child. Treating the child as a peer and rival increases the child's sense of alienation. Long before the disclosure of incest the mother relinquished her responsibility to her daughter, creating confusion over roles and identities (Gelinas, 1983).

To help the child resolve her confusion over familial roles,

it is suggested that at least one parent participate in therapy and confirm appropriate role boundaries (Sgroi, 1982). An ultimate goal of treatment and restoration of the family is for the mother to make on a stronger parenting role (MacFarlane, 1986). Role playing and role modeling of age-appropriate behaviors can be helpful to the child (Sgroi, 1982).

An additional issue that will need to be treated with the child is tendencies towards pseudomaturity and failure to complete developmental tasks (Sgroi, 1982). Extensive sexual stimulation and preoccupation with the incestuous relationship interferes with the accomplishment of age-appropriate developmental tasks and leads to the premature assumption of adult roles.

Self-mastery and control are a final treatment issue (Sgroi, 1982). Victims have experienced a fundamental violation of their bodies, privacy, and rights of self-mastery and self-control. All of the aforementioned issues are components of self-mastery and control. MacFarlane (1986) has observed that victims of incest typically feel as though they have no choices and no power in regard to the molestation. Sgroi (1982) further states that self-mastery and control imply accountability, behaving responsibly towards self and others, independence from one's family and background, and freedom to make one's own choices. She admits, however, that achieving this is virtually impossible in the repressive atmosphere that characterizes most homes in which incest occurs, and it may be impossible without family participation.

Art Therapy with Victims of
Sexual Abuse

Art therapy has been used as a means of intervention in the treatment of children and adolescents who have been victims of rape and incest. Art therapy has served as both the principal means of intervention in cases of sexually abused children and adjunctively in a supportive capacity. Case work and models exist describing the application of art therapy techniques in groups and with individuals in treatment. Generally, art-based activities used in therapy have been observed as helpful diagnostic instruments in assessing the emotional status of clients, as useful vehicles for fostering rapport between victim and therapist, as exploratory exercises that help victims recall repressed memories and emotions, and as outlets for declarative and abreactive work.

An early proponent of the use of art therapy with sexually victimized children was Stember (1977, 1978, 1980). Stember's observations are based on her work with individual boys and girls ranging in age from 6 to 11 years. Sessions with abused children described by Stember were all weekly and spanned from 1 to 6 months.

In the earliest case work reported by Stember (1977) she describes using printmaking techniques with two 6-year-old male clients. She observed that abused children often resist the expressive use of art materials. She stated that because of the inherent structure in printmaking activities it was more

controllable and subsequently seemed safer to her clients. with it the two victims of abuse were able either to create images when they had not otherwise been able to do so, or gain greater control over aggressive and impulsive image making. The structure of the activity also was said to be instrumental in the establishment of rapport between client and therapist.

A later case report presented by Stember (1978) describes her work with an 11-year-old, abused female client. with this particular case Stember emphasized that art therapy was the least threatening means by which healthy learning and ego reinforcement could be fostered in children who have adopted rigidified survival behaviors as a result of their abuse. Stember's sessions with this individual were weekly and lasted 6 months. Art activities she used included spontaneous drawings and poetry. Stember observed that art therapy helped the client regain greater control over "wild" behavior and violent language and enhanced her accessibility to treatment. At the end of treatment the girl was exhibiting less fear motivated behavior during therapy.

Stember (1980) also discusses the viability and various uses of art therapy with sexually abused children. She states that children who have been victims of sexual assault need opportunities to ventilate the emotions associated with the abuse. Victims, she said, could begin the process of externalization and integration of these feelings by depicting their associations with the abuse in art. Stember (1980) observed that the sharing of art activities was helpful in the creation of an alliance between the victims and therapist. Additionally, she stated that the

projective aspects of the art work gave the therapist information regarding how victims were organizing or dealing with their anxieties. One further point made (Stember, 1980) was that art mediums can provide clients with cathartic outlets for emotions and opportunities to experience greater control over their behavior. Stember (1980) indicated that a wide range of art materials was used to enable children to express their feelings. She mentioned pounding clay in particular for ventilating pent up emotions.

Naitove (Sgroi, 1982) presented a paper on the use of art therapy with sexually abused children which she acknowledged as being an outgrowth of the work pioneered by Stember. The paper is a discussion regarding the ways in which art therapy can be helpful with this population. Naitove (Sgroi, 1982) did not present case histories but did include examples of art therapy exercises done by male and female clients from 6 to 12 years old.

Naitove (Sgroi, 1982) indicated that art therapy could be uniquely helpful to sexually abused children in the following ways. Creative expression could enhance abused children's sense of self-worth. Expressions of the trauma in art materials could help victims separate their concepts of themselves from the event. Art could help clients externalized and ventilate emotions and foster integration. Art projects could give clients opportunities to gain support and affirmation of strengths when shared with their therapists. Art activities could help foster impulse control and promote self-directed behavior. Naitove (Sgroi, 1982) further stated that using art activities could help clients

accelerate maturation of behaviors delayed by abuse.

Naitove (Sgroi, 1982) included examples of art activities done by abused children. Nonrepresentational paintings were made by clients to explore their feelings about the abuse. Pounding on clay gave victims opportunities to ventilate emotions. Making abstract family-scapes from styrofoam packing material gave abused children an opportunity to symbolically explore the relationships of family members. In groups, sharing thematic murals promoted peer interaction amongst members.

Kelly (1984) discussed her observations regarding the use of art therapy with sexually abused children. She based her observations on her experiences with 10 children admitted for emergency pediatric hospital care that were suspected of having been abused. The children ranged in age from 3 to 10 years. Three were male and seven were female.

Kelly (1984) had children make drawings during intake and in follow-up counseling sessions. She felt that initially drawings could be helpful in identifying sexually abused children. In human figure drawings she felt that suspicion of abuse would be aroused if the images shifted from an age appropriate depiction of a person to one so disorganized that it required interpretation by the child or if the drawing showed, "repeated, stylized, sexual figures" (p. 15).

Kelly (1984) felt that during later counseling sessions drawings offer valuable clues to understanding the victims disposition that they may not otherwise have been able to express. In counseling sessions Kelly (1984) had each victim draw a

self-portrait, a picture of the offender, a picture of "what happened" and a picture of a "whole person" (p. 15).

Based on her experiences in counseling with 10 victims of sexual abuse Kelly (1984) concluded that the inclusion of picture drawing in her sessions was helpful to her clients. She observed that the drawings helped the victims overcome their inability to respond verbally to their assault. The drawings were helpful in assessing the children's emotional reactions to the abuse. Pictures gave helpful indications of the clients gender identities, body images and sense of self-esteem. The drawings the children did provided valuable information regarding details of their abuse. Also, the drawings were helpful in monitoring changes in the emotional status of the victims over time.

In a case history presented by Yates and Pawley (1987) drawings done by the client fundamentally influenced the course and progress of therapy. The client, a woman of unspecified age, entered therapy to regain lost memories of her mother who had died when the client was 3 years old. During the process of therapy she unexpectedly discovered, or remembered, that she had been sexually abused by her brother. Eventually, it was established that the victim had first been abused when she was age 4 and that the abuse continued until she was 13. After 6 weeks of therapy the client spontaneously rendered a book that consisted of 10 line drawings done with markers (Yates & Pawley, 1987). The drawings were unsolicited by the therapist involved in the case and their initial meaning was unknown to the client. The book became a map of sorts to the victim which outlined the process she needed to

complete in order to resolve her issues related to the abuse.

Yates and Pawley (1987) observed five phases of growth that the victim passed through during the course of her therapy. Yates and Pawley (1987) described the first phase of therapy as the victim's "ambivalence about exploring the unconscious" (p.36). The first several drawings in the client's book expressed her desire to recall memories of her past and her simultaneous fears about doing so. The drawings illustrated the client's sense of conflict.

During the second phase of therapy the client began "reexperiencing the past and understanding the source of her fears" (Yates & Pawley, 1987; p.37). In this phase, after fourteen weeks of therapy, the client began to wonder if she had been sexually abused. Shortly thereafter, the victim realized that she had definitely had a long term, sexual relationship with her brother. Pictures that coincided with this phase illustrated the client's fears of losing control and being overwhelmed by her emotions (Yates & Pawley, 1987). As this phase progressed she began to re-experience the circumstances and trauma of her abuse.

Yates and Pawley (1987) described phase three as an "integrating and understanding" period (p.38). There in the client became more accepting of her emotions and her right to express them. The art work that correlated with conflict the victim was experiencing during this phase reflected her sense of being tightly bound. A key element to the release of this tension was in helping the client overcome her self-blame and guilt for not having cried out during her abuse.

During phase four the client began "exploring new methods of control" (Yates & Pawley, 1987; p.39). This phase reflected the client's increased capacity to express feelings. The drawings that coincided with this phase illustrated moods that the victim imagined would be possible if she were able to free her emotions.

In phase five, "redefining relationships," the client began to realize a change in her patterns of responses to anger (Yates & Pawley), 1987; p.40). She began to deal with her anger more directly rather than unconsciously deny it. She acknowledged that she must choose between allowing herself to be furious with her brother or continue to feel depressed and victimized.

Peake (1987) presented a case history of an abused boy in which the art therapy played a key role. The victim, a 7-year-old boy, had been physically and sexually abused by his natural father. He had witnessed acts of torture against his brothers and on one occasion, discovered a brother sitting in the bathtub partially castrated. The father treated the client and his siblings sadistically. He would punish them by pinching their penis' or by forcing them to punish one another in this manner.

The stated goal of therapy was to help the victim integrate his experience of trauma by incorporating it "into acceptable pictorial form" (Peake, 1987; p.43). This would allow the client to gain a sense of mastery over the event and make it possible for him to then reconcile issues of self worth. A major theme addressed in therapy was the victim's tendency to split pairs of people (i.e., foster mother and father or foster mother and therapist) into negative and positive images. The client, as a

defensive mechanism, would project onto others the "badness" he had interjected as a result of his abuse. He subsequently tended to rigidly classify others as all good or all bad.

A major aspect of therapy was to allow the client repeated opportunities to depict negative and positive images as a means of integrating the lovable and disliked aspects of himself (Peake, 1987). This was accomplished by allowing him to make drawings of his own choice. The victim alternately drew representations of destruction and a "hoped for peace and happiness" (p.44). The drawings done by the client intermittently included images of superheroes, rainbows, planes and storms.

Therapy with this boy spanned a year and a half (Peake, 1987). The most significant change in the client observed occurred when he began to shift the use of his power from thwarting the therapists' attempts to help him and the solicitation of abuse to the constructive searching out and achievement of what he need (Peake, 1987). This achievement included the owning of his own weaknesses as well as his aggressive nature.

Art therapy has been used in group therapy settings with victims of sexual abuse. Garrett and Ireland (1979) conducted a group for victims of rape. There were five participants in this group, all female, who ranged in age from 17 to 31 years. There were seven weekly sessions.

During the third meeting of the group Garrett and Ireland (1979) engaged clients in an art therapy activity. The exercise was used primarily to help the participants assess and clarify the

emotional impact the rape had on them. For the activity participants were asked to draw, with craypas, an image of themselves and their feelings before the rape on the left side of a page and after the rape on the right.

Garrett and Ireland (1979) observed that the use of the art materials gave group members a common, tangible point of reference. The activity provided an alternative means of communication and added to what individuals had been able to verbalize about their experiences. The art materials allowed clients to experience a sense of control over the expression of their feelings and allowed them to define the limits of that expression. The drawings evoked more expressive discussion of the trauma amongst victims. The images made the participants reaction to their rape more understandable to themselves and others in the group.

Abenante (1983) described an art therapy model upon which she based her work in group therapy with women who had been victims of rape. The format of Abenante's (1983) group was somewhat open regarding the duration of participation of the members. New members were allowed to join up until the second week of a new group. Participants were asked for a minimum commitment of 6 weeks participation and were limited to a maximum of 10 weeks. The size of the groups ranged from six to eight members. Participants were all female rape victims who were from 15 to 65 years old.

Abenante (1983) distinguishes between general goals of therapy in the group and goals that an art therapist should

address in particular. The goals for therapy included: "overcoming feelings of guilt and personal responsibility; facilitating direct expression of anger; eliminating somatic complaints and phobias; renewing the victims sense of power and control; and developing a strong positive sense of self" (p. 35). The goals of the art therapist serving this population included "facilitating emotional expression; providing media that elicits special emotional responses; directing the art process to promote healing; and assisting in the interpretation of client art work" (p. 35).

Abenante (1983) outlined a series of nine art therapy activities used as the basis for her work with rape victims. Abenante (1983) explained that she did not rigidly adhere to this format but only used it as a starting point. Techniques used in each group depended on that particular group's needs. The activities were outlined in reference to sessions numbered one through nine so it was at least implied that Abenante's (1983) format was progressive.

In session one the art activity was a before and after drawing (Abenante, 1983). For this activity clients illustrated themselves and their feelings before their rape on one side of a page and after their rape on the other side. For this project craypas and drawing paper was used. The intent of the activity was to help clients' clarify the impact of the rape and to help assess their needs in treatment.

In the second session, after having listened to each other's description of their assault, victims were instructed to draw a

gut feelings response to the stories they had heard (Abenante, 1983). Drawing materials were used again in this activity. This activity promoted empathy amongst group members and helped bring their "true" feelings closer to the surface (p. 35). Abenante (1983) stated that "this exercise always introduces the anger, fear and guilt" (p. 35).

In the third session clients were given an opportunity to collectively create an anger mural (Abenante, 1983). On a large sheet of paper (3'X7') participants were instructed to create a group mural about their anger. Tempera paints were used for this activity. This project allowed for the direct expression of anger and fear, and afforded group members an opportunity to help each other feel okay about expressing these feelings.

The fourth art therapy exercise described in the series was a rape monster (Abenante, 1983). For this activity clay and water was used. Clients were instructed to spend time working with the clay and then create a rape monster. The purpose of the exercise was to allow participants an opportunity to give form to their anger and fear. Abenante (1983) indicated that clients usually spontaneously destroy their pieces to symbolically rid themselves of the monster.

A guided imagery exercise was employed during the fifth session (Abenante, 1983). For this activity clients were instructed to relax. They were then guided through a daydream described as "descent into a cave" (p. 37). (Further description of the daydream or its application is not made. Apparently participants illustrated what was found in the cave). The

daydream was said to provide a symbolic setting for dealing with threat, fear and anger (Abenante, 1983). In this activity participants, "discover(ed) alternatives to dealing with difficult situations" (p. 37).

The sixth art therapy activity described in the series was a loss drawing (Abenante, 1983). Clients were instructed to draw what they lost because of the rape. The exercise was used to promote grieving and emotional release. Possibilities for change were identified during the ensuing discussion.

In the seventh session of the series clients were asked to sculpt a self image in clay (Abenante, 1983). Following discussion of the individual pieces participants were instructed to combine their projects into a collective sculpture representing the group. The project helped group members clarify the present effect of the rape. This activity also promoted group interaction and intimacy.

For the eighth activity participants were once again engaged in a guided imagery exercise (Abenante, 1983). The name of the "daydream" was "going upstream to the source" (Abenante, 1983; p. 37). (Beyond the title there was no further description of the "daydream"). With drawing materials clients were asked to illustrate any part of their visualization. The purpose of the exercise was to help clients identify internal sources of strength. The drawings helped the therapist assess whether or not clients were prepared to leave the group. (How this was indicated was not described).

The final exercise described by Abenante (1983) was three day

wilderness trip in the mountains of New Mexico. During this outing participants had opportunities to go hiking, climbing, repelling, skiing and camping. Art experiences were used to clarify the benefits of the days activities, to express emotions aroused by these activities or to aid in whatever group discussion that developed. Abenante (1983) indicated that "various" unspecified art materials were used during the outing for "various" unspecified art experiences (p. 37).

Carozza and Heirsteiner (1982) developed a treatment model for victims of incest that combined group and art therapy. The participants in their groups were all female and ranged in age from 9 to 17 years old. The duration of the group was predetermined and spanned 22 weekly sessions.

The initial goal of the therapy was to return the victims to an original pre-crisis stage of functioning (Carozza and Heirsteiner, 1982). Carozza and Heirsteiner (1982) observed that this goal could not be met in the allotted time but decided not to lengthen the duration of the group out of a desire to not "overemphasize the incest issue" (p. 167). Carozza and Heirsteiner (1982) stated that their general approach was to utilize art expression to enhance individual and group growth and awareness and to allow the girls to externalized and work through conflict.

Carozza and Heirsteiner (1982) observed that art therapy provided clients opportunities for mastery and increased self-esteem, that art activities encouraged an awakening of tactile, kinesthetic and visual impulses blocked by the trauma of

incest. Art projects done during their sessions allowed clients to take risks expressing themselves. The art work was helpful to their clients because it was observable and concrete and remained available for later reference. They also observed that the art therapy exercises allowed for the expression of verbally inaccessible material.

Carozza and Heirsteiner (1982) identified five stages of growth in their clients during the 22 weeks of therapy. These stages were: gathering, self-disclosure, regression, reconstruction, and ending.

The gathering phase spanned the first few weeks of therapy (Carozza & Heirsteiner, 1982). During this phase the rules of group participation were established, participants became familiar with one another and each client did a series of diagnostic drawings. This series included the Draw-A-Person test and a kinetic family drawing. The art activities during these sessions were intended to be structured and nonthreatening. They included life size body tracings or asking the participants to represent themselves as a metaphor. An example was asking clients to draw an image of themselves as an animal or something in nature that they identified with.

The second phase of participation observed by Carozza and Heirsteiner (1982) was the self-disclosure phase. During these sessions clients were encouraged to acknowledge their abuse. This phase was initiated by the showing of the film, "Incest: The Victim Nobody Believes". In response to the film clients were given clay to ventilate their feeling. Additional art therapy

activities done during this phase included a group scribble drawing done collectively to shape feelings and box collages. These were collage projects done on the interior and exterior of boxes to represent the participants inside and outside selves. Guided imagery exercises also used during this phase encouraged clients to contact someone they needed to say something to. When these exercises were combined with art activities they gave clients an opportunity to identify feelings of fear and loss.

In the regression phase that followed participants were encouraged and given opportunities to freely externalize feelings (Carozza & Heirsteiner, 1982). This phase spanned several sessions. During these sessions emphasis was given to the release of emotions. For this purpose paints of various sorts were used. These included finger painting with pudding and working with poster paints and water colors. Carozza and Heirsteiner (1982) considered this an important phase because it permitted clients the expression of intense inner conflicts and "free child" experiences often denied victims of incest.

The fourth stage of therapy described by Carozza and Heirsteiner (1982) was the reconstruction phase. Art activities during this phase were designed to help participants explore and define their present reality and establish goals for the future. Victims did a series of drawings with assigned themes such as "where am I coming from?", "where am I now?", or "where am I going?" (p. 172). The film previously mentioned was shown again with another opportunity for clients to shape responses in clay. Carozza and Heirsteiner (1982) stated that during this phase they

formally reintroduced the issue of incest and provided victims opportunities to define remaining fears and anxieties.

Carozza and Heirsteiner (1982) indicated that the final phase, ending, spanned at least four sessions. Activities during these sessions were geared towards helping clients deal with separation issues and identify inner strengths. The only activity mentioned was a guided imagery exercise in which participants each identified a transitional object and then were given an opportunity to recreate it.

Spring (1988) developed an art therapy treatment model for victims of sexual assault based on her work with this population. Spring's (1988) work was done exclusively with female clients in individual and group therapy. The length of therapy described by Spring (1988) lasted approximately from one to two years. Spring (1988) described recovery as victims having a reduced emotional response to the memories of their abuse. It was generally her intent to help clients integrate their experiences as bad memories so that the recollections would not remain as painful and overwhelming intrusions.

Specific goals established by Spring (1988) included to help victims increase their emotional vocabulary, to help them integrate new insights regarding their own behavior and emotions and to help victims reduce their punitive attitudes about themselves. Additional goals (Spring, 1988) included assisting clients increase their sense of self-worth, to help them acknowledge personal strengths, talents and competencies and to help them improve life management skills. Spring (1988) also

mentioned an interest in helping clients learn new forms of personal expression which may be artistic or behavioral.

Spring (1988) employed a series of art activities repetitiously throughout the course of her work with individuals and groups who had experienced rape and incest. These projects helped clients both assess and declare their disposition regarding various issues. All of the activities mentioned were drawing exercises. The art projects that Spring (1988) used repetitiously included a "This is me, I am..." drawing used generally to assess self-esteem; "My space" in which clients explore internal feelings in relationship with external spaces or "My Life's Road" with which participants pictorially describe their past, present and future. An additional activity was "My Family and Me" in which clients explored their relationship with their family. Collectively, these activities helped the victims work through their denial of the effects of the trauma and assess the quality of former relationships.

Spring (1988) employed an additional group of drawings to provide clients opportunities to express directly their feelings regarding their experience of abuse. All of these activities were for abreactive work. Drawings were done to themes such as "rape, incest, molestation, the perpetrator, revictimization, the abuse", etc. Spring (1988) explained that these activities allowed the clients to connect emotionally with their abuse while remaining in control.

In the later phases of her work with sexually abused clients, Spring (1988) had them do art to explore current needs or

attitudes about relationships. Themes she had participants draw about included "A Significant Other and Me, I see Sex As," or "I Want A Partner Who". Before clients terminate, Spring (1988) had them look at choices, alternatives or personal goals for the future by drawing about those concerns.

Spring (1988) described six stages of recovery, with victims of sexual abuse, in a group art therapy process that spanned 2 years. The "impact" (p. 34) stage was the initial phase. This stage occurs immediately following the sexual assault and is characterized by shock and disbelief. Crisis intervention and assisting clients gain a sense of control are Spring's (1988) primary concerns during this phase. Nonjudgmental support and the initiation of purposeful activities are emphasized. Personal histories and assessments are taken. The clients are encouraged to "talk out" or "draw out" (p. 35) the crime. Getting the internal trauma outside is considered vital at this stage of intervention.

The "factitious" (p. 37) stage may begin anytime after the impact stage (Spring, 1988). This stage essentially represents a phase of denial during which the clients want to be assured that everything is all right. during this period victims minimize the importance of the assault. as an expression of their wanting to be in control, their activity levels may increase and clients may begin to avoid old friends or change their phone number or job. The principal concern at this time is keeping clients in therapy as they live out their denial. This stage ends when the victims admit they have been denying their reality.

Spring (1988) described stage three as "Post-traumatic stress" (p. 40). During this stage victims relive the sexual abuse authentically. In this phase clients do abreactive work. Spring observes that "the silent victim may remain in this stage the remainder of her life" (p. 40). The client must be "allowed to relive the shock and disbelief, display her rage, agitation and irritability in a safe manner" (p. 42).

The fourth stage of Spring's (1988) model, "adjustment and reorganization" (p. 44), is characterized by the client taking charge of more areas of her life. Sex therapy is introduced at this phase of treatment and decisions about relationships are made. Self-esteem, personal power, and control are increased. Desensitization of emotionally charged memories is continued.

During stage five, the "integration" (Spring, 1988) stage, the client authentically accepts what has happened to her and the impact it has had on her life. The emotional load of the assault is lessened and the client develops a healthy "accomodation style" (p. 47).

Lastly, the "recovery" (p. 49) stage (Spring, 1988) is marked by the absence of symptomatology. The client may begin to become "bored with therapeutic process" (p. 49). She will have become capable of achieving goals and maintaining healthy interpersonal relationships.

Johnson (1987) presented a paper in which he discusses why art therapy is a particularly useful mode of therapy for people who have suffered from psychological trauma. His discussion of the effects of trauma pertains to but is not restricted to the

impact of sexual abuse or rape. He also mentioned war, natural disaster, incarceration and violence as all causing similar styles of reactions in victims.

In response to traumatic events Johnson (1987) states that a basic splitting off or dissociation of the self associated with the experience occurs. The attempt to preserve a sense of the good self leads to an encapsulation and elimination of all aspects of the traumatic situation. This can include feelings and memories. Most of the time the victim may not even be aware of the trauma but periodically memories of it may intrude into consciousness. This, Johnson (1987) states, leads to the biphasic nature of the impact of trauma in which the victim alternates between the experience of profound denial and the uncontrollable intrusion of the traumatic events through nightmares, flashbacks, hallucinations or unconscious reenactments. Johnson (1987) indicates that as a result of this splitting off the victim suffers an overall reduction in his ability to attach words to feelings because any link of affect and cognition may lead to a reexperiencing of the trauma.

Johnson (1987) describes recovery from psychological trauma as a three-stage process. In the first stage of recovery the patient needs to gain access to the traumatic memories. In the second stage of treatment the client needs to engage in a lengthy working through process in which the trauma can be re-examined and conceptualized; reducing the intensity of its recollection. In the third phase of treatment the client needs to rejoin the world of others, find forgiveness, and go on with his life.

Johnson (1987) discussed why art therapy is especially helpful to victims working through these phases. Art therapy can be helpful to victims attempting to regain access to the trauma. Traumatic memories seem to be encoded in what is primarily a visual manner and tend to remain unintegrated conceptually with other memories. Subsequently, visual media offers a unique means by which traumatic material can be brought to consciousness. clients may be able to draw things that they cannot describe. Additionally, art work provides a controllable means of expression for victims because it is tangible.

The purpose of the working through phase in Johnson's (1987) model is to help clients reduce the emotional intensity of the memories and integrate them into the rest of their personality. During this phase intrusive reliving of the event is transformed into mere remembering. Johnson (1987) states that verbal therapists often have trouble with this phase of therapy. Clients may have fears about disclosing experiences, they may be incapable of verbalizing dreams or fantasies or they may not be able to articulate relevant feelings. Johnson (1987) suggests that art therapy offers clients a concrete and impersonal transitional space in which they can begin to assimilate their trauma. Instead of discussing feelings directly clients can discuss pictures of feelings. This is less threatening to victims because the pictures are concrete and external to themselves.

Rejoining the world is the third stage of recovery described in Johnson's (1987) treatment model. After gaining access to the traumatic memories and spending some time working through them

clients need to experience re-integration with their communities. Johnson (1987) pointed out that working through traumatic memories did not eliminate feelings of self-hatred in clients. At this phase of recovery Johnson (1987) stated that group therapy was important. Group therapy can provide victims with opportunities to gain the understanding and acceptance of others who have had similar experiences. For this work Johnson (1987) indicated that the performing-arts therapies were particularly helpful.



Chapter III

DESCRIPTION

This project represents the development of a manual for the use of art therapy activities in group therapy with adolescents who have been victims of incest. The manual itself is in Appendix A. This manual does not go into dynamics and influence of incest at great lengths. Art therapy activities are introduced in relationship to particular treatment issues, but their successful application will undoubtedly be dependent on a broader understanding of these issues than is discussed here. Additionally, this project focuses exclusively on the development and use of art therapy activities in a group setting. It is entirely likely that the victims will require other kinds of treatment, such as individual and family therapy and sex education.

This manual presents a series of eighteen activities for use with adolescents in treatment as incest victims. It is recommended that an hour and a half be allowed for each session. A number of the activities require more than one session to complete and, taken collectively, will extend the overall length of this series by at least six sessions. Based on weekly sessions the model presented in the manual will span approximately six months. It is not assumed, however, that the application of these activities should be rote or time limited. It may be found that to successfully resolve an issue or enhance a particular capacity that some of these exercises will need to be repeated.

The series of activities in the manual are presented in four stages to coincide with groups of needs and/or levels of growth achieved by clients in therapy. This model is primarily based on the need of the victims to be able to articulate and express their feelings about their abuse within the context of a supportive and empathetic relationship. It is my experience that the client's ability to do this needs to be carefully cultivated and that there is reassessment work that needs to follow once that has been accomplished. There are, consequently, two stages that precede the stage in which the abreactive work is done and one that follows.

Stage I is a series of three activities designed to promote the victim's sense of personal boundaries. In them, clients are asked to create full figure images of themselves on paper and in clay. Having victims create likenesses of themselves requires that they assert themselves in a fundamental and concrete manner. This alone is therapeutic. Additionally, doing these activities usually evokes strong feelings clients may have about their bodies. By helping clients discuss these feelings, preliminary reflections on the influence the incest has had on their sense of boundaries and self images can be initiated.

The art activities in Stage II are designed to help clients clarify their feelings about their abuse. Denial of feeling states is a defense that is frequently used by victims of incest (Sgroi, 1982). They may have had to repress their feelings regarding their abuse because their emotions were simply too overwhelming or because there was no one available to help them

assimilate their experience (Johnson, 1987; Miller, 1983). The four exercises in this group are provided to help participants work through their denial and identify their feelings about their experiences of abuse. In this stage, this is accomplished primarily through the use of metaphors.

The exercises in Stage III are abreactive in nature. Externalizing repressed feelings is essential to the recovery of victims (Miller, 1984; Spring, 1987). If victims fail to identify and subsequently express their feelings related to their abuse they may suffer symptoms from the repressions of these feelings for the rest of their lives. These activities are distinct from those in Stage II because they stress direct and immediate expression of feelings. Both stages that preceded this one essentially are preparation for doing abreactive work.

The activities in Stage IV give participants an opportunity to assess the quality of significant relationships in their lives. Victims are frequently raised in environments in which roles of family members have been very distorted (Gelinias, 1983). These adolescents have grown up in incestuous systems in which their needs are overlooked and they are expected to act in the service of others. These children have a restricted view of what it means, or feels like, to have their needs met. This group of exercises helps victims redefine the significant relationships in their lives so that they become more personally fulfilling. This can not occur on a meaningful level if the client's view of himself is still tied into being a victim. This stage was subsequently placed after the abreactive phase.

Chapter IV

DISCUSSION

The purpose of this project was to develop a manual for the application of art therapy activities, in a group setting, with adolescents who have been victims of incest. The manual takes the approach of four stages of exercises that are intended to be applied sequentially. These stages coincide with needs and treatment issues exhibited by incest victims.

The manual is based strongly on the assumption that symptoms resulting from the experiences of abuse occur because the victims have not had a chance to react appropriately to the pain and humiliation they have suffered. When victims of incest have to repress their feelings in order to survive, the need to articulate these feelings remain unsatisfied and unintegrated. It is the lack of an opportunity to express these repressed feelings that causes psychological problems (Miller, 1983). Relief of the symptoms resulting from the repressed trauma is gained when the victim is able to finally express their feelings regarding their abuse.

The sequential evolution of the art therapy exercises in the manual is intended to help the client develop the capacity to do abreactive work. It has been my experience that it takes a great deal of preparation for clients to become able to express feelings which they have expended a good deal of energy keeping repressed. The first two stages in the manual therefore, are generally preparatory to the abreactive activities provided in Stage III.

The exercises that follow, in Stage IV, are intended to help clients assess the quality of the significant relationships in their lives.

Stage I provides clients with an opportunity to explore, and perhaps restore, their need for personal boundaries. This is approached fairly concretely in this series of activities by having the participants create full figure images of themselves. It is likely that the creation of personal likenesses will also put the victims in touch with their sense of vulnerability. By discussing the clients experience of these activities with them, therapy can be initiated. By sharing feelings evoked by the exercises clients begin to work with their denial and allow the therapist to assume a supportive, empathetic relationship with them.

The exercises in Stage II rely primarily on the use of metaphors. These projects encourage the client to begin to recall and clarify their impressions, memories and feelings about their abuse through a process of comparison. Using metaphors allows clients to speak about their experiences of abuse without having to describe them explicitly. Metaphors also give the victims a chance to do some sorting out of feelings without requiring them to make premature declarations about their experiences.

When clients have begun to acknowledge their feelings about the incest, the activities in Stage III will give them a chance to express these feelings more directly. The expression of affect in this group of exercises is intended to be much more immediate and experiential than in the preceding group. These activities are

intended to be abreactive in nature. The exercises in this stage are more essential. If victims fail to do cathartic work regarding their abuse, they may suffer symptoms from the repression of their feelings for the rest of their lives (Miller, 1983; Spring, 1988). The sequential development of the art therapy exercises in the manual hinge on the work prescribed in this stage.

The art therapy activities in Stage IV are designed to help victims acknowledge personal strengths and identify alternatives to former dysfunctional behaviors and relationships. This group of activities follows the abreactive phase because clients will not be able to entertain meaningful alternatives to maladaptive behaviors and relationships if they are still tied into their roles as victims. Stepping out of those roles, initially, requires individuals to have the kind of empathic relationship with themselves required by the exercises in Stage III.

The strength of the manual lies in the sequencing of the activities. The evolution of the exercises through the four stages reflects the assumption that the clients will enter therapy needing assistance clarifying their feelings about their experiences. Repression of feeling stages and memories is a common defense used by traumatized individuals to survive their abuse (Johnson (1987), Miller, 1983). The victims will need an opportunity to react with relevant feeling to the insult and pain they have suffered. This process begins with the recollection of repressed feelings and suppressed memories. Implicit in the model presented in the manual is the understanding that clients are

being asked to reexperience feelings they have formerly found overwhelming.

It is additionally understood that the repression of the feelings occurred in the first place because of the unavailability to the victim of a significant and empathic person with whom the feelings could be shared (Miller, 1983). The remembering and expression of these feelings will subsequently initially require the establishment of such a relationship. The evolution of the art exercises attempts to make allowances for that as well.

The process of therapy is initiated in the first stage by having clients create images of themselves. This not only allows the participants to declare their presence in the group it requires that they experience their sense of their personal boundaries. This sort of activity is not only self affirming, but frequently puts victims in touch with anxieties or attitudes that they may have about their bodies. It is not the intent of the activities to provoke anxiety in the client but to begin to put them in touch with themselves. Activities like these can be especially useful in starting the process of reflection. These exercises do not initially require that clients be able to say anything about themselves.

In the second group of exercises participants are asked to begin to reflect on their experiences, but this is done through the use of metaphors. Using metaphors to describe what their experiences have been like gives clients an opportunity to clarify feelings and warm up to the possibility of articulating them more directly. Metaphors allow clients a safe enough sense of distance

from their feelings that they can begin to reflect on and identify them.

It is not until the third stage, after the group has been in progress for several months, that the exercises require clients to confront their feelings more directly. The activities in Stage III are primarily non-representational and cathartic. They are intended to allow the clients to be expressive and explicit about their feelings.

Stages I through III represent a continuum of activities that become increasingly more expressive. It is likely that they will feel more risky to the clients and require greater trust in the environment and their therapist for clients to be able to do them. The exercises begin by providing the clients with a concrete experience of themselves. They help the participants become more clear and articulate about their experiences of abuse and culminate in exercises that allow for the discharge of relevant affect. This progression of activities anticipate that the victims will want to deny the trauma in their experiences and that they will need a great deal of support to be able to face their feelings.

There are limitations to the present model. The project has not been tested so there are no objective data that substantiate the effectiveness of these activities. My experience with these exercises, however, suggests that they can be particularly helpful in the ways that have been suggested. There are occasions in therapy when art therapy projects can be an invaluable resource. This is particularly true, of course, when clients are stuck in

their own denial or are at a loss for words. I have experienced moments in therapy when the visual information provided in a project simply transcended anything the client had been able to say.

In a group therapy setting in which all clients are expected to do the same activity the structure that the activity provides is both an asset and a limitation. The project promotes a sense of purpose, coordination and direction but it does not allow for the individual readiness of all the clients involved.

This limitation similarly applies to the entire series of exercises. It is likely that particular stages of activities will be found to be too short and that exercises of the same sort will need to be added. This is probably especially true of Stages II and III. It may additionally be found after the group has been in progress for two or three months that returning to an exercise from a previous stage will be helpful or necessary. I have doubts that running through the activities in sequence one time will entirely fulfill the needs of the clients.

Additionally, the scope of the program is limited in terms of the overall needs of victims of incest. This model presents a continuum of group art therapy activities that coincides with the evolving needs of victims of incest in therapy. It is likely that adolescent clients will also require individual counseling, family counseling, and sex education.

Finally, the successful application of these projects is very dependent on the skill of the therapist using them. As with any art therapy activity, its usefulness to the client will have much

to do with the therapists sensitivity, intuition, knowledge and capacity to empathize with the client.

Future research would be useful to establish the influence which the creation of self images, described in Stage I, has on the clients sense of personal boundaries. I suspect that exercises of this sort heighten the participants' awareness of their bodies and helps them assimilate sensations or impressions they have been attempting to ignore.

I think it would also be useful to research the limits of abreactive work possible through the use of art materials. Can cathartic work be done sufficiently with art materials to resolve treatment issues or is there a point at which psychodrama or other forms of energy work need to be employed?

APPENDIX A

A GROUP ART THERAPY
PROGRAM FOR USE WITH
ADOLESCENTS WHO HAVE
BEEN VICTIMS OF INCEST

ALEC ARNOLD

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INTRODUCTION

The treatment program presented in this workbook is developed around four general areas of need presented by adolescents who have experienced incest. Each of these four areas of need is addressed in a group of art therapy activities that are referred to as stages. It is intended that the four stages of therapeutic exercises be used in succession. It has been observed that victims of sexual abuse in therapy evolve through phases of recovery (Carozza & Heirsteiner, 1982; Johnson, 1987: Spring, 1988; Yates & Pawley, 1987). Generally the stages of activities presented here reflect these trends in recovery.

The four stages are as follows: The activities in stage one are designed to help clients become more aware of their bodies and to help them begin to experience a sense of their personal emotional and physical boundaries. These activities can be used to reinforce the victims sense of self worth and to help them begin to see that they can stand up for themselves.

The art exercises in stage two are intended to assist victims recover repressed emotions and memories associated with their trauma. Adolescents frequently come into treatment denying that their abuse has had an impact on them. For therapy to proceed they have to be brought through their denial.

Stage three provides the clients with an opportunity to externalize and express their feelings related to the incest. This stage is the most critical and sensitive. The crux of victims' recovery lies in their ability to abreact the emotions

associated with their abuse (Miller 1984; Spring 1982).

The art therapy activities in stage four encourage clients to assess the quality and style of their relationships with other members of the incestuous family system. Adolescent victims of incest are frequently groomed as adults and are taught to disregard their own needs. The roles they assume are maladaptive and need to be identified so that alternative, personally fulfilling behaviors can be initiated.

Central to each stage of recovery described in this manual is a group of art therapy activities designed to help address particular issues. Art therapy is an important means of intervention with sexually abused children. It provides opportunities for growth and resolution of issues in ways that strictly verbal therapies do not. Art materials encourage the re-awakening of kinesthetic and affective impulses often blocked by abuse. The tangible nature of art projects provides clients with a degree of control and fosters the expression of feelings that might otherwise seem too risky. Their visual nature allows for the expression of thoughts and feelings clients may not have had words for, or, may not be aware of. Art activities are an asset to therapy.

The success of the use of these activities however requires that those of you who make application of them be both sensitive to the issues of the clients and familiar with the mediums described. The crux of the healing experience lies in the empathy and understanding the client finds in the therapist in response to his efforts to respond authentically to his abuse (Miller, 1984).

This may be overstating the obvious but I feel the need to comment that the rote application of these exercises will not effectively help these children.

As one uses these exercises it should also be kept in mind that the effects of child abuse may be lifelong (Gelinas, 1983; Miller, 1984; Spring, 1987). The anxiety-producing intrusion of memories of the incest may be something that victims will have to deal with for their entire lives. This model is presented as one means of intervention by which initial relief from the symptoms of incest can be gained. It represents a viable point of departure if the client has not been seen formerly in therapy. It is important though, that its application be underscored with the understanding that the clients may have to work with the influences of incest in years to come. This may be particularly true as victims reach new developmental milestones in their lives.

ESTABLISHING A GROUP FOR THERAPY

Overview of the Treatment Population

Intervening therapeutically with adolescents who have experienced incest requires that one have a fundamental understanding of what incest is, how it occurs, what the effects may be on the victim, and how the information came to be known to authorities or what circumstances precipitated the victim's availability for treatment. Victims of incest present themselves in therapy with a considerable range of symptoms in response to their experiences of abuse. Effective intervention is dependent upon a basic appreciation for the dynamics of the relationship from which these effects stem.

There are two primary factors that make incest particularly devastating for the victims and difficult to treat in therapy. The first factor is that the victims are children, and the second is that the abuse occurs within the context of a relationship with a known adult or family member. Incest takes place within an environment in which the victims are supposed to be protected and nurtured and with someone upon whom they may be utterly dependent and ought to be able to trust. Incest is a profound and fundamental betrayal of the relationship that exists between the perpetrator and the victim.

The seduction of a child by a needed and/or trusted parental

figure or relative devastates the child's understanding and appreciation of personal rights, boundaries, and familial roles. Compliance of the child to participate in sexual activity may be gained by misrepresenting sex as affection, by bribes, or by exploiting the child's loyalty, need for affection, and desire to please. Typically, only psychological coercion is used to control the victim (Cohen & Phelps, 1985).

It is the subtly evolving, psychologically coercive nature of incest within the context of a known relationship that makes it especially difficult for victims to clarify their feelings about their abuse in therapy. It is frequently difficult for victims to identify their sense of abuse when they have been taken advantage of gradually by a person they loved or trusted. Victims tend to be blind to their sense of offense because it is so hard for them to see the perpetrators as offenders. The ability or willingness of the victims to respond to therapy is often compromised by their relationship or loyalty to the perpetrators. Acknowledging the abuse often causes feelings of guilt and confusion in victims. The onset of the abuse is not always marked by obvious acts of violence or violation. In some cases it is very difficult for victims to identify when or how affection began to merge with sexual activity. The victims may assume that trusted relatives are incapable of sexual behavior. If the victims had sexual feelings themselves during the abuse then they may later assume that the incest was their fault. This of course further inhibits the victims ability to subscribe to therapy and assert their rights to respond to their abuse.

Incest, as a betrayal of trust and a violation of a child's existence, does not allow for the straightforward expression of feelings. Making an overt response to his or her abuse may be perceived by the victim as dangerous. Coming to terms with their feelings regarding their abuse is complicated for victims because their abuser is someone who they know as a family member and who they may have trusted or someone upon whom they may be dependent. If they have no opportunity to sort out their experience, victims may have to cope with their feelings by denying or repressing them.

If victims do not have an opportunity to respond appropriately to having been coerced, humiliated, or hurt, then these experiences cannot be integrated into their personalities (Miller, 1984). The feelings evoked by the abuse become repressed and the need to express them remains unsatisfied. They do not however, disappear. These repressed feelings eventually re-emerge and gain expression as emotional and behavioral problems. This frequently takes the form of destructive acts against themselves or others (Miller, 1983). Clients will only be able to overcome the offense they have suffered if they are able to identify and express the feelings associated with their abuse.

The lack of an opportunity to express repressed experiences with appropriate feelings contributes to the psychological problems experienced by victims of incest (Miller, 1984). Having expressed these feelings the clients are relieved of symptoms whose function it had been to express the trauma in a disguised manner. By recalling and responding to their victimization

clients reduce the sense of trauma connected to these memories and dispel secondary symptoms.

Victims of incest may be reluctant to subscribe to therapy if they feel as if they were participants in the abuse. This may be the case if the child accepted bribes or was granted special status or privileges for sexual favors. Victims may be very reluctant to discuss their experiences of pleasure if they were sexually aroused. They may assume that this makes them participants as well.

For these and other reasons it is important to appreciate that as clients adolescents are likely to be resistant, unmotivated, and generally lacking outside support (Sgroi, 1982). It is rare that they present themselves for therapy cognizant of their needs. It is much more likely that they have been made available for treatment through the processes and mechanisms of children's protective services in response to the victims acting-out behaviors. It is imperative that professionals intervening in these cases understand the significance of the relationship between the behavior that brought the victims to their attention and the children's experiences of incest.

Rationale for Group Therapy with Adolescents

Keeping it in mind that these children came from very chaotic backgrounds and tend to come to therapy very reluctantly, the therapeutic model employed should provide a good deal of support and structure for this population. They will generally have a

good deal of trouble identifying and acting upon their own needs within or outside of therapy. To have been denied validation of their needs and feelings is an inherent aspect of the abuse they have suffered. They have been treated like objects, employed in the gratification of another's desires regardless of their feelings about the experience. Group therapy can be very helpful in providing the kind of support these children need.

Victims of incest frequently have to deal with feelings of isolation. They have been engaged in an ongoing family secret and it is usually made clear that they must not share this secret with others. They may have had to keep this information to themselves for many years, assuming that their experiences make them very different from other children they know. In group therapy victims can discover that they are not entirely alone or unique in their experience of incest and thus reduce their sense of isolation. By sharing their common experiences adolescents can reduce the social stigma they feel.

Group therapy provides its members a chance to socialize with one another in ways that may have not been otherwise available to them. Out of shame these children may have isolated themselves from their peers. A trend toward group affiliation is a normal developmental aspect of adolescent growth. Adolescents have a need for peer acceptance and approval. Group therapy is consistent with the natural development of children this age.

Victims of incest may enter therapy experiencing feelings of confusion and powerlessness. The strength of the trauma related to the incest that they are experiencing may be contributing to a

variety of psychosomatic, emotional, and behavioral problems. It may not be possible for them to work through these issues without the support of a group. Victims have typically had so little opportunity to respond to their circumstances with appropriate feelings that the possibility of doing so may seem very threatening. Avoidance of feeling states has probably been a primary defense employed by victims. Much mutual support can be gained by learning to share their experiences in a group of peers.

Group Membership

Careful consideration will need to be given to the size and membership of the group. It is essential that participants have adequate time to share their experiences and process their art therapy exercises with other members of the group. If groups become too large, this process either becomes very lengthy or individuals begin to work through material too quickly. Their sense of belonging, their self-esteem, and the significance they attribute to their work hinges upon the attention that is paid to them. The understanding that time is available for them to struggle through what may be very sensitive materials is very important. Ideally a group should include four to six members. this number of participants is large enough to feel like a group but small enough that the therapists can be attentive to the individual needs of its members.

In addition to the number of members, the developmental level of the participants is a factor that has an important influence on

the cohesion of the group. The intelligence level and maturity of the clients needs to be taken into account. Most of the activities presented in the model require some capacity for introspection and interpretation. My experience with children with particularly low intelligence levels who are considered retarded is that they have special needs and may be frustrated by these exercises. It is important that the participants be able to relate to each other as peers. They should not only share a common bond as victims of incest but also in regard to aspects of their adolescent development, including their struggle for identity, separation, and evolving sexual maturity.

Time Commitment Required of Participants

One further question regarding group membership that will need to be addressed is the time commitment required of participants and whether or not enrollment in the group will be opened or closed. Fundamentally the art therapy activities in this model are based on the assumption that clients involvement in therapy evolves through stages of increasing awareness and association with the trauma they have experienced. The art exercises are presented in groups and are intended to be used sequentially as a series to help foster this evolution. The first group of activities addresses the clients needs for emotional boundaries; the second group helps regain memories and feelings associated with the abuse; the third cluster of exercises give clients an opportunity to do abreactive work; and the fourth group

of activities give clients an opportunity to assess the quality and style of their relationships with significant others.

Its my feelings that these art therapy exercises would be much less effective if they were used out of sequence. I don't think asking someone to do abreactive work, for example, before they have prepared for it is helpful or advisable. I also think that the entire series should be time limited and have an anticipated end. This is arbitrary in that coming to the end of a series of sessions in no way guarantees that clients will have resolved their issues but I think having a predetermined duration to the group contributes to the clients security. Victims of incest come from very unpredictable backgrounds so making their involvement in the group predictable will help them feel more secure.

Additionally I doubt that final resolution of the issues being addressed here can be gained with an adolescent. It would be more accurate I think to view this series of art activities as a model by which clients might learn to work with their emotions and address on going needs as they arise. Because this model is presented then as a time limited series of activities, I recommend that enrollment be closed and that participants be expected to commit to the entire series. If one were to use all of the activities in this series they would span about six months.

Length of Sessions

The length of individual sessions is something that can be

assessed and modified in accordance with the needs of the group. However, a time frame will need to be clearly established from the very beginning of the group. It is important to remain committed to the starting time and length of each session. It is one more way ambiguity can be reduced for clients who tend to come from chaotic and uncertain backgrounds. Predictability and structure in the sessions will help ease the participants' anxiety and provide them with a greater sense of security.

I have found with adolescents that an hour-and-a-half works well as a time frame for group sessions. If less time is allotted insufficient progress will be made on the art activities and some projects will begin to span too many sessions. Greater lengths of time may test the clients' ability to remain on task and be attentive to others.

Location of Sessions

In determining the space in which the therapy will occur certain factors need to be taken into consideration. This model is based on an art therapy approach to working with adolescent victims of incest. The room employed will obviously have to accommodate both the children and the art materials.

A wide variety of materials are used in the activities presented here. They include two-dimensional and three-dimensional projects. Two-dimensional projects may range in size from 18 by 24 inches to life size sheets of paper. Almost all of the three-dimensional projects are clay. On occasions, the

floor might be employed as a surface for doing the art work on. However, in most cases that would prove to be awkward. Sturdy and adequate table space is essential. If the facilities do not adequately support and enhance the use of the art materials employed in these activities, they will compromise the freedom with which the participants respond to them.

It is very important to the clients of continuity, progress, and belonging that their projects be kept intact. Participants frequently respond to opportunities to display their work on walls of the space, if this is possible. If the projects need to be stored, keeping them accessible is important. Using the products of the various activities as points of reference or for periodic review can be very helpful and significant for their creators.

The Therapists

It's very important that those you intending to do group work with victims of incest be well acquainted with the needs and issues of victims of incest. It is also important that you be familiar with the use of art materials. Without the familiarity with the presenting issues of the clients you will not be able to take advantage of the information and opportunities that the activities generate. without an intuitive sense of the potential that resides in the art materials much of its magic will be lost and the activities will become mechanical exercises doomed to repetitious application.

I highly recommend that two therapists be employed for a

variety of reasons. The support and feedback they can provide for one another is very important. At times victimized children can present themselves as very impoverished and dependent, bringing very few personal resources to therapy. On these occasions having one therapist to ask reflective, clarifying questions as the other presents the activity can be very helpful, not only to the presenting therapist, but to the group as well. Having two therapists increases the observations and support available to the clients.

Victims of incest frequently have issues related to the roles both maternal and paternal figures have played in their abuse. If one therapist is male and the other female it gives participants an opportunity to experience a trusting relationship and dispel generalized concerns they may have about parental figures of the opposite sex.

THE TREATMENT MODEL

STAGE I: Establishing Personal Boundaries

When initiating a group with victims of incest it is important to begin by addressing their needs for security and structure. Incest victims come from backgrounds in which they have had to live with the uncertainty of when the next sexual assault would be made upon them. These assaults have probably been both physically and emotionally intrusive. Clients in this population will have negative feelings about their bodies and a poor sense of personal boundaries. Additionally, they will feel anxious about being in a new group.

The activities presented in this group are designed to help the participants establish a sense of control. Through the exercises the clients will be able to experience their physical boundaries and work towards a more accepting view of their bodies. The activities are intentionally concrete and are intended to be affirming and non-threatening. By sharing these initial exercises, group members will begin to experience each other's trust. The exercises promote the participants' sense of belonging and control and will help to establish the basis for higher risk work with emotions in the next level.

Exercise 1: Magic Box

Description: Participants will create a ceramic container in which they will put a symbol of something positive about themselves they would like to protect. They will be told the box is magic, capable of protecting what they symbol placed inside it represents about them.

Purpose: This activity gives participants an opportunity to create a metaphor for personal boundaries. It encourages participants to declare and protect something positive about themselves.

Materials Needed: Clay, loop wire tools, string, glaze, paint brushes and an adequate surface to work on for clay.

Instructions: Depending on the familiarity of the therapist with ceramic processes, this project can be accomplished in one of three ways. Have participants make containers by making lidded pinch pots, slab boxes, or carve outs (see Figure 1).

Discuss briefly with the participants how metaphors can be used to represent personal attributes. Give them examples, such as a lion for bravery, an oak tree for strength, etc. Help them choose one for themselves and have them make it out of clay and put it in their box for safe keeping.

When processing this activity with the group, engage participants in discussion regarding the violation they may have experienced of personal rights and physical and emotional boundaries. Encourage them to think of their box and their participation in this group as an opportunity to rebuild or strengthen those boundaries. Have participants share the image they made and describe what it represents about themselves.



Figure 1: Magic Box

Exercise 2: Self-Sculpture in Clay

Description: Participants will sculpt a three-dimensional image of themselves in clay (see Figure 2).

Purpose: As clients assemble an image of themselves they have to allow themselves to become aware of their own bodies. Many victims of sexual assault survive their abuse by dissociating from the experience. Subsequently they not only suffer a loss of memory and a diminished sense of their feelings but a lessened awareness of their physical bodies as well. This activity helps participants regain an awareness of their bodies.

Materials Needed: Clay, clay knives and a surface to work on.

Instructions: Inform clients that they are going to sculpt an image of themselves. Show them how to assemble a figure by starting with a cylindrical form for a torso and adding arms, legs, and a head to it. Stipulate that the figure has to stand upright when it is completed. This may require a base. After the sculptures are finished, discuss with the participants what their feelings were as they sculpted themselves.



Figure 2: Self-Sculpture in Clay

Exercise 3: Full Figure Body Tracings

Descriptions: Participants will help one another trace their bodies on a life-size sheet of paper and then will color them in.

Purpose: This activity provides clients with an opportunity to concretely experience their physical boundaries. The participants' presences in the group are unequivocally declared when they fill in and hang up their own images.

Materials Needed: Large roll of paper at least three feet wide and large, unwrapped crayons.

Instructions: For each group member, tear off a sheet of paper longer than the individual is tall. Have each person sit on the paper and trace the contour between his or her legs, from knee to knee. Have the person lay down and let someone else trace the balance of his figure. Once traced, everyone can color in his or her figure. If a 35 mm camera is available it is fun to have close-up portraits taken of everyone and blown up so they can later be cut out and pasted in place for the face of the drawings (see Figure 3).

This activity needs to be handled very sensitively. It requires alot of trust on the part of the participants to allow their bodies to be traced. It also is an activity that tends to

be very powerful in that it evokes a lot of feelings in the participants. In that respect this activity provides a good transition to the next stage.

Participants should be encouraged to discuss the feelings they experienced through out this project. It may have been anxiety provoking to allow themselves to be traced or they may have felt self-conscious about coloring themselves in. Emphasize that they may be becoming more aware of their bodies and sensations and that it's important to be accepting and patient with these experiences.



Figure 3: Full Figure Body Tracing

STAGE II: Clarifying Feelings About the Abuse

Denial of feeling states is a defense that is frequently used by victims of incest (Sgroi, 1982). This is partially due to the incomprehensibility of their experiences.

What happened to the children during their abuse may have been overwhelming and too threatening to their sense of themselves to be incorporated into their personalities (Johnson, 1987). The need to deny or repress their feelings associated with the abuse may also be attributed to the unavailability of a sympathetic person with whom these feelings could have been shared (Miller, 1983). Their feelings about their abuse may simply have been too painful for victims to bear all alone.

The victims' ability to respond to the incest can also be compromised by feelings of guilt. Guilt masks feelings of hostility and rage adolescent victims have for family members who either abused them or failed to protect them (Sgroi, 1982; Spring, 1987).

The art activities in this stage are provided to help children work through their denial and clarify their feelings about their abuse. They will also give the therapist an opportunity to assess how willing the clients are to acknowledge the influence incest has had on their lives.

Exercise 1: Time Line

Description: Participants will draw a time line on which they will record significant events in their lives.

Purpose: This activity provides group members with a way of sharing their personal histories with each other and a way to acknowledge their abuse. It will also serve as a useful basis for later exercises.

Materials Needed: 18 x 24 inch drawing paper, masking tape, felt tip markers.

Instructions: Have each group member tape together two sheets of paper, side by side. Have group members draw a line from side to side across the bottom of the pages. Explain that the left end represents their birth and the right end represents the present. Have participants mark down significant events in their lives, recording in particular their memories of abuse. These can be noted by putting a dash across the time line and noting it as abuse. Describing the abuse on the paper is not necessary. If the children do not remember dates they should approximate the time of events as well as they can in terms of their age. Ask them about how old were they when these things occurred.

When the projects are complete, they should be shared with the group. Process them in terms of the frequency of the abuse and how it changed their lives if it did after it began. Assess how much they remember about life in their families prior to the abuse and how much they remember after the abuse began.

Exercise 2: Animal and Environment Metaphor

Description: Participants will create an animal and an environment for the animal that represents how they felt in their families as victims of incest.

Purpose: This activity helps the clients begin to reassociate with feelings related to their former existence. Having participants represent themselves as animal metaphors requires them to begin to assess the nature or quality of their experiences.

Materials Needed: This activity can be done in clay or with drawing materials depending on the amount of time that can be spent on it and the disposition of the group. Crayons tend to be more controllable and much less threatening to participants than clay.

Instructions: Have participants reflect on how their life felt to them during the time that they were abused. Encourage them to consider the information they recorded on their time line. Have them pick an animal that expresses something about the way they felt and put it in an environment that describes their circumstances. Showing participants pictures and discussing the different dispositions of various animals may be helpful.

Figure 4 illustrates an example of this project done in clay. The environment is a volcanic island. "Help" is written in the sand and a shark swims just off shore. An animal figure (missing) was on the beach. In this situation it was unsafe for the animal to stay or leave. In a two-dimensional example shown in Figure 5, a client expressed her sense of isolation. In this drawing a polar bear is trapped on an iceberg adrift in the sea.



Figure 4: Animal and Environment Metaphor in Clay

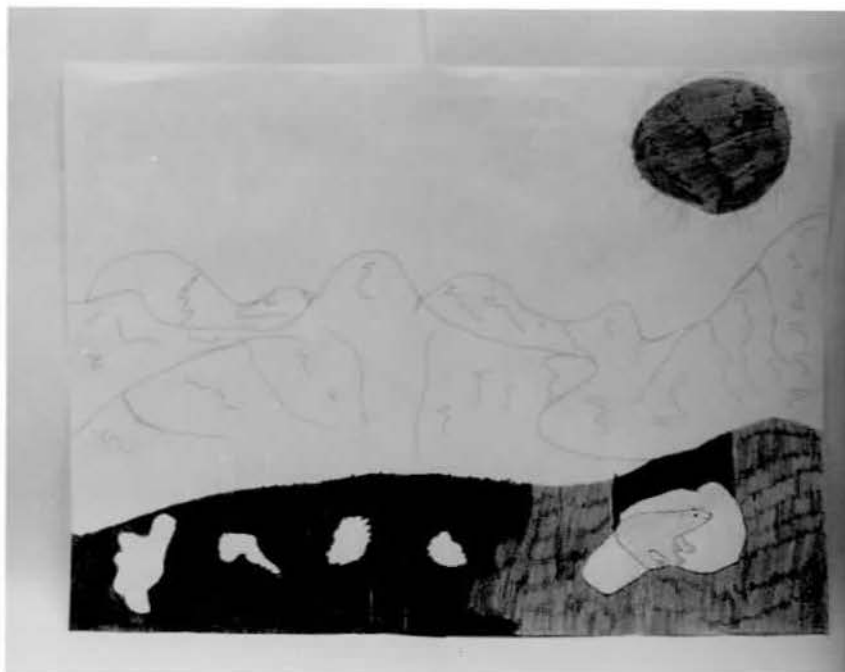


Figure 5: Animal and Environment Metaphor Drawing

Exercise 3: Autobiography

Description: In this activity, group members will create a book cover with a title and illustration for what would be their autobiography. They will also create chapter headings and illustrations to describe significant periods in their lives.

Purpose: This activity provides participants an opportunity to reflect further on the influence incest has had on their lives. It encourages group members to remember their past and to say something descriptive about different periods in their personal histories.

Instructions: To get started participants will need to spend some time breaking their life span down into identifiable phases or periods of time. These phases will need to be continuous so that one begins where the one preceding it ends. These identified periods will need to cover the participants entire lives from birth to the present. Group members will probably need help identifying different time frames in their lives. Encourage them to think in terms of different places they may have lived, when significant events occurred and when the incest began and ended.

Having identified the time frames in their lives participants will each create a book cover with a title and an illustration that

describes their lives (see Figure 6). The book cover can be made by simply folding an appropriately sized piece of paper in half. An 18 x 12 inch piece of paper folded to 9 x 12 inches makes a good format. On the front of this folder participants will design and color in an illustration and title that metaphorically describes their life. Have each group member then cut individual sheets of paper to match the dimensions of the book cover and create chapter titles and corresponding illustrations to describe each of the major phases in their life they've identified (see Figure 7).

When processing this project with participants reflect on how significant the abuse appears to be to them. Point out when clients acknowledge or fail to acknowledge any effects from their abuse. Help them observe if the quality of their lives changed in obvious ways at particular times. Note how well participants seem to remember details in each phase of their lives. Group members should each share their projects and their associations with the time frames described by each chapter.

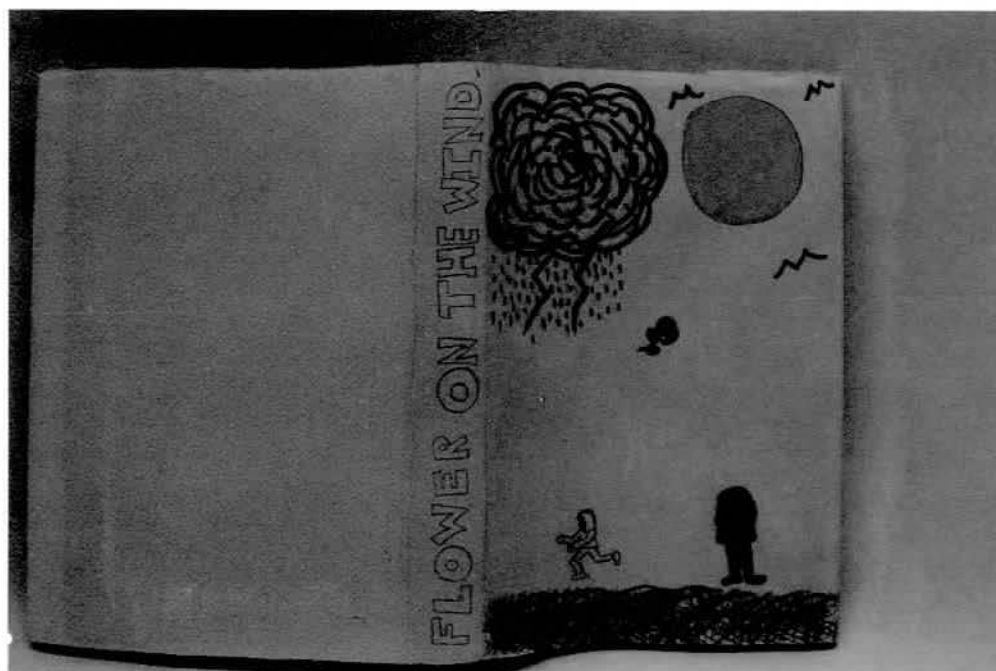


Figure 6: Autobiography Cover

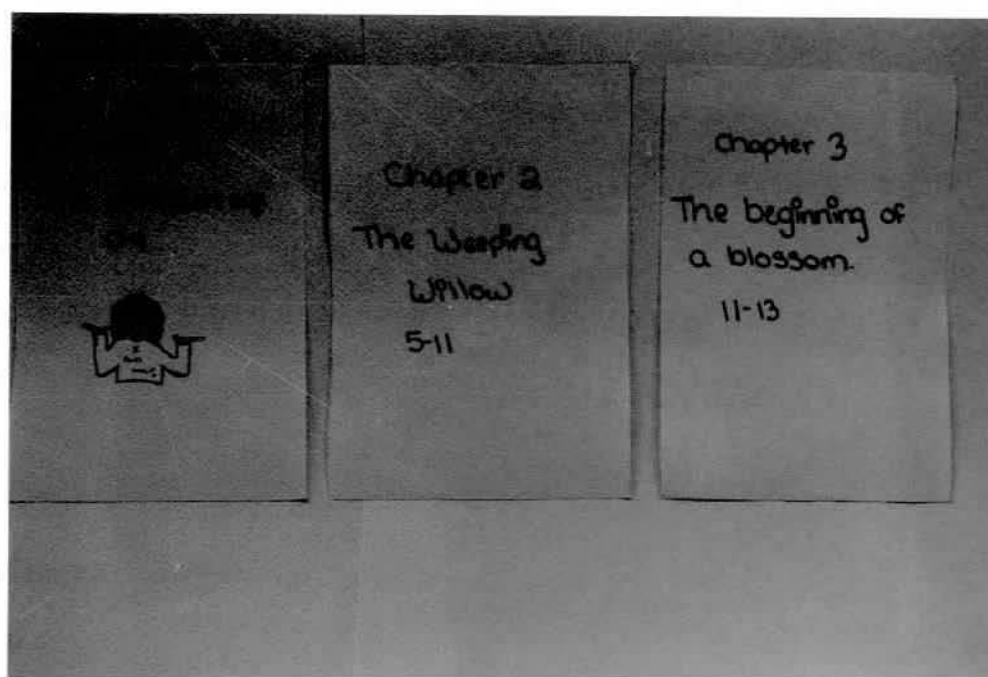


Figure 7: Autobiography Chapters

Exercise 4: Inside/Outside Painting

Description: Participants will each do a two part painting in which they distinguish between the way they think they appear to others and the way they feel inside.

Purpose: This activity gives victims an opportunity to acknowledge that they may have learned to "hide" their feelings in order to survive, or that they are experiencing emotions that they don't know how to share. This activity introduces the group to the nonrepresentational use of color, line and shape. It also provides a good transition to the next level by helping participants get more directly in touch with internal experiences.

Materials Needed: 18 x 24 inch white paper, tempera paints and paint brushes.

Instructions: Discuss with the group the differences in the way they may appear to others and the way they may feel inside. Ask them if they have felt as if they have had to hide their feelings in the environment they have been living in.

Discuss with the group the possibility of expressing moods or energy with line, shape, and color. Show them, for example, the difference in feelings a jagged line and a wavy line express. Have the participants fold their paper in half so it opens as a

book does. Have them paint the way they think they appear to others on the front by using only lines, shapes, and colors. Have them paint the way they actually feel on the inside of the folded page. Allow participants to share their work with the group. Observe in particular the differences or absence of differences between the outside and the inside. Also, comment on the quality of the moods reflected in the paintings.

STAGE III: Externalizing Repressed Feelings

Doing abreactive work is essential to the recovery of victims of incest (Miller, 1984; Spring, 1987). If victims are unable to identify and express their feelings related to their abuse they will suffer symptoms from the repression of these feelings for the rest of their lives. Abused children must have an opportunity to relieve their humiliation and express their anxiety and anger about that in a safe, supportive environment. victims must relieve themselves of repressed feelings and desensitize themselves to the painful recurrent memories associated with their abuse.

Accomplishing the task of this level may require repeating the activities described here or alternating them with self-affirming exercises described in other levels. The sincerity of group members and their willingness to be supportive of one another is very important on this level.

It will be helpful to advise the participants that they may find themselves re-experiencing their own traumas as other participants share theirs. They should be encouraged to share these reactions with each other, appropriately, if this occurs so they can gain support for the way they are feeling.

Exercise 1: Feeling Mural

Description: Participants will collectively create a mural in which they express their feelings about incest.

Purpose: By doing this project as a group participants gain each other's active support for sharing feelings. Working on a common surface encourages verbal and non-verbal interaction. The group is collectively represented all in one project which encourages mutual identification. It may be possible to process how individual members are relating to the group by considering the locations of the shapes they used. Using construction paper enhances the clients' sense of control.

Materials Needed: 18 x 24 inch sheets of various colored construction paper, white glue and a large roll of paper.

Instructions: Cut two equal lengths of paper, about six feet long, from the roll. Tape the paper together so its width is doubled and the sheet of paper becomes about six feet square. Discuss with participants what they learned in the preceding exercise about expressing feelings with color and shape. Tell the group that they are going to collectively make a mural by cutting shapes out of construction paper (see Figure 8). The shapes they cut out will express feelings they have about their abuse. Help

the group identify feelings that they relate to their experiences of incest.

When they understand the activity, have them begin cutting out shapes and gluing them down on the large sheet of paper. Encourage the participants to work with the entire sheet and respond to other shapes already glued down.

When the mural is complete have group members name the shapes they included. Acknowledge the range of individual responses. Discuss with them what their experiences of each other were as they all worked on the same project.



Figure 8: Feeling Mural

Exercise 2: Letter to the Perpetrator

Description: Participants will each write a letter to the perpetrator(s) of their abuse expressing their feelings about have been victimized.

Purpose: The purpose of this activity is to give group members a verbal format to openly express their feelings about their abuse. It is not intended that these letters be mailed. They basically will serve as supportive props to be read in group.

Materials Needed: Pens and notebook paper.

Instructions: Have each member of the group write a letter to the perpetrator of their abuse describing how the incest has influenced their lives and how they feel about it. Participants should be encouraged to include statements that assert the perpetrators responsibility for his own behavior. Participants should be encouraged to be as spontaneous, expressive or blunt with their feelings as they would like to be without fear of censorship or repercussions. Group members should be clear that they shouldn't use their letter as an opportunity to describe how they would like to gain revenge on a perpetrator or comment on responses they would like to hear or see. This activity may present an opportunity to discuss with victims the fact that they

are not likely to ever gain reparations from the perpetrators of their abuse.

When participants are finished with their letters have them read them individually to their perpetrator as if he were sitting in a chair opposite the victims. Be supportive of feelings the victims express. Help them make observations about their responses. Point out particularly if the participant sounds as if he is apologizing or otherwise assuming responsibility for the perpetrator's own behavior.

Exercise 3: Cathartic Work with Finger Paints

Description: Participants will visualize and express in finger paints feelings that they would like to release regarding their abuse.

Purpose: This activity helps victims acknowledge and make visible feelings that they need to express. The fluidity of the finger paints may make it easier for the participants to be spontaneous.

Materials Needed: Finger paints and 18 x 24 inch white paper.

Instructions: Provide each group member with a large quantity of finger paint and a sheet of paper. Have participants spread their paint so it evenly covers their page. Discuss with them again how lines can express various feelings. Point out that a jagged line might express anger, a wiggly line - confusion, etc. Have them divide their page into six areas and draw a different kind of line in each area to describe different kinds of feelings. If they appear to understand, have them smooth over the finger paints again and draw a large circle in the middle of the page. Have the participants put lines in the middle of the circle that represent the way they would like to feel. When that is

accomplished, have them draw radiating out from the circle the feelings that they would have to release to feel the way that they would like to. If participants find the fluid quality of the finger paints too threatening to work with, this entire activity can be done with paints and paint brushes or with crayons.

Exercise 4: Drawing and Responding to Incidents of Abuse

Description: This is a two-part drawing activity in which participants will illustrate an occasion when they experienced abuse and then draw the emotions they felt on that occasion.

Purpose: As clients begin to visualize their experiences so they can draw them they will be put in touch with feelings and sensations associated with those experiences (Samuels & Samuels, 1975). The expression of those feelings at this point will be more authentic than the feeling work done in previous exercises. By visualizing and responding to particular occurrences of abuse, victims will begin to gain a sense of control over their feelings and begin to desensitize themselves to their memories associated with those experiences.

Materials Needed: 18 x 24 inch white paper and felt tip markers.

Instructions: Have the participants consider their time lines and pick a particular occurrence of incest that they would like to work with. Have them draw a line down the middle of their new piece of paper to divide it in half. On the left have group members illustrate an example of a time that they were abused. Explain that they can use stick figure images if they have to. It

may be easier for the victims to start with one of their most recent experiences of incest. feelings related to earlier experiences, particularly if they were very young, may be less accessible to them. When they have illustrated an example of their abuse, have the participants express their feelings about it visually on the right side of the page (see Figure 9 and 10).

This activity can be used repeatedly in relationship to other incest experiences noted on the clients time lines. An exercise that follows this one introduces clients to doing more physically involved energy work. In time, clients may be able to verbalize and act out their feelings by pounding pillows, for example, instead of drawing them.

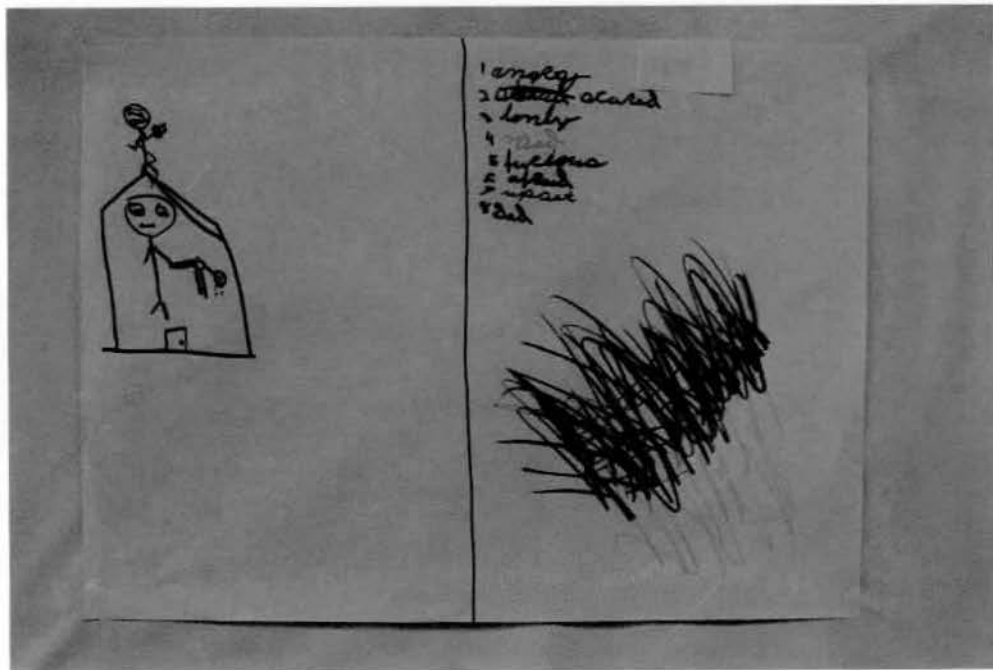


Figure 9: Drawing and Responding to an Incident of Abuse

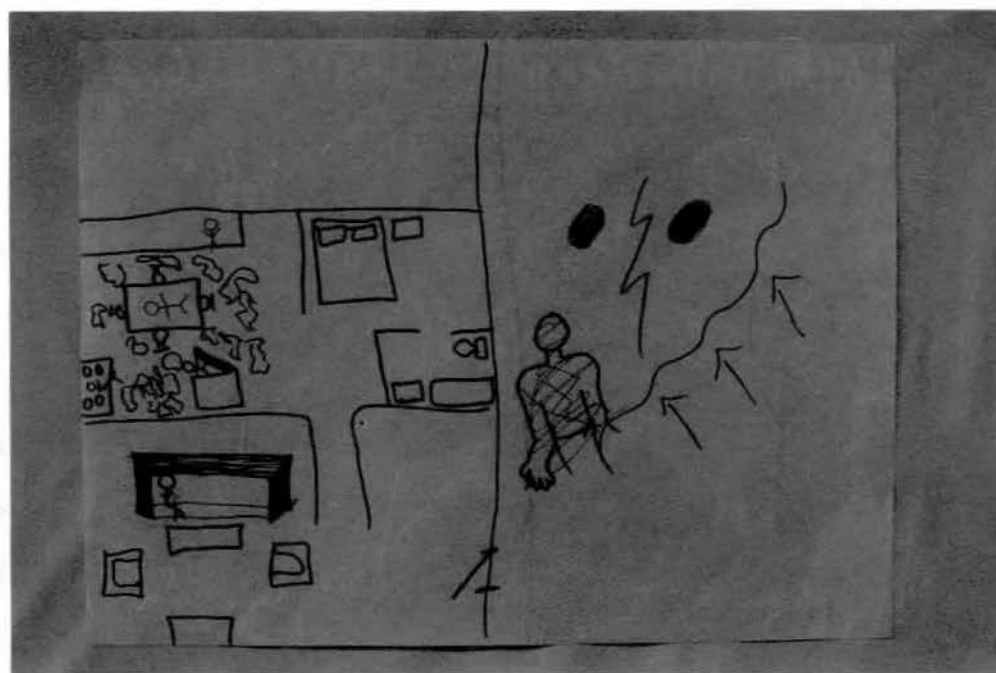


Figure 10: Drawing and Responding to an Incident of Abuse

Exercise 5: Feeling Drawings

Description: Drawings or paintings of feelings that are not necessarily related to particular experiences of abuse.

Purpose: If clients are having difficulty assigning feelings to situations it may be helpful to reverse the process and ask for a feeling drawing first.

Materials Needed: 18 x 24 inch drawing paper and paints, crayons or felt-tip markers.

Instructions: Ask clients to do a feeling image and then later process the image with them to see if it describes any of their experiences (see Figure 11). Reduce their choices down to one of four feelings: happy, mad, sad, or scared. When they are done with their drawing ask them if it describes in any way how they felt as they were being abused. If it doesn't ask the participants if they can name a time when they did feel that way. Help the group make connections between feelings and experiences. Continue having victims make feeling pictures until they have made some that do describe how they felt when they were abused.

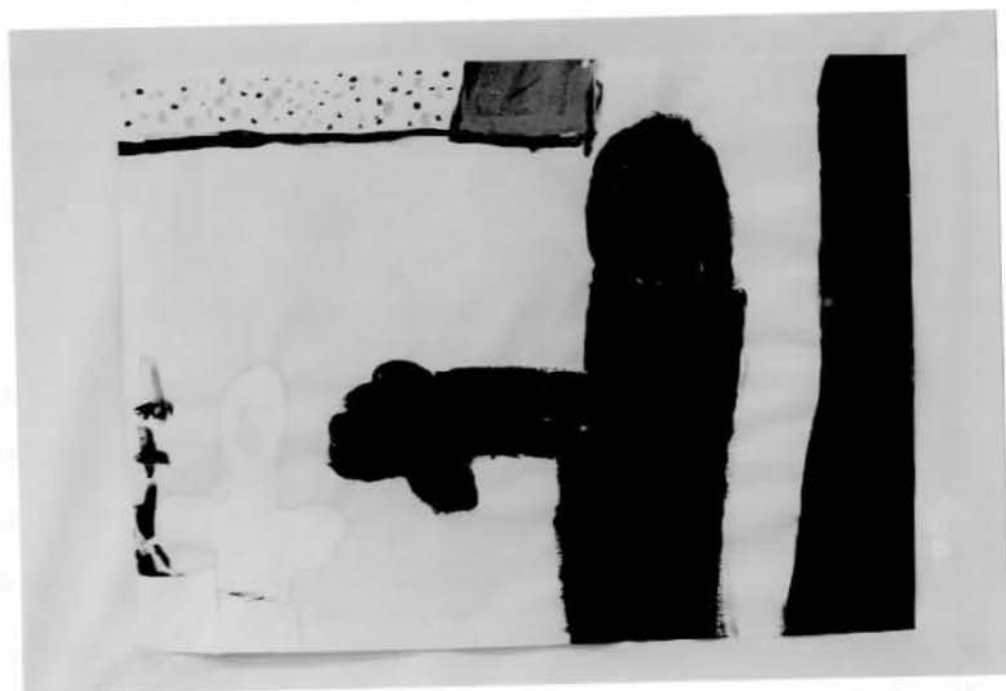


Figure 11: Feeling Drawing

Exercise 6: Incest Monster

Description: Victims will make incest monsters out of clay and do abreactive work with them.

Purpose: This exercise gives victims a chance to physically act out their feelings. Responding spontaneously to their monsters enhances the participants' sense of power and control.

Materials Needed: Clay and a surface to work on.

Instructions: Give each participant a fairly large piece of clay. Have them lift and throw down, or pound on, the clay for a while. Instruct the victims to form an incest monster out of the clay that represents the perpetrator of their abuse. When the monsters are formed have the participants act out, on the clay monster, the way they would have liked to respond to the perpetrators for the way they were treated. The clay piece has to be large enough to be able to absorb the pounding of the victims without them hurting their hands.

STAGE IV: Identifying Alternatives to Former
Dysfunctional Behaviors and Relationships

Victims are raised in environments in which the roles of family members have become very distorted (Gelinas, 1983). These children grow up in incestuous systems in which their needs are overlooked and they are generally expected to act in the service of others. It is not unusual in these systems to find mothers who are dependent upon their daughters to perform many of the family duties mothers would do in normal circumstances. These children have a very restricted view of what it means to have their needs met. They have no basis in their experiences upon which they can form a healthy personality and undistorted interpersonal skills.

This problem is compounded when victims attempt to overcome their abuse by revictimizing themselves or reenacting it in some manner (Johnson, 1987; Miller, 1984). By acting out their pain and humiliation in ways that seem unrelated to their abuse, victims reinforce the assumption that they cannot be nurtured and deserve to not have their needs met.

The activities in this stage give participants an opportunity to assess the quality of significant relationships in their lives. These exercises help them assess the extent to which their needs are being met and reinforce their rights to be good to themselves. This level is essentially a reconstructive phase in which alternatives to former dysfunctional behaviors and relationships

can be considered.

I have included this group of activities after the abreactive stage of therapy because I do not think victims can genuinely improve their sense of self-esteem if they are still in a state of denial or burdened by feelings of guilt. If clients have not at least begun to let themselves respond authentically to their experiences of abuse then messages of self-worth will seem superficial. By letting themselves know that they have a right to be angry victims, will also let them know they have a right to be healthy.

As I indicated previously to get through their abreactive work clients will need a lot of support. It may be found that it is useful, or necessary, for them to identify significant, supportive relationships, or encourage themselves with one of these activities to be able to do that work. It may subsequently be helpful to introduce one of these exercises during Stage III.

Exercise 1: Group Pass Arouds

Description: In this activity participants share affirmations with one another by drawing metaphors to represent each others positive attributes.

Purpose: This activity gives group members an opportunity to acknowledge each others strengths and experience each others support.

Materials Needed: 18 x 24 inch white paper and crayons or felt-tip markers.

Instructions: Have participants draw a symbol or metaphor in the middle of their page that represents positive feelings about themselves. Also, have everyone put their names on their sheet of paper. When that is accomplished have everyone pass their paper one person to the right. Now, have everyone draw a symbol, for the person whose page they now have, about something they admire or like about that person. The symbol given to each person can also represent something the giver would like the recipient to have. When that is accomplished everyone should once again pass their paper to the person on their right. The papers should be passed around the entire circle so that everyone contributes to everyone else's project. Eventually, everyone should get their

own page back. When all the drawings are done have each person take a turn letting the other group members explain what they like about that person or what they want them to have.

Exercise 2: Personal Trophy

Description: Participants will make a trophy for themselves out of clay that represent a personal strength or accomplishment.

Purpose: This activity gives participants an opportunity to acknowledge actual behavior. Therapists can help clients identify even small ways in which they are taking care of themselves.

Materials Needed: Clay, clay tools, glazes, and paint brushes.

Instructions: Have participants roll out slabs of clay about 1/2 inch thick. From this slab have everyone cut a rectangular base, two long narrow pieces of equal length and another rectangle, slightly smaller than the base. Have everyone attach the two narrow pieces to the base so that they serve as posts to hold up the top rectangle. On the top rectangle, which should sit horizontally as a table top, participants can put an image that represents a recent accomplishment they feel good about, or something they do well. This exercise can also be used to emphasize personal attributes. The trophies might represent positive personal characteristics such as being a sensitive or caring person.

Exercise 3: Animal Family Portrait

Description: In this activity participants will create animal metaphors to describe the personalities of members of their immediate family.

Purpose: Victims of incest need an opportunity to assess the quality of their relationships with non-offending parents and other family members. This activity gives clients a chance to discuss these relationships in terms of how secure they felt in their families and how clearly their needs for love and belonging were met. This exercise is a way that victims can become aware of the reality of their circumstances. It is important for them to understand that they were dealing with many environmental influences that they were not responsible for.

Materials Needed: 18 x 24 white paper and crayons or felt-tip markers.

Instructions: Discuss with the group how we associate animals with various kinds of characteristics. Discuss with them their own associations with examples such as a fox, shark, or humming bird. Have participants pick an animal to represent members of their immediate family and arrange them in an animal family portrait.

In an example of this project (see Figure 12) an adolescent girl, who was a victim of incest, depicted her mother as a porcupine. The image reflects the victim's impressions that her mother was inaccessible and dangerous to be around. In a second example (see Figure 13) another adolescent girl depicted her mother as a monkey. Her association was with the phrase, "monkey see monkey do." She meant that her mother was compliant because her mother had failed to respond to her abuse. This girl portrayed her brother as a snake framing the family. The girl explained that her mother used to say they could not leave her father because she needed help raising this boy.

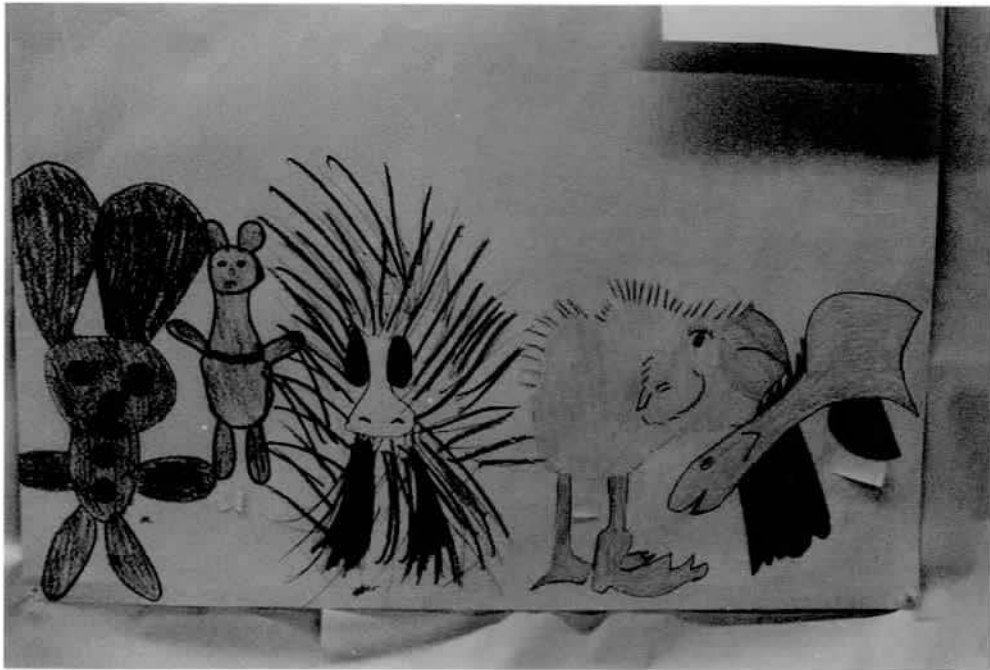


Figure 12: Animal Family Portrait

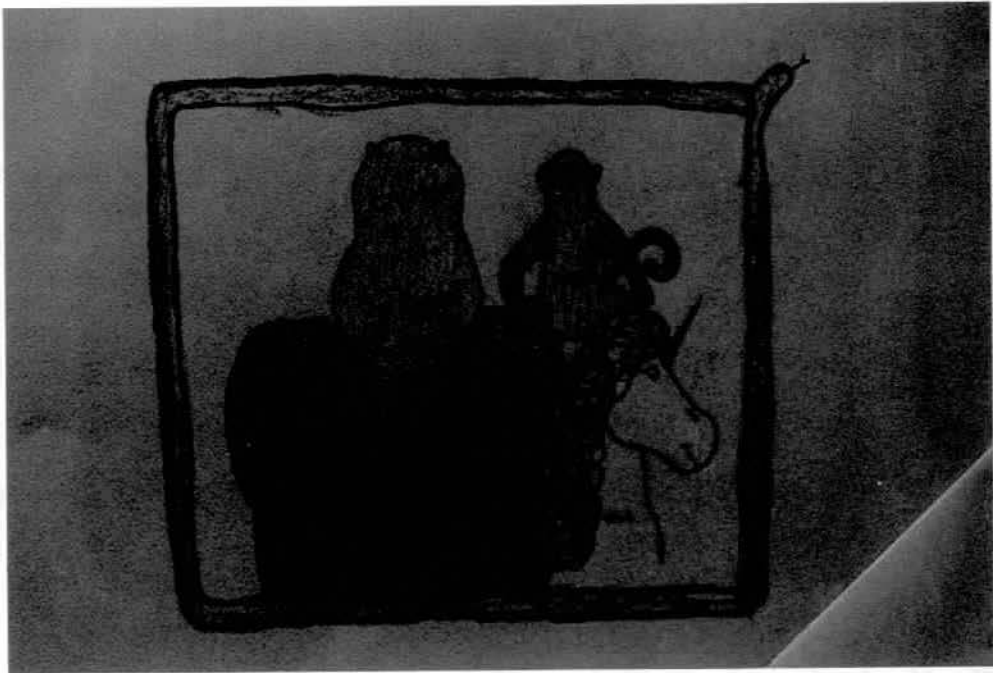


Figure 13: Animal Family Portrait

Exercise 4: Significant Other Solar System

Description: In this exercise clients make a solar system representing with metaphors people that have had a significant influence on them.

Purpose: This activity gives clients an opportunity to identify both positive and negative relationships. It implies that participants are capable of assimilating both. This activity helps clients reflect on the influences others have had on them. Most significantly, it helps clients acknowledge that others do have an influence on them.

Materials Needed: 18 x 24 inch construction paper, markers, scissors and glue.

Instructions: Ask participants to think about the four people who have been most influential or important to them personally. Have group members pick a metaphor that expresses something about the influence each of those four people had on them. On a full sheet of construction paper have participants draw four concentric circles to represent orbits. Have them glue the image representing the most influential person on the inner-most orbit and the least influential on the outside orbit.

When everyone has completed their orbits ask them to consider

how these people have influenced them. Have participants create a metaphor for themselves that represents a synthesis of the influences their significant others have had on them, and have them glue it in the center of their orbit drawings.

In the example (see Figure 14) the client depicted herself as a cat. She used a gun to represent her father, who was the perpetrator of her abuse, and placed him in the outer most orbit. Her other images represented people with whom she had supportive relationships, including a friend, sister, and teacher. She explained that she used a cat for herself because a cat knows how to be comfortable but is also very alert to danger.

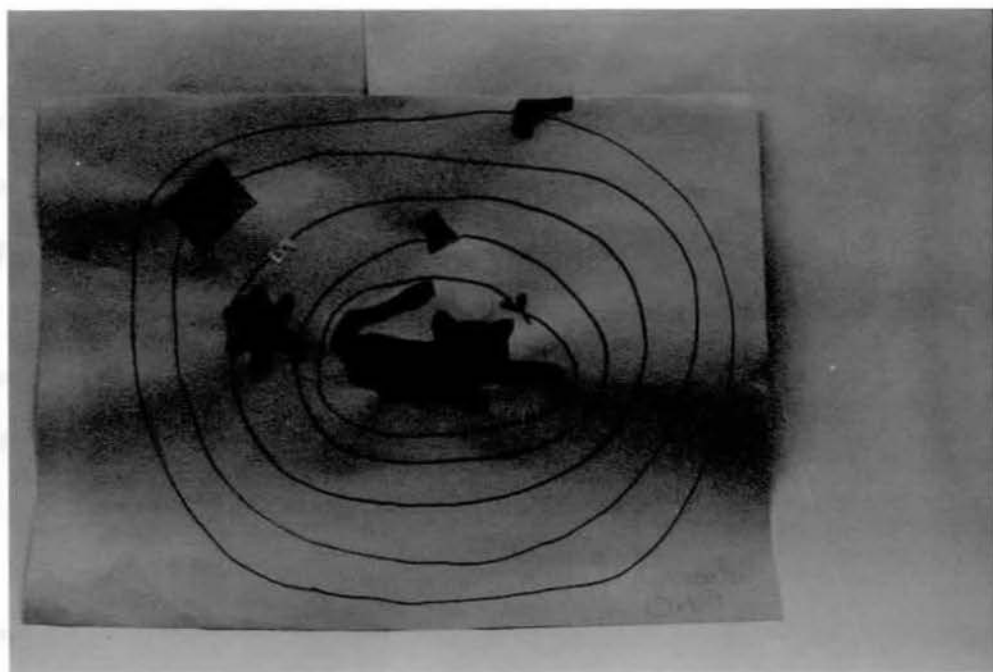


Figure 14: Significant Other Solar System

Exercise 5: Choice Shield

Description: This activity is a two-sided, shield shaped collage made up of images that describe former dysfunctional behaviors and attitudes of the clients and alternatives to these behaviors.

Purpose: This exercise helps clients identify aspects of their lives that need changing and encourages them to identify positive aspirations and alternatives to existing maladaptive, coping behaviors. These collages give therapists an opportunity to discuss with the group how promiscuity, drug abuse or other dysfunctional behaviors are symptomatic of the environment the children have been living in.

Instructions: Initially, participants will need to make a base for their collage. This can be accomplished by gluing two sheets of construction paper together and then cutting them into the shape of a shield. It is very helpful to have a pattern, in the shape of a shield, that can be traced. With the base established, participants should cut out pictures about aspects of their former existence that they would like to change and glue them to one side of the shield. On the other side of the shield group members should glue pictures of behaviors, interests or activities that represent positive alternatives to their current

or former dysfunctional coping strategies (see Figure 15).

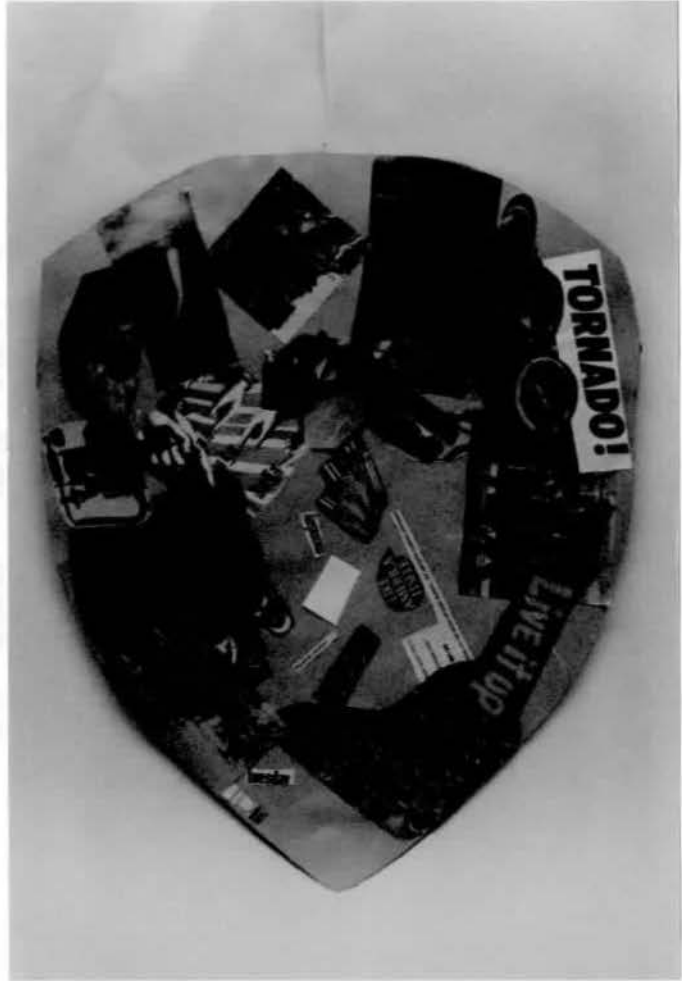


Figure 15: Choice Shield

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