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A Descriptive Study: Selection and Use of Art Mediums by Sexually Abused Adults: Implications in Counseling and Art Psychotherapy

Frances Harlow Clukey

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A DESCRIPTIVE STUDY: SELECTION AND USE OF ART MEDIUMS BY SEXUALLY ABUSED ADULTS: IMPLICATIONS IN COUNSELING AND ART PSYCHOTHERAPY

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A THESIS

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy

(Individualized in Art and Counseling)

The Graduate School

The University of Maine

May, 2003

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A DESCRIPTIVE STUDY: THE SELECTION AND USE OF ART MEDIUMS BY SEXUALLY ABUSED ADULTS; IMPLICATIONS IN COUNSELING AND ART PSYCHOTHERAPY

By Frances Harlow Clukey

Thesis Advisor: Laurie E. Hicks, PhD

An Abstract of the Thesis Presented
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Philosophy
(Individualized in Art and Counseling)
May, 2003

This research was designed to explore what happens in the process of therapy when clients, having persisting symptoms of sexual abuse and having disclosed that abuse, have access to a wide variety of art materials to select and use in treatment. A blend of qualitative and quantitative research in design, the study is an initial step towards a greater understanding of the potentially transformative experience of art making and the role of art mediums in the practice of therapy.

Treatment for abuse is a long, complex and arduous process. Persistent aspects of abusive experience remain deeply buried within the body and cause periodic, cyclical, somatic and psychological problems in an individual's life. Clients often feel words are too immediate and too explicit to describe the experience and the resulting emotional response generated by sexual abuse. Created within the context of what psychiatrist Winnicott (1971) described as the "good enough" therapeutic relationship, artwork may be viewed as more concrete and symbolic, or less immediately explicit and therefore safer than verbal communications. Sensory-based therapies such as art therapy are,

therefore, particularly useful in accessing traumatic memories and transforming the experience to a less damaging state.

For this study, the author set up private practice to work as therapist with eight individuals for eight fifty-five minute sessions in a traditional art therapy studio. Each session was documented on videotape. Artwork was photographed. Videotapes, artwork, intake histories and the researcher/therapist's notes were analyzed. Brief case studies were developed. Data were considered by frequencies and ordinal comparisons for immerging patterns. The data described art mediums as accessing cognitive, symbolic, emotional, perceptual, kinesthetic and sensory levels of understanding. A spiral model facilitated understanding the process. The potential to pace the process of therapy by direction and selection of more or less mediated, fluid and controllable art mediums was shown to exist. Through the spatial and kinesthetic processes of art making in art therapy, the individual controls recollection, comprehension, integration and resolution of trauma. Art mediums are central in art therapy as they safely provide the means of expression and reflection to transform trauma in the bodymind.

DEDICATION

To our son LCDR Trey "Plumbr" Clukey (Feb. 21, 1969 – Nov. 3, 2002) who said to me in 1987, "You like to learn; why don't you get a master's degree?" So, I got another one in 1995 ...

To Bob, Robin, and Christanna who have shared my journey and are surviving with me.

To my participants, the courageous and brave women who participated in the study. Each has faced the traumas of her life and chosen to survive. Each has chosen to deal positively with the secrecy, guilt and feelings of personal responsibility for those traumatic experiences and to change her mode of functioning. In doing so, each has worked to break the cycle of abuse, domestic violence and household dysfunction she experienced as a child. I thank you for sharing with me and allowing me to learn from you. Because of you, I will be able to better serve those who come to me as clients and those who read my work. You are my inspiration and I am in awe of you.

ACKNOWLEDGEMENTS

and, briefly, Anne Marie Reed, throughout my program. Most of all I was blessed to have as coach, mentor, colleague and friend, my committee chair, Laurie Hicks. Her knowledge of the business of research, her understanding of visual art, her ability to grasp the core of what I was trying to do in a field on the edge of her expertise, her uncanny sense of knowing when to cheer, her expectation of excellence and thoroughness, and her warm support throughout the years has been invaluable and most appreciated.

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1. INTRODUCTION

"It is not the act of sexual abuse that causes lifelong effects. It is

the emotional aftermath related to threat, secrecy, and guilt which is

destructive to the ego" (Spring, 1993, p. 1).

Moral outrage about sexual abuse appears frequently in the media, and increasing

numbers of reported cases give the impression that sexual abuse is now more widespread

than ever. Whatever the numbers, mental health professionals and educators want to

know how best to help those who have been abused; health and education suffer if trauma

is left unresolved. Art therapy is considered an effective modality in the treatment of

sexual abuse. It is particularly useful in accessing traumatic, remembered images and

transforming the experience of trauma to a less damaging state (Van der Kolk, 2002;

Wadeson, 2000). Art therapy is concrete, sensory-motor based, metaphorical and less

confrontational than talking therapy. Recollection, comprehension and reframing of the

abuse can be accessed spatially and kinesthetically and brought into a conscious state.

The art materials provide the medium for changing and healing.

In order to study art mediums in the context of therapy, the researcher studied

eight individuals who had been sexually abused and who continued to have persisting

symptoms but were otherwise free enough of apparent complicating disabilities, illnesses

or comorbidities to function out of hospital. Each individual participated in three art

therapy assessment sessions and up to five more sessions of brief, sensory-based therapy.

Each session was videotaped for the purpose of describing and analyzing participant

selection and use of art materials.

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Purpose of the Study

The purpose of this study is to describe what art mediums sexually abused adults

select and how they used those art mediums in the therapeutic and counseling situation.

More specifically, this research was designed to explore what happened in the process of

therapy when clients, having persisting symptoms of sexual abuse and having disclosed

that abuse, had access to a wide variety of art materials to select and use in the beginning

stage of treatment. A blend of qualitative and quantitative research in design, the study is

intended to be an initial step towards a greater understanding of the creative and

potentially transformative experience of art therapy and the role of art mediums in the

practice of therapy.

Objectives of the Study

Three basic objectives provided a foundation for this study:

1. Visual, auditory and written data would be systematically gathered and

analyzed in an effort to better understand the role that art materials play in the therapeutic

process.

2. Significant patterns in the selection and use of art mediums by participants

would be identified and documented from the data.

3. Implications for art therapy as well as for the practice of therapy in general

would be drawn and presented.

These objectives are described and discussed in greater depth in chapter three.

Research Participants

Participants, both male and female, were sought through local counseling and

mental health services. Free of apparent complicating disabilities, illnesses, or

comorbidities to the extent that they were not currently in hospital, participants could be considered "normal" or "average" adults in most aspects of their lives. The exception was their having been sexually abused in an intentional, trauma-causing manner, resulting in persisting symptoms. Other maltreatment or illness issues would likely exist for these individuals (Felitte, 1998).

The individuals who participated in this study were at least 18 years old and capable of giving legal consent for their involvement. They had previously disclosed sexual abuse to a health professional and had persisting symptoms, which could be attributed to the trauma of sexual abuse. The symptoms may have included those that define Post Traumatic Stress Disorder (PTSD, 309.81, APA, 1994), Acute Distress Disorder (308.3), Dissociative Disorder (DID, NOS, 300.15) and Adjustment Disorder (ADJ.NOS, 309.9).

Limitations of the Study

1. Eight women participated in this study. This limited number minimizes the generalizability of the study's conclusions to persons other than the participants. However, as these participants represent a cross section of socio-economic, educational, developmental and experiential factors, the outcomes may help shed light on the use of art therapy with other women in similar circumstances. The qualitative and descriptive methodology of this study was reliant on a subjective and personal relationship between participant and researcher/therapist (McLeod, 2001).

2. The age of participants was not restricted, except for the lower limit of eighteen years, and the wide age span may have increased the possibility of complications. Early abuse, inadequately treated, may result in psychological trauma

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taking the form of profound denial and alexithymia. The abuse experience may "surface" later in life. It may cause any number of dysfunctional symptoms that are treated and buffered over time. The greater time span may complicate treatment of the original trauma (Johnson, 1987; Levine, 1997). Practical considerations of availability and legal status resulted in an age span of thirty-seven years among the final participants.

3. Participants were limited to individuals who experienced repeated sexual abuse. Other forms of domestic violence were also frequently experienced. Participants with the experience of being the victim of a single rape event were not included.

4. Therapy for the participants was limited by time. Within a reasonable time frame, the therapist provided therapy for each participant. The choice of using a brief, sensory-based, therapeutic approach limited, however, the amount of time for therapeutic processing.

5. The focus of the study was limited to the literal, metaphoric and isometric or symbolic implications of the selection and use of art mediums in artwork done in therapy. Consideration of the narrative image and iconographic content of the artwork was minimal and came into play when related to the selection or use of art mediums.

6. The art mediums available in the studio were traditional art mediums and did not include the newer mediums such as digital cameras and camcorders, video monitors, computers and other related components. Medium use occurred within the studio and did not include mediums for environmental and performance art beyond the studio walls.

7. By the therapist's choice and training, the clinical framework was limited or defined by its psychodynamic, Object Relations therapeutic perspective, focusing on how current problems in relationships are influenced by a continuum starting with past

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personal history and ending with the preferred future. Studies confirm that other

frameworks, such as behavioral approaches that include learning stress reduction

methods or using biofeedback techniques, are also useful in reducing persisting

symptoms of sexual abuse, at least temporarily (Monteleone & Brodeur, 1994).

However, the clinical work for this study was limited to the psychodynamic.

8. The study was limited by the small body of literature available that addresses

the selection and use of art mediums in therapy. Most researchers using art with clients

of trauma focus on graphic indicators and meanings of images. A few authors, including

Robbins (1994) and Lusebrink (1990), mention the implications or significance of

selection and use of art mediums, but fail to relate the choice to the process. Others,

including Malchiodi (1990) and Wadeson (2000), mention the importance of the therapist

choosing appropriate mediums for the client, but do not discuss the implications of client

choice and its impact on process. Ultimately, the researcher found no systematic

consideration of mediums done within a therapeutic setting.

Other limits may be considered in the definitions of terms.

Contextual History for the Study

> "In the middle of this road we call our life
>
> I found myself in a dark wood
>
> With no clear path through."
>
> Dante Aligheiri "Inferno" Divine comedy

As a public school art teacher of more than twenty years, I have had many

opportunities to observe children as they selected and used art materials. Based on these

informal observations, I became aware of gender-specific patterns related to the art

materials my students chose and to the various ways they used the materials to express their thoughts, reactions, ideas and feelings. It seemed as if boys exhibited a tendency to select and use drawing materials, such as pencil, pen and ink, marker and charcoal, where girls preferred those materials associated with painting, materials such as tempera paint, oil pastels, colored chalks and collaged papers.

These informal observations became the focus of a research project during my graduate course work. Asked to develop a statistical model of analysis, which related to some aspect of art education, I developed a study in which the null hypothesis stated that no statistical difference in art medium preference existed among ten art mediums offered to approximately 180 boys and girls in grades K - 8. One assumption of the study was that the choice of a medium indicated a preference for the process. For example, the selection of a pencil as the favorite medium indicated a preference for the process of drawing or the drawn product; the choice of paint was equated with preference for the painting process or painted product. Using the chi square statistic and the SPSS software program, the study (n=135) showed results indicating that boys chose black and white drawing mediums (60% of the time) and girls preferred colored or painting mediums (63 % of the time). Preference of mediums was suggested to be dependent on gender (p <. 05, significance of .01184). This study further raised my interest in medium choice and use during the act of art making, both in the classroom and, ultimately, within the context of art therapy. In my training and practice as an art therapist, I continue to observe how clients choose and use the art materials available to them.

The interest was reinforced when a client expressed her sense of the relevance of the art medium to her ability to express herself through visual imagery. Part of her story

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in her own words follows, with some details changed to maintain appropriate confidentiality:

During the last tax year, I was admitted to the mental health centre three times and spent more time in hospital than at home. This time I was discharged, the staff were [sic] determined that it would be different and suggested that I keep in some contact with the day programme that they provide for in-patients and recently discharged outpatients. I wanted the main emphasis of my life to be outside in the community, but agreed to come twice a week to two different groups. The groups I chose were Art Therapy, to be in a closed group of five, and the chaplain's group...

The Art Therapy group was taken by Fran who, though a student, was a little more mature than the rest of the staff. The session was a protected geographical and time space that we could fill with using art materials in any way we liked. It lasted one and a half hours. During the last half hour, we stuck our pictures on the wall and shared feelings and ideas about our own and our companions' pictures. Our group was made up of two men, one of whom had been a professional designer, and three women. I was the eldest being in my seventyith [sic] year.

I started the Art Therapy just before I was discharged in an open group which acted more as a teaching session for those who asked for help in drawing. I looked at the blank sheet of white paper and decided to entrust it with my main problem at that time which was cleaning up the chaos - mainly of papers - in my flat. I drew all the mess and myself in

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there beginning to clean it up. As washing clothes was quite a problem as an in-patient, I didn't want to use any materials such as runny paint or smudgy pastels, and instead, chose felt tip pens in brilliant colours. Having drawn the problem situation in black and having a good half hour left, I coloured the picture where possible with the broad felt tips. Looking at the finished artwork, I felt I needed somehow to change my attitude towards it. I needed to make it safe and dispel the inner panic about chaos. I took a broad tipped green pen and made a sinuous line round the picture. The line connected all within the picture. It represented something non-verbal but very real. Some kind of a friendly, helpful, possible attitude.

When I next went to the flat, as I put my key in the door, I felt myself reaching out for the green line and hanging on to it. I managed to clean up most of the papers in two home visits.

After that, Fran's closed group started. In this group, I felt wonderfully contained and protected. The art therapist was just there BEING. She didn't teach us or interact or paint or draw herself, but she was there for us if we needed to ask something or tell something. The situation took me right back sixty-five years or so to sitting in the nursery drawing with my half-sister nearest to my age. We entered another world of imagination and were no longer bound by the small nursery which had to contain six of us and the Nanny...

I became aware that this hour and a half was the only creative thing I did in my whole week. I carried on the business of living: shopping,

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cooking, washing, ironing and cleaning and spent spare time in a receptive

mode reading, watching TV, listening to the radio or going to exhibitions.

The new drug I was on made writing and speaking and playing the violin

physically difficult. I felt I would never write again. But one day Fran

suggested that I might like to write about the art therapy experience for

their journal. I had recently been allowed to cut my 10 mg.. tablet in two

and just take half and gradually playing the violin seemed less horrible. I

started to write in the way that I had written my book.... When I had

achieved an A4 page full, I started to write this piece and was thrilled to

add one or two more creative hours to my week.... I no longer felt the

danger of imploding by being overwhelmed by things from outside myself

but luxuriated in the creative flow from within to the paper.

Meanwhile there were variations in how I did the Art Therapy.....

In Music Therapy, the results had been mostly insights into feelings

about situation and relationships. The Art Therapy felt different. I felt I

had made a visual statement about a situation in my life which I could then

work on through the surrounding coloured lines and patterns I made when

the pictures and colouring of them was completed. It was a kind of magic

made more powerful by affecting my behaviour and actions in real life. It

put me in the position of being active in producing useful changes instead

of feeling a victim of circumstances....

When there were only two art therapy sessions left, I began to feel a

bit panicky. What would replace the magic lines around rehearsals of

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events to come and validation of successful filling of my long empty days?

It would not be the same to sit at home and draw alone. ... (London, 1994)

Since working with that dear character, others have been found who reported similar experiences. In an experiential group art therapy session, one of the participants wrote how important finding the right medium was to her. At workshops developed by Bernie Segal, MD, for cancer survivors, she was involved in visualizations around her experience of living with metastatic breast cancer. However, she felt frustrated during these workshops by not being able to find art materials that suited her vision. At the group session, she picked up and tried Conté pastels. She was delighted and relieved that this medium provided the feel and look she wanted to actualize her visualization. The cancer cells, as she rendered them in the pastels, did not seem so threatening as they had when rendered in markers. The chosen art material seemed to better represent the current remission of her cancer. Unfortunately, satisfactory expression of a visualization cannot stop malignant cancer cells; she has since died.

From case studies (Aldridge, 1998; Dalley, 1984) and experience in art therapy and art education, it is understood that people who have suffered from sexual abuse often use art mediums, particularly clay and paint, in atypical or developmentally regressive ways. The researcher has witnessed two sexually abused, prepubescent females, one in a hospital environment, another in a school setting, make developmentally atypical messes of working with paint. Over time, with ongoing opportunity to paint, their work became less messy and more orderly. Both these girls, when working at other times with other materials, displayed ability to do neat, controlled art work with the less "regressive"

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materials, including markers and pencils. The mess making was not related to lack of skill. One wondered to what the use <u>was</u> related.

In art therapy sessions, other young abused people have been witnessed using only black and white mediums in a cartoon format. This use of cartoon making in pencil and marker, in black and white materials, is understood as a way to gain safe distance from the emotional content of the art (Nigel, 1994; Golub, 1985). Over time, in the manner described by Nigel and Golub, patients begin to use color mediums and materials with color; red was the first color introduced into the work. The materials used for the artwork became more varied and richer in color as therapy progressed.

Other informal observations in school and at a pediatric forensic clinic have added to the growing curiosity about the educational and therapeutic implications of art medium choice and use. In addition, other art therapists, when asked about the cognitive and affective expressiveness of various mediums, seem to agree that the unique qualities of the various art mediums are certainly central to the individual expression and cognitive processing in art therapy. They express the belief that part of the therapeutic usefulness of making art is related to the medium, which can determine the art making process as well as the nature of the art product. As a result, the possible relationship or the triangulation between art materials selection and use in the art making process, the practice of therapy including the therapeutic relationship, and the cognitive and affective processing of trauma due to sexual abuse in young people continues to be central to the research interests of this study.

Definition of Terms

Artistic Style

Style, meaning artistic style in this study, refers to an artist's style of representing what he or she consider beautiful or significant, a characteristic, personal and distinct manner of expressing, constructing or designing artwork for maximum effect. Looking at artwork from the perspective of aesthetics, not as projective tests, one focuses on the visual or formal qualities that are important to artists: color, line, texture, unity, harmony, repetition, balance and other elements and principles of design that are the language of art. To describe the use of art mediums, the artist uses this language both explicitly and implicitly. The art medium is the vehicle for the artist, just as a word, be it used as noun, verb or conjunction, with repetition or alliteration, is the vehicle for an author to construct a story. The habitual patterns and qualities of the work of an artist, as physically expressed by the mediums, are considered the artist's style. Style is highly individualistic; it is representative of the artist's personality. In this sense, style and personality might be considered to be synonymous.

Art Medium

An art medium, (pl. -diums or -dia) is any material or technique used for expression or delineation in art. Because the plural form, media, is so closely associated today with radio, TV, film and the Internet, the less frequently used form mediums has been chosen as the preferred term for this study.

Art Therapy

Art therapy "incorporates the knowledge of art experience, psychology, human behavior, and visual symbols, with normal and abnormal cognitive, graphic, and

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personality development (Friedman, 1996, p. 9)." It is a creative process that synergistically integrates art and therapy to heal psychological dysfunctions and to enhance life (AATA, 2002; Linesch, 1998). In this study, the two words, art therapy, will not be capitalized although the combination refers to the specific discipline. They can be restated as "counseling with art."

A defined field existing only since the 1950's, art therapy or art psychotherapy, is a therapeutic partnership built on trust and mutual respect into which the client brings issues and concerns that are expressed both in the creative process and its outcomes, the art works (Rubin, 1983). Because art therapy is based on a creative and primarily non-verbal mode of communication, it is a process often successful in establishing therapeutic relationships where verbal strategies alone may have limited success. Individuals having difficulty verbalizing emotionally complex thoughts and experiences, often find that it is easier to explain the feelings and experiences through the art making. The art object cannot be denied, easily erased or forgotten after the moment of its emergence. It takes on qualities of a talisman and can serve as a scapegoat (Schaverien, 1992). The complex thoughts and experiences, which are manifest in the art, can be revisited, but they also become historical events, fixed in the work, available for future reflection by the maker as well as by the therapist who witnessed its creation. The artwork is part of the confidential record of the clients' commitment to their personal growth in therapy.

Art Therapist

An art therapist is versed in art making, that is, knowledgeable about art mediums, art-making processes, and the language of art, including symbols, metaphors, forms and content. Furthermore, the art therapist is an experienced psychotherapist, fluent in

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developmental, psychodynamic and interpersonal processes. Finally, the art therapist understands how to cultivate the therapeutic relationship to provide the conditions for making positive changes in a client's life (Friedman, 1996; Rubin, 1983). For the purposes of this study, the terms "art therapist", "therapist" and" clinician" may be used interchangeably when discussion of clinical work is presented. The term "researcher" is used when the author focuses on the research of the study. The author is both therapist and researcher for the study.

Bodymind

Coined by Pert (1997), bodymind is a term that is used in this study to articulate a belief in the connection between brain, mind and body. A modern gestalt, it suggests that the inquiry of neurologists, neurobiologists, physiologists and psychologists can be mutually relevant to researchers and clinicians. The research and clinical work of Bauer (1998), Herman (1992), Hindman (1999), Miller (1998), Reviere (1996), Rogers (2002), Rozelle (1997), Rothschild (2000), and Van der Kolk (2002) point strongly to the idea that effective treatment of sexual trauma requires integrated therapy of bodywork and mind work. The National Institutes of Mental Health and others define art therapy as a therapy that uses both traditional psychotherapy and the bodily senses of mind-body therapies. The term bodymind is intended to remind the reader of this interrelationship.

Brief Art Therapy

A tension-filled, paradoxical combination of methodologies, brief art therapy is a response to the demands of today's practice. Brief *verbal* therapy was developed by Insoo K. Berg and John Weakland in the 1970's as a behaviorally based, systems oriented, time-limited and solution-focused strategy. Brief art therapy, combining the

same four characteristics and adding the sensory modality of art, was modeled for the researcher in live workshops by art therapists Calisch (1998), Long (1998) and sexual abuse therapist Hindman (1999). Art therapist McClelland (1992) wrote about her use of it and examples occur in Wadeson's (2000) book. Psychotherapists more usually let the slow unfolding of an individual's unconscious happen through free associations. Counselors in the cognitive-behavioral tradition let the persistent probing of an individual's conscious through direct questioning provide insight into possible cognitive restructuring of dysfunctional behaviors (Honig & Hayes, 1982; Clark, et al., 1999). In brief art therapy, time limits, objectives and focus of each session, and any resulting insights are more explicitly discussed than in traditional art therapy.

The model of brief art therapy seemed the best fit for the intent of this time-limited study. It would allow development of a therapeutic relationship in which the observation of art making and artwork could take place. It would use more directedness than traditional psychotherapy; it would involve more "doing" than "being." These observations could then be used to describe the selection and use of art mediums in the process of therapy for the participants.

Directive and Non-directive Art Therapy

Directive work is much like directed work in art education. The therapist suggests a theme, a medium or a project that might usefully address a client's issue. Non-directive process lets the participant work at will to freely associate within safe therapeutic boundaries. Both methods encourage externalization of stressful feelings and ideas to be considered literally, isomorphically, metaphorically and symbolically.

Isomorphism

The principle of isomorphism assumes a correspondence between abused victims'
inner imaginings or screen memories and their external manifestations, such as visual
images created in response to their experience (Arnheim, 1974). Rosal (1998) suggests
that movement and inner experiences are reflected and reinforced visually through the
marks produced on paper, a direct link between behavior and outcome. Isomorphism
assumes that inner psychological states may be inferred from visual art works. It
explains why artwork can represent emotional status and unconscious possibilities.

Maltreatment

Maltreatment is the term used in educational and counseling literature to describe
physical, sexual, and emotional abuse as well as neglect. The focus of this study is upon
sexual abuse. In the State of Maine legal system, sexual abuse is determined primarily by
documentation of physical evidence, as provided by photographs, medical reports such as
laboratory test results, and law-enforcement-agency reports. Prosecution is the goal of
collecting such information. In the therapeutic relationship, maltreatment is determined
by the client's perception; healing is the goal.

Object Relations Theory

Object Relations is a set of theories that postulate that relationships, beginning
with the mother-infant dyad, are primary, and that intrapsychic, interpersonal, and group
experiences lay the foundation for the development of individual identity. The
individual's interpretation of these relationships - both conscious and unconscious -
becomes the basis for later relations with others, in friendship, partnering, and raising a
family.

To understand how early life actively influences later life, one examines all stages of development, beginning with infancy. One also looks at how internal objects modify and are modified by life experience, from childhood through old age (Object Relations web page, 1999)

This psychoanalytic theory explains the subject's need to relate to objects, that is, persons who are "other", and stands in contrast to Instinct Theory, which centers around the subject's need to reduce instinctual tension (Rycroft, 1972). As explained, the theory centers on human interpersonal relationships existing externally between individuals or internally within the person's psyche or mind in schemas (Friedman, 1997; Clark, Beck & Alford, 1999).

Process of Therapy

The term, process of therapy, according to Rycroft (1972), describes the process of treating the psyche by applying the methodology of analytic psychology, in an attempt to investigate the unconscious. From Freud's "talking cure" to present approaches, variations continue to develop. Other writers consider psychology, the science of the mind, from the neurobiological perspective. It is the discipline that studies the action of the bodymind's information substances (Pert, 1997) or neuropeptides that are responsible for emotions. From this perspective, biology and biochemistry provide the platform of cognition. The process of therapy then expands to include the use of cognitive-behavioral interventions and psychopharmacology or drug treatments (Monteleone & Brodeur, 1994). Rather than limit the process to just verbalizations or just chemistry, the process may be better served if it can also make use of all modes of communication including the visual, spatial, proprioceptive and kinesthetic.

Psychoanalytic Theory

The predominant structure in the practice of therapy, psychoanalytic theory is built on the work of Freud, Jung, Adler and others. Key concepts include the unconscious, resistance, defenses, transference, and countertransference. Psychoanalytic theory explains how the interaction of the client's psyche with the environment or the *objects* (persons), influences the formation, development and sustaining integrity of that psyche (Friedman, 1997; Rycroft, 1972).

Psychodynamic Theory

This clinically oriented theory centers on the study of the cognitive and affective processes, which underlie human behavior and its motivation, especially as developed unconsciously in response to environmental influences. Object Relations theory is psychodynamic as are most other theories used in art therapy. Because art involves making, art therapy involves observable behaviors that can be studied; it has a behavioral-cognitive aspect in addition to the psychodynamic.

Sexual Abuse

This form of maltreatment is a coerced sexual interaction between an individual and another person who is in a position of power over that individual. Sexual abuse can be described on a continuum from exhibitionism to intercourse, including progressively: inappropriate nudity; disrobing and genital exposure; observation in a way that makes the observed person uncomfortable, as in exposure to, or involvement in, pornography; kissing; fondling; masturbating; fellatio; cunnilingus; digital penetration; penile penetration and intercourse. Child sexual abuse occurs when sexual activity is incurred with a minor by a person who holds power over the event or the child. The power

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difference eliminates valid consent. Malicious intent and power domination by the perpetrator are some factors of an experience defined as sexually abusive. The experience also includes fear of bodily harm, loss of self, including self-control, loss of trust and sense of safety (Hindman, 1999)

Standard of Care

Standard of care is the term used to assess and describe quality of therapeutic treatment within a community of health professionals. A standard of care is undefined in regulatory and ethical guidelines; it evolves over time (Reviere, 1996). It is in accordance with the accepted practices of the majority of one's professional peers or as defined by specialists recognized as experts by peers. The standard of care may be used to adjudicate litigious situations involving therapists and clients.

Trauma

A trauma is a physical or emotional shock, injury or wound to the bodymind. Physical or emotional injury affects both the physical and emotional state of the body. The memory of trauma is received by the senses and stored or held in the body (Rothschild, 2001; Van der Kolk, 2002). It is often "state dependent" and triggered when the person experiences a similar event. An experience is considered traumatic if it "(1) is sudden, unexpected, or non-normative, (2) exceeds the individual's perceived ability to meet its demands, and (3) disrupts the individual's frame of reference and other central psychological needs and related schemas" (McCann and Pearlman, 1990).

Assumptions

Basic assumptions of this study include, but are not limited to the following statements:

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<u>Valid Ways Exist to Research Questions within Real Life Situations.</u>

There are research methodologies that can be used to describe the selection and use of art medium within the art therapeutic process. They may be employed to consider emerging patterns of choice and use. They are sensitive to the multivariable, multilevel, and multimodal art therapy experience. This study is designed to find a way to do research within actual relationships and therapeutic processes. It relies on concepts of grounded theory (McLeod, 2001; Denzin & Lincoln, 1998) and evidence from art making. As Gilroy (1996), McNiff (1998a) and Junge and Linesch (1993) point out, art therapy has its own, unique evidence to be used for research. The challenge is to maintain the unique qualities of art therapy while researching and describing medium choice and use in an acceptable and useful manner for both academic and clinical understanding.

<u>Art Mediums Shape the Message.</u>

Artists and art therapists frequently state that the selection and use of art mediums is central to their work, but little literature is to be found describing systematic investigation of the question. Murphy (2000) has posited that the qualities and use of various mediums, in addition to the images and their making, may serve as safe precursors and trauma desensitizers for talking about or consciously acknowledging abuse experience.

Artists, art educators and art therapists understand that art mediums have unique characteristics which allow for communication of ideas and emotions in unique ways. In our culture, there is the underlying notion, popularized by Marshall McLuhan (1911-1980), that the message is greatly impacted by the delivery system. The idea applies in

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art therapy. Not only the experience with imagery, but also the experience of manipulating art mediums in the process of making art in the therapeutic environment, are beneficial to participants and help both the learning and the healing processes.

The message is both product and process in the art. The art object in the triadic relationship in art therapy seems to provide a needed, safe "transitional object" (Winnicott, 1971) for persons who are unable to translate their feeling states into words (alexithymic clients). They may find appropriate mediums enable them to recreate and remember the visual and other sensory encoding of their abuse as well as help them to digest and transform the experiences. The externalization of their heretofore unexpressed experience may allow for multiple, controlled reviews and subsequent integration (Hindman, 1999; Johnson, 1987). A basic assumption of the study is that medium can physiologically and psychologically become the message.

The Whole Picture is More Than Conscious Verbal Memory.

Psychodynamic theory, specifically Object Relations theory, which serves as the clinical conceptual framework for this study, is valid and appropriate. It assumes that there is an unconscious, which can be described as pre-verbal, super-verbal and non-verbal knowing, even as "body knowing" (Pert, 1997). The theory assumes that unconscious material can be accessed and brought to a conscious iconic state through free association, dream work, hypnosis and other forms of altered consciousness. The newly made-conscious memories can be constructed and translated into verbal understanding. Art therapy theory suggests that the conscious statements that are art works may be adequately transformative and healing without translation into the verbal; that is, the work of therapy can happen without verbal interaction. Psychodynamic theory may work

as a mid-range framework or paradigm for questions for research as well as for clinical discussion of findings.

The whole picture, in a different frame, assumes that good practice in art therapy includes not only available art mediums, but also safe therapeutic boundaries, recognition of transference and countertransference issues (including feelings of absence and neglect so central to the lives of maltreated people), and a non-judgmental attitude of the therapist.

Trauma Work has its Own Assumptions.

Assumptions at the core of the trauma recovery process (Harris, 1998; Herman, 1992; Johnson, 1987; McCann & Pearlmann, 1995; Rogers, 2002, Rothschild, 2001; Van der Kolk, 2002) include beliefs that (a) dysfunctional behaviors and symptoms may originate as legitimate coping responses to an unsafe or traumatic life situation; (b) individuals who experience repeated traumatic maltreatment in childhood are deprived of the opportunity to develop certain skills necessary for adult coping and may suffer irreversible physiological damage; (c) trauma severs core connections to one's family, one's community and ultimately, to oneself; and (d) individuals who have been maltreated repeatedly feel powerless and unable to advocate for themselves.

Other assumptions may become evident and will be noted as the study develops.

2. REVIEW OF THE LITERATURE

This review of literature is an attempt to bring together the diverse writings upon which this study is grounded. It focuses the theoretical art therapy framework of the study; contributions by researchers and clinicians, including psychiatrists, psychologists and psychotherapists, working in the larger field of trauma research; writings on art therapy and sexual abuse; and, finally, research and observations by artists, art therapists and others concerning the selection and use of art materials in the art making process.

Scope of the Search

The literature related to the selection and use of art materials by sexually abused persons in therapy is found in professional publications from multiple fields or disciplines. It includes books, journals, electronic media, on-line data base citations, conference papers, personal interviews and "in-service" workshop presentations.

In the field of education, the literature tends to be didactic, learning theory based, and often contextualized within a wellness model. The research tends to be verbal, qualitative studies within the traditions of the social sciences. Library and Internet searches covered the databases of ERIC, CIJE and RIE, DAO, CDT, and URSUS.

In psychology, the literature is oriented towards therapeutic, remedial, psychopathological, psychosocial, or insight work. The research ranges from analytic case studies to quantitative sociological and neurobiological studies. Psychology databases include PsycLIT and PsycINFO. American art therapy journals and much art therapy literature are abstracted in both PsycLIT and ERIC.

In medicine, the literature on psychological trauma and on art being used with clients focuses on curing symptoms. It is written using the medical model that places

disease within the client, or, less frequently, the trauma model that places disease outside the client. The expert interviews the client and provides an intervention. A treatment plan is based on problems presented. The predominant branches of medicine relevant to this study are that of psychiatry and neurology. The field is called the field of "mental health" although a more accurate name is the field of mental illness. The usual research approach is bio-developmentally driven with a bias toward quantitative research. Web-based searches for this study included the Medline database (available through the Eastern Maine Medical Center (EMMC) Library and Biology Digest, PubMed, and Healthgate. The web site home pages of the National Institute of Mental Health (NIMH) and National Institutes of Health (NIH) on the Internet are examples of some of the best sources because they provide access to seemingly reliable, peer-reviewed, current research articles and links to other sites.

In the humanities, the literature orients towards philosophy, aesthetics, and culture. Databases included URSUS, Mariner and several Maine Libraries test sites such as Wilson, Expanded Academic ASAP, and First Search. The new database PILOTS (Published International Literature on Traumatic Stress), produced electronically by the National Center for Post-Traumatic Stress Disorder contained many overlapping references and, since sexual abuse sequelae are often not diagnosed as PTSD and art therapy research may not be included, there are numerous omitted references.

For some general Internet searching, web search engines such as AltaVista, Google, and MetaCrawler provided links to a few data bases and home pages of mental health organizations such as Sidran and NIMH. The Arts in Therapy Network and other E-mail correspondence provided increased resources, discussions and peer support from

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art therapists online. The Cornell University Child Abuse Research List-serve provided access to some current discussions on relevant topics.

Descriptors used for the various searches included words such as: art, art therapy, visual, trauma, art mediums, art media, art materials, art process, maltreatment, sexual abuse, counseling, psychotherapy, children, adolescents, young adults, juveniles, dissociation, dreams, and art psychotherapy Descriptors also included combinations such as memory retrieval, psychological trauma, interdisciplinary treatment approach, Post Traumatic Stress Disorder (PTSD), Child Sexual Assault and Abuse Syndrome (CSAAS), False Memory Syndrome (FMS), Parental Alienation Syndrome (PAS), sensory-motor, repetition compulsion, kinesthetic and tactile potential of art mediums, proprioceptive aspect of art making, Eye Movement Desensitization and Reprocessing (EMDR), imaginal flooding, cognitive-behavioral, and preferred modality.

The non-electronic English language literature of art therapy is found primarily in The Journal of the American Art Therapy Association, (AATA), the American Journal of Art Therapy, The Arts in Psychotherapy, and Inscape, the journal of the British Association of Art Therapy (BAAT). There are a few books specifically devoted to the topic of research in art therapy; authors frequently cited are Wadeson (1992), McNiff (1998), and Rubin (1984). Attending trainings, collecting handout literature and talking with practitioners and clinical supervisors has been a major source of the author's current thinking and information.

In the United States, the literature varies greatly, ranging from mainstream medical quantitative research to qualitative forms standard in the humanities. The research methodologies used in the art therapy literature range from standard quantitative,

parametric methods used in medicine, especially nursing, psychology and education to poetic, intuitive yet systematic observations. Art-based research (McNiff, 1988) and qualitative methodologies sympathetic to artistic knowing (Betensky, 1996; Gantt, 1998; Kaplan, Bloomgarden, Knapp, Rosal, & Spaniol, 1998; Linesch & Miera, 1998) predominate. Art therapists including Silver (1983), Kaplan, et al. (1998) and Levick (1983) have presented more traditional, quantitative studies. The clinical philosophy or guiding theories used in this research run the gamut from behavioral and cognitive to psychoanalytic, a contrast to the British psychodynamic tradition which has evolved and expanded to encompass a wide range of approaches based on psychoanalytic theory. Psychodynamic theories still provide the predominant voice in art therapy literature.

In the United Kingdom, the literature explores current practice, particularly "the making of images within a therapeutic relationship, either individually or in groups of various kinds, and draws upon various schools of psychodynamic thought" (Gilroy and Lee, 1995). They point out that research in Inscape focuses primarily on "two areas of study - the issues surrounding art therapy as a profession and case study-based research addressing clinical practice." Research paradigms are primarily case studies in the qualitative tradition. As in the United States, the focus in art therapy literature is on the image produced in the therapeutic relationship. Aspects of the healing power of the creative interaction with art materials can only be implied from images (Case, 1998), or from styles of working (Simons, 1997); it is seldom mentioned specifically.

As in the American literature, there are unspoken assumptions about the useful qualities of the various art mediums and the therapeutic aspect of the physicality or the sensory-motor activity of art making in therapy. Much theoretical work about the

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importance of the art object as transitional object has been done, based on the work of D.W. Winnicott (1965, 1971) and recently enriched by J. Schaverien's (1992) development of the artwork as talisman and scapegoat in the therapeutic relationship. However, there is no evidence that art mediums are studied in the clinical research.

In the art therapy literature of both countries, outcome studies have been notably absent (McNiff, 1998). The lack of outcome studies places art therapy at a distinct disadvantage in the world of mental health and managed care. Economic and intellectual pressures encourage art therapy researchers into the quantitative research approach. In other creative arts therapies, outcome studies are more frequent (Gilroy and Lee, 1995). There are several major art therapy image data base-creating research projects currently in process (Raymond, et. al., 1998; Kaplan, et al., 1998). The researchers, as practicing art therapists, define their intent to respect the unique evidence and qualities of the discipline. It seems possible that outcome and efficacy studies in art therapy should soon be developed (McNiff, 1998a & 1998b, Rosal, 1998).

Framework of the Study

The rationale for the review of literature is to provide background for the study. This section offers an expanded definition of art therapy, a brief summary of the diverse theories that support art therapy, the theoretical basis for this study, and relevant aspects of art therapy practice.

Definition of the Discipline

The American Art Therapy Association defines art therapy as a human service profession, which supports a continuum of mental health education and mental health treatment for developmental, medical, educational, social, or psychological impairment.

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In art therapy, art mediums, images, creative process, and responses of both therapist and client to the created product, are viewed as reflections of the client's development, abilities, personality, interests, concerns, and conflicts. Art therapy practice is based on knowledge of human developmental and psychological theories that are implemented in the full spectrum of models of assessment and treatment. These include educational, psychodynamic, cognitive, transpersonal, and other therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem (AATA, 2002). Through engagement in individual, couples, family and group therapy formats, art therapists may serve populations of all ages, ethnicity and cultural backgrounds.

Theories of Art Therapy

Theoretical Foundations

Art therapy is a relatively recent discipline. It draws its theoretical foundations from related fields of study in psychology, counseling, the visual arts, and education. Multi-disciplinary in structure, it most frequently turns to psychology and counseling for its theoretical models (Naumberg, 1966; Landgarten, 1981). These models, or systems of thought, fall into one of three general categories: psychodynamic (the mental and emotional processing of human behavior as developed unconsciously in response to environmental influences), affective (the emotional or feelings response) and cognitive-behavioral (the response of human perception, memory and judgment as observed in actions taken).

The categories expand to include models with theoretical and philosophical perspectives developed and refined by individuals. The psychodynamic includes psychoanalytic, which is defined as the perspective that studies the unconscious and repressed instincts by means of free association and altered states of mind, such as dreaming. Other psychodynamic categories include neo-Freudian and Object Relations. Theoreticians include Sigmund Freud, Melanie Klein, Carl Jung, Fairbairn, D. W. Winnicott, R. Skynner, and J. Schaverien, to mention a few who influenced many sources in this study.

Much of the thinking for this study is guided by the Object Relations perspective. Object Relations theory stands in contrast to Freudian sexual instinct theory, which centers around the client's need to reduce instinctual tension by the gratification of biological needs at particular stages of personality development (Rycroft, 1968). Going beyond initial Freudian thinking, Fairbairn (1954) and Winnicott (1971) write that a child internalizes both satisfactory and unsatisfactory social interactions in the family. These early childhood experiences influence the child's cognitive and affective functioning and perception of self and others (Friedman, 1996). Object Relations theory uses the "I-Thou" concept, developed by Bubar (1974) and supported by theorists such as Chodorow (1994). The I-Thou is a new entity that develops between two individuals in relationship that is more than the simple sum of the two and more than a transitional object.

Theorists in art therapy expand and develop the analytic approach. For example, the idea of free association has a parallel idea in art therapy: free drawing. The ideas of visualization, metaphor and symbolism in art therapy resonate with Jung's theories on symbol development, dream work, inner symbolic imagery and universal archetypes. Art

therapy is compatible with psychoanalytic Object Relations theory and other human depth psychology, because it shares the goal to integrate the often forgotten primary process, that is, the work of the id or the input of the kinesthetic-sensory system, into conscious life. Art, poetry and dancing formalize the reverie, dreaming and play characteristic of primary processes. Improvisation, the flash, the peak-experience, and the flow, all generated from primary process, bring out the "primary creativity" characteristic of the self-actualized, individuated, and integrated person (Maslow, 1959, p. 94). These ideas are part of current Object Relations theory used in art therapy. They reflect a belief in the importance of early relationships, attachments, losses and grief in defining and understanding a person's development.

Object Relations theory has "significant implications for working with adults who were sexually abused as children. The qualities of the experiences with the abuser, (who is usually a significant other), as well as the internalized feelings about self due to the abuse, explains the broad and varied symptoms carried over to adulthood" (Friedman, 1996, p. 15). Friedman goes on to explain that distrust of self and others, loss of self-image and interpersonal sensitivity, and inability to recognize other's intentions are problematic for persons who have been sexually abused. Understanding of client development from the psychoanalytical perspective inclusive of Object Relations enables a therapist to help clients reformulate their belief system and transform or digest their abusive experience at cognitive, affective and sensory levels.

In the category of theories of affect are the Adlerian perspective, self-psychology, person-centered psychology (Carl Rogers) and ego psychology that focuses on adaptive and mediating functions of the ego and their role in personality development and

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emotional disorder. Still other approaches include Gestalt (referring to a whole, integrated structure that is more than any sum of its elements), existential (believing the concrete individual is being totally free and responsible for acts and feelings, ideas developed by Sartre), transactional analysis (balancing the three states of an individual's ego, the parent, the child and the adult), and rational-emotive (understanding that self-knowledge comes from both the intellect and the emotions).

While the boundaries frequently seem unclear, systems of thought in the cognitive-behavioral category include reality theory (believing that self-knowledge comes by meeting the unavoidable demands of one's environment), behavioral (observing actions of an individual as the only reliable data to discover recurrent patterns to formulate rules about society), cognitive (intellectually thinking out consequences from sensory input) and trait-factor (distinguishing personality qualities, unique or shared) provide a structure to understand another.

These psychology theories are closely associated with the philosophical or theoretical perspective of the individuals who have developed and refined them. The philosophies driving the theories may be classified as developmental (change is the result of growth in stages), deterministic (change is the result of a known sequence of causes), humanistic (change is the result of nontheistic, rational thought), socialistic (change is the result of shared, communal beliefs), constructivist (change is the result of systematic synthesis of sensory impressions), phenomenological (change is the result of purely subjective, perceptual experience), or feminist (change is the result of the use of qualities, such as gentleness, sensitivity, and intuition, regarded as characteristic of women). This listing is intended to suggest the many directions art therapy theoreticians continue to

explore as they try to explain art therapy. The literature of most of these models was scanned for consideration for this study.

The importance of understanding theory is clear when seen in relationship to the nature and structure of therapy. Theory serves to hold and define the work of therapy by sorting out the art therapist's thinking and providing a framework within which therapy may reach its goals. The work of therapy revises and recreates variations within the theory. In other words, theory guides therapy and therapy grounds theory. Therapy becomes a process shared by two or more, a venture between the seeming formlessness of daily experience and the possible over-conceptualization of theoretical practice. Uncertainty is inherent in the process. The theory serves to hold the therapist; it enables the therapist and client together, and in art therapy, with the assistance of artwork, to find patterns and order in the initial, seemly chaotic space and content of therapy sessions.

Art Therapy Practice

Art therapy adds its own, unique kind of evidence to whichever theoretical foundation is used to guide the therapist (Gilroy, 1996). It uses verbal modes of communication but is unique in its use of the visual, sensory-based modes of communication. Far more than a technique, art therapy continues to evolve its theoretical understandings from its unique processes. For example, the theoretical description of therapy as a triadic relationship between therapist, client and artwork is unique to art therapy. The concept of artwork as scapegoat or talisman diagramming and embodying parts of a client's physical and emotional experience (Schaverien, 1992) is built on this theoretical premise. On the other hand, traditional therapy is usually described as a dyadic relationship.

Another concept holds art making as integral to the interaction of the physical body with other persons and the culture of the world (Skaife, 2001); she describes art therapy as intersubjective. These two concepts of artwork as scapegoat and art therapy as intersubjective extend Winnicott's idea (1965) of the transitional phenomena. Bringing their individual life experience and knowledge to each therapeutic encounter, art therapists are expected to work with an internally consistent paradigm based on an individual synthesis of theory. They continue to derive new concepts from observations of the ongoing work of therapy combined with their deep introspection (Wadeson, 1989).

Guiding theories will often be, as they have in the past, a result of both training and work environment. Art therapy, used in primary and adjunct therapy, has, like counseling, found niches of practice in medicine, social services and education, each with its preferred theories of practice. In training, art therapists are probably drawn to the theoretical orientation, which fits their individual learning, work and emotional styles, and their personalities. Training determines comfort level and facility with a theory. Therapists start working with the theories they learned and creatively add their own situational adjustments. Subsequently, in practice, many take an eclectic view. Some therapists try integrating seemingly diverse theories (Riley, 1997); others stay with the 'tried and true'. Whatever the theory, the art process and product, the artwork, remain central. Key to the training of art therapists, the primary training in art keeps art as the primary mode or communication modality of choice.

A closer look at the careful delineation of child art theories made by Troeger (1992) reveals how art therapy theory can develop for a specific population. She links nine art therapy theories to the psychological theories that informed their practice. To

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help delineate differences in the theories, she then interpreted one child's work, illustrating three of the theoretical frameworks. Her thesis reiterates the need for art therapists to constantly reexamine or test theories and establish criteria for judgments before making assumptions about meanings of visual images. She also reminds therapists why, as explained in art therapy theories such as that of Schaverien (1994), clients need to develop their own meanings within the therapeutic relationship. Finding one's own meanings in the artwork and art making process is central and unique to the work of art therapy.

Much of the current American periodical literature deals with practice details and techniques with little mention of the theory that guides them (Gilroy, 1997). The literature is scattered throughout the social and behavioral sciences, medicine, psychiatry, visual art, art education, special education, anthropology, and the popular media, depending on the theme or question (Malchiodi, 1992). Although implication of the theoretical basis can be drawn from case studies and other writings in the American art therapy journals, the books written as textbooks for training courses on art therapy are clearer.

Books that provide useful and current discussion of art therapy practice include the works of Kramer (1977), Rubin (1987) and Wadeson (2000). An excellent re-publication of the writing of key early art therapy theorists, edited by Agell (2001), includes Ulman's (1961) discussion of definitions of art therapy, as well as Simon's ideas (1970) on style as a formal manifestation of personality, and the unconscious or non-verbal mind and its relationship to physiological as well as psychological response in therapy. Formal description and analysis, using the language of the perception of art and

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verbalizing its affective content, the elements and principles of design, is as basic to Simon's approach (1997, 1992) as it is to the work of Gantt and Tabone (1998).

In many training texts, little is mentioned about art materials, beyond giving lists of what might be made available in the art therapy space. Many "talking" (as contrasted to art) counselors and therapists use art materials. Non-verbal modes are too often considered "clever tools that can help facilitate the counseling process" (Wix, 1997). Problematically, "talking therapy" counselors seldom understand the theoretical considerations in the practice of art therapy, while art therapists work to understand that there is parallel theoretical structuring in either verbal or visual modalities. Too often, as Wilson-Schaef (1981) pointed out almost two decades ago, minorities, in this case the art therapists, are aware of how the majority functions. It seems that the latter does not need to know about or believe in minority thinking, and therefore loses as resources what the minority has to offer. This is played out in the world of therapy where the theories art therapists use are often lost to "talking" therapists. Even the literature of art therapy practice seldom focuses on the medium and materials use in art therapy practice.

Art Therapy and Verbal Counseling

One may understand the nature of art therapy by comparing it to its sister practice of counseling. There are two major operational differences apparent between art therapy and verbal psychotherapy or counseling. The first difference is that art therapy uses art mediums, images, the creative process, as well as the verbal narrative. The second distinguishing factor concerns the shape of the relationship of client and therapist.

The use of visual as well as verbal modes of communication and understanding makes the process of art therapy different and potentially rich and varied in comparison

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to traditional verbal counseling. Words, images, body movement, touch and sounds are all sensory modes used by humans to understand and communicate. Counseling and psychotherapy, especially with adults, rely primarily on verbal communication or "talk therapy." Art therapy uses verbal, visual and kinesthetic communication. These communication vehicles allow for verbal, spatial and kinesthetic or 'body-knowing' cognition (Gardner, 1983). Within art therapy theories, variations are distinguished by how the multiple modes of communication are balanced during the practice of therapy (Arlington, 1991; Schaverien, 1994). Access to those memories perceived in non-verbal form, all those memories that are sensory-motor-based, are lost or changed when words are the sole way to access and reconstruct them. Because severe trauma actually shuts down Bocca's region, a part of the brain responsible for verbal activity, leaving a person actually speechless, the sensory modes of knowing are now understood to be most important pathways for accessing memories of sexual abuse (van der Kolk, 2002).

What are the implications for therapy when more than one mode of communication is used? When both art making and words are used in the art psychotherapeutic or counseling relationship, ideas and feelings can be considered in different ways. There is a dialectic tension between word making and image making, which can be acknowledged (Skaife, 1995). The silence, the empty space between word and image becomes significant (Case, 1994). The psychological meaning can be carried by the artistic nature or qualities of the images. Translating the meaning into words constitutes some of the actual work in therapy (Maclagan, 1994). Part of this process or translation is similar to the critical analysis used in art history scholarship. There is a concreteness available in the physical form of the art product that is, to an extent,

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timelessly and undeniably there when needed. At the same time or later, a useful translation may be made from the visual to the verbal. In the artwork and in the translation of the meaning of the artwork, new understanding or insights may develop and new resolutions of problematic situations may occur. As the writing of the patient revealed in the Introduction to this study, metaphoric changes can invite real life changes.

The second operational difference is the triadic shape of the relationship in art therapy in both the therapeutic alliance and within the transference. The concreteness and availability of the artwork lead to this key theoretical difference between art therapy and counseling, the shape of the relationship, the form of the Object Relations. In counseling, a dyadic relationship is formed between the client and the counselor. In art therapy, the relationship is triadic; it includes the client, the therapist and the artwork created within the relationship. The picture and/or the therapist can be "the other", the object, to the client (Schaverien, 1990). The image can serve as mediator, embodying thoughts and feelings or it can be a bridge between internal and external, past, present and future (Case, 1998). The client is invited to make use not only of the therapist but also of the room or studio and the art materials, through which the images are developed.

Art materials from outside may be brought into the relationship, just as experiences, ideas and issues may come from outside into any therapeutic relationship. The art that is made, or may potentially be made, is like a third person, a verbally silent and frequently awkward presence in the room (Wood, 1990). The art cannot be forgotten or sent away. It is out and its meaning is potentially visible and available to both therapist and client. The therapist creates the potential space for the work of therapy among all three.

The art work, in the psychodynamic paradigm, can be theoretically considered as a transitional object (Winnicott, 1971) and the art making process as a seeing and knowing, a being seen and being known. This is not unlike a person's earliest experience of being mothered. The idea or thought of the image, as transitional object, can be shared in all its complexity in one look; the inexpressible becomes expressed and enshrined. Without the use of an art medium that resonates with the expressed feeling or idea, the expression may fail or be inadequate and the effectiveness of the therapeutic process hampered (Murphy, 2001).

In the analytic art therapy approach, a process of transformation may occur when an artwork is used as an object of transference. Transference can be explained briefly as new editions of familiar feelings occurring in the present therapeutic relationship. The feelings are new versions of feelings related to old experiences in the client's history (Case & Dalley, 1992; Case, 1994). For example, the therapist may seem to take on qualities of the client's parent. The transitional object is the current person, or object as person, who is replacing an earlier one. Schaverien (1994) teases out theoretical differences of various art therapy theories. She explains that, in all variations, as the artwork becomes talisman or scapegoat, the three pieces of the triad: the artwork, the art making process and the therapeutic relationship, remain central in the art therapy process. The differences are in the amount of conscious verbalization. For instance, analytic art therapy uses the art as a basis for free association whereas art-as-therapy finds resolution in the actual process of making the art. Again, variations in the balance of word and artwork explain the subtle differences in theory. The triadic relationship is art therapy's unique kind of relationship and the art provides the unique evidence. Art becomes the

anchor. Whichever theory frames the therapy, the art needs to remain central in the relationship.

Theories of Development and Types

Clients' responses to art making and art mediums may be linked to their developmental age. For clients with issues of trauma, the responses may reflect the time of the trauma, not the current chronological age of the client. Ideas of human development from psychology, art education, special education and educational counseling help establish a map for understanding age-appropriate behaviors that are considered "normal". The map allows the therapist to compare expectations or responses to what actually happens in therapy. Of particular interest are the theories of those who focus on affective or artistic development. Though different in perspective, both Lowenfeld (Lowenfeld & Lambert, 1987) and McFee (McFee & Degge, 1977) provide insight into how human development can be understood in relation to artistic process and representation.

Lowenfeld considers creative development as following definable stages in a linear pattern of growth. His stage-based theory provides a framework for linking the development of realism in drawing to age-dependent maturation. For example, according to Lowenfeld, children seven to twelve years of age should have entered what he calls the stage of concrete thinking. This implies that individuals who reach or exceed this stage draw human figures that reflect an awareness of differentiated body parts (torso, arms, legs. hands, feet, etc). Although Lowenfeld does not directly address the affects of trauma on an individual's development, his theory is intended to provide a normative basis for assessing affective growth. A young adult's drawings that represents the body

as simple circles or circle faces with no limbs may show a serious developmental discrepancy from what is expected at this chronological age. Case studies in art therapy suggest that such discrepancies may well be manifestations of some previous traumatic event (Cox, 1993; Cohen & Cox, 1990; Malchiodi, 1990).

In contrast to Lowenfeld's approach, McFee's Perception-Delineation (P.D. III) model (in McFee & Degge, 1977), theorizes how people learn and change within the context of visual, physical and psychological environments. From this perspective, the selection and use of art mediums is seen not as an expression of the individual's personality, but as a function of readiness or engagement within these environments. McFee proposes that within the visual-physical and psycho-cultural environments, the individual manipulates art mediums and materials to explore ways to "find forms" to express images visually and conceptually. She suggests that, whether personality, environment, or internal or external experience drives the choice, a wide choice of mediums allows for the diverse experiences of each participant. The model also suggests that the use of art mediums and art making can parallel Lusebrink's three levels (1990) of creative response: the manipulative/ kinesthetic/ sensory, the visual/ perceptual/ haptic/ affective, and the conceptual/ cognitive/ symbolic. Lusebrink's theory is discussed in the next section of this study.

This section reviewed the various theoretical frameworks within which art therapy functions. The next section reviews contributions from literature on trauma from the disciplines of medicine, predominantly psychiatry, and psychology.

Contributions from the Larger Field of Trauma Literature

Definitions and Etiology

In the Introduction, the term trauma is briefly defined according to McCann and

Pearlmann (1990) as an event or events perceived as being sudden, unexpected, or non-

normative, exceeding one's perceived ability to meet its demands, and disrupting one's

frame of reference and other central psychological needs and related schemas.

This section will expand that definition. Trauma encompasses the extensive range

of negative experiences, shocks or blows, both physical and psychological that happen to

people, "in the middle of this road we call our life (Dante, n. d.)". The experience of

trauma is considered to come from outside the person, from external forces that impinge

upon body and mind as opposed to mental or physical illnesses that somehow happen

because of failure of body or mind. This pattern of dichotomous thinking about external-

internal and mind-body allows clients to respond more positively to the belief that they

are working with external forces rather than things their body did wrong (Levine, 1997).

Many clinicians prefer to use the "trauma model" in which clients are seen as good

people who have had bad experiences to which they have had an abnormal reaction, but

one that they may come to understand and control. In contrast, the "medical model"

frames the client as having a disease, an internal failure, with symptoms that need relief

through an intervention controlled by the doctor.

Sexual abuse, the focus of this study, is an experience of forces external to the

client that causes trauma. There is extensive literature about trauma and, specifically,

trauma due to sexual abuse. The definitions of trauma, traumatic experiences and

traumatic stressors are summarized in the fourth edition of the Diagnostic and Statistical

Manual of Mental Disorders (DSM-IV, American Psychiatric Association, 1994). It notes the presence of an extremely stressful event, acute and singular, or ongoing events, chronic and complex, that involve " actual or threatened death or serious injury, or a threat to the physical integrity of self or others" and results in "intense fear, helplessness, or horror" (pp. 427-428). These conditions may be created either through the direct experience or by the witnessing of such an event or events, or by learning about the "unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate" (p. 424). Examples of such traumatic events include both public and private experiences such as military combat, violent personal assault, kidnapping, terrorist attack, disaster, severe accidents, developmentally inappropriate sexual experience, as well as others.

Herman (1992) differentiates between trauma associated with public events and those limited to the private domain. More specifically, Herman describes the "public face of trauma" as relating to those events, such as acts of war and natural disasters, which receive public recognition. The victims may therefore receive public sympathy and support. Private trauma, the trauma of sexual abuse, is finally beginning to be considered a public issue.

Economic and political forces have motivated research into public trauma. For example, soldiers in battle experience life threatening situations, reacting with intense fear, helplessness or horror, but leaders need to keep them fighting. During and after WW II, military medical services learned effective ways to help soldiers return to the fight. After the war, social services and veteran services worked in order to keep these same individuals functional. "Shell shock", "soldier's heart" and other untreated,

persisting symptoms of trauma resulted in panic attacks, heart attacks, lost work time, hospitalizations, suicides and homicides (Herman, 1992). Natural disasters, other human-made disasters and accidents bring about similar traumatic reactions for survivors and rescuer workers. As a result, many institutions, including military, medical, public service, and social service systems, have developed ways to minimize trauma responses and to protect, comfort and revive traumatized individuals.

Herman explained how the "private face of trauma", domestic violence and maltreatment, has resurfaced into public view, perhaps due to awareness raised by the feminist movement and educational researchers (Leiter, & Johnsen, 1994). Prevention and treatment of private trauma will continue only if the public finds such abuse unacceptable. Research into the nature of private trauma, including diagnosis and avenues for treatment, has provided considerable insight into the intensity and subsequent psychological effects of traumatic experiences that originate in the home (Chu, 1998; McCann, 1999; Malchiodi, 1990; Monteleone & Brodeur, 1994; Peterson, 1993). Peet (1998) and Jennings (1995) spoke to the issue of understanding trauma and emphasize that the sequelae of trauma can be associated with a variety of psychological symptoms, behavioral problems and learning disabilities that impact families and schools daily. In data on maltreatment, sexual abuse frequency varies widely (6 to 63%). In 1994, an estimated 1,271 maltreatment related fatalities were confirmed by the Child Protection Service, an increase of 48% since 1985 (Wiese & Daro, 1996). Private trauma has been documented as a significant concern of public health (Felitte, 1998).

Understanding the nature of the damage to which Herman (1992) and others refer is critical to planning effective interventions. To further the understanding of trauma,

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Reviere (1996) developed the idea that "Trauma involves that which one cannot escape, either emotionally or physically, or that which causes arousal that exceeds one's ability to cope (p.4)." and outlined commonly accepted factors that cause damage. In evaluating the intensity and subsequent psychological effects of traumatic experiences and to plan treatments, Reviere listed factors to be considered: (a) the magnitude of the initial physiological response, (b) intensity and chronicity of the trauma, (c) state of cognitive development at onset of trauma, (d) ego resources, (e) cognitive interpretation, (f) severity of interpersonal loss, (g) length of exposure to trauma, (h) degree of threat, personal injury and novelty, and (i) speed of events.

Another researcher who examined these factors as they related specifically to sexually abused clients, Hindman (1999), surveyed 457 sexually abused clients and identified nine similar factors which correlate highly with the most traumatization: (a) sexual responding with pleasure to sexual contact and becoming guilt ridden, (b) waiting in terror or agony with a pattern of anticipation, (c) identifying positively with the offender, (d) distorting sense or identity of self as innocent victim, (e) using maladaptive coping skills of self-abuse and distorted memory, (f) forming a trauma bond with perpetrator, (g) being under twelve years of age when the abuse occurred, (h) keeping the abuse unreported and secret, and (i) meeting a disastrous response from the social and legal system. The private face of sexual abuse, which changes the "public face" factor profile, explains the slight variation of factors. Failure to understand the differences can complicate or sabotage treatment.

Assessing trauma damage to an individual client along a continuum is suggested by Miller (1998). He suggested that the therapist consider predisposing vulnerability,

learned behaviors, and various personality characteristics, as well as the presence of support systems and a locus of control. Not all of his factors are readily assessed by observing the clients or listening to their narration of their experience. To plan treatment, the clinician must sort out key factors, which will guide the process. The clinician must understand in what ways the client, suffering from Post Traumatic Stress Disorder (PTSD), as well as other traumatic stress disorders, reacts abnormally to current normal events, which trigger memory of past abnormal events (van der Kolk, et al., 1996).

The literature from the larger field of trauma suggests that understanding of the physiology of trauma will help the therapist. From a neurobiological perspective, Levine (1997) stated that traumatic symptoms occur because there has been an incomplete discharge of energy evoked in the fight, flight or freeze response of humans. The triune intelligence of humans - the reptilian, instinctual core; the mammalian, limbic, emotional part of the brain; and the neo-cortex or rational functioning of the brain - complicates the discharge. He suggests we look to the mammal world to help make the bodymind connection work and to tune into the "felt sense", his term for the sensory-motor based emotions. The incomplete discharge of energy may be caused by excess neuropeptides or endorphins that the body has produced in response to the experience of trauma. An increase in motor activity, as in exercise or art making, is suggested as a way to dispel or use up this energy. Pert (1997), Rothschild (2002), van der Kolk, et al. (1996), and Levine believe the key to healing traumatic symptoms in humans is to be found in our physiology. They and others are defining how trauma is remembered.

<u>The Memory of Trauma</u>

How is the memory of a traumatic experience developed and sustained in the human psyche? Trauma memory seems to fall on a continuum from 'not knowing' to 'knowing fully', with degrees of remembrance depending on complex interaction of affective, dynamic, cognitive, social and neurological factors. Ideas of affect or emotions and ideas of the neurological experience of trauma combine into one idea of "bodymind" knowing. This "bodymind" or individual develops and learns within a social and environmental context (McFee & Degge, 1977; Pert, 1997). The memory of trauma is a somatic memory and often 'state dependent', that is, remembered or triggered only when the person is in a similar environment. Unless the trauma was extensively documented by other people, the person and others around them may not trust the memory. Abusers, wanting to keep their actions secret, have called the difficult-to-document memories of trauma 'false memories'. Proof of guilt can be difficult and perceptions of what constitutes abuse have personal and social contexts that complicate the understanding of trauma memory in the psyche.

Reviere (1996) outlined three psychological theories that deal with the memory of trauma. First, the dynamic theories of repression and dissociation in interpersonal and intra-personal relationships suggest that the memory of trauma may be both unconscious and conscious in its complex interaction with objects in relationship to personal history. These theories are discussed in the framework section of this study as they are developed for art therapy. Second, the cognitive-behavioral theories, about trauma and schemas about self and the world, center on the construction of meaning as influencing all emotional and behavioral experience (Clark, Beck & Alford, 1999). The capacity to

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process information and form cognitive representations of the environment is central to human relationships and survival. Lastly, the neurophysical and biological theories suggest that neurological and physical activity provides means through which an individual may kinesthetically engage with memories of trauma.

The neurological science paradigm offers theories now being more extensively researched by Reviere and others including Levine (1997) and van der Kolk (2002). It offers a particularly useful understanding of certain aspects of art therapy. Art therapy combines that vehicle of motor activity with cognitive and emotional understanding while both unconscious and conscious memories are embodied in the artwork.

The psychophysiology of trauma is complex but relevant to this study. The nature of traumatic memory at the neurophysical level of trauma is believed to relate to the developmental aspect of myelinization in children and adults (van der Kolk, et al. 1996). Early memories, including memories of traumatic experiences, that do not have adequate context provided by time and space, appear to be encoded differently than memories encoded over time and at later ages (Chu, 1998; Hindman, 1999, van der Kolk, 2002). The memory may be available to the client only through neurophysical expression.

From this theory, Hindman develops a clinical method that includes visual documentation of encoded memories anchored to specific dates. This method helps clients remember correctly details of traumatic events and recall their status as child or innocent victim. For example, in therapy she may ask an abused child to draw a picture of themselves in their bedroom or the place of the trauma. When the child is older and looking at the work in the saved journal, he or she will see evidence of childhood in the drawing style and evidence of the accuracy or inaccuracy of the childish representation of

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the room. They may recall their emotions again but they may understand the association needs to be to the event and not just to the place. The drawing may serve as reminder that the trauma events are past. Anchoring memory of events in time and place is Hindman's way of stopping inappropriate physiological response, reframing the experience and transforming the trauma.

Hindman builds her sensory-based approach on ideas such as those stated by Reviere (1996):

> Memories, then, may be encoded only in sensory-motor forms and, therefore, difficult to translate into verbal forms (i.e., conceptual language) necessary for conscious verbal retrieval.... However, the talon system, which processes memories in terms of their quality (i.e., feel or sound), develops much earlier. Thus, the details of early experiences may be inaccessible, but the quality of early experiences is accessible, in long-term memory.... Further, severe or prolonged stress can disrupt the hippocampal localization system, while potentiating the taxon system, leaving emotionally tinged memories that are context-free (p.86).

The work of neurobiologists is an important bridge to clinical research and practice and points to the value of sensory-motor-based approaches or body-oriented psychotherapy in clinical treatment.

In a recent work, Rothschild (2000) illuminates for clinical practice the connections between current knowledge of psychophysiology or neurobiology and the impact of trauma on the body. The phenomenon of somatic memory, including implicit or unconscious memory of trauma held in the brain and body, suggests that physiological

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actions may trigger memories. A brush mark made with brown watercolor may trigger a memory of a mouse running across a person's body. The recall of the memory may be "state-dependent" on a trigger similar to the original event. "The sensory system has everything to do with memory (Rothschild, 2000, p. 98)." Discovering if the sensory system and somatic memory relates to the selection and use of art mediums in therapy seems to be an appropriate question for the art therapy research in this study.

A clear understanding of the boundaries of therapy is necessary in working with sexually abused clients and memories of trauma. The responsibility of the therapist is to work with the perceptions of the client. Except as reporter, now defined by law and written in every licensed counselors' disclosure statement, the therapist is not expected to act as detective, law enforcer or judge but works with what the client brings to therapy. Are memories of sexual abuse real or Oedipal fantasies? From the conundrum set up by Freud who initially believed, and later repudiated, his theory that many of his clients had been sexually abused by their fathers, the debate about "what is the reality?" continues (Chu, 1998; Myers, J. E. B, 1995). Freud's views have set the stage for ongoing arguments concerning the existence of false memories among individuals who have been sexually abused.

This aspect of trauma memory that is called 'false memory' has caught the attention of the media and generated heated debates. An understanding of False Memory Syndrome (FMS) and other similarly designed ideas is important to the work of therapists if they are to best serve their clients. Brown, Scheflin & Hammond (1998) state that they

accept the fact that under certain conditions 'implanting memories,'

or what we would call 'obtaining false belief reports,' may be possible.

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On the other hand, the science concludes that 'repressed' memories are

real and that they are no less accurate than memories continuously

recollected. Furthermore, there appears to be a separate memory

processing system for memories that are traumatic... Pseudo-science at

both extremes must be tempered and corrected (p. 156).

The Child Sexual Abuse Accommodation Syndrome (CSAAS) (Summit, 1992)

provides further understanding of FMS and serves as a clinical guide for understanding

how children process abuse experiences and how young adults experience the sequelae of

sexual abuse. Summit has described behaviors that are common among children that

have been chronically abused: Children are fearful and confused about disclosure. There

is a problem of the difference between the child's reality and the adult perception of that

reality. There is no clear and exclusive pattern, but very low and very high self-

confidence is common in abused children. Secrecy or silence is common; it becomes a

trap for later guilt complexes. Helplessness and scapegoat reactions are common.

Entrapment produces accommodation and creates adult disbelief. The child does not

usually or consistently protest. The adults avoid and deny the child's problem. There is

delayed, conflicted and unconvincing disclosure and retraction by the child. In CSAAS,

all these behaviors are typical, but they are behaviors contrary to the adult perception of

what might be described as normal, credible victim behavior. The behaviors may still be

apparent in adults who have been sexually abused.

New descriptions and syndromes of sexual abuse abound in both the popular and

professional literature. Some syndrome names are specific to the type of trauma. For

example, a person who has been raped may have persisting symptoms, which may be

defined as Rape Trauma Syndrome (RTS). Some descriptions exist as a backlash to overly enthusiastic reporters of sexual abuse and as a denial reaction by abusers. Issues around these syndromes may surface in treatment of sexually abused clients. In reaction to alleged false accusations of being sexual abusers, people have established web sites, foundations and support groups around the topics of false memory syndrome (FMS) and false allegation syndrome (FAS). Similar to FAS is the parental alienation syndrome (PAS) in which the child is used as a pawn; one parent falsely accuses the other of sexually abusing the child as a way to gain custody in a divorce (Ricci, 1995). Brown, Scheflin and Hammond (1998) argue that these descriptions and actions are a "kill the messenger" or a social and political way of silencing the victim of an all too real problem. Human memory does not always match the demands of courts of law.

The implications for clinical practice are contained within the literature. Researchers suggest that trauma may cause enduring or permanent neurophysiological responses and chronic traumatic events may lead to lasting neurobiological changes and developmental failures. Memory may be impaired. Many of the clinicians who specialize in helping clients with dysfunctional symptoms because of traumatic experiences strongly believe that memory of the traumatic experience is most effectively accessed through sensory-motor modalities (Hannford, 1995; Levine, 1997; van der Kolk, 1997). Reviere (1996) draws out clinical implications:

> Psychotherapy, in its process of creating a meaningful narrative truth for a
> client's life, reminds us that truth is reconstructed within the various
> cognitive, psychological and neurological constraints. These constraints
> do not preclude, however, the truth of a client's essence, and recognizing

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and understanding the workings, interactions, and limitations of memory

do not require an inquisition. Indeed, the therapy relationship defines its

parameters quite differently from those of legal "truth" as defined in a

courtroom and allows a standard of truth quite different and significantly

more complex. (p.108)

Phased Therapy Model of Treatment

There is consensus in the professional trauma literature concerning clinical

treatment of both acute and chronic Post Traumatic Stress Syndrome (PTSD) and

Dissociative Disorder (DID). According to van der Kolk, et al. (1996) and Chu (1998),

researchers in the trauma field have more or less adopted and adapted Pierre Janet's

three-phase model of treatment: (a) stabilization, (b) integration, and (c) post-integration

development. However, there are differences concerning the details and emphasis at each

stage of treatment. For example, during the third phase, some clinicians emphasize

relational development (Herman 1992) and others self-development (Brown and Fromm

1986). Herman may emphasize group work and the concept of interdependence to enable

the individual to re-enter society as a survivor acknowledged as brave and successful

whereas Brown and Fromm may focus on actions that emphasize self-reliance and

individuation.

The three-phase model is used by psychotherapists and expressive arts therapists

alike (Bauer, 1998; Miller, 1998; Sagar, 1990). The first of the three phases of treatment

is termed stabilization. During this phase, the client and therapist work to develop a

trusting relationship with a sense of safety (Chu, 1998; Cohen, Barnes & Rankin, 1995;

Calisch, 1998; Harris, 1998). Learning techniques of stress reduction and self-care are

part of phase one. By learning ways to self-sooth and balance oneself emotionally, the client will be able to face the pain of remembering which will come in phase two without retraumatization.

Accessing the memory of sexual abuse experience and locating it in time and space is the work of the second phase. Integrating the experience into the total life experience and seeing how it fits into one's life requires arduous work. The integration leads to the third phase, finding ways to 'go public' with the experience. The clients' work involves seeking validation of their suffering from those who care for them and, later, from the general public. New material arising in later phases may require a return to an earlier phase. Material processed at a younger developmental level may need reprocessing at an older level. The treatment continues to cycle until time or memory recall is complete (Friedman, 1996; Gil, 1998; Herman, 1992).

Understanding of Art Therapy as Treatment for the Trauma of Sexual Abuse

A growing understanding of how art therapy may be a particularly useful therapy of choice for sexually abused individuals parallels an understanding of the 'bodymind' aspect of sexual abuse gained from the larger trauma field. The experience of sexual abuse is sensory-motor based; according to van der Kolk (2002), the modalities of trauma first experienced in childhood are primarily visual and tactile. Art therapy uses these sensory-motor based modes to enhance clients' ability to review, repeat and recondition their response, and reframe their experience (Harris, 1998; Hindman, 1999; Miller, 1988). Art making is eminently empirical and physically tangible; it brings those qualities and other unique aspects into therapy. "The essence of art therapy lies in creating something

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[the artwork], and this process and its product are of central importance (Case and Dalley, 1992)."

The qualities unique to art therapy, summarized as "our own kind of evidence", for use in art therapy research (Gilroy, 1996; Junge & Linesch, 1993; McNiff, 1998a), include (a) the nature of graphic images and visual content, (b) the tangible concreteness and physical 'realness' of the product of the art making, (c) the mutuality, creativity and physicality of the process of art making, and (d) the physical quality and tactile potentiality of the art medium. Concepts surrounding the first two characteristics are found more frequently in the literature than ones concerning the last two.

Graphic Images and Visual Content in Therapy

Most of the research literature in art therapy, including that about sexually abused clients, focuses on graphic images and visual content of the art work (Ball, 1998; Cox, 1993; Hagood, 1994; LaRoche, 1994; Lusebrink, 1990, Raymond, Bernier, Stovall, & Deaver, 1998; Spring, 1993; Simons, 1997). Many of the images are understood through observations of children's artwork and through the "lens" or theoretical perspective of developmentalism and therefore may not relate directly to adult use of graphic images, according to Malchiodi (1990). Graphic indicators are specific visual images, not whole art works, which are believed to represent the internal experiencing and feelings of the client.

Researchers have identified consistent images, schemas and archetypes that are useful in alerting the clinician to a client's history of sexual abuse. For example, in Spring's 1993 study of the art of women abused as children, graphic images of eyes, often detached and floating free, and wedge shapes were seen frequently in their work.

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Despite the small size of the controlled study (n=45), Spring's research suggests that such visual content, specifically floating eyes and wedge shapes, indicates sexual abuse, consciously or not consciously acknowledged. Cohen & Cox (1995), Malchiodi (1990) and Kramer (1979) suggest that overly sophisticated or developmentally advanced sexually explicit drawings be red flags to the witnessing therapist. However, meta-analyses and careful comparisons of similar studies continue to produce conflicting, quantitatively insignificant conclusions about the reliability of using graphic indicators to predict sexual abuse (Rozelle, 1997).

The usual conclusion by trained and experienced counselors, including art therapists, is that artwork may suggest, but not prove, a history of abuse. Visual content may provide a starting point to remembering abuse but visual images are not reliably diagnostic as graphic indicators of sexual abuse (Malchiodi, 1990; Hagood, 1994). The multiple levels of meaning of an artwork, the literal, the symbolic, and the metaphoric meanings are as varied as the personal life experiences from which the images may come and, therefore, render attempts at quantification complex. Art therapists may also call upon the traditions of art criticism and art historical analysis to decipher more universal meanings in artwork done in therapy (Maclagan, 2001). Because there are no accepted quantitative studies of the reliability of graphic indicators, the courts in many states, including Maine, will not allow artwork to be used as legal evidence of abuse (Ricci, 1995). This stance is supported by researchers who stand behind the position that artwork done in therapy is not for use in our legal systems (Brown, et al., 1998; Myers, 1995). The real value of projective methodologies using visual content and graphic indicators lies in combination with other clinical procedures in our mental health system.

Visual content in an artwork is determined by not only the ideas and events the artist chooses to represent and illustrate, but by the stylistic inclination of the artist. The style, according to Lowenfeld (1987), represents the creative personality of the artist. Lowenfeld's creative types, *haptic* and *visual* will be discussed in chapter three as coding terms. In his work, the term haptic refers to the quality of being emotional and expressionistic with reference to an image's internal structure; it suggests strong emotional content that becomes "embodied" in the image (Schaverien, 1992; Steinhardt, 2001). His term visual describes the quality of being photo-realistic with reference to external appearances. A visual drawing is often schematic, with elements or attributes that can be identified to allow one to understand a situation or event. His use of the two terms parallel Schaverien's concepts of the *embodied* and the *diagrammatic* in artwork done in art therapy. Strong emotion or affect becomes embodied in artwork in therapy and the artwork serves as a transitional object until the client develops the confidence and ego to no longer need the emotionally invested work. Schaverien describes the diagrammatic work as more cognitive in style, externally focused and explanatory in nature. Lowenfeld writes that aspects of an individual's personality is revealed through the two creative type used in the making process. Simon (1992, 1997) uses similar definitions of what she calls "archaic" and visual as she describes qualities in client artwork. She speaks of the internal focus of the haptic or archaic style and the more external orientation of the visual style.

<u>Product of the Art Making, the Artwork, in Therapy</u>

The artwork holds the visual content physically and is the product of the therapeutic process. It exists in space and time, the here and now. It can also be considered metaphorically and symbolically to reference the past and future.

In the psychodynamic tradition as described earlier, it becomes the transitional object (Winnicott, 1971), a third object (McNiff, 1998) and the talisman or scapegoat (Schaverien, 1991). In a model of the therapeutic space or the therapeutic relationship, the artwork is the third corner of the triangular relationship of client, art therapist and product. It can initiate useful psychological reflection. It adds a complexity to the relationship that requires understanding of multiple ways of thinking (Gardner, 1983), including not only verbal, linear and logical, but also spatial, interpersonal and intrapersonal aspects of cognition, affect and the sensory-motor system.

Fabre-Lewin (1997) describes how, in art therapy, a therapist can encourage awareness of the body and physical space. The relationship between bodies and art materials, gesture, proximity of the client to other group members, and/or to the art therapist, is perceived by the senses and can be responded to in sensory-motor mode. Art therapists frequently acknowledge the significance of how space is depicted in the image. Traditionally there is less emphasis or acknowledgement placed on the physicality of our bodily experience in the making of the artwork and possible release of emotions through movement and sound in the encounter with the making process. She points out that the production and evolution of the image involves a conscious relationship, which is also spatial, tactile and material and exists between the object and its maker. She suggests that the image conveys more than the diagrammatic, the symbolic and the transferential.

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Fabre-Lewin goes on to postulate that art therapists, especially in the analytic psychotherapeutic approach, under-emphasize physical and material existence. As they sought to be psychotherapists who do not ethically have physical contact with clients, therapists may have lost an appreciation for the physicality of art mediums. She questions models which concentrate on redressing pain and disruptions in early childhood without addressing the social setting within which such postulated deprivation is generated and perpetuated. She suggests that our bodies and sexuality have been seen in both our culture and our therapy as corrupted and corrupting, sexual, lascivious, sly, untrustworthy and a danger to moral and social order of society. This highly negative sense of one's body is detrimental to both women and men and to the achievement of maximum therapeutic benefit for those who have been sexually abuse. In art therapy, the artwork is a product of the art making with its entire physical and social context. The artwork serves as evidence of the bodymind.

Process of Art Making in Therapy

In his classic article on the role of creative arts therapies in the diagnosis and treatment of psychological trauma, Johnson (1987) identifies those aspects of making art that help the client process traumatic experiences. He explains that, for the survivor of abuse, art activities offer a transitional space that is safer than the more abstract and interpersonal one occurring in the therapeutic relationship of therapist and client when art is not used. Art materials and images provide a vocabulary for locating and making sense of the experience of abuse at a safe and comfortable pace. The therapist acts as facilitator and witness, using the mutuality, creativity and physicality of the process of art making (Johnson, 1987).

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When using art therapy with survivors of childhood sexual abuse, the mutuality, creativity and physicality of the process are added to other concerns including developmental level process, control maintenance issues, and the timing of integration. Herman (1992), Nigel (1994), Reviere (1996), van der Kolk (2002), Winnicott (1965), and many others see the goal of therapy to be transformation and integration with *gradual* understanding and mastery, not with sudden exorcism or catharsis. The art making process in therapy allows for this gradual change by the client; the therapist watches and listens as the client works and then they talk about the work when the client is ready. The process provides physical evidence. The feelings and ideas are first put into the artwork outside the client's body, making it possible for both therapist and client to consider the content from various angles. Changes can be made in how the story of artwork is perceived. For example, elements in the work can be changed by enlarging or reducing, by shifting or reversing, but multiplying or magnifying, by changing colors or textures, et cetera, to create a reframing or transformation of the story. The process is experienced over time on many levels, literal, metaphoric and symbolic (Case, 1990; Dalley, 1984, Lusebrink, 1990).

The question of how to facilitate growth of the client's sense of control affects the therapist's approach to the process. The traditional analytic psychodynamic approach suggests that the therapist be opaque, not revealing personal thoughts and feelings or suggesting behaviors to the client. However, Reviere (1996) and Chu (1998) advocate a change in the way a therapist works with sexually abused clients. The therapist may move beyond neutrality to provide a positive holding environment in which he or she actively, calmly and non-judgmentally conveys safety, supportiveness, reassurance,

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stability, validation and structure. Reviere and van der Kolk (2002) assert that the client needs to remain in control as an adult, building a model of an adult-to-adult relationship with the therapist. A parent-child relationship between therapist and client is more likely to recreate the original abusive relationship and is, therefore, to be avoided.

The need for safety is also a factor in the level of directiveness to the process of making art within the context of therapy. Based on her study of fifty-two therapists in England, Hagood (1992) established that a directive approach to art making, in which the therapist suggests topics or themes for clients to picture, was used 40% of the time and a non-directive approach was used 60% of the time. These percentages reflect therapeutic interventions with 358 sexually abused children. Most therapists understand that, although some direction might take the terror out of trying to resolve the unknown, clients need to feel in control and to follow their own ideas in the art making.

During the three stages of treatment for sexual abuse, the survivor evolves from being in a more regressed state of mind to being able to function well in the third stage. This evolution is evident in the art process (Friedman, 1996, p. 7). For example, the artwork may become more integrated with a stronger sense of unity or the colors may be more realistic or less stereotypical. While addressing memories, people often regress to the age they were when the abuse occurred (Erickson, 1988: Miller, 1986). As the problems are resolved, clients transition through stages of development before arriving at their present and appropriate one. For example, an abused teenager often goes through a period of hating her body. She may draw incomplete bodies or refuse to look at herself in the mirror to draw a self-portrait. The adult working through the abuse also hates her body and often regresses to adolescence while resolving this issue. The figures in her

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work may become less fantastical or more age-appropriate. As the process approaches integration or resolution, the adult is better able to accept her body, not blaming it or herself for the abuse (Friedman, 1996). Differences in the use of art mediums in the stages were not described.

The stages of emotional and cognitive development of the client can be suggested and the defenses or coping strategies can be appreciated as the therapist witnesses the process of art making. Theories of development guide the understanding (Lowenfeld, 1987; McFee, 1977). According to Friedman (1996), child psychotherapist Anna Freud articulated the developmental stages at which various defense mechanisms might be acquired. Art therapist Levick (1983) detailed both chronological development of defense mechanisms and the graphic expression of defense mechanisms. The defenses, which become apparent in the client's art process in therapy, serve to alert the therapist to the possible means via which the client may be able to transform and integrate the abuse experience in developmentally appropriate ways (Malchiodi, 1990; Troeger, 1992).

From a feminist and Object Relations theory perspective, Burt (1997) explains the value of the idea of mutuality of the process of art making. The process of art making lends itself to a realization of the concept of becoming interdependent, that is, "becoming a being in relationship (p. 109)." The goal is to continue development beyond the point of becoming an independent individual, the completely individuated individual being the goal of many earlier perspectives (Jung, 1971). The individuation process or separateness needed to become a healthy person is redefined as a developmental process of increasing self-knowledge in relation to the parent or to others, not just separation from the parent. Sexual abuse may interrupt the process and cause a developmental

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failure, leading to behaviors seen medically as pathological. The therapist and the client, in relationship with the artwork and the art making process, model the development of an interdependent relationship. Significant to the specific needs of the trauma survivor, the treatment implications for Burt's approach, supporting mutuality in the process of art making, include gaining personal control and interdependence through the client's and the therapist's ability to enable growth and understanding within a safe space.

Art helps sort out and put into a new order the experiences of abuse that have been symbolized visually. As described in the quote by the client in a London mental health center in the Introduction of this study, the sorting can happen on many levels. She wrote of the holding power of the green line she had used to visualize the "getting herself together" that she needed to do to complete the tasks she had set for herself. As suggested by the literature, there is physicality in the art making process that is part of the therapy. The process of physically ordering the visual symbols in the artwork may isomorphically order the chaos in the client's life. Instead of overwhelming the individual, the chaos may dissolve and the individual may become able to function. Thoughts and feelings are made concrete, in the here and now.

Explanations of why the sorting happens may also be found in the art therapy literature on creativity. Creativity and its unpredictable, experimental nature may bring new insights to the individual, according to Case (1992). The literature of art making suggests that there are many ways as well as levels to interpret what happens in the art making process (Junge & Linesch, 1993; Levine, 1997; Lusebrink, 1990).

Much of the art therapy literature about clinical practice addresses the mutuality and creativity of the process of making art in addition to discussing graphic images and

the visual content of the clients' work. However, there is little literature that explores the actual physicality of both the process of creating and the object itself as well as the potentiality of the art materials used in therapy. Murphy (1998) draws attention to these factors:

> As sexual abuse is a difficult subject to talk about, not least because the victims have often been forced to keep the abuse secret for years, the provision of art materials can simply offer a less threatening way of starting a dialogue. However, in my experience, art therapy presents additional opportunities through the physical handling of materials, facilitating processes which seem to aid recovery, whether reframed in words or not (p.10).

This physical handling of materials may be an overlooked factor that facilitates the recovery process.

Briefly restated, art therapy uses the process of art making, in which images are drawn in the presence of another person and talked about as needed, to connect the inner realm of feelings, the primary processes, values and beliefs with the outer reality. According to the writings of the English pediatric psychiatrist, D.W. Winnicott (Davis & Wallbridge, 1981), the outer reality is the world "beyond me", the world as the client perceives everything outside the self. The art making serves as a way of playing and creating a new reality of "me in relation to the world" and reframing or transforming the impact of abuse on the client's life.

<u>Potentiality of Art Mediums in Therapy</u>

There are few case studies and surveys found which discuss specifically how clients use art mediums in therapy. Hagood (1992) summarized therapists' descriptions of how clients demonstrated sensuous awareness of art mediums and how they responded to the smelliness, the repulsiveness, or the pleasure of mediums, especially on skin. Often therapists noted clients smearing and trying to stay clean, both at the same time. Through metaphor and story telling, clients sought ways to show their sense of internal experience of abuse by their physical response. The mediums might be used to express vomiting, defecating, destroying, obliterating, penetrating, stabbing, beating, trashing, and other ways of showing abusive feelings, anger, and desire to punish. Clients, who manage their experience through splitting and dissociating, might unconsciously use different mediums to express repressed or displaced feelings of their split-off parts (Hagood, 1992).

In a recent case study in the British journal <u>Inscape</u>, Aldridge (1998) describes how child clients would mix up or mess up paints and other materials like plaster, sand and paper, to experiment, to test boundaries and to express how they felt inside. She believed that they were trying to get their feeling and ideas out on paper in order to see what they were. As the children became more familiar with the art therapy process and learned how to control the mediums, they began to transform what they called shit into 'chocolate" and vise versa. The transformation of their mixtures became a focus of the therapy and the case study. Aldridge explains how art making is a safe way for children and adults to articulate primal issues by linking emotions unsafe to express or

consciously unknown with the cognition needed to understand and deal with them (Maslow, 1959).

The mediums provide a safe way to change the worst (the shit, the feelings of abuse) into the very best (chocolate, comfort food, the feelings of new self knowledge and control). Aldridge interviewed contemporary adult artists whose work she felt resonated with that of the children:

> The adult art seemed to validate what the children were expressing and the
> art of both children and adult substantiated the work of the other. All the
> art shares the common strands of how to express a bodily feeling when you
> are unable to find the words to think or discuss it (Aldridge, 1998, p. 8).

By comparing the images and processes of the abused children with the work and critiques of contemporary artists who used similar materials, processes, and images, Aldridge is able to give content to the choice of mediums in the work and images produced by the children. The medium represents the message physically and metaphorically. The image is directly created by the medium.

Artwork is made of marks or lines and masses or forms, the quality of which is determined in part by the medium selected. In another example of a researcher focusing on the potentiality of art mediums, Case (1992) explains that marks made in art therapy are typical of mark making common to all human beings. She discusses how the mark has its own significance in addition to that of the time, place and original reason for its creation. The quality of the mark is determined by both the medium used and the physical motion of making, which is, in part, driven by the intent of the art maker. "The art materials provide a tangible means through which conscious and unconscious aspects

of the person can be expressed" (p. 51). She includes the idea that reference to past relationships can thus be carried by the mark of the mediums selected. The mediums can reveal an understanding of the person in relation to their past, their experience of being mothered or nurtured, and their significant relationships, their experience of other, in the context of Object Relations.

Art therapist and researcher Ball (1998) describes her client's use of material as "embodied wishes" of unmet needs and undefined feelings. The "action-qualities" or sensory-motor based nature of art materials served to play out the need to be fed and mothered as well as the feelings of being deprived or neglected. Ball says her client expressed herself "in a very concrete and creative manner through her choice of art materials even before she engaged in goal-directed art making" (1998, pp.106-7). Containing the messes she made and establishing control over the materials seemed to externalize her process of gaining a sense of self-control and safety.

Winnicott suggests that in therapy the medium and the shapes are used in a classic free association manner, but driven by the desire to build relationships and create new objects instead of satisfying sexual instincts (Davis & Wallbridge, 1981). The physicality, the physical properties of the materials may facilitate the search for lost boundaries as they lend themselves to non-verbal explorations of what is inside or outside the self. Messy mixtures can be spread on surfaces or put into containers for the therapist to keep safe. Messy packages may represent secrets the child, or adult abused as a child, had to keep (Murphy, 1998; Sager, 1990).

Robbins and Goffia-Girasek (1989) discuss how materials can be analyzed by the therapist as representing nonverbal aspects of a client's internal representational life. The

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therapist may think about the metaphoric and isomorphic implications of medium selection and use by using art's unique language of form, texture, color, volume, space, movement, balance and abstraction. Such analysis may "point the way for further exploration of the psychodynamic use of materials on the part of all mental health professionals" (p. 115). It may provide a beginning guide to the integration of materials with Object Relations principles of therapy and with the transformative and artistically creative way of the artist.

In a model shown in Figure 2.1, Lusebrink conceptualizes the connection among mediums, formal elements of art, and characteristic style or mode of expression (as per Lowenfeld, 1987) to a therapist's "understanding of client's expression and detection of changes in their information processing" (Lusebrink, 1990, p.87). She and her colleague Kagin formulated a conceptual model of expression and interaction with mediums that distinguishes different levels of developmental image formation and increasingly abstract information processing. Detailing the medium use at each level of her continuum, she drew her model as three horizontal lines, three levels, connected with a vertical one representing progression of creative expression or creative flow, all in a form that resembled an upside down telephone or power line pole.

The four levels of image formation and information processing are structured to represent developmentally conceived and increasing abstract visual thinking. The first level represents the kinesthetic release of energy and expression through physical action and the sensory experiencing of art making through touch, proprioception, vision, and the other senses (K/S). This level involves minimal reflective distance between stimulus and response. The second level, the perceptual/affective level (P/A), represents a continuum

Figure 2.1. Expressive Therapies Continuum (ETC)

[Imagery and Visual Expression in Therapy by V. B. Lusebrink. 1990. New York: Plenum Publishing. Reprinted by permission.]

Creative Response (CR)

Cognitive (C)		Symbolic (S)
Perceptual (P)		Affective (A)
Kinesthetic (K)		Sensory (S) .
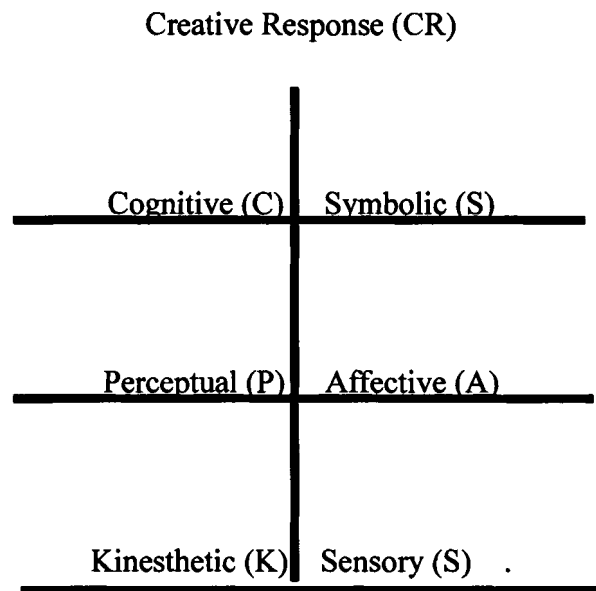
focusing on the formal or structural qualities of the artwork and the feelings or haptic response. At this level, the isomorphic interaction between medium and expression of the message begins. Abstracted and internalized, the perceptual and affective response leads to the cognitive and symbolic level (C/S). This third level focuses on the continuum between analytical and intuitive conceptualizations that become manifested in the artwork. Its greater reflective distance allows for verbalization and cognitive planning. She states that the fourth level (CR) of her model, the creative level that is represented by the pole that links the other levels, addresses the fluid, multidimensional potentiality that may lead to creative synthesis of all the other levels. Although

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Lusebrink implies a fluctuating creative process in expressive therapeutic modalities such as art therapy, she uses the hierarchical or linear concepts of Maslow (1959). Lusebrink's writing and model provide significant structure for the spiral model developed in this study and will be explained more fully in chapter five.

From a systems theory perspective, Lusebrink (1990), paralleling Simon's work (1992) and that of Gantt and Tabone (1998) in which they looked formally at client artwork, writes extensively about levels of visual expression as well as about the functions and processes of making imagery in therapy. As she details the syntax of visual forms used to convey multiple levels of meaning, she reinforces Rubin's idea that the selection of art mediums can alone serve as an evaluative tool (Rubin, 1984). She presents some classifications of medium dimensions, proposed by Kagin in 1969, that differentiate other qualities of mediums such as fluid versus resistive (see Figure 2.2 and 2.3).

Lusebrink goes on to discuss the use of mediums that are convenient and familiar versus use of mediums that are fulfilling of expressive need, use that is simple versus complex, use of mediums that are easy to control versus ones difficult to control and use of mediums that require tools (mediated) versus use that requires no tool (unmediated). The mediated-unmediated quality affects not only the physical distance between hand and medium, but also the reflective and cognitive distances between the art experience and the client's reflection upon it. The mediated-unmediated quality of mediums will be considered in more detail in chapters three and five.

Figure 2.2. The Spectrum of Physical Properties of Two- and Three-Dimensional Media,

[Imagery and Visual Expression in Therapy (p.85) by V. B. Lusebrink. 1990.

New York: Plenum Publishing. Reprinted by permission]

finger paint | poster paint | Magic markers |

fluid————————————————————————————▶ **resistive**

water colors   chalk   pencil
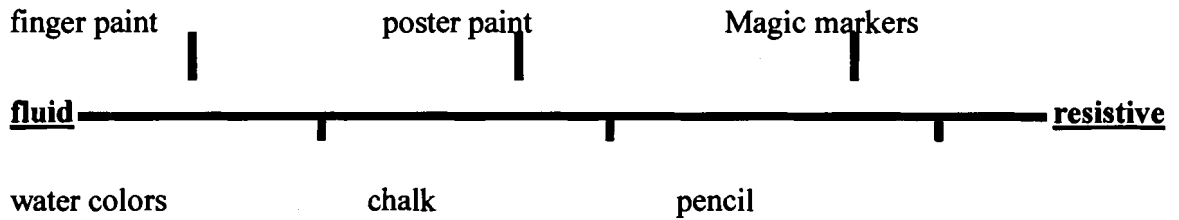
Approximate media properties for some two-dimensional media.

water clay | wood |

fluid————————————————————————————▶ **resistive**

          oil clay   stone
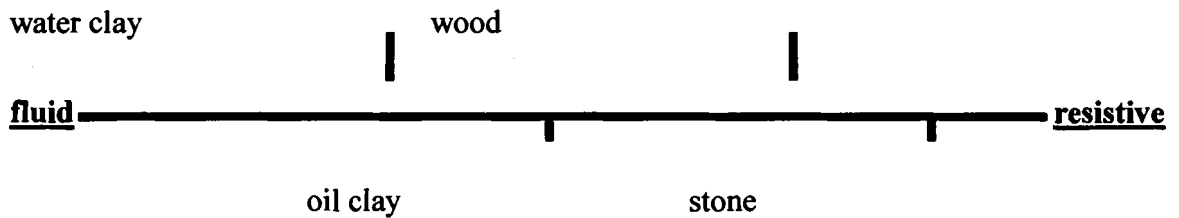
Approximate media properties for some three-dimensional media.

Figure 2.3. A Table of Use of Mediums (as suggested by Lusebrink, 1990)

convenient and familiar to use   **versus**   **use is fulfilling of expressive need**

easy to control   **versus**   **difficult to control**

simple to use   **versus**   **complex to use**

use requires tools (mediated)   **versus**   **use requires no tool (unmediated)**

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Many of Lusebrink's ideas are quantified in the recent work by Gantt and Tabone (1998). In creating the Formal Elements Art Therapy Scale (FEATS), they produced a carefully conceived and tested instrument for coding artwork. As Gantt and Tabone write, the process of pattern matching sometimes seems "beyond language."

Their work is based on the idea that there are patterns of formal variables in artwork and that these patterns can be reliably recognized and recorded "even if several attributes in that pattern vary in degree or in different directions" (p.52). The patterns represent logical and reasonable problem solving strategies by the artists; they describe the specific and the collective qualities of art making. They contend that "the formal elements, the elements of art, are not symbolic and do not have multiple meanings, but do provide useful information about a person's state of mind at the time they are making art" (p.53). Their assumption is that form, especially in the twentieth century art tradition, is subject matter; the origin of this assumption is discussed in chapter three. The client-artist usually monitors the formal elements less consciously than image. "Trained artists are notable exception to the general rule because they pay careful attention to matters of stylistic difference" (p. 55). However, even artists use the language of art as unconsciously as a trained writer uses nouns and verbs. Working with the influence of the medical model and evidenced-based practice, Gantt and Tabone find that the

interpretation of the formal elements of art seem to be more consistently reliable and more universally acceptable than is the interpretation of images. The formal elements do not require symbolic or metaphoric interpretations of images about events of a personal history. Instead, the elements define an individual and personal style that is unique to the individual while still showing the common and universal qualities found in all artwork.

Gantt observes that, as the acute symptoms of participants with mental illness subside, the formal elements of their art works become more like those in the artwork of control groups (p. 55). Gantt and Tabone's work includes probabilistic statements of confounding variables for which they have developed and extensively tested their predictive hypotheses. The resulting test instrument, the FEATS, uses one size of paper (12x18 white drawing paper), one medium (a twelve-marker set of water-based markers) and one topic: "Draw a picture of a person picking apples from a tree (DAPPAT)". The scales they constructed as indicators of performance are not isomorphically related individually to specific psychopathic symptoms, but when the scales are taken in clusters, they do suggest levels of illness. The scales use many of the artistic concepts, such as integration, unity and color use, that are of greatest concern to artists (see Appendix E: FEATS Rating Sheet). Six of the scales seem relevant to this study and are adapted in their entirety as a way to systematically consider the collected data. As Gantt and Tabone explain, no single sign or scale is conclusive evidence of anything, but the configuration of signs or scales may be considered an indicator and descriptor. A pattern among participants may be seen. In this study, the scales help to describe the selection and use of the art mediums available to the participants.

In the literature, there are other less systematic but equally telling views by artists about the importance of art mediums in their work. In describing her process of getting started in her own work, one artist, J. G. Green (1993), said that she does not preplan or predict the outcome. She has

> Nothing in mind as to how it will look when it is finished... Watching
>
> shapes form and colors merge is an exhilarating experience. I would like
>
> to emphasize that this delight in the act of creating can be as important to
>
> me as a finished painting (p.10).

In art therapy, a participant who is willing to trust, watch and play with the mediums may find that the use of a medium may likewise serve to create and inspire new life views.

In some of the more recent literature, art mediums have received more attention. McNiff (1998) wonders why the effects of working with paint, clay, wood and the rest of the wide spectrum of art materials has not been researched and discussed in the American art therapy research literature. He explains that only the medium of photography has been examined for its effect in therapy; the many other mediums have had little research. In likening the way artists use art mediums in their studios to the way chemists use chemicals in their labs, he suggests art therapists may find value in experientially researching art mediums. "Art is by no means purely 'qualitative' because it is a thoroughly empirical activity" (p. 13). He opens up the potential for evidence-based research of the artist's physical means of expression.

The sense that little research is actually being conducted around the question of the "mediums of choice" or the use of mediums in therapy was confirmed at the Annual

AATA Conference in 1998. While presenting on the development of the Diagnostic

Drawing Assessment (DDA), Raymond (Raymond, Bernier, Stovall, Deaver, 1998)

reported that, in a collaborative research project conducted by members of the Art

Therapy Department of Eastern Virginia Medical School (EVMS), no "best" materials

were found for use in art therapy sessions. They have chosen a convenient protocol of

using Nupastels and 9"x12" white paper for use in the DDA. When questioned about the

pre-existing research that focuses on the materials of art therapy, Raymond reaffirmed

that in the process of conducting their research, they had found nothing significant in the

literature concerning art medium choice and use in the therapeutic context.

In the literature that is available, the writings and conversations of art therapists

suggest that art mediums are a significant and defining element in therapy. The selection

and use of art mediums in therapy by children who have experienced maltreatment in the

form of sexual abuse has been discussed by several authors including Bloomgarden and

Netzer (1998); Connell (1998); Murphy (2001); Rogers (2002); and Wadeson (2000).

There is the suggestion that particular art mediums seem to help clients connect with the

experience of sexual abuse. For example, in several individual case studies, children are

described as choosing to mix and mess up batches of paint that isometrically reflect the

messes in their lives. Systematic descriptions of media selection and use by adults do not

seem to have been published. One wonders if art therapists, having learned to select and

use art mediums intuitively, assume clients also know about art mediums. The potential

for research in the significance of medium selection and use is being noticed (McNiff,

1998b; Murphy, 2001).

3. INQUIRY METHODOLOGY

"I think art research has only just begun. It is my hope that the creativity which is the essence of the profession will be applied to new means of exploration of the human condition through the fertile expressiveness art therapists are trained to perceive." (Wadeson, 1980, p. 331)

In this section, the planning, orientation, implementation, and analysis stages that evolved in this study will be presented. The study was constructed around the question of what might be happening in therapy when the participants, who met the criteria of having persisting symptoms of previously acknowledged sexual abuse and who had agreed to the research protocols to participate, had access to a wide variety of art materials to select and use in the treatment sessions

Planning Stage

The planning stage of this study focused on developing the research problem and identifying appropriate methodological and conceptual tools for its inquiry. An extensive review of literature was conducted as a means of establishing the tools for the study. The disciplines related to art and human behavior were identified as resources of information pertaining to (a) theoretical and research issues relevant to the study of art therapy, but more specifically to the role that art mediums play in the therapeutic process (Bloomgarden, 1998; Carlson, 1996; Gilroy, 1992, 1996; Gilroy & Lee, 1995; Kaplan, et al., 1998; McNiff, 1998a; Wadeson, 1992); and (b) research design and methodology supportive of qualitative ways of knowing (Glesne & Peshkin, 1992; McLeod, 2001). The clinical approach for this study was discussed in the previous chapter and will be

used to explain procedure in the Implementations section of this chapter. The research

methods and relevant literature are presented for the first time in this chapter. The fields

of art therapy, psychology, counseling, sociology, anthropology and art education

provided (a) the basis for isolating specific research methodologies, (b) the theoretical

foundations and strategies for data collection, and (c) the vehicles for the development of

suitable analysis strategies. This information resulted in the formation of a methodology

appropriate for the purpose and intent of this inquiry.

<u>Developing the Research Question</u>

<u>Asking Along the Way</u>

In the years preceding this study, the question of the part played by art mediums

in the therapeutic process emerged repeatedly. What was there about art therapy that was

different from what verbal counseling or therapy could offer? Coursework allowed for

exploration of that question and for some reflection on field experiences with art

mediums. Exploration of the literature was ongoing and wide ranging. Each new source

added varying perspectives to the question. Each new contact with persons using art to

think about their issues provided opportunity to ask again the question about why the art

mediums used in art therapy could be helpful.

<u>Focusing on Medium and Form, not Image.</u>

Why focus on the selection and use of art mediums in the process of art therapy

when, traditionally, much art therapy research looks at the choice of images, or

iconography and subject matter. Many ideas about medium and image were revisited

from undergraduate study of art history and criticism in an attempt to better understand

the nature of art mediums and their role in the process of art making and, therefore, in art

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therapy. Maclagan (2001) recently reinforced the theme that art therapists might increase the use of concepts of artistic and stylistic qualities in their consideration of the artwork of clients. The distinction between stylistic qualities as defined by the medium and artistic qualities as defined by the content of artwork is important to the integrity of this study: style of the finished work is connected to style of its creation, its psychological attitude for representing what matters in the world. Medium and style, in addition to image, are key to the process of art therapy.

The study of subject matter and its symbolism in works of art, known as iconography, is a study of themes developed in a historical and cultural context (Miller, 1946; Panofsky, 1962). From the Renaissance period, the iconography, as so definitively explained by Panofsky, originates from homeocentric and humanistic traditions. Since the Renaissance, visual reality in artwork was a valued goal. For example, in painting the two-dimensional surface, the picture plane was seen as a window illustrating the three-dimensional visual reality as sensed through the eyes and brain. Once the picture plane was understood in this way, the painter was able to create an acceptable reality in the art.

The twentieth and twenty-first centuries, being post industrial revolution, dominated by science, technology, and experiencing more rapid change and globalization, has brought major rethinking of what "reality" is. For artists trying to grasp or understand the world around them, "truth", "meaning" and "reality" are problematic and often relativistic terms, in light of understandings revealed through physics, quantum mechanics and chaos theories. "Reality" is no longer represented only by photographic and visual verities of the picture plane but also by the reality of the surface and mediums. Paul Klee defined the new approach (Miller, 1946): "We used to

represent things visible on earth… Now we reveal the reality of visible things, and thereby express the belief that visible reality is merely an isolated phenomenon latently outnumbered by other realities (p. 64)."

Consciously or unconsciously, the process of medium selection and use can become subject matter and image in art making. The process can take on an almost archetypal symbolism. Traditional or Renaissance-type iconography, as delineated by Panofsky (1962), may be only part of what the art therapist can observe in the artwork of participants. This study has been an attempt to narrow observations to the domain of the art medium and symbolism of medium choice and use as evident in the process and product. Important though it may be, the domain of traditional visual-reality-based images is not considered in this study. More specifically, the physiological, both observable and sensed, as well as the psychological act of selecting and using available art mediums is the focus of this research.

Finding Conceptual and Methodological Tools

The traditions of ethnographic, phenomenological and grounded theory research provide the structure and theoretical foundations necessary for this inquiry (Denzen & Lincoln, 1998; Glaser & Strauss, 1967; Glesne & Peshkin, 1992). Such integration of diverse approaches is described by McLeod (2001) as *generic qualitative research*. In the relatively young discipline of art therapy, this integration includes research paradigms found in many related fields (Gilroy & Lee, 1995; McNiff, 1998a; Moustakas, 1990; Wadeson, 1992). Research methodologies from the disciplines of medicine (Carlson, 1996; Monleleone, 1994; Putnam, 1993; Reviere, 1996; Wilson, 1989), psychology (Herman, 1992; McLeod, 2001) and education (Denzin & Lincoln, 1998; Glesne &

Peshkin, 1992) support the development of research methods useful in art therapy. These methods are adapted to allow for the inclusion of evidence that is unique to art therapy, more specifically, to the analysis of the art making process and the resulting product. As a result, the methodology must concern itself with (a) principles of artistic knowing (Bloomgarden & Netzer, 1998; Gantt, 1998; Malchiodi, 1998; McNiff, 1998; Rosal, 1998; Spaniol, 1998); (b) the language of art; (c) the literal, metaphorical and symbolic meaning conveyed by the visual elements; (d) the use of isometric metaphor related to the bodymind; and (e) the traditions of verbal language. The unique evidence (Gilroy, 1992; Junge & Linesch, 1993; McNiff, 1998a) available to art therapist researchers allows visual, spatial, and kinesthetic, as well as verbal and numeric, data to be collected. The data for this study comes from all of the above modes. Methods of data collection that highlighted the process of art materials selection and the ways in which these mediums were integrated into the act of art making, have been identified and selected. These methods capture the participants' actions, images and verbalizations. They include photographs of participant work and videotapes of therapy sessions as well as session notes and participant intake histories.

In this study, the unique evidence available from artwork and art making is used as data to be seen through the lens of other academic research modes. Specifically, assumptions from social science research methodology (Denzen & Lincoln; 1998) contextualize its collection and subsequent analysis. Of particular interest here is the view that data collecting will never be complete, but is an ongoing process of gathering information. As a result, videotapes and photos could be and have been revisited

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endlessly as new questions and considerations arose. The data is not frozen bits but ever

expanding evidence for multiple levels of understanding.

Also of interest is the understanding that the language of the researcher is never

objective; it will always reflect contextual bias. Even with coding schemes and

categories created from within the data itself, the interpretation of data may be seen

differently at different glances, based on newly acquired understanding, shifting focus,

heightened perception and personal emotional response. This is particularly important to

understand in studies such as this, where a single investigator witnessed and analyzed the

collection of data. The videotapes and photos always show the same images and play the

same sounds at each repetition, but the language and insights used to interpret the

phenomenon develop from and reflect the changing nature of the investigator's

experiences.

A third assumption from the social sciences that influenced this research is the

notion that the researcher could act as "bricoleur" or jack-of-all-trades. This multi-

perspective strategy involves "an interpretative, naturalistic approach to the subject

matter", a *triangulated viewing* from at least three sides (Denzen & Lincoln, 1998, p.

292). For example, in this study, the views included that of the researcher, the therapist,

the art critic and historian. Sexual abuse was considered from relational, neurophysical

and behavioral aspects. The method is used less frequently for trauma research than

standard quantitative approaches, but it has been used in attempts to understand human

trauma and is seen by many to be more appropriate in therapy (Carlson, 1996).

Bricolage, as described by Denzin and Lincoln (1998) and as outlined as generic research

by McLeod (2001), describes the multiple ways the data of this study is viewed.

Within this context, an appropriate research method uses the participants' artwork and art making activity, as seen in the photos and videotapes and recalled by session notes, to provide support of verisimilitude. The artwork maps that which seemed to be real and credible according to the participant. In other words, the art making is to be seen as "logical and truthful in terms of its reflection of the phenomenon in question" (Denzen & Lincoln, 1998, p. 414). The artwork serves as concrete, real-time, and logical evidence of participant thinking in the sessions.

From medical research on trauma, a fifth assumption influencing the methodology of this study suggests that emotional issues and ethical factors are unusually important to consider in light of the potential for social and personal bias. That is, contagion, denial, and arousal responses by researcher, participant, Institutional Review Board (IRB) and committee members are possible; researcher "emotional and moral responses in a controlled, flexible and informed fashion" can become tools to enrich the research. However, researcher and committee member responses can also confuse the process. In an effort to control for both of these possibilities, clinical supervision was intended, and usually served, to provide a bulwark against unreasonable emotional and ethical distortions. Emotional responses or countertransferences, such as the researcher's feelings of chaos and inability to quickly code and organize data, may have been a response to the chaos in participants' lives. Some occurrences will be discussed in the case studies and the concluding chapter.

Finally, neurophysiological research provides significant information for the study of acute and chronic PTSD and offers yet another model of research and set of assumptions. Although use of such medically based methodology is well beyond the

training of this researcher, the data and implications have informed this study (Carlson, 1996; Pert, 1997; Rothschild, 2000; van der Kolk, 2002). More specifically, it provided insight into clinical understanding of the neurophysiological response to making art and talking about traumatic experiences and also into how hyper-arousal, avoidance responses and other symptoms of PTSD could be viewed, recorded and documented at sensory-kinesthetic, perceptual-affective and cognitive-symbolic levels (Lusebrink, 1990) as evidence of choice and use of art mediums.

Since a single art therapy research approach will likely never be established, the multiple sources of research methodology hold fascinating potentialities for trauma work in art therapy. Based on the various research methodology approaches available, an integrated approach was constructed. This approach was built on actual therapeutic work with participants who had real interest and need to participate in art therapy

Finding a Way to Collect Data

As the basis for this study, art therapy was offered to qualified and willing participants at no charge. The sessions were organized around the semi-structured brief therapy model developed from the inquiry of researchers such as Long (1998) who worked with women living with breast cancer, Calisch (1998) who worked with mixed adult populations in outpatient therapy and Jan Hindman (1999) whose research focused on sexually abused and abusive adolescents. A more complete discussion of this model is described in the Introduction. Participant sessions provided the setting within which data on the selection and use of art mediums was collected. The product of the sessions, the artwork, and the process in the sessions, the art making, provided the primary data sources.

Orientation Stage

The orientation process involved the initial fieldwork necessary to set up the logistics for implementing the study. It also allowed for the development of appropriate techniques and resources for gathering data. Review of practice and codes of ethics guided this development. Acceptance of the study by the IRB of the University of Maine was critical to this stage. Finding adequate therapy space and art supplies, setting up videotaping capacity, locating participants, setting up the studio, outlining the structure of actual sessions of therapy and choosing data collecting tools and procedures required exploration, creativity and some trial and error.

Organizing Physical Space

Setting up a working art therapy practice and studio space was the first organizational task of implementing the study. Limited previous experience in the business of another health profession, practicum experience in art therapy training in England, the codes of ethics, the literature and many conversations with other mental health professionals provided functional models. A vision of what the art therapy studio might be was developed as forms for participants' records, initial intake, contacts, and progress notes were constructed. Plans were sketched to be used to set up useful space after a studio was rented; a wish list of art materials was generated.

Following Practice and Ethical Guidelines

The study followed a model of therapy consistent with current standards of care in both counseling and art therapy, and in the tradition of psychodynamic Object Relations clinical theory (Case, 1998). The ethical guidelines for the study were those standards of practice promulgated by the British Association of Art Therapists (BAAT), the American

Art Therapy Association (AATA) and the Maine State Board of Counseling Professionals Licensure, under which I hold registration (RATh.) and license (LCPC). The research proposal and working guidelines were reviewed and approved as adequate by the University of Maine IRB; a year later, approval was extended (See Appendix A). Participant consent forms (See Appendix B) were approved to assure the voluntary nature of participant involvement and to clarify possible benefits and risks of the treatment.

Current standards of care recommended phased treatment for individuals experiencing symptoms of unresolved trauma (Harris, 1998; Herman, 1992; Levine, 1997; Reviere, 1996; Van der Kolk, et al., 1997). In accordance with this recommendation and standard art therapy practice, this study was constructed and offered to meet the needs of the first of the three-phased model or three stages of treatment. That is, it focused on the establishment of a safe framework and stabilization for trauma resolution within the developing therapeutic relationship. The second phase, the phase of integration, including remembrance and mourning, was not infrequently entered; art making allowed for an interactive, bodymind response to participant issues that ignored theoretical phases. Responsive to the third phase, the sessions were structured to provide some benefit of symptom relief to the participants, although measuring the extent of the relief was not the purpose or an objective of the research study. Participants named or described the symptoms they wished to be the focus of this phase. This solution-based focus is characteristic of brief therapy.

It was essential to the integrity of the therapeutic process that the therapist not act as an observing researcher during the therapy sessions, but as a therapist. The research work and data analysis came after and outside of the therapy sessions. In order to both

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create the best structure within which to study the usefulness of art materials and to provide good therapy, the sessions were designed to create the potential space of therapy in a safe environment for developing the rich matrix of verbal and nonverbal communication characteristic of art therapy. The brief time framework, eight sessions, suggested the consideration of some initial directedness in the sessions.

Maintaining confidentiality in the research was difficult but important. The concept of confidentiality was discussed at the first session. The protocol required personal information about the participants to be held in confidentiality as defined by the Maine and British code of ethics and practice. The study was "non-exempt" research as it used intervention procedures of cognitive, emotional and physical nature. The primary research material might link the participant to specific and personal information. Disclosure of this personal information outside the context of the research could be damaging to the participant. Informed consent clearly was necessary. The consent form and the state-required LCPC disclosure statement (See Appendix C) served as documentation. Collection, maintenance and storage of data for the study were developed to provide a protocol respectful of the participant and offering her minimal risk and maximum benefit. Adequate provisions were made within the studio space to maintain confidentiality. A sound machine and soundproofing of unused doorways limited the possibilities of others hearing participant voices. Session notes, artwork, videotapes, and other data were stored in locked space accessible only to the researcher; such information was available to dissertation committee members and supervisors only as needed or required and was protected so as not to reveal the participants' identity.

Finding and Engaging Participants

After receiving approval from the IRB, local agencies, including Acadia Hospital Outpatient Services, Community Health and Counseling Services (CHCS), Rape Response Services, Catholic Charities, Wings, the Maine State Trauma Recovery Services and others were contacted for help in identifying possible participants. Details of implementation were discussed with agency administrators. No agency was interested in having the study done within its domain, so a private practice with art studio had to be established. This included setting up the studio as a working space with adequate art supplies, securing necessary insurance coverage, and finding clinical supervision.

Finding Participants

Referrals came from psychologists, school guidance counselors, a case manager, other LCPC's, an RN and other participants (see Appendix C for a copy of a typical letter to mental health providers). In the end, all referrals came from persons with whom the researcher had some personal relationship. It seems the need for trust applies not only to the therapeutic relationship, but also to the referral. The referring professionals knew both the criteria for participation in this study and the individuals they referred. Based on this, it was assumed that a referred participant met criteria for initial inclusion in the study. That assumption, in retrospect, may have initially brought participants to the study that did not completely meet the criteria. Such individuals were finally excluded from the study. This resulted in a depleted number of participants. Fourteen individuals started the study; eight completed all sessions.

Because of the need for collecting data within a reasonable length of time, in consultation with advisors, it was decided to proceed with the existing eight participants.

The first therapy session began November 18, 1999 and the last session of the eighth participant was held in late January of 2001, a period of about twice as long as originally anticipated. Review and analysis of videotapes, session or case notes, photographs of artwork and art portfolio, and journal entries started immediately thereafter. Clinical supervision with one clinician continued from early January 2000 through the year. Ongoing supervision included guidance by committee members and an outside counseling supervisor, as required by the state license.

Identifying Participants

Participants, gender not specified, could be adults who had been sexually abused, who acknowledged the abuse, who believed that they had persisting symptoms from that abuse and who had agreed to the research protocols of the consent form to participate. The type, extent or duration of sexual abuse was not specified, but participants were limited to individuals who were capable of functioning day-to-day in ordinary roles. This limitation was established by the dissertation committee and the IRB in an effort to create a safe and productive environment for the study. The case studies of participants will show this strategy was somewhat flawed. All of the participants had previously sought help from mental health professionals. Several had been in therapy for years. Either a counselor or their therapists had specifically referred them to the study or another participant had encouraged them to join. They all expressed willingness to work with art materials in a one-on-one setting as volunteers for this study. They were all female. Details of how each participant came to the study are included in the case studies of the participants.

<u>Engaging Participants</u>

Participants were offered eight sessions of art therapy free of charge. They were asked to attend three art therapy assessment sessions and then to commit to up to five more art therapy sessions for a total of eight. Each session lasted fifty-five minutes for a total of eight hours. They were scheduled at mutually convenient times about one week apart. Each session was videotaped to capture a full range of visual and auditory information. The artwork was photographed for reference and notes were written during and after the sessions. Participants were encouraged to write in a simple journal they were given at the first session and encouraged to share the journal, their thoughts and concerns during the following sessions. All the participants resisted this practice and the idea was dropped.

The participants' artwork, the creation and property of the participant, was stored in their individual portfolios or on shelves and kept in the studio. The session notes, including the intake or initial history, and the videotapes, stored securely at the studio, are to be destroyed upon acceptance of the dissertation and at the termination of professional and legal record keeping requirements. The case studies and photos of the artwork, presented in a manner that would maintain confidentiality, became part of the dissertation record. Although the consent form allowed the artwork to be kept by the researcher until the research was completed, traditional therapeutic practice was followed, allowing the artwork, after being photographed with a Polaroid camera and assembled into their art portfolio, to go home with the participant at the end of their last session.

<u>Securing Consent</u>

Each participant was informed of the nature of the study by the referring professional and by the researcher. At the initial meeting and first session, the consent form and disclosure statement was reviewed with the participant. The following issues were explained and discussed in greater detail as needed:

Confidentiality: All recognizable recordings and notes, including the initial history but excepting artwork, art portfolio, and the participant's journal which they took with them after the eight session, would be destroyed upon completion and acceptance of the research

Benefits of participation to the client: The participants might expect to benefit by finding their issues of maltreatment less intrusive after their involvement in the therapy associated with this research. They might find that they are more able to deal with the maltreatment they received and better protect themselves from future emotional damage. They might become safer physically and mentally because they are more conscious of the experience(s).

Benefits of participation to the theory and practice of art therapy: Participation is intended to contribute to the research knowledge base of art therapy and general counseling by increasing the understanding of how selection and use of art materials might help clients dealing with the trauma of sexual abuse.

Risks of participation for the client: Entering into phased treatment, as proposed for this study, would be of benefit and value to each participant. However, participants needed to understand that these benefits might not occur and that unexpected feelings of discomfort might develop. The risks and discomforts that might reasonably be expected,

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if the experimental intervention did not work or mitigate issues, included general uneasiness and an increase of the persisting symptoms. It is not uncommon for individuals who have not used art materials regularly to feel a little uncomfortable, frustrated or embarrassed initially. Common to experience in therapy, some of the artwork and journaling might remind the participant of either good or bad memories and might stir up feelings. If participants began to feel uncomfortable during the therapy process, they were encouraged to consult with their regular clinician, physician or caseworker. They were also assured that they were free to stop attending sessions at any time with no risk to future or alternate treatment. It was explained that one of the limits of confidentiality included regular meetings for the researcher with a clinical supervisor, a psychologist. These meetings provided greater safety for the participant by allowing the researcher to talk about the therapy process and perhaps a participant's process, with an experienced clinician. It was explained that supervision and adherence to the ethical guidelines are intended to protect both them and the researcher from the risks of therapy.

Once the participant understood these issues and concerns, and agreed to continue their participation, the videotape was started.

A confidential initial history using both visual and verbal information was developed for each participant (see Appendix D). It included relevant demographic information: name of participant; contact information; date of birth; a family genogram including family members, their gender, relationship, and significance to participant; information about other significant people in their life, major life events, geographic, social, educational, vocational and spiritual history; and future goals, aspirations, expectations and fantasies. The collection of such information is considered necessary to

meet local standards of care. Although the history taking might seem to be invasive, it provides background for individualizing sessions and writing the case studies. It is part of the session notes that will be destroyed when the study is completed.

Creating the Potential Space

A suitable studio space was found in an old 1913 period, tapestry brick office building in the city center. The building had recently been promoted as having inexpensive space for artists to rent as studios. It was six stories high and had an elevator. Two adjacent rooms were rented on the fourth floor with large windows facing east onto the street. The studio space was arranged to include a large table with cleanable surface, overhead lighting as well as desk and floor lamps, a variety of chairs around and beside the table, an improvised sink with access to water, a drying rack, storage shelves for supplies and a display area for artwork. The video camcorder was set up high in a corner by the windows and scanned most of the room.

Concerns about privacy and the ability to work without outside interruptions or disturbing noises were central to the selection of the space, so soundproofing was done. A white noise machine was added outside the doors, a small stereo with radio, tapes or CD's was installed with speakers to the hallway, and the doors were kept locked. City street noises from vehicles including the occasional fire trucks, police cars, ambulances, buses and cars, occasionally with loud sound systems, and people were part of the environment, but they were seldom disruptive.

Two months after the first participant began therapy, the ground level storefront and well-known landmark, a lingerie store, had a bad fire. Two adolescents, allegedly angered because the owner of the lingerie shop refused to rent them an adult video,

firebombed the ground floor front of the building one early morning in March 2000. The studio received only smoke damage, but the building was shut down for a week. It was under noisy renovations for the next several months. This event added significant tension to the beginning phase of data collection, but was used also as a survivors' bonding event in the therapy. The fire was certainly a major disruption at the time and included rescheduling of a few sessions of the first four participants, cleaning of the studio because of smoke damage and working around interruptions and noise caused by the subsequent renovations to the building. It was no small irony to the study that the shop that was firebombed was called The Extra Touch.

In the studio, art mediums that were continuously and readily available included: pencils, markers, crayons, chalks, oil crayons, tempera paints, acrylic paints, finger paint, pottery clay, oil clay, wet set clay, Softkut printing blocks, stamps, fabric scraps, wood scraps, old magazines, tile and stone scraps, feathers, buttons, glitter, string, yarn, and wire. Papers, as working surfaces and mediums included: white 12x18, white bond 8.5x11, newsprint 12x18 and 18x24, novelty paper such as wall paper, cellophane, and tissue paper, bogus 12x 18 and 18x24, and colored construction paper. Tools available included: scissors, glue, brushes, block cutting tools, mixing and water dishes, buckets, sponges, rags, saws, rollers, ink plates, rulers, pliers, instant Polaroid and film, electrical cords, and aprons. Other equipment was added as needed.

Describing the Sessions

Eight sessions, with some directedness, were planned for each participant. During the initial phone conversation to schedule the participant or, more frequently, during the first session, individual concerns and expectations for each participant were discussed

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with the participant. Goals and objectives for the participants' involvement were formulated as soon as possible. The first three sessions were assessment sessions (Case, 1998) for both the participant and the researcher. The assessment gave the participants an opportunity to discover if art therapy and a relationship with the researcher were going to be useful for them. The final five sessions provided continuing and sometimes directed opportunity to work on understanding and relieving symptoms or to discover the bodymind connections to symptoms.

The model was developed to provide some of the reassurance of containing structure inherent in directed work with some of the opportunity to experience the more fluid process of psychodynamic interaction. For participants who had experience with traditional verbal therapy or who tended to avoid body connections, such direction might help move them away from their inclination to intellectualize and verbalize to the more immediate process of art making in the here and now. Direction from the researcher might include suggestions to try experimenting and playing with a variety of mediums in an effort to become re-familiarized with them. Sometimes it was suggested that the participant create a diagram to understand more concretely where they were during an event, or that they try different mediums to better capture the essence of how a story felt or the sense of how the body felt. Such direction was intended to allow the participant to relax as the researcher witnessed their play. This type of direction initially allowed the art making to focus on using art mediums rather than on making photo-realistic art. As participants became familiar and comfortable with the space and the process, the directedness abated.

Eight fifty-five minute sessions limited the potential depth of the participant's relationship to the researcher in therapy but the time was long enough so that participants were observed to find adequate levels of comfort working with art mediums and, therefore, to suggest a sense of control in their depth of involvement in the therapy sessions. As participants became more comfortable in the process, they had time to work at their own pace. Consequently, information about how that time was used also provided data for the study.

The clinical approach for sessions with the participants used a combination of solution-focused brief therapy (Berg, 1992), brief art therapy (Calisch, 1998; Long, 1998), sensory-based therapy (Hindman, 1999) and non-directive, psychodynamic art therapy (Case, 1992). As suggested by the British psychiatrist and WWII aviator Skynner (1990), it was a fighter pilot's approach to therapy: quick in- quick out, for maximum effect with minimum exposure. The design was imbedded with many tense or paradoxical aspects such as: researcher versus therapist, art making versus talking, looking and listening versus responding and suggesting, relating versus translating or interpreting, free associating versus defining, discovering versus reporting, and being versus doing. These pairs describe a few of the dynamics that will be discussed in the chapters on the participants and on pulling data together.

After the first few sessions, videotapes were viewed to verify adequate recording and the artwork in hand at that point was photographed. Session notes were reviewed and notes were written on each individual's process and possible concerns, especially in light of any recently acquired information about trauma work. Participant safety was the first concern. Research outcome was still in the background. The therapist created her

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own artwork to help her think about the study and the participants. Providing a non-judgmental therapeutic space for the participants required carefully focused attention.

Like a lesson plan in teaching, session planning originally organized thinking but changed in response to participant lead and need. A typical structure of the fifty-five minutes of each session was envisioned as 10 minutes for check-in time to review and plan, 20-25 minutes provided art making time, showing and talking about the work involved 10-15 minutes, and the last 5 minutes were used for cleaning up, planning for the next session, and taking leave. The individual sessions generally followed the guidelines below.

Session #1

During the first session, the participant met and began to get to know the studio space and the researcher as well as the legal and ethical framework of the study. The disclosure statement and the consent form were reviewed. Their reasons and goals for participating were discussed. After it was clear that they understood the nature of their involvement in the study and they had no further questions, they were asked to sign the forms. Once their signature was recorded, the videotape was started. It was at this point that the researcher actively became the therapist.

The session provided time to explore the potential space and to learn about housekeeping-type details. With the therapist, the participants explored what might be the session format or schedule for the day. They were encouraged to try out and play with the selection of art materials, starting with a "warm-up" boundary exercise. In the exercise, they were asked to follow the therapist's lead and trace a race track-like path around the edge of 12x18 paper with soft pencil. They were then asked to think about a

recent time they felt comfortable and to connect the feeling with the motion of the pencil. They would continue to move around the paper and try to draw feelings of tiredness, silliness, fear, happiness, etc. The participants were then encouraged to use the center of the paper in a similar manner, to tune into the thoughts and feelings in their body at that moment as they sat in the studio. The therapist then stopped working with any materials and witness their art making. After they finished, they were encouraged to tell about the experience or to go back and enrich the work with more detail. Usually there was time for the participants to try several mediums or other papers to complete a first artwork or works. They were to sign, date and store all work in the studio for the eight sessions. For a safe place to leave two-dimensional artwork in the studio, flat work was placed in individually labeled "holding portfolios", made of 24" by 18" colored tag board envelopes.

Before the session ended, participants were asked if they would commit to two more sessions, with the possibility of five more for the total of eight. If they agreed, times for these sessions were scheduled. It was suggested that they use a manila folder they each had received containing the disclosure statement and several sheets of bond paper as a possible personal art journal in which they might write or sketch between sessions. They were asked to think about what aspects or symptoms of their abuse experience they might work on in the coming sessions.

Their preference in acknowledging their relationship in public encounters was discussed. Aspects of the eighth and final session were described, including putting the two-dimensional artwork together to take home, as evidence to share with trusted others and as opportunity to reflect upon their work of surviving bad experiences. The session

concluded with a summary and reflection of the day's work, a request to the client to record dreams and a reminder of the time of the next session.

Session #2

The second session continued work started in the first. After taking time to check in with the participants to consider what thoughts and feelings they were bringing into the session, they were asked if they had questions or concerns at this point. Any artwork, dreams, or ideas they wished to share were discussed. Two brought artwork into the second session. Work done outside the sessions was allowed to come and go if the participant wanted to work on it at home. Allowing this may have caused some boundary violations, but provided data about an individual's process and augmented available session time. After these initial conversations, the participants were encouraged to continue to play with art materials, explore the studio and expand on their thoughts and concerns.

In an effort to help them to take control of their time in the studio, participants were asked to identify or describe the most problematic aspects of their life they would like to change relative to their trauma experience, and the ways in which they might use art making to think about their life. If the participants proceeded to appear comfortable or confident with an idea they were ready to pursue, they were encouraged to go ahead. Their process was recorded and witnessed and help was offered as needed. If they appeared lost, dissociated or distressed, a safety exercise such as a work about their safe places, their support network, their positive coping strategies or their current life situation was initiated to anchor them in the here and now. From the second session on, the individual participant's process, not a specific directive, directed the nature of each

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meeting. Specific directives and help were not offered unless it was clear that participant needed more support.

Session #3

During session three, the process continued. If a participant was unsure about what they wish to do with the art materials, they were asked to narrate visually with a few colors and lines the story of their experience or to express visually a tummy feeling or gut reaction. By end of session, each participant was asked if she wanted to continue with the brief art therapy as a participant in this study. To continue meant a commitment to five more sessions. Eight agreed; six others called to decline, just did not show at scheduled times or otherwise discontinued.

Session #4, #5, & #6

Sessions four, five and six were work sessions in which participants took the time to face specific emotions, life situations or details around the abuse. They were given directives unless they appeared to be pushing too hard (Rothschild, 2002) and in danger of destabilizing themselves emotionally. If their process needed to be slowed down, the participants would be encourage to try another medium with which to create a work about some stable aspect of their life.

Session #7

Session 7 was the first of the ending sessions. Beginning with this session, aspects of the ending were described. This included information on when and how their work might viewed, how to assess what they were doing and might want to work on in the future with their regular therapist, and how they could use a final artwork portfolio by themselves and share it with trusted others. Originally, it had been planned to speak of a

closing celebration, but as time passed, it became clear that a sense of accomplishment and increased safety was a better focus for each participant.

Session #8

The final session, session eight, provided time for participants to review and evaluate, to finish up any unfinished bits of work, to consider future self-care alternatives and to receive evidence of their art therapy experience. This experience was reviewed as they looked over their two dimensional artwork and photos of their three dimensional work, titled them, and simply bound them together in a 9"x12" book format, convenient for transportation home and for sharing. The book could be quickly unassembled, if individual works were wanted.

Implementation or Exploratory Stage

In the third stage, the data that emerged from the process of therapy was gathered and documented. Observable behavioral information concerning the selection and use of art mediums was the focus of this process. The methods and procedures employed to collect and organize data are discussed in this section.

Collecting Data

An important component of the inquiry design is the development of a method to collect data. Following the standard of qualitative research (Glesne & Peshkin, 1992), responses of the participants to the art mediums came from multiple data sources. For this study, data collection involved the use of systematic interviewing and observing of the participants, which was documented in the intake histories, contact sheets and session notes; the examination of participants' art work, which was held individually for the eight sessions and photographed for review; and the analysis of audio-video tapes, which were

kept for later systematic analysis. From these primary sources, case studies were developed and used in later analysis. These sources of data are typical of research methods used in "cultural ethnography's hermeneutical tasks" (Denzin & Lincoln, 1998). That is, the hermeneutical approach includes the work of both researcher and participant. In this study, written observations were made by the researcher whereas the participants' work was evident in both spoken and recorded words and artwork.

The collection of data might be rephrased in dynamic language as the summation of response to each participant, their process and artwork. Data collection in psychodynamic work is customarily presented as case history. That is, the participants' stories are revealed to and witnessed by the researcher as each individual externalizes their experiences and plays at reworking them to better understand the meaning. Since art making and play is, to many adult minds, not serious but fun, the impact of the work they are doing is not obvious to the participants initially. Over time, the unconscious becomes conscious to the participants as their artwork is considered and they begin to find meaning in its content. Description of the ways mediums are selected and used by the participants in behavioral as well as in the isomorphic and metaphorical language of psychodynamic therapy may serve to expand understanding of the process. Readers familiar with one clinical approach may find the other less approachable. This study will use both.

Persisting and indicative symptoms of abuse were reported and described by participants as they worked. To record these symptoms, the researcher maintained copious written notes in conjunction with the ongoing videotaping. Originally, it was planned that the referring professionals would provide initial written or verbal

descriptions and ending assessments of the participants they recommended. These were to be used in the case studies. Because of complicating issues of confidentiality, lack of collegiality or participant referral, no such descriptions or assessments were available. Awareness of the boundaries of confidentially, especially in light of recent federal legislation, is particularly high at this time. As a result, the documentation of symptoms is a result of direct observation or input from participants who eagerly and frequently provided such information as they worked (APA, 1994; Rogers, 2002; van der Kolk, 2002). Summaries of these symptoms are included with the charting of other data.

The case studies were developed as a way to summarize the process of therapy, including understanding, insights and transferences as well as responses, resolutions and countertransference to participants and their artwork. Each description includes a section specifically dealing with participant responses to art mediums. Consistent with best practice recommendations in therapy with trauma survivors, the researcher witnessed each individual and their work non-judgmentally and withheld from the participants her countertransferences to the emotional content of their stories. As researcher and narrator, such responses were reconnected. All during the therapy sessions, the researcher fought to maintain her equilibrium to avoid taking on unhealthy amounts of the participants' pain. Maintaining a stable perspective was central to the collection of data and its later analysis as well as to the therapy itself. Responses are included in the case studies and have become part of the categories emerging from the data.

Following is a description of the six data collection mechanisms used in this study and how they provide systematic information on the role that art mediums play in the

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therapeutic process. They include the intake histories, participant art journals, researcher-therapist's notes and art journal, videotapes, participant artwork and final artwork book.

Intake Histories

As previously described, first contact with potential participants included the collection of demographic information, written consent, and of basic intake history (see Appendices B and D). Information gathered as the intake history included: (a) experiences in the participant's family of origin and the type of support received from the family, (b) relationships outside the family of origin when appropriate, (c) type of sexual abuse and identity of perpetrator, (d) age when the abuse(s) occurred, (e) where the experience(s) of abuse occurred, (f) the effects the participants believe it had on their life, (g) what treatment they have had to date, (h) how much time has been spent so far in treatment, and (i) what experience they may have had with art and art making and materials.

This data was kept in a ring binder with session notes. It is confidential in nature and not available to others except in clinical supervision. It is part of the data that will be destroyed upon the completion of the study. These histories provided starting information for the case studies. Reliability of notes was checked during the process of reviewing the videotapes.

Participant Art Journals

Each participant was offered a folder with several sheets of plain bond paper to use as a journal. Multidimensional in function, the journals were intended to serve as homework keeper, "audit trail" or data resource of participant's thoughts, a place to record dreams or daydreams, and work location for general mapping out and thinking

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about experiences. These could be brought in to any therapy session. Journaling and use of the folders was not made a requirement, but a choice. None of the participants chose to use it. Several did use journals at home and a few brought old or contemporaneous ones in for reference use in some of their work. Several participants did do artwork outside the sessions that they brought in and shared. These works have been noted in the case study in the Summary of Mediums Used, by session.

Ultimately, the final artwork portfolio served as a primarily visual journal of the sessions as well as an isometric and metaphoric container of the feelings and events they depict in the sessions. Hindman (1999) uses journals that may include photos of artwork. Otherwise, information about the use of art journals and the collection of the artwork into one bound unit in art therapy sessions is unknown to the researcher.

The Researcher-Therapist's Notes and Art Journal

Session notes served as data resources for details of what was said and done in the session as well as brief descriptions of the therapist's thoughts, impressions, and feelings. The notes were usually in written form, but occasionally included visual notes made by drawing, coloring images, playing with mediums and structuring designs. Some of the visual work provided ideas for possible directed work with a participant.

In fitting with the practice of art therapy, listening and not writing during sessions was emphasized. This resulted in session notes that might be considered scant by some standards. However, brief notations taken during each session were expanded upon immediately after. Notes were taken on a ruled sheet, folded in four unequal sections. This format provided a section for (a) primary quotes and notes of what happened during the session, (b) thoughts during the session, (c) thoughts after the session and (d)

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summative thoughts that were the result of reviewing all the sessions as recorded on the videotapes. Summative comments included notes on mediums used, referral sources, and other concluding information and ideas.

The notes were used in a variety of ways. Some were used to "spew." The use of key words captured on coding cards functioned as a processing or coding method referred to as spew drafts (A. M. Read, personal communication, 2001), a term for informal writing or interim summaries from unfolding impressions and emerging categories. Another use was the recording of ways to decode and encode participant artwork. Use of the Formal Elements Art Therapy Scales (FEATS) (Gantt and Tabone, 1998) came from ideas formed in a peer supervision group with two other local art therapists. Some attempt was made to code the session notes by phrase, number of happenings and similar categories.

Sketches of the participants' artwork, of the arrangement of the therapeutic space and of difficult-to-describe session activities were sometimes made in the primary session notes. Follow-up notes, occasionally in the form of sketches, recorded the therapist's thoughts or insights as they emerged over time. Sometimes the therapist would try duplicating a participant's artwork as a way to grasp their process.

Based on a psychodynamic approach, transference and countertransference issues were explored and noted. This included the diagrammatic mapping of feelings and ideas, a more behavioral approach to describing the process of therapy as well as haptic or more embodied work. From the notes coding and categories for looking at and pulling together the data of the sessions were developed. The notes were used in sessions with the dissertation supervisor. They served as one major resource for preparing the case studies

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and later for analysis. As the notes identify participants, they will be destroyed upon completion of the study.

Each session was videotaped as a means to connect visual as well as verbal data concerning the participants' selection and use of mediums. The therapist's responses were also part of the record. The University of Maine's Department of Art loaned the video camcorder for the duration of the sessions. The taping was continuously throughout each session. Situated in a corner of the studio, the camcorder viewed the whole room so the activities, body movement and conversations of the people in the room were recorded.

Recording of the first session started after the participant signed the consent form and ended when they left. Subsequent sessions were recorded from beginning to end. Each tape was identified by participant code and date and stored safely for review when the sessions were complete. The beginnings and endings of the tapes were viewed immediately after they were recorded to assure that the machine was working and the coverage was adequate. The standard recording speed allowed two sessions to be recorded on a tape. Regretfully two actual sessions were not taped due to technical difficulties and in two other cases, the tape ran out before the end of a session, leaving a small part of the session unrecorded.

The tapes served as a major resource of information that could be reviewed repeatedly to look for data and patterns. One participant did exercise the option to review the tapes of her own first few sessions. She said she was concerned that the researcher was not getting what she needed in the sessions with her. She returned the tapes and

continued as a participant. The other participants expressed no interest in reviewing or acquiring the tapes.

The tapes provided a recorded transcript of each session, documenting physical, verbal and visual expressions suggestive of the participants' internal thoughts, assumptions, interpretations, and feelings. They provided some sixty-two hours of potential data and possible responses. Viewing the tapes caused a growing realization of the differences between long and short-term therapy. Because brief art therapy is solution-focused and process-oriented (Berg, 1992; McClelland, 1992), it brought into clear relief the importance of time in the therapy process and, potentially, in this study.

During the sessions, once the tape was running, the research concerns were subsumed by the therapeutic relationship. The transition of the researcher to therapist was highlighted by the number of times the tape continued to record after a session, the number of times the therapist failed to stop the tape until several minutes beyond the session's end. Tapes were viewed for the purpose of analysis only after all the participants had completed their sessions. The reason for waiting was to decrease chances of the therapist being influenced by the tapes in the midst of the process of therapy.

The tapes were available, but never used, for discussion with the clinical supervisor. They did provide some evidence for research supervision. After the participant sessions ended in January 2001, the researcher watched the tapes and made copious notes about the sessions. The tapes and tape notes were used in conjunction with the session notes, coding cards and photographs of the artwork to analyze the selection and use of art mediums as well as the clients' and the therapist's behavior. The

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videotapes were most certainly the most valuable of the primary data sources; in a visual modality, they were more useful than written session notes.

In accordance with the Human Subjects Consent agreement, the tapes were kept in locked security and will be destroyed upon completion of the study. In retrospect, it would be interesting to see if the tapes would have been of use to any of the participants who might have wanted them to view by themselves. In the future, it would be interesting to explore the role such tapes might play in therapy as a self-help mode similar to that of reviewing their artwork at home after the sessions are done.

Participant Artwork and Art Portfolio

The artwork done during the sessions was kept in individual storage folders in the studio. The practice of keeping the artwork in the studio is a metaphor for the therapist keeping the difficult content of the therapy safe and confidential. At the end of the therapy, the participants had a choice to leave work or to take it with them. Work done outside and brought into the sessions could remain at the studio or return home before the last session. The only work done in the sessions that was allowed to go with the client before the end was a safety work, such as a representation of their support network of family and friends or a representation of their visualized, mentally safe, self-soothing space. The importance of having a visual reminder of their safety at home as well as in the studio was suggested by Cohen, Barnes and Rankin (1995). It is a process specifically done to reinforce the work of stabilization of the first phase of therapeutic treatment for trauma.

Assembling artwork into a portfolio provides a tangible object through which the participant might remember and revisit her experience of abuse. This renders in concrete

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form their memories and bodymind feelings so that they become more strongly situated in time, place and space. Constant reliving of unanchored memory is one of the symptoms of PTSD. Relief from flashbacks and nightmares is a goal of therapy that might be met by sensory-motor work (Hindman, 1999) such as art making. The portfolio is taken home by the participant and provides opportunity to repeatedly anchor the memories brought out in the sessions.

During the eighth and final session, all artwork completed as part of therapy and stored in the studio was reviewed. The artwork was photographed with the Polaroid camera and became part of the session notes. Together, the participant and the therapist put the two-dimensional artwork and Polaroid photographs of three-dimensional work in chronological order within a book format. Participants were encouraged to give titles or names to each work. Extra pages and a cover were added and the images were assembled into a three-holed book bound together with edge binder, mat board covers and lace of choice. They were encouraged to share the book thoughtfully with those trusted persons who supported them day-to-day.

The concept of having a tangible and visual gathering of ideas that could be revisited as desired by the participant (Hindman, 1999) proved a significant and positive experience for the participants. They were visibly excited and pleased by what they had accomplished. Several participants sat quietly at the end and looked through the book in seeming amazement of the work. Most participants left the studio after the ending with the portfolio hugged tightly to them.

The intent of the portfolio was to provide a tangible and structured collection of the participants' visual thoughts and feelings from the beginning to end our brief time

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together. The intensity of the implied or sometimes explicitly expressed importance of putting together and taking their work home with them seemed to be a clear example of Schaverien's (1992) concept of talisman and scapegoat or Winnicott's transitional object (David & Wallbridge, 1981).

The Polaroid photos of artwork became part of the session notes and case studies. These images became an important source of information for the study. In an ideal situation, digital photography might have proved superior to the Polaroid pictures, but the resources were lacking at the time. For readers, the quality of the photographs is a disappointment. However, they served adequately, in conjunction with the videotapes and notes, as records of the sessions. They continue to evoke countertransferences as clinical response and provide research details about the selection and use of art mediums by each participant.

Case Studies

A brief case study was developed for each participant from several sources. The raw data of the initial assessment sessions, the confidential initial verbal history, other session notes, journals, Polaroid photographs and videotapes were included. The Ulman Personality Assessment Procedure (UPAP) (Agell, 1998) and several scales from the Formal Elements Art Therapy Scales (FEATS) (Gantt & Tabone, 1998) were used to inform the development of the case studies. These assessments were developed by art therapists to obtain and structure historical and interpersonal style information and to assess appropriateness of art therapy interventions. Each participant was screened for color blindness with the Ishihara chart and checked for evidence of possible brain damage with an occupational therapy "Make an analog clock face with the hands at 2:15

PM" test. Only one of the participants had any problems with the last two simple checks, so their use provided additional assurance in the process.

A systematic structure for writing the case studies was developed. It included: (a) the introduction, demographics and participant goals, (b) criteria for inclusion in research, (c) evidence of abuse, (d) response to art materials and art making process, (e) a description of the ending or terminating session, (f) the therapist's reflections, (g) a summary of participant's selection and use of art mediums, and (h) a summary of mediums used by session. Copies of the Polaroid pictures of the artwork are included in the last category. The analyses of the data and the development of structure for the case studies were first overseen by the clinical supervisor and then by the academic supervisors.

The case studies provided some insight into the individual lives of each participant. Each had a unique and compelling story and situation that provided the focus of the therapeutic work. The therapist's interest in each participant made the pulling back to look for patterns and generalities most difficult. The paradox of being both researcher and therapist provided ongoing anguish. The therapist wanted to follow these people as they continued their efforts of healing; the researcher needed to pull back and consider what was being learned in the study. The story of each participant follows in Chapter 4.

Organizing Data

Once the data was collected, the next step was to focus on how it could be organized to provide information on the selection and use of art mediums. "Visual coding" was a term that was used in the initial planning stages but needed to be defined and adapted to the study. What questions could or should be asked? How had other art

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therapists organized their data? How could these specific data be organized? The questions about the methodology of analysis grew rapidly.

Identifying Questions for the Data

The formal language of art, the elements and principles of design, is available to the discipline of art therapy and can be used to describe its unique evidence. To help identify patterns in the selection and use of the art mediums, a coding system based on this language was developed. More specifically, the elements of line, color, space and shape were mapped onto the visual evidence. The unique texture of each medium was considered as was the participants' use of art principles such as balance, variety and unity. This process of formal analysis is typical of many approaches to art criticism and the assessment of visual images and forms. The process had become almost second nature to the researcher as a result of many years of teaching art. Translating from the visual artwork and videotapes, describing them, analyzing the use of elements and principles, interpreting the intent of the artist and the impact of the mediums on both the process and the finished work, and finally coming to conclusions required some way to systematically slow down that translating and describing process.

Finding Sources of Coding Systems

The language of art, which informs the process of looking at the participant's artwork and the process of art making, served to organize the data. Such a nomothetic or law-based approach led to several of the more relevant coding systems already developed (Silver, 1983; Simon, 1997; Gantt & Tabone, 1998; Raymond, et al., 1998). Most systems are based on the analysis of images or formal elements. A few include reference to mediums, but no analysis process. In the literature, descriptive studies or coding

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systems based solely on art mediums were not available, even though several art therapy researchers have written about implications of art medium choice (Landgarten, 1981; Lusebrink, 1990; Robbins, 1987). Wadeson (1980, p.176) says that she focused not just on image and content in her research, but considered graphic attributes including color, utilization of space and other "ingredients of style." Simon (1997) describes how many stylistic and artistic aspects of artwork seem to relate to both the individual maker and to more universal personality or archetypical characteristics. As suggested by these art therapists, this study applied the language of art and the understanding of style to the question of medium selection and use.

The actual extent of mediums and foundations available for participant use within the context of this study came from the researcher's experience in teaching art. The need for a large selection was also suggested by art therapists such as Lusebrink (1990) and Robbins (1987). The importance of diverse mediums in the process of therapy has been more recently reaffirmed by Murphy (2001). The implications of use that each medium carries were suggested by personal experience as an artist and art educator and by the art therapists cited above. The implications of that use were formally organized for this study after the data collection period.

A system to accommodate multi-source data collection was developed that reflects visual, verbal and written information. The system contains the original data and its sources and allows multidimensional categories of behavior to emerge holistically without predetermination. Such a system provides a vehicle for focusing on small but potentially important aspects while keeping the total experience of the participant in mind.

The final coding system that emerged for the study came from the consideration of the data, the literature and ongoing discussions about the study question. For example, the idea of using colored symbols for each came from discussions with the researcher's dissertation supervisor. Ongoing review of the literature has reaffirmed that such coding continues to be invented to fit new research questions.

Creating Coding Cards

Index cards (4x6) were developed for coding each artwork and each session with each participant. Each participant's cards carried their color-coded end-band (see Table 5.1 in Appendix F for color codes). Each participant had three types of cards: an orange center-band (see Figure 3.2) denotes that the card was about their artwork products. A blue center-band card (see Figure 3.3) was used to coding the process of their individual sessions. Green center-banded cards carried their demographic data. Cards had space for miscellaneous thoughts and observations in addition to specific data. To verify and validate the information, the data on the cards were compared to what was seen in the videotapes and what was written in the session notes. Each participant's cards were used in developing the individual case studies. Data was collected on 87 artwork cards and 64 session cards.
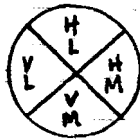
Artwork Cards: Fourteen Descriptors

As seen in the Figure 3.2: Coding Cards: Artwork Cards, specific locations on the cards noted the following items or variables on the Artwork Cards.

1. Art Medium(s) Used

Visual symbols represented twenty-five mediums available to participants in the studio (see Table 5.3a. Art Mediums Used; Coding and Qualities in Appendix F). The

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Figure 3.2: Coding Cards: Artwork

	ART MEDIUMS USED	GROUND OR PAPER USED		SPACE (FEATS #4)	STAR IF WORK BROUGHT IN: OTHER THOUGHTS:
	OTHER TOOLS	DIRECTED OR UNDIRECTED		INTEGRATION (FEATS #5) LINE QUALITY (FEATS #11)	
	Color Blind? Y or N / Past Art Experience	Color Prominence (FEATS #1)		(H/L V/L H/M Y/L V/M)	
	IMPLIED ENERGY (FEATS #3)	COLOR FIT (FEATS #2)		Style	•SESSION # •WORK # of # Session # _#_ / _#_

mediums were initially coded on the cards as visual symbols to permit the researcher to

visually scan the cards for patterns. When summarized in tables, they each had a number.

The table also shows frequency or the number of times they were selected for use in the

69 artworks done in sessions #2 to #8. Sometimes more than one medium was used in an

artwork. The degree of mediation and the degree of fluidity/resistance, as rated on a

scale of 0-5 by some art professionals, are also given in this table.

2. Foundation, Ground or Armature Used

Turquoise letters and numbers indicated color, type and size of paper used, etc.

The selection of foundations, grounds, paper or armatures available in the studio for

participants included: white drawing paper (9x12, 12x18, 18x24), gray bogus (9x12,

12x18), cream manila (9x12, 12x18), cardboard (cut to size), watercolor (11x11),

construction or sugar paper (9x12, 12x18, 18x24), bond (8.5x11), foam core board, wire,

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clay, wood scraps, Masonite paneling, newspaper and magazine papers, insulation board scraps, and fabrics.

3. Other Tools Used

Beyond tools usually used with a medium, tools such as rulers, sponges and scissors were noted. These tools are not directly or exclusively associated with any single medium, but do affect the use of the medium. As the researcher worked with the data, this item supported the developing idea of degree of mediation (Lusebrink, 1990).

4. Directed or Undirected

Marked in blue pencil as "»" (directed) and "Σ" (undirected), these approximated symbols on artwork cards indicated that the therapist specifically suggested or did not suggest the medium. Evidence of therapist intervention in the videotapes was also noted on the session cards. Such observations shed light on the therapy process itself. To be consistent with art therapy training, therapist directive were minimized in the sessions. However, the format of any session revealed that a level of directedness could be useful.

In experiential workshops, people seem to retry mediums new to them if they have recently tried several as part of a sampling session. Otherwise, they will politely or conveniently stay with familiar mediums even if the feel of the medium does not fit the feeling or idea they wish to express. In this study, directed encouragement to try a variety of mediums was used to reduce incidences of choice by convenience.

By limiting specific, directed art making activities to the first and last sessions and by staying open in the other six sessions to the use of non-directive art making, the therapist balanced the safety advantage (Rothschild, 2000) of directedness with minimal disruption of participant choice process. Several of the participants were so determined

to face, to try to gain control of their experiences and to find relief from their symptoms that they pushed themselves. Thinking that art was "fun" and not having experienced the power of visual and spatial thinking to retrieve kinesthetic and sensual memories, several participants experienced strong, potentially regressive, reactions to their artwork. If there appeared a strong need to adequately self-sooth, participants were directed to do a safety work, such as a support net (Cohen, et al., 1995), a treasure box, or some other safe-place anchor. Viewing and coding the process of therapy helped make the reasons for using or not using directedness clearer. The directives, even if not specific to medium, may have influenced the selection and use. For example, participants were encouraged to try several different mediums in the first session; therefore, directiveness was clearly a factor in medium selection for this session.

5. Color Blindness (CB)

Color is a primary factor in many art mediums. The perceived and actual presence or absence of color may affect under what conditions, how often, and for what purpose an individual selects and uses any particular art medium. Although answers to the question of how we perceive color change, there are tests than can be used in the field to test basic differentiation between red and green, the most frequent "blindness." From an online source, a color laser copy of the Ishihara Color Blindness Test was printed and used to test each participant. "Yes" or "no" denoted if they succeeded to read all the embedded numbers and letters in the test.

6. Past Art Experience (AE)

A code noting past art experience or training and familiarity with art mediums described on a scale of participants' facility with art making:

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AE-0 indicated that information was not available to the researcher;

AE-1 indicated very little experience, person uses at materials infrequently, fearfully or awkwardly;

AE-2 indicated some basic familiarity; person uses art materials hesitantly;

AE-3 indicated some training in school and beyond; person uses them occasionally and comfortably;

AE-4 indicated person uses art materials frequently and skillfully, with enjoyment;

AE-5 indicated person is well trained, highly fluent and self-directed with art materials.

The code for an individual participant was the same on all artwork cards.

Gantt and Tabone (1998) researched and developed the Formal Elements Art Therapy Scales (FEATS) to measure more or less use of formal qualities of art on a scale of 0 to 5 (see Appendix E for their complete rating sheet). The researchers found that the scales relate with an isomorphic quality of relative magnitude to specific psychiatric symptoms as well as to key artistic concepts of concern to artists such as color use (#1, #2), space (#4), integration (#5), and lines (#6). In an effort to better understand how the participants used the mediums they selected and to find ways to match patterns with a previously researched tool, data was organized using six of the FEATS scales. FEATS numerical values were assigned to each artwork. These values were then charted and compared to other data.

<u>7. Color Prominence (CP)</u>

Color use is a favorite attribute for art therapists to consider. The scales (Gantt & Tabone, 1998, Scale #1) provided another way to compare participant work and to determine if there were possible patterns. There are differences of opinions about whether people with depression use less color or darker colors. Color prominence is related to the DMS-4 (APA, 1994) symptoms of depressed or elevated mood, flat or grossly inappropriate affect and observations of lack of, multiple or bizarre color use (Gantt and Tabone, 1998). The artwork of people with chronic schizophrenia is frequently color impoverished, excessively colored or colored in outline only. The art of those with mania is frequently highly colored (Gantt & Tabone, 1998).

CP-0 indicated the work could not be rated or the work was not done;

CP-1 indicated that color was used only to outline;

CP-2 indicated that color was used to outline and fill at least one form;

CP-3 indicated two or more forms were filled, but not all forms were colored;

CP-4 noted that forms and objects were outline and filled with color;

CP-5 noted that forms and the space around the forms were colored.

8. Color Fit (CF)

In this scale (Gantt & Tabone, 1998, Scale #2), appropriate implies the approximation of colors in nature. Inappropriate color use can suggest depressed mood, diminished interest, irritable mood, higher cortical function disturbances, etc. Fitness of color is rated on a 0-5 scale:

CF-0: Color fit cannot be rated, color materials are not used, colors are difficult

or impossible to distinguish;

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CF-1: Entire work is in only one color, that color is turquoise, dark blue, purple,

  magenta, orange, yellow or pink;

CF-2: Entire picture is in only one color, that color is red, green, dark green,

  brown or black;

CF-3: Some colors, but not all, are used appropriately;

CF-4: Most colors are used appropriately; or

CF-5: All the colors are appropriate to the specific objects in the picture.

9. Implied Energy (IE)

These ratings (Gantt & Tabone, 1998, Scale #3) could be verified in the

videotapes. Low energy, psychomotor agitation, distractibility might be symptoms of

unusual implied energy:

IE-0: Energy cannot be rated or the work was not done;

IE-1: The work was done with the least amount of energy or pressure possible,

  effect was very pale;

IE-2: Work was done with relatively little energy;

IE-3: Work was done with an average amount of energy;

IE-4: Work was done with considerable, strong energy; or

IE-5: Work was done with excessive amount of energy.

10. Space (S)

These ratings (Gantt & Tabone, 1998, Scale #4) apply to the relationship of

artwork to the ground in two-dimensional work only. The rating attempts to measure the

amount of the space that artwork occupies or covers. With computer scanning, a more

precise measurement could be made. This is especially true for drawings in which white

space is a convention of the medium. Constrictive or expansive use of space isomorphically suggests low or elevated mood:

S-0: Space use cannot be rated or work was not done;

S-1: Artwork took up less than 25% of available space;

S-2: About 25% of the ground was used;

S-3: About 50% was used.

S-4: About 75% was used.

S-5: All of the ground was used for the artwork.

11. Integration (I)

Using the elements of balance and unity, this measurement (Gantt & Tabone, 1998, Scale #5) rates the degree to which items in the work are composed as a cohesive whole versus fragmentation and incoherence. Primary process thinking, abstract memory and conceptual thinking are apparent in a given level of integration; low levels may suggest impairment, delusional thinking and incoherence:

I-0: Integration of the lines, forms, and colors could not be rated; the individual

elements could not be identified or separated from one another;

I-1: The work was not integrated at all, there was no overall composition; none of

the items seemed related; work was fragmented;

I-2: At least two items were close, but they were visually unrelated;

I-3: There was visual relationship between at least two elements in the picture;

I-4: There was visual relationship between three or more elements; or

I-5: The artwork was well integrated and balanced. Elements may overlap each

other.

12. Line Quality (LQ)

In this scale (Gantt & Tabone, 1998, Scale #11), extremes of the continuum are

associated with one or more disorders. It considers the amount of control a person

appears to have over the possibility of line variety. Control of medium and hands means

having the ability to vary line at will with different weights, lengths, and continuity:

L-0. This variable cannot be rated;

L-1. In general, the lines appear to be drawn erratically with no apparent control;

L-2. The line appears to be drawn with a shaking hand;

L-3. Some lines are continuous and some lines have gaps in them, or are made of

a series of dots or dashes;

L-4. The lines are under control; or

L-5. The lines are quite fluid or flowing (even excessively so).

13. Quartered Circle; Style

Based on the ideas of Lowenfeld (1987) and Simon (1992, 1997), a quartered

circle recorded an assessment of the style of each work. The theoretical end of a

continuum, the 'haptic' type and the 'visual' type refer to the mode of perceptual

organization and conceptual categorization of the artist's external environment. The

'linear' and the 'massed' descriptors divide work into ones dominated by lines or outlines

as in drawings and ones that use color and values in a painterly manner. In a manner that

might too easily be a case of oversimplification if used without a thorough understanding

of the work of Lowenfeld and Simon, the artwork was identified as being in one of four

categories of haptic-linear, haptic-massed, visual-linear, and visual-massed. The

researcher developed a circle divided into quadrants to provide a quick visual to rate the

four styles. Briefly, **visual** relates to the quality of being photo-realistic with reference to

external appearances. It is often diagrammatic, with attributes that can be identified

conceptually to allow one to understand a situation or event. **Haptic** relates to the quality

of being emotional and expressionistic with reference to internal structure; it suggests

strong emotional content that has become embodied in the image (Schaverien, 1992;

Steinhardt, 2001). **Linear** suggests that the use of line predominates, as in drawings;

massed or "painterly" suggests that shapes and areas of color or texture predominate, as

in paintings.

Figure 3.3. Quartered Circle for Assessing Style:
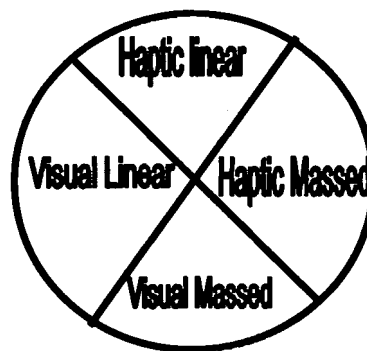
In the Appendix F table, **H** = haptic, **L** =linear, **M** = massed, **V** = visual; "⌐ "= **VL**, " ∟"

= **HL**, " ⌐" = **HM**, "⌐ " = **VM**. A single letter and a symbol of double letters may

characterize the style of participants' artwork

14. Key Words

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Any remembered verbalizations by the participants that clearly and notably characterized their choice or use of a medium was noted. Key concepts, words, and references to medium use and selection seen on the videotapes were referenced in the artwork cards.

<u>Sessions Cards: Three Descriptors</u>

As seen in the Figure 3.3: Coding Cards: Sessions, a 4x6 index card, center-banded blue with participant color code on the left edge, was coded for data on several aspects of each session.

Figure 3.4: Coding Cards: Sessions
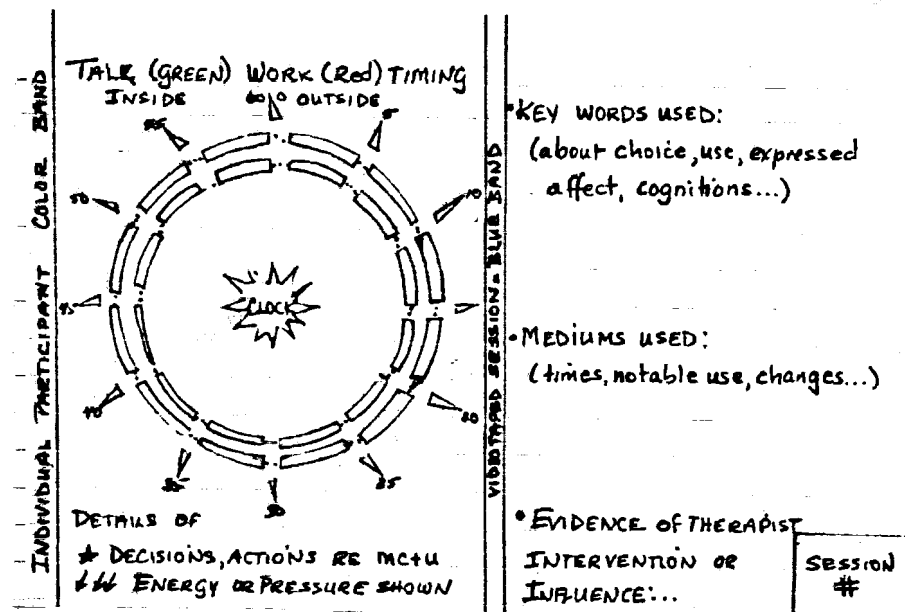
<u>1. Time Use:</u>

On the left half of the session card, a large clock face shape, made from a template marked in five-minute intervals, was marked in green pencil to represent

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participant's time spent talking and in red to represent time spent working. At a glance, one can see the relationship of talk time and work time and if talk and work happened separately or together. The clock face also noted, with an asterisk, any observations of unique decisions or actions made around medium choice and, with arrows, any observations of participant levels of higher than normal energy or hand pressure. The minutes participants talked and worked are formatted in Table 5.11 and fit into graphs (Figure 5.11) in Appendix E.

2. Behaviors at Intervals:

A second systematic interval viewing of the tapes was done twenty and forty minutes into each session for five minutes for the purpose of looking for and recording behaviors showing active and interactive affect, insight, and body movements. Notes were added to the backs of session cards if unusual behaviors and emotional responses to mediums as they were observed. The researcher observations were listed and used in the case studies.

3. Key Words, Mediums and Interventions

On the right half of the session card, space was allotted for three foci: (a) a list of key words heard being used and relating to medium choice and use and words of expressing affect or cognitive insight, (b) a listing of materials used and changes made in selecting mediums, and (c) evidence of therapist interventions or directives. These usually included notations of location in the tape. The notations are used in the participant case studies for the researcher's own reference. Any verbalizations by the participants that clearly and notably characterized their choice or use of a medium were noted on the sessions cards. Words that expressed affect or reflected cognitive insights

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were later categorized. With each viewing, additional words were noted. Non-verbal response to mediums was not included in this section; it was noted on the left section of the session cards, either on the time circle or under it. Occasionally the keywords were words with little direct reference to mediums, but seemed important to the ideas the participants were formulating. The list of key words provided beginning observations of behaviors and words with relationship to participant experience of abuse. They are combined with key words from the artwork cards (see Figure .5.12. in Appendix F).

Analyzing the Data

The measures or mechanisms of data collection were developed from measures frequently used in counseling, psychology and other social science research in the qualitative tradition (Denzen & Lincoln, 1998, Kaplan, et al., 1998; McLeod, 2001). They were tempered by the principle of artistic knowing available to the discipline of art therapy. As discussed earlier, Finding Conceptual and Methodological Tools, the measures developed also from approaches used in medicine (Reviere, 1996; Rothschild, 2000; van der Kolk, 2002) that enable the therapist to understand the physiological basis and bodily response to trauma. Conceptualizing and developing ways to analyze the data began with the proposal for this study and surfaced in the process of doing therapy. The measures used to collect data from the participants in the sessions are described in the Implementation section, particularly the section titled Collecting Data. Arising from the whole experience of the art therapeutic process of the eight participants, these measures were intended to isolate aspects of how the women selected and used art mediums, how the selection and use might relate to the their experiences of sexual abuse and how the

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use and selection might elucidate the researcher's understanding of the process of therapy with these participants.

From the cards, data were brought together into charts and tables of the individual coding categories. Simple outcomes in relationships and frequencies could be stated about the group, the artwork, the art mediums, tools and foundations, participant art making experience, artwork style, participant time usage and key concepts. From the histories and field notes, data about trauma experience was compiled.

Using the Cards and Visuals to Help Looking and Listening

At first, the cards were laid out in various orders to summarize the data verbally and numerically. This data was then organized into appropriate tables and figures. The cards provided a mechanism for looking at the research questions of medium selection and use. Later they provided starting points for finding links between emotional and cognitive responses to the mediums and participants' abuse experiences.

The cards were also used to scan visually for possible patterns that might raise previously unasked questions or that might suggest previously unrecognized usage of mediums. Working spatially, possible patterns in the colors or spacing of the coded data were identified and later considered more closely. From the session card time circles, the frequency of working or talking or both was evident. From the artwork card's style circle, frequency of style change and type was determined.

After the coding cards were completed for both the artworks and the sessions, the researcher sorted through the great wealth of data provided by these cards, the longer observation notes made while reviewing the tapes, the Polaroid pictures of the artwork and the researcher-therapist's notes to write the brief case studies. The session cards

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guided the researcher for second and third viewings of the tapes and provided an opportunity to try to further map the participant behaviors.

The photographs of the artwork were also reviewed to provide visual assessments primary to verbal, written assessments included in the case studies. The researcher's understanding of formal and informal visual assessments were reviewed and reframed as appropriate after the sessions ended. For example, the Ulman (Agell, 1998) Assessment's initial request for a "free artwork" that was used in the initial warm up of the first session also provided art that could be assessed by some of the FEATs scales ratings (Gantt & Tabone, 1998) used when the artworks were coded. Sketches in the researcher-therapist's notes also provided visual clues to the process.

Bringing Information Together; Tables and Figures

A table or figure was constructed to summarize each of the coded categories documented on the cards (see Tables 5.1.1, etc. in Appendix F). Summaries were initially constructed informally and later put into more structured tables. These summaries and tables were discussed with the researcher's dissertation advisor. Each discussion led to new questions or rearrangements of ways the data might be understood. These meetings provided the only consistent opportunities for receiving outside input on the research process as the clinical supervision dealt with responses to individual participant issues.

For example, the concept of Lusebrink's (1996) idea of degree of mediation and medium dimensions (fluid versus resistive, simple versus complex, structured versus unstructured) suggested a revisit to the artwork card attributes of tools and art mediums. Degree of mediation refers to the physical distance between the individual and the

medium used. Tools are used for more control, but they permit less response to the sensory qualities of the medium.

The mediator inhibits direct involvement with the medium, at the same time providing opportunity to differentiate the expression from the proximal tactile sensations, while emphasizing the more distal visual perception and eye/motor coordination. Mediators also increase the reflective distance, the cognitive distance between the art experience and the individual's reflection upon it (Lusebrink, 1996, p.86).

For the purpose or organizing data about art mediums, degree of mediation was rated on a potential scale as:

1= a medium with no distance; the hands are in direct contact with the medium;

2= a medium with a very small distance or thin layer between hand and medium;

3= a medium with a significant mediator around the medium or between hand and medium;

4= a medium used with a separate application tool (mediator), but with some direct contact if desired; or

5= a medium used with a purpose-built tool and seldom with direct contact with the hand.

The description of the fluidity or resistiveness of a medium includes assessing the amount of physical effort needed to use the medium. Obviously, mediums can often be prepared with more or less fluidity, but the rating here is intended to consider the usual 'off-the-shelf' consistency:

1= a medium that is very fluid and flowing and requires very little hand strength

to use;

2= a medium that requires some energy and effort to use;

3= a medium that uses a moderate physical effort;

4= a medium that takes considerable hand strength and effort to use; or

5= a medium that requires a great deal of physical strength and energy to use.

Several colleagues who were art teachers, art students or art therapists rated the art mediums used in the study for both degree of mediation and fluidity. Averages of these rating are used in the Table 5.3. Art Mediums Used; Coding and Qualities in Appendix E. They were then added to information on the artwork cards about participants' art medium selection and summaries were made in Table 5.5&6 in the Appendix E..

As they are reconfigured and reframed, the data will continue to provide other, yet undiscovered ways to understand the relationship of art mediums to the process of therapy.

Developing Categories from the Data

Conceptualizing and developing ways to analyze the data began with the study's proposal, surfaced in the process of doing therapy, and continued to emerge as summaries and frequencies suggested new relationships. Because the research process arose from the data, concepts did not begin to achieve any concrete form until the sessions with the participants ended. These measures provided visual, verbal and written data that was initially organized in each participant's case studies. Ongoing review of the data and

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observation of the videotapes pushed the development of concepts within the context of the study question.

In addition to coding individual artwork and individual sessions in the initial continuous viewing with five-minute markers, other ways to try to understand how and why the participants used particular mediums were developed. Behavioral mapping, as described by Ittelson, Rivlin and Proshansky (1970), descriptive behavioral notation (Zeisel, 1981) and Jones Visually Weighted Free Key Word Indexing System (Jones, 1982), as per the suggestion of Hicks (1999) were tried as possible methods for systematically analyzing the data from the sessions. Ongoing review of the literature and conversations with other art therapist researchers was carried out to bring other possibilities to light.

The various efforts to map participant behaviors included noting any highly emotional responses, unusual medium use or choice, any participant comments about mediums and other potentially interesting aspects of the tapes on artwork or session cards under keywords or on the time circle. The first review of the tapes involved sixty-four hours of recordings.

Another approach was the recording of behaviors seen as the videotapes were reviewed again at longer intervals to observe and note specific, unusual behaviors and emotional responses by participants as they selected and used art mediums. For this second systematic look at five minutes of running time at twenty minutes and forty minutes into each session, a total of 640 minutes were viewed. The intent was to observe in more detail if any mediums evoked unusual responses.

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Rothschild (2000) connected several body responses or observable behaviors to the treatment of trauma, particularly sexual abuse. "Therapist observation combined with participant sensory feedback on the state of the ANS [autonomic nervous system] is one of the most powerful tools available to the trauma therapist for pacing the therapy." (p. 109). She says that skin tone, breathing rate and other body movements can clue the therapist, with participant affirmation, to safe pacing of the session. The data on medium selection and use will likewise be reviewed to see if clues of emotional state can be detected.

Some of the questions held in mind as observations continued include ones such as: Did the participants express anger, grief and other emotions with mediums; how does the researcher know that? What was there about their use of mediums that suggested they were becoming stressed and re-experiencing their story in a potentially harmful way enough to require therapist directedness or intervention? Was there evidence of wounds becoming more visible, despite the limitations of the brief art therapy model? At what phase of treatment and recovery (Herman, 1992) or restoration (Spring, 1993) were the participants? Was that stage reflected in any observable way in the selection and use of materials? These questions were characteristic of ones used to formulate categories to be tested for veracity and usefulness.

<u>Discovering Ideas from the Data</u>

The coding process, the writing of the case studies and the other organization of data provided insight into the process of each participant's therapy. Slowly ideas began to immerge. Concern about maximizing the time "to do" stuff developed ideas of balancing notions of brief art therapy with the more traditional long-term therapy. That is, how

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does one balance goal-oriented, solution-focused brief therapy with undirected and open witnessing of participant art making and story telling? Maintaining a safe therapeutic space and attending to transferences and countertransferences were underlying tasks for the therapist, but evidence was found that some directedness was useful when participants showed excessive stress or denial in their processes.

In trying to visualize the influence of mediums on the process of therapy, the researcher recalled images about how human brains are known to work. From writings in the popular press, in more scholarly journals such as the Dana Foundation's Cerebrum, and from all the literature reviewed, the developing concept of the process of art therapy in relationship to the brain began to develop. Was there a model that might satisfy the multi-level, multi-dimensional connections that the use of mediums seemed to be making in the work of the participants? Lusebrink's model (1990) organizes the known levels of bodymind awareness in relation to the creative response, but it seems too linear. What was needed was a way to integrate more ideas; a spiral interaction through concentric spheres that seemed to organize some of the ideas. Might a model be developed from these ideas? Data from this study of the selection and use of art mediums may begin to provide useful ideas about the process of art therapy.

4. THE PARTICIPANTS

This study is based on the work done in therapy with the participants. Each person will be introduced in a brief case study format with a summary of the selection and use of mediums and a summary of mediums used by session. The summaries serve as initial gathering of data.

Chama

Introduction, Demographics and Client Goals

Chama was a thirty-two year old Caucasian woman and a first year student in a local institution of higher learning. She presented in timely fashion as capable, talkative and direct of speech. A published poet (she brought in two of her small books), she preferred to express herself verbally. Although she had high school experience with pottery and metal work, she said that she was a "lousy artist." She said she did art and other stuff with her five-year-old son, currently living with his mother, her ex-partner, in another city. She left them earlier in the year to go to school, after deciding that she needed to complete adequate education to follow her dream of becoming a pastor or an English professor. She said she was delighted to have a chance to work on some of her issues.

Criteria for Inclusion in Research

Chama was referred to me by a colleague, who was in awe of Chama's brilliant mind, but concerned about several problems Chama was having that were likely related to her early trauma history. Night terrors and nightmares recurred frequently in forms very disturbing to partners and friends. Chama called and asked to be included if she met

the criteria. She acknowledged that she had been sexually abused and wanted to work on symptoms of hyper-vigilance.

Evidence of Abuse

An articulate conversationalist, Chama used her first sessions to depict an early childhood that included the lack of knowledge of a biological father and the death of her mother. She also described sexual abuse, neglect and kidnapping by her stepfather and, later, the ongoing rape by a friend of her grandfather, and her adoption by her maternal grandparents. As a teenager, she experienced peer isolation, repeated rapes, and repudiation by her church because she "came out" and acknowledged her lesbianism. She was a recovering alcoholic by age 18.

A most incredible survivor, she openly described what she remembered of her early history, how she reinvented herself using names taken from her insatiable interest in reading, and why she moved to the west coast for several years. She was a classic example of what Judith Herman (1992) defined as a person with Complex PTSD. Her descriptors include those of PTSD, borderline personality disorder, and at times, major depression and psychosis. Chama fit the criteria for the study and proved to be an involved and challenging participant.

Response to Art Materials and Art Making Process

The first session's work included four 8x11.5 drawings on paper and one wet set clay rattlesnake without fangs; "A notable and unrealistic creature," she commented, " considering my early life experience growing up in rattlesnake country." I later wondered if the snake represented her self-image, the potentiality of our time together or me. The four drawings included (a) the pencil warm-up; (b) what she described as her

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greatest fear: fire or oceans of water, in pencil, (c) a testing of various color mediums with a blue-purple arch over a scene of house, tree and stream, and (d) a scene of a sailboat in a large body of water with a sky band showing the sun peeping out from behind a cloud. I wondered if she was expressing that she was ever hopeful. She worked neatly and cleaned up without assistance.

The second session started with an explanation of her recent apoeia, inability to write. Specifically she found herself incapable of completing two of her school assignments, one on atonement and the other on gender identity and ethics of sex. She said that her writer's block had started early the previous month. She had also taken up smoking again. In an effort not to "mess up" her 4.0 academic average, Chama had obtained extensions on her work.

Chama sees herself as normally intense, inquisitive, and high functioning. She explained how she reveled in academic achievement and intellectual adventures. Her history began to unfold. She was a 'Butch dike', her description of herself being lesbian. She had worked as an EMT and security person. She had been brought up by her grandparents after her mother died from complications during the birth of Chama's younger sister. She said her mother had been told that another pregnancy would be life threatening, but Chama's stepfather had insisted on having a child of his own.

One artwork, on 12x18 manila, in charcoal and colored pencil, was produced. The left side of the illustration illustrated the 'rent in the veil of the temple', a metaphor for her feelings of black terror. At my suggestion, she drew the right side to represent a safe space. She drew her desk and bed in her apartment, in a protective sphere. Her fear is of the Biblical dimensions consistent with her early southern Baptist upbringing.

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To begin the third session, we looked at her work of the previous session and I asked her for more detail about the terror. She worked on a drawing using white paper with fine line markers; analyzed the feeling of being profoundly cold, attacked with a belt, fist, and bat. She finished with very precise choices of color and a "that's it". She included a drawing of a smaller safe place in the work.

Chama talked about a recent big shift - a loss - of her feeling safe in her usual environment. Black and cold, the endless space of her night terrors, were becoming conscious to her and she would awaken after brief, restless nights, in actual physical pain. She flipped the paper over and mapped her memories of her trailer house and other scenes of abuse during her youth. She was aware of her great fear of abandonment and of 'never having enough'. She wondered if she was having night terrors or seizures. She said that she now understood James Joyce's description of hell; her dreams and memories suggested that she had been there, and she remembered the taste and smell of it. She expressed amazement at her recollections. She said she was definitely ready to attend the five remaining sessions offered her as a participant in this study. I wondered if she was processing trauma memories too quickly and planned activities to slow her down.

Much of the fourth session she talked. She started by illustrating, in dry aquarelle pencil, a strong dream about the thunder-voiced god of her childhood trying to get her, but she was safe in a cave guarded by four women or archangels, who she thought she recognized. As she looked at her work, she recalled more negative and abusive events of her life. She mused on the power of remembrance around upcoming significant dates: her mother's death, her sobriety anniversary, and her son's birth. She tried to sort out

what she understood might be the "Agape" and "Eros" aspects of her current relationships with the people now around her.

To illustrate her description of a dream she had had for the last fourteen consecutive nights, Chama started her fifth session by taking out gray bogus paper and doing her "triple Libra indecision thing". She considered aquarelle pencils, changeable markers, and crayons before choosing a pencil to draw the four-part dream about her death and memorial service. Together, we considered the dissociative aspects of her dream and possible meanings.

After talking about the dream, she described her recent contact with both sisters, her younger one by a surprise contact on the Internet. With her older sister, she talked on the phone about their childhood, a topic never before broached. She had felt that they had only a biological history together, not a social one. She said she had been left behind and consequently, as a defensive move, had left them behind too often to be interested in reconnecting with them now. However, it seemed that something was shifting.

For the remainder of the session, she spoke about her ability to survive bad times, her writing of her theology, a rewriting of all she was taught in poetic prose for her academic work, and her need to be patient, waiting to "recharge" and end the selective writer's block she was still experiencing.

Our sixth session, like the fifth, started with talk, and with illustrating of another dream in the later half of the time. She had been thinking and talking with close colleagues about abandonment, enmeshing and estrangement, from Christian and Buddhist perspectives. She realized she lacked a sense of ground in her early years and had had to create a ground for herself; "my brain is my escape." I wondered if she was

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becoming depressed, but she was quite animated during the sessions. She spoke about not sleeping well, but she felt she was in a "growth spurt."

She wanted to try the blind contour drawing I had suggested and did one sheet of tries. She then used her concept of 'face' to do two views of a dream she had of a bluff, covered with ravens, from which emerged a face, which then transformed and moved out from the bluff. The ravens flew off the face on the flip side of the 12x18 white paper. She used first pencil and then Nupastels to illustrate the story. As she put her work into her folder, we discussed the possibilities for the last two sessions coming up.

I suggested we look over all her work to date, to see what she might want to do to round out our work together. She wondered how much she was staying "in her brain", so I suggested playing with watercolors wet on wet as a starter. She developed a single, large asterisk-like shape of multi-colored ogival "arms" rotating clockwise, set upon a green baseline.

As she worked, she divulged the details of an affair, still platonic, in which she was involved, still platonic. She was the "other woman." At one point, she looked at her watercolor and commented "interesting picture...like the heart of it, what choice will she (the object of Chama's love) make? Will she make the choice that will change my life forever?" She wondered what the lesson was. I wondered if her use of a new 'flowing' medium had caused the story to flow out. "I like this; it has no hard edges."

She was hesitant about looking through her work and she said she had stopped journaling at home. I wondered if her writer's block related to her inability or lack of desire to take in the products of her hands. Looking at the drawings of water, she told of her fear of flying across the Atlantic with a friend for a vacation. She felt she always

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needed to be able to walk home. She commented that her greatest fear was to be burned up. Her realization of that caused her to end her career as a firefighter, despite her admitted pleasure of the adrenaline rushes firefighting gave her. She expressed new concern that there were no safe places for her and she was losing control of her heart. I wondered what was about to break into flame.

Ending

Ironically, the last session was delayed two weeks, the first because of her schedule and the second because of a fire in the building where I had my studio. I met her out front of the building at our originally appointed time the morning just after the fire had been extinguished. We were both unsettled, so we decided to go get a coffee nearby and just spend some time, "carrying on in the face of crisis." This was my suggestion and attempt at modeling. From our previous session, I was aware of her terror of death by fire and of her belief that she had prescient powers.

We met in the still smoky, but otherwise undamaged studio the following week. We talked until the last fifteen minutes of the session. The talk centered on a recent crisis. A peer in a seminar had attacked her for being "a dike butch" and her sense of safety in the group had been destroyed. She had been reflecting on how she could respond as she was committed to the desire to not hurt others or be revengeful, and still to be true to herself. Her affair with her married friend, the dilemma the friend was facing, and the impending crisis from resolution of the dilemma did not need this " last straw" attack. I was quite concerned and spent a lot of time assessing and assuring her safety.

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During the last fifteen minutes of the session, I helped her assemble her work into a book to take home. Putting the book together seemed to sooth her and to pull her experiences together. She left, saying she was pleased with her time in the studio.

She asked to continue with me as my client, beyond the research time. She felt the need to have a counselor available. The school would pay half for eight sessions. I told her I would be willing as long as my clinical supervisor for the study felt it ethical and safe for us to continue. I told her that I would call her within the week with an answer.

Reflections of the Therapist

I often wonder if art therapy, as provided in the research protocol for this study, was too intense for Chama. Encouraging her to use other mediums many have been analogous to pushing her to talk about aspects of her life she was not ready to approach. She was an experienced user of the mental health system, but this time her life contained several destabilizing elements, of which the art therapy might have been one. Since our initial eight sessions and about five private ones, she continued to work with several professionals including several ministers, two psychiatrists, a psychologist, a DBT specialist, a nurse practitioner, a neurologist, a physical therapist, two other LCPC/LCSW counselors and assorted case managers. Her friends, including her academic colleagues, her lover and her former partner stayed to help her out of hospital. I do not know the end of the story. I do know that anti-depressant medication can cause a manic cycle frequently present in cases of severe, chronic childhood abuse. I now understand why a person who has complex PTSD and attempts to recover faces an incredibly difficult

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personal challenge, a challenge that requires training and attitude not unlike that required to run a marathon, for the rest of her life.

<u>Summary of Participant's Selection and Use of Art Mediums</u>

Chama had some schooling in art and was comfortable using a variety of mediums. Even with her background, she did not use more than a few of the most familiar. She stayed with cautious and careful use of drawing materials unless strongly encouraged to do so. She used them lightly and cleanly, keeping the pencils carefully sharpened. She used images to illustrate dreams and experiences as a way to add detail to the memory. She felt that the art helped her "get out of her head' and experience memories more holistically. Even so, she did not use the mediums in a haptic or emotional manner. The use of art mediums in her artwork is more accurately described as diagrammatic and visual. It seemed to embody little emotional content, except for her one work in watercolor. The emotional range in this work seemed controlled even though it resembled fireworks.

<u>Summary of Mediums Used and Photographs of Artwork</u>

Session #1 focus was on the use of a variety of mediums; she used pencil, aquarelle crayon, aquarelle pencil, Nupastels on 4- 8x11 white bond, and white wet-set clay.

Figure 4.1.1 Chama's Artwork

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#2: She used pencil, Craypas (oil crayon), and Nupastels on 12x18 manila paper.

Figure 4.1.2 Chama's Artwork
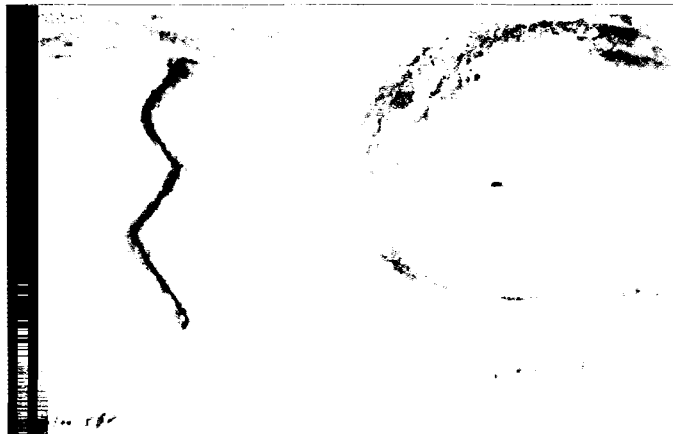
#3: She used fine line markers on 12x18 white drawing paper.

Figure 4.1.3 Chama's Artwork
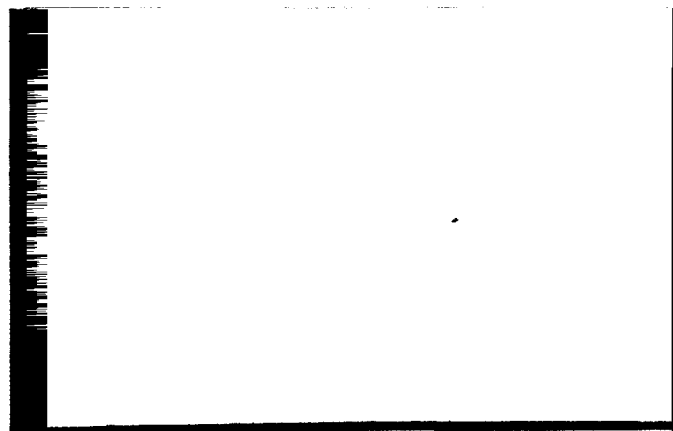
#4: She used dry aquarelle pencil ("paint too messy") on 12x18 white drawing paper.

Figure 4.1.4 Chama's Artwork
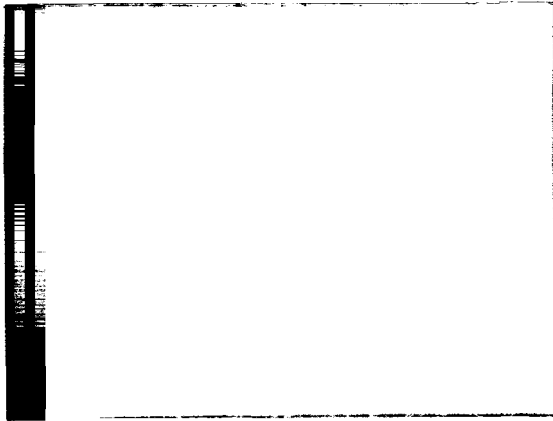
#5: She used colored pencil, after trying markers, Craypas and aquarelle crayons, on

12x18 white paper.

Figure 4.1.5 Chama's Artwork
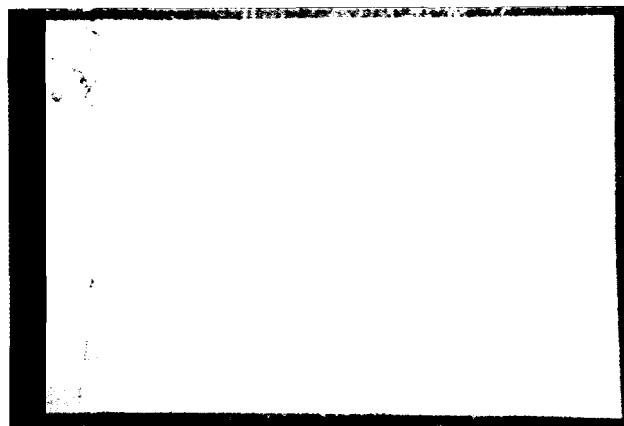
#6: She used pencil and Nupastels on 2- 12x18 white paper.

Figure 4.1.6 Chama's Artwork
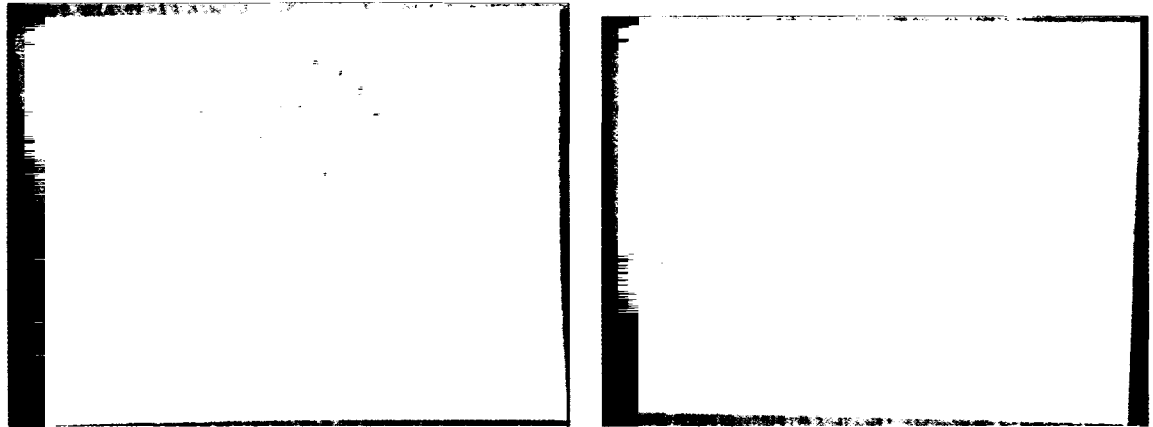
#7: At my suggestion, she used watercolor, wet on wet; we mostly talked while she

worked (no photo).

#8: She used no mediums or tools to work, except those used while putting the book

together (punch, lacing, matt-board covers, white glue, markers to title pages, etc.).

Mostly we talked.

Nora

Introduction, Demographics and Client Goals

Choosing to be different and to get out of her family's lifestyle and location, Nora, age 50 and the youngest of fifteen children of a mother of Scandinavian descent and a father of French descent, had turned much of her rage and guilt inward. Mother, a huge woman, stayed at home and father worked in the woods or at a local mill when work was available. When there was no money for food, he was too proud to ask for public assistance or neighbors' gifts, so Nora the child knew the "stomach-stuck-to-back pain" of hunger. Bed bugs, rats and tapeworms images were part of the rural poverty lifestyle of her youth. Her father kicked her out of the house when she turned thirteen, "started bleeding" and became "a damned whore like all the rest", as he had all of her sisters before her.

She was married twice. She completed her GED, earned her CNA and graduated with a bachelor's degree from the University of Maine, the first in her family to do so. She has three children: a son who is supportive of her and keeps in touch, a daughter who lives nearby and a third child she was forced to give up for adoption and does not know. The relationship with the nearby daughter is complex and rocky. She was not allowed to visit her three grandchildren, perhaps because there had been times when Nora felt she had to report her daughter's neglectful and violent treatment of her children to authorities.

Nora currently owns her own home. She has a very suitable and satisfactory job, which makes use of her education and life experiences. She "doesn't owe anyone." She has made good use of previous counseling and is insightful.

Filling the emptiness, despair and sadness she feels inside and finding meaning in her life as she approaches her fifties were the goals discussed for our work together. Part of the sense of loss is related to Nora's relationship to her daughter, who went behind her back to establish contact with her sister, Nora's third child. Some of her loss has also been physical. She had both breasts removed at age twenty-eight, because of lumps and had a hysterectomy at age thirty-two, because of cervical cancer. Recent loss included a partner she had kicked out when he became abusive. The question of "where do I belong?" a question she asked herself as a child predominates her thoughts.

Criteria for Inclusion in Research

Nora was referred to the research by a psychologist who hoped that the art therapy sessions might provide a needed boost to Nora's currently bogged down counseling process. Nora acknowledged at she has worked on many aspects of her abuse experience, but still could not remember major parts of her early life. She was being treated for depression. Long term and early abuse and neglect suggested medical diagnosis of complex PTSD. Depression was her predominating symptom.

Evidence of Abuse

Nora had one brother, four to five years older than she was; he abused her for several years. One time she remembered her mother stopping him and sending him away only to tell Nora that it was her fault and that "sex was a part of life". The hate and nausea evoked by the memory of this brother was evident when she drew his head and crossed it out angrily. To this day, she avoids contact with him. She wanted to get beyond her hatred and pondered the seemingly ironic justice of his current, painful battle with cancer.

She remembered the alcohol stench in her face and the weight on her chest of her father on top of her on the floor of the kitchen when she was about five. Someone had taken out the light fuses just before he raped her. She remembered watching her father beat her mother. She said her first husband beat and raped her and the second one, in prison for assault for four of the six years of their marriage, tried to control her every moment. Until session #7, she defended both parents, arguing, " They were different" and "didn't fail as parents, because they did what they knew". She could not acknowledge that they made bad choices, despite the likelihood of their own experiences of being abused.

Response to Art Materials and Art Making Process

From the first session, Nora was eager to use the art materials. She found talking about her life experiences much easier when she had something to do other than to look directly at me and talk. Her awareness of this became clear as she commented, "It feels better to talk when I am doing something else." She saw the art therapy as "a neat way to think." and remembered, "This is a picture of my mom's house; I haven't thought of it for a long time." When she was invited to try out and 'play with' watercolors, it was as if they turned on a water faucet of memories. She consistently talked as she worked, illustrating or mapping places, people and events. She tried several drawing mediums, but settled quickly into use of colored pencils. She repeatedly said she liked the sound of them. She seemed to enjoy her brief experience blending Nupastels and charcoal and talked throughout as she tried my suggested use of tempera paints, changeable markers and watercolors. "Paint always made me nervous in school." However, she did not

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return to these mediums and was not keen about aquarelles or oil pastels. She expressed no interest in three-dimensional mediums, after their being pointed out to her a few times.

The work with pencils seemed to permit her to recall ever more details about significant events. She commented that she wished life could be like drawing with pencils, "Make a booboo and just erase it, not covering it up, as paint would, but changing it." She recalled someone telling her how it was possible to close one's eyes, visualize something, and then be able to draw it. She used this approach to think about her childhood, to diagram a life plan, past and future, with "sticking points" she wanted to get past, to think places and people that she really liked, and to create a place to which she'd like to escape, especially on that day when staff relations at work were problematic. As she sketched images, she also recalled the adults and peers who had helped her physically and spiritually, who had provided the encouragement and motivation lacking in her home, and who had seen and encouraged her potential.

I suggested a few times that she try contour drawing of her face, in the style of Grandma Layton, but she shuddered at the thought of looking at herself in the mirror. Based on a suggestion of someone else, she tried a blind contour of her hand, but self-portraits seemed out of the question.

Some of the guilt she felt around not taking more care of her parents as they aged was manifest in the tempera painting of session six. She used the paint and the whole page to tell a story in a simple, childlike style. Unlike the task she took for herself, she insisted her children need not take care of her. She filled the blue cup up with colors as she described her goals of feeling love and happiness with her grandchildren. She spoke

of the pleasure of now having money left over to go and buy an ice cream when she wanted one.

In the second work of the session, she experimented with the changeable markers as she described a few of her infrequently remembered nightmares and her last dream about her mother. Putting them on paper and out of her mind seemed to have a calming effect for her as she worked. The movement of her hands became slow and steady as she ended the work.

Session #7 was another one of talking and drawing, but it was a real "upper" because she revealed a major shift in her view of her parents. She had gone to the wedding of a niece the past weekend and felt it to be a positive experience. She described the validating conversations she had with her favorite brother and sister, both of whom were finally willing to be frank and ready to talk about unpleasant memories of bedbugs and hunger and just how horrible and selfish their parents were. They even remembered and talk about the time their father had thrown out the gifts Nora had bought for this sister with the precious fifty-cents-a-week babysitting money she had earned. Later the brother gave Nora a lovely coffee cup by which to remember their talks that weekend.

She came to accept that her parents' parenting, not she, was bad. She discovered that her siblings respected her decision to get away and better herself, even if it meant that she seemed to be "other" or a traitorous outsider, as some of her family described her in her teen years. Nora's shift to more positive feelings and self-image was palpable. Her body language seemed positive as she drew quickly in her favorite colors of blue several images representing her new understanding. She said her parents did make some

bad parenting decisions. After she left, I discovered that I had forgotten to turn on the videotape, so I wrote extensive notes about the session.

<u>Ending</u>

Nora arrived prepared, reluctantly she said, to end her sessions of art therapy, but determined to do one last drawing about the brother she so hated because of his abusing her. Done in pencil and charcoal, which she found to smear very satisfactorily, she portrayed her little self in bed and "his huge hand." She sketched out various parts of the house, and wondered why parts of it "felt bad", but the memories were not clear. She recalled a memory she mentioned in an earlier session of the beauty of the ice crystals, formed in the cracks of the end wall of the bedroom and backlit by the sun. The memory seemed to provide grounding from the rage she felt as she remembered "the war zone" - her brother's words - in which they lived. Those radiant ice crystals, drawn in pencil, contrasted the violating hand, smudged in charcoal.

We sorted out and looked at all the work she had done. She assisted me as we chronologically placed them into an artwork book, which she would take with her as a gift to herself. I suggested we include a page for her to use to think about the unresolved issues around her daughter and the child she gave up; she agreed readily. She reflected how God had given her the strength to not "stay in her place" as others of her family did. That not knowing her place and that pretending she was adopted was part of why she felt she did not belong. However, she understood that what she did was a useful way to escape what she hated. After talking with her siblings and spending dinners, evenings and even a weekend with her grandchildren, Nora felt she still did not know her place in

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the world, but the emptiness was much less. She said that she might show the artwork to her psychologist and that she wanted to add more to the book.

Reflections of the Therapist

As our time together ended, I was left with a total awe of Nora's survivor-ability and a sense that she was now back on track for her life long efforts to change how she thought about herself and her early experiences of family violence and abuse. I realized that there was no need for me to introduce her to other art mediums; she had found one that was working for her. I was amazed with the way she used her pencil to think; a mark, a gesture or a shape would cause her to recall so many details of her experiences.

Summary of Participant's Selection and Use of Art Mediums

Nora did not choose or use the art materials with any apparent intent to create a single composition, but rather the space was consistently used to diagram or illustrate whatever aspect of her life she was exploring. During the eight sessions, she showed a little interest in trying other, less familiar mediums. The sound and the feel of the colored pencils seemed adequate, as did the 12x18 white drawing paper. For the dirty feeling memory of her brother's violating hand, she specifically selected the black, smudgy and messy medium of charcoal.

The act of drawing, of colored pencil or tempera-laden brush in motion, seemed to calm and direct her; this was most obvious in the artwork in session two. Many times, as I watched Nora, the use of the treatments that cause the client's eyes to move side-to-side as they talk or think about traumatic life events came to mind. Her use of mediums and the movements of her eyes as she watched her hand move back and forth across the drawing paper as she talked about the memories evoked suggested a bodymind event.

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Her ability to visualize scenes and events proved to be a valuable coping skill in the

process of art therapy. She herself expressed amazement at how putting her thoughts on

paper had been useful. "If someone would have said you can sit down and put it all on

paper and you'll feel better, I'd have thought them crazy!"

Summary of Mediums Used and Photographs of Artwork

#1. Nora used (a) pencil, Nupastels on 9x12 white drawing, (b) aquarelle crayon, oil

pastel and colored pencil on 9x12 white drawing paper.

Figure 4.2.1 Nora's Artwork
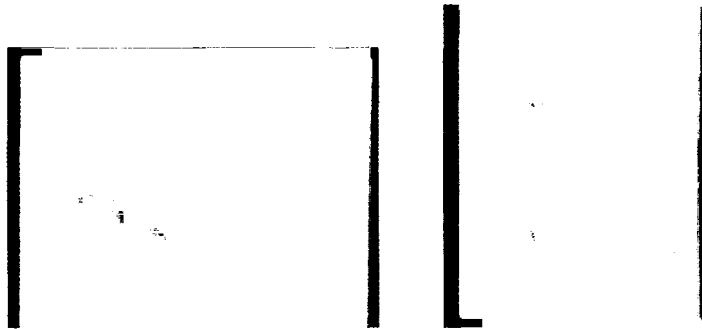
#2: She used watercolors on 12x18 white drawing paper.

Figure 4.2.2 Nora's Artwork
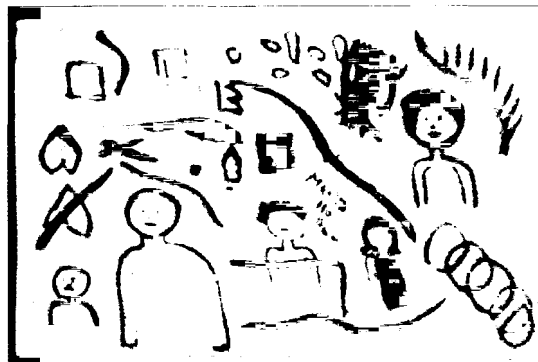
#3: She used colored pencil on 12x18 white paper.

Figure 4.2.3 Nora's Artwork
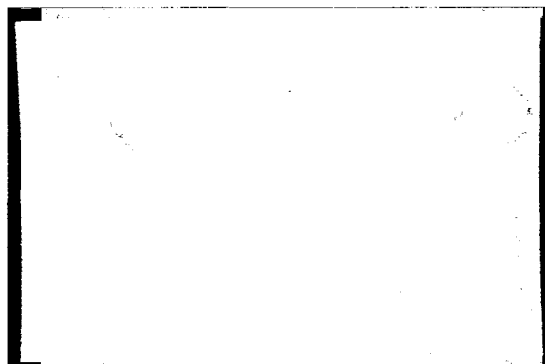
#4: She used (a) colored pencil on 12x18 white drawing paper, (b) colored pencil on 12x18 white drawing paper.

Figure 4.2.4 Nora's Artwork
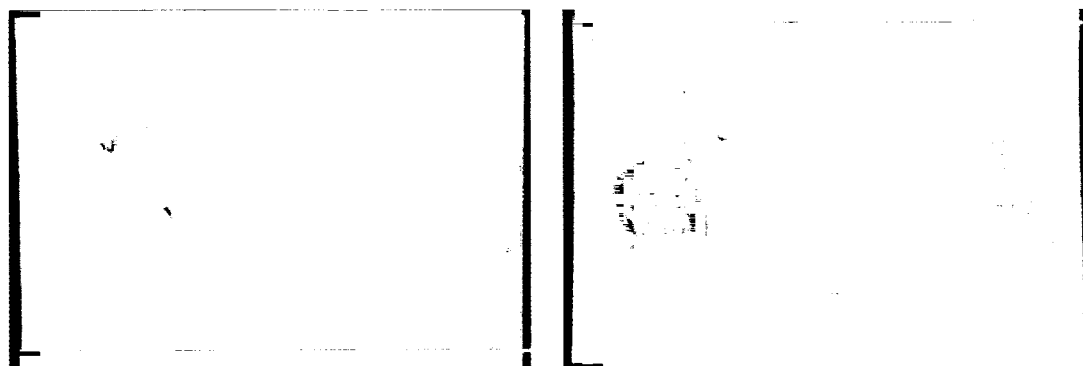
#5: Nora used (a), (b) colored pencil on 12x18 white drawing paper.

Figure 4.2.5 Nora's Artwork
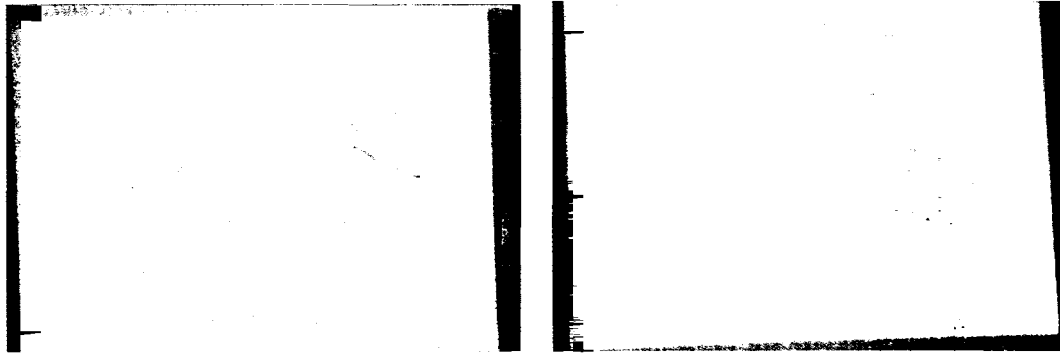
#6: Nora used (a) tempera paint on 12x18 white, (b) changeable markers on 12x18

white, (c) colored pencil on white drawing paper.

Figure 4.2.6 Nora's Artwork
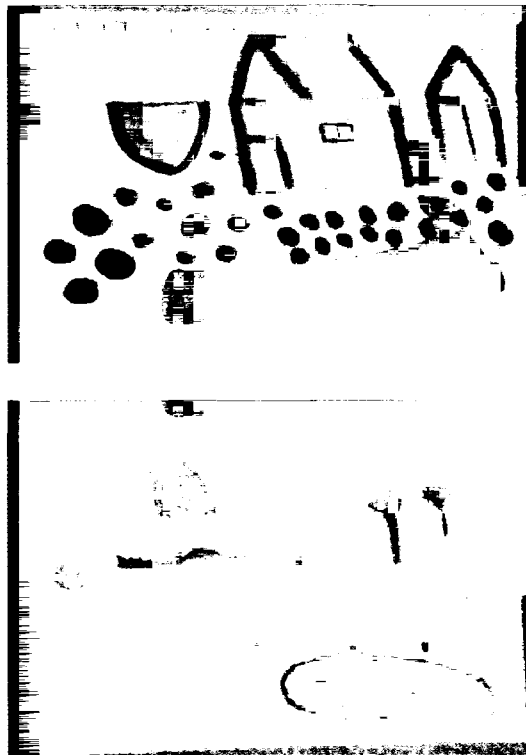
#7: She used colored pencil on 12x18 white drawing paper.

Figure 4.2.7 Nora's Artwork
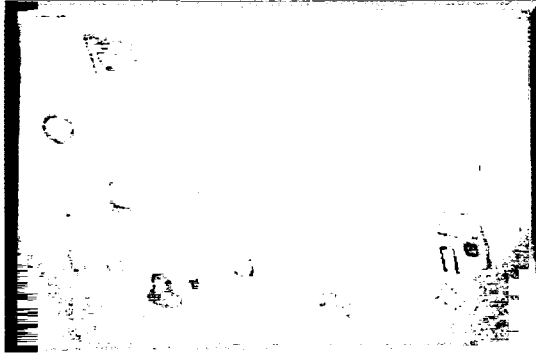
#8: Nora used (a) colored pencil and vine charcoal on 12x18 white paper (no photo), and

(b) edge stiffener, extra paper, lacing to put artwork book together, plus tools including

scissors and paper punch.

Marty

Introduction, Demographics and Client Goals

Marty, 52 years old, slender and energetic, has very consciously worked to achieve her goals of being strong in soul and spirit. Her childhood was full of uprooting and traveling; her memories were of an emotionally distant family. Loneliness has been a familiar feeling. She metaphorically described her search for self as moving within a personal triangle of fire, loneliness and silence.

Following her father as he sought exotic experiences, Marty, along with her mother and two younger brothers, moved frequently between the United States and Europe. She recalled returning to one coastal Maine town three times in her youth. After university, she came back to live in the same apartment in town three different times. Her travels seem to circle her back.

Men and maleness have been highly valued in her life. Her first marriage ended several years ago, but she is regularly in contact with her son. She has had multiple monogamous relationships with men, but only a more recent one lasted more than ten years. She has stayed the longest ever - ten years or so, in her last two residences. After successfully running her own business, she turned to a new career that allowed her to explore her inner self and her spirituality

Growing up in a family that looked "normal" but related minimally to one another, Marty now valued being with others. Unlike her mother who was distant, male-valuing, and did not have close women friends, she has chosen to focus, in her new career, on building close and caring, male and female relationships. She seeks to "be", instead of to always "be doing".

Criteria for Inclusion in Research

Marty was referred by a psychologist who thought that both Marty and the study would benefit with her inclusion. Marty likes to experiment and try new things, so she was willing to participate in the eight sessions of art therapy. She enjoys art making as a way to search for self-understanding and creativity. However, poetry and other written journaling is her preferred mode of expression. She regularly attends and presents retreats and personal development conferences as part of her spiritual development and outreach to others.

Evidence of Abuse

In therapy, Marty wanted to explore her feelings of repulsion and nausea when trying to relate to her father, who is now aging and living in a nursing home. Due to his situation, Marty has taken on managing some of his business. Her brother, who was just a few years younger than she, had expressed the same feelings of extreme discomfort. She described her father's way of relating to her as inappropriate and usually cold. His affairs with exotic young women and voyeuristic, perhaps homosexual tendencies were acknowledged, but dismissed by Marty's mother. Marty could not remember specific incidences of sexual abuse by him, but she was curious about her unexplainable feelings towards him. She implied that emotional abuse and neglect might be an issue. She spent a great deal of time exploring her world by herself when she was young. She is still dealing with several addictive behaviors that originated in her youth.

Response to Art Materials and Art Making Process

From the first session on, she tried a variety of materials, but spent much of each session talking, much of it about how she was struggling with her past. When she was

working, she talked less and frequently stood away from her work to make artistic

decisions about the art making process. As she worked with some pottery clay, she

commented that "there is something about working in 3-D;...my hand knows better what

to do, then with a brush

Marty started the second session describing various attributes of each member of

her family as she painted them: her religious, alcoholic mother whose father ran a saloon;

she, Marty, the lost child; her father, heavy, with "fat genes and no will power"; and her

somewhat younger brother, always in trouble. She had difficulty planning where to put

her second, much younger brother in the picture. After she painted the five simple

figures, each in a single color, she used the rest of the session to recall her youth, saying

"Funny how memories come back".

During the third session, not feeling up to exploring her nauseous feelings about

her father and her dislike of being hot and sweaty, Marty took my suggestion of

"mapping" the places where she had lived, starting with most recently and moving back

through the years. Her maps were sketched in pencil on a large sheet of gray bogus

paper. In a clockwise sequence around the paper, she completed sketches of the places of

her life after leaving home. She flipped the paper over and tried to sketch the floor plans

of barely remembered homes abroad: "I remember so little about others bedrooms; it was

a great house to play monsters in." She wondered if the space relationships in her

sketches were logical or symbolic. She sketched and told stories: the dream of a car

crash, the memory of a hurricane on the coast in '49, the ventures of a child walking

alone in a German city, and others. The drawing gave an order and a new perspective, a

concreteness that might useful, she suggested, but she felt that it was too soon to understand more.

She worked on a bust of her father in wet-set clay. During the latter half of the fourth session, she continued the pattern of talking about him as she worked. The most satisfactory time for her came when she decided to not keep the "inadequate" sculpture and smashed it flat, "You're a flat head, Dad!" In the fifth session, she explored in more detail the frequent dream of having something very hard and sticky expanding in her mouth that she attempts to remove without those around her seeing. Working with sepia Nupastels on several sheets of paper, she started with a blind contour drawing of her face and mouth. Zooming in on her mouth, she enlarged and extended the drawing to discover what might have been going on. She wondered about the meaning of the mouthful.

Much discussion about the meaning of her dreams and images started the sixth session. She chose a medium, collage, that she said she had found useful before. She completed a scene that expressed the feelings of danger she had sensed when she recently visited the coastal town to which she, her mother and brothers had returned three times during her youth. These return visits were associated with times when her father was off on jobs in places where they could not go. The artwork was the first cohesive, artistically considered work she had done in the study sessions to date. She expressed pleasure that the work achieved the desired symbolic meaning she wished to express within the "claustrophobic frame (her words)" of her trauma memory. She worked about thirty minutes, the longest of any session, and she conversed comparatively little during that time.

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The seventh session was mostly talk. She brought in some of the paper she had been making recently. She had become very involved in paper and book making and seemed glad to share her experience with someone who was interested in the process. As we looked at the work she had completed during her sessions, she talked about unexpected emotional reactions she recently experienced and wondered if the art therapy was stirring up these feelings. She decided to do some drawing around what she described as "crash" or "control" dreams she had had. After considering aquarelle crayons and pastels, she selected a brown pencil from the Bertol-brand colored pencil box and sketched four different crash dreams. As she reflected on the dreams and possible meaning, she decided that she was giving herself " no time to react." She felt she needed to give herself time to process, to center, to "slow down" and to be present for herself. She understood herself to be in a new transition period of her life.

Ending

The last session was three weeks later. She brought more examples of her newest creative activity, making paper. She found herself enjoying the paper making and other non-career activities so much that she was having difficulty getting back to her new career for which she had been in training these last several years. She wondered if she was mistaken or stalled in her process of developing a newer, preferred career. She wanted her work to be a positive force, not a duty. She felt she did not do change easily and she was in a transition.

After these thoughts were expressed, we talked about finishing our work together. We looked at and sorted her work. I helped her bind it into a book with extra pages and flexible binding for future additions or changes. We discussed her progress towards her

goal of exploring her relationship with her father. She felt that she could accept not knowing the origin of her nauseous feelings about her father. Maybe she would never know. She said she had enjoyed the opportunity to do some explorations with art in the studio with me.

Reflections of the Therapist

I expressed to Marty how I admired her ability to define and live her values. She was remarkably aware of her connections to others, her ability to be with others and to live her life reflecting her Christian values. She did some digging into unexplained feelings, discovered a bit and realized the rest did not need to be specified to allow her to move on. She is moving on.

Summary of Participant's Selection and Use of Art Mediums

Marty was confident and familiar with art making, not highly trained, but certainly most competent. She used drawing to illustrate her thoughts and perhaps line them up spatially in sessions #3, #5 and #7. With the collage, she trusted her "gut" response and quickly assembled a satisfying artwork in session #6. She spoke about how she liked working with clay, with three-dimensional materials, to give representation of her thoughts at a tactile level in sessions #1 and #4. She painted in a simple, metaphorical and illustrative manner in Session #2. The artwork was used as a way to illustrate or symbolize her memories. Only in the collage, did she seem to use the materials in a more expressive and metaphorical mode. She used mediated and unmediated mediums; both provided access to memories.

Summary of Mediums Used and Photographs of Artwork

#1: Marty selected (a) pencil on 12x18 white drawing paper (no photo), (b) pencil, oil pastel, Nupastels and colored chalk on 12x18 manila drawing paper, (c) Nupastels, tempera on 9x11 watercolor paper, and (d) pottery clay (no photo).

Figure 4.3.1 (b) and (c) Marty's Artwork
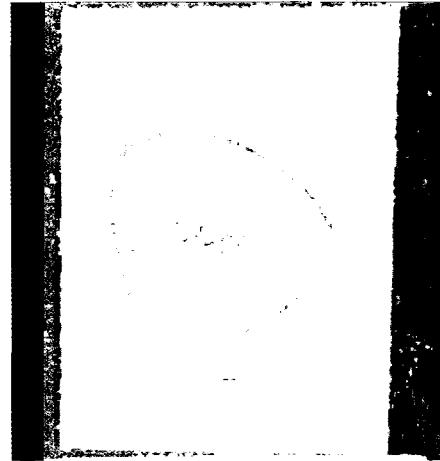
#2: Marty used tempera and acrylic paint on 12x18 white drawing paper (no photo).

#3. Using two sides, (a) (b-reverse side) Marty selected to use pencil on 12x18 white drawing paper.

Figure 4.3.3 (a) and (b) Marty's Artwork
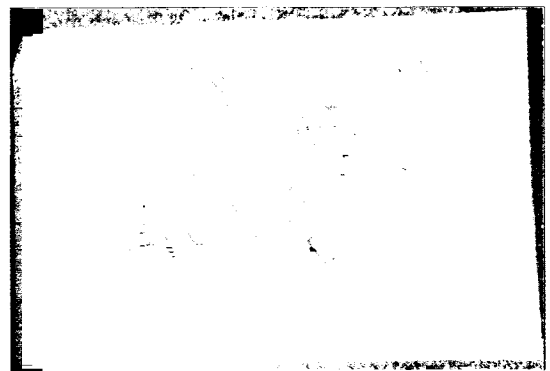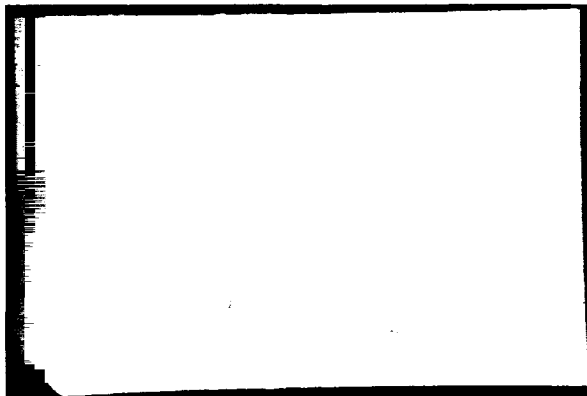
#4: She chose wet set clay and plastic modeling tools, as well as her hands.

Figure 4.3.4 Marty's Artwork
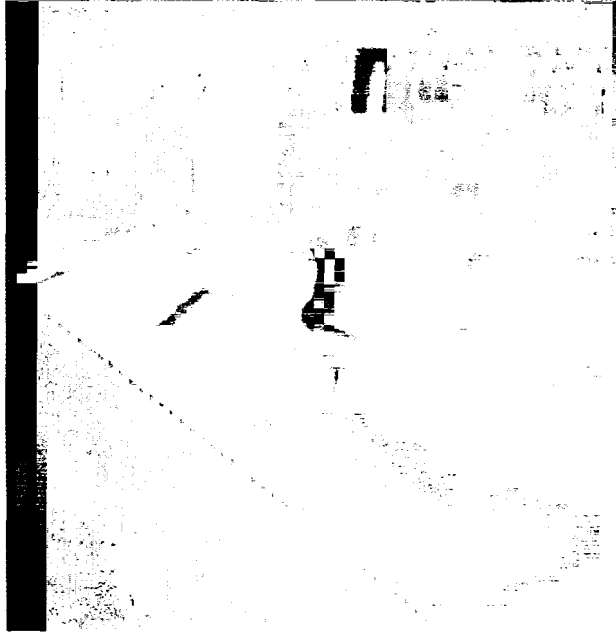
#5: Marty selected (a-d) brown Nupastels to use on 9x12 white drawing paper.

Figure 4.3.5 (a-d) Marty's Artwork
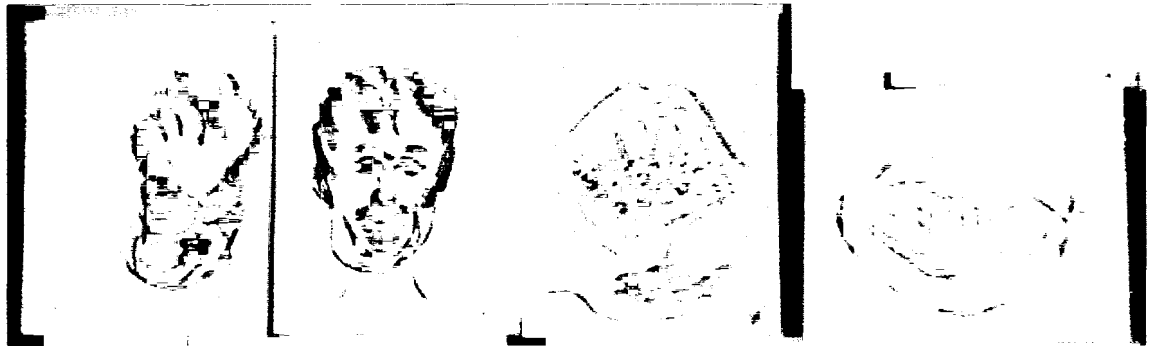
#6: Exploring multiple containers of materials, Marty decided to use cut paper on 18x24

white drawing paper with tools, including glue and scissors.

Figure 4.3.6 Marty's Artwork
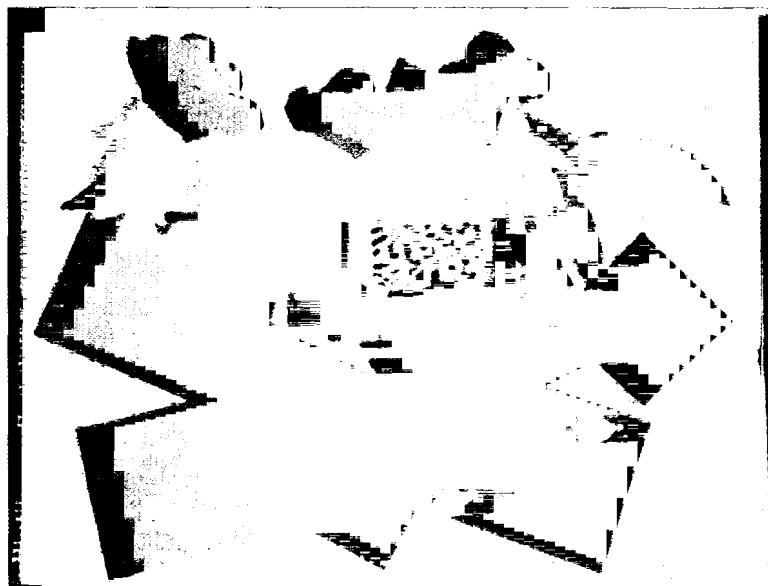
#7: This day, Marty used only pencil on 18x22 drawing paper.

Figure 4.3.7 Marty's Artwork

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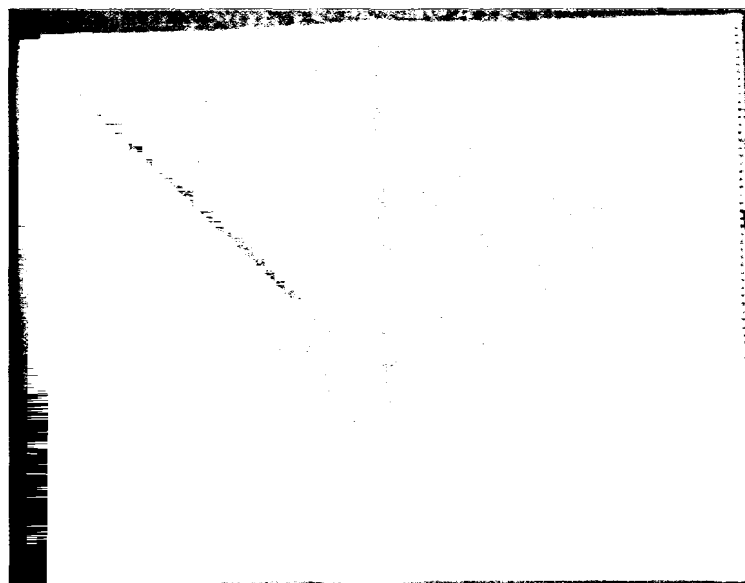
#8: Marty used the necessary materials to finish artwork book, including extra paper, cover paper, edge stiffeners, lacing, tools: paper punch, scissors, and ruler.

Figure 4.3.8 Marty's Artwork

Vicky

Introduction, Demographics and Client Goals

Enjoying the opportunity to explore her creativity and spirituality, free of the need to focus on her "kids" as she called her special education students, Vicky was seeking self-understanding. Why did thoughts of her recently deceased father anger her so? Why was she fighting depression? Was it related to her hysterectomy and miscarriages? Was it the distance of her mother and son across the ocean? Why did she continue with anxiety and moments of panic, digging herself out of one black hole only to fall into another? Her marriage to her second husband, younger than herself, was now going well. He was very supportive of her work and was enjoying his own career successes. She frequently talked with her son, child of her first marriage to a Lutheran minister in her country of origin and currently a law student. Her mother was living near her sister back home and they all were in touch frequently. She cherished her mother. She and her sister were glad their father was finally in the grave, or more accurately, had been cremated and "become dust." But, somehow, thoughts of her father disturbed her; she realized she needed to get her father to "go back to his grave."

Criteria for Inclusion in Research

Vicky learned of the research offer from a psychologist and two other friends who were participating: Chama and Marty. She was being treated for depression and wondered if some of her memories of her father might be related to it. She had the interest and available time to explore the question.

<u>Evidence of Abuse</u>

Vicky was bothered by intrusive thoughts about her father's inappropriate touching and hugging. His threatening, menacing and physical communications caused her to consider herself to have been sexually abused by him. Her efforts to find answers to her many questions were leading her to explore different paths, including course work with the leader of the Fellowship of Isis through a Bangor Iseum or "hearth of the Goddess", and personal therapy work as a participant in this study.

<u>Response to Art Materials and Art Making Process</u>

After the initial business of the first session, Vicky followed through on the pencil boundary exercise and tried out several other mediums in an emotionally powerful and metaphoric collage of her current thinking about things for which she grieved. It was a conflicted but artistically sensitive image, perhaps like several magazine collages she had done. Her son had responded to her work and words with the suggestion that it was time for her to "get over it all," a thought she valued but could not seem to achieve.

She brought to the second session two mandalas, one symbolizing the grief she felt for her lost libido caused by the antidepressant that was otherwise improving her life and another diagramming memories of times of trauma with her father. She found the mandala form helped her to contain her feelings. I wondered aloud if keeping feelings inside allowed them to become toxic, but when they were made visible in the strong round form of the mandala, they could be safely considered. We spent the session talking about her efforts to find her roots, to do her own thing and to escape the 'helper syndrome' she believed she exhibited. We talked about how the "heavenly Father choked" her with the harsh Christian tradition of her youth. She spoke of her father: an

orphan of WWI, a career military veteran of WWII, an Olympic quality biathlon athlete, a POW, inaccessible, unsupportive and harsh, who had harassed her in daily life. We explored possible solutions as she thought she wanted to work three-dimensionally. Her goal was to bury her father once and for all time.

At the third session, she brought in a coffin box she had found at a local cake-decorating store and a journal she had written about her father. She committed to attending all the eight sessions so she could fill the coffin, a task that she felt she would never dare to do at home.

Even though our next sessions were interrupted by several events - the fire at the building, my back surgery, her kidney polyp flare up, her trip home, she thought about her goal and the process moved on. Sometimes we only talked; other times she would work on the clay body as we talked about her life, her family, her new spiritual discoveries, cultural differences and similarities, educational issues, politics, and friends. Her curiosity and cognitive versatility was wonderful. I was concerned about the balance of the counseling relationship and my enjoyment of her, but realized that her training in special education and interest in art and creativity resonated in a positive, constructive manner for her, and me.

The clay was hard to work and needed moisture and wedging; she thought it fit the subject. "It is tough old stuff like him!" She wedged enough for the body and stored it in a closed container with water. We talked all of the fifth session and she took the clay home in the container to work on for the next session, as she felt time was short. The next session happened five weeks later.

She returned, anxious to get the body done. She had been thinking about the patterns and implications of her relationship with her father and how it affected her relationships with other older men. She worked the clay using just her hands and no tools as she talked about her visit home. Cleaning her hands of clay, she described details of her father's life and behavior that were newly conscious to her. She recalled his tendency to tell war stories all the time, but with his own 'spin'; his disappointment at her birth that she was not the son he wanted; and his three-month psychiatric hospitalization after the war.

Vicky described looking at old photos while visiting with her mother and sister, three of which she was going to copy and put inside the casket. She no longer felt so revengeful, but rather saddened when she looked at the old face of the clay form she was making, the aging, angry man who did not know how to relate to his daughters. She realized that he had acted in ways that reminded her of her adolescent males she 'parented' in special education. For example, they would punch and harass girls they liked, not knowing more appropriate ways to get their attention. She realized that her father took no responsibility for parenting his girls and seldom interacted with them. He did educate them, when the whole family went out in the forests to gather wood, about the creatures of the woods and wilderness that he so loved. The clay body was laid to dry in the casket.

During our seventh session, Vicky dressed the now dry form; was it stiff with rigor mortis, she wondered? She decided that the mirror she originally planned to put on the lid of the casket so he would have to look at himself was a mean idea and she removed it. Instead, the photos of those he loved, but never understood or knew how to

care for, were trimmed to fit besides the dressed clay body. She mused how she was now able to talk about her home and her youth with new friends. She realized that when she made the body, gender was not important. No sex organs were on the clay form! He was not a sexual being, but tried to control the women around him by making them fear him. She sat without talking. She had been thinking a lot about him. She cut and glued on shirt, pants, and suspenders, padded the casket bottom and laid the clay form in place. She laughed about how the suspenders were holding him together. The process, rich with metaphor, reminded me of how a family might prepare the body of a parent for burial.

Ending

Two weeks later, we met for the last time. She talked about her new understanding that his abuse, though in sexual form, was not really sexual. She realized it was about power and his struggle to gain power in his life. She had seen similar behavior in her students, but never made the connection before. Her first husband also sought to control her and prevent her from making her own choice. Vicky was glad her relationship with her mother, sister and son was not restricted by similar power struggles, but open, loving, and supportive as was her relationship with her husband now. She described her newest creative ventures and her success at finding her own space.

We assembled a book of her works, including photos of the casket and body. Vicky expressed appreciation for the time to work out how she could finally let her father, and herself, rest in peace. She left with the book and the casket under her arm. Her husband had agreed to go into the woods with her; she would tell him then the story of how and why she was in the woods to bury her father.

Reflections of the Therapist

As we looked at the three pieces of work in Vicky's folder that were to be bound into a book, the idea seemed forced. Still, the process was part of the protocol, so I proceeded to show her how the book was made. She seemed enthusiastic about having the work together and ready to leave the studio. I marveled how the book making seemed to finish our work together and send the client off in a contained, together state. My doubt about the usefulness of the book as part of the ending was once again erased.

Vicky was very adept at working and musing metaphorically. Throughout our time together, metaphor reigned. Dripping red paint represented the blood of surgery and menses; a tear shape also represented a vagina; clay took on Biblical meanings. A highly disciplined and experienced thinker and doer, she carried the work we started in the studio with her through the days. She had reason to be proud of herself for 'doing a very good piece of work.'

Summary of Participant's Selection and Use of Art Mediums

In her selection and use of materials, Vicky chose, based upon her goal of creating a symbolic body of her father that could be buried. The burial was to detoxify her memories of him and to let his memory "go back to the grave', that is, to let him rest without intruding negatively in her thoughts. Into the purchased cake-sized coffin, intended to hold a Halloween or 'Over the Hill' birthday cake, Vicky place a model of her father's body that she built of gray pottery clay, dried but not fired and ready to turn back to dust. A piece of a shirt he had worn became the shirt and the bedding for the body. Photos of his family were placed inside the casket and surrounded the body; wife, daughters and grandson still held him in memory, but no longer in fear.

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With great consideration and forethought, she worked metaphorically and in a manner that indicated she trusted her ability to find understanding in the visual symbolization of her concerns. The artistic and the metaphoric guided her choices and she watched for, and was open to, their revelations.

Summary of Mediums Used and Photographs of Artwork

#1: Vicky chose to use pencil, Nupastels, Craypas, aquarelle crayons, colored pencils, watercolors, and tempera paints on large 12x18 white drawing paper. Additional materials used included scissors to scratch and brushes to paint. She made one work.

Figure 4.4.1 Vicky's Artwork

#2: Vicky used colored pencils on 11"square watercolor paper for two works, done

before and outside the session.

Figure 4.4.2 Vicky's Artwork
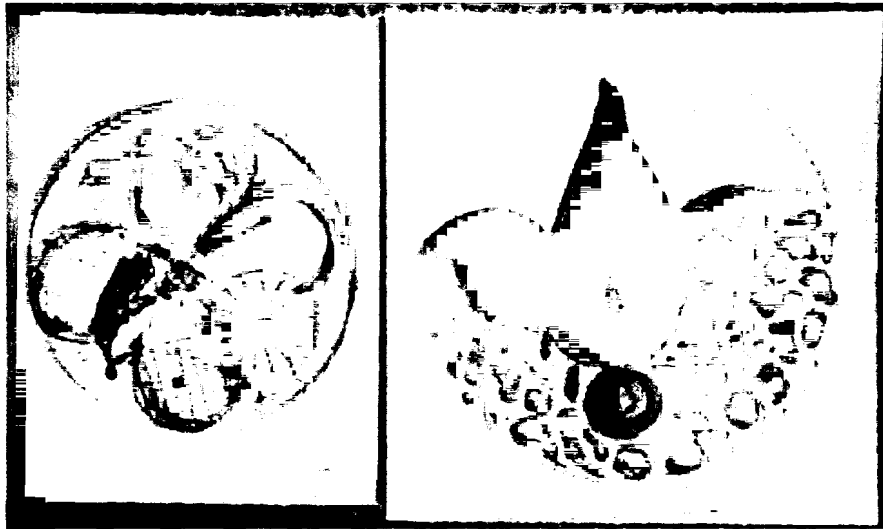
#3,4,5,6,7: Using pottery clay and found materials, including a cardboard casket, an old

shirt, felt, and computer-reproduced and -printed photographs, Vicky created one 3-D

work. Other materials used include scissors and glue.

Figure 4.4.5 Vicky's Artwork

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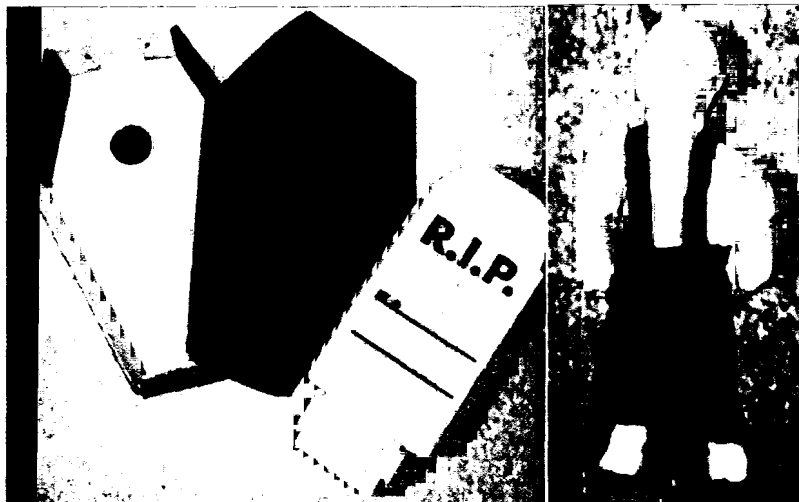
Figure 4.4.7 Vicky's Artwork
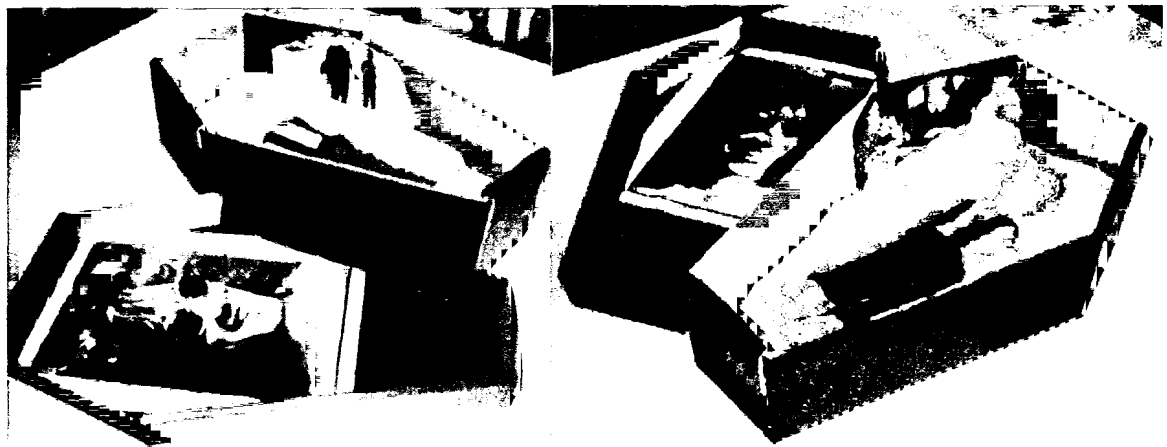
#8: For her 2-D artwork book, Vicky used matt board book covers, lacing, additional

paper, and Polaroid photos of casket and clay body to organize the work of the eight

sessions. A paper punch was also used. This work was done and taken home at the end

of the session.

Amy

<u>Introduction, Demographics and Client Goals</u>

Still living with her parents and just a few months beyond eighteen, Amy was the youngest participant in the research. She had experienced problems concentrating on schoolwork and functioning socially the previous year as she started "to remember."

She described her family as close. They spent summer vacations at their camp (THE camp) and used to take other vacations together. She described her parents as "party animals." Her mother worked outside the home, but liked best to spend time socializing, gardening and crafting. Mom has recently started seeing a counselor and going to Alanon meetings, a secret she kept from her husband, but not from Amy. Father, the major income earner for the family, was alcoholic. Career military, he frequently expressed frustration with his work, was otherwise uncommunicative at home and was moody and verbally unpleasant when drinking. Amy's older brother was the golden boy, who moved to a nearby town to work after graduating from high school. He had a one-year-old son and was in the process of separating from his girlfriend, his son's mother.

Amy felt that she always had to be the cheerful and responsible child, the good girl. She did most of the cooking, and, after having a difficult time at school last year, was looking forward to starting a program in culinary arts in the fall. Her grandmother had taught her much of what she knew about cooking, including how to make Amy's now famous whoopee pies.

Despite the problem Amy was having being around her brother, her mother kept talking about how to " keep her little family altogether." In addition, the family was

concerned about the care environment of his one-year-old son and wanted to share in his care. The family tried to "look good from the outside" and "pull together" despite problems. Amy felt she was constantly trying to keep things in balance, "like walking on eggshells."

Amy's stated goal for our time together was to "get back on track," to return to her previous levels of academic and social performance in school and to come to terms with her memories. Individualization and independence from the family were unstated goals.

Criteria for Inclusion in Research

Referred by her school counselor and the art teacher, who befriended her because she was "such a neat kid", Amy was also currently seeing another counselor outside the school. None of them believed her participation in this study would be problematic. She expressed determination to take advantage of any possibility. The memories of sexual abuse by her brother when she was about nine years old had been disrupting her life with her family and at school. She liked "doing art stuff" and hoped the eight sessions of art therapy could be useful.

Evidence of Abuse

The collapse of Amy's ability to study, to complete school work, to maintain peer relations and to tolerate the company of her brother was considered by Amy and her counselors to be the result of awakened memories of abuse by her brother. As we worked, she also remembered abuse by a cousin with her brother. The effects of alcoholism on the family were a contributing factor. If there was a precipitating event for the memories, she did not disclose it to me.

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Response to Art Materials and Art Making Process

Amy was enthusiastic and willing to try any of the mediums available in the studio. She told about how she had painted the floor and walls of her bedroom, her refuge and safe place, in wild and funky colors with unicorns and other decorations. Later she would bring in the photos of her room to show me. She particularly loved blue and used blue paper several times.

With rich, quick use of Craypas, Amy illustrated the family camp where, she later explained, her brother had engaged her in unwanted sexual play when she was about eight or nine. There, too, her brother and cousin abused her. With my question about places in which she now feels safe, she switched to a diagram in watercolors of her room at home. As she worked, she talked about her past year, the remembering, and the decline in her abilities at school. She put her second work aside and considered what next to do.

Selecting an 18x24 sheet of light blue and watercolors, she proceeded to outline large "dream clouds" of incidental objects, cloud-like shapes of an elephant, a car, and an apple. She chattered on about her life now at home, her brother, his failed relationship and his son, things she did with her mother, things she did for her father and her current antidepressant medication. She spoke of a bad dream she had recently had about her mother dying, a dream that woke her crying, a most unusual happening for her.

The first session ended after she returned to her room painting and filled in the furniture. She signed all the works as I suggested, but in a large, childish hand and put them into the folder she had chosen. She selected more paper to take home for recording thoughts and dreams.

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Amy arrived for session #2 with her arm in a sling; she said she was at a party and had fallen on it. She waited until the next day to go to the ER. By then, the swelling was such that she had to wait a few more days before it could be set. Not in physical and mental pain "because of all the drugs", she wanted to make a mask similar to ones on the studio wall to hang in her room. With only one functioning hand, she needed lots of help from me. We worked closely to prepare the pottery clay mold, to cover it with papier maché and to build three horns. She worked extensively on the mouth and enjoyed pushing around the clay. "I like the feel of this". She thought it was looking like a frog face.

As she worked, she talked. She wondered about the implications of her breaking her arm. Earlier that week, her mother had talked about having a chance to take care of "her baby." Her parents were being very good about helping her with all the every day activities she could no longer do by herself. She felt they were taking very good care of her.

Amy was trying to learn not to apologize all the time for things, which she could not control. She realized that "saying sorry" and always "fixing things" by helping people in various relationships sort out their problems, had been her way of finding acceptance in the family. However, it was fast losing its usefulness to her and the family these days. Sharing these and other such thoughts, she worked at a steady pace and finished the first step of making the mask.

Between the second and third sessions, she spent two days in hospital to have a plate surgically grafted into her shattered arm to enable it to heal. Her school counselor called me and expressed concern that Amy's injury might have happened at home.

Despite Amy's ability to put forth a cheerful face covering all types of pain, it continued to appear to me that her version of her accident was accurate and it did not happen at home.

Continuing to use my hands to make up for her low functioning left arm and nerve-damaged hand, Amy trimmed her mask and started to mix and apply a first coat of paint. Painting with evident pleasure, she worked with "turquoise blue or whatever you have." As she glued squares of tissue to the mask, with "happy colors coming out of the mouth," she mused about how much one can learn to do one-handed and about how her father had been getting some meals and being more involved with her at home.

Amy finished the papier maché mask at the beginning of the fourth session. She talked about projects at home for her nephew; she described her making lunch for her mom who had brought her to the studio that day and was sitting in the car waiting for her. She remarked about her choices of "happy colors" for the mask and then she commented how her dyslexia might be the cause of her indecision about how to design the hair of the mask. Finally complete, the finished mask hung on the wall. I asked what she would call it. "It looks kind of mad. GRrrrr. Its angry and confused...like the inside is angry and the outside happy." she said, in a sudden change of interpretation about her mask. She thought that the insides seemed to be spilling out through the mouth. Was this new understanding paralleling her growing ability to express her anger, I wondered?

She then requested me to instruct her in blind contour drawing of her face in a mirror and she began a series of self-portraits or studies. As she worked, she talked about life at home, her physical therapy, getting ready for school, as well as her ongoing thinking about herself, her history and her parents. They all were being more supportive

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and open with one another and she was working at defining herself as a separate individual member of the family. She was accepting the idea that she needed to help herself and she did not need to feel it was her job to save the others from what they did. She forgot to put the eyes in her first drawings, but quickly added them when I pointed out the omission.

As she painted heavy tempera on the dried clay mask forms that served as molds for the papier maché during at session #5, she talked about how her brother "doesn't know I don't want to be alone with him" and how "I need something, some way..." to tell him. Reassured that she would find the words she needed when she was ready, she continued to paint as if the symbolic implications helped her to sort out her issues and to form new blends of the colors of her life. She painted no eyes on the form.

Amy proceeded to work on a second self-portrait, this time using charcoal and Nupastels for the first time. She kept the colors separate and added a background, replicating the studio wall in front of her. Her observations of her face and the wall were increasingly realistic and accurate representations of what was in front of her. She quickly learned how to mix flesh tones with the pastels. The session ended with both of us efficiently picking up the studio "mess" together.

Amy arrived for session #6, hair done up, sling off her arm that was immobilized in an air-cast, and now ready to do another self portrait, this time on the extra large white paper. As she worked, she talked excitedly about shopping for school clothes and other activities related to her senior year. She also described a dream about having difficulty finding her room at school.

After I gave her a brief explanation of typical face proportions, she worked a while and then commented that she was "starting differently this time." That comment was one more example of how she was able to notice symbolically and literally her process and how it was changing. "Something very good is coming out of this; I know I can't be around him (her brother) until I can trust him, until he 'changes his colors'." All the time sketching her image in the mirror, she talked on about wanting to do well this year, and needing to find out what she wants in life. As she drew, she discovered her ears, not seen in the previous portraits and she was amazed at how interesting the body was. "My body takes such good care of me." She also felt fortunate that her family was talking more to one another and working out their own system of "proper proportions".

Responding to my question about whether or not anyone else had behaved inappropriately with her, she surprised herself by remembering an incident long ago with a cousin. "I don't think he remembers; I will have to deal with that some day; yes, later." She decided to add color to her portrait and asked how to mix flesh tone; her first try at it was successful and she was pleased. Her self-confidence seemed to grow in front of me.

The next session began with her describing how she had told her brother and family that she needed to know ahead of when he was coming home, so she could plan to be elsewhere. She said she had had some down moments about it all, but it felt good to have defined her boundaries. Mom was supportive and Dad was silent.

She filled me in on her progress in her physical therapy and on events at home with her family. She talked about her father's drinking problems and the impact on the family, especially on her mother and then she wondered what to do with the Nupastels and large blue paper she had selected. Willing to just play, she created a space alien

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scene complete with space ship, landscape and clouds. She used it to tell a story about the alien mother in the ship calling her son, who she named a "silly, strange name, Zourg." When she finished with a "ta da!" I put the picture up and we talked about it and our upcoming last session. I also suggested she might make a picture next time for her brother that showed some of her feelings. She decided she might do so, using pastels because she had better control of them than she did of paint. She had worked more than talked during this session.

Ending

Session #8 started with her both sarcastic and playful description of a big fight she had had with her parents about her brother and the speeding ticket she received for driving off much too fast after the fight. It scared her when she realized how dumb her response had been. All the work on the family's and her issues was tiring to her, but her resolve to define herself was strong and she was looking forward to time at school to mitigate the situation. Working strongly with the Nupastels, she drew the picture of her feelings for her brother; " I'm making a mess; I am going crazy with colors, blending all around. All these yucky feeling! It feels good to get all that out, damn it!" She realized that these feelings would recycle frequently and she was determined to learn how to tell family and friends that she needed "space." "I've got to get on beyond the blue (using blue)."

We looked at and assembled all her two-dimensional work into a book, bagged her mask and clay form, and cleaned up. She left, seeming positive, determined and bouncy.

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Reflections of the Therapist

I reflected on the most significant aspects of our sessions together. After the first session, the story of her broken left arm, all the family adjustment to her incapacity, and the needed medical attention colored the remaining times. As the family was quite enmeshed and dependent upon Amy's feeding them all, literally and metaphorically, with good food and good cheer, her sudden disability provided her parents with an opportunity for some long neglected parenting. She had to accept both mother and father helping her with daily activities. The focus on her needs provided welcomed attention, which Amy said, was warming but difficult to accept. By the end of the summer and our sessions, she had regained most of her independence, but new channels of understanding had opened between family members. She found the courage to define and explain her need for boundaries and personal space from the rest of the family. She actually seemed to grow closer to her mother at the same time. However, she was glad to return to school and reduce the focus on her own and the family issues.

Summary of Participant's Selection and Use of Art Mediums

Amy was enthusiastic about trying any and all mediums. She tended towards the Nupastels and the paints, perhaps because they suited her exuberance better than mediums requiring more control, such as colored pencil or pen and ink. They were also of more interest to her than the familiar crayons and markers, so ubiquitous in our schools.

Two ways of using mediums, especially the Nupastels and charcoal, became apparent as Amy worked. First, the motor activity of making art seemed to allow her to structure her thinking, especially about herself. Her understanding of how she and others

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saw her seemed to grow as she repeatedly worked on self-portraits. Second, the smudging and blending of the Nupastels and charcoal, as well as the pushing and painting of the clay, seemed to sooth her and stabilize her thinking, even in the last session. "I am making a mess! It feels good to get it out." She frequently expressed pleasure as she worked.

The possessiveness towards and satisfaction with the artwork, once assembled and ready to take home, was evident as Amy left with it carefully stowed for the drive home.

Summary of Mediums Used and Photographs of Artwork

#1:Amy first drew the camp with (a) pencil and oil pastels on 9x12 dark blue paper. The second artwork was done with (b) pencil, aquarelle crayon and watercolor on 11x11 watercolor paper. The third with (c) watercolors on 18x24 light blue sugar paper.

Figure 4.5.1 (a-c) Amy's Artwork
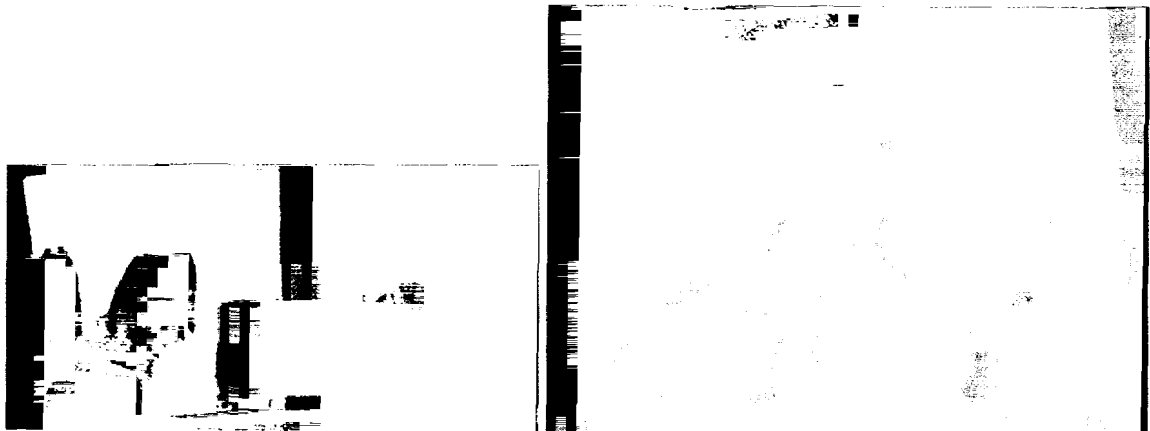
#2, 3, 4 Amy chose to make her mask with (a) a pottery clay armature with papier maché

newspaper that was later painted with tempera paints and decorated with tissue paper,

yarn. She used tool, including plastic wrap, scissors, and glue. She selected (b) pencil on

12x18 white drawing paper for her second work of the fourth session.

Figure 4.5.2, 3, 4(a) and 4(b) Amy's Mask and Drawing
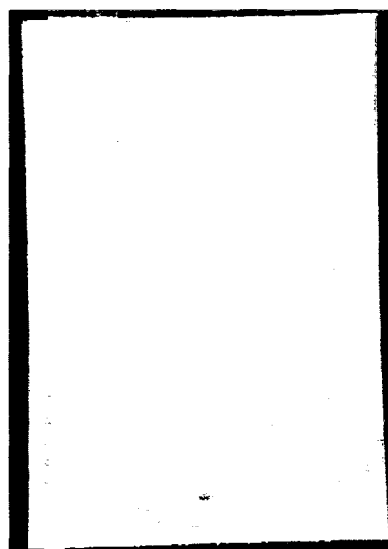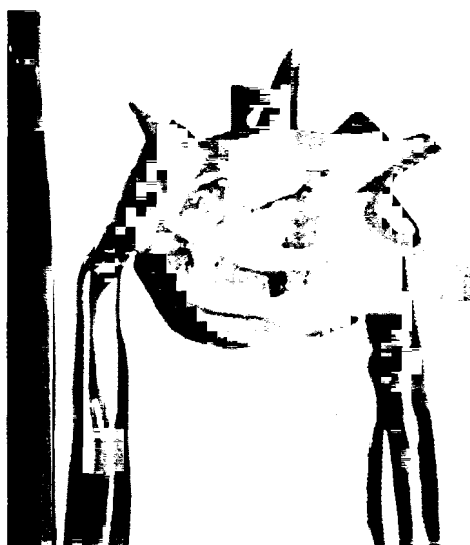
#5 Amy chose (a) tempera paint on pottery clay for her first artwork of the session (no

photo), and (b) charcoal and Nupastels on 12x18 white drawing paper for the second.

Figure 4.5.5 (b) Amy's Artwork
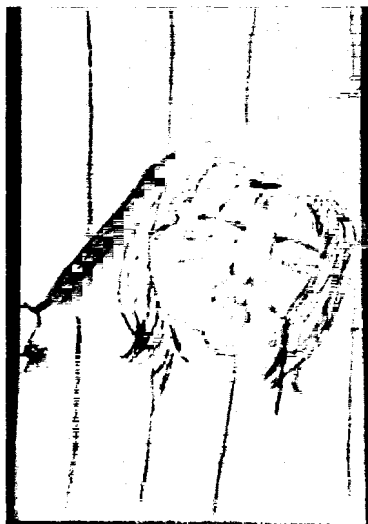
#6: Amy used pencil and colored chalks on 18x24 white drawing paper and tools such as

a mirror.

Figure 4.5.6 Amy's Artwork

#7: She used Nupastels and colored chalk on 18x24 blue sugar or construction paper.

Figure 4.5.7 Amy's Artwork
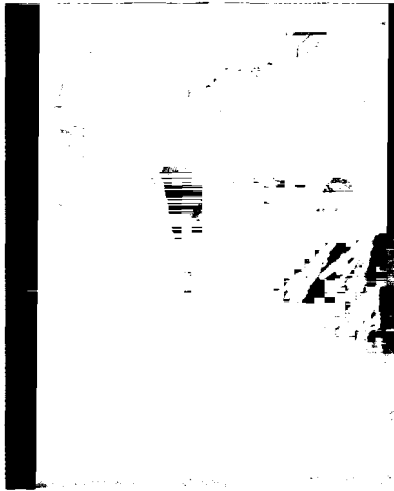
#8: Amy again chose (a) Nupastels and colored chalk on 12x18 white drawing paper and added charcoal to represent her trauma.

Figure 4.5.8 Amy's Artwork
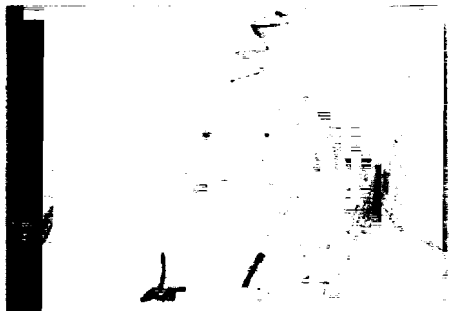
She used (b) edge stiffener, lacing, extra paper to assemble artwork book, plus tools including paper punch, scissors, and ruler.

Nina

Introduction, Demographics and Client Goals

Referred by her counselor at a local agency, Nina was a fifty-five year old,

willowy, energetic woman of Scottish heritage. A skilled educator of many years

experience, she grew up in rural inland Maine in a traditional small town community with

a large extended family. When she was finally old enough to attend the University, she

escaped a childhood filled with long term ritual and domestic abuse and terrorizing

threats by her parents and extended family. She became a teacher and then focused on

married life and motherhood. She was now trying to stabilize her memories and her life.

Criteria for Inclusion in Research

Her appreciation for art making and her efforts to find images to understand her

history suggested to her counselor that art therapy might be useful for her. She

apparently had been doing some drawing in their sessions.

When her father died fifteen years ago, the suppressed and avoided memories of

her trauma began to surface. Flashbacks of children screaming occurred when her own

children cried; recurrent moments of dissociation scared her and then, major depression

made her fear for her life. These were some of the persisting symptoms. She and her

husband divorced a few years after her father's death. As she began to explore her past,

her mother became increasingly remote to her. When her mother died four years ago,

Nina's symptoms began significantly disrupting her life.

She sought counseling help and converted to Catholicism. She was a recovering

alcoholic and struggled with bulimia and anxiety. She had been recently hospitalized for

major depression. Her now adult children were generally supportive of her as she

contended with erupting and ongoing mental health problems associated with severe chronic abuse. Another diagnosis she said she has been given was that of Complex PTSD, a descriptor Herman (1992) defined as typically appropriate for survivors of early and chronic abuse. She later reported symptoms of dissociation.

Several other family members, including sisters and cousins, were showing symptoms of early maltreatment, but she had not yet found more than one who was willing to talk openly about their experiences. She had become closer to her siblings recently and they had been supportive of her, but they seemed be in denial of the origin of their own health issues, including active alcoholism. She had some outside validation of her experiences by other community members.

Evidence of Abuse

She carried physical scars on her face, which were not readily apparent until she pointed them out; they only began to suggest the psychological ones. Fortunately, she professed strong faith that her life was in the hands of God, Who must have had reasons for keeping her going. Her work with students gave her reasons to live day to day, so she was not yet considering retirement or disability leave.

Response to Art Materials and Art Making Process

From the beginning boundary exercise in pencil, she developed a work of spirals and faces to illustrate symbolically her many faces or inner children and the symbols of the ritualistic hypnotizing and sonic mind controls she remembered being used on her and others in the many sessions of ritual abuse she said she endured. She switched to Nupastels to "try something else, although I am not artistic." Then, she tried the aquarelle crayons, and using water to blend them, she said of the yellow of the

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background, her favorite color, and the other colors chosen, "it doesn't look as if I'm depressed." As we put her work into her yellow folder and cleaned up, she talked about meeting people with helpful ideas, such as a man who gave her a meditation tape dealing with PTSD, and with healing the wounds a child did not deserve to have.

Nina's high energy level and working style became apparent in the second session. She completed five charcoal drawings of schematic representations of people, places and events around her memories of abuse. Color was not usually introduced into all of her charcoal drawings, except when I suggested a reworking of the memory. As she worked, she explained the drawings, telling about the altars, the snakes, and the robed and hooded uncles. She explained the figures representing her Scottish grandfather and father; she spoke of the cult nicknames that were used. There were sacrifices of blood and systematic terrorization of her to keep her silent. She remembered events when she was four, six, eight, nine, eleven, even through college, which involved incest and alcohol. She noted that the men involved, were, ironically, "pillars of society": businessmen and professionals: even the family doctor colluded. She spoke of her betrayed by all in authority, except for a few good teachers and a long-suffering grandmother. Even her mother, with her pseudo-Egyptian name "Shebag", participated in some of the rituals; all the participants had ritual names. The fourth drawing was about her saving her sister from drowning in the lake at the summer campground. Afterwards, her father killed her dog in front of her and her grandmother accused her of killing her new baby brother who was born with severe birth defects. The stories of other horrific happenings: rape by her uncle and father, wild parties in the cellar bomb shelter, drug use, and her mother's failure to protect her children, continued as she drew a floor

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plan of her ranch-style childhood home.

We ended the session with talk about how she believed she had remembered the worst and that the worst was behind her, and about how she tried to protect her own three children from the family and from similar experiences. She said that they seemed to be adequately well-adjusted adults now and supported her in her times of illness. She was proud of how she had broken the cycle and continued, too, as a successfully recovering alcoholic. She was aware of the hyper-vigilant behaviors she used and worked at keeping them adequately bounded.

Feeling she was working too hard and too quickly to safely process the trauma, I encouraged her to spend some relaxation time playing with watercolors, wet on wet. She loved the way the colors moved and explained that she was trying to "let go of lots of frustration and to create something positive." Talking occasionally as she worked, she mused about how her siblings continued to put their "parents on a pedestal". "What can you see, Fran?" she asked. We put up the work and she began her own description of what the colors and shapes meant. Finding different ideas and objects in the works, she felt she was growing in self-acceptance these days. As she developed the more realistic parts of the third painting, she said the paint felt different and the sponges gave a different effect. She ended talking about her desire to write a book about her experiences, but currently she wanted to have fun.

Nina started session #4 with chalk on black drawing paper about new memories of the rituals brought up on this seventeenth anniversary of her father's death. She realized that her grandmother, while sympathetic and loving of her, had failed to protect her. Sounds of infants crying would evoke painful memories and she wondered what else

had happened, who else had been injured or killed on the altar.

She went on to a quick drawing of heavy shapes in charcoal on manila; "I have no idea what this means. Is it my insides in parts with walls and amnesic blocks between them? Maybe I am running a lot now to avoid the work to integrate them." I suggested she try redrawing the picture on another sheet with colors she liked, resulting in the third drawing, which pleased her. For the fourth artwork that day, she chose white paper and colored chalk to draw "symbols of the treasures in my past." She worked hard to find and strengthen the positives in her life. I wondered if the dusty, gritty feel of chalk and charcoal grounded her or reminded her of her experiences in the dusty or gritty dirt cellar.

The fifth session was a bit irregular in that Nina had asked earlier about bringing another member of her survivors' group with her to meet me with the possibility of participating in the research. I had talked with my supervisor and had decided she and the study might benefit from one two-person session, so Loma came with her and settled right into the process. (She did become a participant, but dropped out after her partner suddenly died of a heart attack.) Nina started with watercolors, but changed to charcoal, as she later explained, to express the anger that was driving her to actually physically run and run, probably to excess. She would run until her mood changed; but her body ached as a result of the pounding. Loma commented that it was preferable to cutting as a form of self-mutilation.

Following Loma's use, Nina next used finger paints, a first time for her. She was startled to see the yellow blob become a bearded or frothy-mouthed face. What was it? Was it a ritual sacrifice staged with such faces or was it her image of a sacrifice? The next drawing represented a ritual using four children, three girls and a boy, cousins,

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snakes, spirals of hypnosis to inject fear and memory loss, alcohol, and even flowers. She tried to focus on flowers, to balance the light and the dark, Good and Evil. Were the zigzags representative of jagged lines of energy, a railroad, a trestle, and stairs? She did not know. What was symbol, distorted memory or accurate images? The fifth and final work of the day was an attempt to digest, in the yellow of her "comfort color", the terror of the fourth work in which she had incorporated the foaming face that she had finger painted earlier. She ended, with her usual, profuse thanks. She expressed concern that she did not have many more times to come.

The sixth session started with talk about her work at school. Soon she was talking about all her stressors: her bills from the hospitalizations, the remnants of her failed marriage (he raped her, etc.) and divorce (he left her for a male partner), her escape from her childhood family, and most recently, her apparent abandonment by the counselor she had worked so intensely with for so long.

She decided she wanted to paint big and then bigger with watercolor. The talk flowed with the brush. She said green paint showed the need to feel grateful; she added black paint because the work was too colorful. Long red-orange strokes of anger and rage cut through the other colors. Switching to charcoal for three more agitated works of symbols and words, Nina drew about "love all mixed up with violence" and about how she felt the core, the black hole, the escape inside to Jesus, and the hell she was still living. With some centering exercises and distancing, we looked at her work for the day and cleaned up.

In anticipation of the coming last session, Nina began to title her accumulated

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work. "It is difficult to look at this stuff", she said. As she mentioned the pleasure of painting out her feelings, I suggested we experiment with making paste paper, designing layers and patterns of paint. As she finished two pieces, she commented. The black on purple evoked feelings of "getting over" the loss of her counselor and thoughts about every man having left her. "This isn't very pretty," and "it looks like my insides feel, like jagged glass." The second work of red and blue paste-paint she brushed and smoothed, drew and erased and made "a mess" unlike she was allowed to do as a kid. She said the painting reminded her of the sessions of eye movement desensitization response (EMDR) she has tried. She decided to leave the artwork just the way it was. "I should get an award, a combat medal. They got away with murder." Looking around the studio to ground herself, she repeated that she sure made a mess; she cleaned up and left.

Ending

The session began with talk about school and students she had been able to help, using the energy, but not the details, of her own experiences. She talked about the letter she had written to her absent counselor expressing how she felt about her loss of contact; she was still considering mailing it. We talked about her current support system and how she was going to carry on. She said she was establishing weekly contact with her siblings, which was helpful, despite their current denials of problems.

In an effort to help her anchor memories and to strengthen the considerable intellectual powers she used regularly to cope with her experiences, we started a time line of her life to age 100 to work on in her available counseling situations. Together we bound her work into a book and looked briefly through it; it was a very thick one for only eight sessions and she commented that it felt good to have all the parts together. She

assured me that I would be hearing from her. She dashed off, tightly clutching her book.

Reflections of the Therapist

I found it difficult to sit quietly as she worked and talked; I was picking up much of her nervous energy and edginess and matching her pace. Eight sessions seemed hardly a beginning - or even a significant bit - with Nina; perhaps that is the way with people with complex PTSD/ severe childhood abuse. My clinical supervisor suggested that much satanic abuse was illusionary. Documented events or not, the trauma was real; I decided that Nina did not need me to doubt her, no matter the utter accuracy of the details. Rather, we could use her scenes to build new, preferred ones.

Summary of Participant's Selection and Use of Art Mediums

Some of Nina's work style seemed at times like compulsive repetitions, but at other times, it seemed as if her rapid drawing was bringing out new details. The restructured drawing in color seemed to calm her down a bit and she used the watercolors as almost direct visualizations of her feeling. Considering she taught advanced level classes and had a family who valued art to the point that some members were professionals, her rough, stylized figures seemed to serve her well. She never disparaged them. She even thought they might be useful illustrations for the book she wanted to write.

Nina clearly preferred charcoal and the color mediums of chalk and pastels that have a similar feel for her visualizations. With those and the watercolors, she expressed no need or interest in trying other available mediums. It was as if she knew her strengths and needs were adequately represented with the mediums she used.

Summary of Mediums Used and Photographs of Artwork

#1: Nina used pencil on 11x11 watercolor paper.

Figure 4.6.1 "Children of the Core; Me"

#2: Nina used (a-e) vine charcoal on 11x11 watercolor paper.

Figure 4.5.2 (a) The Grand Gladiators of Evil; the Epitome of Suffering 1945-1966, (b)

The Serpents' Heyday, (c) A Solitary Victim, 1950, (d) "Trauma-1948, (e) The House of

Horror.
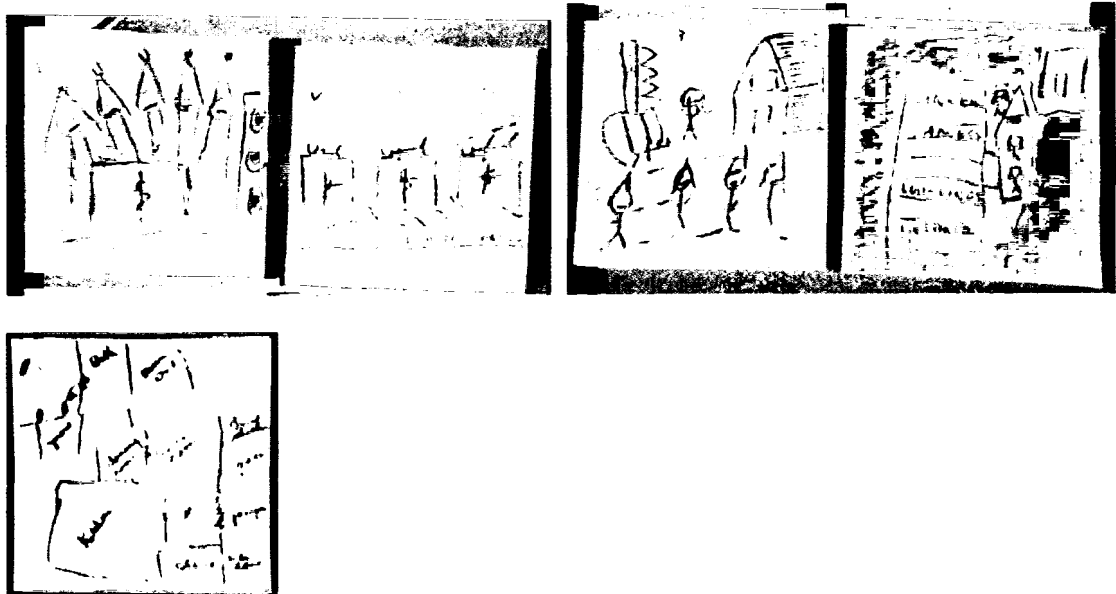
#3: She used (a-b) watercolors on 11x11 watercolor paper for her first two artworks, and

(c) tempera on 11x11 watercolor.

Figure 4.5.3 (a) Hope, (b) Mellow Yellow, (c) Kaleidoscope.

#4: On four drawings (a -black, b - manila, c - white, & d - gray), Nina used colored

chalks or charcoal on 12x18 drawing paper. In the order completed, counterclockwise

from the bottom left:

Figure 4.5.4 (a) Hidden Secrets, Dark Places, (b) The Darker Selves, (c) The

Kaleidoscope with poem, (d) Treasures in the Darkness of My Past
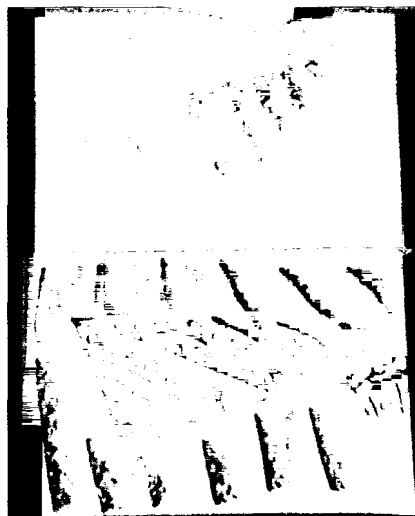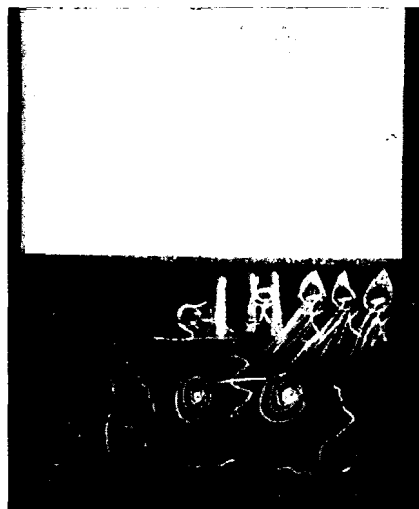
The poem read: "I am ready to hear your stories. You will not lose yourself in the process. We are in this together."

#5:She used (a) watercolors and charcoal on 12x18 white paper for the first work: "Evil Still Prevails". Following L's lead, she tried (b) finger paint on 11x11 watercolor: "Satan Personified." She used (c) charcoal on 12x18 white: "Evil Patriarchs," (d) charcoal and colored chalks on 12x18 white: "Hope for Healing," and (e) charcoal on 12x18 white drawing paper: "The Razor's Edge."

Figure 4.5.5 (a) Evil Still Prevails, (b) Satan Personified, (c) Evil Patriarchs, (d) Hope for Healing, and (e) The Razor's Edge

#6: Nina selected to use (a) watercolors on 12x18 white: (a) "Black Evil and Red Anger," (b) watercolors on 18x244 white: "Fury Unleashed," and (c) "Tortured Victim," d) "Visitation by Satan," (e) "Dissociation Personified." charcoal on 12x18 white drawing paper.

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Figure 4.5.6 (a) Black Evil and Red Anger, (b) Fury Unleashed, (c) Tortured Victim, (d)

Visitation by Satan, and (e) Dissociation Personified.

#7: She tried (a) "Tortured Soul," (b) "Just Purple" in tempera paint with paste on 11x11

watercolor paper.

Figure 4.5.7 (a) Tortured Soul, (b) Just Purple

#8: Nina used edge binder, lacing, and extra paper to finish artwork book; for tools, she

used scissors, hole puncher, and ruler and markers to title each work.

Cory

Introduction, Demographics and Client Goals

Cory, a forty-three year old, Euro-American female, grew up in coastal Maine, but lived her young adulthood out of state and has now returned. She was married twice, first at age 18 for thirteen years to a man approved of by her whole family and second, only for a few years, to another. She had one child who lives away, but was in touch frequently. She had her mother, sister and other extended family nearby, with whom she frequently visited, but felt disconnected from their lives. She was currently single and wishing that she had a loving, caring, entertaining soul mate with her. She was involved in several church and social groups, although she said that she had few very close friends and that she saw herself as being on the edges of any group.

Having achieved an undergraduate degree and professional career qualifications, she was currently self-supporting. She was very concerned about being able to give her clients the loving, understanding support they need and deserve, without her personal issues interfering in the helper-client relationship. She participated in continuing education and personal growth events and conferences regularly.

Criteria for Inclusion in Research

Referred by her current counselor to the research, she fit the study's criteria because of multiple traumatic experiences with peer males. Some of these became known when she entered therapy four years ago; others were known to her long before. The most traumatic event and precipitating situation were caused by a subordinate at her work place. This man, with previous criminal convictions, started stalking her at work

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and at home. The intensity of the relationship escalated to a point at which he terrorized Cory at home with an assault at knifepoint. She reported the event to authorities and he was found, breaking and entering a nearby store, convicted and jailed. He was released after serving time, but as the event happened in a distant location to her current home, she did not think a re-encounter was likely. However, she found herself feeling agitated and unsettled when she was alone at home, especially in early daylight. She felt more comfortable at home at those times when she was providing foster care for children and adolescents in need.

Evidence of Abuse

Her persistent symptoms included depression and anxiety, for which she has sought treatment. The most recent relapse occurred four years ago and resulted in a job loss. While antidepressants have helped, she said that she would rather avoid future use because of undesirable side effects. She has continued in counseling. Recently her headaches returned and she felt her gut held her awareness of fear. The anxious headaches had ended by the end of our time together but she was surprised by the uncomfortable feelings aroused during the eight sessions. She understood the potential that, within the concept of eight brief therapy sessions, uncomfortable feelings and insights might arise, but she still requested more finishing time to help resolve some of the aroused affect and to feel less deserted. I decided that a ninth talk session, not videotaped, might be useful; we were able to schedule it about three weeks after her eighth session. By then, she said that she was feeling much better, less anxious and cheerier and she said that she no longer felt as if she had been left dangling. I was reassured that our ending was therefore adequate.

<u>Response to Art Materials and Art Making Process</u>

In the first session, she eagerly tried several materials and then decided that the black center reminded her of the anxiety and fear she felt in the pit of her stomach. Between the first and second session, she painted two scenes and brought them in to discuss. We talked and looked for the whole time of the second session. One scene represented a recent significant relationship now ended. The other, painted on a round wood disk, was a sketch of a local lighthouse recently visited combined with faces of friends designed into a memorial for their son who had died of AIDS recently. The memorial was given away shortly after the session.

Only three artworks were actually made during the sessions. The rest Cory painted at home and brought in to discuss and occasionally to add some small element. At the third session, she requested to view the tapes of the first two sessions, because she was concerned that she was not being usefully consistent for my research. I reassured her that the tapes would be useful for what I needed, consistent or not and let her take them home to view and return the next session. I wondered what affect her taking them home would have on our work. Like viewing one's own artwork, I hoped that her viewing the tapes would reinforce the work. She continued to be involved in the rest of the sessions, two of which were incompletely taped.

Cory said she was comfortable using a variety of art materials. She grew up entertaining herself with art making. She used art materials with her foster children. She reported that she spent much time as an adolescent designing and coordinating clothing for herself and others. She still loves to find lovely, interesting outfits to wear. She says

she is very patient about finding pieces of ensembles that fit together well, often dramatically, even when the time may stretch to four or more years.

In the studio, she chose pencil, aquarelle colored pencils, and aquarelle crayons for the majority of her work. She carefully selected paper, changing until one choice seemed to be the best fit. She used tempera/school-grade acrylics for her second piece on one of the wooden disks she had rescued from fruit packaging. The artworks she did at home and brought in to our sessions were done in acrylics on the wood disks, excepting one, Soul Mates, done on paper with colored pencil. Her use of color was consistently realistic and carefully controlled. She was adept at mapping events and symbolically portraying events.

Cory could tolerate working alone at home on portraying some aspects of her worries, but she preferred to work on the Pit of the Stomach only in session with me. In this work, she moved beyond the diagrammatic and began to embody her gut reaction. She was able at times to work with great focus and remained silent. At other times, she would work and talk. After coding her times of talking and working from the videotape, I realized that she did much more work in session than my initial impression suggested. At no time, in my notes or upon viewing the videotapes, did I notice the art mediums evoked an unexpected event and response in her work, but she implied that her understanding of details seemed more complete.

Ending

During the eighth, and originally last, session, I photographed and she gave titles to the artwork that she had done at home and brought into our sessions. We did not make her work into a unit as I had done for the others, as she had only three pieces of varying

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sizes and surface: the 12" x 18" <u>Pit</u>, on white, the <u>Three Stories</u>, painted on 18x24

"cheery" blue paper and the sketches of remembered times on the black wood disk. This

last session felt rushed to me and not being able to put the work together into a final unit

may have added to feeling of incompleteness. She wanted more time to work on the

black disk. As in several of the other sessions, she seemed to bring up major issues or

events just as our ending time approached. I decided it was important to maintain the

time boundaries. Because of my rushed feelings, I was not surprised to receive her phone

message the next day about her feeling that we were not yet done. She suggested that

maybe my professors could explain the situation to me. Since that was not an option, I

decided that I would offer her a ninth talk session to wrap up any loose ends. I was glad

that she was unable to schedule the session sooner that two weeks, because I suspected

that a little time would reduce much of her agitation. At that ninth session, during which

we talked only and did no art making, Cory enthusiastically presented some new thoughts

she had about her issues.

<u>Reflections of the Therapist</u>

Cory was capable of maintaining her emotions in functional form, but I suspected

that she was re-experiencing forgotten or suppressed feelings about her life. I wanted to

provide her the space to let those feeling resettle in a historically interesting and

emotionally more organized form, so her anxieties - with their accompanying

manifestations of nervous giggles - might lessen. Cory's efforts to symbolize some of

her trauma did evoke more details of the events. She expressed new understandings of

her mother's response to one early sexual exploration. The meaning to her of her

mother's response had become clearer. She saw her mother as being more positively

protective of her than she had previously perceived. For example, as she worked to figure out a way to draw the arms of her mother reaching out to grab her away from the nasty (from her mother's perspective) situation, Cory developed a new understanding of the value of that action. From being an unnecessary, inappropriate or over-reactive one, the action became a more complex act of, maybe, finally, 'good enough' mothering.

As she contemplated her work "Alone in the Middle of the Family"' and how she had made the sky brighter and cheerier than it really was, she understood it to suggest that she needed to become more involved in her adult relationships. She did not need to perpetrate her usual pattern of standing just outside the house/group/situation to listen to what was happening. Her feeling of being outside she had portrayed in her painting of her grandmother's house showing Cory as a little girl, hiding behind the tree just outside the front door. Had more time been available to us, she might have reframed or symbolically restructured that picture, putting herself into a different, more desired relationship with her family.

Illustrating the old memory and actually revisiting the location between our sessions, she expressed her understanding that, as she became more comfortable and satisfied with her own place in life, she would be more easily able to give her clients what she felt they needed.

Summary of Participant's Selection and Use of Art Mediums

Cory was familiar with conventional two dimensional art materials as she had used them in her childhood and continued to use them for herself, with her clients and young family members, and especially with her foster children. She expressed interest in, and chose to use, aquarelle crayons in her work done in the studio, but she never

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experimented using water with them. I wondered why. Was it a control or familiarity issue? Was the time-limited experience too short to allow experimentation?

She used the art mediums to portray events and situations, and to illustrate scenes from her life, but I observed no times during which she was led into thinking about an event by the tactile or sensuous quality of the mediums. Rather, she used the visualization and symbolization of art making to recall more details, to enrich her understanding, and to view a scene from a different point or with an enlarged focus. As she diagramed the events, the unknowns receded in face of the known.

<u>Summary of Mediums Used and Photographs of Artwork</u>

#1: Cory completed one work in which she tested the use of pencil, Nupastels, colored pencil, Craypas, and finally charcoal, which we "fixed" on large (12x18) manila paper, her final choice after changing from black to gray to manila. She said the charcoal suggested the goal of our work: to learn more about what was the black, pit of the stomach feeling of her depression.

Figure 4.7.1 Beginning Pit
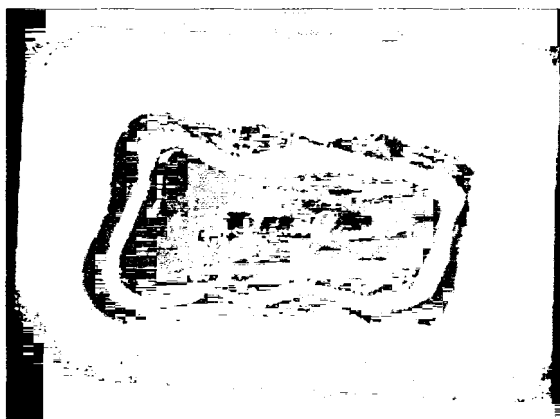
#2: She brought in (a)"Soul Mates", done in colored pencil sketched on white paper about her sailing with friend. Her second work was (b) Michael's memorial with the

Prospect Harbor Lighthouse and family around the edges; it was painted in acrylics on a

round wood disk, recycled from deli cheeses about and 14 inches in diameter (no photo).

Figure 4.7.2 Soul Mates
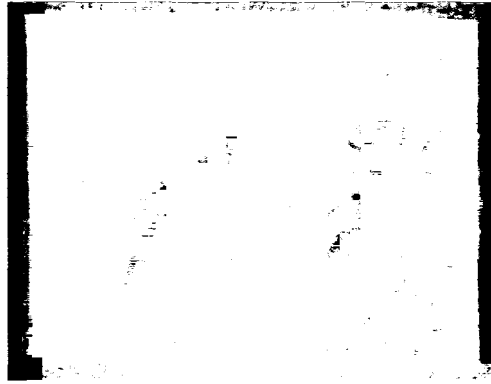
#2, #3, and #4: She started and continued with aquarelle crayon on extra large (18x24)

blue paper one artwork. It started as a self-portrait as she tried out blind contour drawing;

it became a composite work about herself, early negative sexual experiences and the pit

of the stomach terror evoked when she thought about the attack at knifepoint.

Figure 4.7.4 (a) Herself

#4: Cory brought in "Parthenon," an acrylic painting on round wood disk. A painting of the Parthenon, it was memory painting of a recent trip; she had met someone special on the trip, but the dark cloud hung over the temple.

Figure 4.7.4 (b) Parthenon
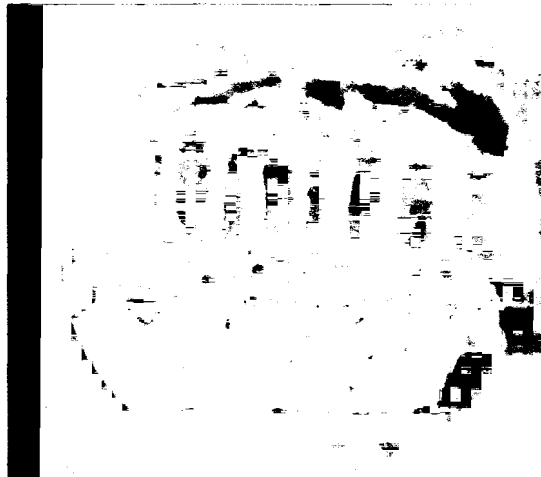
#5, #6, #7, and #8: A painting on a wood disk with black background that was about four significant traumatic events she remembered, Cory said she could not work on it at home and kept it in the studio until it was finished.

Figure 4.7.4(c) Events

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#5: She started this artwork, again one painted on a round wood disk, at home and brought it in "Violation of Innocence" to finish. It showed two views of her seduction by her cousin.

Figure 4.7.5 Violation

#6: Cory painted at home and brought in a wood disk artwork of "Alone in the Middle of the Family", a picture of her grandmother's home.

Figure 4.7.6 Alone in the Middle of the Family
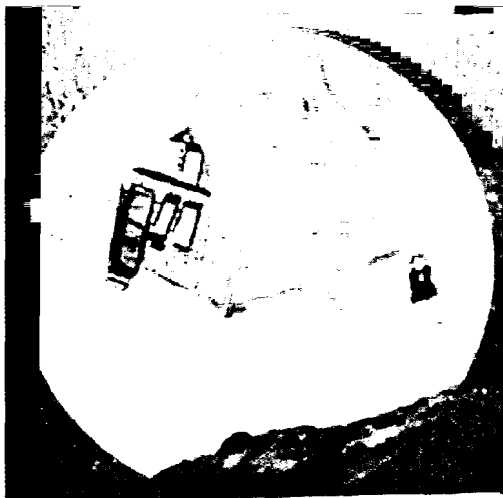
#8: Returning with it in session #8, she added herself as a little girl standing behind the tree and listening to family activities. There was no work to bind.

Colleen

Introduction, Demographics and Client Goals

Colleen was recommended to the study by her Department of Mental Health,

Mental Retardation and Substance Abuse Services (DMHMRSAS), now Department of

Behavioral and Developmental Services (DBDS), caseworker, who had been present

during a presentation I gave to his colleagues. A woman of thirty-four with pale skin,

delicate features and dark curly short-cut hair, Colleen described her heritage as mixed

Euro-American, including English, Eastern European Jewish, African and Roma or

traveler. She had lived in New England, England and Scotland. Her father and half-

sibling brothers moved to Maine several years ago. After her younger brother and sister

died, her mother, and separately her stepmother with her other sister, had moved to states

south of here.

She graduated from a Maine college with a bachelor's degree in Human

Development. She had completed some graduate work related to her interest in special

education. She had not heard from her mother for a year or so. She was in touch with

her sister and stepmother more frequently. Occasionally she visited her father and

brothers on the coast. With several local friends and others in England, she became more

active in a local church as she tried to move beyond basic survival post-hospitalization, to

regain balance in her life and to discover her self.

Criteria for Inclusion in Research

Her desire to continue to seek understanding of who she was and what she had

survived brought her to the research at the recommendation of her caseworker. Her

ability, experience and facility with art making throughout her life allowed the environment of the art therapy studio to be potentially useful to her.

Evidence of Abuse

Growing up, she followed the dictates of her mother who wanted to appear as a middle-class intellectual, despite her dysfunctional and lower class origins. Colleen remembered times her mother tied her to the table and left her alone for long periods of time. Ongoing accounts in our sessions suggest she suffered Type II, or chronic, severe, childhood abuse (Racusin, 2001, Rothschild, 2000). For example, she described how, ignorant of appropriate methods of raising a child and needy herself, her mother would withhold food, basic care and interaction or talk. She would destroy Colleen's favorite possessions in front of her as punishment. Yet, Colleen grew up protecting, defending and aiding her mother and caring for her younger siblings in mother's absence. Her mother would enlist Colleen's help stealing the material goods necessary to evidence the proper middle class life. The 'hot' or stolen Christmas presents destroyed Colleen's belief in the meaning of Christmas, even as she used the stolen art materials to entertain herself and her siblings. Colleen reasoned that she majored in Human Development to counter the ways she learned from her mother and to continue the positive experience she had in an early daycare school.

Other memories of the abuse overwhelmed Colleen four years ago because of several personal losses. The suppressed anguish and pain began to "leak" out and Colleen was hospitalized for what she described as a major meltdown. As many of the symptoms of Complex PTSD and severe dissociation appeared, her therapy was piecemeal and lacked overall long term planning. All other resources gone, she came

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under the care of DBDS and was learning how to use the system to protect herself from re-traumatization.

Response to Art Materials and Art Making Process

In the first session during the introductory boundary exercise, she spoke about her making the cascade of pencil marks. She described it as how she "got started and made a pattern and wanted to repeat it until she got to the bottom." I wondered if she were aware of her words as a metaphor for her current life activities. A calm, spacey, seemingly thoughtful pace, which may have been medication-induced, characterized her conversation and her selection and use of mediums and art making. Her first "free drawing" was a design on blue paper, cut square, with four yellow chicks cut and pasted in an almost circular pattern like a quilt block. "Upside down, they don't look like chickens," she mused.

Colleen started the second session by commenting on the brickwork of the neighboring buildings she had noted as she came to the studio. She completed the chick design and as she gazed at it with me, commented on how she likes calm, dark places, except when she is in need of seeing color and contrast. Was the studio too bright? Did she wonder if our time together would be calm or too intense?

As she talked about quilts and bits of her memories of growing up, she selected manila paper and Craypas to draw the now familiar window she remembered seeing as a young child from the table to which her mother had tied her. Terrified, alone, she remembered wetting herself then. Recalling other bits of her childhood as she worked, she spoke of multiple suicide attempts, taking care of the other children, some positive times with her father and the anxiety and fears of times with her mother. The orangey

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fabric, and the brown cord with which she was tied to the table, were present in the drawing she was making with me. She said that it was the first time she had drawn the cord and it still held memories of her experiences of physical and sexual violence.

The next session Colleen brought in and showed me the two quilts she had recently finished, both about the window. She then spread out fabric with words written in golden yellow of a poem she had written: "Gaze, with the certainty of fingertips touching at memories of smoke hanging as thick sunlight streams through barn windows." At our last session she brought and showed me the poem quilt top all assembled. Later she entered the finished poem quilt in a show and was invited to the Maine governor's home for a reception, an event she was unable to bring herself to attend. I felt as if I were being used as her mother to admire her work, but she kept the quilt out of my "domain", the studio, and beyond the possibility of my control.

In creating a genogram-type drawing in blue marker of people who were important to her, she spoke of each as a way to introduce me to her family and friends. Then, she described her slide into depression, her job loss, her loss of her foster child, her partner, her independence and her early efforts to recover and survive in these past four years. Her descriptions showed the failure of her family and community structures to protect and nurture her. I wondered if I was likely to fail her also. I felt my job was to support her art making and stay out of her way relationally so she could connect to those parts of herself she was finding. I later learned that part of my job would be to help her stay grounded in the "here and how" and to help her control her well-practiced defense of dissociating.

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Concerned that she was too focused on her isolation, I suggested, at our next

session, that we look at her support system. She thought of adding to her genogram, but I

suggested a metaphor, a weaving of paper strips representing the people who were there

to help her. To make the strips, she chose to paint watercolor paper in soft blues, greens

and violet-reds on both sides and then she wove them into a market basket instead of the

flat weave example I had as a sample (Cohen, B. M., Barnes, M. M., & Rankin, A. B.,

1995). Remembering how her stepmother had taught her basket making, particularly the

market or berry basket, she thoughtfully planned it. Very deliberately and precisely, over

the next few sessions, she built the basket. Occasionally she talked, adding details of her

life story. I watched, and learned, and occasionally wondered if I were being at all

useful.

At one point, she took one of the strips and made a Mobius strip, then released it

and glued the strip into the basket. She recalled making a Mobius strip as a circle dance

pattern with her partner and friends at church. She reminisced about a second occasion

making Mobius strips as background for writing out a song with second graders; "This is

a song that never ends." She talked of the memories of her losses at this time of year

(November) and we sat with her pain. She went back to working on the basket as if it

might take on these memories, spoke occasionally of her foster son and some of her

treatment experiences and worked on in silence.

The sixth session began with Colleen trying to finish the basket and our not

finding the materials and tools in the studio to do it. I felt like the not good enough

mother who was failing her again; she accepted the deficiency as to be expected.

Leaving the basket to finish the next time when needle, awl, and yarn were available, she

explored the studio space for inspiration. Finding the sectioned box of embellishment stuff - glitter, ribbons, Mylar films, yarn, feathers, etc., she looked through it idly. "Sometimes I like to just play and not make anything at all." After some time, I asked if she could tell a story with any of it.

Colleen found a cutout foam dog and cat and, as she added odd shapes of Mylar to the dog, told me about her dog TyTy and her foster son. Trying out patterns, she noted, "That is what my memories are like, layered upon top of each other, very compressed." TyTy, old and fat, died during Colleen's second hospitalization, because, as a nurse told her, he no longer needed to be responsible for her. She glued the iridescent Mylar wings to the foam dog, who became TyTy the Angel Dog. We talked about her plans to make it through the Christmas holidays. She talked about how she deals with her anxieties and why they exist as she worked on with the found pieces.

As the session was ending, I mentioned that she might think about what treasures of support she would like to put into the basket when she finished it. "Support Net" constructs, like this basket, are safety or "safe place" objects that I suggest participants and clients can leave in the studio until we end, or take home to put up where they can be seen as reminders of the safe coping strategies we are strengthening in our work together. We ended a full and intense session.

To the seventh session she brought in one of the market baskets she had made of ash with her stepmother long ago. It was filled with the valuable items she wanted to put in her paper support net basket. Colleen spoke of what she had learned about her "fake self" and her "now self" over the past few years. Now that we had the proper tools, she finished the basket as she told me about some of her new understandings of her family,

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her need to protect herself and her need for feeling safe. Again I sat, waited and witnessed her artistic choice making as she expressed satisfaction with her basket. She then told me the stories of the nine deeply meaningful objects she had brought to put in it. There was no way for me to feel comfortable keeping the finished support net and treasures basket and her treasures in the studio until our last session, so I told her to take them all with her. I wondered about the implications of letting her do that. Was it a significant boundary violation or was it acknowledgement of her increasing self-care? We would finish up by putting photos of that work and her other work together at the last session.

Ending

Colleen canceled the December, the last, session because of vertigo caused by a change in medication; a rescheduled one was canceled because of bad weather. Finally we met in late January after I had returned from a month-long holiday. She was eager to update me on all that had transpired since our last session.

She said that in mid-December, she had felt herself relapsing and losing days in a state of vertigo. I wondered if she was severely dissociating. She ended up in hospital after she discovered that she had overdosed with her meds, only to be diagnosed with pneumonia. She restated that she had decided that "suicide was not reliable". I asked, "What is?" That question hanging, we discussed details of her acting out and of the work she did while in hospital and then we discussed how she wanted to use our last day.

She wanted to undertake my make-a-timeline suggestion, but considered the first third of her life thoroughly unpleasant. We decided that we would include just the beginning framework in the assembled book of her work; she could continue the work

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with her regular counselor who was very interested in what we had done. She showed me the poem quilt top and the several drawings she had done in hospital while attending cognitive behavioral therapy groups. She decided that she needed to work on understanding body feelings and defining more about what was spiritually important to her. She was eager to mount the meaningful drawing she had made of Our Lady of Guadeloupe, a favorite of her foster son, so she worked on that and directed me in putting her work together. I was amused at her directiveness; I did not interpret her actions or question her directive, as I wanted her to grow that feeling of being in control of her world. We set the drawing together on the glued foam core board; we laced her book of work and work photos together, with occasional conversation about her memories and her life. She felt she was slowly moving in the right direction.

Reflections of the Therapist

Colleen was one of the few individuals from whom I learned about new art making possibilities that might be useful in the therapeutic space. She combined a lively creative curiosity with a thoughtful consideration of things aesthetic. She also made me frequently ask myself why I was feeling inadequate when she was with me. The sixth session was particularly difficult for me to sort out the transference and counter transference. The noise in the building from the crews installing the sprinkler system and the several moments of fire sirens and other loud downtown noises frequently entered our space. She said those noises happened and were okay; she preferred to have no background music playing to buffer it. She seemed both fragile and determined to survive.

She brought a great deal of work she had done outside into our sessions together, as if she wanted to consider them once more, but with me as witness/art expert. Her sensitivity to metaphor was remarkable. My sensitivity to the dynamics of the therapeutic space was greater than with most of the other clients. I wondered why and I have yet no answer.

Summary of Participant's Selection and Use of Art Mediums

Colleen was familiar and comfortable with the materials offered in the studio. She used a wide variety of them and augmented her work by bringing in several works she had done outside the session. She used the mediums expressively and used words informationally. Often she would work silently with what seemed to be total comfort in the process of art making. Yet, as she worked, she would sometimes talk about life experiences in sensitive, yet detached, detail.

Summary of Mediums Used and Photographs of Artwork

#1: Colleen used pencil to respond to current body feeling within a boundary – (a) the pattern of falling marks like rain, on large white paper. For the second work (b), she cut paper and used tools including glue, scissors, and stencils.

Figure 4.8.1 And Chicks
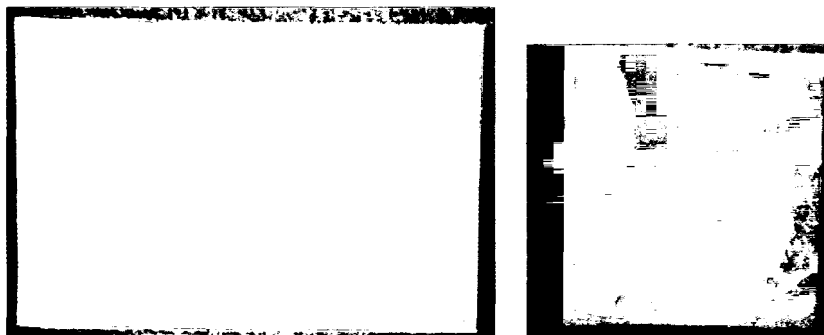
#2: Using Craypas, oil pastels on large manila drawing paper, Colleen made a sketch of a window.

Figure 4.8.2 Window
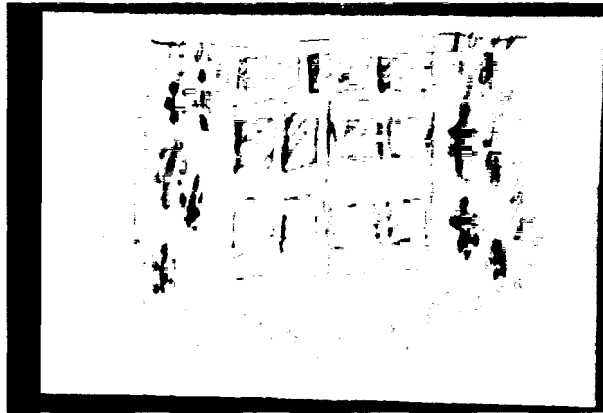
#3: Colleen chose to use a blue marker to diagram her family and friends on each side of the Atlantic. She also brought in and showed the quilt pieces she had been making at home.

Figure 4.8.3 Family and Friends
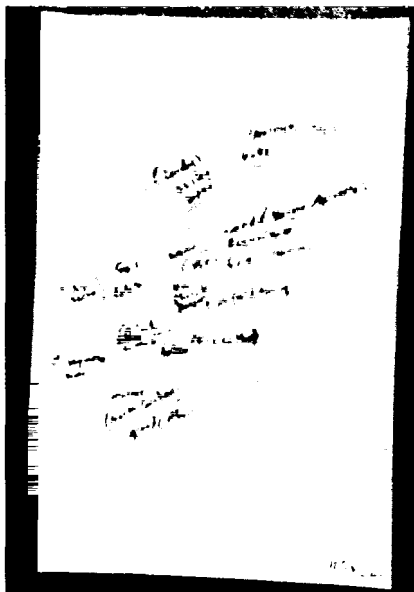
#4, #5, #6 & #7: She used watercolors on watercolor paper and other tools, scissors, clips

to hold strips, glue, needle, awl and thread, to make the support net market basket.

#6: Using found materials including foam cutouts, Mylar, and glitter plus tools including

glue and scissor, she constructed two or three bits of artwork representing her dog.

Figure 4.8.4 and 5 Market Basket
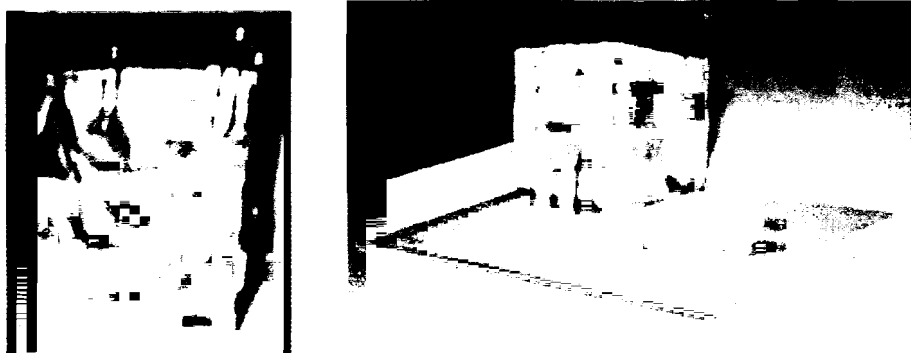
#7: In addition to working on the market basket, Colleen brought in her old basket and

nine treasured objects to be included.

Figure 4.8.7 Treasures from Home
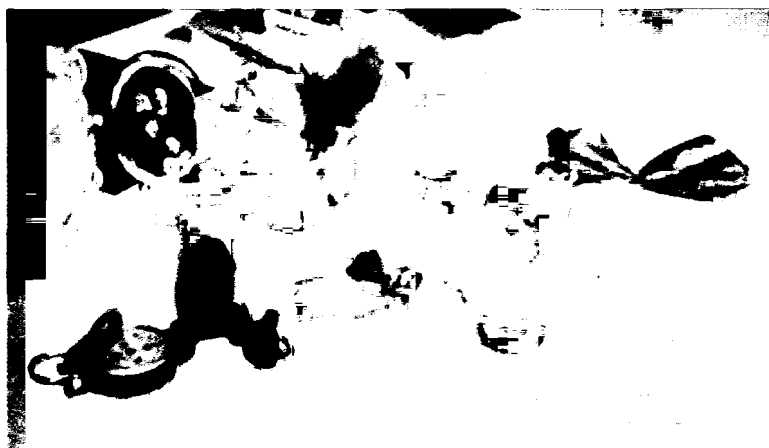
#8: To mount the artwork she had recently done in hospital, she used foam core board.

For putting her artwork together to take home, she and I used book covers, lacing, extra

paper and photographs, plus tools including vegetable glue, brush, scissors, and punch.

5. PULLING THE DATA TOGETHER; ANALYSIS

> "Now we are going to make a *newway* path," Rifke counsels the
> audience. "So you take a shovel, you take a groundhaker, you take a
> hairpin. If all you got is a hairpin, you take a hairpin and you start
> digging. And you dig in all directions: up and down, in and out, right and
> left. Not in a straight line. Nothing natural or interesting goes in a straight
> line. As a matter of fact, it is the quickest way to the wrong place. And,"
> she warns, "don't pretend you know where you are going. Because if you
> know where you are going, that means you've been there, and you are
> going to end up exactly where you came from." Naomi Newman (1990).
> Snake Talk,

Upon the completion of the participant sessions, the process of organizing and

analyzing the various forms of data collected over the course of two years began. The

outcomes from the initial organization of data will show frequencies and relationships

among and between various aspects of participant selection and use of art mediums in the

therapy session. The numerical data are secondary to the qualitative data and serve to

support them. During this process of organization, patterns of behavior began to emerge.

In an attempt to understand these patterns and their relationship to the process of therapy,

categories of medium selection and use were developed, charted and analyzed.

An initial look at the data provides summaries of the behaviors that were observed

and documented over the course of this study. The numerical summaries, in the form of

figures and tables developed from the artwork and session cards, are collected in

Appendix F. The outcomes discussion generally follows the order developed for coding

data on the cards except when data sets are combined as for the first table. The key

words that were noted on the artwork and session cards are compiled in Table F.12 in

Appendix F and have been separated into participant quotes and researcher observations.

They have been included in the analysis when they add to the evidence.

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The Group

In addition to basic demographic information, each participant was described in relationship to their ability to see color, their past art experience, the number of artworks they completed, the nature of their trauma, and the average degree of mediation, the fluidity or resistance and visual codes of their mediums of choice (see Table F.1). This information provided a context within which to better understand individual selection and use of art mediums.

The eight participants included in this study were all female. Ages ranged from 18 to 55, with a median age of 50 and an average age of 43. They attended a total of 64 hours of therapy, eight sessions each.

Colorblindness (CB)

Participants were asked to identify numbers on the Ishihara Color Blindness Test in an effort to assess individual ability to distinguish visual hue. Only Nina failed to read all the embedded numbers and letters presented on the test. Her inability to see color as the others did and the fact that her work rated a lower score on the Formal Elements Art Therapy Scale (FEATS) for Color Fitness, indicating less realistic use of color, reinforce the evidence that she saw and perhaps selected color mediums differently from the others. However, color was important to her. Her interest in color was evidenced by observations and comments made during sessions #2 and #3:

> She selected yellow and red chalk, watercolor and tempera to use to express these ideas of hope and anger. Nina said, "The red and black symbolizes my anger, sadness." I suggest WC. She plays, especially

happily with yellow. "I love the way it flows. I like complementary colors. What can you see, Fran?" She wants to learn what I can see.

Although Nina's artwork scored the lowest of all participants on both the FEATS color prominence (2.8) and color fitness (2.2) scales and she was unable to read the embedded Ishihara numbers, she talked and used color in her artwork with enthusiasm. She was encouraged to use color mediums several times to reframe the visualization of a traumatic experience. She expressed that the experience of color use was positive and helpful. She then returned to using charcoal. It remains unclear as to whether or not her low color prominence and color fitness scores were linked in some way to her seeing colors differently or to her trauma. Further research is needed before any clear relationship can be discovered. Nevertheless, testing for color blindness provides information to guide the therapist. Even though CB testing is uncommon in practice, knowledge of an individual's ability to perceive color may serve to shed light on how color mediums are selected and used.

Past Art Experience (AE)

The level of art making experience, knowledge, and skill (AE) of the participants was assessed after the first few sessions on a 1 (low), to 5 (high) scale. In summary, the average level of previous experience with art making was 3.3 or a midlevel, which suggests that the participants were familiar with art mediums, but none of them were formally trained as artists. In the past, they all had used art materials in ways they found positive. For example, Vicky, Cory and Colleen reported having used art making with their students, clients or consumers. If one compares art experience and trauma type, it is interesting to note that the four participants with more sufficient resources to deal with

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severe trauma, Type IIA, had more past art experience collectively than the four typed as resilient but unable to separate traumatic experiences. Colleen is the exception with a severe trauma history and a strong history of art experience. The data suggests that having access to and familiarity with art mediums may provide individuals with a rich and useful resource for dealing with trauma.

The Artwork

Eighty-seven artworks were completed in the eight sessions and sixty-nine in sessions #2 to #8, not including the assembled art portfolio. The first session with participants yielded eighteen works for all the participants. As explained in the methodology, because the therapist encouraged or directed participants to try a variety of art mediums in the first session, the total number of works and mediums used for this first session reflects less free selection by participants. Therefore, totals or sums throughout the study do not include those of session #1. The work produced in sessions #2-#8 more accurately reflects individual choice.

In some sessions, several artworks were completed; in others, a participant continued to work on the same piece or returned to complete a piece from a previous session. There was never any direction from the therapist that it was necessary to create any specific number of artworks. Nina produced 24 works, the largest number for the group. Nora created 11 artworks, Marty finished ten, and Chama completed eight. Amy worked on and finished seven, Colleen completed four and Vicky only three. Cory worked on two pieces whilst in the studio but made at least five at home and brought them in to discuss.

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When the numbers of artworks produced are related to art medium selection, a few observations are possible. In only 13 artworks or 19% of the 69 artworks in sessions #2 to #8 did participants use two or more mediums (see Table F.3). The majority of artworks (56) were done in only one medium. Those who more frequently used multiple mediums included Chama, Vicky, Nina, and especially Amy who made five (71%) of her seven artworks with two or more mediums. Nina again stood out by creating more than twice as many artworks as the others. She made 40% of all artworks created in session #2-#8 and 75% of the artworks created with charcoal, while only three or 13% of hers were created with more than one medium.

The following summaries are based on the 69 artworks done in sessions #2 to #8. The portfolio was not counted as artwork. Thirty-nine artworks, or 57%, were completed during the middle sessions #4, #5 and #6, which represent 43% of the time. One participant completed 24 works; one did two. One pattern shows that more pieces were done in the middle of the brief treatment then at the beginning or ending. Another pattern, when the production of those with Type IIA trauma (22 works) is compared with those with Type IIB(R) (47 works), suggests the latter participants produced more than double the number than the former in the last seven sessions. Further research might suggest what caused more production in the middle sessions, but current data do not. In this group of participants, there seems to be a relationship between the need to produce and the need to develop resources to resolve symptoms of trauma, but, again, further research is needed as no literature was found to support the possibility of this relationship. For more details of the numerical data, see Table F.2.

<u>Referrals and Trauma Type</u>

Consideration of the referrals for individuals to participate in this study shows that all were initiated as the result of some personal connection to the researcher. The letters to community agencies were not effective for finding participants. Concerns about confidentiality and liability, voiced also by members of the IRB, and lack of understanding about the needs and nature of the study may explain the hesitancy to recommend clients to the study, despite the opportunity for free therapy with a licensed professional with university support.

Each participant's trauma experience was assessed from the information she provided throughout her involvement in the study. The trauma types were codified by Lenore Terr in 1994 (Rothschild, 2000; van der Kolk, 2002) into Type I for persons experiencing a single traumatic event and Type II for those experiencing repeated traumatic events. Type IIA individuals have had multiple traumatic experiences, come from stable backgrounds and have had sufficient resources to be able to separate their recollections of the various events. Type IIB individuals have had a stable background but were too overwhelmed to separate one traumatic event from another and therefore linked them in recollection. Type IIB is further divided into Type IIB(R) characterizing those who developed resources to maintain resilience and Type IIB(nR) describing those who never developed the resources necessary for resilience. Rothschild (2000) states that the therapeutic needs of the types are different. The reason for using the types in this study was to consider any relationships that might arise between type and selection or use of mediums and any clinical implication if patterns are found.

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All participants described multiple incidences of what they considered sexual abuse. The nature of the abuse is summarized in the participant case studies in the preceding chapter. All eight women fall into the Type II category with considerable variation within that type. Marty, Vicky, Amy and Cory remembered and described specific events of abuse in such a way that it would be considered Type IIA, whereas Chama, Nora, Nina and Colleen have had difficulty separating or even remembering events. Chama, Nina and Colleen were actively struggling to develop and maintain resources for resilience. They were close to crisis status and required the use of all the therapist's skills and knowledge during the sessions. At the time of the sessions, this therapist was their primary counseling resource, although they all had experience with the mental health system and had been hospitalized at some previous point. The data shows no pattern of medium selection for Trauma Type relative to degree of mediation, fluidity/resistance or type of medium. The only patterns apparent are those of a larger number of artworks produced and of less art experience by participants with Type IIB(R).

The Art Mediums

The description and analysis of the selection and use of art mediums is central to the study. The data for this discussion of art mediums are taken from the artwork and session cards and organized in various ways on Tables F.5.3, F.5.4, 5.5, and F.5.6. Participants were not asked if they were familiar with each of the mediums available in the studio. The use of a variety of mediums was encouraged and specifically directed in the first session (S #1). Because of this directiveness and its clear potential to distort data on the selection of art mediums, the first session was not included in the conclusions drawn from the data about mediums chosen by participants. The influence of the first

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session's direction on the selection of mediums used is difficult to assess formally. The only indication that encouragement to use a variety of mediums was influential is suggested by the data that show that about 30% of the time, participants reused one of the sixteen mediums they had used in the first session in one or more of their seven following sessions. Seven different mediums not used in any first sessions were used in sessions #2-#8. Session #1 data are included in the tables, but not included in averages.

On the artwork cards, each art medium was indicated by a visual code. A number for each medium, the medium name, the visual code, the number of times the medium was chosen for individual artworks made in session #2 to #8, the degree of mediation (Dm), and the rating for fluidity/resistiveness (F/R) for each medium available are given in Table F.3. Some twenty-five different mediums were available in the studio and were pointed out to each participant in the first session. Each participant was also told that she could bring in or discover other things that could be used as mediums in the studio. Marty, Vicky, Cory and Colleen brought artwork and/or art mediums to sessions for discussion and use. In summary, participants selected and used nineteen of the available mediums in the 56 sessions.

The data on medium use, when considered by session, provides a few other interesting details. During 17 of these sessions, participants chose to continue with a medium that they had used the previous session. The ideas or feelings required more than one session to complete. During the remaining 39 sessions, they chose new mediums or switched mediums as they made artwork to visualize another idea. Future research with more participants might discover if this group of participants were adventurous or conservative in terms of medium selection. All the participants except

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Nina chose mediums that averaged to fall in the resistive end of the fluidity of medium scale. Further investigation might discover if persons with histories of severe abuse reflect their efforts to find control in their lives by choosing mediums with more potential control in art therapy. In addition, there may be other relationships between medium selection and extent or timeliness of trauma experiences that additional data and study might detect.

Data on the frequency of art medium usage (see Table F.4) provided insight into a hierarchy of medium selection. In descending order of use, mediums selected were: colored pencil (used in nine sessions in 12 artworks or 9/12), stick charcoal (six sessions/12 artworks), Nupastels (6/10), tempera paints (8/11), watercolors (6/8), colored chalk (5/11), graphite pencil (5/6), broad line markers (4/4), 3-D/found materials/fabric (3/3), and aquarelle colored pencil, wax crayons, oil pastels, and pottery clay (2/2), and aquarelle crayon, finger paint, Wet Set clay, cut and collaged paper, tissue paper and papier maché (1/1). Colored pencil was first both for individual artwork and by session. Because Nina did so many works in charcoal, it is a first choice for artwork. Tempera/acrylic premixed paint was second. Nupastels were third. Colored chalk was selected a bit more often than watercolors. Markers, found in many counseling offices, rated at the end of the choices. Clearly, pencil was used when directed but not frequently chosen after the first session. On the other hand, charcoal and colored pencils were frequently used even if the participants were not directed toward their use in session #1.

Participants averaged eleven selections of mediums and used five different mediums in the nine artworks done on average in the seven sessions. Various relationships were considered. Trauma type showed no relationship or pattern to the

number of different mediums used. A few participants had favorite mediums. Nina did several works in the similarly powdery mediums of colored chalk and charcoal. Nora did several artworks in her preferred medium, colored pencil. Sometimes two or more mediums were used in a single artwork, but no pattern of multiple medium selection emerged among participants. The data shows that the participants who created the larger numbers of artworks frequently used unmediated mediums such as charcoal, chalk and Nupastels. Nina, again, is a good example of this. Two-thirds or 16 of her 24 artworks were made with unmediated mediums. Six of Marty's 10 artworks used unmediated mediums, although only one of Nora's 11 works used unmediated mediums. Unmediated mediums were used in 35 of the 69 artworks overall with mediums of two or more degrees being used in the other 49% of the artworks. Observing the number of artworks done in relationship to the characteristics of the mediums selected and the ways they are used provides some useful information.

Degree of Mediation (Dm), Fluidity/Resistiveness (F/R)

Tools, described as those items such as rulers, scissors, brushes, and glue used in the process of creating an artwork, were noted on the artwork cards. Tools provide more or less distance and greater or lesser control between hand and medium. The degree of mediation, a concept presented by Lusebrink (1990) refers to the physical distance between hand and medium, but also suggests the reflective and cognitive distances between the art experience and the client's reflection upon it.

To describe this quality that varies from one medium to another, three art therapists and two advanced art students rated on a scale of 1 to 5 the degree of mediation of the art mediums available to participants. This scale was explained in the

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methodology chapter. The numbers for this and for each medium's fluidity/resistiveness were noted on the artwork coding cards late in the data analysis process. For example, colored pencils (3, 5) provide some mediation (degree of mediation, Dm, is given as the first number) and strong resistance, (fluidity, F, is given as the second number); colored chalk and charcoal (1, 3) are unmediated and require some, but not great, resistance; Nupastels (1, 4) are similar but offer more resistance. Finger paint (1, 1) is unmediated and flows easily; watercolor paint (4, 2) tends to flow more easily than tempera (4, 3) and both are usually quite mediated.

The fluidity/resistiveness (F/R) of a medium describes the amount of physical effort needed to use the medium. Frequently, artists prepare mediums with more or less fluidity, but the categorical taxonomy in this study is intended to consider the usual 'off-the-shelf' consistency. A very fluid medium flows while a resistive medium needs to be worked, to be given a push or to be definitively put in place. The metaphoric implications of this quality are related to the degree of control a participant feels she has in her life. Does a participant have the ability to control the medium satisfactorily or can they, if they can trust it, "go with the flow."

Marty's use of pencil (3,5) during session #7 is a good example. As she considered her drawing, she said, "I am dreaming about driving; things have changed. I need to find time, to slow down, so I don't crash". Watching Marty illustrate her crash dream, it is interesting to note that she selected and used pencil, a mediated and resistive medium – a medium with a relatively high degree of control – at the same time she processed a possible need to "slowdown" and gain "control" in her life. Before this, Marty had used clay (1,3) or Nupastels (1,4), mediums with lower degrees of mediation

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and resistance and with less control. Photos for her work in the same order, more to less resistance, include:

Figure 5.1 Degree of Mediation
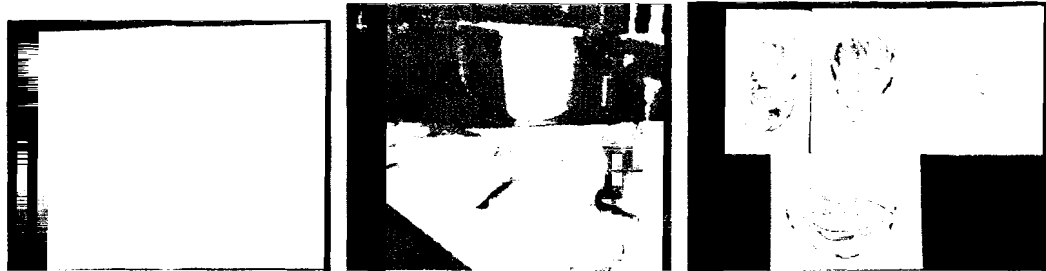
Marty had a fluent and conscious sensitivity to mediums and used unmediated ones most often when she directly confronted her uncomfortable feelings about her father. For example, she tried wet set clay (1,3) to represent her feelings about him, but smashed it back into its package and said, "I cannot get a grip on him." Later she used brown Nupastels (1,4) in four drawings about the gagging feeling of something filling her mouth. "I keep trying to get the stuff in my mouth out. I feel fear, deep embarrassment and shame. I wonder what is the meaning of it. Can I get it out without anyone seeing? It reminds me of asthma, childhood, and hunger. I shouldn't have it in [my mouth]. I feel as if I am being silenced." The unmediated mediums seemed to provide access to and replicate otherwise inchoate feelings.

Marty was not alone in this process. At times, participants chose mediums that allowed them more mediation, more control and less fluidity, perhaps because it was important for them to gain some perspective and remain in control. Sometimes the therapist directed them to a medium. The degree of mediation and fluidity/resistiveness numbers provide a new way to think about selection and use of the mediums in therapy.

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This understanding was observed during the therapy sessions upon which this study was based. The use of wet-on-wet watercolor painting (4, 1), such as these works by Nina in session #3,

Figure 5.2 Fluid Medium
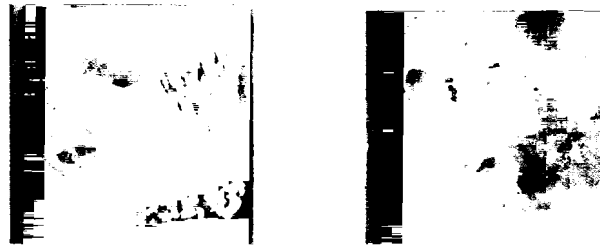
was often suggested as a calming, potentially playful medium "to get ideas flowing" when a participant seemed to have difficulties expressing feelings. Such examples of directedness in light of degree of mediation and fluidity arose because there seemed a need to encourage a participant to move on.

Other examples of emotional response and degree of mediation arose for participants. Chama, who acknowledged that she was very out of touch with her body, stayed far away from unmediated mediums after the first two session until the sixth and seventh sessions when she became quite involved with using Nupastels (1,4). Suggestions that she use watercolor (4,2), a very fluid but highly mediated medium, caused her to express delight in the experience of wet-on-wet color flow. She later said that 'water-color-flow' seemed calming for her and she reported that she did similar artwork at home on her own. Only when she replicated a dream she described as terrifying did she use Nupastels (1,4):

Figure 5.3 Unmediated Medium Use
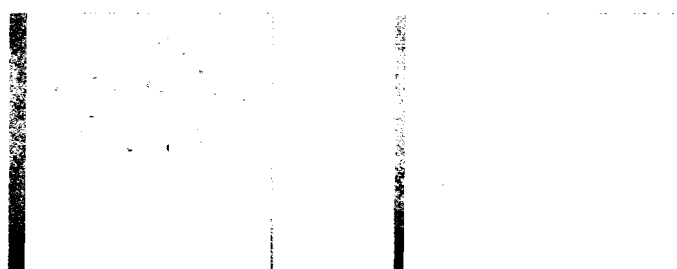
Her new, more emotional connection was suggested by the unmediated quality and her

desire to remain in control was suggested by her use of a resistive medium.

Nora also used more highly mediated mediums after session #1. However, in her

drawing done in the final session, she used charcoal (1,3) in addition to her preferred

colored pencil (3,5). The charcoal was used in the representation of her bad brother's

abusive hand. "I want to draw around my brother; I remember his hand." "The charcoal

smudge felt appropriate with pencil for details." She showed she was connecting affect

with events. She finished the drawing, described it and said that it was a very significant

statement about her recent insight that she was truly a victim and no way responsible for

her early experiences of abuse and neglect. She understood that she was no longer the

bad girl whose mother was doing the best that she could for her sluttish daughter.

Cory stayed away from unmediated mediums completely after her first session and used

acrylics (4,3) or aquarelle pencils (3,4). She expressed surprise at the emotional

recollections elicited as she worked with the various mediums in the first session when

she began to think visually about her past experience of being stalked and threatened at

knifepoint. The high degree of mediation of acrylics and the pencils may have served to

help her keep a more comfortable distance from her past. Colleen, on the other hand,

preferred unmediated and minimally mediated art mediums [oil pastels (2,4) and found

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materials (1,4)]. She only used mediated ones [markers (3,4)] in an effort to slow down her process when it was suggested she do so.

Degree of mediation as a factor in the selection and use of mediums appears to relate to intensity of verbal expression. More specifically, participants who selected and worked with unmediated mediums to visually express highly charged emotional states tended to minimize verbal expression during the same period of time. On the other hand, participants who used mediums identified as mediated or highly mediated created more controlled images, but verbally expressed the intensity of their emotional state while drawing. For example, Amy, Colleen and Nina tended to use more unmediated mediums than the others. Amy's mask and Colleen's treasure box embody intense memories that the participants later described, but as they worked, their limited talk was unrevealing and seemingly unrelated:

Figure 5.4 Amy and Colleen Work Intensely

Although they are described in their case studies as seeming less verbally expressive as they told their stories, they selected unmediated mediums to visually express highly emotional experiences. Nora and Cory tended to select and use more mediated mediums and their verbalizations were generally less emotionally intense:

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Figure 5.5 Nora and Cory Gain Emotional Distance
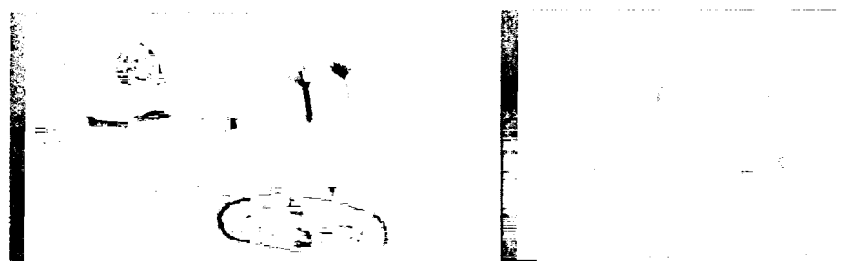
To compare further the concepts of directedness, degree of mediation and fluidity for mediums by session, data were studied in Table F.6. Data indicated that the higher the average degree of mediation (Dm), the more distant participants worked from the medium and, perhaps, the emotional content of their artwork. Marty clearly articulated this when she says, "Pencil helps me remember. It's like a left-brain access tool. It can illustrate dreams. It is good for cognitive work since I am not willing to deal with feelings today." Cory, Chama and Nora selected mediums with the highest average degree of mediation, 3.5, 2.8 and 2.8 respectively for these three participants. The high Dm suggests that these three tended to distance themselves from the emotional content of their experiences they visualized. They diagrammed and illustrated their dreams and experiences. All three mentioned that they tended to intellectualize their feeling. On the other hand, Vicky (Dm-2), Amy (Dm=1.6), Nina (Dm-2.0) and Colleen (Dm=2.0) used mediums in closer contact with their hands, in a way that seems to touch the perceptual and sensual level of response more easily

Colleen (F/R=3.9), Vicky (F/R=4.0), Marty (F/R=4.0) and Nora (F/R=4.1) chose the least fluid, most resistive mediums. This choice suggests a need or willingness to work harder and less willingness to "go with the flow." This group had high levels of insight and histories of self-improvement efforts. Descriptive of the medium and

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metaphorically describing less resistance to the process of therapy, fluidity/resistiveness scores did not suggest other patterns among the participants.

Vicky selected a balance of mediums, but used an unmediated but fluid medium, pottery clay (1, 2), to form the model of her father's body she intended to bury. Perhaps the resistiveness of the found materials (1, 4) provided the balance she sought. Feelings of anger and fear transformed into feelings of pity and acceptance by the last session:

Figure 5.6 Balancing Resistive and Fluid Mediums
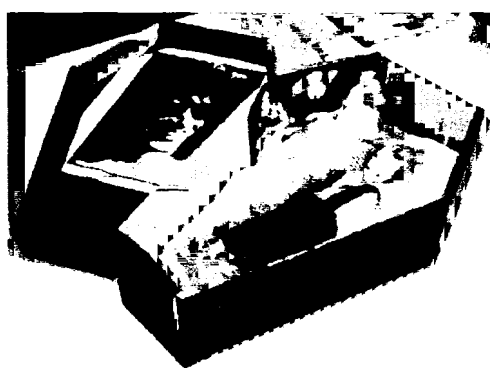
Amy seemed to come to new understandings of her self as separate from her family as she worked with chalk (1,3), Nupastels (1,4) and charcoal (1,3) to create self-portraits and moved away from the more mediated mediums used in her first sessions. Her tendency to present a cheery front to her life seemed to shift when she was directed to try the self-portraits. She was directed to unmediated mediums requiring close physical contact with the materials themselves as she followed the process of looking closely at the contours of her face. She chose to continue the self-portraits and drew three more. In her last artwork, she said that she used charcoal (1,3) to represent the negative side of her experience with her abusive brother and colored chalk (1,3) and Nupastels (1,4) to represent her positive, hopeful side of life. All three mediums are

unmediated, direct and intense; they require more physical effort to use and were less

mediated than her earlier selection of tempera (4,3) and watercolor paint (4,2):

Figure 5.7 Amy Uses Unmediated Mediums
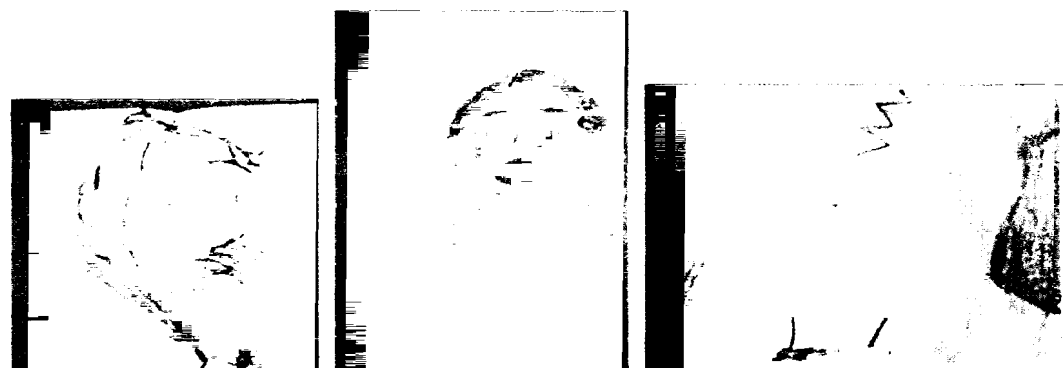
Observing this influence of mediated art mediums on the process of therapy raised

questions concerning the potential use of medium selection in a therapist's ability to

guide the direction and efficacy of each session. In general, the potential to suggest more

or less mediated and fluid mediums to participants in therapy provides a way for moving

the process of therapy. This will be discussed in greater detail in the next section.

Mediums and Directedness (Σ»)

The concept of directedness or activities directed by the therapist, a concept

considered in the Introduction and included on the artwork cards, was integrated with

medium use and, later, with degree of mediation. When data about the mediums used

were organized by session and by participant, data about directedness was also included

in Tables F.5.5 and F.5.6. Some unanticipated and new understandings developed.

With observation of the videotapes, it became apparent that the therapist would

suggest directly the use of more mediated mediums to distance participants from

potentially unsafe emotional intensity. For example, Nina worked vigorously in

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unmediated charcoal (1,3) or colored chalk (1,3) on several artworks. She often created

images that caused her to relive many potentially re-traumatizing experiences; some

seemed to cause a form of flashback or dissociation. In an effort to help her pull back

from the intensity of her drawings and to foster her ability to transform the memory of the

experiences, mediums that required greater levels of mediation, such as water colors (4,2)

and tempera paint (4,3), were recommended. During session #3 when it was suggested

that she use paint (4,3) to express her anger at her old therapist, she said she found

painting a valuable tool for addressing this highly emotional issue in a more controlled

and productive fashion. However, she returned to charcoal (1.3) the next session. Her

averaged use of mediated mediums (2.0) and averaged use of fluid mediums (2.7) were

the lowest of the eight participants. The data show that she repeatedly selected and used

mediums providing little reflective distance and she went wherever the medium led her,

perhaps unsafely. Repetitive experiencing of events and feelings is a defining

characteristic of severe trauma.

Data shows that out of the 87 artworks created by participants, 38% began with

therapist direction. Of these only 14 (16%) continued based on this direction, whereas 24

(28%) deviated from the original direction as a result of the participant taking on and

modifying the artwork to fit their need. Forty-nine works, more than half of the total,

were done without therapist interventions or suggestions. For a brief therapy situation in

which directedness is the norm, the data show that the participants did not tend to let

direction control their selection and use of art mediums. Instead, they seemed to use such

direction primarily when it continued to feel appropriate or productive. The work of

Nora ($»\Sigma=4$), Marty ($»\Sigma=7$), Nina ($»\Sigma=6$) and Colleen ($»\Sigma=3$) include the greatest

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number of works that started with some direction and then developed as the participant saw fit:

Figure 5.8 Artwork Started with Some Direction

Descriptions by the participants were noted on the artwork and session cards and summarized in Table F.12. Nora was directed to try several mediums, including colored pencils, in the first session. Later, Nora stated that she liked colored pencils because they reminded her of school days, obviously a more positive experience than her days as a child at-home. "I wish life was like these pencils; you make a booboo and you can erase it. I wish life were more like that, not to cover it up, but to change the way it was." Another commented that the charcoal was dirty and gritty, the way she felt about the experiences she drew.

Chama, Nora and Nina all reported pleasure or new understanding they found in using fluid mediums such as watercolor (4,2). Nora had little recollection of using watercolors and when she was encouraged to try them, she moved from idle doodling to remembering things and events the shapes and flow of color suggested. Rich with metaphor, words noted from that session include:

> The brown shape evokes memories of rats. "...my rage and anger with my
>
> father...hated my brother who raped me... My life with my husband got

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bad.... I had no support, no siblings who supported me...The color relates

to different persons, red for my father, yellow for mom; I'm blue

Nina was encouraged to try a less mediated and fluid medium, finger paint (1,1)

and said she was almost overwhelmed with new understanding of an old vision when she

explored the form of a vision she had. She had not been able to previously visualize the

face. "I am glad I used this medium (finger paint), because this form, what ever it is to

me, keeps coming up in my mind's eye. What is it?" She did not yet have an answer, but

it was out on paper. Two artworks, one (Dm=4, F=2) by Nora, Session 2, and one

(Dm=1, F=1) by Nina, Session 5, exemplify their use of fluid mediums:

Figure 5.9 Use of Fluid Mediums

At the other end of the medium continuum of mediation, fluidity and direction,

Marty and Vicky chose without direction to use highly resistive mediums to consider

their anger and depression. Marty gathered paper and scissors and began, "I need a

theme; I tend to be addictive, isolated, depressed." "The collage stuff is more physical; I

can cut out the black clouds and glue them on." Vicky share her drawing done mostly at

home and commented, "The round shape keeps me feeling safe and within boundaries."

"I walk in endless loops." She elaborated about how she feels as if she is not good

enough, she doesn't belong and she has no roots. Artworks (Dm=4, F=5) by Marty,

Session 6, and one (Dm=3, F=5) by Vicky, Session 2, show more resistive medium use:

Figure 5.10 Use of Resistive Mediums

Availability of a large variety of mediums is important in therapy. Importance of availability extends throughout the sessions as some participants will continue to use a medium for several sessions or may try new ones in subsequent sessions. All participants used both mediated and unmediated mediums. Directing participants to more or less mediated or more or less fluid mediums was done intuitively by the therapist, but the researcher was able to observe and describe the phenomenon concretely. Data suggest that different art mediums were associated with different levels of emotional involvement and control in the process. Verbalization and emotional intensity varied with medium selection and use. Developing and using ordinal descriptions of degree of mediation and fluidity for the art mediums available and considering them in relationship to directedness as the therapist worked with individual participants provide a tool for new artistic ways to understand participants' process in therapy. The mediums involved a physiological response by the participants and they seem to provide a link to their trauma experiences.

Foundations or Grounds

Participants had access to twelve different types and sizes of paper plus a variety of foundations including cardboard and three-dimensional armatures such as clay and wire from which they could select. The data of their selections is shown by participant and session in Table F.7. Participants selected and used an average of five different grounds, foundations, paper or armatures during their sessions #2-#8. Four different grounds were used within an average session. 12x18 (L) white (W) drawing paper was used 39% of the time; watercolor paper (WC) 18 % and participants chose to "work big" on 18x24 or larger (XL) paper 8% of the time. Foundations such as boxes and found material (FM) that had to be searched out were used about 1% of the time. Participants with more art experience were more likely to use found materials.

The data suggest that familiarity and convenience are likely motivating factors for choice of foundation as participants used less than half of those available. Even though familiarity and convenience seemed to be the primary motivation for selecting a particular ground or foundation, participants did try new possibilities. For example, Cory brought her wooden disks, Vicky found a paper casket to hold her father's clay replication, Colleen played with found materials and let ideas emerge from the medium, and Amy started out with a request to make a mask like ones with found materials hanging in the studio. Amy used the largest variety of foundations (7) and Nora the fewest (2). No other patterns of use or relationship to trauma type, the qualities described by FEATS, style of working or art experience appeared when selection and use of foundations were analyzed.

FEATS 1,2,3,4,5, & 11

Each artwork for all participants was rated on the six Formal Elements Art

Therapy Scales (FEATS).   These scores on individual artworks were summarized for

each participant and for each FEATS in Tables F.5.8, F.5.9.1 to F.5.9.5 and F.5.6.11 and

are included in Appendix F with the others related to this chapter. The scales were

chosen to provide more ways to describe medium use. While some art therapists (Gantt

and Tabone, 1998) may attempt to use such scales for diagnosis, the scales are used in

this study to enhance the description of the selection and use of art mediums. It is

anticipated that the scales may tell, in the language of art, about the participants' use of

mediums in their process of therapy.

Scale #1: Color Prominence(CP)

The FEATS for color prominence focuses on the level of color use in an artwork.

It asks the question, "Under how much voluntary control is the color choice and use?"

The participants in this study averaged a rate of 3.6 on an ordinal scale of 1-5. A score of

3.6 suggests color was used to outline and sometimes fill forms in the artwork. It was a

prominent feature in the work, providing outlines and filling much of the available space.

The results suggest that use of a color medium was important in the selection of art

mediums. In the 69 artworks done in sessions #2-8, a color medium was selected and

used in 51 artworks or 74% of the time.

Examples of high prominence, left to right, by Marty (S#5), Amy (A#8) and

Colleen (A#1) show the use of color to fill the whole space. Even the white around

Marty's cut paper forms is an intentional use of white and an integral part of the work.

Amy colored and blended color to fill every bit of her white 12x18 drawing paper.

Colleen carefully cut a blue square to arrange the chickens symmetrically around the outside. She later commented that the artwork was not as symmetrical as she had intended:

Figure 5.11 Artwork with High Color Prominence

Other artworks by Amy (S#2-4) and Vicky S (#2) show careful consideration of color use to highlight the forms created. Amy attempted to balance her mask by color choice but the intended happy mouth, spiky hairdo and party streamers took on a menacing imperative she only saw after she hung the mask and contemplated it:

Figure 5.12 Unintended Effects of Color

Vicky chose the centering device of a circle in which she developed decorative forms that began to remind her of her recent hysterectomy, new marriage and departure of youthful energy. As she verbalized what she saw in her drawing, she began to strengthen the color in the work with more layers of colored pencil. Depressing in memory, the design still showed an exuberance that she said surprised her.

Examples of low color prominence are found in some of Nina's work (S #5). She

selected colored chalk but frequently used only the black chalk. In the second drawing,

she was directed to consider how she might redo the scene using colors she liked:

Figure 5.13 Artwork with Low Color Prominence
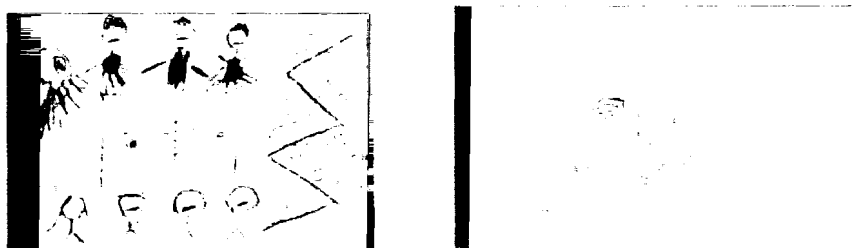
The scaling of artwork for color prominence corroborated the information

provided by the color blindness test and provided a focusing tool to describe use of color

mediums for this group of participants. No interesting patterns appeared.

Scale #2: Color Fitness (CF)

The color fitness scale provides information concerning the level of voluntary

control an individual has in terms of color fit. Each color medium has the potential to

accurately represent naturalistic colors and each participant has the opportunity to use

color as she sees fit. Color blindness, organic disorders, stroke and florid psychosis may

change color perception and generate unrealistic color use (Gantt & Tabone, 1998). In

this study, only Nina's work scaled to a much lower value (2) than all other participants'

did. It is important to note again that Nina was also the only participant who was unable

to distinguish the embedded numbers of the Ishihara CB test. Using color emotionally,

instead of realistically, is characteristic of a person who works in a haptic style; their art

would receive a low score of one or two on this scale. Participants who work visually or

in a massed, painterly manner and naturalistically would receive scores of four to five.

When color fitness scores are compared to style descriptions, they reinforce one another as ways to describe participant artwork. Examples of low color fit with a score of 2 in haptic/linear style and high color fit with a score of 5 a visual/linear style by the same person, Nora, are, from S #2 and S #1:

Figure 5.14 Low and High Color Fitness
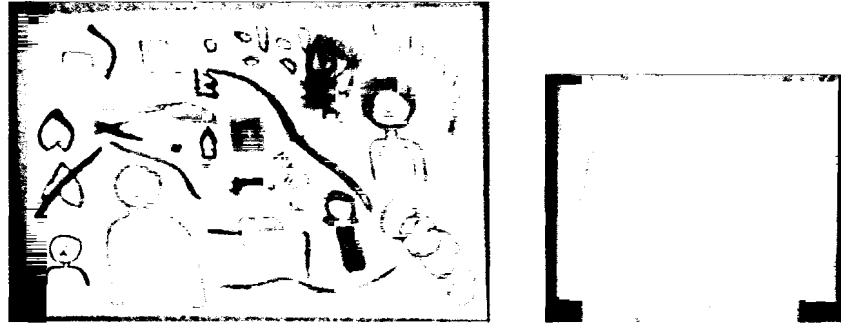
No patterns of selection and use were discerned about the participants from the color fitness scale, except that most used color naturalistically most of the time. Exceptions were Nora and Nina.

Scale #3: Implied Energy (IE)

Scale #3 seeks to identify a work's level of visual energy. However, as energy has both visual and physiological ramification, for the purposes of this study, energy level was used to record not only visual or implied energy but also the level of physical energy demonstrated in its creation. Data were collected not only from the artwork but also from observing the participants' actions as they created the work. Gantt and Tabone (1998) purport that extremes in this scale suggest a mood disorder, especially if extremes are also seen on other scales. In this study, only Nina's work was identified as being extremely energetic. Several of her artworks rated 5, at the highest level, while the artwork of the other participants clustered in the middle of the scale with an average

score of 3.3. Nina and Amy averaged the higher scores; Colleen and Chama, the lower.
Marty studied carefully the idea of a face with something filling the mouth; her lines are
visually smooth and connected with a moderate amount of physical energy implied in the
making. Nina's lines are visually pointy or scribbled squiggles, simple, stylized shapes
with smudged areas, suggesting the high level of physical energy used to make this one
of five works done in the session. Examples of the two works, done in their sessions #5,
one by Marty rated 3 on the left and one by Nina rated 5 on the right, are provided below:

Figure 5.15 Artwork Showing Medium and High Implied Energy
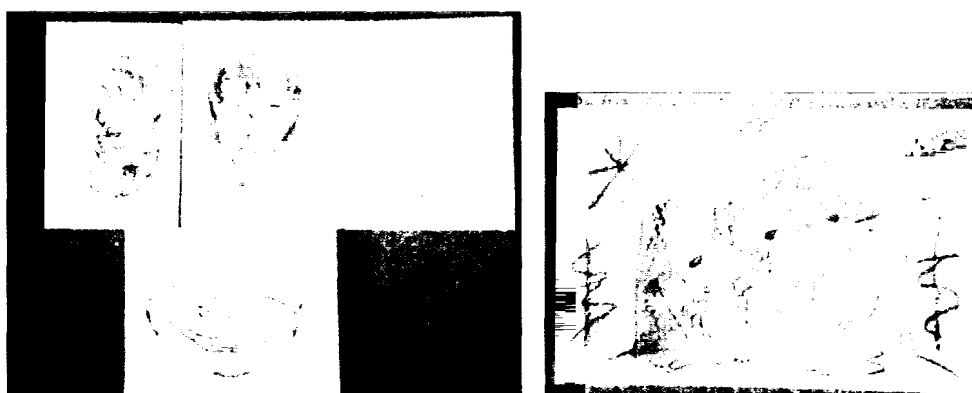
When FEATS #3 Implied Energy scored were considered in relationship to
various mediums, two patterns were apparent. The IE scores (4 to 5) were higher for
artworks done with colored chalk (1,3) and Nupastels (1,4) than the scores (3) for those
artworks done with colored pencils (3,5). The IE scores (4) for artworks done in
watercolor paint were slightly higher than the scores (3) for those done in tempera. The
more fluid mediums may have better satisfied the inclination to work energetically. The
less mediated mediums of chalk and Nupastels clearly were selected more frequently
when IE was rated higher. The data suggests that medium selections provide physical
manifestation of energy for these participants.

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The physical energy expended in making an artwork suggests a metaphoric equivalent in emotional energy. It also suggests a link to the physiological symptoms of trauma, particularly hyper-alertness. When implied energy appears high, the visual information provided by the artwork allows the therapist to consider how the participant is dealing with the recounting of their experiences. The therapist may decide that direction to a more fluid medium (finger paint) or one with greater reflective distance (tempera paint) might lower excessively high energy. For a participant showing low energy, a less mediated medium that required great effort to work might encourage greater involvement.

Scale #4: Space (S)

Scale #4 addresses how individuals use the available visual space to develop their imagery. The amount of space of the foundation that participants used for the artwork ranged from 3 to 5 on the FEATS #4, or 50 % to 100%. Of the eight participants, Colleen, Nina, Amy and Nora were the mostly likely to fill all available space in an artwork. According to Gantt and Tabone (1998), Nina's high ratings for the artwork in all her sessions clearly suggest unusually high energy mentally and physically, which were observable in the videotapes. In her sessions, on the videotapes, she talked and gestured quickly. The therapist noted her own response to Nina in key works "I feel I need to slow down" and ". I feel as if we are racing in the darkness." Gantt and Tabone describe such extreme use of space as suggesting horror vacui, a terror of the empty self. Following are examples of artwork rated 3 (by Marty, S #1), 4 (by Amy, S #6) and 5 (by Colleen, S #2). Marty uses just the center of her paper and presents a rich, balanced image with strong boundaries. There are large areas of unused space outside the circular

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form. Amy concentrated her marks on the head, but trails lines to all but the upper left spaces of the artwork. Colleen carefully extends her marks of oil pastel to all the edges of the paper to create a total environment of tinted light:

Figure 5.16 Low, Medium and High Use of Space
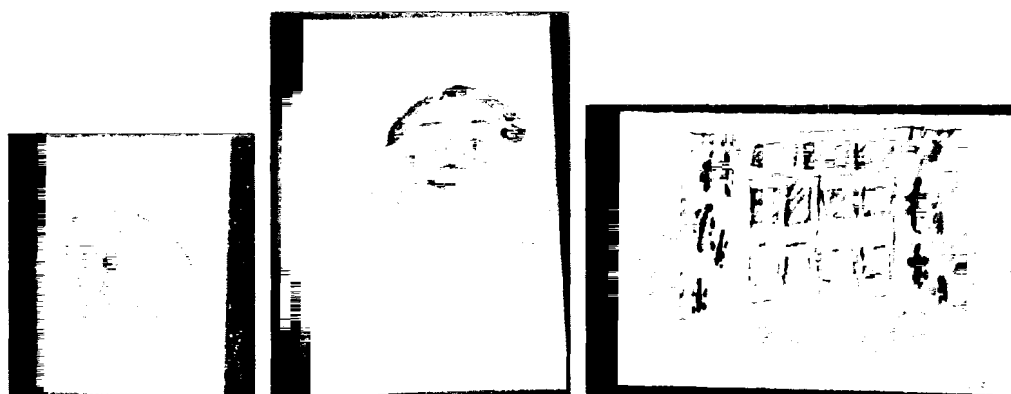
How a participant uses and stays within the available space of the chosen foundation has metaphoric implications about their ability to stay within and fill the boundaries of her life. Cory pushed the metaphoric boundaries of the therapeutic space by making at home and bringing in most of her artwork. Work done in the studio seldom filled more than 75% of the available space as indicated with her average score of 3.7. The scale of space use, FEATS #4, provides one way to recognize and consider those implications.

Scale #5: Integration (I)

Scale #5 measures the degree to which items in each artwork are balanced into a cohesive whole (Gantt & Tabone, 1998). A low score suggests metaphorically the abandonment of style and fragmentation of cognition and affect (Gantt and Tabone, 1998). Only Nora worked in a somewhat fragmented style (2.8). She was, according to her intake history and case study, dealing with abandonment issues with most of her

currently alive family. While all the participants had felt abandoned at various times of their lives, Nora and Amy expressed in the first session that they wanted to work on symptoms of depression and general lack of enthusiasm for living. Nora's watercolor from S #2 and Amy work from S#1 exemplify a low rating of 1. Several ideas about their life are painted in one frame but the ideas are not linked visually. The figures are scattered all over the page and sometimes are unrecognizable without further questioning:

Figure 5.17 Artwork with Low Integration

Highly integrated artworks with scores of 5 are exemplified by Marty's paper collage (4,5) from S #6, left, and Colleen's oil pastel (2,4) work from S #2:

Figure 5.18 Highly Integrated Artworks

Each artwork above presents one idea made up of several shapes or lines, not several ideas suggested in independent shapes or lines, as in the prior two.

If several artwork cards of works done in the same medium are compared, the I scores show no consistency. Medium chosen does not seem to determine integration. One medium is not more likely to provide integration than another. Rather, it provides the physical means to create the integration of an idea or emotion as visualized by the artist. A medium that provides the appropriate physical sense of the affect, for example, the hard, square edges of paper replicating the aloofness of people in Marty's scene or the smudgy haze of dust motes caught in the sunlight of Colleen's window, allows the artist to reclaim, reexamine and revise an experience. The level of integration of an artwork, including the integrative use of medium, provides the therapist with an indicator to guide the integration and ultimate transformation of a traumatic experience for a participant. Integration and transformation of trauma is a therapeutic goal. Amy's progressively more integrated development of visualizing herself culminated in the telling self-portrait of her session #8; her use of mediums was equally well integrated:

Figure 5.19 A More Integrated Self-Visualization
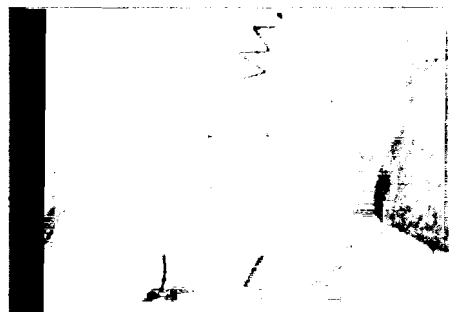
Scale #11: Line Quality (LQ)

Scale #11 rates the amount of control a person appears to have over the possibility of line variety. Control of medium and hands means having the ability to vary line at will with different weights, lengths, and continuity. The scale is another, like that of implied

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energy, in which extremes of the continuum are associated with one or more disorders. The lower end relates to organic disorders; the very top, with mania (Gantt & Tabone, 1998). Gantt continues to explain that many of the characteristics of mild hypomania – restlessness, intensity of emotional experience, diversity of thought and rapidity of associational processes - are also highly characteristic of creative thought. All the participants in this study were rated quite high (4) to high (5), suggesting that they all brought a high level of control and energy to their use of line. Examples of low line quality include Nina's map of her house in S #2, left, and Vicky's two colored pencil drawings she brought to S #2. Nina's work, even viewed through the poor quality of the Polaroid photograph, is tentative, irregular and a bit chaotic, uncharacteristic of a floor plan. Vicky's drawings, even with beginning lines overdrawn and strengthened, suggest a sensitivity and playfulness that is lacking in Nina's work:

Figure 5.20 Line Quality as Evidence of Control of a Medium
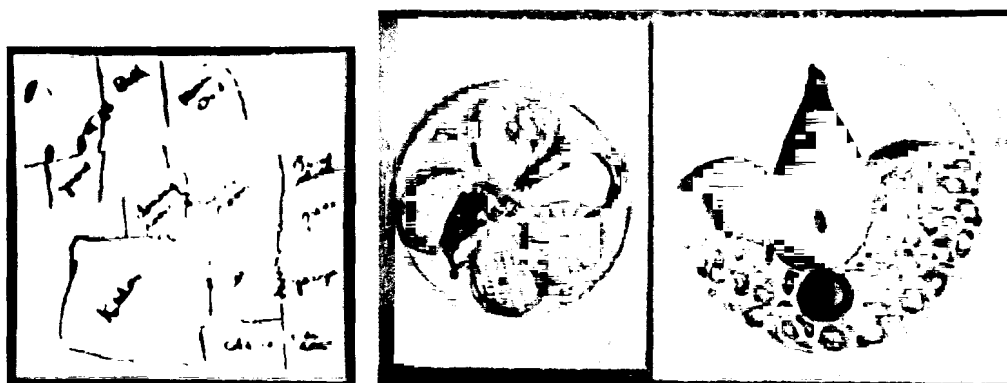
Poor line quality due to unsteady hands is frequently seen as a symptom of certain psycho-pharmaceuticals. Such evidence suggests to the therapist to ask about medications. When asked, Nina said she was, in fact, on several psychotropic medications. Some mediums such as pen and ink, or tools such as sharp knives, may be

unsafe for a person with very unsteady hands. The artist may not find the results satisfactory. Selection of mediums may reflect efforts to overcome or cover up physical impairments. Assessing line quality provides one more type of information to the therapist.

The FEATS selected to use in this study provide more ways to describe medium selection and use and give the therapist ways to define what may be intuitive understanding of medium use. This analysis of the eight participants' artwork using the FEATS reveals the beginnings of a way to find evidence in the art and in the art making process within therapy. Table F.8 provides a summary of FEATS averages, and several attempts to discover patterns from it were generally unrewarding. However, combining artwork cards done in the same mediums and surveying their FEATS scores did reveal a few patterns. More mediated mediums were used more frequently when IE scores were high, suggesting that such mediums are more compatible for quick sketches. Participants whose work showed poorer line used more black and white on single mediums in their artworks. Integration was not related to any medium, but the medium provided a way for the artist to present integrated visualizations of feelings and ideas.

Style; Quartered Circle

The style of each artwork and data reflecting the style rating of each artwork was recorded on the artwork cards as a circle divided into quadrants. The quartered circle served to provide a circular graph of the style of each work. A summary of style characteristics was analyzed for each participant. This measure of style was developed for this study based on concepts taken from an understanding of the work of Lowenfeld (1987), Schaverien (1992) and Simon (1992, 1997). The theoretical ends of a continuum,

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'haptic' to 'visual', refer to the mode of perceptual organization and conceptual categorization of the artist's external environment. The 'linear' and the 'massed' descriptors divide work into those dominated by lines or outlines as in drawings and those that use color, texture and values in a painterly manner. A visual style was often used by participants in a diagrammatic manner, with attributes that can be identified conceptually to allow one to understand an external situation or event. A haptic style seems to relate to a quality of being emotional and expressionistic with reference to internal experience; it suggests strong emotional content that has become embodied in the image (Schaverien, 1992; Steinhardt, 2001). Table F.10 provides the numerical description of participant style.

The artwork of Chama was characterized as linear in seven of her eight artworks, with a tendency to haptic. Nora's was predominantly linear, usually visual-linear (six artworks), but also haptic-linear (five artworks). Both participants used the art to diagram traumatic experiences in an outwardly calm manner. Marty's artwork was strongly visual-linear (seven of her ten works) and carried both diagrammatic and embodied content. Vicky's three artworks were described as sometimes visual, sometimes haptic with inclination towards the massive. Amy's seven artworks were stylistically balanced; most tended towards haptic-massed, except for the initial self-portraits that are better described as visual-linear. Nina's many artworks were strongly haptic and balanced between haptic (11) and linear (12). Cory's work was best described as visual. Colleen's four artworks were massed, mostly towards haptic-massed. As unusual and seemly simplistic this aspect of describing artwork in a somewhat quantifiable manner may seem, the final results do appropriately describe these

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participants' artwork. Marty's work from S #5 characterizes a visual-linear style, left below. She was trying to look in a mirror and use what she saw to describe her unpleasantly filled mouth in progressively closer drawings. Nina's painting in S #6 is strongly haptic-massed; she stood and let her whole arm carry the paint across the paper as she described her feelings of loss, anger, panic and frustration that her previous therapist would no longer see her or even return her phone calls. She wonders aloud if she is evil because he will not see her:

Figure 5.21 Style as Shown through Medium Use

Considering participant style in relationship to their medium use by comparing quartered circles to the use of mediums and to the concept of the diagrammatic and embodied suggested some patterns. Diagrammatic work explains situations and experiences from a focus on the external or outside environment, in a visual and perceptual manner. The images and medium choices are made to closely resemble what is seen outside the self. Embodied work seeks mediums that can communicate images and feelings emerging from internal experience and shaped by internal responses to environment. The artwork seems to carry a more emotional, internal explanation of

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experiences. Those participants whose style tended towards the massed and haptic did work that seemed more embodied and was done in mediums with low degrees of mediation. Marty, Nora and Cory worked in visual styles and chose mediums with greater degrees of mediation and usually greater resistance or less fluidity. Colleen and Nina selected less mediated mediums and their styles were described as haptic. Nina tended to choose mediums that were quite fluid while Colleen favored more resistive mediums with more control. Their energy levels were on opposite ends of that continuum.

The quartered circle provided a simplified way to compare and describe the style or personal approach each participant took to explain or express emotions about their experiences of abuse. It also suggested a connection between medium choice and the different styles.

Time Use

In an effort to document how each participant used their time, a clock face marked in five-minute intervals was indicated on each session card. Initially the tapes were viewed for their total running time of 55-60 minutes per session for a total of 64 hours or about 3840 minutes. For a second systematic look, each session was viewed for five minutes of running time at twenty minutes and forty minutes into each session, for a total of 640 minutes. Time was tracked in relationship to the time taken by each individual to select and use any given art medium; the time spent talking in isolation from or in conjunction with working; the time spent working in isolation from or in conjunction with talking; and time spent in silence.

For example, the time Vicky used to construct the image of her father in a casket was utilized very differently than the time Nina used to make her quick charcoal sketches. Vicky deliberated carefully and, as she worked, talked about how she might best represent the memories and feelings she had about her father. She made one artwork in seven sessions. Nina seemed to spew recollections onto the paper to then consider what they told her. She produced 24 artworks in seven sessions. While she was drawing, she did not talk. To analyze time use, the videotapes were repeatedly scanned to record time spent working and time spent talking. Percentages of times worked and talked in relation to total session time were documented for each participant. A percentage over 100 is time of both work and talk. First are examples of Vicky's project (S #3-#8; she talked 94% of the time and worked 38% of the time, doing both 32% of the time) and Nina's sketches (S #2; she talked 87% of the time, worked 36 % of the time and did both 23% of the time):

Figure 5.22 Artworks Made Amidst Much Talking

Each participant tended to follow one pattern; the following percentages are for all the sessions. Chama tended to work or talk, but she spend more than double the time talking (80%) than working (34%) with 14 % of the time doing both simultaneously; she

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talked the most and worked the least. She liked to interpret and intellectualize her work, which tended to be diagrammatically linear and haptic. Nora worked (76%) more than she talk (50%), 26% of this time was spent actively working and talking. Marty would work quickly and intently when she did, but she talked (78%)more than she worked (38%); she spent 16% of her time both talking and working. Vicky talked (78%) even more than she worked (37%), although she talked a bit as she worked (15%). She also did some work at home that she brought in for consideration. Amy would talk (44%) cheerfully on as she worked (85%), but she worked more of the time than anyone else did. Nina balanced talking (63%) and working (57%); she spent 25% of her studio time both talking and working. She did her art making and then intensely scrutinized it for understanding. Cory also worked outside to bring art in although she found some uncomfortable to do without me there. She spent much more time talking in the sessions that she did working (72% versus 36%), but she seldom talked as she worked (8% doing both). Colleen tended to work intently, then talk, then work and talk (72% versus 62%; 34% of the time doing both). The more emotionally driven or haptic work was accompanied with less talk and diagrammatic artwork was made with more conversation.

Table 5.1 Talking and Working Comparisons

Participant	% talking	% working	% talking and working
Chama	80%	34%	14%
Nora	50%	76%	26%
Marty	78%	38%	16%
Vicky	78%	37%	15%
Amy	44%	85%	29%

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Nina	63%	57%	25%
Cory	72%	36%	08%
Colleen	72%	62%	34%

The charted times show few relationship or connections between them and type of trauma, style, or art experience. In the data, there is a suggestion that those who worked diagrammatically talked more and those who vested seemingly high levels of emotion or worked in massed style spent more time working. For example, in session #4, #5 and#6, Nora, Amy and Colleen had more minutes of work time than talk time. All other participants talked longer than they worked. The minutes from which the percentages were computed are compiled in Table F.11.

To this researcher, it was quite amazing and of interest that participants' artwork could express such pain while they talked on, showing no emotion in their voice. The physical effort required to put medium on foundation seemed to provide the means or an alternate outlet to the emotions related to the experiences so talk could continue without carrying the emotions. Particularly Nora, Amy, Nina and Cory would only later talk emotionally about what they were doing in their artwork, but each talked along at a pleasant level as they worked. Usually working with mediated mediums, there appeared to be a disconnection between the experiences they were documenting and remembering visually and the initial outward affect. The participants in this study are living with trauma experiences that require survival, defensive or coping skills to provide social interaction when facing others, even in therapy. The data suggests that they physically, visually and spatially used mediums over time to tell of their experiences and that use relates to how they used the process of therapy.

Mapping Behaviors

Coding individual artwork, viewing all the individual sessions continuously with five-minute markers, and reviewing the videotapes at twenty-minute intervals for five minutes provided data about how the participants and therapist were using particular mediums and reinforced data already noted on the artwork and session cards. The strategies of behavioral mapping, as described by Ittelson, Rivlin and Proshansky (1970), descriptive behavioral notation (Zeisel, 1981) and Jones Visually Weighted Free Key Word Indexing System (Jones, 1982), as per the suggestion of Hicks (1999), suggested possible methods for systematically analyzing the data from the sessions. Any highly emotional responses, unusual medium use or choice, any participant comments about mediums, therapist's directions and other potentially interesting aspects of the tapes were noted under keywords or on the time circle and provided the focus for analysis of participant and therapist behaviors. The keywords include quotations from participants, observations by the therapist and some therapist countertransferences (See Table F.12).

One intent of repeat viewing was to observe in more detail if any mediums evoked unusual physical responses. Rothschild (2000) connected several body responses or observable behaviors to the treatment of trauma, particularly sexual abuse. "Therapist observation combined with participant sensory feedback on the state of the autonomic nervous system (ANS) is one of the most powerful tools available to the trauma therapist for pacing the therapy." (p. 109). Skin tone, breathing rate and other body movements can clue the therapist, with participant affirmation, to safe pacing of the session. For example, participants would continue to work at a seemingly peaceful pace while describing horrific experiences in their life. Nora drew a picture of her neighborhood in

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colored pencil (3,5) while describing how her drunken father turned off the electricity in the house and raped her. Colleen wove the strands of her support basket in paper (1,5) as she described her mother making her steal things that would become Christmas presents for others. The work seemed to allow them to stay grounded in the present moment even as they recalled past experiences. The video showed no signs of negative ANS responses such as shallow, rapid breathing, clammy white-looking skin, or dilation of the pupils of eyes.

Another behavior mapped was that of the therapist attempting to move sessions along with directedness. In other words, there seemed to be an attempt to balance goal-oriented, solution-focused brief therapy with undirected and open witnessing of participant art making and story telling. Evidence of directions also suggested that the therapist was maintaining a safe therapeutic space. Participants were directed to particular mediums when they seemed to show excessive stress or denial in their processes.

The tapes did show behaviors of use of art mediums suggesting that the physical acts of making enable participants to recollect experiences in considerable detail. The kinesthetic-sensual movements generated visual images or artworks showing both cognitive and symbolic understanding of these experiences. The artworks seem to hold enough memory of the emotional aspect to be gently gathered and held closely in the art books as participants left the studio.

The various descriptions of art mediums, especially those including degree of mediation and fluidity as well as observable usage of directedness and the information gained from using scales such as the FEATS and Quartered Circle may begin to provide

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evidence unique to art therapy about participant behaviors, including selection and use of

art mediums. This evidence, more consciously used, can help the therapist guide the

process of therapy for positive transformation of the traumatic experience and lessening

of negative symptoms of sexual abuse.

6. CONCLUSIONS AND IMPLICATIONS

Based on data generated during this study, patterns of art medium selection and use were identified and documented. These patterns are described below and provide a basis for better understanding the role art mediums play in the therapeutic process. More specifically, they shed light on the relationship between counseling and the selection and use of art mediums when working with individuals who have an acknowledged history of sexual abuse. Conclusions and implications for research and practice as well as reflections of the author provide both an ending point for this study and a starting point for future research.

Reflections on the Study by the Author

After completing the research, critical reflection brought to light three aspects of problem solving and development generated by the study. A new career for the author in a discipline minimally understood in the area was started. The career and the study were based on recent training acquired in a very different culture than that in which the study was done. The training required complex psychological introspection by the author and, along with the study, had a major impact upon her.

The Study Required and Facilitated the Establishment of a Private Practice

During the twelve-year course of this study, the practice of art therapy has gained considerable acceptance within the local geographic area. In fact, when the study was initially proposed, there were no other art therapists practicing in the region. One person had tried to open a private practice after working in a local clinic, but, after a short time and despite extensive promotion, she returned to working as an artist weaving baskets. By the time the research was completed, a local mental health hospital had hired an art

therapist on staff. Even though this position was the only institutional staff job existing in the region for art therapy, its existence showed some change in how the therapeutic community perceived the practice of art therapy. Even so, today, there are only a few art therapists and they are usually qualified and working part time as occupational therapists or substance abuse counselors. No community agencies, where most mental health work occurs, have art therapists on staff. The predominant therapeutic model is medical and psychopharmological.

Even with the growing awareness during the initial stages of this study, there was minimal understanding of the discipline in the region. This lack of knowledge among staff in local mental health agencies had an impact on the process of setting up and pursuing this study. Individuals contacted were disinterested, guarded or proprietary. Whatever the reason, there was little collegiality and even less cooperation on the part of local providers. Letters and phone calls about the study and the search for potential participants were seldom acknowledged unless face-to-face interviews were scheduled. In fact, referrals for participants came from three sources, a psychiatrist working for the regional office of the state Department of Behavioral and Developmental Services, a psychologist and a school counselor, all of whom already had connections to the researcher. These three individuals were responsible for sending at least six of the participants to the study.

The author tried to work with local providers to enhance understanding and cooperation by providing many experiential workshops for cancer groups, hospice groups, grief support groups, groups of counselors in training, and youth groups. These workshops served to educate those mental health professionals and case managers having

clients who would benefit by becoming a study participant or future client of the practice. Developing the study required a major pioneering-type effort to find participants.

Completing the study required the construction and establishment of a private counseling practice. A physical space had to be created and a therapeutic environment had to be established that followed both ethical codes and standards of practice. Supervision by an art therapist who met the state licensing requirements was unavailable, so it was provided by a state-qualified psychologist with no training and little experience in art therapy. Customary funding of research through an institution or agency was unavailable, so the funding of supplies and space was provided by the researcher.

The Study Developed amidst Paradoxes and New Paradigms

The author constructed an individualized degree program that included a professional training component. From a university in an essentially rural part of America, the author trained in the very urban culture of London. The process developed first-hand awareness of cultural differences, despite the common language, in not only art therapy literature and practice but also in personal values and life approach in the United Kingdom and the United States.

Beyond the more optimistic and "black and white" life view of many Americans in comparison to mental health professionals in England, there were many other differences between the two approaches to mental health. Americans seem to go for a quick, time-limited solution and prefer to try to do something, anything, to remediate a problem. The preferred psychotherapeutic approach in Britain is more measured and tempered by a much longer history of experience. The idea of trying to be is more dominant than the preference to do.

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In this study, the tension of opposites existed in the use of a brief art therapy model, favored by many American art therapists, and a psychodynamic model, favored by many British art therapists. For this study, the author's training provided the psychodynamic elements. Practical matters of time and adequate data suggested the advantages of a brief therapy model. While brief art therapy is used in the UK to meet cost efficiency demands, availability of mental health care is not so dependent upon having a time limit, a diagnosis, and a diagnostic code number, to meet private insurance requirements as it is in the US.

Another paradox, or pairing of seemingly contradictory qualities, emerged from the use of both American and British literature in the study. Extending ideas from British art therapists Schaverien (1991) and Simon (1997) blended with Americans Lowenfeld (1989) and Lusebrink (1998) provided new ways to consider artists' styles of using art mediums. In the past, few American studies included British literature.

Several non-traditional approaches were used in the study. Few art therapy studies include literature from the general trauma literature. Extending Levine's (1997), Pert's (1997), van der Kolk's (2002) and Rothschild's (2000) ideas of body evidence of trauma with the study's evidence of medium use by the participants provided new foci for art therapists working with trauma survivors. The author felt many of the concepts from neurobiology, psychology and art therapy were related but expressed with different words. Many such paradoxes and differing paradigms are imbedded in the study.

The study used both qualitative and quantitative methods of data analysis, a practice not presently common in art therapy studies and research on both sides of the Atlantic. Data were organized in several tables as a way to compare defined qualities of

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medium selection and use. Summaries and averages provided insight into patterns, many of which were not initially observed by the author and would not have emerged in a study with a single approach. For example, the amount of time participants spent making artworks and talking was perceived by the therapist very differently than suggested by estimates made with clocked observations from the videotapes. Putting data about medium choices, degree of mediation and style together in a table led to a new understanding of the relationship between specific medium choice and level of emotional expression in the artwork.

Several quantitatively oriented instruments for organizing data were developed, including the quartered circle for description of style, the visual symbols for mediums, and the index card format for recording data from the artworks and the videotapes. The FEATS (Gantt and Tabone, 1998) were used to provide data. They also provided a model of an established, quantitatively oriented instrument to compare with ones generated in this study. These numerical ways of considering data are infrequently combined with qualitative ways of knowing and provided suggestions of patterns that continued to emerge from the qualitative descriptions and resulted in the findings to be discussed.

The study depended upon the use of both verbal and visual language. Access to traumatic memory is improved by using sensual as well as verbal modes of expression (Hindman, 2001; van der Kolk, 2002). The researcher used visual coding (Jones, 1985) and other visual techniques including videotaping to continue the multimodal approach (Gardner, 1983) to understanding traumatic experience and art medium use.

The language of art, based on visual art criticism and history, was used as a visual vocabulary for the study. Use of traditional art language connected the study to the disciplines of art criticism and art education. Analysis of materials within the context of the language of art, perhaps in the manner suggested by Robbins and Goffia-Girasek (1989) and as done in this study, may provide a beginning guide to the integration of materials with Object Relations principles of therapy and with the transformative and aesthetically creative way of the artist. That is, as a possible first step, art mediums may provide an "other" or "outside-the-self" relationship to enable the artist to see into the self and experiences of the self.

The study included those eight participants who stayed the eight sessions and the four who started and dropped out. The names and details of the latter four, as for the eight completing participants, have been changed to provide adequate confidentiality. It is informative, and in the spirit of paradox, to look briefly at the group of four and to ask why they might not have continued and finished the eight offered sessions:

"Mindy", a married woman in her late twenties, mother of one girl, was participant #1 and came only once. She tried several mediums, including several unmediated ones, after reviewing and signing the consent form. She called to cancel her second session and said that she was not ready to deal with her issues. One wonders what part of the experience changed her intentions.

"Jill" (40) was dissociative and experienced with mental health providers. Currently working with a local psychologist who referred her, she spoke of "oceanic bad feelings." She was an environmentalist by training and inclination, and she loved art. At

the fourth session, she commented that art making was destabilizing for her and she canceled her other four sessions.

"Nellie" (52), participant #7, seemed stuck in a young mode. She played gracefully with several mediums and made several decorative patterns in oil pastels initially. It was difficult for the author to stay awake as Nellie talked during much of the second (and the last) session when Nellie spent time drawing a self-portrait in pencil. Nellie called and declined session #3 as she said that she was unmotivated. One wonders if the sleepy response was a countertransference response to Nellie's suppressed rage or denial. Psychodynamic art therapy theory (Dalley, 1984) suggests the likelihood.

Participant #11 was a 40-year-old female. "Lucy" came with Nina to see if she wanted to be a participant. She continued for three sessions, using mostly markers to start to tell her story. She called to say her significant other had had a bad heart attack and she did not schedule more sessions. His obituary was in the local newspaper that week. Lucy indicated that she would not be able to work on childhood issues for a while.

The four who did not finish all completed a first session structured in the same way for all potential participants. Their ages and backgrounds were typical. Their use of mediums and time was similar. Their reasons for declining may have been a negative reaction to the process, author, studio, or personal situations including difficulty with transportation and family death. In some way, they were fearful. Although no definitive pattern was apparent, they all found that the process of using art mediums in therapy opened difficult, tender, or, perhaps, unexplored areas of their experiences that they chose not to explore further at the time.

The study highlighted the possibility that art therapists assume art mediums are central to the process of creative making but do not adequately educate others of the potentiality of art mediums. Artists take knowledge of art mediums' centrality to art making for granted as a basic assumption. The author's informal survey of several art teachers indicated that more than half let the mediums lead their art making process. Yet, non-artists have little understanding of, or experience with, art mediums and lack understanding that art mediums are a means for thinking and expressing a wide range of powerful feelings. Participants and mental health providers, who participated in experiential workshops run by the author, frequently expressed surprise and even fear, of what they were learning about themselves as they made art. The paradox of art mediums actually being key but not thought of as being central to the process of therapy was encountered in the study. Cory thought art was fun and painting was relaxing, but she said, "I couldn't work at home (alone) on the significant bad events."

A last reflection deals with the development of a much-needed attitude of non-tolerance of sexual abuse, a behavior ignored, denied, experienced and deplored by different segments of society, in the UK and especially in the US. Child sexual abuse and domestic violence occur at all socio-economic levels; they are hidden or uncomfortable issues. There is a long history of denial. Development of zero tolerance for domestic violence and open discussion of the problems related to sexual abuse is requiring a new paradigm. The stories of the participants provide evidence and support for such needed change.

The Impact on the Author was Significant

      Most art therapy research is developed after the practitioner has practiced for some time, usually in an agency or institution. This study developed throughout the professional development process, including the initial training in art therapy. The program and the research study, done over a twelve-year period, enabled the author to establish a new career with confidence. The new understanding of medium selection and use is directly applicable to the practice. For example, since the completion of the research, the author has observed clients, initially reluctant to talk about traumatic experiences when asked to tell about some important aspects of their lives, are later able to talk with great details about the experiences as they are encouraged to use mediated mediums to color in some shapes they have made in their artwork. Others have later recounted that they would silently think through their experiences as they worked or even simply found structure and rhythm in the art making that helped them structure and pattern their own thoughts and behaviors. The mediums enabled them to connect safely.

      The author intends that the results of the study will be shared with others through future workshop and course presentations. The importance of art making with images, designs and now with conscious use of mediums has been a driving focus and will continue to be put in service to the community in workshops offered by the author. The author has learned to trust in the art making process as a positive and transformative mode for understanding trauma.

      The process of forming and completing the study informed the author's own art making, and also limited it. It necessitated going deep within to find boundaries and resources to protect, calm and maintain the self. Sometimes personal art making time

was just left as time to doodle or otherwise respond on a purely perceptual and sensual level. More cognitively, personal art making was used to think about sessions with Chama and Colleen, whose stories were particularly unsettling. Such personal making was not as frequent as desired. The author plans to schedule studio time for herself in the near future to deal with the aftermath of the dissertation development process and the residual effects of the twelve years of training and research. It is hoped that art making may help her align the difficult phases of her life and integrate major personal and family experiences. Words continue to seem inadequate.

Conclusions: New Findings about Medium Use

Three new findings about the selection and use of art mediums in the process of therapy emerged from the study. The differing needs of participants were served by the variety of mediums available. Developed early in the study, a model helped relate the findings about medium use in the creative process to concepts of the bodymind. It was found that medium selection and use were related to an individual's personal style. As a result, an instrument or visual coding system to describe and relate style was developed in the study. The process of making art in therapy happens over time and new combinations of ways to describe medium use within that process were developed in the course of the study.

Different Mediums Touch Differing Needs

From the analysis of patterns in the study, it seems that some mediums have qualities that more effectively express cognitive and symbolic understanding. Others enable the artists to better understand their experiences emotionally and perceptually. Some mediums or combinations allow the bodymind to respond in a kinesthetic and

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sensory mode. Each artist seems to have medium preferences that relate to their personal expressive style, but participants, as they developed confidence in their skill and the process of art making, tended to use certain mediums for specific types of artwork.

Mediums with Higher Degrees of Mediation and Higher Levels of Control Encourage

Diagrammatic and More Visual Artwork

It is important that individuals in therapy for sexual abuse have an opportunity to tell their story in a safe and controllable environment. Art mediums with high levels of control and some degree of mediation, such as pencil, colored pencil, markers and paper collagé, facilitate the development of such opportunities.

Over the course of this study, colored pencil was the most frequently selected medium. Colored and graphite pencils were often selected by participants trying to diagram experiences and events. The images that emerged from the use of these mediums tended to be quick sketches, linear in style and reflective of a highly narrative format. The colored pencil provided a familiar, simple to use, and controllable medium with which to diagram dreams and scenes for the purpose of discovering and understanding details of situations. Such diagrammatic artwork often appears to have cognitive and symbolic content that narrates the trauma experience. Both Chama and Marty described themselves as thinkers who used their drawings to better understand their experiences. As Chama said, "I'm a very visual person; if someone shows me, I understand." Chama showed herself what she wanted to understand. Marty commented, "Pencil helps me remember. It's like a left brain access tool." Nora liked using colored pencil to tell her story as she could then creatively and cognitively change the way she

saw it. She could use the colored pencils to tell about her experience "not to cover it up, but to change the way it was."

Diagramming a painful situation may lead to the choice of a mediated medium with greater reflective distance. Such choice explains the well documented style of beginning drawings in art therapy sessions of war experiences by veterans diagnosed with PTSD; cartoon-like figures, stereotypes of people, in pencil, marker or pen, were done in a linear, black and white style with little emotional content and great reflective distance. The simple depictions put the potentially huge emotional impact of the events outside the person into a safe arena where the events could be considered from a distance. When the veteran felt safe enough to admit to the feelings and to connect them to the events, first red and then other colors and softer, more subtle and complex styles began to visually anchor the previously overwhelming feelings to the horrific experience (Golub, 1985; Johnson, 1987). These authors' brief looks at choice and use of art mediums provide some of the earliest and best illustrations of the importance of medium selection and use in the process of therapy for trauma survivors.

Mediums with Lower Levels of Control and Degrees of Mediation or Higher Levels of Fluidity Encourage Emotional or Haptic Artwork

Whereas the telling of narratives is facilitated by access to mediums with higher levels of control and degree of mediation, the need to express emotion is given voice by mediums that require lower levels of control and are less mediated or have higher degrees of fluidity. Mediums, such as paint, charcoal, oil pastels and clay, allow users to respond more viscerally to the image or form they are creating. As evidenced in this study and found endemic to work in water-based paints, oil pastels, chalks, charcoal, and clay, the

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intuitive engagement with mediums encourages images and forms that are less linear and more haptic in style and that reflect a closer connection to actual emotional states. These mediums appeal to individuals who were not seeking control in their lives, but were willing to face highly emotional aspects of their experiences. Chama was fighting for emotional control and tended to stay "in her head", using pencil and markers as mediums of choice. When she was directed to play with watercolor, she relaxed her whole body and exclaimed she was enjoying the present for a moment. Nora connected emotionally to many details of her past when she used watercolors. With Nupastels, Marty faced the unpleasant feeling in her mouth. Vicky pounded and pulled a replica of her father's body into existence and Nina returned repeatedly to sketch out the pain of her experience of childhood ritualistic abuse.

One medium in particular, charcoal, was chosen frequently for representing ideas or expressing emotional states. Charcoal is less commonly available than pencils or markers, but participants often selected it. It can be easily smudged and it is hard to keep under control. Easy to use, it is unmediated and readily spreads from hands to any object touched by blackened fingers. Charcoal conveys a very different emotional message to the viewer and artist than does colored pencil. Quite fluid, it was chosen by several participants in this study to amplify emotional response to uncomfortable experiences depicted in their artworks, including the two done in their final session by Nora and Amy. Charcoal was selected when participants were involved in explaining emotions that were seemingly gritty, smeary, dark or loud. Nina's nine works in charcoal and six works in black chalk exemplify this.

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It appears that the innate characteristics of mediums such as charcoal, chalk, clay, and finger paint were intuitively discernable to the participants. To both participant and viewer, the mediums can be understood in some way to "embody" emotional states. This study suggests that such mediums isomorphically lend themselves to embodied works of art and are frequently selected to help explain an individual's perceptions and feelings.

Mediums Involve the Kinesthetic and Sensory Systems of the Bodymind

As part of the creative process of making art, medium use involves the bodymind as well as feelings and thoughts. Neurobiological responses to trauma occur not just at cognitive and symbolic levels in the frontal or neo-cortex of the brain or at perceptual-affective levels involving the limbic system or hypothalamus, but also at the kinesthetic-sensory level of the reptilian brain, including the amygdala (Levine, 1997; van der Kolk, 2002). This core level is represented at the center of the model in Figure 6.1. The memory of trauma is visual, affective, tactile, olfactory, auditory, and narrative. It is also "state-dependent" and can be remembered initially only in a parallel emotional state to the original experience. That is, being in a similar sensory-based situation evokes the memory. If the state of awareness of the body memory of trauma can be accessed by using eye movement desensitization and reprocessing (van der Kolk, 2002), the author of this study suggests that the manipulation of art mediums in art therapy serves equally well to access and understand the experience of abuse through the body sensate.

The nature of the art medium becomes important because it functions as a transitional vehicle within the context of art making in therapy. The selected art medium is the medium of the transitional process. The medium carries the process. The attributes of the medium becomes, in an isomorphic way, the role of the medium and

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maps characteristically onto the selection and use of the mediums in the process of therapy. For example, the dirty, black smudginess of charcoal that allows for "getting one's hand dirty" was often chosen when participants wanted to reflect on specific events and incidents that felt dirty or smudgy. The liquid attribute of watercolor paint became a chance to "go with the flow" and play, seeing what might happen with the color in flux. The participants had the opportunity, during a simple and safe art making time, to relax their need to always remain in control. The choice and use of various mediums allowed for the whole range of creative response of the whole bodymind.

In consideration of the literature of the larger field of psychological trauma, this study described possible parallel situations in art therapy. Once body feelings are manifested in the art making process, acknowledged in the artwork as transitional object and attended to, the narrative may be understood as events in the past, and no longer as current, threatening experience. For this process, mediums provide sensory-based access to alter consciousness and regain connection to the kinesthetic and sensual memories as well as the feelings and thoughts. The artwork can diagram or embody the trauma experience and place it concretely in historical context, allowing the experience to transform into a memory of past experience, to be put aside at some point like a no longer needed teddy bear.

In this study, the physicality of a medium, which is related to the structural qualities of the medium, was scaled on a continuum from fluid ease of use, which can amplify emotional response, to the harder, restrictive end where emotional response appears reduced. Chama completed one detailed drawing in pencil as she tried to understand the meaning of her nightmares while Nina expressed her memories of dark

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rituals and anguished cries in quick charcoal sketches that she later titled. Chama appeared calm and collected in the videotape; Nina was agitated and intense. The selection and use of each participant's medium reflected their individualized process of dealing with their abuse experiences and it suggests involvement of all levels of creative response in the bodymind.

The Creative Process of Art Therapy Model

A triadic relationship between medium selection and use, the creative response and the bodymind began to emerge from the research. In visualizing the influence of mediums on the process of therapy, it helps to consider how the human brain is known to work. From writings in the popular press and from all the literature reviewed, an understanding of the process began to take form soon after the participants completed their sessions. Lusebrink's model (1990) organizes the known levels of bodymind awareness in relation to the creative response, but it is linear and static in form. It fails to represent the organic interaction characteristic of the bodymind. Presented two-dimensionally in Figure 6.1, the model developed in this study is made of three circles, like a target. Coming from the center to the outside and returning to the center is a two-way spiral representing the flow and interaction provided by art mediums. Each of the three concentric circles is labeled with concepts from the disciplines of physiology, psychology, education and the visual and other expressive arts. The isomorph of the brain, represented as a spiral through three levels, suggests movement that connects structures both neurological and symbolic. It outlines the process of the

Figure 6.1 Model: The Spiral of Medium Selection and Use

The creative process of art therapy involves the flow
and interaction provided by art mediums

Pencil, colored pencil, cut paper
(mediated and resistive)

Watercolors, tempera, markers
(mediated and fluid)

Clay, charcoal, finger-paints
(unmediated)

Kinesthetic/Sensory Level
Reptilian or Instinct Brain

Perceptual/ Emotional Level
Mammalian Brain or Limbic System

Cognitive/Symbolic Level
Neo-cortex or Rational Brain

The model represents the potential of art mediums to help
the bodymind integrate and transform traumatic experiences.

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unconscious and automatic becoming the conscious and intentional. It represents the potential of art mediums helping the bodymind absorb, integrate and transform traumatic experiences.

The center circle represents the instinctual core of the bodymind, the reptilian brain, or the brain stem. It is the kinesthetic and sensory level of understanding. It deals with the tactile. The element of texture, learned by sensory touch, is especially resonant. Action is often on a gross motor level. Rhythm is sensed here and the understanding is concrete, practical and focused on survival. Embodied or haptic artwork connects to this level. In artwork, scribbling, pounding and pushing clay and splashing paint resonate with the bodymind and access this part of the brain (Lusebrink, 1990). The mediums that involve the kinesthetic and sensory systems of the bodymind are chosen to represent response from this center.

Specifically in this study, there is a strong relationship between the use of unmediated mediums such as charcoal and high emotional expression. The use of charcoal by participants seemed to reflect and embody the feelings, including anger, in the artwork of Nora, Nina and Amy. Likewise, the clay chosen by Marty or Vicky represented the unpleasant mouth stuff or the dead body of Father, respectively. The women were drawing upon and responding to the innermost parts of their bodymind and the particular mediums of charcoal and clay provided the vehicle to transport those deep, dangerous feelings safely into visible objects outside themselves.

The second circle represents the perceptual and affective level. In this 'mammalian brain', the limbic system and other parts of the mid-brain are involved in what Levine (1997) calls the "felt senses." These sensory-based emotions develop from

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the bodymind's perception of its environment or the body in physical space (Fabre-Lewin, 1997). Paint mediums seem to be preferred for designing and expressing the perceptions and emotions (Lusebrink, 1990). The elements of color, line and space emerge and emotional distortions and exaggerations can be revealed as intense, 'unnatural' colors or forms. These elements become embodied with the emotions. In the artwork, a person, the therapist or the artist, can later look and verbalize at a cognitive level what was being expressed first at the perceptual-affective level. At this second level are found the selection and use of mediums with lower levels of control and degrees of mediation or higher levels of fluidity that seem to encourage emotional or haptic artwork.

The spiral continues outwards towards a more externally influenced level, the third or cognitive/symbolic level. Artwork created at this level may be diagrammatic and visually realistic mental maps. The drawings can be mnemonic devices to help analyze events and explain relationships. Pencils, especially colored pencils, are mediums of choice. This is the level of metaphor and allow multilevel meanings in forms and relationships. Here the artist can intentionally reverse figure and ground and attempt to approach a sense of universality, archetypal ideas and structures of external experiences unknowable verbally. In this third level, the selection and use of mediums with higher degrees of mediation and higher levels of control encourage diagrammatic and more visual artwork.

This is the level where Chama drew because she was so dependent on her intellect and so disconnected or dissociated from her body. When Nora, Marty and Cory did not feel centered enough to work on the emotional aspects of their symptoms, they were

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encouraged to draw floor plans of their homes or genograms of their families to enable them to structure relationships. It often led them to return in later sessions on the spiral of creative use of art mediums, going inward, becoming more sensory-base, less abstract and more in tune with all the levels of the bodymind.

The model of the spiral provides a way to visualize the process of how mediums help participants tell their stories, how mediums help explain perceptions and express feelings, and how mediums involve the kinesthetic and sensory systems of the body.

Individual Personal Artistic Style Affects Medium Selection and Use

The development in this study of the quartered circle (Figure 3.3) as an analytical tool to describe the style of each artwork provided data showing a relationship between medium selection and style. The descriptions of Lowenfeld (1987), Simon (1987) and Schaverien (1991) of haptic, visual, diagrammatic and embodied styles led to the development of the quartered circle in this study. Style is the "-istic", real or expressed, quality of an artwork and carries the expressive message of the individual personality of the artist through object accuracy, formal order, fantasy, and/ or action. Medium selection and use is the vehicle the artist employes to develop and state a style. If one's style is visual and linear, the mediums most successfully expressing visual and linear qualities seem more likely to provide the means to render feelings accurately.

The study suggests that mediums will be chosen because they provide "the proper feel" to express an idea, feeling or situation. As Nina, who tended to a haptic personal style, commented, "I am glad I used this medium [finger paint], because this form, what ever it is to me, keeps coming up in my mind's eye. What is it?" Marty's more linear and visual style was evident in her third session, "Pencil helps me remember. It is like a

left-brain access tool. I can do cognitive work since I am not willing to deal with feelings today." Medium selection seems to be based on the individual's physical response to the qualities or characteristics of the medium. A haptic expression of loss and terror would suggest the gritty darkness of charcoal or the fluid opacity of finger paint rather than the light, clear transparency characteristic of watercolors or the mediated, reflective distance of pencil.

Medium and style were closely observed in this study. Two points can be described. First, the use of charcoal, unmitigated and in direct contact with the artist's skin, common, cheap, earthy, gritty, dirty, dark, difficult to use for fine details, lacking reflective distance, seems to have been favored and suitable to describe the experience of repeated abuse, rape or torture, but only when the victim is ready to consider her emotions. Second, the more mediated colored pencils allowed for careful recollection and documentation, placing abuse experience in its historical context. In such choices of medium, the personality or style of an artist manifests her experience in a physical, tangible and concrete modality. The data from the quartered circle definition of style of participant artwork combined with those of medium selection, reinforced the conclusion that selection of certain mediums can facilitate and augmented the description of participants' feelings and experiences.

Concepts of style of artwork done in therapy were described extensively by Jung (1971), developed further by Simon (1992, 1998) and recently readdressed by Maclagan (2001). Further research comparing these authors' ideas with those developed by authors

of well known psychological personality inventories may suggest that a person's visual art making style has parallel characteristics to verbal descriptions of their personality style.

Methods for Observing the Process of Art Making in Therapy Over Time Were Developed

Mapping behaviors through observation of the videotapes provided a rich set of data not usually available to art therapists. Having access to real time documentation of the therapy process allowed the author to compare such factors as time and medium use or working time versus verbalizing time. Specifically, two observations about medium selection and use were made. Participants frequently worked diagrammatically describing horrific details of their abuse experience with highly mediated and controllable mediums, while they talked on in a calm, social manner. Participants working more haptically with less mediated or more fluid mediums frequently worked silently. The author also learned that her perception of the time several participants spent talking or working was quite different from what the video recorded in sessions.

The timed observations, the tabling together of data such as frequency of medium use and artistic style, and the charting of medium qualities such as degree of mediation and fluidity provided opportunities for previously unseen patterns to emerge. Ongoing review of the tapes might have suggested even more patterns if the consent agreement had not stated that the tapes were to be destroyed upon completion of the research. Mapping behaviors and comparing them to data taken from artworks and session notes are not customary methods in art therapy research. These ways of gathering evidence

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and reinforcing qualitative observations proved useful in this study and suggested new methodological possibilities for the discipline.

Implications for Practice and Further Research

Implications for art therapy as well as for the practice of therapy in general were suggested in the discussion of patterns observed in Chapter 5. More are suggested here.

Mediums Can Help Pace the Process of Telling and Explaining

Particularly in trauma work, the variations of traumatic experiences have differing therapeutic needs (Rothschild, 2000). Close observation of medium selection and use can provide the therapist with guides to slow or accelerate the process of therapy. Any counselor or therapist who uses art mediums with clients would benefit from understanding the potentials of art mediums to pace the process of therapy.

In observing how art mediums such as pencil or colored pencil - mediums with higher levels of mediation and control, were selected as the vehicle for narrating stories, or how mediums such as charcoal and clay - mediums with lower levels of mediation and control, were chosen as the basis for more highly emotive works of art, a relationship between medium and the process of therapy itself emerged. More specifically, it appears that art mediums provide the individual, and the therapist, with a means of accelerating or slowing the pace of therapy. In this study, it was observed that the degree of mediation can have an effect upon the range of bodymind response: proximal tactile sensation, distal visual perception, cognitive sense of distance and reflective distance. Fluidity can provide kinesthetic experience, emotional play and symbolic association. Mediums such as chalk or Nupastels can be used to increase an individual's connection to highly emotional experiences, whereas mediums such as watercolor enable individuals, who

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seem to be working too hard, to stay present in a more relaxing, playful way, to reduce intense re-experiencing of the experiences, and to gain greater distance from the traumatic events. Mediums requiring the use of more strength, more time or more manual skill provide more time for reflection.

For example, Nora, Chama and Nina worked in watercolor, a more fluid medium, as a way to relax, play with the color and flow, and decrease their intense response to a memory. When Marty felt that using less mediated mediums such as oil pa stel and cut paper and thinking about being abused was too difficult, the use of pencil to map out a familiar floor plan was suggested: "I can do cognitive work since I am not willing to deal with feelings today." Constructing the body and casket environment from clay and found materials for symbolically burying her father took several sessions, providing Vicky with time for reflection while stimulating her kinesthetic and sensory knowledge with their unmediated quality. Making the technically complex basket seemed to provide Colleen time and resistive control to consider positive aspects of her life. Future research into how individuals and therapists might use their understanding of art mediums to help pace the therapy process is still needed. However, if this study is any indication, the nature of art mediums plays an important role in an individual's ability to find control while engaged in the process of therapy.

Availability of Multiple Art Mediums is Important

Implications for practice are clearly suggested by this study. Counselors who make art materials available for clients need to have both a wide variety of mediums available and extensive knowledge of their potential. Clients may tend to choose familiar or comfortable mediums, but they and the therapist are better served if there exists the

possibility to re-direct efforts using a variety of mediums. Mediums that can be more or less mediated to provide more or less distance, both reflective and physical, are valuable. Ones requiring more or less control or flow can change the pace of therapy. Mediums preferred for working diagrammatically or visually with a more external and cognitive focus provide the control and distance helpful to clear thinking. Mediums to encourage working with more internally focused feelings in a haptic or embodied style, the more painterly or massed mediums, will be useful.

In this study, technological mediums including computers with multimedia programs, video recording and editing equipment, extensive performance materials and performance space were not available. Practitioners, especially those who work with young people, may consider adding these 21st century art mediums to their supplies. Research of the relationship between new mediums and issues of abuse in the therapeutic process may provide new and practical insights.

Art Books May Serve as a Transitional Object

The valuing of the art book observed by the author as participants ended their session and left the studio suggests that the art portfolio became a significant transitional object. Through the creation and possession of the art book, the ideas, emotions and physical sensations embedded in the artwork could be viewed and reflected upon after the sessions ended. The artworks were brought together and contained physically within the covers of the book. The intersubjectivity of art therapy (Skaife, 2001) becomes apparent, as the physical evidence of a participant's experience is available to share with others trusted by the participant. As time passes, the art book may continue to provide additional insight or meaning to the participants, or it may become meaningless and

ignored once the content is integrated into the participant's life. As this study did not further explore the role of the art book in the therapeutic process, further research is needed before the contribution of such books can be fully understood as transitional objects. However, the work of Killick (2000) suggests that the art book, like the art therapy studio, may serve as a containing space-object that helps hold the parts of the participant's personality together. The art book provides a concrete space in which experiences can be integrated through an evolution of symbolism via the mediums of art making. Use of it may foster the emergence of a stronger sense of self and help the participant transition raw symptoms of the abuse into integrated experiences of the past.

Awareness of Need for Instruction in the Use of Art Mediums is Raised

The study found that directed use of mediums can help to safely guide the process of therapy. Therapists using art mediums with clients can pace the process of therapy safely when they know the potentiality of the mediums. Conscious use, experimentation and seeking with a wide variety of art mediums may enable the client to achieve their goals more effectively in therapy. The study raised a question about how to find a balance between letting a participant discover preferred mediums and providing some basic introduction to art mediums before therapy really begins. With participants who have little idea of the variety of mediums available and the differences among mediums as they are being used, instruction may become a reasonable part of any introduction to art therapy. Research may find that the practice of art therapy should provide learning opportunities for clients prior to the beginning of therapy to enhance the process. For answers, future research is needed.

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The Influence of Sensory Response Needs Consideration by Therapists

Not only visual and tactile, but also olfactory, kinesthetic and proprioceptive senses are involved in art making and all the senses inform the process of therapy. The involvement of more than the visual and tactile became apparent when participants and committee members commented upon their awareness of both unpleasant and pleasant smells and feels of individual mediums. Rotten- or chemical-smelling paint and greasy modeling clay were reported as reasons to avoid some medium choices. Awareness of all the sensory qualities of art mediums needs ongoing research if therapists aspire to maximum efficacy with their work.

The Value of Blended Methodology Becomes Evident

The study methodology was formulated from traditions in ethnography and generic psychodynamic qualitative research. Rather than limit studies to either approach or to any single approach, the blending of methodologies can provide new views and new understandings of a process. Particularly for research to be done in the midst of messy real-life situations, the utility of blending traditions is evident. Some measure of data collection, besides viewing brief moments on the videotapes, might be found or designed to assess participant thought processes about the finished work. A longitudinal follow up interview about the life of the art book immediately after the sessions and after some months might be added to future studies of medium use. Some assessment of symptoms before and after a number of art therapy sessions would be an interesting research focus. Such questions developed after the IRB approved the focus and nature of this study, making change most difficult. These questions might be answered by future research using blended methodologies. For this study, methodology to meet the needs of the

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situation was developed from blending useful portions of available traditions. This study was solely designed to describe medium selection and use in the process of therapy by studying current therapeutic situations specifically created for the study. Further research into more flexible methods for research in the midst of practice (McNiff, 1998a & b) is needed.

More Research May Be Directed

Several more areas of the study suggest other possibilities for future research. It may be valuable to explore the role that tapes, such as those made in the study's sessions, can play in therapy as a self-help mode similar to that of reviewing one's own artwork at home after the sessions are done. One participant asked to review a few of her tapes and she reported the experience useful. A study of self-help or therapy reviewing, using video-therapy, like biblio-therapy, may suggest ways to expand the medium of video.

A closer look at the disconnection and connection between making and talking in sessions may reveal new patterns. It may suggest guidelines for closer observations of client art making, client talking and therapist talking in art therapy sessions. The amount of control a participant has over the talking and making times may be important. Videotaping allows the dimension of time and process to enter the research data available and makes possible researching the question of time and talk.

A third direction would be to structure an instrument to measure degree of control implied and actually needed to use various mediums. This study developed an ordinal measure of degree of mediation and of fluidity/resistivity that may be further refined, but no instrument to measure need or ability to control mediums was discovered or developed.

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A refinement of, or closer look at, the use of FEATS, especially the #5 Space scale, to describe medium use may reveal new patterns. Researchers (Raymond, 1998) are developing measurements of space use by computer scanning, but their work focuses on images. The color scales were of limited use for people with highly haptic styles. Scales that are more appropriate may be structured to assess not only realistic but also expressive color fitness.

Better understanding of concepts of mutuality (Burt, 1997), physicality (Fabre-Lewin, 1997), intersubjectivity (Skaife, 2001), and directedness (Hagood, 1994) in art therapy practice in the effort to allow clients to transformation their trauma experiences may be accomplished with continued research. Some ways to measure order and relationship of these concepts to elements of the artwork have implications for both research and practice of art therapy. Other possibilities may become evident to the reader as the result of this study.

Ending

The final sessions of therapy in British jargon are called the ending; in American, the term used is the termination. For the practitioner, being able to choose from more than one approach strengthens the potential for the client to heal. " Ending" seems less brutal than "termination". Having both traditions, of which this term is a tiny example, provides conflict and comparison. Living with paradox and balancing paradigms constitute ongoing work and endless new understanding.

Consciously or unconsciously, the almost archetypal symbolism of the process of selection and use of art mediums in therapy can become subject matter and image in art making. When and for what purpose direction is appropriate may be understood

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intuitively and symbolically, but it can be more concretely applied when guided by a well-researched and sensitive understanding of art mediums. The directedness opens the participant to the literal and symbolic importance of the actual physical application of art mediums. The therapeutic space allows considered bodymind response to the art making.

Variety in the mediums available and conscious understanding of the mediums' potentiality are needed if art making is to be used most effectively in therapy. Both may influence outcome. The inherent physicality of each medium may suit a participant's situation and therapeutic needs differently, making thoughtful experience and knowledge of mediums a priority for the art therapist. As it developed a method of describing and analyzing artworks in therapy, this study also developed a method of practice with survivors of sexual abuse, both of which may be generalized to art therapy practice.

For, ultimately, and precisely in the deepest and most

important matters, we are unspeakably alone, and many things must

happen, many things must go right, a whole constellation of events

must occur, for one human being to successfully advise or help

another. (Rainer Maria Rilke)

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APPENDICES

Appendix A: Extended Approval by the IRB

UNIVERSITY OF MAINE

MEMORANDUM

TO: Frances Clukey
                    P.O. Box 819
                    E. Holden, ME   04429-0819

FROM: Gayle Anderson
                    Protection of Human Subjects Review Board

SUBJECT: Selection and Use of Art Mediums in
                    Brief Art Therapy with Adults ...
                    Application #: 99-09-01

DATE: 09/27/2000

On 09/25/2000, the Protection of Human Subjects Review Board conducted its annual review of your project referenced above. The Board approved renewal to September 2001.

Thank you.

Appendix B: Participant Consent Form

Research Project: Use of Certain Art Materials With Persons Dealing with Issues of Trauma in Therapy: Principal Investigator: Fran Clukey, MEd, RATh, LCPC

Sponsoring facility: University of Maine   Date of approval for use:
Other: Date after which form is void:
Human Subjects Consent Form

Participant's
Name_____Date_____Code_____
1. **The purpose of this research is** to describe what happens in the process of therapy when clients, diagnosed as having been maltreated, their symptoms as yet untreated and unresolved, have access to a wide variety of art materials to select and use.
2. **If I participate in this research, the following will be done:** I will attend three art therapy assessment sessions and up to five brief art therapy sessions. Each session will last fifty minutes for a total of up to eight hours, scheduled at mutually convenient times about one week apart. The clinician will be with me during each session in a safe, functional, therapeutic environment. She will videotape the sessions and take notes. I will journal regularly about the sessions and share the journal with her. The artwork I do and the artwork book we make is mine, but will be kept by the clinician until the research is completed. My name will not be attached to the artwork; my face will be made unrecognizable on the videotapes if seen by anyone beyond the clinical and research team. All recognizable recordings and notes, except artwork, artwork book, and my journal, which I may keep, will be destroyed upon completion and acceptance of the research.
3. **The following are the treatments and procedures, which are experimental** in this study: For the purpose of this study, all procedures are experimental although the process meets the standard of care for counseling and art therapy.
4. The following are the risks and discomforts, which reasonable may be expected (including the likely result if the experimental treatment does not work): Many people who do not use art materials regularly may feel a little uncomfortable, frustrated or embarrassed. Some of the artwork and journaling may remind the participant of either good or bad memories and may stir up feelings. If I begin to feel uncomfortable, I should talk with my referring clinician and/or caseworker and I may stop attending sessions with the art clinician at any time.

5. The following are benefits, which reasonable may be expected:
A. To myself: I may find my issues of maltreatment less raw and undigested. I may be better able to deal with the maltreatment I have received and protect myself from future emotional damage as well as be safer physically and mentally because I am more conscious and in control of the experience(s). **B. To humanity:** The several other participants may benefit as I may. Information may become apparent about how selection and use of art materials can help in clients dealing with issues of maltreatment and trauma.

I understand that these benefits may not occur and that unexpected feelings of discomfort may also develop.

6. The following are the alternative procedures, which might be of help to me if I do not participate in this research: My care will proceed in the usual fashion.

7. **The results of this research** will be used in the preparation of a dissertation for an advanced academic degree at the University of Maine by the art clinician. They may be published for the information of others. My artwork, my artwork book, journaling, my visual and verbal responses to the process with the clinician may be published, but my name, records or images of my face will not be given out without my consent or that of my legal and authorized representative. Standards of confidentiality will be maintained.

8. I understand that a committee of mental health and academic professionals periodically review and approve this research for scientific and ethical merit. I may contact the principal researcher if I have pertinent questions about the research and my participation rights. I will be told of any new information, which may affect my willingness to continue in this research. I may leave this research at any time. Such a decision will not affect my future mental health care. I understand that all my questions may not be answered at any time. The researcher and her committee may terminate my participation without my consent after an orderly ending.

9. If this research causes me any injury, emergency medical care will be available. This care will **not** necessarily be free of charge. Financial compensation for any injury from this research is not available. If I am injured as a result of this research, I should first try to contact the principal art clinician, who is listed below. If I don't reach the art clinician, I may call_____.

10. I have participated in therapy, counseling and/or the research studies listed below within the past three months. (Describe the studies.)

11. I acknowledge that I have fully reviewed and understood the contents of this consent form. I have been given a copy of this consent form, the clinician's disclosure statement as required by Maine Board of Counseling Professionals Licensure, and the Research Participant's Bill of Rights.

Participant's Signature_____Date_____

Witness to Participant's signature_____Date_____

12. If participant is a minor, or otherwise unable to sign, complete the following:)

Reason participant is unable to sign: _____

b) Signature of Authorizing Person_____

     Relationship and Basis of Authorization to Give Consent: _____

For the Researcher:

13. I certify that I have reviewed the contents of this form with the person signing above, who, in my opinion, understood the explanation. I have explained the known side effects and benefits of the research.

Principal Investigator_____ Date_____ Telephone Number_____

14. For all in-patient research studies, to insure that patients receive coordinated care from the investigator and the primary care physician, the primary physician must sign this form indicating s/he has knowledge of the research study. If the patient has no primary physician, the physician treating the patient is considered the primary physician. Primary Physician_____ Date_____

15. Because the study stated that the participant is to have been diagnosed as maltreated, the person(s) who did the diagnosis must sign this form indicated that s/he provided the diagnosis and as knowledge of the research study. The code, brief description, and date of the diagnosis must be included.

     Diagnostician_____

Diagnosis Code and Description_____

_____Date of

diagnosis_____

16. I certify that I am the principal investigator and am responsible for this study, for ensuring that the participant is fully informed in accordance with applicable regulations, for ensuring that the research activities are conducted with full respect for the rights and dignity of participants with full concern for their welfare, and for advising the Human Subjects Review Committee of any adverse reactions that develop from the study. Principal Investigator_____ Date_____

Appendix C: Initial Intake Form

Initial Intake Form   Date(DOB)_____
Client _____
Date of Birth ___/___/____
Phone (s) _____
Parents/ Guardians/Significant Others/Collateral
Contacts:_____

_____

_____
Address_____

_____
Referred by

_____

_____
Phone_____

_____
Payor Info:(It will be client's responsibility to deal with
insurance.)_____
Company_____ Policy
#_____
Contact:_____

_____
Certificate Holder_____ Relationship to
Client_____
Diagnosis (later, done
together)_____CB?___DAPPAT?_

_____
Brief statement of what brings you here:(using art as alternative mode=*)

What event(s)* made you decide to come for counseling at this time?

What have you done to resolve this problem to date?:(Previous counseling?) If yes,
when?)

Family History*: (Please be brief and accurate; say "pass" to any questions if you cannot
be accurate.)
- parents [name, age, status(SMDW alive), meds (for), smoke (how much), alcohol use
(how much of a problem for you), non-prescription drug use (problems), relationship to
you & each other, work outside or inside the home:
- siblings [name(s), age(s), status, work, any problems with job, law, drugs, relationship]:
- blood relatives [problems with alcohol, mental & physical health,suicide]:

Your Person History*:-birth:

elementary school experience: grades, liked _, disliked _; life at home then_; friends _;
- middle school:
- high school (grad. yr.___) and other formal education:
- year by year, major events or memories (cont. on back):

Your Trauma History*:

Do you remember a time or times when you were touched by anyone in a way that was not all right, was uncomfortable or hurtful? Who was that person? Were there other times? What does that experience felt like for you now?

Is there any danger for you or others now? (also, accidents, losses, & other traumatic or significant events)

Your use of alcohol, meds, non-Px drugs*:

Your Support System*:(current relationships important to you):
Is there anything else along these lines that I haven't asked about, but that is important to you now?*:
(If questions come up after today, write them down, draw any dreams or images and bring them next time.)

Schedule: (Coming weekly is helpful; we can meet at the same time or as time is available, potluck style.)

Goals/ Recommendations for Counseling: (time limitations, wants, suggests...)

My Initial Impression: (mental status: appearance, speech, affect, cognitions, behaviors, eye contact...)

Appendix D: LCPC Disclosure Statement & Letter of Agreement

Fran Clukey, M.Ed., Dip. AT, RATh, LCPC/cond.
Visually Your; Art Therapy and Counseling Studio
Suite 41, 27 State St., Bangor, ME 04401. Phone: 207.944-9669.

Thank you for scheduling your appointment with me. The decision to start counseling is important. It represents a commitment to your personal growth and an investment of time and money. The goal of the relationship between client and therapist is mutual trust and consideration. Please read this disclosure statement and letter of agreement carefully as you consider your decision. Our signatures at the end will indicate that we have reviewed the statement together, that you have understood the information and that you have received your own copy of it.

My Training and Qualifications: I have degrees in Art and Art Education, a Post-Graduate Diploma in Art Psychotherapy (Dip. AT) and I am completing a final, individually designed doctorate degree in Counseling, Art Education and Art Therapy. I am certified as a public school art educator, also. I am licensed and registered (RATh) as an art psychotherapist in the UK. I am conditionally licensed in Maine as a Licensed Clinical Professional Counselor (LCPC). The unconditional requirement is met when I complete 3000 hours of post-licensing, supervised counseling experience.

I work with individuals of all ages: children, adolescents, and adults, in outside locations and the studio. I have experience counseling individuals with psychotic and mood disorders, with anxiety disorders, with sexual and physical abuse issues, with iatrogenic and other personal stress, with unresolved grief, and for personal growth and creative development.

My Counseling approach in the course of treatment: Building on trust and respect, I honor the whole person even as we start with a focus on a particular concern. I believe healing is most possible when the mind, the body, the emotions and one's personal sense of the spiritual are considered. I work with you to facilitate the integration of the whole person and act as a guide to help you explore those aspects of self that prevent total wellbeing. The concrete nature of art media and art making can allow you to express and consider parts of yourself, situations and issues impossible or too painful to initially put into words. Then, when the time is right and safe, the parts can be gently metabolized and the issues transformed, so they do not remain dysfunctional and you can experience a sense of wellbeing. Whether we use verbal, kinesthetic or visual modes to approach your problems, the meaning **you** attribute to your work is most important. Counseling is effective only to the extent to which you are actively involved in and committed to the process. Art psychotherapy is experiential and relationally triadic; it can be analytically interactive, psychodynamic, cognitive and behavioral; it is eminently pragmatic and sensory-based. **I focus on your safely unfolding self-knowledge through the process of creative expression and I do not judge the aesthetic quality of the artwork.** It is always good enough!

Typically we begin with three fifty or eighty-minute sessions for intake assessment, goal setting and planning. There is time for us to talk, to work with art materials with me as witness, and to look at and talk about your art making. These first sessions allow **you** time to assess if art making is useful to you to meet your goals. We continue by mutual agreement. The ending comes when you think your goals have been met. At that time, whenever we develop or review your service plan, your artwork goes with you as tangible supportive evidence of your growth, change and commitment to develop self-understanding. Helping you to accomplish your work quickly, I may offer exercises or homework to be done outside the sessions.

I offer brief therapy, long term therapy and single sessions for art therapy assessments, individual art therapy and counseling, group art therapy and counseling, interactive workshops, family art evaluations, and consultations with other professionals.

Confidentiality and Its Limits: One of the most important aspects of the therapeutic relationship is that it is confidential. I take your right to privileged communication very seriously. Therefore I want you to know that I am under supervision and clients' cases may be discussed with my supervisor. Such supervision provides one more ring of expert safety around you, the client. No one, except a state-approved counseling professional supervisor, you, I, and any one or agency you have permitted has access to your personal information with the following exceptions required by law:

Confidentiality may be limited or broken (1) if I strongly believe that you are in danger of harming yourself or someone else, (2) if you reveal any information concerning the abuse of a child, older adult, or a dependent adult, (3) if I am ordered to release your records by a court order, or (4) if you and I discuss and conclude that treatment might be enhanced by my communication with other persons for which you or your guardian have authorized in writing a release of information consent. A fifth (5) exception may occur in defense against legal action or formal complaint which you make before a court or regulatory board. The sixth (6) exception is during supervisory consultations as mentioned above.

Fees: Payment for services is due at the time that the services are provided, unless other arrangements have been previously made. The charge for the regular 50-minute art psychotherapy session is $65.00. We may wish to consider an 80-minute session at $90. Fees cover the sessions, administrative costs, and basic art supplies. Fees for groups will be negotiated depending upon the number of participants, number of sessions and any special supplies that may be required. I will be happy to assist you in obtaining insurance reimbursement if you request it. Protea Behavioral Health Services and I have an affiliate agreement for collection of Medicaid and some other third party reimbursement.

Hours and Appointment Scheduling: Sessions are by appointment. Emergency or additional appointments may be scheduled as needed. Appointments canceled or rescheduled in advance will not be charged. Honoring your time and my time

commitment to you, I request you notify me or my 24-hour message service in case you must reschedule, therefore freeing the time to be available for others. An inadequately or unexplained rescheduling or cancellation will suggest to me that the counseling relationship is not working and perhaps we had best consider ending. I will call to make an effort to discuss the problem. Medicaid requires a discharge report to be filled after thirty days of no contact.

"Snow days" happen when the Bangor School System announces them. I will try to contact you and you me to see if we might still meet. If other emergencies happen or if I am unable to get to the studio, I will call to reschedule and I may leave a specific message on my voice mail. In crisis, you may wish to call 1-800-568-1112 or go to the nearest Emergency Room.

Expectations for You: Feel free to bring in artwork or write questions ahead to ask me during the session. Consider ahead what you would like to do during your time. You are in control of your healing and growing process. Realize that there are no quick fixes, but personal effort and guidance with mutual trust and respect can help. Please be honest because I can only work with what you are willing to share with me. Give yourself permission to experiment with the art mediums and creative expression. Play! After the session, you should feel that you were heard.

Professional Regulation: In Maine, professional counselors are regulated by the State. You have a right to know a counselor's educational training and experience, client rights and the professional code of ethics, and fees in advance of service, and you have the right to file a complaint. For information or to register complaints, contact the Department of Professional and Financial Regulation, Board of Counseling Professionals Licensure, 35 State House Station, Augusta, ME 04333-0035, phone 207.624-8682.

Bill of Rights and Code of Ethics: The Client Bill of Rights and the Professional Codes of Ethics for Counseling Professionals and for Art Therapists are available upon request.

Signatures:_____,_____--Date_____

Appendix E: FEATS Rating Sheet

Picture #: _____

Rater: _____

FORMAL ELEMENTS ART THERAPY SCALE (FEATS)©
RATING SHEET
Linda Gantt, Ph.D., ATR-BC, & Carmello Tabone, M.A., ATR

The FEATS uses scales that measure more or less of the particular variable. Look at the degree to which a picture fits the particular scale by comparing the picture you are rating with the examples in the illustrated rating manual. You may mark between the numbers on the scales. Approach the picture as if you did not know what it was supposed to be. Can you recognize individual items? If you have a picture that is hard to rate, do your best to compare it to the illustrations and the written descriptions. Do not worry whether your rating is the same as another rater's. Concentrate on giving your first impression to the variable being measured.

#1 - Prominence of Color

| Color used for outlining only | 0 | 1 | 2 | 3 | 4 | 5 | Color used to fill all available space |

B_{HM}

#2 - Color Fit

| Colors not related to task | 0 | 1 | 2 | 3 | 4 | 5 | Colors related to task |

S

#3 - Implied energy

| No energy | 0 | 1 | 2 | 3 | 4 | 5 | Excessive energy |

| .Less than 25% of space used | 0 | 1 | 2 | 3 | 4 | 5 | 100% of space used |

D B_{HM}

#5 - Integration

| Not at all integrated | 0 | 1 | 2 | 3 | 4 | 5 | Fully integrated |

D_{HS}

| Entire picture is bizarre or illogical | 0 | 1 | 2 | 3 | 4 | 5 | Picture is logical |

$B_{M_{BHL}}$ P_A

From: L. Gantt & C. Tabone, 1998, *The Formal Elements Art Therapy Scale: The Rating Manual*, Morgantown, WV: Gargoyle Press. Copyright © 1998 Linda Gantt

#7 - Realism

Not realistic (cannot tell what was drawn)	0	1	2	3	4	5	Quite realistic

CMD   *S*

#8 - Problem-solving

No evidence of problem-solving	0	1	2	3	4	5	Reasonable solution to picking apple

#9 - Developmental Level

Two-year-old level	0	1	2	3	4	5	Adult level

amb

#10 - Details of Objects and Environment

No details or environment	0	1	2	3	4	5	Full environment, abundant details

D   *B MM*

- Line Quality

Broken, "damaged" lines	0	1	2	3	4	5	Fluid, flowing lines

#12 - Person

No person depicted	0	1	2	3	4	5	Realistic person

Bm

#13 - Rotation

Pronounced rotation	0	2	3	4	5	Trees & people, upright, no rotation

#14 - Perseveration

Severe	0	1	2	3	4	5	None

OMD   *omD*

Appendix F: Tables from Chapter 5.

Table F.1. The Group
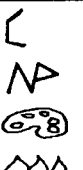
Name, Age & Color Code	CB	Art Experi-ence	# (S#1-#8) of works completed *#(#2-#8)	Referred By	Trauma Type	Dm F/R	Use 2+x
Chama (32) green	No	AE-2	12 *S #2-#8: 8	colleague school counselor	Type II B (R)	2.8 3.8	
Nora (50) red	No	AE-2	13 *11	colleague psycholo gist	Type II B (R)	2.8 4.	
Marty (50) orange	No	AE-4	14 *10	colleague psycholo gist	Type II A	2.7 4.0	
Vicky (51) yellow	No	AE-4	4 *3	colleague psycholo gist	Type II A	2.0 4.0	
Amy (18) black	No	AE-3	10 *7	school counselor	Type II A	1.6 3.7	
Nina (55) blue	Yes	AE-2	25 *24	counselor LCPC	Type II B (R)	2.0 2.7	
Cory (53) purples	No	AE-4	3 *2	colleague counselor LCPC	Type II A	3.5 3.5	
Colleen (34) brown	No	AE-4	6 *4	Pastor & case worker	Type II B (R)	2.0 3.9	
median. age: 50	yes: 7 no: 1	ave: 3.2	87 *69 & books		Type IIA 4 Type IIB(R) 4		

Table F.2. Number of Artworks Completed per Session

	green Chama (32)	red Nora_ (50)	orange Marty (50)	yellow Vicky (51)	black Amy_ (18)	blue Nina_ (55)	purple Cory_ (53)	brown Colleen (34)	S totals
S #1	4	2	4	1	3	1	1	2	18
S #2	1	1	1	2	1	5	1	1	13
S #3	1	1	2	1	0-(cont.)	3	0	1	9
S #4	1	2	1	0 (cont.)	1	4	0-(cont.)	1	10
S #5	1	2	4	0-(cont.)	2	5	1	0-(cont.)	15
S #6	3	3	1	0-(cont.)	1	5	0-(cont.)	1	14
S #7	1	1	1	0-(cont.)	1	2	0-(cont.)	0-(cont.)	6
S #	B	1 & B	B	B	1 & B	B	B	B	2 & Bs
Indiv Total	12 *S#2-8: 8	13 *11	14 *10	4 *3	10 *7	25 *24	3 *2	6 *4	87 & Bs *69

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Table F.3. Art Mediums Used; Coding and Qualities

	Art Mediums	Visual Code	Times Chosen	Degree of Mediation	Fluidity
1	Pencil (>2.0 or HB)		6	3	5
2	Soft pencil (<2B)		0	3	4
3	Drawing pen & ink		0	3	3
4	Colored pencil		12	3	5
5	Colored aquarelle pencil		2	3	4
6	Wax crayon		2	2	4
7	Aquarelle crayon		1	2	3
8	Fine line marker		0	3	4
9	Broad line marker		4	3	4
10	Permanent marker		0	3	4
11	Soft pastels		0	1	3
12	Nupastels		10	1	4
13	Colored chalk		11	1	3
14	Charcoal		12	1	3
15	Oil pastels/Craypas		2	2	4
16	Watercolor paint		8	4	2
17	Finger paint		1	1	1
18	Tempera or acrylic paint		11	4	3
19	Pottery clay		2	1	2
20	Papier maché		1	1	4

21	Plasticine clay		0	1	3
22	Wet set clay		1	1	3
23	Cut & collaged paper		1	4	5
24	Tissue paper		1	2	4
25	Found objects/fabric		3	1	4

Table F.4. Art Medium Usage Rated
Choices: Chosen for individual <u>artwork</u> from Sessions #2-#8; chosen for <u>S #1</u> or <u>S #2-#8</u>

	1st choice	2nd choice	3rd choice	4th choice	5th choice	6th choice	7th plus choice
Colored Pencil	Artwork and S #2-#8			S #1			
Charcoal	Artwork		S #2-#8				S #1
Tempera Acrylic		Artwork And S #2-#8			S #1		
Colored chalk		Artwork		S #2-#8	S #1		
Nupastels			Artwork And S #2-#8		S #1		
Watercolor			S #2-#8	Artwork	S #1		
Markers					Artwork	S #2-#8	S #1
Pencil	S #1			S #2-#8	Artwork		
Found obj. Fabrics						Artwork And S #2-#8	

Table F.5. Art Mediums Used & Directedness by Session

(mediums by #; » = directed, Σ = undirected, all = for all artwork in the session, artwork separated by ;)

	green Chama	red Nora	orange Marty	yellow Vicky	black Amy	blue Nina	purple Cory	brown Colleen	Session Summary
S #1 (18)	1; 12; 5,7; 21,22 »-all 4	1,12; 7,15,4; »; »	1; 15,12, 13;18; 19; »Σall4	1,12,15, 7,4,16, 18 »Σ	1,15; 1,7,16; 16 »Σ; Σ; Σ	1,8 »	4,12, 13,14 »	1; 25,23 »; »Σ	1-8,4-3, 7-4,12-5, 13-2,15-4, 16-2,18-2, rest-1.(16)
S #2 (13)	15,12 Σ	16; »Σ	18 Σ	4; 4 Σ; Σ	19,20, 18,24 »Σ	13;13;13; 13;13. Σ; Σ; Σ Σ;»	5,7> »Σ>	15 Σ	1-1,4-2,5-1, 7-1,12-1,13-5,15-2,16-1, 18-2,19-1, 20-1,24-1. (19)
S #3 (9)	9 Σ	4 Σ	1; 1 »Σ,»Σ	19,25> Σ>	(cont.)	16; 16; 18 Σ; Σ;»Σ	(cont.)	9 »Σ	1-2,4-1,9-2, 16-2,18-1, 19-1,25-1. (10)
S #4 (10)	5 Σ	4; 4 Σ; Σ	22 Σ	(cont.)	(cont.); 1 Σ;»	13;14; 13;16, 14 Σ; Σ;»;»Σ	(cont.)	16> »Σ>	1-1,4-2,5-1, 13-2,14-2, 16-2,22-1. (11)
S #5 (15)	9,4,6 Σ	4; 4 Σ; Σ	12 all four »Σ-all four	(cont.)	18; 14,12 Σ; Σ	16,14;17; 14;14,13; 14 Σ-all	18> Σ>	(cont.)	4-3,6-1,9-1, 12-5,13-1 14-5,16-1, 17-1,18-2. (20)
S #6 (14)	1; 12; 12 »;Σ; Σ	18; 9; 4 »Σ-all	23 Σ	(cont.)	1,13 »Σ	16;16;14; 14;14 »Σ;»Σ; Σ; Σ; Σ	(cont.)	(cont.); 25> Σ>	1-2,4-1,9-1, 12-2,13-1, 14-3,16-2, 18-1,23-1, 25-1. (15)
S #7 (6)	16 »	4 Σ	4 Σ	(cont.)	12,13 Σ	18;18 »Σ;»Σ	(cont.)	(cont.)	4-2,12-1, 13-1,16-1, 18-2. (7)
S #8 (2)	Book »	4,14 & book Σ;»	Book »	Book »	12,13,14 & book Σ;»	book	(cont.); & book	Book »	4-1,12-1, 13-1,14-2. (5)
Med. used 2x+	12, 9	4, 18	1,12	4,19,25	12,13,14, 18	13,14,16, 18	18	25	
Sum.	8(x)/ 11(y) 8(z)	11 12 5	10 10 6	3 4 3	7 15 8	24 27 6	2 3 3	4 4 4	9 11 5

x= # of works done (in S#2-8); y= # of medium choices made; z= # of diff. mediums used.

Table F.6. Directedness, Degree of Mediation and Fluidity in Artworks

(# of artworks); Directedness: »=participant received direction; Σ= participant was undirected; »Σ=participant received some direction and expanded idea. Degree of Mediation (Dm): 1(direct contact with medium)-5(no contact) scale; Fluidity (F)/Resistiveness (R) of medium: 1(very fluid)-5(very resistive) scale

(87)	Chama. (12)	Nora... (13)	Marty ... (14)	Vicky. (4)	Amy.... (10)	Nina.... (25)	Cory... . (3)	Colleen (6)	Session Totals
S #1 (18)	»; »; »; »	»; »	»Σ; »Σ; »Σ; »Σ	»Σ	»Σ; Σ; Σ	»	»	»; »Σ	»=9; Σ=2; »Σ=7
S #2 (13)	Σ 2	»Σ 2	Σ 4	Σ; Σ 3	»Σ> 2	Σ; Σ; Σ; Σ; » 1	»Σ> 3	Σ 2	»=1; Σ=9; »Σ=3 Dm=2.4
S #3 (9)	Σ 3	Σ 3	»Σ; »Σ 3	Σ> 1	(cont.)	Σ; Σ; »Σ 4	(cont.)	»Σ 3	»=0; Σ=5; »Σ=4 Dm=2.8
S #4 (10)	Σ 3	Σ; Σ 3	Σ 1	(cont.)	(cont.); Σ; » 3	Σ; Σ; »; »Σ 1	(cont.)	»Σ> 2	»=2 Σ=7; »Σ=1 Dm=2.2
S #5 (15)	Σ 3	Σ; Σ 3	»Σ; Σ; Σ; Σ 1	(cont.)	Σ; Σ 2.5	Σ; Σ; Σ; Σ; Σ 1.3	Σ> 4	(cont.)	»=0; Σ=14; »Σ=1 Dm=2.5
S #6 (14)	»; Σ; Σ 2	»Σ; »Σ; »Σ 3.3	Σ 4	(cont.)	»Σ 2	»Σ; »Σ; Σ; Σ; Σ; 2.2	(cont.)	(cont.); Σ> 1	»=1; Σ=7; »Σ=6 Dm=2.4
S #7 (6)	» 4	Σ 3	Σ 3	(cont.)	Σ 1	»Σ; »Σ 4	(cont.)	(cont.)	»=1; Σ=3; »Σ=2 Dm=3.
S #8 (2)	[»]	Σ;[»] 2	[»]	[»]	Σ; [»] 1	[»]	[»]	[»]	[»=8] (book); Σ=2

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Table F.7. Foundations Used: Numbers(#)=artworks done, #dif=#of different foundations used, Paper: W=white,
M=manila, WC=watercolor; Sizes: S=9x12,L=12x18,XL=18x24; Color: Blu=Blue, Bk=Black, G=Gray; PC=pottery clay,

	Chama (32)	Nora__ (50)	Marty_ (50)	Vicky_ (51)	Amy__ (18)	Nina__ (55)	Cory_ (53)	Colleen (34)	Session totals
# of works S #1	4: W(S) W(S) W(S) Plasti- cine	2: W(S) W(S)	4: W(L) W(L) W(L) Pottery Clay(PC	1: W(L)	3: Blu(S) WC Lt Blu XL	1: WC	1: Bk.- Gray- M> (L)	2: Blu(S) W(L)	18:8dif: W(S)-5 W(L)-4 M(L)-2 WC -2 BluS-2
S #2 *= theirs	1: M(L)	1: W(L)	1: W(L)	2: *W(sq)	1: pottery clay>	5: WC WC WC WC WC	2: W(L) > Blu XL>	1: M(L)	13:6dif: 2W(L), 6WC,2M L,1BXL PC
S #3 >= cont.	1: W(L)	1: W(L)	4: W(L) W(L) (2 sides each)		(clay – cont.)	3: WC WC WC	(Blu XL cont); wood disk*	1: W(L)	9:4dif: W(L)-4 WC -3 PC-1 theirs-1
S #4	1: W(L)	2: W(L) W(L)	1: wet set clay .	0: (cont.)	1: W(L)	4: Bk(L) M(L) G(L) W(L)	0: (cont.)	1: WC>	10:4 dif: 5 W(L) 1 ws clay 1@BkM GL,1WC
S #5	1: G(L)	2: W(L) W(L)	4: W(S) W(S) W(S) W(S)	0: (cont.)	2:W(L) W(L)	5:W(L) W(L) W(L) W(L) WC	1: wood disk* >	0: (cont.)	15:1WC 8W(L) G(L) 4W(S) wood
S #6	3: W(L) W(L) W(L)	3: W(L) W(L) W(L)	1: W(XL)	0: (cont.) FM>	1: W(XL)	5: 4xW(L) W(XL)	0: (cont)	1: FM>	14:3 dif: 9W(L) 3W(XL) 2 FM
S #7	1: WC	1: W(L)	1: W(XL)	0: (cont.)	1: Blu (XL)	2: WC WC	0: (cont.)	0: (cont.)	6:3WC 1W(L) 1W(XL) 1Blu(XL
S #8	0: & book	1: W(L) & book	0:& book	0: & book	1:W(L) &book	0: & book	0: & book	0: & book	2:1 dif: 2W(L)
Indiv Sum & Ave.	6 dif paper &. clay	2 dif paper	6 dif paper & wet set clay	4 dif paper, clay & FM	7 dif paper & PC	6 dif paper	3 dif papers & wood	5 dif papers, FM`	13 dif. available 4 dif/S 5 ave.dif

FM=found materials.

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Table F.8. Some Comparisons by Participant

	Type	Medium use/ at least 2 times	Number of art works	FEATS #1	#2	#3	#4	#5	#11
Chama	IIB(R)	12, 9	8	3.1	4.1	2.7	4.4	4.2	3.7
Nora	IIB(R)	4, 18	11	3.3	3.5	3.2	4.8	2.8	3.8
Marty	IIA	1, 12	10	4.0	4.4	3.2	4.4	4.6	4.2
Vicky	IIA	4, 19, 25	3	4.7	4.8	3.3	4.5	5.0	4.3
Amy	IIA	12, 13, 14, 18	7	4.4	4.5	3.6	4.6	4.0	4.0
Nina	IIB(R)	13, 14, 16, 18	24	2.8	2.2	4.1	5.0	3.8	3.9
Cory	IIA	18	2	4.0	5.	3.3	3.7	3.7	5.0
Colleen	IIB(R)	25	4	4.7	5.	3.0	4.8	4.8	4.5
	4 IIA 4 IIB(R)		69	Ave: 3.6	Ave: 4.2	Ave: 3.3	Ave: 4.5	Ave: 4.1	Ave: 4.2

Table F.9.1 FEATS Scale #1 Color Prominence (CP) (scale: 0=NA, 1 to 5 = less to more color)

	green Chama_ (32)	red Nora_ (50)	orange Marty_ (50)	yellow Vicky (51)	black Amy_ (18)	blue Nina_ (55)	purple Cory_ (53)	brown Coleen (34)	S Ave.
#1	0 4 4 0	5 4	0 4 0 0	5	4 5 4	5	4	0 5	4.4
S #2	4	1	3	4 5	5	1 1 1 2 1	4	4	3.0
S #3	2	3	0 0	0	cont.	5 5 5	cont.	0	3.3
S #4	2	3 3	0	cont.	Cont. 0	1 2 5 0	Cont.	5/0	3.3
S #5	4	4 4	0 0 0 0	Cont.	5 4	5 4 2 1 1	4	Cont.	3.9
S #6	0 2 2	3 4 0	5	Cont.	¾	0 0 3 3 3	Cont.	Cont. 0	3.4
S #7	4	2	0	Cont.	4	0 0	Cont.	Cont.	3.3
S #8	book	3 book	book	book	5 book	book	book	book	4.
Indiv. Ave.	3.1	3.3	4.	4.7	4.4	2.8	4.	4.7	3.6

Table F.9.2. FEATS Scale #2- Color Fit (CF) (scale: 0 = NA, 1 to 5 = less to more relationship to task)

	green Chama (32)	red Nora_ (50)	orange Marty_ (50)	yellow Vicky (51)	black Amy_ (18)	blue Nina_ (55)	purple Cory_ (53)	brown Colleen (34)	S total s
S #1	3 3 2 3	3 3	3 3 4 4	3	3 4 4	4	4	3 3	
S #2	3	4	3	3 3	4	5 5 5 5 5	3	3	
S #3	2	3	3 2	4	Cont	4 3 3	Cont.	3	
S #4	2	3 3	3	Cont.	Cont. 3	4 4 3 3	Cont.	3	
S #5	3	3 3	4 3 3 3	Cont.	3 3	3 4 5 4 5	3	Cont.	
S #6	2 3 3	4 3 3	4	Cont.	3	5 5 5 5 5	Cont.	Cont. 3	
S #7	3	3	3	Cont.	4	3 3	Cont.	Cont.	
S #8	Book	4 book	Book	Book	5 book	Book	0	book	
Individ. Totals	2.7	3.2	3.2	3.3	3.6	4.1	3.3	3.0	3.3

Table F.9.3. FEATS Scale #3- Implied Energy (IE) (scale: 0 = NA, 1 to 5 = less to more energy)

	green Chama (32)	red Nora_ (50)	orange Marty_ (50)	yellow Vicky (51)	black Amy_ (18)	blue Nina_ (55)	purple Cory_ (53)	brown Colleen (34)	S totals
S #1	4 5 5 0	4 4	5 3 4 5	5	4 4 5	5	3	5 5	
S #2	4	5	5	4-5 4-5	5	5 5 5 5 5	4	5	
S #3	4	5	4 5	5	Cont.	5 5 5	Cont.	3	
S #4	4	5 4	5	Cont.	Cont 4.	5 5 5 5	Cont.	5	
S #5	5	5 5	4 4 5 4	Cont.	5 5	45 4 5 5 5	4	Cont.	
S #6	3 5 4	5 5 5	5	Cont.	4	5 5 5 5 5	Cont.	Cont. 3	
S #7	5	5	4	Cont.	5	5 5	Cont.	Cont.	
S #8	Book	5 book	Book	Book	5 book	Book	0	Book	
Individ Totals	4.4	4.8	4.4	4.5	4.6	5.0	3.7	4.8	4.5

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Table F.9.4. FEATS Scale #4 Space (S) (scale: 0 = NA, 1 to 5 = less than 25% to 100% space used)

	green Chama_ (32)	red Nora_ (50)	orange Marty_ (50)	yellow Vicky (51)	black Amy_ (18)	blue Nina_ (55)	purple Cory_ (53)	brown Colleen (34)	S totals
S #1	4 4 5 0	5 5	4 5 5 5	5	5 1 0	4	3	5 5	
S #2	4	1	5	5 5	4	0 4 4 3 2	4	5	
S #3	3	2	4 4	5	Cont.	0 0 0	Cont.	5	
S #4	4	2 2	5	Cont.	Cont 4-5	4 4 4 0	Cont.	4-5	
S #5	5	4 3	4 5 5 4	Cont.	4 5	5 5 3 3 3	4	Cont.	
S #6	3 5 5	3 3 0	5	Cont.	5	5 0 4 4 3	Cont.	Cont. 4-5	
S #7	0	1-2	0	Cont.	4	0 0	Cont.	Cont.	
S #8	Book	2 book	Book	Book	4 book	Book	0	Book	
Individ. Totals	4.2	2.8	4.6	5.	4.0	3.8	3.7	4.8	4.1

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Table F.9.5. FEATS Scale #5 Integration (I) (scale: 0 = NA, 1 to 5 = not at all to fully integrated)

	green Chama_ (32)	red Nora_ (50)	orange Marty_ (50)	yellow Vicky (51)	black Amy_ (18)	blue Nina_ (55)	purple Cory_ (53)	brown Colleen (34)	S totals
S #1	4 3 4 0	4 4	5 4 4 0	4-5	4 4 5	4	5	4 4-5	
S #2	3	3	5	5 4	0	4 3 4 3 2	5	5	
S #3	4	4	4 4	4	Cont.	4 4 4	Cont.	0	
S #4	4	4 4	4 4 4 4	Cont.	Cont. 3	3 4 4 4. 5	Cont.	0	
S #5	4	4 4	4 4 4 4	Cont.	0 cont.	0 4 4 4 0	5	Cont.	
S #6	3 4 4	4 4 4	4	Cont.	4	0 4 4 5	Cont.	Cont. 0	
S #7	0	4	4	Cont.	4	4 4	Cont	Cont.	
S #8	Book	4 book	Book	Book	4-5 book	Book	0	book	
Individl Totals	3.7	3.8	4.2	4.3	4.	3.9	5.	4.5	4.2

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Table F.9.11. FEATS Scale #11 Line Quality (LQ) (scale: 0 = NA, 1 to 5 = broken, 'damaged' to fluid, flowing lines)

	green Chama_ (32)	red Nora_ (50)	orange Marty_ (50)	yellow Vicky (51)	black Amy_ (18)	blue Nina_ (55)	purple Cory_ (53)	brown Colleen (34)	S totals
S #1	4 3 4 0	4 4	5 4 4 0	4-5	4 4 5	4	5	4 4-5	
S #2	3	3	5	5 4	0	4 3 4 3 2	5	5	
S #3	4	4	4 4	4	Cont.	4 4 4	Cont.	0	
S #4	4	4 4	4 4 4 4	Cont.	Cont. 3	3 4 4 4.	Cont.	0	
S #5	4	4 4	4 4 4 4	Cont.	0 cont.	5 0 4 4 4	5	Cont.	
S #6	3 4 4	4 4 4	4	Cont.	4	0 0 4 4 5	Cont.	Cont. 0	
S #7	0	4	4	Cont.	4	4 4	Cont	Cont.	
S #8	Book	4 book	Book	Book	4-5 book	Book	0	book	
Individl Totals	3.7	3.8	4.2	4.3	4.	3.9	5.	4.5	4.2

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Table F.10. Style: Quartered Circle: (♩)=visual/linear(l), (L)=haptic/linear, (r)=haptic/massed, (⌐)=visual/massed

	green **Chama** (32)	red **Nora** (50)	orange **Marty** (50)	yellow **Vicky_** (51)	black **Amy_** (18)	blue **Nina__** (55)	purple **Cory__** (53)	brown **Colleen** (34)
S #1	(♩) (♩) (♩) (⌐)	(⌐) (♩)	(♩) (⌐) (r) (r)	(r)	(⌐) (r) (r)	(L)	(⌐)	(r) (⌐)
S #2	(L)	(L)	(⌐)	(r) (r)	(r)	(L) (L) (L) (L) (L)	(⌐)	(⌐)
S #3	(L)	(L)	(♩) (♩)	(⌐)	Cont.	(r) (r) (r)	Cont.	(L
S #4	(L)	(L) (♩)	(⌐)	Cont.	Cont (♩)	(L) (L) (L) (r)	Cont.	(r)
S #5	(L)	(♩) (♩)	(♩) (♩) (♩) (♩)	Cont.	(r) (r)	(♩) (r) (L) (r) (r)	(♩)	Cont
S #6	(♩) (L) (L)	(L) (L) (♩)	(⌐)	Cont	(♩)	(r) (r) (L) (L) (L)	Cont.	(r)
S #7	(r)	(♩)	(♩)	Cont.	(r)	(r) (r)	Cont.	Cont.
S #8	book	(♩) book	Book	Book	(r) Book	Book	0	book
Indiv. Sum.	(L)=6 (♩)=1 (⌐)=0 (r)=1	(L)=5 (♩)=6 (⌐)=0 (r)=0	(L)=0 (♩)=7 (⌐)=3 (r)=0	(L)=0 (♩)=0 (⌐)=1 (r)=2	(L)=0 (♩)=3 (⌐)=0 (r)=4	(L)=12 (♩)=1 (⌐)=0 (r)=11	(L)=0 (♩)=1 (⌐)=1 (r)=0	(L)=1 (♩)=0 (⌐)=1 (r)=2

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Table F.11 Minutes of Talk(T) and Work(W) Over Total Minutes in Sessions.* = minutes after signing consent form.

	Chama (32) T W	Nora_ (50) T W	Marty (50) T W	Vicky (51) T W	Amy_ (18) T W	Nina_ (55) T W	Cory (53 T W)	Colleen (34) T W	S totals
S 1	10 25 *27	6 27 *32	29 28 *47	20 30 *48	35 35 *45	15 28 *35	26 15 *35	18 30 *39	20 27 39
S 2	12 10 22	17 44 48	43 18 50	55 0 55	25 40 55	48 20 55	48 10 55	45 15 55	31 20 49
S 3	50 15 55	37 35 40	54 23 55	55 4 55	20 50 55	25 39 53	50 25 70	40 25 55	41 27 55
S 4	40 11 50	33 55 55	44 27 60	58 25 58	20 60 60	30 25 55	20 35 55	20 40 55	33 35 56
S 5	52 24 58	22 28 33	42 15 55	55 0 55	20 50 55	35 35 55	55 0 55	30 40 55	39 24 53
S 6	42 21 60	47 55 55	38 30 55	58 40 58	15 47 55	52 40 55	47 15 55	52 40 55	44 38 56
S 7	55 16 55	No Tape	58 10 58	41 39 58	35 39 55	25 33 50	47 45 55	35 30 55	42 30 55
S 8	53 10 58: Bk	20 30 30+25- Bk	33 15 35:Bk	45 20 55{Bk	25 45 35&20 :Bk	42 30 55:Bk	No Tape	45 25 55:Bk	38 25 55:Bk
Ind iv. Tot als	40 17 50	23 35 46	43 21 55	45 21 57	24 4 54	34 31 54	42 21 58	36 31 50	36 28 53

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Table F.12. Key Words

Words noted on individual artwork cards or session cards are included below.

Researcher observations are typed as written; <u>therapist countertransference is underlined</u>;

"participant quotes are in quotation marks."

Chama:	She tries several. Real world inside; fantasy out.
	She tries Craypas and switches immediately to Nupastels
	She worked and then talked; she says she cannot write.
	<u>I can never provide enough; feeling out of contro.</u>, She sighs, uses markers and recaps them carefully. "Beatings"
	"I am dream-mapping with four protectors". She uses aquarelles but no water.
	She changed mediums: markers, changables, colored pencil, Craypas. "I am dying in the hospital after an accident and there is a service for me".
	There is lots of philosophic talk and in the head stuff today. She tried contour drawing then draws a face in the cliff, a dream. <u>It is too scary to connect to body.</u>
	Let's try wet on wet. She draws a spiral; I encourage her just playing.
	"I'm a very visual person; if someone shows me, I understand." "I like the watercolor; it (this) is my best!
Nora:	"This is a fun way to think about things, like my min's house. I haven't thought about my mother's house in a long time." (S#1)
	The brown shape evokes memories of rats.
	"...my rage and anger with my father...hated my brother who raped me."
	"My life with my husband got bad." "I had no support, no siblings who supported me"
	"The color relates to different persons, red for my father, yellow for mom; I'm blue" (S#2)
	She draws a "life map." "I wish life was like these pencils; you make a booboo and you can erase it. I wish life were more like that, not to cover it up, but to change the way it was." (S #3)
	"It is easier to talk when I draw."
	Tears. "I feel sick." "I chose a different path. the hunger, the terror." (S #5)
	"My heart hurts; how can I fill that emptiness." "The blue bowl needs

	filling." (S #6)
	"I want to draw around my brother; I remember his hand." "The charcoal smudge felt appropriate with pencil for details." "There was a fire and my drunk father came." (drawing with charcoal for the first time) (S #8)
Marty:	I am discovering the effects of alcohol through generations." Mom is in blue, me in yellow, father is in black." (S #2)
	"Pencil helps me remember. It's like a left brain access tool." She illustrate dreams, a life map. "I can do cognitive work since I am not willing to deal with feelings today." (S #3)
	She likes the Nupastels and the acrylics. "I like the toughness, the struggle of real clay. It is like the mess in my mouth." (S #4)
	She uses both hands on the clay, symmetrically. "Do I want to go back to un-remembered times?" She mashed the plasticine clay she used to represent 'dad'. "It is oily; I cannot get a grip." (S #4)
	I encourage her to zoom in on the face and mouth, in multiple drawings. "I keep trying to get the stuff in my mouth out." "I feel fear, deep embarrassment and shame." I wonder what is the meaning of it?" "Can I get it out without anyone seeing. It reminds me of asthma, childhood, and hunger". "I shouldn't have it in. I feel as if I am being silenced." (S #5)
	I like the conté to sketch; I am more verbal than visual but I like to illustrate in stages. How about a triangle of silence, fire, and loneliness. (We did some contour drawing.)
	"I need a theme; I tend to be addictive, isolated, depressed." "The collage stuff is more physical; I can cut out the black clouds and glue them on." (S #6)
	"I am dreaming about driving; things have changed. I need to find time, to slowdown, so I don't crash". She uses colored pencil because she says it grounds her spatially.
	As we assemble the book, she says, "We are getting everything together". I feel as if the book pulls together bits of remembered feelings about her father that were dangerously loose.
Vicky:	"I have had no time to grieve." She uses strong colors and smudges mediums with her fingers as she talks about her grief.(S #1)
	She feels as if she is not good enough, she doesn't belong; she has no roots. Of the drawings she did and brought in: "the round shape keeps me feeling safe and within boundaries." "I walk in endless loops."(S #2)
	"I am in the process of transforming my insides." Of the photos: " I face myself; he will have to face us."

	"I like the symbolism of clay – dirt to dirt, it is heavy; it would make a good corpse for father, weighty; it fits the feel of him". (S #3-4)
	"He has a heart of clay, of stone, not brass... I have not talked to mom, to protect her". "I have spiritual needs, need to find my place as an adult, in the feminine and in the goddess." She took some clay home to use and left the pieces of her father's shirt in the studio, after spending all the time talking. (S #5)
	"Dust to dust.... I don't want to use any tools, just my hands."... I will find photos next, to glare at him.... I will prepare the body for burial, dressing it with clothes.... His suspenders will hold him together. He has rigor mortis... He has his own shirt (fabric from a shirt of his.) I need other cloth for his pants."(S #6)
	"My relationship with my father has changed. I can talk about him and remember, with some pain, and I can view his life as I do my students'. I don't want revenge." (S #7 several weeks later)
Amy:	The camp and the memories unspoken quickly come onto the paper with variety and high color use. I feel as if everything needs to be jolly and fun. (S #1)
	She made several works and talked energetically. I felt pulled along with her energy but she needed help. She wants to make a mask. Her newly broken arm changes the relationship with mom and dad, putting them in better parenting roles and I have to provide for her. " I like the feel of clay (as she pushes it and smooths it)." "The mouth of the papier maché mask is frog-like." She watched the process to see how it evolves. (S #3)
	She and I work together as she mixes paint, adds stuff to the mask, glues colored tissue to it. She is a doer. The varied affect and content of her talk does not seem to effect her handling of the medium, which is smooth and continuous. She wants 'happy colors' and then looks at her mask to see an angry and confused-looking face. She is surprised. I suggest her trying blind contour drawing of her own face and she does. ((S #4)
	She paints the clay mask form – all black and orange (her school colors) with no eyes. She returns to drawing herself, searching for what she can see in the mirror. (S #5)
	She has a new, more assured tone to her voice. She draws a more creative self portrait this time, seemingly quite independent. "I have an amazing body..."(S #6)
	She works playfully as she talks about her success in confronting her brother and getting support from mom and dad. She defines her boundaries, her edges as she draws yet another self-portrait in story format about alien ways with unusual mediums. (S #7)

	Before putting the book together, she does one more work about her damaged (charcoal) and cheerful halves/parts (Nupastels and colored chalk) of self. "I am making a mess! It feels good to get it out." Smudging and blending and re-coloring, she develops her work loaded with symbolism, but her process is smooth and ongoing. (S #8).
<u>Nina:</u>	She tries lots of materials with little talking.(S #1)
	She uses a whole piece of vine charcoal, like a pencil, linear, symbolizing, scratchy effect. "The red and black symbolizes my anger, sadness." She makes an intense, just barely controlled edge. She talks a lot about her insights and then slows to draw. <u>I feel I need to slow down</u> and suggest mapping a floor plan of her home (S #2)
	I suggest WC. She plays, especially happily with yellow. "I love the way it flows!) I like complementary colors. "What can you see, Fran? I want to learn what I can see"...(S #3)
	She goes back to vigorous scratching, with charcoal, and sows herself, her selves, in strong triangle in black and then red. <u>I feel as if we are racing in the darkness.</u> I suggest reworking one black & white work in colors, slowly<u>. She is so grateful and hardworking; a good girl.</u> She illustrates all her many selves., all within the triangle. She says she is ready to hear their stories; they will not lose themselves in the process. "We are all in this together". She describes her dissociation. ((S #4)
	The roses have thorns and the charcoal mutes out the color. "evil still prevails." "Are there treasures in the anguish of my past?" The flowers are on the dark side, not the light. She switches from paint to charcoal. She looks for treasures and assigns meanings to colors.(S #6)
	"I am glad I used this medium (finger paint), because this form, what ever it is to me, keeps coming up in my mind's eye. What is it?" Five more scenes are made visual.(S #7)
	The talk, in tone of anger, and stories flow as she looks for her core. "Where am I?" Confusing her loss with evil in herself, she paints and then returns to charcoal. (S #7)
	With paste paper, she says she sees more "tortured soul". " It is difficult to look at this stuff". Maybe we can just pull it together next week in the portfolio. (S #7)
<u>Cory:</u>	The black void, " the black pit in the middle of me", she saw the center of the paper went to it immediately with several mediums. (S #1)
	She makes her colors brighter than real, perhaps to attract attention. She says she wants to be unique. Her painting is hard edged and non-smudgy. <u>I feel as</u>

	if I need to be clever. (S #2) "I like the aquarelle crayons." (but she never uses water with them). She starts to tell the story, including her 'pit of stomach' feelings. " 'Don't talk,' they said and they sent me out side, but I listened and watched". The mediums seem to back up "lots of adrenaline feelings." (S #5) The fear of the stalker continues; the fear of getting up in the morning and leaving the house. She draws the pit of her stomach and the knife to her throat in aquarelle crayon. She says she feels so alone when she looks at the picture. "I couldn't work at home on the significant bad events." She paints the heads on black disc, talking the whole time. (S #6) Continuing to draw on disc and talks about the importance of looking good in such an unhappy family. "I never challenged anyone; I just stayed out of the way and internalized the pain." "I was alone in the middle of the family." I remember Mother's scream that he had let me touch him – at age 3-41." I call it "Violations of innocence." (S #7) The medium needs to fit the story. Does the story appear correctly? "Mom did okay; I think I understand the patterns and I can accept some events.
Colleen:	She seems so deliberate; it is thoughtful or drugged? "The ducks go around." (S #1) "Things broke down four years ago and they took my son away. When I have drawn the window before, I have not drawn that shade." (S #2) "I am struggle to regain myself." "This is the quilt in pieces, with dust motes in the sunbeams". She brings in the quilt pieces to show me. It is interesting that she chooses a quilting process, to patch her memory together. I asked her to represent the important people on both sides of the Atlantic – but she diagrammed lightly in pencil. (S #3) The watercolors flow in blues, greens and purple./ She studies the material and the idea of support net and builds a market basket in the way her grandmother taught her. (S #4,5, and 6) I did not have adequate materials in the studio to sew it together the first day, but got it together the next time. I am just not good enough.(S #4,5) The basket held so many treasures, each described, most about her foster son.(S #6) "I like to play with the materials and see what comes from them." She seeks any help available. I do not use open ended questions well. (S #7) "Suicide is unreliable I have decided."

BIOGRAPHY OF THE AUTHOR

Frances Harlow Clukey was born in Bangor, Maine, graduated from Orono High School and completed her AB degree in Art with Honors in 1965 from Brown University. She earned a MEd from the University of Maine in 1980 and was awarded a membership in Phi Kappa Phi. From 1980 to 2000, she was employed as the art specialist, teaching grades K-8, at the Veazie Community School. As an adjunct professor of art, part time, she taught several semesters of the "Teaching of Art" service course and did field supervision for several art education student teachers. Her work as an artist is primarily in fabric design and painting. In 1995, she completed her Diploma in Art Therapy at Goldsmiths College, University of London, England and became licensed and registered in the UK as an art psychotherapist (RATh.). In order to practice art therapy in the US, she obtained a State of Maine counseling license, the Licensed Clinical Professional Counselor (LCPC) qualification. She is now in private practice in Bangor.

Fran is a candidate for the Doctor of Philosophy degree individualized in art and counseling from The University of Maine in May, 2003.