

## Chapter 1

### THE MEDICINE WHEEL APPROACH TO THERAPY

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#### INTRODUCTION

Sexual abuse has a pervasive impact on the developing child (Lubit, et al., 2003), family, schools, communities, and society as a whole. This type of trauma can result in Post Traumatic Stress Disorder (Agaibi & Wilson, 2005) as well as post traumatic guilt and shame (Wilson, Drozdek, & Turkovic, 2006). I became interested in sexual abuse and art therapy when I was completing an internship at Wiley Preschool Program for emotionally disturbed children in Bethlehem, PA. I was in the undergraduate, clinical/counseling program at Moravian College. I was reading books on art therapy with children at the time. I began to experiment with my 4 year old clients by having them draw pictures. I remember a 4 year old boy, let's call him George, who was sexually abused by his father. Over and over, he drew trains, talked about trains, perseverated on trains. His cocoa brown skin in contrast to his pale green eyes made him a striking child but his expression was empty, lacking emotion. I remember how sad I felt when the social worker told me that George would never lead a normal life due to his pervasive abuse issues. Another little girl, let's call her Alisha, was sexually abused by her mother's boyfriend. In a repeating pattern, she would draw herself next to her mother. She would end each drawing by taking a black crayon and blacking out the face of her mother. Alisha had strong anger feelings toward her mother. This undergraduate experience would later lead to my curiosity about graphic indicators of sexual abuse. I focused on this in my second book, *Art therapy with sexual abuse survivors*. I will recap that research here (Brooke, 1997).

#### GRAPHIC INDICATORS OF SEXUAL ABUSE

There has been little research which has focused on graphic indicators of sexual abuse. However, numerous observations have been made by art therapists, psychotherapists, and other mental health practitioners. “The use of art expression has allowed us to explore our hypothesis that sexually exploited children may produce predictable themes and images through their art and that substantiation of this hypothesis might aid greatly in the identification and treatment of victims “ (Carozza & Hiersteiner, 1982, p. 167). This section will concentrate on common images in the drawings of child and adult survivors of sexual abuse. Although the intent is to identify possible victims of abuse, the significance of indicators is questioned by some practitioners, primarily due to the fact that identification of indicators is based on case studies rather than research studies. Additionally, many of the observations were made by non art therapists. Identification of graphic indicators is in the beginning stages. Common images have emerged in the literature. The value of identifying common images is that drawings may aid in the disclosure of sexual abuse (Burgess, 1988; Kelley, 1985).

### HUMAN FIGURE DRAWINGS

Human figures drawn by sexual abuse survivors often have recurring themes. Omission of body parts is typical in the artwork of sexual abuse survivors, such as missing hands and feet (Burgess, 1988; Burgess and Hartman, 1993; Chantler, et. al., 1993; Jones, 1989; Kelley, 1984; Malchiodi, 1990; Riordan & Verdel, 1991; Sadowski & Loesch, 1993; Sidun & Rosenthal, 1987). Spring (1988) conducted a research study with female, adult survivors and observed fragmented bodies in their art. Some sexually abused clients will portray figures with very detailed emphasis on the face and clothing of the upper portion while neglecting to represent the lower portion of the body (Malchiodi, 1990; Sadowski & Loesch, 1993). This may represent helplessness or lack of support related to the sexual abuse (Klepsch & Logie, 1982; Sadowski &

Loesch, 1993) and denial of the sexual self (Brooke, 1997; Malchiodi, 1990). For those survivors who do not draw the lower portion, Spring (1996) observed that this may be a fear of acknowledging the weapon of sexual abuse if it was the penis. Spring stated that this depends on the identification of the figure, whether it represents the self or the perpetrator. I have noticed that the focus for some survivors is on intellect rather than affect, which associated with the body; therefore, some tend to draw only portraits (Brooke, 1997). Malchiodi (1990) attributed the lack of torso to denying the sexual areas of the body.

We can, therefore, surmise that the absent torsos were not the result of cognitive limitations. Alice's omission is clearly related to her sexual victimization and points to her use of denial. She uses this primitive defense mechanism in an attempt to keep unconscious the painful experience to which she was subjected. (Kaufman & Wohl, 1992, p. 55)

Some researchers have noted that the absence of body parts indicated denial (Carozza & Hiersteiner, 1982; Levick 1983). Separation of trunk may also reveal sexual abuse (Kaufman & Wohl, 1992). Generally, drawings by survivors depict poorly integrated figures (Chantler, et. al., 1993; DiLeo, 1983; Hibbard & Hartman, 1990; Stember, 1980).

According to Kelley (1984), a registered nurse working with children, shading of the figure suggests preoccupation, fixation, and anxiety. Signs of anxiety in children can take other forms according to Briggs and Lehmann (1989): omissions, distortions, heavy lines, turned down mouth, raised arms, and arms turned inward. Kelley (1984) found that sexually abused children shade the genital and chest areas of figures.

Explicit depiction of genitals by children has been used as an indicator of abuse by some

clinicians (Burgess, 1988; Faller, 1988; Hagood, 1993; Hibbard & Hartman, 1990; Hibbard, et. al., 1987; Kelley, 1984; Miller et. al., 1987; Yates, et al., 1985). “It must be cautioned that, although the presence of genitalia in a child’s drawing should alert one to consider the possibility of sexual abuse, it does not prove it, just as the absence of genitalia does not exclude abuse”(Hibbard, et. al., 1987, p. 129). Exaggeration or minimalization of sexual features were also widespread in children’s art products (Chantler, et. al., 1993; Dufrene, 1994; Cohen-Liebman, 1995; Riordan & Verdel, 1991; Yates, et al., 1985). Sexual connotations in children’s art work can take other forms such as depicting figures wearing sexy clothing or make-up, or with long eye-lashes that conveys seductiveness (Howard & Jakab, 1968; Malchiodi, 1990). On the other hand, some children may avoid sexualization, thus, creating figures with ambiguous sexuality (Faller, 1988; Kelley, 1984). With male survivors whose perpetrator was also male, I have observed that gender confusion or questions about sexual identity surface in their art work. Additionally, I have found that facial features sometimes have female connotations for some male survivors (Brooke, 1997).

Other themes include the lack of a mouth which may relate to the secrecy surrounding the abuse; this was observed in the art of children and adolescents (Briggs & Lehmann, 1985; Sidun & Rosenthal, 1987). Huge circular mouths are often drawn by children when oral sex was involved (Briggs & Lehmann, 1985). Spring (1993) felt that the circular mouth may be related to the silent scream. Riordan and Verdel (1991) found both the emphasis on the mouth and the omission of the mouth in the work of child survivors. Drachnik (1994) noted that some sexually abused children have drawn protruding tongues in their art; yet, this graphic indicator has not been empirically validated.

Spring (1988) found that sexually abused adults were more likely to draw eyes. Her

research study utilized 225 drawings and included a control group. The survivors included two groups: 15 rape victims and 15 women who experienced multiple sexual abuse incidents. All 30 women were diagnosed with Post Traumatic Stress Disorder. Their drawings were compared to a control group of 15 women who did not experience sexual abuse or other life threatening events or illnesses. Spring (1988) associated the disembodied eye, highly stylized eye, or tearful eye to guilt within the context of sexual abuse. Earlier literature in the field revealed an association between eyes and sexuality or sexual abuse (Dax, 1953; Garrett & Ireland, 1979; Hammer, 1978; Howard & Jakab, 1969; Nederlander, 1977; Stember, 1978).

Low-self concept may be a characteristic of sexual abuse survivors. One way low self-concept was graphically portrayed was by representing the self as a small figure. DiLeo (1983) supported the view that small figures drawn at or near the lower edge of the paper indicated feelings of inadequacy, insecurity, and even depression. Hibbard and Hartman (1990) reported that sexually abused children will draw tiny figures more often than nonabused children, which they credited to shyness or withdrawal.

Kaufman and Wohl (1992) observed that some sexual abuse survivors will often shade hair heavily possibly revealing difficulty controlling impulses. Although other others have not made mention of this fact, Kaufman and Wohl (1992) related thinning hair at the top of the head to possible sexual abuse.

Clown images sometimes characterized the work of child survivors (Burgess & Holmstrom, 1979; Hagood, 1993; Stember, 1980). “This concealment device often appears among severely traumatized female victims who are maintaining a facade of smiling exuberance” (Kelley, 1984, p. 424). Although abused girls depict more clown images, sexually abused boys also depict concealment through football helmets, sport equipment, or other

protective gear. Kaufman and Wohl (1992) found that abused girls were significantly identified more often than abused boys using human figure drawings.

Chase (1987) examined human figure drawings of 34 female incest survivors, ranging in age from 5 to 16, with a matched sample of 26 emotionally disturbed subjects and 34 subjects with no history of sexual abuse or emotional disturbance. When compared with the emotionally disturbed subjects, sexually abused children significantly drew more hands omitted, fingers omitted, clothing omitted, and presence of phallic like objects. When compared to nonabused children, sexually abused subjects significantly drew large circular eyes, mouth emphasized, long neck, arms omitted, hands omitted, fingers omitted, clothing omitted, and presence of phallic like objects.

#### FAMILY DRAWINGS

The Kinetic Family Drawing (KFD) has revealed several common themes in the artwork of sexual abuse survivors. Kaufman and Wohl (1992) found that the KFD significantly identified male and female survivors of sexual abuse. Goodwin (1982) reported evidence of isolation, role reversals, and encapsulation in the KFD's of child survivors. Cohen and Phelps (1985) discovered that the child will often omit self from the KFD. In my work with adult survivors, omission of self was common especially if the person was struggling to remember aspects of the traumatic situation (Brooke, 1995). Burgess and Hartman (1990; 1993) found that the KFD may reveal family conflicts. Isolation, barriers, encapsulation, and sexual themes were also portrayed in the KFD's of children and adolescents (German, 1986; Johnston, 1970). Encapsulation and compartmentalization were repetitive features in KFD's of sexually abused children (Kaufman & Wohl, 1992). "The omission of the trunk and appendages in these family members is important since these are instruments of power with which to manipulate or be

manipulated” (Wohl & Kaufman, 1985, p.74).

Goodwin (1982) used the KFD when evaluating possible sexual abuse survivors.

Although she implemented a series of drawings in the evaluation, only the KFD will be discussed. She examined 19 female children who were suspected sexual abuse survivors.

Goodwin (1982) found evidence of isolation, compartmentalization, and role reversals in the drawings of sexual abuse survivors. Additionally, she observed that these children drew themselves larger than their mother.

Chase (1987) compared the KFD’s of 27 female incest survivors, ranging in ages from 5 to 16, with a matched sample of 37 emotionally disturbed children and 37 subjects with no history of sexual abuse or emotional disturbance. When compared to the emotionally disturbed sample, incest survivors significantly drew encapsulated figures. When compared to the nonabused sample, survivors significantly depicted nurturance of self and mother.

Kaplan (1991) examined the drawings of 51 males and 54 females ranging in age from 7 to 14 years. Thirty-five children were sexually abused, 35 emotionally disturbed, and 35 were “normal” children. Three objective raters identified the presence of designated graphic features in the drawings. The two most significant indicators were the *family engaged in sexual activity* and *family engaged in intimate activity*.

Hackbarth (1991) and colleagues found that the KFD significantly differentiated between abused and nonabused children. Thirty children, ranging in age from 6 to 13 years, classified as sexually abused by the Department of Human Services were compared to 30 unidentified children in a public school district. They ranged in age from 6 to 11 years. The subjects were matched with those in the experimental group: 25 girls and 5 boys (26 were White and 4 were Black). Mothers also completed the KFD. Using the Like to Live in Family (LLIF) rating

procedure (Burns, 1982), five counselors scored the KFDs on desirability of family life. Sexually abused children drew significantly less desirable family situations compared to their mothers. Mothers of sexually abused children drew significantly less desirable family settings than did mothers of unidentified children. Mothers and their unidentified children did not significantly differ in their KFDs. "The KFD shows enough promise as an evaluation tool in the area of sexual abuse that elementary counselors may want to consider this instrument for inclusion in their repertoire of assessment skills" (Hackbarth, et. al., 1991, p. 260).

### HOUSE DRAWINGS

Some clinicians have discovered that red houses are sometimes drawn by child survivors (Cohen & Phelps, 1985; Hagood, 1994; Silvercloud, 1982). Also, children who were sexually abused tend to omit bedrooms or if bedrooms are present, indicate bizarre sleeping arrangements or lack of privacy (Goodwin, 1982). One window treated differently on a house or crossed out windows may be possible indicators of childhood sexual abuse, as observed by some clinicians (Cohen & Phelps, 1985; Hagwood, 1994; Kaufman & Wohl, 1992; Silvercloud, 1982). The inclusion of circles, in general, was also another possible indicator (Sidun & Rosenthal, 1987). According to Horovitz (1996), red curtains and/or doors were depicted in the drawings of child and adolescent survivors.

### TREE DRAWINGS

Kaufman and Wohl (1992) conducted a pilot study with 54 children, 18 identified survivors of sexual abuse, 18 children from a mental health organization, and 18 children randomly drawn from the community. They discovered that tree drawings significantly identified male survivors of sexual abuse as compared to females. "The later may be clinically valid when we understand that the tree, as a growing vegetative form, may at some level relate to



the “growing” shape of the erect penis and that the injury to a male’s sense of his virility may be unconsciously connected to the tree” (Kaufman & Wohl, 1992, p. 34). Additionally, Kaufman and Wohl observed that younger children, 4 to 6 years, were significantly identified using the tree portion of the HTP as compared to older children, 7 to 10 years. Generally, the separation of the trunk from the crown, dead trees, and absence of leaves characterized the tree drawings of abused children. In my work with adult sexual abuse survivors, I found that many drew slanted trees (Brooke, 1995), suggesting lack of stability.

### HEART IMAGES

Jones (1989) noted that survivors tend to draw encapsulated hearts. According to Malchiodi (1990), sexually abused girls will use heart images in their artwork. This may take the form of the traditional stereotyped heart images or using hearts in shapes on clothing, lips, or hair (Malchiodi, 1990).

A suffering child is perhaps instinctively drawn to the sacrificial heart. The sacrifice of the innocent may be an archetypal memory of children. (Kidd & Wix, 1996, p. 110)

When working with a group of sexual abuse survivors, heart images were commonly depicted (Brooke, 1995). Some survivors often depict broken hearts, which includes wedges as the dividing line, an image that Spring (1993) found when working with adult survivors. Jones (1989) found the predominate use of hearts revealed that "something important is missing in their (children's) lives and that they wish this element could be present" (p. 180). Kaufman and Wohl (1992) reported that heart images reflected feelings of being exposed and vulnerable. Sagar (1990) discussed the case of Fay, a six year old sexually abused girl who made a clay figure that was given a heart transplant. It was important for her to do this before the patient

died. “The heart, generally recognized as the seat of feelings, or the generator of feelings, if damaged or absent, would feel like death emotionally” (Sagar in Case & Dalley, 1990, p. 111). A heart image is the focal point for a drawing in Chapter 4 of this book.

#### ADDITIONAL DRAWING CHARACTERISTICS

The depiction of inclement weather may be indicative of childhood abuse (Manning, 1987; Miller et. al., 1987; Stember, 1980) and depression (Urban, 1963). These pictures will often contain images of darkened skies and sun, heavy shading, and rain (Burgess, 1988). I have related turbulent weather to the perception of the environment as threatening. Clouds, particularly over human figures, have been associated with sexual abuse (Kaufman & Wohl, 1992). Movement, such as strong wind was indicative of loss of control (Jolles, 1971; Manning, 1987):

It has been observed that children who are in trouble frequently produce more moving art than children who are well behaved. Particularly during periods when the struggle for control is intense, art often becomes meager, overly pious, or saccharin, or the child loses interest. (Kramer, 1971, p. 152)

Favorite weather drawings made by child survivors have revealed insecurity and isolation of affect (Burgess & Hartman, 1993). Generally, drawings by child survivors will show kinetic activity such as scribbling, dots, and violent themes (Jones, 1989).

Another possible indicator of childhood sexual abuse was enclosure or encapsulation of figures (Cohen & Phelps, 1985; Stember, 1978). Malchiodi (1990) defined encapsulation as anything in which the child has visually enclosed herself such a house, a car, or a tree. DiLeo (1983) suggested that encapsulation expressed feelings of isolation and lack of communication.

Floating images and lack of a ground line may reveal a chaotic social environment and an attempt to compensate (Carozza & Hiersteiner, 1982). Spring (1993) related floating images, such as balloons, to dissociation.

On a more abstract level, circles and wedges were often represented in the art of sexually abused people (Dufrene, 1994; Cohen-Liebman, 1995; Malchiodi, 1990; Sidun & Rosenthal, 1987; Spring, 1985). Spring (1985; 1988) found that wedges, for adult survivors, symbolized feelings of being threatened in the past as well as the present.

Color has also been related to the identification of sexual abuse survivors. Malchiodi (1990) noted that survivors tend to use complementary colors, such as red and green, which make it difficult to look at a drawing for any length of time. Additionally, black and red common colors used by sexual abuse survivors (Brooke, 1997; Cohen & Phelps, 1985; Spring, 1978, 1993). I can remember the first time that I led an art therapy group for sexual abuse survivors. As we were beginning the first exercise, group members complained that there was not enough dark colors, particularly black.

#### SUMMARY

Given that sexual abuse is difficult to talk about, particularly child survivors, mental health practitioners are focusing on additional measures for identifying possible victims, such as graphic indicators of abuse. “Sexually abused children use art materials symbolically to express feelings of being full of mess inside, of being messed-up, and of trying to find some way to control and handle the mess or poison” (Sagar, in Case & Dalley, 1990, p. 108). Art therapy provides a visual dialogue to communicate feelings without relying on words.

Common themes have been noted in the literature: Drawing tiny figures, omission of body parts, encapsulated figures, hearts, circles, wedges, eyes, and drawings which show kinetic

activity. The debate about sexual abuse indicators stems from the fact that a majority of the literature focuses on clinical observations of case studies. Also, some clinicians were not art therapists. There has been only one empirical research study (Spring, 19988). A few studies cited in this chapter did conduct research that will begin to establish validity for some graphic indicators of sexual abuse (Chase, 1987; Cohen & Phelps, 1985; Hackbarth, et. al., 1991; Kaplan, 1991; Kaufman & Wohl, 1992; Spring, 1988). Although the identification of graphic indicators is only in the beginning stages, the use of drawings with sexual abuse survivors is still recommended over other measurement approaches (Bybee, 1987).

Clinicians should be aware of the “normal” stages of artistic development (Malchiodi, 1994). It is beyond the scope of this text to discuss stages of artistic development. When I conduct art therapy diagnostic assessments, I use Lowenfeld and Brittain’s (1987) stages of development for a comparison. Additional sources include Kellogg (1969) and Gardner (1980).

It is important to stress that therapists should not determine abuse from one drawing. It is my opinion that a battery of assessments should be used when sexual abuse is suspected. Using several evaluations, Burgess (1988) found sexually abused children differed significantly from nonabused children as far as shading, omission of body parts, and sexualization of figures. Given that many assessments have weaknesses, especially in the areas of reliability and validity, a battery would provide more information and allow for the emergence of themes that yield clinical information (Brooke, 1996; 2004).

#### MEDICINE WHEEL

Although my research focused on artistic indicators of sexual abuse, similar indicators can also be viewed in the other creative therapies: play, movement/dance, music, and drama therapies. You will see some of the above mentioned indicators in the art work presented in this

book. The cover of this text is in the shape of a medicine wheel – bringing together art, play, movement/dance, music, and drama therapies together as a medicinal approach to promoting the healing of sexual abuse survivors. Together, these creative energies can be channeled to work with a population devastated by the effects of sexual misconduct and abuse. This medicine wheel is an outward expression of the inner dialogue that ensues through the use of the creative therapies. In a sense, this medicinal wheel acts as a mirror allowing us to view the reflection of the survivors, specifically, their dialogue expressed through the use of the creative arts. Each of these therapies is connected with the others. You will see that some chapters combine one or more of the creative therapies as an approach to working with sexual abuse survivors. This medicinal wheel provides us with a vision of where the client/survivor is and in which areas he or she needs to develop in order to realize and fulfill his or her potential.

This book brings together several of the creative therapies as an approach to working with survivors of sexual abuse, as the medicine wheel, which is often known as the circle of life. The chapters are written by experts in their respective fields, with outstanding credentials and contributions to the field of creative arts. Chapters 1 through 8 cover art therapy, with special chapters on Phototherapy and Origami. The Origami chapter does not deal directly with sexual abuse survivors but does deal with the issue of trauma. The exercises can be applied to other populations of children who experience trauma, such as sexual abuse survivors. Chapters 9 through 12 delineates play therapy approaches with sexual abuse survivors. Chapter 13 explores movement/dance therapy with survivors of sexual abuse. Chapters 14 through 16 are the music therapy sections. Chapter 17 -19 represent the drama therapy section with chapter 17 combining drama and play therapy with a population of male survivors of sexual abuse. Chapter 20 outlines the Therapeutic Spiral Model as a method for working with survivors. This chapter uses the

image of the medicine shield to bring together mind, body, heart, and soul. Chapters 21 and 22 elaborate on ethical considerations and supervision issues when working with this population. The medicine wheel is thought to be the key to understanding the universe and as way that individual achieve wholeness (Roberts, et. al., 1998). This book represents the different directions in the creative therapies field and brings them into a circle, a complete and wholistic approach to therapy. “The wheel represents the life cycle of human beings, an interconnectness and circular progression that signifies growth and change in each direction (Roberts, et al., 1998, p. 137). The creative therapies respresented in this book achieve harmony in their approach to promoting healing of sexual abuse survivors.

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Stephanie L. Brooke has her M.S. degree in Community Agency Counseling, a Ph.D. in Organizational Psychology, and Certification in Art Therapy. She is a Nationally Certified Counselor. Dr. Brooke has written three books on art therapy, edited on on the creative therapies, and published several professional, peer reviewed journal articles. Dr. Brooke is the Vice Chairperson for ARIA (Awareness of Rape and Incest Through Art) and serves on the advisory board of Safe Girls Strong Girls. Additionally, Dr. Brooke is on the editorial board for PSYCCritiques for the Journal of Contemporary Psychology and the International Journal of Teaching and Learning in Higher Education. Dr. Brooke belongs to the American Psychological Association, the American Art Therapy Association, the American Play Therapy Association, the American Counseling Association, the International Society of Teaching and Learning, and the New York Mental Health Counselor's Association. She is editing her next book on the use of

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