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## ART THERAPY: AN APPROACH TO WORKING WITH SEXUAL ABUSE SURVIVORS

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Because sexual abuse is a recurring problem in our culture, it is likely that counselors and educators will encounter people who have been victimized by this type of abuse. Although there are a variety of therapeutic approaches for working with survivors, art therapy is one that may be less threatening. The purpose of this pilot study was to determine the effectiveness of art therapy in raising levels of self-esteem in a group of sexual abuse survivors. Specifically, the following questions will be addressed: Will the use of art therapy significantly raise a survivor's level of self-esteem? What aspects of self-esteem will be affected (personal, social, general)? What qualitative changes, if any, will take place in the group? The pilot study emerged from research on art therapy in group settings and the use of art therapy in raising self-esteem.

### Group Work With Sexual Abuse Survivors

Corder (1990) and her colleagues conducted a pilot study using art therapy in conjunction with play therapy with a group of child survivors. Eight sexually abused girls, ranging in age from six to nine, met for 20 group sessions that lasted five months. The focus was on cognitive relabeling of the experience and development of self-esteem. The group started with the sexual abuse coloring books that explored fantasy and reality situations faced by sexually abused children. Interviews with parents, teachers and social workers were used to measure changes in the group. The researchers reported fewer sleep disturbances,

more compliant behavior and more assertive verbalization. Although the study took some interesting and creative approaches to working with the survivors, changes made by the participants were not quantitatively measured.

Powell and Faherty (1990) designed a 20-session treatment plan for sexually abused girls that combined group therapy and art therapy. The main goal of the plan was to strengthen the participant's ego. Self-portraits, puppet play, role play and drawing perpetrators were just a few of the exercises listed by the authors. Although some artwork was presented, most of the article was spent delineating the goals and plans for each session. Only qualitative outcomes were discussed. "The combination of the creative arts therapies and group process promotes positive, empowering, and dramatically corrective resolutions in the treatment of sexually abused girls" (Powell & Faherty, 1990, p. 47).

Spring (1985) used drawing as a method for working with sexually abused, chemically dependent women. Fourteen women, ranging in age from 19 to 55 years, had admitted problems with alcohol and drugs. Spring found that the women would draw disembodied faces, bodies of water and single red flowers. There was a consensus among the women in the group that red flowers symbolized love and beauty; that people symbolized the need for relationships and longing for family; and that water symbolized drinking alcohol, nurturing, peacefulness and relaxation (p. 14). No agreement was reached about the disembodied faces or lack of pupils. Spring saw two repeat-

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ing symbols in the artwork of sexual abuse survivors: eyes and wedges. The higher the level of post-traumatic stress, the greater the frequency of eyes and wedges. As with Spring's work, a large body of the literature on sexual abuse examines common themes in the work of survivors. As the focus of this study is on self-esteem, it is beyond the scope of this research to examine sexual abuse indicators. The reader is encouraged to examine the following authors for additional details on sexual abuse indicators: Burgess and Hartman, 1993; Jones, 1989; Kelly, 1984; Malchiodi, 1990; Riordan and Verdel, 1991; Sadowski and Loesch, 1993; Sidun and Rosenthal, 1987. The next section presents information on the use of art therapy in raising self-esteem.

### Art Therapy and Self-Esteem

Within the umbrella topic of self-concept (identity) is the most researched subject of self-esteem. Although this term has a variety of definitions, for the purposes of this study self-esteem refers to self-evaluation and having a strong appreciation of one's self (Franklin, 1992). Coopersmith (1967) attributed characteristics such as the ability to direct behavior, make decisions and take risks as components of self-esteem. One may ask, how does high self-esteem differ from low self-esteem? Elevated self-esteem is marked by trust in one's personal abilities and developing an attitude of self-worth (Franklin, 1992; Penrod, 1983). Lack of empowerment, feelings of worthlessness and depression are often evident in people with low self-esteem (Forward & Buck, 1989). Basically, shame is equated with low self-esteem whereas pride relates to high self-esteem. Sexual abuse survivors characteristically suffer from low self-esteem (Oates & Forrest, 1985). Dysfunctional relationships and shame negatively impact self-esteem:

Unacknowledged shame almost always evolves into anger and, ultimately, rage and violence. The mask of anger skillfully covers the felt shame. Strategies to manage anger and acknowledge shame, both strongly avoided emotions, are key elements in developing self-esteem. (Franklin, 1992, p. 81)

There are a variety of methods for elevating an individual's self-esteem. Assertiveness training and developing one's sense of empowerment are some strategies for improvement (Mecca, Smelser & Vas-

concellos, 1989). One procedure for developing a sense of empowerment is expression through art: "Allowing clients to create their own images and participate in their unfolding contributes to the theme of empowerment" (Franklin, 1992, p. 80). According to Franklin, empowerment ensues from the art-making process:

To create something and ultimately confront that creation, even if it represents traumatic material, allows one to reabsorb the event in a restructured form. Viewing these self-directed visual solutions demonstrates that internal chaos can be formed and redefined often without overwhelming the client. Self mastery, empowerment and assertiveness become possible as the ego recognizes victory over once elusive and frightening internal forces. (p. 80)

Also at a general level, the mode of art expressiveness can be considered a paralleling of Freire's (1971) methods. He found, working with devalued and low self-esteem groups (Minkler & Cox, 1980), that a crucial method was the decoding of emotional themes that included drawings by the participants depicting their relationships with their oppressors. In fact, in his work with Brazilian workers, Freire presented a series of examples of drawings used to elicit the themes of oppression and barriers to empowerment. This would suggest that the group method can be considered generic and cross-cultural as a means of deriving the thoughts and feelings of almost any group of persons experiencing psychological difficulties (Freire, 1971). Artwork then appears as an effective method for working through feelings of shame, anger and other strong emotions. By viewing the art product, old patterns can be redefined and new attitudes can develop that may lead to elevated self-esteem and higher levels of psychological development.

Singer (1980) agreed with Kramer (1971) that the creative process can be a means for integrating conflict as well as fostering self-awareness and personal growth. Malchiodi (1990) noted that art expression can be used to reduce sources of guilt (or shame) and increase self-esteem. Intervention through art is even utilized by teachers who attempt to elevate the self-esteem of their students (Omizo & Omizo, 1988). Omizo & Omizo (1989) examined children's self-esteem using group art therapy. The researchers noted that Hawaiians who are poverty-stricken with low-paying jobs, and lower levels of education, reportedly

have low-esteem. In order to determine the effectiveness of art therapy, the researchers examined 50 children (27 boys and 23 girls who were Hawaiian or part Hawaiian from lower socioeconomic backgrounds) using Battle's (1981) Culture Free Self-Esteem Inventory as a baseline. While the control group continued with their regular routines, the experimental group participated in activities designed to enrich self-esteem, such as the "me-mobile, something I do well" and "an award for me." The results indicated a significant difference in self-esteem between the control and experimental groups [ $F(4,40) = 12.41; p < .01$ ]. Social and academic self-esteem were significant discriminators in the experimental group ( $p < .01$ ). General and parent self-esteem differences were not significant.

The research was very thorough with a clearly outlined method section and rationale; therefore, it provided a foundation for this pilot study. The Omizo and Omizo (1989) study is one of the few in the literature that presented evidence toward the effectiveness of art therapy using self-esteem as a criterion. Most research efforts in this field have focused only on qualitative changes, primarily using the case method (Briggs & Lehmann, 1989; Goodwin, 1982; Howard & Jakab, 1968; Kelley, 1984; Levinson, 1986; Mackay, Gold & Gold, 1987; Rubin, 1987; Spring, 1985; Stember, 1978; Volgi-Phelps, 1985). Although there is an abundance of literature on the use of art therapy with sexual abuse survivors, most of the attention has focused on incest markers or common art images shared by survivors (Burgess & Hartman, 1993; Jones, 1989; Kelley, 1984; Malchiodi, 1990; Riordan & Verdel, 1991; Sadowski & Loesch, 1993; Sidun & Rosenthal, 1987; Spring, 1985). As self-esteem is such a critical issue for sexual abuse survivors, the purpose of this study was to evaluate the effectiveness of art therapy by examining the self-esteem of a group of sexual abuse survivors. Although qualitative changes in the group were discussed, the focus of the study was on the quantitative changes in the self-esteem of the group members.

### *Research Design*

This study was conducted to determine if art therapy with sexual abuse survivors significantly improves self-esteem. Although this study parallels the work of Omizo & Omizo (1988, 1989), it differs in that it focuses on issues relevant to sexual abuse: family issues, anger, fear, and building trust. It was hy-

pothesized that the use of art therapy will significantly improve the group's level of self-esteem as measured by Battle's (1981) Culture-Free Self-Esteem Inventory (SEI). As survivors are characterized as having low self-esteem (Jackson, Calhoun, Amick, Maddever, & Habif, 1990), initial self-esteem scores should be similar for both the control and experimental groups. Due to the treatment, the self-esteem scores for the treatment group should be higher than the control group's scores. Pre- and post-test scores for the control group should not differ significantly. The following section outlines the method used.

### *Method*

#### *Sample*

The treatment sample consisted of six women from the Raleigh Women's Center, a United Way organization that provides peer counseling, support groups, financial and legal counseling. All subjects were White, middle-class females. The average age was 30, with a range of 26 to 40 years. The control group consisted of five women from the Women's Center. The average age was 32 with a range from 24 to 46 years. All subjects volunteered to participate in the study.

#### *Procedure*

Information about the group was advertised in the Women's Center Newsletter. A control-wait design was used: 20 names were taken for the group. The first 10 names were assigned to the treatment group. The last 10 names were assigned to the control group. After the treatment group concluded, the control group had the option of participating in treatment. For this pilot study, the control group did not participate in group activities. They provided pre- and post-test self-esteem scores only. The treatment group participated in art activities designed to improve self-esteem. The sessions were led by a graduate student in the department of Counselor Education at North Carolina State University. The graduate student had taken a course in group counseling, facilitated groups and had course work and experience with art.

The study spanned eight weeks, meeting for two hours per week. The subjects in both groups were pre-tested during the pre-registration interview. Subjects in the control group were mailed the post-test a week before the treatment group was post-tested. The

Table 1  
Self-Esteem Inventory Pre-test Scores for the Experimental and Control Groups

Group	Global	General	Social	Personal	Lie
Experimental ( $N = 6$ )	<b>13.17</b>	<b>6.33</b>	<b>4.67</b>	<b>2.17</b>	<b>5.67</b>
<i>SD</i>	3.50	2.73	1.21	1.42	1.97
Control ( $N = 5$ )	<b>21.00</b>	<b>11.20</b>	<b>6.20</b>	<b>3.60</b>	<b>6.00</b>
<i>SD</i>	3.16	3.03	.84	1.34	1.00
<i>t</i>	3.76 < .01	2.8 < .05	NS	NS	NS
<i>df</i> = 9					

Culture-Free Self-Esteem Inventory (SEI) was the standardized test administered in the pre- and post-sessions. The pre- and post-tests were scored after treatment was concluded.

The group sessions were designed to enrich self-esteem. Refer to Appendix 1 for the treatment plan. Participation was conditional in that the group member currently be in therapy. Freedom of expression was encouraged. All work was placed on 8" by 11" white paper with a choice of the following media: crayons, watercolor, chalk and pencil. Appendix II contains a completed "Life Story Book" made by one of the participants. The group leader provided positive feedback on artwork, work habits and the subject's behavior. The women were asked to keep a journal and to share their art experiences in the last hour of the session.

#### Instrumentation

The Culture-Free Self-Esteem Inventory for adults (SEI) Form AD (Battle, 1981) was used to measure self-esteem. The SEI includes the following subscales: (a) General Self-Esteem, (b) Social Self-Esteem, and (c) Personal Self-Esteem. The SEI is a self-report inventory consisting of 60 items that are dichotomously (yes/no) measured. Percentile scores of the subscales were used in analyzing the results. Battle (1981) reported test-retest, alternate form and split half reliabilities in the high .80s and low .90s. He also reported results of factor analytic studies supporting the subscales of self-esteem. For additional information on the test's strengths and weaknesses, please refer to the test review (Brooke, 1995).

#### Results

The first hypothesis was to test the possible pre-test differences between the treatment and control

groups' self-esteem scores. Table 1 presents those results and indicates that the control group was significantly different on both the Global and General measures of self-esteem. Contrary to the hypothesis, this suggests that the original level of self-esteem prior to the intervention was significantly different for both groups. As the two groups were different at pre-test, two separate analyses were conducted to measure the effectiveness of the intervention program: a comparison of gain scores between the two groups and a direct difference comparison between the experimental group's pre-test and post-test score. Table 2 presents the results comparing the gain scores between the two groups. The results indicate that the gain score for the experimental group approached significance ( $t = 1.77, p < .10$ ) when compared to the gain score for the control group. As the hypothesis was directional (the experimental group was expected to increase in self-esteem), a one-tailed test was implemented. Table 3 presents the results of the pre-test/post-test score comparison for the experimental group and the control group separately. This allows for a direct comparison within each group as a measure of

Table 2  
Self-Esteem Inventory Pre-test/Post-test Gain Scores for the Experimental and Control Groups

Group	Pre-Test	Post-Test	Gain Score
Experimental ( $N = 6$ )	<b>13.17</b>	<b>18.17</b>	<b>4.67</b>
<i>SD</i>	3.50	6.23	
Control ( $N = 5$ )	<b>21.00</b>	<b>19.80</b>	<b>-1.20</b>
<i>SD</i>	3.16	4.09	
<i>t</i>	1.77 < .10		
<i>df</i> = 9			

Table 3  
Self-Esteem Inventory Separate Pre-test/Post-test for the  
Experimental and Control Groups: Global Score

Group	Pre-Test	Post-Test	<i>t</i>
Experimental ( <i>N</i> = 6)	<b>13.17</b>	<b>18.17</b>	<b>1.91 &lt; .10</b>
<i>SD</i>	3.50	6.23	
<i>df</i> = 5			
Control ( <i>N</i> = 5)	<b>21.00</b>	<b>19.80</b>	<b>.59 &lt; NS</b>
<i>SD</i>	3.16	4.09	
<i>df</i> = 4			

change. As both groups started at different points, a separate analysis may confirm the directionality trend. The results denote that a direct difference change in the experimental group approached significance ( $t = 1.91, p < .10$ , one-tail) whereas the control group showed no change. These results confirm the direction of change from the gain score trends. They lend support to the use of art therapy in raising levels of self-esteem.

To depict the differences between the two groups on an individual basis, a series of charts were developed. Figure 1 depicts the pre- and post-test scores for the experimental group on the Global scale. Five out of the six subjects increased on the post-test score.

Figure 2 displays the pre- and post-test scores for the control group on the Global scale. Only two out of five subjects in the control group showed some improvement in their Global SEI score. Essentially, 40% of the control group's Global scores increased

over the two-month period as compared to the 83% increase of the treatment group's scores. Figure 3 depicts the experimental group's pre- and post-test scores on the General, Social and Personal scales. Each of the subscales was examined in the treatment group for significant differences between pre- and post-test scores. No significant differences were found in any of the SEI subscales. For most subjects in the experimental group, increases occurred primarily in the General and Social self-esteem categories. The next section will focus on the implications of this study. Additionally, the results will be interpreted and alternatives for future studies will be recommended.

### Implications

One of the important implications of this study is that it provides a method for understanding the impact of sexual abuse. Characterized by selflessness, sexual abuse survivors experience somatic problems, emotional constriction, low self-image and internalized guilt and blame (Jackson et al., 1990; Mayer, 1983). In addition, Kosof (1985) found that female survivors turn their problems inward, resulting in problems with sexual identity and substance abuse:

As the perpetrator (usually male) attempts to regain power and control through the abuse of another, the female survivor is more likely to try to do this through taking charge of exploiting herself. It is not in a women's socialization to equate sex with dominance. Her power comes from being wanted. (Blume, 1990, p. 56)

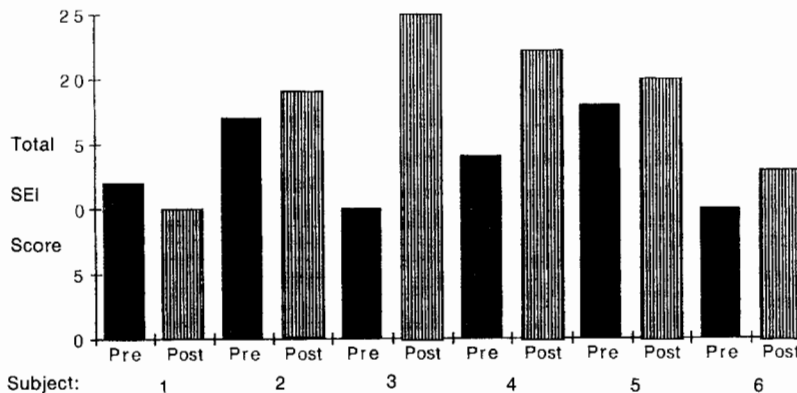


Figure 1. SEI scores for experimental group.

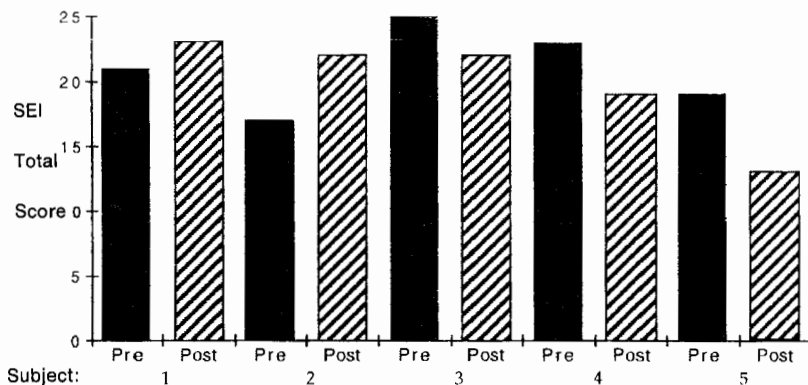


Figure 2. SEI scores for control group.

Because these women did not learn to protect themselves, the cycle of abuse often continues into adulthood when they enter into relationships with abusive men (Herman, 1981) or abusive women. Some of the survivors in this study were involved with people who were emotionally and/or physically abusive. The art images created depict the themes of low self-esteem, emotional constriction and guilt.

Mayer (1983) noted that female sexual abuse survivors have difficulty dealing with other women. For instance, abused women often feel estranged from their mother: "It is a complicated relationship, full of guilt, anger, distance, loneliness, and feelings of deep betrayal" (Kosof, 1985, p. 17). The difficulty experienced in the mother-daughter relationship seems to generalize to relationships with other women. The group format of this study allowed for building relationships with other women in a safe environment. What is more important, it allowed the members to build trust in others and themselves. Group members

reported that the initial sessions were difficult. At the conclusion of the group, they reported feeling more trusting and willing to take risks. Although the researcher concluded the group, many members continued meeting together for support and continued friendship.

Guilt and shame may result from the internalized responsibility for the abuse. Shame appears to be a strong factor in the silence that surrounds sexual abuse. Because the survivor is not in a position of power, the responsibility for the abuse may become internalized, resulting in a variety of emotional and somatic symptoms. One group member commented on this:

Because I was taught that I had to do something for someone to love me, I like myself for all that I do but not for who I am. I'm a nice person, but I can't love myself just for being me.

Shame and guilt are methods of social control that

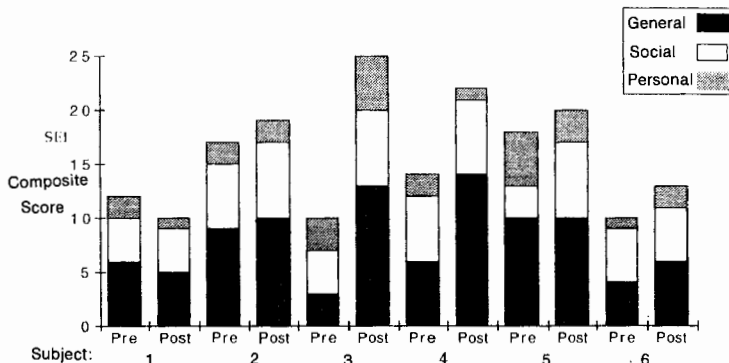


Figure 3. SEI subscale scores for experimental group.

characterize most subcultures and are exploited by some families to perpetuate the abuse. The use of art therapy provides a safe outlet for these emotions. Additionally, the process of creating art builds confidence in self and fosters empowerment by mastering traumatic situations through art therapy. For this study, guilt and shame appeared in the self-portraits. One person shared the following from her journal:

The pig and the marshmallow represent the fat me. I hate my weight problem. I know that people think of heavy people differently. They are valued less. When I can't control what goes into my mouth, I feel that I can't control any other facet of my life. I'm feeling totally out of control and an out-of-control person is a sad person.

In addition to understanding the survivor, the study provides an alternate method for working with this population. Because survivors are characterized by low self-esteem, this study presents moderate evidence of the benefits of art therapy. This was evidenced not only in the quantitative changes in self-esteem but qualitatively through the group's artwork and journal entries. The study provided the members with a coping tool: using art therapy to deal with traumatic situations. The group format served to empower survivors and help them learn appropriate ways to gain control over their lives.

### Discussion

Significant differences were found between the initial self-esteem scores of both groups, contrary to the first hypothesis. As a majority of the treatment group is still in the process of remembering the abuse, this may be a factor for the lower self-esteem scores. The lack of specific memories was not characteristic of the control group. The control-wait design of this study was used in order to provide similarity between groups that could not be used if another support group was used as a control group. Perhaps matching subjects on various characteristics such as age, duration of abuse and initial self-esteem scores may be a better approach when using the control-wait method. In addition, it may be interesting to use the control-wait design with comparison to a traditional incest support

group, given that both groups would be matched on the previously mentioned variables.

By the time the treatment was completed, the experimental group's Global SEI scores were similar to the control group's scores. The study provides moderate evidence that art therapy improves some aspects of self-esteem, particularly with General and Social self-esteem scores. Personal self-esteem was very low and stable. It appears that the art therapy group appeals more to social and general aspects of self-esteem. Perhaps personal self-esteem can be enhanced through individual art therapy work as opposed to the group format. Focusing on the emotions of shame and anger are key to developing self-esteem. The Draw Your Monster exercise evoked many strong feelings:

To me this picture represents all the long-buried anger, it represents confusion. I went back to the first assignment, drawing emotions in lines, and then I looked at this monster picture. The most prevalent lines are those of fear and anger. The sky is drawn in lines of sadness. I don't see any lines of happiness. I guess that's because there is no happiness in this monster, only anger and fear, the magnitude of which frightens me, but also brings a sense of relief. I have no idea what to do with all this anger, but there is somehow a sense of comfort in learning I am capable of feeling beyond regret and depression.

As the present group had only one session devoted to anger, future groups may provide more opportunities to work with emotions of anger and shame.

It is possible that the lack of strong significant differences in SEI scores was due in part to the test instrument. The yes/no format is limited (Brooke, 1995). Another instrument that utilizes a Likert scale may be more helpful in future investigations. The use of such a scale would give subjects more of a range when answering questions. Another factor that may contribute to the limited differences was the small sample size. The volunteer nature of the group also limits the generalizability of the findings.

In addition to the quantitative changes in self-esteem, qualitative changes did occur. Communications skills improved dramatically. Initially, many found it difficult, if not impossible, to discuss sexual

abuse issues. Through art, group members found a way to communicate their feelings and later freely verbalized them. Trust also improved to the point that friendships continued after the conclusion of the group.

Based on the results of the study, the following recommendations are offered:

1. Utilizing a self-esteem instrument that offers a Likert scale;
2. Investigating other dependent variables (depression, social behavior, locus of control);
3. Addressing issues such as vague memories, body image and anger. One activity can focus on drawing the first memory of the abuse. For those individuals who cannot recall a memory, they can draw their first feelings about being abused;
4. Providing additional media such as clay, finger paints and charcoal;
5. Extending the length of the group from eight to ten weeks. This is a suggestion provided by the group members. Additional activities might focus on increasing personal self-esteem. For instance, the group can create Me Mobiles.

The author concludes that art therapy in a group setting can be beneficial for improving some areas of self-esteem, particularly general and social self-esteem. The art activities in this study allowed for the expression of a variety of emotions in a safe environment. Also, they provided an opportunity for empowerment and developing trust in others. As other populations, such as groups with eating disorders, share similar feelings of low self-esteem, this intervention may be beneficial for them.

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## Appendix I

### Treatment Plan

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<u>SESSION 1:</u>	Introduction/Warm-Up Exercises
Rationale:	Introduce clients to one another and to the purpose of the group—namely to freely create art products and share journal experiences.
Goals:	<ol style="list-style-type: none"> <li>1. To administer the pre-test instrument,</li> <li>2. To increase group cohesiveness and comfort,</li> <li>3. To reduce self-consciousness and discomfort,</li> <li>4. To free creativity and personal imagery (should not try to be meaningful or artistic)</li> <li>5. To stress need for therapist because art may open up some memories.</li> </ol>
Activities:	<p>Women have free choice of media: crayons, chalk or paint for all activities. Also, all drawings will be on white 8" × 11" paper:</p> <ol style="list-style-type: none"> <li>1. If you were a color, what color would you be?</li> <li>2. If you were a shape, what shape would you be?</li> <li>3. Create a grid with four sectors: Draw a line that represents: sadness, anger, happiness, fear.</li> <li>4. Sharing from journals.</li> <li>5. <u>Homework:</u> Describe what it was like to represent self as color, shape, etc.</li> </ol>
<u>SESSION 2:</u>	Self-Portraits
Rationale:	Self-portraits will indicate how the women perceive themselves and provide an indication of the women's present emotional state.
Goals:	<ol style="list-style-type: none"> <li>1. To gather information on women's self-esteem,</li> <li>2. To increase self-awareness.</li> </ol>

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Activities:	<ol style="list-style-type: none"> <li>1. Paste mirror in center of paper. As they look at self, collage or draw pictures surrounding the mirror.</li> </ol> <p><u>Caution:</u> If they cannot see themselves use the Caricature exercise:</p> <ol style="list-style-type: none"> <li>2. Caricature (optional) of self.</li> <li>3. Use nondominant hand to write what it wants on the portrait.</li> <li>4. Sharing from journals.</li> <li>5. <u>Homework:</u> What common images were you searching for as you looked in the mirror? What did you learn about yourself?</li> </ol>
<u>SESSION 3:</u>	Family Portraits
Rationale:	Women who have been physically or sexually abused come from families characterized by unclear boundaries, reversed roles, and isolation. This is often represented in the art of women from abusive homes.
Goals:	<ol style="list-style-type: none"> <li>1. To gain insight into women's place in the family,</li> <li>2. To visually represent familial interactions,</li> <li>3. To ascertain the nature of familial interactions.</li> </ol>
Activities:	<ol style="list-style-type: none"> <li>1. Draw everybody in your family, in the house, doing something.</li> <li>2. Draw a tree (optional).</li> <li>3. Sharing from journals.</li> <li>4. <u>Homework:</u> How would you characterize your family drawing?</li> </ol>
<u>SESSION 4:</u>	Drawing Dreams
Rationale:	Abuse victims, particularly incest victims, suffer from nightmares. Drawing dreams will help discover the women's symbols of unconscious material.
Goals:	<ol style="list-style-type: none"> <li>1. To visually represent unconscious material in dreams,</li> </ol>

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Appendix I  
Continued.

2. To recognize/note defenses present when the woman begins to approach unconscious material,
3. To convey that the unconscious is supportive; true self has answers,
4. Homework: What symbols are present in your dream drawing? Record a dream during the week.

Activities: 1. Draw a recent dream.  
2. Sharing from journals.

SESSION 5: Letting the Monsters Out

Rationale: Because women who suffer abuse project rather than confront feelings, providing a theme that is attractive to them can help them release and create personal metaphors.

- Goals: 1. To release feelings of anger, guilt and fear through art,  
2. To gain insight into women's fears,  
3. To realize how women view the monster (fears) and the self in relation to the monster.

Activities: 1. Draw your monster.  
2. Sharing from journals.  
3. Homework: What is your monster?

SESSION 6: Drawing Wishes

Rationale: Asking women to draw wishes can provide an opportunity to express fantasy as well as fears.

- Goals: 1. To gain insight into women's fears,  
2. To see how the women cope with crisis aroused by fears,  
3. To elevate self-esteem by focusing on hope.

Activities: 1. Draw a wish.  
2. Sharing from journals.

3. Homework: Describe your wish drawing and how it relates to yourself. Do your favorite animal drawing.

SESSION 7: Free Collage

Rationale: Creating a personalized collage will help to improve women's self-esteem.

- Goals: 1. To free up imagery,  
2. To improve self-esteem and create a sense of satisfaction.

Activities: 1. Create any type of collage/drawing.  
2. Sharing from journals.

SESSION 8: Last Session

Rationale: Women will be told that this is the last session and will be given the freedom to say goodbye however they wish. Also, the post-test will be given at the beginning of the session.

- Goals: 1. To give the women a chance for closure (goodbye) and express feelings about termination,  
2. To provide a sense of accomplishment through a group process,  
3. To give the women the freedom to express self through unstructured session (i.e., free drawings).

Activities: 1. Spread large sheet of brown paper over long table to underside. Create a large mural by having women draw on it while sitting in their seats.

OR

- Create a drawing representing each of the group members (Farewell picture). This option was selected by the group.  
2. Sharing journal experiences.

# ART THERAPY WITH SEXUAL ABUSE SURVIVORS

## Appendix II *Completed Life Story Book*

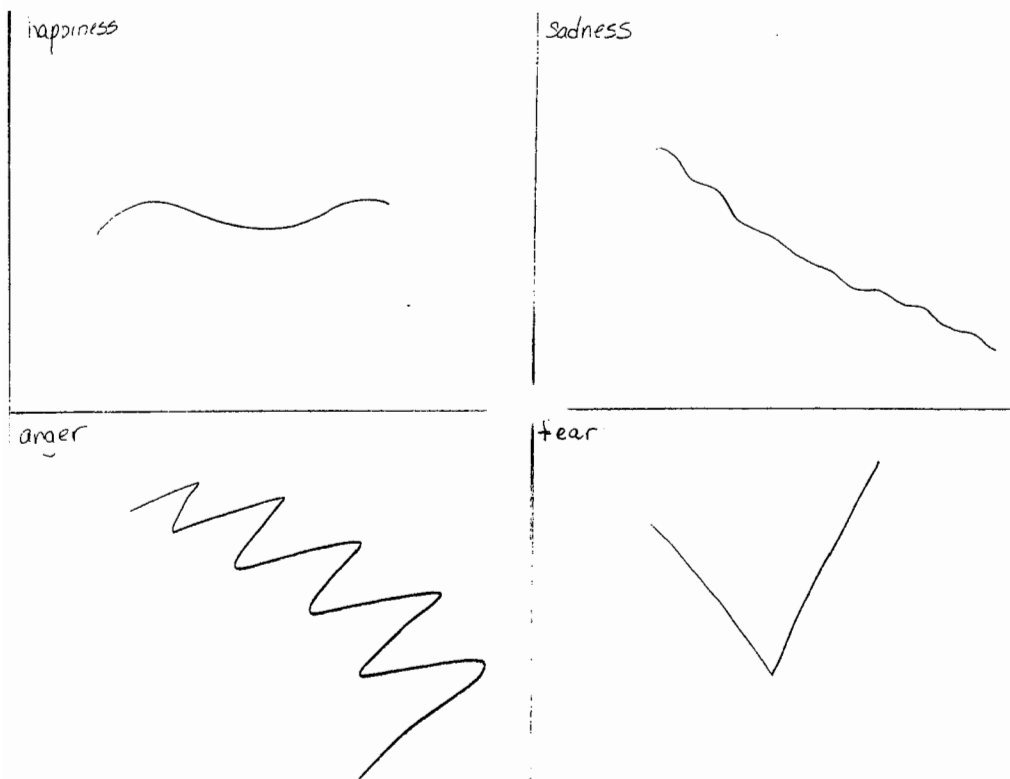


Figure A1. Line drawings: Session 1.

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*Figure A2.* Favorite shape drawing: Session 1.

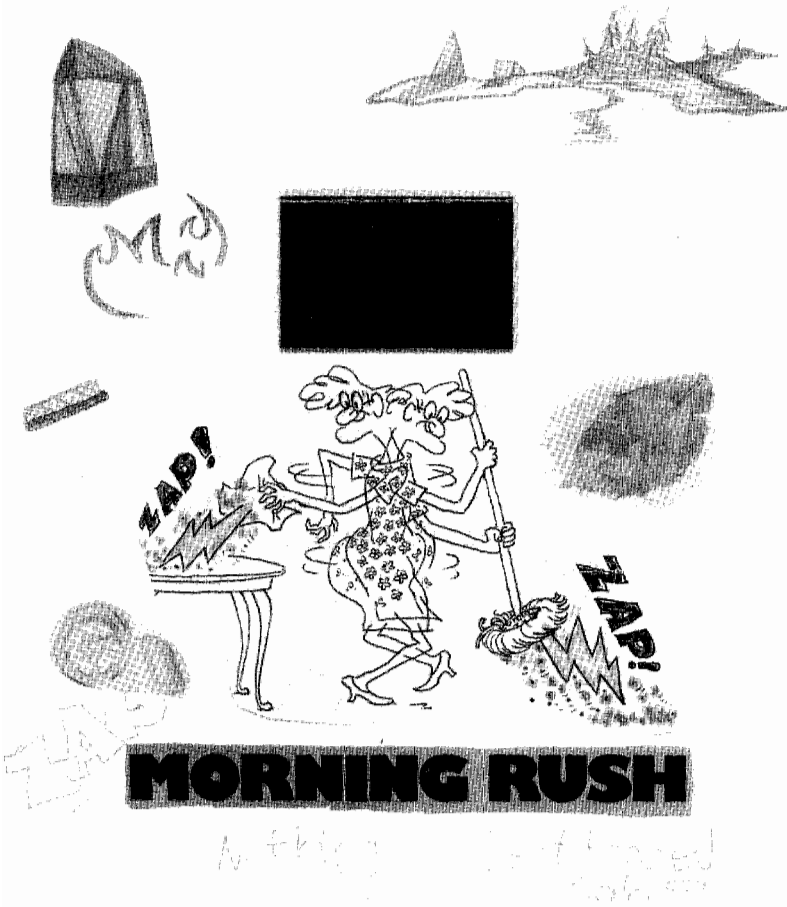


Figure A3. Self-portrait: Session 2.

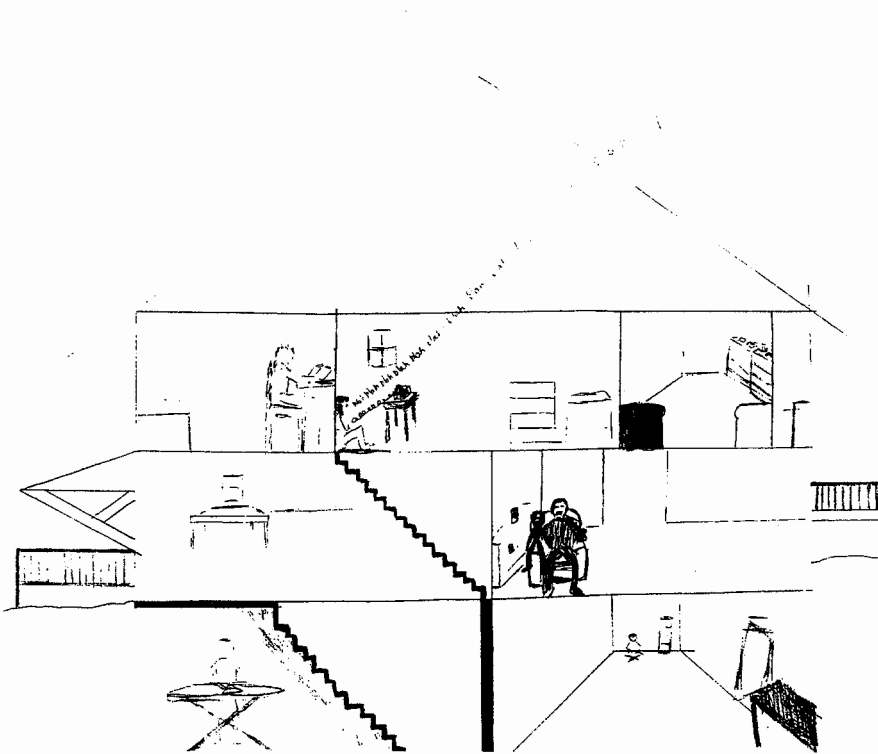


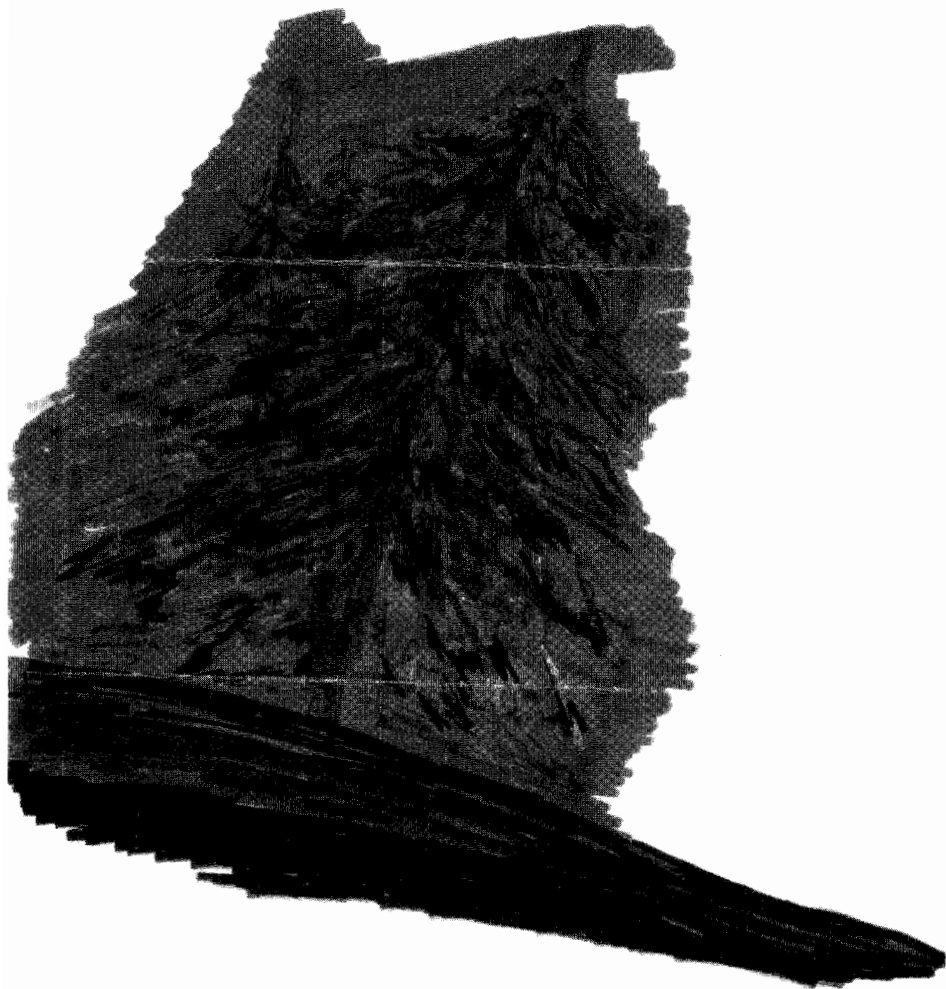
Figure A4. Family portrait: Session 3.

# ART THERAPY WITH SEXUAL ABUSE SURVIVORS



Figure A5. Dream drawing: Session 4.

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*Figure A6.* Tree drawing: Session 4 homework.

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Figure A7. Monster drawing: Session 5.

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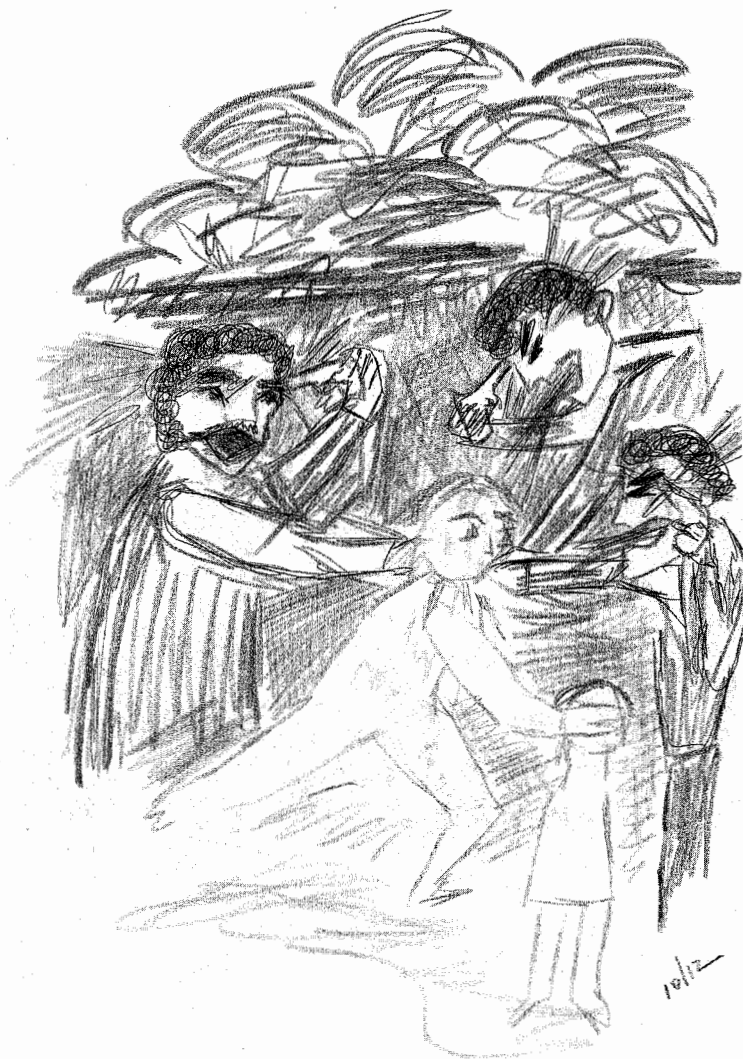


Figure A8. Wish drawing: Session 6.

# ART THERAPY WITH SEXUAL ABUSE SURVIVORS



*Figure A9.* Favorite animal drawing: Session 7.

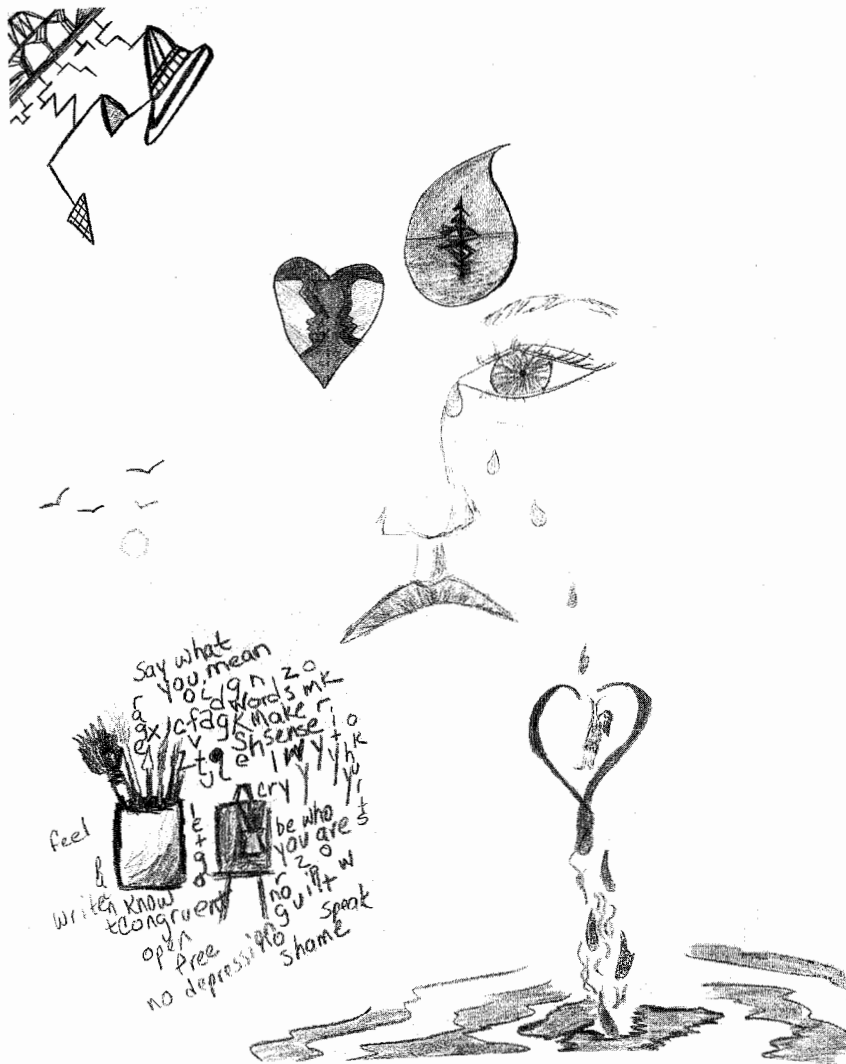


Figure A10. Free drawing: Session 8.