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# A Trauma-Informed Art Therapy Approach for Boys with Sexualized Problematic Behaviors: A Group Method

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A Trauma-Informed Art Therapy Approach for Boys with Sexualized Problematic Behaviors: A  
Group Method.  
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Art Therapy

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### **Abstract**

Treatment of sexualized problematic behaviors (SPB) in children and adolescents is a clinically significant issue that has little research to support the fundamental need for treatment. Sexualized problematic behaviors (SPB) can be an indication of a child's own complex trauma and sexual abuse history. Using a relational, trauma-informed, and developmental approach to treatment in combination with art therapy, children demonstrating SPB can learn how to better express themselves, respect themselves and others, and heal a fragmented sense of self. Developmentally, these children and adolescents are in the stage where identity formation is the main task. Therefore, this series of art therapy groups focused on this. These identity-focused art therapy groups were intended to build self-esteem and allow the boys to regard themselves in a positive light. Art therapy can aid in the expression of difficult emotions and can enhance emotional expression through creativity, rather than using words. A significant aspect of healing and recovery from trauma involves "the active exercise of imagination and fantasy," which art therapy supports (Herman, 2015, p. 202). A developmental approach to art therapy was used in this case, and yielded encouraging and surprising results. Findings from this study suggest that throughout the three art therapy groups, the boys not only gained a better sense of who they are, but they were also able to value themselves by being unconditionally accepted through the relationships formed with myself and my female co-clinician.

A Trauma-Informed Art Therapy Approach for Boys with Sexualized Problematic Behaviors: A Group Method.

**Introduction**

According to the American Society for the Positive Care of Children, 65,000 children are estimated to be sexually abused each year. Of these 65,000 children, one in six boys will be sexually abused before they turn 18 years old, and 27.8% of these boys were age 10 or younger at the time of their first victimization (2018). Furthermore, 96% of people who sexually abuse a child are male, and though most perpetrators are adults, 23.2% of juveniles sexually abuse other children (National Sexual Violence Resource Center, 2018). These astounding statistics illuminate the need for more research-driven treatment for male children with histories of sexual abuse and sexualized problematic behaviors (SPB).

Children and adolescents who demonstrate SPB are often misunderstood by parents, clinicians, and society. Historically, this topic is a taboo subject to explore, due to how society views adult sexual offenders based on repeat current, serious incidents of sexual assault heard about in the news nearly every day. However, we can help lessen sexual assaults and sexually aggressive behaviors by addressing SPB when parents and/or clinicians first notice these behaviors in children and adolescents (Creeden, 2013). Many treatment programs that address SPB in children label children with SPB as offenders. However, perhaps using a trauma-informed, developmental, and strength-based approach to treatment will support the acknowledgement that many of these children have suffered from traumatic backgrounds themselves.

My current internship site, a local residential program in the metro Boston area, provides an intensive assessment and treatment program for male children and adolescents with SPB.

Using a trauma-informed and relational approach, the program's philosophy is that without understanding the development of an individual and how their trauma impacted their development, it is almost impossible to provide clinically appropriate treatment to these young men (Creeden, 2013; Holden, 2009). This understanding is vital to the specific treatment needed for these individuals, due to the high rate of sexual trauma experienced by this population and in comprehending the function that SPB provide boys and young men with their own sexual trauma histories (Creeden 2013). Complex trauma experienced during infancy, childhood, and adolescence has significant implications on the developing brain. Authors and organizations such as Creeden and The National Child Traumatic Stress Network (NCTSN) have also put forth research about the impact of trauma on the brain and how it varies depending on what stage of development a child or adolescent is in at the point when trauma is experienced (Creeden, 2004, 2009, 2013; The National Child Traumatic Stress Network, 2018).

Due to the neurological deficits on a child's brain who has experienced trauma, a multi-modal approach to treatment and assessment may be the most appropriate (Creeden, 2004). Art therapy certainly is a treatment approach that relies less on the use of language and verbal processing (Beaumont, 2012). The use of art therapy during the course of treatment of SPB may have substantial, positive, and lasting effects on the young men that are able to engage in this form of treatment. Art therapy is an activity and process-based modality that is developmentally appropriate for adolescents, as well as those with traumatic histories (Briks, 2007; Beaumont, 2012; Pifalo, 2002).

The topic of SPB is often extremely difficult to talk about due to the amount of shame and guilt these behaviors carry. Therefore, having the boys in the SPB program engage in an art therapy group that focuses on a normative developmental task of identity may provide them the

opportunity to explore their behaviors in a non-invasive and safe manner that is developmentally appropriate (Beaumont, 2012). An art therapy group will also provide these young men with the ability to explore and recreate their identities, without the judgement or stigma of their past behaviors and trauma (Hinz, 2009; Tinnin & Gantt, 2014, p. 9; Gantt and Greenstone, 2016, p. 356). Based on previous studies regarding identity and art therapy with adolescents, this art therapy group opportunity may also help these boys to build their self-esteem and develop greater insight of who they are as individuals and how their past behaviors and trauma may have affected this.

### **Sexualized Problematic Behaviors in Children and Adolescents**

Often, to make sense of their sexual abuse, a child may exhibit sexually reactive behaviors as a response to their own traumatic experience (Latham, 2012). Sexually traumatized children and adolescents may act out in a sexually aggressive manner to self-soothe or to regulate their internal state (Latham, 2012; Creeden, 2004; National Sexual Violence Resource Center, 2018). Other functions of SPB include: mirroring a personal victimization experience, substantially misunderstanding interpersonal boundaries, and/or copying behaviors that are common in family culture or peer group (Latham, 2012).

### **Normal Sexual Development for Children and Adolescents**

It is fundamental to understand the difference between healthy, normal sexual development and maladaptive sexualized behaviors during development to further understand why children demonstrate SPB (National Sexual Violence Resource Center, 2018). Abnormal sexualized behaviors as a response to sexual abuse, according to Elkovitch, Lutzman, Hansen, and Flood (2009), are summarized below:

Developmentally inappropriate sexual behaviors occur at a greater frequency or at a much earlier age than would be developmentally or culturally expected, become a preoccupation for the child, and/or reoccur after adult intervention/corrective efforts.

Potentially harmful behaviors occur with the use of coercion, force or intimidation, cause physical injury or emotional distress in the child(ren) involved, appear to be interfering with the child(ren)'s social development, and involve children of substantially different ages or developmental levels. (p. 589)

Teaching and understanding healthy development of sexuality during adolescence involves not only teaching about the functions of biology and the development of the physical body, but also about intimacy, values, and physical and emotional boundaries (Creeden, 2019). However, as will be discussed later, children with traumatic histories and disrupted attachment styles may struggle with these concepts for various reasons.

### **Developmental Approach to Treatment of SPB**

My internship site not only relies on a developmental approach to treatment, but also relies on a relational approach following the CARE model (Children and Residential Experiences). With the implication of the CARE model of treatment, the adolescents currently engaging in treatment for SPB learn through interactions with their staff and clinicians how to form healthy attachments with trusting and safe adults. The basic principles of CARE are developmentally-focused, family-involved, relationship-based, competence-centered, and trauma-informed (Holden, 2009). Holden (2009) writes,

All children have the same basic requirements for growth and development, but progress varies from child to child, in part, based on life experiences...from this perspective, unusual behavior is viewed in terms of where it fits into the child's development

progression instead of being viewed as ‘deviant or defiant behavior.’ (p. 18)

A relational focus is pertinent to success in treatment because, as from what we understand of the impacts of trauma on development, healthy development begins with healthy attachments. A treatment model that focuses on nurturing relationships will nurture progress and the development of prosocial behaviors. Holden writes, “through building alliances with adults, children can learn to trust, feel safe, develop relationships, and obtain the assistance they need in overcoming obstacles and solving problems” (p. 20).

In support of this, Creeden (2004) discusses how a treatment approach that is developmentally focused on skill-building and emotional regulation is appropriate for this population:

While treatment for sexual behavior problems has often focused on how to modulate sexual arousal to ‘deviant’ or ‘risky’ stimulus, there seems to have been far less focus on helping clients regulate the full range of emotional/physiological responses or to understand how sexual arousal fits into the client’s broader experiences of overall physiological arousal or dysregulation. (p. 237)

Rather than using a ‘relapse prevention model,’ that sees a child with SPB no different than an adult perpetrator, or an “offender,” a developmental approach helps providers understand SPB within a framework that “fosters growth and resilience in child development” (Creeden, 2004 and 2013), and promotes pro-social behaviors (National Sexual Violence Resource Center, 2018). This philosophical and clinical model also highlights how imperative it is for clinicians to remember that adolescence is a developmental period when significant growth and change take place, and where identity development is one of the main developmental tasks. Using this lens,



children can be supported in growing to be positive members of society who not only understand consent, but also have an ability to access and use an emotional vocabulary.

### **Childhood Complex Trauma**

Sexual abuse is one form of trauma a child may experience. There are varying definitions of trauma. The National Child Traumatic Stress Network (2018) defines a traumatic event as “a frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity.” Almost four million children are reported to experience abuse or neglect in the United States each year (American Society for the Positive Care of Children, 2018). Though this trauma may include medical and surgical procedures, car accidents, and/or natural disasters, most of the trauma children experience in the United States is a result of family environmental factors.

Arnold and Fisch (2011) and van der Kolk (n.d.) report that 23% of households are exposed to alcohol abuse, 18% are exposed to caregiver mental illness, five percent are exposed to drug abuse, and in 12% of families, the mother and children are exposed to domestic violence. Furthermore, the three million children that experience abuse and neglect from a caregiver in the home, 30% experience physical abuse and almost twenty percent experience sexual abuse (Arnold & Fisch, p. 11; van der Kolk, n.d., p. 3). From a developmental psychology lens, van der Kolk describes complex trauma as:

the experience of multiple, chronic, and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset. These exposures often occur within the child’s caregiving system and include physical, emotional and educational neglect and child maltreatment beginning in early childhood. (p. 2)

There have been several seminal studies on this topic. The Adverse Childhood Experiences (ACE) study indicated that complex trauma experienced during a child’s developing years has

lasting effects into adulthood (Arnold & Fisch, p. 11; van der Kolk, p. 3). There are significant relationships between traumatic experiences during childhood and adult experiences of depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases (van der Kolk, p. 2).

Notably, the single most significant predictor of a child developing post-traumatic stress disorder is a threat to the child's primary caregiver. According to Cook et. al (2007), the National Child Traumatic Stress Network (2018), and The American Society for the Positive Care of Children (2019), there are seven primary domains of impairment that are usually observed in children exposed to complex trauma almost immediately. These domains of impairment include: attachment (interpersonal relationships), biology (brain development), affect regulation (emotional functioning), dissociation, cognition, behavior regulation, and self-concept (identity). To support this, a comprehensive study completed by Rinne-Albers, van der Wee, Lamers-Winkelmann, and Vermeiren (2013) reported that, "the structure and functioning of the developing brain are highly vulnerable to the effects of adversity, particularly in certain critical time windows" (p. 745) and, "the influence of severe stress can lead to long-lasting changes in the brain structure and function" (p. 753).

### **Trauma, Attachment, and Early Identity Development**

Creeden (2013) and the National Child Traumatic Stress Network found the seven most frequent types of trauma that significantly affect the development of a child are emotional abuse, loss of important relationships, impaired caregivers, exposure to domestic violence, sexual abuse, neglect, and physical abuse. Creeden highlights how at least five of these experiences

involve the “disruption in parent-child attachment relationship.” Arnold and Fisch (2011) support this as well, noting:

since the child’s response to traumatic event is influenced by the response of her parents or other influential adults, the likelihood of traumatization increases when a child does not have a stable, emotionally available adult to turn to for support and protection, or when that adult wittingly or unwittingly re-traumatizes the child. (p. 11)

Many theorists and researchers have studied the complexities of early trauma and attachment. Starting at birth, an infant’s most important relationship is with their mother or primary caregiver. From this relationship, an infant learns affect regulation through interactions with the primary caregiver. A child who has formed a secure attachment with their primary caregiver learns how to trust not only their caregivers, but other adults and their environment. (Herman, 2015, p. 107; van der Kolk, n.d., p. 2; Creedon, 2004, 2009). Herman (2015) writes, “in the course of normal development, a child achieves a secure sense of autonomy by forming inner representations of trustworthy and dependable caretakers, representations that can be evoked mentally in moments of distress” (p. 107).

#### **Healthy childhood identity development versus disrupted childhood identity**

**development.** A child raised with a secure and healthy attachment to an adult figure or caregiver learns, through modeling, emotional expression and an emotional vocabulary. They learn how to effectively “describe their emotions, such as love, hate, pleasure, disgust, and anger. This allows them to communicate how they feel and to formulate efficient response strategies” (van der Kolk, p. 3). However, if a child has an insecure attachment with an adult who is emotionally absent, violent, intrusive, and/or neglectful, the child will be unable to develop a healthy sense of

self or the ability to respond to stressful situations effectively, as they do not have a positive role model and adult figure in which they can internalize.

Herman (2015) notes, “Unable to develop an inner sense of safety, the abused child remains more dependent than other children on external sources of comfort and solace. Unable to develop a secure sense of independence, the abused child continues to seek desperately and indiscriminately for someone to depend upon” (p. 107). In relation to this, Creedon (2004) describes how insecure attachment styles may impact the etiology of SPB in children, stating, “sexually abusive behavior arises in large part from a fundamental need for attachment (safety, attunement, nurturance, acceptance, care) and that it is the process that some individuals follow to meet this need that can become abusive and distorted” (p. 225).

**Disrupted Childhood Identity Development and Emotional Regulation.** With an inability to regulate internal emotional states, a child often become dependent on their external environments for regulation. Without the ability to emotionally express themselves in a healthy manner, or embodying a developing, stable sense of self, these children are left not only traumatized, but also misunderstood and stigmatized.

Traumatized children lacking emotional regulation and a stable sense of self are unable to grasp who they are, and not surprisingly, appreciate who others are as well. “Other people are sources of terror or pleasure but are rarely fellow human beings with their own sets of needs and desires,” van der Kolk, notes (p. 5). Being unable to respect themselves or others, due to the implications of the experience of trauma during early years, children who have been abused or neglected experience the world (and the people living in it) as disorganized and unpredictable. As a result, “they have little insight into the relationship between what they do, what they feel, and what has happened to them. They tend to communicate the nature of their traumatic past by

repeating it in the form of interpersonal enactments, both in their play and in their fantasy lives,” (p. 5).

### **Art Therapy & Trauma**

Using art therapy in combination with a trauma-informed approach supports a traumatized child’s need to re-enact horrific past experiences in a safe manner. In their article, “Narrative Art Therapy in Trauma Treatment,” Gantt and Greenstone (2016) discuss how art therapy can aid in processing traumatic experiences. The impact of traumatic experiences on the brain, especially during childhood, leaves the verbal brain “compromised,” making talking about trauma especially difficult (p. 355).

The right hemisphere (the hemisphere responsible for nonverbal functions) develops more rapidly than the left hemisphere (the hemisphere responsible for language, logic, and verbal functioning) during early childhood. The right hemisphere is “crucial in dealing with emotional material” (Gantt and Greenstone, 2016, p. 356). Therefore, if a developing child or adolescent experiences trauma, the traumatic experiences “remains outside of verbal recall, unremembered in words but unforgettable in feelings and images” (Tinnin & Gantt, 2014, p. 9). This supports the significance of using art in therapy when working with children who have experience trauma. Additionally, the guilt and shame that arise from being sexually assaulted, in particular, and then engaging in the same harmful acts towards another, creates another wall of verbal defensiveness.

### **Processing Trauma Through Art Therapy Engagement**

Engaging in the arts, and creating an art product, may provide some distance between the individual and the traumatic or shameful event that is being processed. Though this may be happening on a subconscious level, the artist may still feel a release in some way. Pifalo (2011)

writes, “The very act of engaging in the creative process facilitates the release of energy through bodily action and movement” (p. 13).

Art therapy also provides traumatized children and teens a sense of joy that may not have been experienced during childhood due to childhood trauma (Beaumont, 2012; Briks, 2007). Art therapy serves this purpose for teenagers who may be reluctant or uninspired by play therapy, and furthermore, “art processes can permit safe regression and expression of formerly repressed emotions, conflicts and traumatic experience. The art therapy process can be highly advantageous toward working through issues pertaining to unresolved emotional needs, loss and reparation, abuse and trauma” (Briks, p. 5). Furthermore, art therapy offers the potential to gain insight and the opportunity to express inexpressible experiences into a tangible form through the use of symbolism and metaphor.

### **Coping with Sexual Abuse Trauma through Art Therapy Engagement**

In the article, “Pulling Out the Thorns: Art Therapy with Sexually Abused Children and Adolescents,” Pifalo (2011) discusses the importance of art therapy. She writes, “reliance on verbal or discursive forms of thought or communication may actually be counterproductive to the process of addressing these particular types of traumatic memories,” (p. 12). Unlike other forms of trauma, sexual abuse most often occurs in secrecy. Often, only the abuser and the victim are present during the event, making the abuser the only other witness to the incident. Pifalo reports, “some victims of sexual abuse may have been lied to, threatened, or misled with words by their abusers or other adults whom they trusted. Words have become misleading and mistrusting; therefore, strictly verbal approaches to therapy may meet with more resistance” (p. 12). Additionally, as we know from developmental and trauma-informed researchers, trauma impacts the areas of the brain responsible for language, memory, and verbal processing.

A difficult conversation between a therapist and adolescent about their harmful behaviors, or harmful behaviors inflicted upon them, may be forgotten due to the shame, or due to language and memory-processing deficits. However, a piece of art is a tangible form, in which the artist can decide if to keep it, or destroy it (p. 13). This type of artistic control may replace the control that was taken away from a sexual abuse victim, as well as the control a child may be trying to obtain through sexually acting out.

### **Art Therapy with SPB**

Although art therapy is not mentioned in Creeden's (2004) research regarding a multi-modal approach to treatment of SPB, he does note that:

The current focus on a cognitive-behavioral, relapse prevention model that is primarily presented in a language based modality largely ignores the type of neuro-processing obstacles that might make it difficult for many of our clients to learn, remember, and retrieve useful information and skills necessary to avoid or prevent further abusive behavior. (p. 234)

Moon and Mazloonian (2007) are two art therapists who wrote about their experiences working with adolescent males demonstrating SPB. They describe using art therapy as a form of treatment, rather than cognitive behavioral therapy and a relapse-prevention model, as many of the boys they were working with were victims themselves of sexual abuse. Regarding the intricacy of their traumatic backgrounds, they note:

These complex and painful emotions included low self-esteem, powerlessness, shame, guilt, fear, embarrassment, betrayal, and rage. Given the serious nature of their past and the complexity of their emotional struggle, it was entirely understandable that they were

guarded and defensive, and incapable of engaging in insight-oriented psychotherapy with an adult authority figure. Yet we found nearly all of them willing to make art. (p. 17)

One client, a young man who was emotionally distant and struggling to engage in talk therapy, demonstrated an interest in painting. Moon used this to advantage, and allowed for the art process to do the work that talk-therapy could not. He discusses the success that his client made during individual art therapy sessions:

I looked, listened, and responded to [client's] metaphoric communications. Over the time, [client] gained a sense of his own competence, the belief that he possessed some good attributes, the pleasure that expression can bring, and the awareness that not all men will hurt him. (p. 20)

This reveals the power that art-making has. A client's trauma history may be extreme, and his actions may be too shameful and appalling to allow words to express. However, with the use of art, a common ground may be found between the art therapist and client. A client can make sense of his trauma and SPB, and the therapist can act as an accepting role model for the child to learn from.

### **The Expressive Therapies Continuum: A Developmental Approach to Art Therapy**

The use of art therapy in combination with a developmental approach may considerably change the outcome of treatment of SPB. Furthermore, the concept of identity is quite difficult to understand for an adolescent, especially one that may have their own traumatic past where they were unable to develop a healthy sense of self.

The Expressive Therapies Continuum (ETC) is a developmental framework for the implication of art therapy with various populations. The ETC can be used as a developmental



guide for art therapists to inform what materials, media, and directives may be most appropriate for clients at various stages of development. Hinz (2009) states,

The ETC organizes media interactions into a developmental sequence of information processing and image formation from simple to complex....The ETC is arranged in four levels of increasingly complex processing. The first three levels are bipolar or complementary...The two components of these first three bipolar levels represent functions or ways of processing information. The fourth level, the Creative level, can occur at any single level of the ETC. (p. 5)

Figure 1 illustrates the ETC as a hierarchical spectrum.

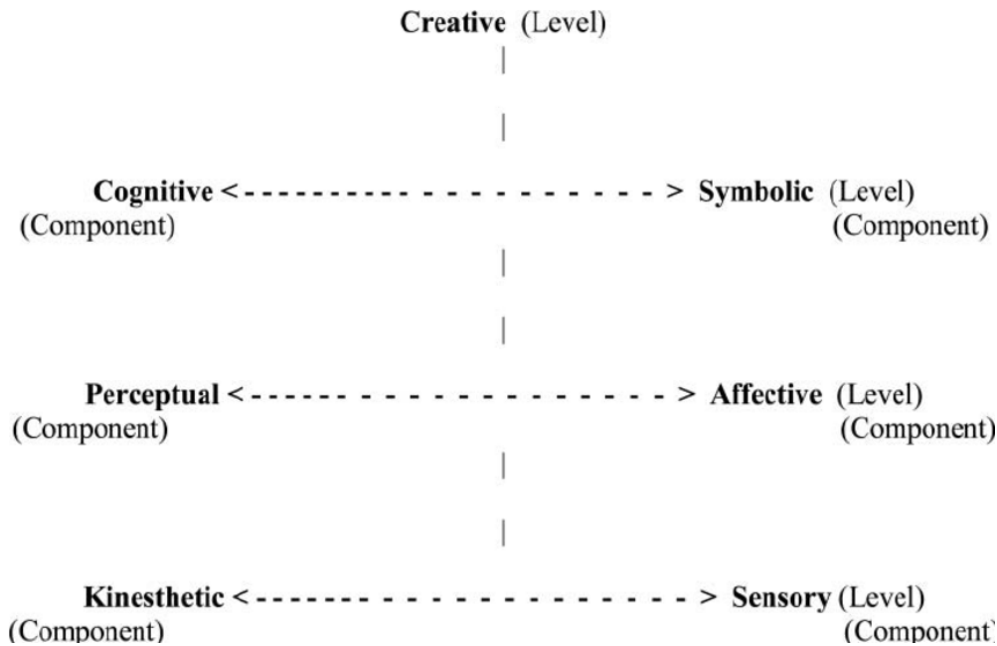


Figure 1. Expressive Therapies Continuum

### Exploring Identity Development Through the ETC

Using the ETC as a foundation in art therapy may better allow traumatized adolescent boys to access the art materials and concepts that are essential for their growth and processing. This may be more difficult for an adolescent lacking certain experiences and skills that normally-

developed adolescents have (Briks, 2007, p. 4). However, art therapy that is focused on self-exploration, self-reflection, and effective emotional coping will promote development of an integrated, positive sense of self, rather than a sense of self that is jaded by trauma and shameful experiences and actions. Art therapy allows for the expression of rejected parts of self, the gaining of self-awareness, self-acceptance, and the ability to create and/or recreate identity (Briks, 2007, p. 3). Keeping this in mind, with the use of the ETC in combination with trauma-informed care may give way to progress in treatment (Hinz, 2009).

### **Group Art Therapy with Adolescents with SPB**

Art therapy facilitated in a group format supports the healing of deficits in identity development, emotional regulation, interpersonal relationships and coping skills. Group-based therapy is important for adolescents to engage in as it supports the goal of increased positive social skills and the development of pro-social behaviors with others. Pifalo (2011) notes, “The group format touches upon the needs of the adolescent to ‘belong,’ and the art modality facilitates the group process; it is a combination that is both curative and exciting” (p. 14). Because adolescents rely heavily on peer acceptance during their development, using the group model as a setting for art therapy engagement is also beneficial, as it allows for the boys to express themselves in a way which is socially appropriate and accepting of both their peers (p. 14) and their group leaders.

Group art therapy helps create a space where these boys can experience joy and play through the arts, promote self-esteem, and discover creativity as a source of healing through the application of three specific identity and self-exploration-based sessions (Briks, 2007). The group setting may act as the outside community in which individuals can both practice social skills, and learn from inappropriate interactions in a safe setting. Williams and Tripp (2016) note,

“...it is clear that being in a group elicits each member’s idiosyncratic patterns of thinking, feeling, and behavior and offers possibilities for experiencing new ways of being in the world” (p. 417). Though there are several different formats of group art therapy, structured/task focused groups are most likely the safest form for children and adolescents who struggle with emotional regulation in a therapeutic setting (p. 421). Williams and Tripp continue, “A directive can calm anxiety in group members or the leader, thereby reducing management challenges and creating an environment where both leader and members are able to feel a sense of agency” (p. 421). Furthermore, task focused groups are the most beneficial for groups of individuals struggling with similar issues, such as the young men in the SPB program at my internship.

### **Method**

The intent of this study was to investigate if an art therapy group based on a developmental, trauma-informed, and relational approach would facilitate the growth of more wholesome, positive identities of the boys in the SPB program, in addition to lessening the feelings of guilt and shame as a result of their traumatic histories.

### **Research Method**

This study utilized a developmental, trauma-informed, and relational approach to group art therapy with the boys in the SPB program at my internship site. I planned three groups that were held weekly for three consecutive weeks with the boys in the SPB program at my internship site.

All three groups were created and focused on the developmental approach to art therapy, the ETC. The first group was titled “Self-Symbols.” The second group was “Inside vs. Outside Masks.” The third group was “Collage Self-Portraits.” Self-Symbols was focused on the lowest level of the ETC, sensory/kinesthetic. The following group focused on the next level,

perceptual/affective. The last group was focused on the next level of the ETC, cognitive/symbolic. The highest level, creativity, was utilized during all three of the art therapy groups. All groups shared a common focus of identity exploration.

### **Participants**

This group was specifically structured and modified for the boys who are engaging in the SPB program at my internship site. All participants live in the same house on campus and are familiar with one another. Though there are currently eleven boys living in the house and engaging in the SPB program, four to six boys of the nine joined each week. One or two milieu direct-care staff joined each group and participated as well. Myself and my co-clinician participated in the warm-up during each group.

### **Procedure**

**Group 1: Self-Symbols.** The group began with a ten-minute warm-up. The boys were each given two pieces of 18 x 24” paper and asked first to scribble for 30 seconds with their dominant hand. I then asked them to find an image within the scribble. On the other piece of paper, the boys were asked to do the same thing, but with their non-dominant hand. Following the warm-up, I transitioned the boys into a discussion about the concept of self-symbols and gave each boy a piece of Crayola clay, enough that would fit in the palm of their hand. The boys were given the directive to ‘create a symbol that represents yourself out of the clay you have in front of you.’ They were reminded of the time they had to create their self-symbols (30 minutes). At the end of the 30 minutes, I again transitioned the boys into processing and sharing the artwork as a group, for the last 15 minutes. See appendix for directive write-up.

**Group 2: Inside vs. Outside Masks.** This group took place exactly one week following the first group. After a ten-minute warm-up of stating ‘one high (positive aspect) and one low

(neutral or challenging aspect) of the day,' the boys were each given a cardboard mask. After I led a discussion regarding the concept of masks and how this relates to identity, I asked them to create the 'outside' part of the mask (the part that they show to the world and how they are perceived). They were given 20 minutes to work on this side. After the 20 minutes, I noted that we were half-way through group, and I suggested they move onto the inside portion of the mask (the part of themselves they keep hidden and do not show to the world). Throughout the time they spent working on their masks, I continued to support and their understanding of this topic of how masks can represent oneself. At the end of the 40 minutes, I transitioned the boys into processing and sharing the artwork as a group, for the last 15-20 minutes. See appendix for directive write-up.

**Group 3: Self-Portrait Collages.** This group took place one and two days after the second group. After a 10-minute warm-up of sharing 'one high and one low' of the day, I facilitated a discussion about self-portraits, and showed the boys images of two famous artists' self-portraits (Frida Kahlo and Vincent van Gogh). The directive of this group was to create a portrait of themselves using the pre-cut images I provided them. I chose to pre-cut images to save time, as group is only an hour long, however I tried to provide as much variety as I could. I then asked for the boys to come up to the front table and pick out four or five pre-cut images they 'felt resonated with them' or images that they 'immediately see and feel drawn to' or images they 'see that may give the viewer of the art a clue to who they are.' I gave the boys 30 minutes to make their collages. At the end of the 30 minutes, I transitioned the boys into processing and sharing the artwork as a group, for the last 15 minutes. See appendix for directive write-up.

### **Data Analysis**

Throughout each group, I took hand-written notes down on my directive sheets. These notes consisted different comments boys made, how they reacted to certain parts of the group, if there were any issues throughout the group, and other thoughts or feelings that came up for me. I also noted down the number of participants, which fluctuated each week.

After each group, as required by my internship site, I wrote group notes for each boy that participated in group that went directly into their electronic files. This allowed me to make sense and think more objectively about each group. Within the week I ran the group, I would engage in the directive I facilitated with the boys that week to further make sense of and reflect upon my experience of the group.

**Results**

**Significant Themes Overall**

Results for this study showed that overall responses to the method were positive. There were several themes that developed throughout all three groups. Table 1 depicts the similar themes throughout all the groups.

Table 1

*Table Showing Themes Across All Groups*

Themes Across All Groups
Healing dimension of ETC
Acknowledgement and validation from adults
Mood of group as a whole affecting art-making process

**Significant Themes Unique to Each Group**

Additionally, each of the three groups yielded unique themes based on the art therapy directive facilitated. Table 2 depicts the themes below.

Table 2

*Table Showing Themes Unique to Each Group*

Observed Themes from Group 1	Observed Themes from Group 2	Observed Themes from Group 3
Materials (clay) enhancing regression through kinesthetic properties	Materials (paint) enhancing emotional expression through symbolism of colors	Materials (collage) enhancing emotional expression through storytelling
Challenges connecting self-symbol to identity	Ability to connect mask to identity	Ability to connect collage to identity
Symbolism of animals		Symbolism of animals
Needing adult acknowledgement and validation	Needing adult acknowledgement and validation	Needing adult acknowledgement and validation
Mood of group as a whole affecting art-making process	Mood of group as a whole affecting art-making process	Mood of group as a whole affecting art-making process

**Group 1: Self-Symbols**

The first group, Self-Symbols, had more participants than expected. Five boys out of eleven participated. These were the “usual” boys that participated in group, plus one boy I was surprised to see, as he does not normally show any interest in participating in art group. I followed the procedure of group as noted in the method.

**Mood of the group members affecting the art-making process.** There was one milieu staff participating as well, which I found shifted the energy of the room. This milieu staff is newer, and I noticed had trouble understanding the purpose of my art therapy group. Though this milieu staff showed a lot of positive support for group and took care of most of the behavioral issues that arose during group, I found that she at times attempted to rush the boys to finish making their art. She also attempted to rush the processing time at the end of the group. Although I expressed that I wanted the boys to take their time during this, her mood affected the boys and how they shared their art. As I believed a lot of them also wanted to rush through art

group and the processing, when she supported this by also asking the boys to ‘hurry up’ and finish speaking, this validated them in not wanting to share their creations.

**Healing dimension of the ETC: Symbolism of animals.** I found that the boys’ individual self-symbols were not the symbols of self I was expecting. The first boy (T) shared his symbol, indicating that his self-symbol was supposed to be a bird, however he only got as far as to create the head of the bird. A delicately and detailed bird-head, I asked how this piece of art stood as a symbol of himself. T answered that this symbol reminded him of a specific peer who recently discharged from the program whom he missed. I asked him several more questions, intending to pull out more information about how a bird head that reminds him of his peer was a symbol for himself, though I came to the realization that he could only grasp the concept of self-symbol as a symbol in which he related to his peer.

The next boy (J) was very invested in his self-symbol, so much so that he worked on it up until the very end and through the processing and sharing time at the end. Fortunately, I had time after group to sit with J individually as he shared his artwork with me. J was one of the older boys in the group as well. He has attended art group consistently, and almost always follows the directive with some insight. He described his self-symbol as a dragon “of good light and bad.” J was the only boy who used both clay and the natural materials I provided them with at the beginning of group. The dragon was delicate and as he described, it was held together with two sticks to make up the skeleton, and clay on top as protection. We discussed the concept of a self-symbol of a dragon “of good light and bad,” for some time. I asked him if he could identify good and bad parts of himself, to which he answered “yes,” but was unable to further articulate.

**Healing dimension of ETC: Clay properties.** The next boy to share (S) was a boy who enjoys art group, but also very openly makes self-disparaging remarks. Reluctant to participate



at first, I encouraged him to join. He expressed his love for using clay, and I observed him to have a bit of experience with clay as well. S understood that to make clay more moldable and smooth, you need water. Throughout the forty-five minutes, I watched him mold and re-mold his self-symbol into several unrecognizable shapes. By the end of group, his self-symbol was a wet, disc-like shaped piece of clay. S declined to share his piece, and ultimately threw away his artwork. To my surprise, he expressed how much he enjoyed this art group to my co-leader.

The fifth participant of group only stayed for half of group. The youngest boy in the house, he played with his clay and began to mold it into some sort of shape. He left group about twenty minutes in, and did not return.

**Wanting to be seen.** Most of the boys were able to process their self-symbols after the art-making was completed. One boy (A), whose self-symbol was a phrase stating: “Does your chain hang low?” immediately brought his art-piece upstairs to his room. As noted before, one boy threw away his piece, as did the boy who made the bird head. The young man who created the dragon self-symbol was proud of his work, and asked if I could keep his dragon in my office.

### **Group 2: Inside Vs. Outside Masks**

Four boys participated in this group. One milieu staff was present. The group format and procedure was followed, as per the method/design. I encouraged the use of paint, as this was the first group I facilitated where I had made paint available.

**Mood of the group members affecting the art-making process.** The one milieu staff present during this group described herself as an artist and had been working at my internship longer than the milieu staff in the first group. She also works in the kitchen with the boys, and has a very positive relationship with most of them. She was a positive role model for the boys

throughout group, and her art and participation sparked interest, which I believe enhanced the outcome of group as well as inspired more thoughtful mask creations.

The boys also appeared to be intrigued with the concept of making art with a cardboard mask, as they expressed they have not had this experience yet. They expressed excitement during the conversation of the function of masks in our culture, and how many of their favorite superheroes wear masks in movies and on T.V.

**Healing dimension of ETC: Symbolism of colors.** The newest boy (P) in the program and in group was thoroughly engaged in the process of mask-making throughout group. He painted the outside of his mask red, with a thick white paint-line around each eye, and a white paint-line over the ridge of the mask's nose. The mouth of his mask he painted white, and used his finger to draw a horizontal zig-zag line through the mouth. In the center of the mask's forehead, an upside down "U" appeared, with another upside-down "U" inside. Under these was a single, thick white line. When he described the outside of his mask to me, he expressed that he at first painted it red because he wanted it to look "like a Power Ranger." When I processed with him more, I asked what the color red might represent about himself. He stated, shakily, "red is almost like...anger?" I asked him about the white paint he painted in the middle of the forehead. He expressed, "the white is maybe...peace?" We discussed the balance of red and white, anger and peace. Further, as I could tell he was quite insightful, we engaged about how this relates to him as an individual, and how he displays his self to the world. On the inside of his mask, he did not paint, but in yellow marker wrote in the middle of the mask "peace + negative = balance."

The next boy I processed with (A) spent thirty minutes of the group painting his mask all white. Again, I asked what the color white represented for him, and what it meant that this was on the outside of the mask – the part of ourselves that we show to the world. He casually replied

that he was merely just copying the face of a favorite video game character, and that the mask had no relation to him. He was unable to make progress on the inside of the mask.

**Reluctance to engage.** Another newer participant to group, though a long-time resident of the SPB program, attended part of group. He was observed to be in a low, depressed mood, and painted his mask a lilac purple with his head slumped over as he painted. He left group half-way through without processing.

**Wanting to be seen.** The next participant was the boy who created a dragon as his self-symbol in the previous group (J). Again, J was dedicated to the directive and quietly worked on his mask up until the very end. Though I did not get to process with him at the end of this group, I was struck by the “inside” part of his mask. He used periwinkle-colored, thin ribbon to create an intricate, crisscrossed design that would enable him to wear his mask. P also made it clear that creating a tie that would enable him to wear his mask was important to him. After I helped him do this, he wore his mask for the remainder of the group.

All the boys felt strongly that they wanted C (my co-leader) to hold onto their masks. It was further discussed at the end of group that she would hang up their masks in her office, with their permission.

### **Group 3: Self-Portrait Collages**

The following week, I facilitated the final group. This group had the most participants, including staff and boys. I followed the same group procedure, as indicated by the method. After showing the boys images of Frieda Kahlo and Vincent van Gogh’s self-portraits, many of them expressed excitement that they recognized the images, and that they were familiar with the concept of a self-portrait. I asked the boys to come up, table by table, to gather their four to five images for their portraits. I was surprised by their enthusiasm for this directive.

**Mood of the group members affecting the art-making process.** This group was held on a Friday afternoon, rather than a Wednesday afternoon. I feared there would be less participants because of this, due to boys having visits and home-passes in the afternoon. However, the energy in the room was buzzing and exciting. Having three milieu staff present that the boys respected influenced this. This particular group, with both staff and two more boys participating, felt more like a whole community. At one point, one of the newer boys (who also happens to be my individual client) began yelling and disrupting the group. The boys in the group, clearly frustrated, expressed that they would like for him to leave. When he returned, and noticed all of the boys collaborating and working on their self-portrait collages, he also was able to participate.

**Healing dimension of the ETC: Symbolism of animals.** After I reminded and encouraged the boys to think of this as a self-portrait, and to pick out more images if they felt they needed more; several of the boys did. I observed that most of the boys were enticed by the animal pictures I provided. A discussion about spirit animals began at some point, in which I shifted the conversation to relate positive qualities we believe animals to have to positive qualities of the individual boys.

My individual client, who was asked to leave group for being disruptive, eventually returned and was able to participate. He chose mostly animal pictures for his self-portrait, and with some insight, was able to share how he feels these animals relate to him and his identity.

The boy who created the purple mask last week found several different pictures of animals, wrote messages on the images, and quietly gave them to my co-facilitator, his therapist. Rather than creating a collage, he pasted individual large pictures of animals on separate pieces

of paper. On one page, he pasted an image of a group of six meerkats. On the back, he wrote, “This stands for what programs did to separate me from family ☹ ☹ ☹.”

**Healing dimension of the ETC: Storytelling.** The boy who created the red and white “Inside vs. Outside” mask, P, also participated thoughtfully during this group, and was one of the first boys done. I encouraged him to add more to his collage, or to create another collage that would complement his first self-portrait collage, and then to write a story about each. When he shared his art with the group, rather than relating the story of his collage back to himself, he told a story about the images he glued together. His story again fell under the theme of “balance,” and when asked how the collage was a representation of himself, he was able to assign himself to one of the characters he created in his story, and depicted in his image. His first story was about an image he used of a man who looked to him like a responsible, young adult, who works hard. P placed a picture of a Toyota Camry next to the image of a man, and stated that because the man worked hard, he was able to afford the car. An image of Luke Skywalker, which he felt most closely related to him. The next story was about his second collage. He pasted the words, “Fast Lane To The Future” in between an image of a large stop-watch, and a cartoon image of a young woman and a young boy. The young boy appeared to be laughing at the woman, who was in distress as a tornado was blowing all her belongings away. P noted, almost questioning his own story, that the woman appeared upset that time was going by so fast. He indicated that he was the boy in the image laughing at the woman.

**Reluctance to engage.** A new participant to the group, an older boy who used to live in the house where group was held, but now lives in a pre-independent-living style house, was reluctant to share his art with the group as a whole. He included an image of three frogs sitting together, the statue of liberty, a horse, a building in the season of fall, and a woman holding her

arms up in a “Y” shape. Next to this image he wrote, “yoga and self-care. Peace.” His images together looked as though they may begin to form what may be some sort of story.

The same boy who created the white mask pasted a single, large image of the cast of Star Wars on his paper. He reported that he chose this image because he likes Star Wars, and had difficulty, again, engaging deeper.

**Wanting to be seen.** This final group ended on a positive note, and several of the boys kept their art, while others gave them to my co-facilitator, asking for them to be hung up in her office upstairs once again. I also observed some boys just leaving their art on the table, which myself and my co-facilitator collected to save in her office.

### **Personal Art Reflection on Themes**

Rather than doing the directive myself first, I initially chose to do the experientials as a response to my experiences of each group. After the first group, I went home to create my own self-symbol out of clay. When I create directives, I tend to think in terms of what my artistic response to the directive will be, but then apply it to the specific population I am working with. I prepared myself to engage in the directive in response to each group, however I surprised myself with my own outcome.

As hard as I tried to relate my art to my experience of being in group with the boys, I found I couldn't help but create each piece of art about myself. I decided that a better way for me to process the powerful emotions I felt after the succession of each group was to create a painting. Painting is a form of art I am the most comfortable with, and feel that it is a way I can express myself the most thoughtfully and insightfully.

I began by squeezing black acrylic paint onto the top of my canvas. I used a paintbrush to spread the paint, but rather than smoothing the paint out, I left globs of black paint. I painted

about half of the canvas in this style. Next, I used watered-down white acrylic paint and covered the rest of the canvas with this. The white paint bled into the thick, black paint portion, almost as if it was trying to cover up the black. I had little control of the watery, white paint. As I was thinking about the three group experiences while I painted, the white paint covering up the black paint seemed to be a metaphor for the individual boys' identities; so eager to be seen in a positive light by sharing their art with us, and even asking it to be hung up, but still feeling ashamed and embarrassed in some way.



*Figure 2. Response Art*

I added in drops of blue and magenta ink and played around with mixing these colors into the white. As I did so, the watery white paint continued to cover the black, now creating a murky grey, with hints of magenta and dark blue sprinkled in. This painting took almost twenty-four hours to dry. In some sense, this reminded me that the healing process is slow, and at times, can feel out of our control. Regarding this experience throughout the three groups, it felt that understanding the concept of identity for these boys would take a lifetime. Though in some sense it does, and most likely will for these boys, the concept of the white covering up the black in a slow and uncontrollable manner complimented the hope I could sense from these eager boys; they want the good parts of themselves to be accepted. The remaining black in the painting, and

mixed in with the white throughout, is indicative that the shame and guilt of their SPB still remain.

Finally, I used a gold oil pen to draw lines over the painting. In some sense, this alluded to the containment and safety that I attempted to create during each group. By drawing over with these lines, I was demonstrating the acceptance and compassion I have for each boy and their trauma history, as well as the integrity I held on to keep them all safe during group. At this point, I thought I was finished, however when I observed my art I felt as though it was missing something. I found delicate, gold-leaf paper. It breaks apart extremely easily, which I used to my advantage. In the center, I glued down little, ripped up pieces of gold-leaf. The shiny gold attracts the viewer's attention. This was a metaphor for the respect I have for these boys, and my way of telling them: "I see you and accept you," as shown in figure 2.

## **Discussion**

### **Preparation Before Groups**

The three identity-focused art therapy groups I ran yielded both surprising and expected results. It was made clear that the boys struggled with the topic of "identity." I anticipated this based on the literature regarding trauma and development. The purpose of running these three groups was also to enhance the emotional expression the boys have regarding their identity, and furthermore, to reduce the shame and guilt they may feel regarding their past behaviors. I hoped for the three groups to provide the boys with a more positive self-image, and perhaps an increase in their self-esteem through the discovery of artistic talent and unconditional positive regard about their art by myself and my co-leader.

Before beginning these specific three groups this study was based on, I had facilitated three groups with the same group of boys in order to build rapport and establish rules and



consistency within the group. Working directly with the milieu staff and program directors who work with the boys in the SPB program was beneficial for maintaining and reinforcing the rules and consistency of the group as well. I asked the program director, as well as the milieu staff who work directly with the boys to enforce the rule that there were no video games or electronics allowed during the hour that group was being facilitated, in order to increase participation.

Though participating in groups is not mandatory, the boys who choose to not participate in group understand that they are choosing to not participate in treatment, which impacts ability to move up a stage in the SPB program.

Each group was facilitated by myself and another clinician (C) who facilitates individual therapy and clinical case management with the boys in this program. As C has a strong, therapeutic bond with most of the boys in the SPB program, it made sense for her to co-lead the group with this writer. We first began discussing the concept of “identity” as the focus of an art therapy group for several reasons. Firstly, this group of boys in the SPB program have not engaged in an art therapy group in quite some time. Secondly, it was appropriate to use a developmental approach while working with these boys, as the treatment they are receiving at my internship site is based in a trauma-informed, developmental, and relational model. It was also important to use a consistent theme and structure throughout the group sessions, to decrease any anxiety and chaos that may be experienced. Though these boys may be experiencing deficits in the development of their identities as a result of their trauma, we discussed that addressing the concept of sense of self would encourage and enhance the development of their identity development. The three groups I planned would inspire the growth and fostering of positive identities, and furthermore, we hoped that the group format would increase positive social skills among peers as well as adults and emotional expression.

C pointed out that from her observations, the boys did not only need to practice appropriate social skills with each other, but they seemed to lack the ability to have positive, “normal” social interactions with females. However, for the boys who live at my internship site, as well as attend the therapeutic school located on campus, it is difficult for these boys to even have a chance to practice their social skills with females of their own age. C and I discussed the benefits of having two younger female clinicians running the group, as it would give the boys a change to practice engaging in appropriate, positive interactions with us in a safe and therapeutic environment. In this environment, it is quite normal to experience inappropriate social interactions with these boys, as they just have not had the chance to appropriately interact with females and to have their behaviors corrected in any way.

### **The Healing Dimensions of the Expressive Therapies Continuum**

**Clay influencing regression and coping skills.** The first group, Self-Symbols, was a directive designed for the purpose of using clay, and eliciting a sensory and kinesthetic sensation. I wanted to assess how the boys would react and make use of the clay. The boys did thoroughly enjoy using clay; I found that many of the participants became distracted by the sensorium that the clay offered and were less focused on the directive I provided. This was expected. The most moving part of group, I believe, was when I gave each boy a piece of clay and told them to get used to the feeling of the clay. I suggested that they roll it out, flatten it, and punch it, until they feel they are ready to begin, to access both sensory and kinesthetic aspects of the ETC.

Hinz (2009) discusses the healing purposes of the kinesthetic and sensory level, noting that making use of kinesthetic and sensory properties is “the most basic level of expression and graphically it is the first mode of expression.” She further writes,

Because they are action oriented and tension releasing, there is a tendency for kinesthetic activities to lead to regression...repeated kinesthetic action can be a method of self-soothing in infants and older children experiencing developmental delays. (p. 41)

It is notable that most of the boys destroyed or threw away their clay self-symbols.

However, it was clear that they all thoroughly enjoyed the kinesthetic/sensory properties of the clay, and expressed that the clay acted as a distraction. This speaks to the opportunity clay and other sensory and kinesthetically-based activities can give to a child or adolescent who is in need of coping skills. Clay can be such a regressive medium, and it has the ability to evoke strong and energetic thoughts and feelings. I believe that perhaps this is the reason why one boy in particular worked so hard on his self-symbol, only for it to end up being a watery, flat, piece of clay in which he threw away and was unable to speak to how it connected to him.

**Paint influencing emotions and offering distance.** Inside Vs. Outside Masks were a directive based on the perceptual and affective level of the ETC. The main purpose of this group was to allow the boys to visually see and conceptualize two parts of themselves, and how their emotions affect who they are and how they act. Hinz (2009) states,

Therapeutic work with the perceptual component can enhance clients' abilities to see things more clearly. The ability to perceive things clearly can promote capacity to verbally label experiences and think about them differently. Thus, increased cognitive functioning and self-understanding can emerge from an experience with the perceptual dimension. (p. 88)

Understanding and identifying emotions ties into the affective component of the ETC. Using paint was appropriate as, "the more fluid the media, the more likely an expressive experience is to evoke emotion" (Hinz, 2009, p. 107). All the boys used paint on the outside of their mask,

though with the constraints of time, most were unable to make art on the inside of their mask.

This is curious, as the concept of the inside of the mask was quite vulnerable and telling.

Nevertheless, the distance the mask offered and the boys ability to identify emotion through color in particular speaks to the importance of therapeutically working on the affective level of the ETC (p. 108). Hinz continues,

Clients will learn through their direct experiences with the affective component that the expression of emotions is not only acceptable, but that it is stress reducing and life enhancing as well. When clients are at a loss for words, sometimes art can be a way to invite the expression of emotion (p. 104).

**Symbols enhancing clarity.** “Accepting both bad and good aspects of the self leads to internal peace,” Hinz states (p. 158). The fluidity of the paint used was evocative of emotion, however as Hinz notes, “when caught up in emotional expression, clients do not necessarily have the ability to gain distance from the art process or product in order to reflect on or think about what is occurring” (p. 108). Therefore, talking about themselves through the metaphor of their mask allowed for the boys to distance themselves from the parts of their identities that they perhaps have not yet accepted or truly can identify with. The mask directive allowed for more insight and understanding of the complexities of emotions, and how this affects who we are and how we are perceived by others.

**Colors.** Symbolism of colors was a significant theme during the mask-making group, in combination with the emotional fluidity the paint enhanced. Hinz (2009) notes, “having many vibrantly colored art media and fluid media available for client use can help stimulate affective responding” (p. 108). Often, I have found that when working with clients who need support in emotion identification, I suggest pairing an emotion with a color they may think of. During the

Inside Vs. Outside Masks group, the use of paint seemed to influence the identification of particular emotions based on colors. The one boy who painted the front of his mask red and white spoke to how the color red reminds him of anger. Red is a bold, intense color which could easily be associated with bold and aggressive emotions. Hinz continues:

Many color associations are personal and related to past events in clients' lives. In addition, colors also occur in contexts of relationships – in art and in life – that influence their emotional values. Finally, colors evoke physiological responses, and they have cultural associations that impact their use and meanings. (p. 107-108)

*Animals.* In all three groups, symbolism of animals was also a significant theme. Similar to colors, animals may represent different qualities or characteristics people can identify with. Most significantly in the third group, Self-Portrait Collages, the images of animals were the most popular for the creation of each individual boy's self-portrait. As this group was focused on the symbolic/cognitive level of the ETC, this was expected. Understanding the self through symbols is somewhat of an advanced cognitive function. "What emerges from work on the symbolic component is a new awareness of and greater ability to access unique inner wisdom. Being able to use the hitherto dormant qualities improves self-esteem and promotes personal freedom," Hinz writes (p. 158).

Identifying the qualities of self through an animal symbol also provides reflective distance. Symbolically, this directive allowed for the boys to relate themselves to an image of something or someone, without using verbal language. "The healing dimension of the symbolic component of the ETC is the ability to realize personal meaning within the larger context of universal symbols" (p. 147). A client can identify with a quality of an animal without claiming this quality for themselves. This seemed to be true for all the boys who identified with qualities

of animals during the third group. For example, the one boy who used an image of a meerkat family was able to use this image to identify the qualities this family has in relation to his experience of family.

*Storytelling.* Furthermore, during the third group, the boys were asked to pick out images that represented themselves in some way, or that they felt connected to. This directive involved the cognitive component of thinking and planning how to produce and organize their collage, as well as the symbolic component of how to represent themselves through the use of pre-cut magazine images.

Hinz discusses how collages that are topic-directed require clients to “select, combine, represent, and describe,” and that “these higher-order cognitive processes can be capitalized upon in order to help clients think through life choices and core beliefs” (p. 128). Though some collages displayed more insight than others, most of the collages demonstrated the boys’ abilities to relate their life experiences to something other than themselves, which is significant. Furthermore, I asked the boys to write a story about their collage after they completed it, which also involves an understanding of symbols and a higher level of cognitive functioning. Most boys were unable to do this.

One boy in particular (P) who created two collages provides an example of how storytelling not only enhanced the art process, but gave him more insight. In his first collage and story, this boy chose an image of a young man and pasted it next to a photo of a Toyota Camry. P noted that this young man was the owner of the car, and had a good job. In this sense, as this collage was P’s self-portrait, the image of the young man represented what P hoped to be one day – a significant indicator of positive identity development. Slivinski and Slivinski (2013) speak to the reflective distancing that storytelling allows an adolescent. They write, “through

externalization or distancing, a clearer, less subjective perspective may be acquired” (p. 9).

Storytelling gives adolescents a chance to conceptualize something, without the commitment or vulnerability of identifying themselves in the story.

### **Being Witness to the Art Process and Products**

The most powerful concept that came out of running these three groups was the boys’ willingness to participate, as well as their willingness to be vulnerable. Especially during the Inside vs. Outside Masks group and the Self-Portrait Collages group, the boys were able to speak to their art. However, rather than throwing away their art, they asked for their masks to be hung up in C’s office upstairs. They were also willing to let myself and C hold on to their collages for safe keeping. These behaviors clarify several things. Allowing the clinicians to hold on to their artwork confirms the trust the boys have developed with myself and my co-clinician, alluding to the importance of attachment-work and a relational approach to treatment. It also validates the feelings of safety that were created in group, enhanced by our relationships with the boys.

**The Significance of Female and Male Dynamics During Group.** The need to be witnessed, remembered, and seen by myself and my female co-clinician suggests another powerful aspect that developed during the three groups. These boys carry with them an inexcusable, and quite frankly, unspeakable, past of sexualized behaviors that inflicted harm on another person. The shame and guilt that becomes apparent when they begin to understand the implications of their behaviors is significant enough to cause the boys to view themselves as “bad,” “disgusting,” and “unlovable.” Nevertheless, they still sought the acceptance of two female clinicians in their late twenties and early thirties. The ability for us to accept these boys through witnessing their artistic process, honoring the vulnerability that the art products hold, and providing unconditional positive regard about their artistic skills provided the boys with the

understanding that they are not entirely bad, and that they are certainly worthy of being cared about.

***Reducing Shame and Guilt.*** Demonstrating acceptance towards this population of boys may be the one thing that helps them understand healthy dynamics and boundaries between men and women. Creeden (2004) speaks to the importance of attachment and relational work with this population:

As treatment providers, we should be seeking to diminish or eliminate feelings of shame which typically blocks adaptive change and is therefore unproductive. The goal is that the client will actively engage in changing how they participate in current relationships and consider the possibilities for active restitution for past abusive behaviors (p. 239).

Living in a program specifically for SPB also excludes these boys from being able to practice how to treat women in the community appropriately, as the only female interactions they have are with adult female milieu staff, their teachers, and their female clinicians. “Normal” teenage boys have the opportunity to develop and practice appropriate social skills with females their own age in multiple community settings. As healthy, functioning adult females, it is of significance that role modeling to the boys how to appropriately speak to women (i.e. not using sexually aggressive and inappropriate phrases, making sexual and/or inappropriate jokes) is essential for the development of pro-social behaviors. Holding these boys up to the standards that they are young men who respect women through our mutual respect for them, teaches the importance of healthy boundaries, chivalry, and clear emotional expression.

***Enhancing emotional expression and diminishing toxic masculinity.*** It is evident that boys are raised with the societal expectation that expressing emotion is feminine. Complex trauma adds another complicated layer to this concept. In Kindlon and Thompson’s (1999)



novel, *Raising Cain: Protecting the Emotional Life of Boys*, they stress the importance of teaching boys how to develop an emotional vocabulary in order to be emotionally literate enough to read social and emotional cues of others (p. 4). They further write,

The culture of cruelty teaches boys that, in the male realm, feminine qualities are loathsome; to the degree that a boy buys into the belief, and loathes the qualities of tenderness and vulnerability in himself, he grows to hate parts of himself and girls as well....Anxiety limits a boy's ability to pick up on external cues, and his anxiety about girls and about his performance with them distorts his perception of them and obscures the cues that might guide him toward a more meaningful experience in relationship. If boys are not taught empathy, then their response to rejection or frustration easily becomes devaluation of girls and women (p. 210).

Throughout time spent in these three art therapy groups, as well as during the milieu when group was not occurring, myself and C stressed the importance of respect of one another by demonstrating the respect we have for ourselves as women. We held each boy to the standard that they are all respectable young men who would in some sense must earn our mutual respect from them through their positive and appropriate social interactions with us. We allowed them the opportunities to act as decent human beings not only to us, but to the milieu staff and to each other.

***Identity Development.*** In addition to the art-making process where the boys could explore the concept of identity development, we stressed the importance of respect and integrity through forming healthy attachments. A relational approach to the art therapy group seemed to be the most obvious way to help the boys begin to regard themselves more positively, with respect and dignity for themselves. During group, we not only praised and pointed out their

positive, pro-social interactions, but we honored the vulnerability they demonstrated when they shared their artwork with the group. By doing so, we hoped that this would enhance the respect they have for themselves and the standards they should hold themselves to as loving, respectful, emotionally-intelligent young men.

“The profound sense of inner badness becomes the core around which the abused child’s identity is formed, and it persists into adult life...the language of self becomes the language of abomination,” Herman (2015, p. 105) writes. The findings of this study supplement the literature regarding the developmental impact of trauma on identity development in relation to attachment theory. If a child is not given the opportunity to demonstrate their positive qualities and behaviors, they will most likely never be able to see themselves as beings who deserve attention, nurturance, and who are worthy of loving relationships and intimacy. They will continue to adopt the identity of victims and perpetrators of abuse, who deserve to act and be treated as such.

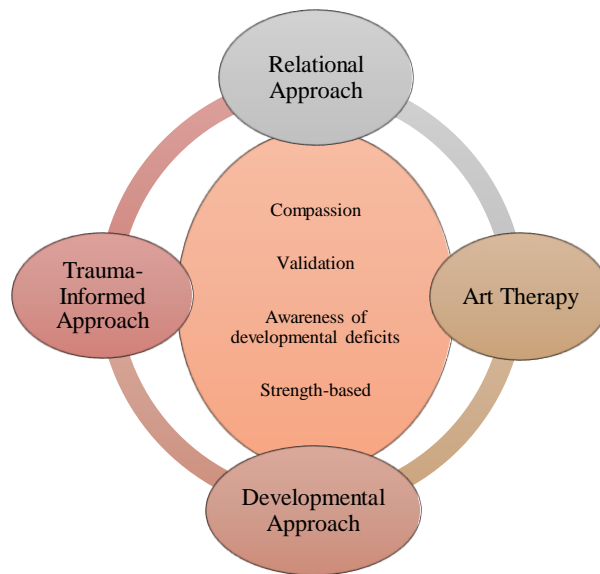
### **Limitations**

This study only included three groups based on art therapy and identity development. With more time, a 9-week art therapy group to address this concept may have generated more in-depth work and engagement. Nonetheless, the results of this group were hopeful in such that using a trauma-informed, relational approach to developmental art therapy to address the shame and guilt of past trauma is essential.

### **Recommendations**

The most important thing I learned about working with these boys is that it is necessary to demonstrate compassion in order to build a positive relationship. However, it is also crucial to demonstrate and teach mutual respect. An accepting and authentic relationship shows these boys that despite their past behaviors, there are people out there who will respect and care for them.

However, this acceptance from others only develops when these boys allow themselves to feel vulnerable (Kindlon and Thompson, 1999). The use of the arts in group therapy is a safe way for boys to express their vulnerability. The trauma-informed, relational, and developmental approach that my internship site uses for the treatment of SPB further compliments this.



*Figure 3. Treatment Model*

The findings demonstrate the utmost importance of not simply “teaching empathy,” but the way in which teach empathy to boys with significant trauma and sexual abuse histories, and the importance that having compassion has on such a population. Because of past abuse, the boys in the SPB program have learned to use sex and sexualized acts as a form of communication, a way to control others, a way to gain pleasure without regard for the other, and a way to regulate their internal states. The implications that trauma has on the developing brain further endorses the mistreatment of others, because as depicted in the literature, trauma distorts all areas of development, especially social, emotional, and behavioral functioning.

These boys are still in the process of figuring out who they are. These three groups did not miraculously influence these boys to “find themselves” and commit to a positive, integrated sense of self. However, the three identity-focused groups allowed for them to make art about themselves in a safe environment, with two female clinicians who accepted them for who they are in the moment. The powerful growth and vulnerability that was witnessed by myself and my co-clinician provides hope that the creative process and a compassionate therapeutic relationship may enhance even the smallest amount of healing from an unspeakable traumatic past.

## Appendix

### SELF-SYMBOLS

#### **MATERIALS:**

- Clay
- Water
- Clay tools
- 18x24" drawing paper
- Markers
- Gloves (for those uncomfortable with touching clay)

**WARM-UP:** (15 minutes) Scribble images – everyone gets two 18x24" piece of paper. Ask clients to use a marker to scribble on the paper with their dominant hand; encourage use of whole paper and use of large arm gestures. After around 2 minutes of scribbling, ask everyone to stop what they are doing and look at their scribble – find an image within their scribble and color this in or outline in a new color. Repeat this with non-dominant hand.

**DIRECTIVE:** (30 minutes) Every participant will get a piece of clay about the size of their hand or a little bigger. Ask clients to play around with the clay, feel it, punch it, flatten it – whatever they want for around 5 minutes. Then ask clients to create a self-symbol for themselves, using the clay – “imagine a symbol that would represent who you are. If someone were to see this symbol in a museum, what would they know about you from looking at it?”

**CLOSING:** (10-15 minutes) Everyone is encouraged to share but not necessary; if they don't share, ask them to name one word about how they felt about group today.

1. Have you used clay before? How did it feel to create a symbol of yourself with clay?
2. When you were closing your eyes and feeling your clay piece after, did this change your perspective of what you had created? How?
3. How does this piece of art describe who you are?

### INSIDE-OUTSIDE MASKS

#### **MATERIALS:**

- Cardboard masks
- Markers
- Acrylic Paint/paintbrushes/water cups
- Oil pastels
- Collage materials – magazines, glue
- Misc. – glitter, feathers, buttons, etc.
- Hot glue

**WARM UP:** (5-10 minutes) Name high (positive) aspect of your day, and one low (neutral/negative) aspect of your day.

**DIRECTIVE:** (30 minutes) Facilitated discussion regarding the meaning of masks. Each participant will get a mask. On the outside, suggest clients to decorate the mask based on how they show “on the outside” to others – the role one plays and how people know you by, recognize you as. On the inside, suggest clients think about how they feel on a daily basis. Statements and questions such as “what are some things you feel that you might not share with others, but keep on the inside?” may be helpful. Remind clients that their feelings and thoughts can be represented in images (lines, shapes, colors) and do not need words. If you are using collage materials, think about pictures you might find that symbolize or represent your feelings or thoughts.

**CLOSING:** (10 minutes) Participants do not have to share anything about your inside mask, but encourage them to at least be thinking about the process and how it felt for you.

1. Look at both sides of your mask. How are they different? How are they similar?
2. What materials did you choose to use and why?
3. Was one side of the mask more difficult to create than the other? Why?
4. Did you learn something about yourself during this process?
5. Why don't we often show to others what we feel on the inside?

### **SELF-PORTRAIT COLLAGES**

#### **MATERIALS:**

- Magazines
- Glue
- Thick paper
- Scissors

**WARM UP: (5-10 minutes)** Name high (positive) aspect of your day, and one low (neutral/negative) aspect of your day.

**DIRECTIVE:** (30 minutes) Show two examples of self-portraits; explain reasons why someone may paint a self-portrait, and what these can express.

What is a self-portrait? Does a self-portrait always have to be an image of your exact face? Remember the art group we did last week (inside-outside masks) and think about the mask you created to depict a part of who you are. This week we are going to be creating self-portraits, but only using collage materials. Look through the magazines to find images that you connect with in any type of way. How will the images you chose represent who you are? How will the images create a portrait of who you are?

**CLOSING:** (10 minutes) Participants do not have to share anything about their collage but encourage them to think about the following questions:

1. Was it easy or difficult to find images that represent you or that you connect with?
2. Take a step back and look at your self-portrait. Does it look like an accurate depiction of you?
3. Would an image of your face show who you are better or does this abstract portrait do so?

### References

- American Society for the Positive Care of Children (2018). Child maltreatment statistics in the U.S. (2018). Retrieved March 22, 2019 from <https://americanspcc.org/child-abuse-statistics/>.
- Arnold, C., & Fisch, R. (2011). *The Impact of Complex Trauma on Development*. Lanham: Jason Aronson, Inc.
- Beaumont, S. L. (2012). Art therapy approaches for identity problems during adolescence. *Canadian Art Therapy Association Journal*, 25(1), 7–14.
- Briks, A. (2007). Art therapy with adolescents: Vehicle to engagement and transformation. *Canadian Art Therapy Association Journal*, 20(1), 2–15.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Sprague, C., ... van der Kolk, B. (2007). Complex trauma in children and adolescents. *Focal Point Research, Policy, and Practice in Children's Mental Health*, 21(1), 4–8.
- Creeden, K. (2004). The neurodevelopmental impact of early trauma and insecure attachment: Rethinking our understanding and treatment of sexual behavior problems. *Sexual Addiction and Compulsivity*, 11, 223-247.
- Creeden, K. (2009). How trauma and attachment can impact neurodevelopment: Informing our understanding and treatment of sexual behavior problems. *Journal of Sexual Aggression* 15(3), 261-273.
- Creeden, K. (2013). Taking a developmental approach to treating juvenile sexual behavior problems. *International Journal of Behavioral Consultation and Therapy*, 8(3), 12-16.
- Creeden, K. (2019). *Children with sexual behavior problems: How are we defining "normative"?* [PowerPoint slides and lecture].

- Elkovitch, N., Latzman, R. D., Hansen, D. J., & Flood, M. F. (2009). Understanding child sexual behavior problems: A developmental psychopathology framework. *Clinical Psychology Review*, 29(7), 586–598. <https://doi.org/10.1016/j.cpr.2009.06.006>
- Ford, J., Grasso, D., Greene, C., Levine, J., Spinazzola, J., & van der Kolk, B. (2013). Clinical significance of a proposed developmental trauma disorder diagnosis: Results of an international survey of clinicians. *Journal of Clinical Psychiatry*, 74(8).
- Gantt, L. and Greenstone, L. (2016). Narrative art therapy in trauma treatment. In J.R. (Eds.), *Approaches to art therapy: Theories and technique* (p. 417 – 432). New York: Routledge.
- Graves-Alcorn, S., & Kagin, C. (2017). *Implementing the expressive therapies continuum: A guide for clinical practice*. New York: Routledge.
- Hinz, L. D. (2009). *The expressive therapies continuum: A framework for using art in therapy*. New York: Routledge.
- Herman, J. (2015). *Trauma and recovery: The aftermath of violence – from domestic violence to political terror*. New York: Basic Books.
- Holden, M. J. (2009). *Children and residential experiences: Creating conditions for change*. The Child Welfare League of America.
- Kindlon, D. and Thompson, M. (1999). *Raising Cain: Protecting the emotional life of boys*. New York: Ballantine Publishing Group.
- Latham, C., & Kinscherff, R. (2012). A developmental perspective on the meaning of problematic sexual behavior in children and adolescents. *Neari Press*, 1–17.
- Mazloomian, H., & Moon, B. L. (2007). Images from purgatory: Art therapy with male adolescent sexual abusers. *Art Therapy*, 24(1), 16–21. <https://doi.org/10.1080/07421656.2007.10129367>  
<https://doi.org/10.1007/s10826-014-0024-3>



- National Child Traumatic Stress Network. (2018). *Complex Trauma*. Retrieved December 9, 2018, from [www.nctsn.org/complextrauma](http://www.nctsn.org/complextrauma)
- Pifalo, T. (2002). Pulling Out the Thorns: Art Therapy with Sexually Abused Children and Adolescents. *Art Therapy, 19*(1), 12–22. <https://doi.org/10.1080/07421656.2002.10129724>
- Problematic Sexualized Behaviors (2019). Retrieved March 26, 2019 from <http://www.ncsby.org/content/problematic-sexual-behavior>
- Rinne-Albers, M. A. W., van der Wee, N. J. A., Lamers-Winkelmann, F., & Vermeiren, R. R. J. M. (2013). Neuroimaging in children, adolescents and young adults with psychological trauma. *European Child & Adolescent Psychiatry, 22*(12), 745–755. <https://doi.org/10.1007/s00787-013-0410-1>
- Silvinske, J. and Slivinski, L. (2013). *Therapeutic storytelling for adolescents and young adults*. Oxford: Oxford University Press.
- Williams, K. and Tripp, T. (2016). Group art therapy. In J.R. (Eds.), *Approaches to art therapy: Theories and technique* (p. 417 – 432). New York: Routledge.
- van der Kolk, B. (n.d.). Developmental trauma disorder: A new, rational diagnosis for children with complex trauma histories. *Psychiatric Annals*.
- van der Kolk, B., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress, 18*(5), 389–399.