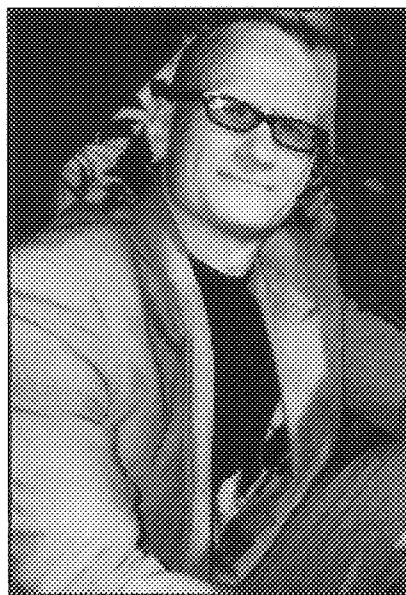


# CATHARSIS IN ART THERAPY: A CASE STUDY OF A SEXUALLY ABUSED ADOLESCENT

MICHAEL J. HANES

## Abstract

This case study discusses the use of catharsis in art therapy with a 16-year-old female who had been sexually abused by her stepfather. The client employed art materials to produce an effigy of her abuser, which she fastened to an altar and repeatedly stabbed with sharpened pencils. That enactment provided an outlet for latent emotions and aggressive drives which could not be expressed in daily life. Rather than intervening or diverting her process, I supported the opportunity to discharge pent-up emotions stemming from her abusive experiences. I discuss how catharsis was part of a broader therapeutic context that included both emotional and cognitive components.



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## Catharsis in Art Therapy: A Case Study of a Sexually Abused Adolescent

Many of the adolescents I have worked with in art therapy have lived through traumatic events, such as physical and sexual abuse. As might be expected, there are powerful, sometimes overwhelming, feelings associated with those experiences. Often, the individual is unable to respond emotionally at the time of the trauma due to the fear of reprisal (Lewis & Bucher, 1992). A number of mental health professionals believe that repressed feelings are a principal factor in the problems these individuals experience, and that emotions must be purged in order to achieve psychological well-being (Anderson, 1995; Collins & Gabor, 1988; Jackson, 1994; Naitove, 1982; Nichols & Efran, 1985; Workman, 1997).

Since the mid-nineteenth century, the meaning of "catharsis" has become vague, and its application more general (Jackson, 1994; Lewis & Bucher, 1992). In its therapeutic application, the intent is usually to discharge or release pent-up emotions, but the psychoanalytic notion of reliving traumatic memories is no longer necessary (Jackson, 1994). For purposes of this article, "catharsis" means a process that alleviates tension and anxiety through the expression of emotions that have been hidden or restrained, or the existence of which has been unrecognized (Jackson, 1994; Lewis & Bucher, 1992; Nichols & Zax, 1977). The process involves partial or full expression of a previously restrained sequence of affect

that is subsequently discharged in a "substitute setting" (Nichols & Efran, 1985).

The inherent ability of the art process to summon emotional, rather than intellectual, responses is central to the usefulness of art as a therapeutic medium (Anderson, 1995; Birtchnell, 1984; Howard, 1990; Johnson, 1987; Peacock, 1991; Rubin, 1984). Malchiodi (1998) wrote:

The field of art therapy continues to explore the ideas that children's art expressions are containers for feelings and that the expression of emotion through art has inherent therapeutic value. . . Experiences such as catharsis (the expression of suppressed feelings) are thought to be an important part of the art therapy process. . . (p.119)

Many authors have discussed the benefits of using art therapy to liberate pent-up or suppressed emotions with individuals who have experienced sexual abuse (Anderson, 1995; Birtchnell, 1984; Estep, 1995; Howard & Jakab, 1968; Jacobson, 1994; Malchiodi, 1998; Naitove, 1982; Peacock, 1991; Serrano, 1989; Ticen, 1990; Waller, 1992). Kelley (1984) asserted that sexually victimized children need avenues to vent their fear, anger, aggression, and hostility about the sexual assault. She contended that art therapy can be a relatively non-threatening mode of expression for thoughts and feelings regarding victimization.

### The Setting

The setting was an acute inpatient psychiatric hospital where all adolescents were required to participate in group art therapy. Group membership changed as patients were discharged and admitted. The group met twice weekly, with an average attendance of five to eight patients. At the end of each session, time was set aside for patients who wished to discuss their artwork.

All first-time participants were given instruction on the various materials, storage spaces, and so forth. The art room was spacious, allowing ample room for movement and play. The studio included work tables and fold-up chairs, which allowed for flexible seating arrangements. I used a non-directive approach, providing participants with a variety of art media from which they could choose freely.

### The Case of Amy

Amy (a pseudonym) was a sixteen-year-old female who had been admitted to the psychiatric hospital for treatment of depression and suicidal thoughts. She had been living with her mother, a 10-year-old brother, and a stepfather before being placed in protective custody. Her emotional distress resulted from months of sexual abuse at the hands of her stepfather. Amy reported feelings of shame, humiliation, mistrust, and hopelessness. She was plagued with self-deprecating thoughts, which, in turn, fed her feelings of worthlessness. Amy also harbored intense anger directed at her stepfather.



Figure 1

At her initial art therapy session, Amy was withdrawn and detached. I tried to introduce her to the art studio and materials, but her feelings of inadequacy and trepidation about the art process caused her to retreat to the security of a chair. "I'm no good at art. I'm not good at anything," she said. Sensing her insecurity, I assured Amy that she could engage in the art process at her own pace, and suggested that she experiment with the materials without making anything.

Amy remained virtually motionless through most of the session, but, at one point, she reached for a sheet of white scrap paper, then began twisting and wrenching it. During this process, her expression was a trance-like gaze. Her shift in consciousness may have been an attempt to escape intrusive memories and overwhelming emotions (Malchiodi, 1998). Amy was oblivious to the fact that she had mutilated the paper. She glanced down at the now-contorted piece of paper, and quickly took a white sheet of 12" x 18" paper, some masking tape, pencils, and colored markers. Amy used a black marker to sketch a star-like symbol—later identified as a "penta-

gram"—on her paper (Figure 1). The satanic symbol and rectangular paper combined to become an "altar." Amy then used red and black markers to render a face on the mangled scrap of paper, transforming it into a doll-like representation of a person. Masking tape was used to fasten the paper effigy to the altar. Amy announced to the group, "This is my stepdad!" The paper effigy and altar became a target for Amy's pent-up rage.

Amy sharpened several pencils, with which she stabbed the effigy of her stepfather. As a point would become dull or break, she would take a sharp pencil and resume her attack on the hapless effigy. Her fury perseverated for several minutes, and the altar and paper figure became riddled with holes. Amy wept while stabbing the paper effigy, and group members became visibly uneasy while witnessing her emotional display. Being careful not to interrupt her process, I discreetly nodded my head with approval to assure Amy and group members that it was safe to permit the process to continue. Malchiodi (1998) asserted that maintaining patient safety is of the utmost importance when the patient is creating imagery that conveys violent or cruel themes.

In an attempt to further actualize her process, Amy used a red marker to draw "blood" around the paper effigy. She rotated the paper, using multiple colored markers to write the words "die . . . die . . . die . . ." and "Burn in hell" across the altar. Referring to her stepfather, Amy tearfully exclaimed, "I wish you were dead! I hate you! I hate you!"

Amy used a black marker to render her stepfather's visage at the apex of her paper, directly above the paper effigy. The portrait, consisting of eyes, nose, and a single-line mouth, was connected to the pentagram, which had been transformed into a crude representation of a body. Amy took a sharpened pencil and began to riddle the portrait with puncture marks, tearfully exclaiming, "Die! Die! I just want you dead!"

Amy paused, directed my attention to the paper effigy, and said, "Look how he hurt me." She seemed to be equating the mangled effigy with herself and her experiences of maltreatment and abuse. Amy stated, "He's got me, and I can't get away." The paper effigy was now held captive within the stepfather's torso, presumably depicting his domination and control, as well as Amy's sense of helplessness. Group members acknowledged Amy's feelings and provided her emotional support.

Amy was visibly exhausted, and asked to return to the unit stating, "I'm so tired. I need to sleep." Her need to seek an altered state of consciousness may have been an attempt to escape intrusive memories and powerful emotions, as well as a recognition of the need to recuperate. Before she left the session, Amy agreed to discuss her imagery after she had rested. Group members voiced their concerns about Amy's art process. Several clients identified with Amy's abusive experiences and anger which, in

turn, enabled them to recognize their own rage, shame, and guilt. Still other members were troubled by the means Amy chose to discharge her rage. Group members discussed the consequences of acting on such fantasies, and alternative means of seeking retribution and resolving overwhelming feelings. They concluded that the judicial system provided the possible means for resolution, as well as punishment for Amy's transgressor.

I met with Amy later that day, and assured her that it was all right to direct her anger. Lew (1988) stated that it was common for sexual abuse victims to fantasize about "getting even" with their perpetrator, and contended it was healthy for a person to express the desire to punish the abuser. Amy and I discussed her wish to punish and seek retribution. We also discussed the adverse consequences of acting on such fantasies, and identified alternative avenues for seeking retribution and resolving emotions. Amy recognized the judicial system as a safe and appropriate means of pursuing punishment for her transgressor. Malchiodi (1998) wrote that "therapists can be accepting of the violent content in a drawing but not accepting of the behavior or violent act represented in the drawing" (p. 62). The client must choose socially acceptable means of resolving powerful emotions brought about by traumatic experiences (Nichols & Efran, 1985).

### Discussion

In the preceding case study, the client employed art materials to create an effigy of her abuser, which she fastened to an altar and repeatedly stabbed with sharpened pencils. This provided an outlet for pent-up emotions and aggressive drives that could not find expression in ordinary life. Rather than intervening or diverting her process, I gave her the opportunity to discharge pent-up emotions stemming from her abusive experiences. Nichols and Efran (1985) observed that many clinicians are uncomfortable when confronted with strong emotional displays, and may directly or indirectly impede catharsis. They recommended eschewing attempts to inhibit the recovery and expression of suppressed emotions.

Collins and Gabor (1988) warned that, in some situations, catharsis can involve a massive discharge of feelings which the client finds overwhelming. Such an event may lead to a "re-doubling" of defenses, so they recommended directing the cathartic process so the pent-up affect is released, yet the client is not overwhelmed and threatened. Instead of a sudden release of all repressed feelings, gradual release can give the patient time to understand and integrate intense feelings.

Providing Amy the opportunity to discharge affect was an initial component of a broader therapeutic context. Simply discharging pent-up emotions has limited therapeutic merit, and may even be counterproductive (Collins & Gabor, 1988; Epstein, 1984; Jacobson, 1994; Tavis, 1984). Catharsis is a complex process that must include

both emotional and cognitive components (Nichols & Zax, 1977; Tavris, 1984). Freud (1959) pointed out that feelings must not only be expressed, but understood as well. Epstein (1984) argued, "Simply to express an emotion does nothing more than produce a momentary reduction in tension, which may actually contribute to increased distress . . ." (p.84). Epstein also asserted that the individual's thoughts will ultimately return to the damaging behavior, resulting in a state of renewed distress and anger.

Ebbesen, Duncan, and Konecni (1975) and Pennal (1975) stated that the source of frustration must be dealt with. If it is not, cathartic discharge of anger will be ineffective, and may result in increased anger. Lewis and Bucher (1992) recommended teaching the client to assertively confront the situations causing frustration. In Amy's case, it was important for her to begin developing viable alternatives to retribution, and to resolve her anger. By learning to respond in an assertive rather than aggressive manner, Amy could begin to lessen negative interpersonal conflict, and to promote autonomy.

Amy was discharged from the hospital before resolving emotions related to her abusive experiences, but the image-making process was a non-threatening means of expression that allowed Amy to begin to disclose feelings related to traumatic experiences and memories, and to examine her anger. Anderson (1995) maintained that the image-making process is useful in "diffusing" traumatic memories, and promotes self-control over the accompanying affect. Furthermore, Amy's enactment provided a means of gaining symbolic control over her perpetrator and the experience of abuse. Malchiodi (1998) asserted that children can use drawings to gain symbolic control over overwhelming circumstances, and to establish an inner sense of security.

At the end of her two-week hospitalization, Amy discarded the paper effigy and altar, declaring, "I don't need this any more." Its disposal may have been part of the termination process, and marked the end of our therapeutic work. It is also possible that her feelings associated with the picture had become sufficiently understood and internalized. Lastly, the image may have represented life experiences that she deemed best forgotten. By abandoning the image, Amy may have been trying to cast away or leave behind her anger and memories of trauma.

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