Art Therapy and Spirituality in the Treatment of an Adolescent Female Who Experienced Sexual Assault

By

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Abstract

Art Therapy and Spirituality in the Treatment of an
Adolescent Female who Experienced
Sexual Assault

Annette Kent

This study explores the role of art therapy and spirituality in the healing process of a sixteen-year-old female who experienced acquaintance rape. Utilizing choices and expressive images in art therapy, the research aimed to contribute to a deeper understanding of the invasive impact of sexual assault and the resilience of the human spirit.

Adolescence is one of the most challenging transitions in life, moving from childhood to adulthood can be confusing creating issues concerning self-identity, sexual identity, physical appearance, social status, and acceptance. For this adolescent experiencing sexual assault during this stage of maturation was confusing, painful, and disturbing. Feeling isolated and misunderstood, she retreated behind a façade of masked feelings and controlled responses.

This case study follows the young woman through 15 sessions of art therapy that incorporated creative and spiritual expression. The Belief Art Therapy Assessment initiated dialogue regarding spirituality and religion helping this adolescent to clarify her own spiritual beliefs and consequently find strength and meaning in her life.
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Chapter I

Introduction

Statement of the Problem

According to statistics compiled by the United States Department of Justice, every two and a half minutes, somewhere in America, someone is sexually assaulted. One in three women are survivors of sexual assault, with adolescent females being four times more likely than any other group to be a victim of sexual assault. In 2005, almost 44% of teenagers in America were sexually assaulted before the age of eighteen. Statistics show that sexual assault is one of the most underreported crimes (more than half of these incidents go unreported); therefore, this figure may be even alarmingly higher.

The Department of Justice reports that victimization rates increase through the adolescent years, crest at age twenty, and then decrease. This report also shows that the majority of rape survivors are assaulted by acquaintance rape. In at least 80% of all rape cases, the victim knows the perpetrator: husband, relative, friend or boyfriend. Thirty-eight percent of acquaintance rape victims are 14-17 years old, of which almost half of these victims tell no one of the attack. High school and college-aged women are the most vulnerable with a vast amount of sexual assaults happening on campuses, dates, and at parties (U.S. Department of Justice Statistics, 2005).

Trying to heal from the effects of sexual assault is not easy. Dealing with medical issues, the decision to report to authorities, issues of shame and self-blame, emotional upheaval, anxiety, depression, and anger pose significant challenges. Acquaintance rape also has unique issues. The survivor knows the perpetrator and may see him on a regular basis. The survivor may fear that nobody will believe her since she knows the assailant.
Therefore, perception of the attack may not be considered a real rape, making it more challenging for a survivor of acquaintance rape to report the assault (California Coalition Against Sexual Assault, 2006). Research also indicates that in ninety percent of acquaintance rape cases alcohol or drugs are consumed. A difficult situation then becomes more confusing, and may lessen the survivor’s ability to resist unwanted sex (CCASA, 2006). The survivor may believe that she somehow at fault and begin to distrust herself and others. She may question her ability to make sound judgments, therefore reducing self-efficacy and lowering self-esteem.

The event of rape can result in multiple ramifications of physical and emotional trauma. Seeking trauma counseling can help focus on specific issues surrounding an experiencing of sexual assault. Within a trusting therapeutic relationship, an adolescent can safely explore feelings and emotions connected to the event. Posttraumatic Stress Disorder is a cluster of symptoms that trauma survivors often experience: flashbacks, nightmares, dissociation, avoidance, hypervigilance and outbursts of anger are typical reactive behaviors. Early intervention and counseling in a supportive environment can help address, reframe, validate and heal a survivor’s shattered perception of herself, relationship with others, and trust in the world.

Purpose of the Study

The purpose of this study is to explore the role of spirituality and creativity in treatment with an adolescent female survivor of acquaintance rape. Many of the concerns that are part of typical adolescent development such as self-identity, sexual identity, physical appearance, social status, and acceptance get woven together with issues and
challenges that are the result of a sexually assault (Becket, 2002). This study provides an understanding of how art therapy and spirituality can be a part of the survivor’s healing process.

Research Questions

Three central questions guided the research focus and direction. These specific questions emerged from evolving data interpretation:

1. How can art therapy address issues of spirituality for a teenage survivor of sexual assault?
2. What role can creativity and spirituality play in the healing process for adolescents who have experienced sexual assault?
3. How can spirituality fit into an art therapy treatment plan?

Definition of Terms

Acquaintance Rape. According to the California Coalition Against Sexual Assault (2006) acquaintance rape is a sexual assault in which the survivor and the perpetrator are known to each other. Acquaintance rape includes forced, manipulated or coerced sexual contact without consent.

Art Therapy. Art therapy is a human service profession that utilizes art as a central mode for facilitating an opportunity to explore problems and potentials through verbal and non-verbal expression. The benefits of art therapy experiences are applicable to populations with special needs, diagnosis and treatment, assessment, rehabilitation and education. It may also be a primary, parallel or adjunctive therapy and practiced in a variety of
settings: medical, rehabilitation, psychiatric, residential treatment, geriatric, community mental health agencies, and prisons (American Art Therapy Association).

**Mindfulness.** Rob Nairan (1999) defines mindfulness as the following:

Mindfulness is a deep broadening of the mind that slowly increases sensitivity and perceptiveness. It increases self-awareness, the capacity to see and know and understand what’s going on in one’s own mind and around oneself.

Mindfulness can be defined as knowing what is happening while it is happening, no matter what it is. The essence of meditation is training in mindfulness. (p. 23)

**Posttraumatic Stress Disorder.** American Psychiatric Association (2000) defines posttraumatic stress disorder as a psychiatric disorder characterized by the reexperiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma. The person has experienced or witnessed life-threatening events such as natural disasters, serious accidents, terrorist incidents, war, or violent personal assaults, such as rape. Responses involve feeling intense fear, helplessness, or horror; reliving the experiences through flashbacks or nightmares; having difficulty sleeping; feeling detached or estranged. Symptoms fall under three categories: intrusion, avoidance, and increased arousal.

**Religion.** According to Shaw, Joseph & Linely (2005) “religion is a system of beliefs, practices, customs and ceremonies rooted in culture; a view of the individual’s relationship to the universe; moral and ethical code; and a community of adherents providing social relationships” (p. 7).

**Spirituality.** Shaw, Joseph & Linely (2005) refer to spirituality as the following:
A personal inner experience that strives for transcendental values, meaning, experience, and development; for knowledge of an ultimate reality; for a belongingness and relatedness with the moral universe and community; and the union with immanent, supernatural powers that guide people and the universe for good and evil. (p. 7)

Survivor. The use of survivor rather than victim of sexual violence is a change in language which acknowledges a person made choices and did what he or she could in order to live; therefore, an individual is a survivor.

Delimitations and Limitations

The most noteworthy delimitation of this study is that it is a single person case study, therefore decreasing the generalizability of findings to a larger population. This case material is specific to one individual in a treatment program. Statistical information used in this study is obtained from data regarding only female sexual assault survivors limiting the findings of this study.
Chapter II

Procedures

Characteristics of Qualitative Research

Creswell (2003) presented a description of qualitative research encompassing the traditional characteristics of such a method, as well as more recent considerations. The researcher typically observes the individual within the natural setting while also taking on an active role of participant in establishing rapport and communication. This type of study provides important insight into the participant’s character, relationships and lifestyle.

Data is gathered through exploring the accounts of personal experience, interview, open-ended questions, and specific art tasks. Specific to a qualitative study, the research data is emergent rather than defined, interpreted, and analyzed as it evolves. Creswell (2003) identified various strategies of inquiry for qualitative research that aid in the study’s procedures. These strategies of inquiry include ethnographies, grounded theory, case studies, phenomenological research, and narrative research.

Qualitative Research Strategy

The strategy of inquiry is a case study format that involves the collection of information using various methods in order to explore an individual in depth by taking into account the subject’s experience.

Role of the Researcher

As presented by Creswell (2003), who delineates the characteristics of a qualitative study, my role as a researcher and participant ultimately influences the interpretations of the gathered data and the outcome of the study. Considering this, I have a variety of roles
in the setting where this case study took place that are important to acknowledge: a student of art therapy, a volunteer, an ally for all survivors of sexual abuse, and a role model. For five years, I have volunteered with this metropolitan, nonprofit agency providing advocacy for rape survivors through its hotline and hospital advocacy programs. Most recently, my role as an art therapy intern has given me an opportunity to work with clients in individual and group counseling sessions. In this study, the role of the researcher is predominately student art therapist and role model, supervised on site by the adolescent therapist. The therapeutic alliance between subject and researcher develops into respect and trust. Additional feedback was reported through the subject’s parents that the subject was very comfortable in sessions and with participating in the study.

Data Collection Procedures

Setting. The setting for this case study was a nonprofit agency located in a large, Midwest industrial city. Founded with only four staff members, this agency expanded to 15 full-time staff members and over 75 specially trained volunteers.

As a comprehensive social change agency, no client was billed for services that include confidential crisis intervention, therapy, education, and prevention programs. Their mission statement represented serving all clients and those supportive of them regardless of age, gender, sexual orientation, race, income, ability, religion or geography. The agency employed a director of development to budget and organize foundations, government grants, special events, individual donations and annual campaigns to support the agencies mission and vision.
Programs included 24-hour hotline, hospital and justice system advocacy services, and community education. Available therapeutic services included crisis therapy, short-term therapy, trauma and addiction services, parent/partner coaching, group therapy, expressive arts groups, wellness workshops, and yoga for wellness. 24 individual sessions lasting approximately 50 minutes each, and 10 weekly groups of two hour duration were available to all clients. This agency also advocated for increased awareness and understanding of multi-cultural issues in order to respect diversity in its staff members and clients. It served as a role model to the community with regard to individuals coming together to address the issue of sexual assault.

The therapeutic team included three art therapists, and one social worker, led by a director of client and clinical services. Art therapy was offered to adults, adolescents and children through individual therapy, group therapy, workshops, and summer camp. Three of the four therapy offices were set up for art therapy with an art table and two chairs. The remaining rooms included folding tables, erected when needed. All of the rooms, except for one, stocked a good supply of art materials including paints, crayons, markers, various paper, collage materials, sculpey clay, glue, and scissors. Only the office for social workers who did not generally utilize art therapy, was devoid of expressive supplies. This agency strongly advocates for art therapy as an integral treatment modality and it was available and tailored to individual clients and their specific needs during individual or group sessions. Clients’ need, choice, and control help determined use of art therapy supplies and interventions. The agency was dedicated to
maintaining a staff of art therapists and expressive materials which support clients through a recovery process.

As previously described, an inviting space for therapy can foster artistic and therapeutic expression. However, logistical circumstances required adaptive measures when a therapy office was not available due to more therapists than offices. Therefore, clients were seen in other rooms within the agency. Specifically, a group room was utilized in these circumstances. This was a large room approximately 20 ft by 30 ft in size. One wall is filled with windows and plants; another wall is filled with a large bookcase that houses art materials, compact disc player, some client artwork, and a pile of magazines. In the center of the room was a small oblong coffee table with eight chairs positioned in a circle around the table. Despite the large area and accommodations for group therapy sessions, the ambiance of the space was conducive for relaxed, creative interventions.

*Participants.* The subject of this paper was an individual who went by the pseudonym, Liza. She was a 16-year old, Caucasian female enrolled in high school. Liza was a slim build with shoulder length, slightly wavy blonde hair and blue eyes. She was approximately 5 ft 6 inch tall with no distinguishing features; although she stood out from the crowd due to her very attractive features. Liza was the eldest of four children raised in a loving, middle class family. Her parents were both professionals, practicing Catholics, and living life according to their religious beliefs.
Methods of Gathering Data. The methods of gathering data for this study were the following:

1. Observation of behaviors, activity and interactions of the subject with the researcher.

2. Weekly session notes comprised of face-to-face interviews involving unstructured and open-ended questions designed to elicit objective data and opinions from the subject.

3. Administration of Belief Art Therapy Assessment. (see Appendix A)

4. Individual client feedback forms. (see Appendix C)

5. Art images, journaling, poems and other artifacts.

Data Analysis Procedures

The purpose of this case study is to see if information will emerge to help understand how art therapy and spirituality can facilitate the healing process after a sexual trauma. Gathered data will provide information on setting, participant, family and peer relationships, religious and spiritual perspectives, trauma and sexual assault, as well as the subject’s perceptions and experiences. Focus will be on the process, which will be an ongoing occurrence that will require continual reflection. Open-ended data, analytical and general questions, and written documentations are procedures that will contribute to making sense of the data acquired in individual sessions. Themes and issues will be noted, investigated, and explored as they evolve during the study. Artwork may exemplify the client’s emotional state as well as the impact of the sexual assault on the
client. General dialogue as well as discussion about the art will be integral facets of documenting therapeutic interventions and recovery.

**Strategies for Validating Findings**

The client’s artwork and general dialogue provided data for this study. Validation and clarification of findings came from the participant, herself. Additional confirmation and clarification of findings came from session notes. Published research designs that addressed similar information were used to verify data during this study. Aside from the participant, other available sources that helped to clarify findings included the clinical supervision on site. Other sources of validation included family members, in particular the subject’s Mother and Father. Information was also attained through the selected art tasks and processing of those tasks.

Primary collaboration from the client, collateral data from agency staff and family members supported the findings.

**Narrative Structure**

The qualitative, single case study research results were presented in a descriptive narrative format. Description is the preferred method for communicating a holistic view of the data. The research conclusion consists of the researcher’s interpretation of the subject’s personal experience. The conclusion is substantiated by objective session notes, actual artwork, reflections from the client and therapist, input from clinical supervisor and client’s parents; all of which helped to provide a cohesive understanding of therapeutic intervention.

**Anticipated Ethical Issues**
Always respecting the rights, needs, values, and desires of the subject is the central code of conduct according to Ohio Counselor, Social Worker, and Marriage and Family Therapy Board (2006). Honoring the subject with awareness and respect for her spiritual beliefs permeates throughout the sessions. Fully informed consent and written permission from both parents are on record with the agency.

Significance of the Study

The importance of this study is to demonstrate the relationship between art, spirituality, and the healing process in an adolescent girl who experienced sexual assault. It is the hope that this study will support utilizing a combination of art therapy and spirituality to help adolescents express themselves after experiencing sexual trauma. As previously defined, a survivor makes a choice to continue in the healing process. This study extends that premise by utilizing choices and expressive images in art therapy to reconstitute a traumatized soul.

Expected Outcomes

Considering the exploration of art, spirituality, and trauma in this case study can contribute to understanding the following; the impact of sexual assault; a persons reaction to this type of invasive trauma; the resilience of the human spirit; and what further research is needed in this area to promote intervention and advocacy. The contribution of spirituality to the creative process can be a powerful tool in the recovery of trauma as evidenced by the use of the Belief Art Therapy Assessment (BATA) in this study. This structured intervention to gather spiritual data also supports consideration for further application and investigation.
Chapter III

Review of Related Literature

The literature reviewed in this chapter provides a framework for understanding this study. The following material presents relevant publications related to the role of spirituality and art therapy in the treatment of an adolescent female who experienced sexual assault. Topics of spirituality, trauma, art therapy and adolescence are referred to and referenced for this case study.

Spirituality

Spirituality is part of being human. Just as individuals experience physical and emotional aspects of life, people also have connections to spiritual aspects. Bjorklund (1983) contemplates the meaning of “spirit” within the word spirituality as an energy or “life giving force” (p. 4). Bjorklund states that we do not have to believe in God to have a spiritual connection; spirituality can be expressed through religion, a higher power, nature, community, relationship, beliefs, values, meditation, music, or art. The meaning of spirituality can vary significantly for each individual, which emphasizes the importance of allowing an individual to communicate her personal understanding of spirituality (Singleton, Mason, & Webber, 2004).

Awareness and acceptance of individual differences concerning spirituality is extremely important, especially during counseling and therapy (Corey, M.S. Corey, G. & Callanan, 2003). There are various paths toward fulfilling spiritual needs, but it is not an individual’s responsibility to lay down her personal
pathway. As suggested by Killough (2005), it is recommended that healthcare providers, therapists, and counselors maintain sensitivity and competence in religious and spiritual beliefs if they wish to address and support spiritual awareness in their clients. However, spirituality is often overlooked because healthcare providers have difficulty addressing client’s individual concerns. Religious and spiritual issues must be handled with caution, since acknowledging spirituality can be challenging for many healthcare providers, especially when working with someone who has experienced trauma. Whether a survivor seeks help immediately, shortly after or even much later after a traumatic event, numerous studies and research show that during therapy spirituality increases well-being particularly for survivors of trauma (Kennedy, Davis, and Taylor, 2000; Shaw, Joseph and Linely, 2005; Weaver, Flannelly, Garbarino, and Figley, 2003).

Trauma shatters an individual’s sense of order and continuity in life; questions of meaning and purpose emerge as a person experiences the full impact of trauma including a loss of control. As a way to understand the existential questions and chaos, a traumatized person may turn to faith and spirituality to find comfort and answers (Weaver et al. 2003). In their review of 469 research and non-research articles published in the Journal of Traumatic Stress found the importance of spirituality as highly valuable to many people in times of crisis, trauma, and grief. Over a nine-year period of gathering and observing data, a significant overall increase in the percentage of articles mentioning religion and spirituality was
found. Of all the articles used in this research, 4.7% dealt with religion or spirituality to some degree. Koss and Harvey (1987) explain that sexual assault survivors often find that a traumatic experience challenges deeply held beliefs about life and making sense out of such a personal violation can be very difficult. Spirituality can offer a major source of strength by providing meaning, hope, and comfort in the midst of a crisis (Killough, 2005). After working for over three decades with trauma survivors, Levine (2005) explains, humans bear an instinctive capacity to triumph over trauma, believing that “not only is trauma curable, but also that the healing process can be a means for profound stirring – an opening to emotional and genuine spiritual transformation” (p. 9). Recovering from a traumatic event such as sexual assault is a unique experience for each survivor; spirituality can play an important role in the healing process.

Trauma

In the same way spirituality is a unique individual experience, so is surviving a trauma. The effects of trauma on a person physically, psychologically and spiritually are different for each person (Levine, 2005). The way a person responds to a traumatic event depends on several unique factors: genetic make-up, history of trauma, family dynamics, and social supports. In addition, whether an accidental or a deliberate attack, personal perception can change the response and symptoms for a survivor (Shaw et al. 2005).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) categorizes a traumatic event and the consequential symptoms as Posttraumatic...
Stress Disorder (PTSD). By definition, PTSD can occur when a person experiences, witnesses, or is confronted with an event that involves a threat to the physical integrity of self or other person, and responds with intense fear, helplessness, or horror. (p. 467) Obvious causes such as war, serious accidents, natural disasters, and violent attacks such as mugging, rape, or torture are usually associated with PTSD. Levine (2005) explains that less obvious causes of trauma have the potential to create symptoms as well, including invasive medical and dental procedures, falls, illness, abandonment, birth stress, and even minor car accidents, especially those that result in whiplash.

Burgess & Holmstrom (1971) explain when someone experiences a traumatic event she may feel overwhelmed by a wide range of emotions including fear and panic which often put the victim into a flight, fight, or freeze survival mode. This sensation occurs in the limbic system of the brain. The limbic system handles danger, emotions, impulses, and reactions to a traumatic event. Part of that system, the amygdala and hippocampus, contribute significantly in the response (Rothschild, 2004). The amygdala responds to danger by increasing the hormone adrenaline, which heightens all the senses in the body. The hippocampus processes danger and transfers the information to the cortex which is the part of the brain responsible for rational thought, ability to judge, compare and contrast, and think critically (Rothschild, 2004). The cortex stores memories, including traumatic experiences. Together, the limbic system and the cortex connect the physiological reaction to events. In the case of a trauma, the disruption of this
connection and processing contributes to symptoms such as memory loss and retrieval, flashbacks, dreams, and nightmares (Rothschild, 2004).

Traumatic memories can continue for decades and can be easily triggered with an affect-laden quality that can make them difficult to translate into words. Fragmentation of memories and the inability to recall specific traumatic instances are common impairments for the PTSD client (Rothschild, 2004). The hippocampus in particular seems to be very sensitive to stress; damage to the hippocampus not only causes problems with memories but also impairs new learning. The hippocampus has the capacity to regenerate neurons as part of normal functioning; however, stress and trauma impairs functioning by stopping or slowing down the neuron regeneration. Research has shown smaller hippocampi in survivors of child abuse and in military combatants. The cause for reduction of the hippocampus remains vague, along with its contributing role in flashbacks, deficits in explicit memory, and fragmented memories.

Adolescent Development and Trauma

A traumatic experience can be especially difficult for the developing brain of an adolescent, who is transitioning from childhood into adulthood and has not yet reached maturation. The National Center for Victims of Crime (NCVC) (2007) explains critical and abstract thinking as two of the most important life skills adolescents begin to learn. However, an adolescent who has experienced sexual assault may not be able to process or anticipate possible results of various situations. Additionally, the adolescent may have difficulty evaluating the
connection between cause and effect of the event. She may struggle with the perception of consequences. This kind of dilemma can make an adolescent believe that “bad things” will continue to happen, thereby causing the adolescent to mistrust his or her own values and judgment. This in turn can leads to the adolescent to question his or her role in and responsibility for causing the sexual assault.

The NCVC (2007) explains that changes in the body during puberty can be awkward and uncomfortable enough for the adolescent. When a teenager has experienced physical or sexual assault to the body, even more traumatic thoughts can plague the individual. She may feel “unclean,” “like damaged goods”, and begin to view her body as unattractive or even abuse her body to attract attention. The adolescent may now feel that personal choices and desires are meaningless and begin to expect further degrading. Part of learning to evaluate risks, looking at choices, figuring out what might happen, and deciding if it is worth doing, comes with the maturation process. Victimized teenagers sometimes have difficult time thinking about these decisions and do not see when things are dangerous or have long-term impact. Using drugs or alcohol, having unprotected sex, drinking and driving, fighting or stealing are behaviors often seen in adolescents, generally but even more so in those who have been sexually assaulted (NCVC, 2007).

Art Therapy and Spirituality

American Art Therapy Association officially gained recognition in the professional and scholastic world during the 1940’s the when art therapist Margaret Naumburg
published her work (Junge & Paige, 1994). Naumburg, influenced by psychotherapists of the era, particularly Sigmund Freud and Carl Jung, was inspired to develop her own approach of therapy using art. Working together with her sister Florence Cane, an artist and art teacher, Naumburg merged her own therapeutic model with her sister’s ideas of free artistic expression and education (Junge & Paige, 1994). Over the years art therapy grew and evolved due to contributions from art therapists like Edith Kramer, Judy Rubin, Myra Levick, Elinor Ulman, Janie Ryne, and Harriet Wadeson, all of whom worked with adolescents and wrote of their therapeutic interactions.

Art therapy in this literature review focuses on the significance of spirituality, healing and art. Imagery and spiritual healing date back to ancient shamanic practices (McNiff, 1979). McNiff states “the concept of using art to alleviate human suffering and resolve emotional conflicts goes back thousands of years to cave art and primitive ways of living” (p. 50A). Harms (1975) found historical references showing the connection between artistic expression and spiritual healing. Biblical sources tell how David tried to cure King Saul’s depression by playing the harp, and in 1860 Florence Nightingale eloquently described the power of color and form on the human psyche as a means of recovery (Harms, 1975). The shaman serves as spiritual leader or guide, utilizing chanting, movement, and rituals to connect with the community and its individuals. The importance and power of the healing relationship focus on the client’s positive expectations of the shaman’s powers and the healing ceremonies (McNiff, 1979). The significance of rituals is analogous to art therapy as is the creation of scared
objects. Symbolism and mandalas, along with visualization and dream analysis are parallel to expressive therapy (McNiff, 1979). The transformative power of the creative process provides a connection with dimensions of spirituality through self-expression, self-reflection, and exploration. Art making is inherently spiritual and can be a significant ingredient in therapy (Farrelly-Hansen, 2001). Art takes discipline, commitment and courage allowing a process of self-discovery to unfold and reveal the spirit within.

During the 1960’s, spiritual well-being started to become more mainstream; dimensions of spiritual wellness, transpersonal psychology, and spiritual research gained popularity along with the renewed interest in art with spiritual themes (Farrelly-Hansen, 2001). In the 1970’s, art therapist tended to focus more toward conventional psychology and professional issues, and only a small number discussed the spiritual themes of their work. It was not until the late 1980’s that art therapists such as Catherine Moon spoke of the analogies between art and prayer (Farrelly-Hansen, 2001). Edith Wallace published articles on Jungian art therapy about images embedded in the unconscious mind, dreams, memories, and reflections, and Feen-Calligan (1995) blended art therapy with the 12-step recovery model. In 1994 Ellen G. Horovitz -Darby, developed the art-based spiritual assessment called The Belief Art Therapy Assessment (BATA) which was created to recognize the spiritual dimensions of a person; interpretation is based on a client’s developmental level, subject matter, formal qualities of artwork, and client attitude. Horovitz-Darby (1994) recommends that the BATA
be used only when the client has questions about her spirituality perceiving that religious beliefs might affect a client’s coping skills and ability to deal with stress. Exploration of religious symbols and beliefs may provide an avenue through which a client can understand and integrate life experiences.

Horovitz-Darby (1994) correlates the BATA with James Fowler’s (1981) model of adolescent spiritual development. Horovitz-Darby associates adolescent spiritual growth with Fowler’s stage theory. Fowler described adolescent spirituality in three pairs. The first pair is called “mythical-literal faith.” It occurs at the beginning of the spiritual journey when the preteen thinks in literal concrete terms; God is perceived in human form somewhere in the sky. Next, “synthetic-conventional faith” occurs when the adolescent has an increased capacity to think abstractly, forms identity, and shapes a personal faith; God may be conceived as a personal advisor and guide. The final stage in Fowler’s model of adolescent spiritual development is “individual-reflective faith”, a critical self-reflection and examination of beliefs and values. Not all adolescents reach this final stage in their faith development, where God is viewed as a spirit embodying moral truth, and personal presence. Fowler (1981) explains commitment to God and the associated self-image of the adolescent in a relationship with God can exert a powerful impact on a youth’s identity and values. The BATA is the only assessment to date in the art therapy field that explores spiritual development. It may not be appropriate for all individuals, but offers an option to those clients who are ready to explore their spiritual nature.
More recent contributors to art therapy and spirituality include Shaun McNiff, Pat Allen, Bruce Moon, and Mimi Farelly-Hansen, who have encouraged art as a religious ritual, as a spiritual connection to community, and as a healing power. In addition, art and spirituality can and be expressed through rituals, prayer, symbols, dreams, nature, music, and guided imagery (Farrelly-Hansen, 2001).

Art Therapy and Trauma

Art therapy approaches for working with clients who have experienced trauma have evolved from PTSD research with clients who have experienced war, rape, child abuse, natural disasters, and terrorism. Art therapy provides a means to explore, non-verbally communicate, and find meaning after a traumatic event. Rubin (2001) explains the process of making art intentionally gives the client control over what they choose to create. In addition to being a creative tool that can facilitate choice and control, art therapy can serve as a neurological stimulus for converting visual and emotional memories of trauma, as well physiological elements of experiencing trauma into the language of art. Spring (2004) explains “this conversion occurs through collaboration of left and right hemispheres of the brain” (p. 207). Art making is predominantly a right brain hemisphere task. Writing and narrative are predominantly left brain hemisphere tasks. Incorporating writing and narrative with art making has proven to shift trauma memories into both sides of the brain providing a more holistic approach to healing.
Valarie Appleton (2001) developed and adapted an art therapy approach based on her work with an adolescent burn victim in crisis. In her case study Appleton (2001) produced a new paradigm from J. M. Lee’s (1970) model of four stages of psychosocial transition from trauma. Appleton redefines the four trauma stages and associates them with art therapy goals. They are Stage I, Impact-Creating Continuity; Sage II, Retreat-Building Therapeutic Alliance; Stage III, Acknowledgment-Overcoming Social Stigma and Isolation through Mastery; and Stage IV, Reconstruction- Fostering Meaning. During crisis continuity is established through the therapeutic relationship and the art media. The trauma story shared with the art therapist is encouraged onto paper and often made without verbal recognition of the traumatic event. Additional art therapy goals are creative expression, communication of emotions, exploration and finding meaning. Since trauma is stored in memory as imagery, expressive art provides an effective method for processing and resolving it. Appleton (2001) goes on to explain that art therapy facilitates the clarification of imagery and memory disruptions associated with PTSD. The art therapist provides a safe haven for the exploration of overwhelming material as it emerges from memory and finds form.

Rankin & Taucher (2003) work with trauma survivors using a carefully chosen blend of expressive, narrative, explorative, management, and integrative art interventions addressing six basic trauma-focused tasks: safety planning, self-management, telling the trauma story, grieving losses, self-concept, worldview revision, and self relational-development. Goals are to decrease the intensity and
frequency of negative aftereffects of trauma, to improve daily functioning and increase positive life experiences to enhance well-being. Focus is on each person’s individual response to the trauma and how that response is influencing her current life. Rankin & Taucher (2003) explain that a return to life as it was before the trauma is an unrealistic treatment objective. Instead, adaptation to trauma involves construction of new self and world perspectives that are different from those prior to the trauma. Art interventions such as journaling, collage, and drawing emotions through line, shape and color, facilitate safety, control, self-soothing and self expression. Working with individuals to define goals that are attainable will result in a sense of accomplishment. There is no exact formula to achieve the correct resolution to trauma generated problems it is only an individual trauma survivor who can truly determine and actualize her own healing process.

All of the art therapy models have room for spirituality when working with trauma survivors. As mentioned throughout this review of literature research indicates that spirituality provides important components to the healing process, especially for trauma survivors.
Chapter IV

**Grief**

*There are as many nights as days and the one is just as long as the other in the year’s course. Even a happy life cannot be without a measure of darkness and the word ‘happy’ would lose its meaning if it were not balanced by sadness.* Carl Jung.

Bass & Davis (1994) explain how unexpressed grief festers, waiting to be expressed, and can limit the capacity for joy and spontaneity. When suffering with loss and depression, adolescents are more likely to exhibit school problems, learning disabilities, social difficulties, somatic symptoms, and a variety of emotional and behavioral disorders. Acting out and delinquent behaviors are a teenager’s way to relieve depressive pain demonstrating the anger that the adolescent feels. It is important to recognize characteristic behavior of an adolescent and distinguish between psychological and physiological changes that may be due to stages of typical maturation and not symptoms of trauma. Art therapy is an expressive vehicle to communicate sadness, anger and fear related to loss. Art is an action that can be used therapeutically and conformed to the needs of the adolescent.

During initial sessions the subject in this case study was clearly grieving many losses in her life; the death of her horse, the end of the relationship with her boyfriend, loss of joy, loss of dignity, loss of power and control over her life, and loss of trusting her own judgment. In addition, the subject changed schools and
lost friends; and ultimately lost her mental health when she was diagnosed with depression and later Bipolar Disorder. Life was no longer the same for this subject and she needed to find a way to communicate her loss and pain.

Liza appeared to be a typical, teenage girl from a middle class family. Some people might conclude lucky since she appeared healthy and beautiful; she had a horse and stable, handsome boyfriend, friends, and a supportive family. Liza was a good student keeping her grades up; she enjoyed sports, playing hockey and soccer after school. She had a few girlfriends but preferred to spend time with male friends, stating that girls can be “bitchy and gossip too much.” Liza’s true passion was with her horse she spent most of her spare time riding or taking care of her horse at the stable. Liza’s love for nature and riding her horse through the woods was extremely important and meaningful.

Liza was referred to this agency approximately three months after being sexually assaulted. Although Liza had attended counseling with another therapist immediately following the incident, she only participated in a few sessions. Announcing relief, she refused further sessions with that therapist. A short time later, Liza opened up to her father; confiding in him how depressed she was feeling about the sexual assault. Liza’s mother contacted this agency after a friend informed her of the services available and provided the phone number. During her initial call for help, Liza’s mother described the assault scenario: Liza had been at a party with some school friends. While at the party, a boy that Liza knew from another school sexually assaulted her. Liza had been drinking alcohol, and was
drunk at the time of the assault. She said “No” and tried to resist, but the boy did not listen and continued to assault her. Another boy videotaped the assault on his cell phone while other boys watched from the hallway. Liza later found out from her friend that the boy had shown the video to numerous people at his school.

Liza informed her parents of the incident and they took her to the police to report the assault. During the interview with police, Liza reported she became “scared” and told the officer that she had consensual sex. For this reason, the police were only able to prosecute the boy who videotaped the assault. Even though he had erased the video off the cell phone, the boy admitted to the police that he had taped the assault. He later went to court, pleaded guilty, and was ordered to do community service.

Due to a long waiting list at this agency, Liza was not able to start therapy for four months. When Liza’s name eventually came to the top of the waiting list, I called her to arrange a time to begin sessions. I spoke to Liza’s mother who expressed gratitude for the follow-up call and we scheduled the first session for the following week. The following fifteen sessions highlighted in the next several chapters occurred over an eleven month period sessions are described consecutive although not all sessions have been documented for this study.

Session 1

Upon Liza’s initial visit to the agency, she was polite and well mannered. I met Liza and her father in the waiting room of this agency. They both stood up, introduced themselves, and we all shook hands. I explained the procedure of the
first session and left Liza’s father to fill out and sign the form to authorize evaluation and treatment of a minor. Liza and I went into the group room to fill out the client contact information form, confidentiality form, art therapy release form and the first counseling feedback form (see Appendixes B and C). She appeared focused and quiet as the forms were filled out.

The goal for this initial session was to begin building rapport by introducing myself and educating about art therapy interventions while informing Liza about the nature of the sessions and confidentiality. As we talked, Liza began to cry. She apologized while continuing to deeply sob. She talked about how uncomfortable she felt during previous counseling sessions with another therapist and how she felt so misunderstood. Liza repeated several times that no one understood how she felt; that she was grieving the death of her horse, Bella; that her relationship with her boyfriend had ended. She explained that both of these events involving loss were just too much for her to handle. She further stated that the sexual assault had nothing to do with how she felt right now - that was in the past. Liza also talked about the difficult relationship she had with her mother. Liza perceived that her mother never really liked her boyfriend and was therefore being unsupportive of Liza’s relationship with him. Liza felt in love with her boyfriend, but her mother dismissed this feeling, saying Liza was “too young to know what love is.” Liza raised her voice as she explained that her mother did not know how she felt. Liza argued that even though she was no longer with her boyfriend, she still really loved him, and always would.
As this first session ended, we both agreed that focusing on her feelings of loss would be part of our next session. We talked about art therapy; she expressed enthusiasm for the opportunity to make art as that was something she loved to do. Liza looked a little more cheerful as she talked about her art projects, especially her enjoyment of journaling. At the session’s end we returned to her father in the waiting room, finished up signing forms, and concluded by addressing any additional questions or concerns. Liza’s father looked worried, and asked if everything was all right. Liza tried to reassure him and expressed her enthusiasm in doing art. As Liza left with her father, he acknowledged his gratitude and made an appointment for the following week.

Information from the client contact information form and the individual counseling feedback form (see appendix C) confirmed Liza’s feelings of loss and sadness. She had reported severe feelings of depression, feelings of guilt and shame, and issues with trusting others. In addition, the reported events concerning the loss her horse and boyfriend, as well as the issue of the sexual assault (that Liza had earlier dismissed as not being important) were documented on the form. Even though she did not verbalize the impact of this traumatic event, one might suspect that laying underneath the overt feelings of loss and pain Liza was grieving the losses associated with the sexual assault. She was able to recognize and acknowledge these issues on paper but not in dialogue. Additionally, Liza’s parents had been concerned about her “low mood.” A psychiatrist had previously diagnosed depression and prescribed Prozac. Traumatic grief can be life
shattering and survivors may need time to acknowledge and absorb its impact on their lives. For many survivors grief is a lifelong process.

Based on our initial contact, the immediate treatment goal was to focus on feelings of loss and reduce the negative impact it was having on Liza’s life. Furthermore, building the therapeutic relationship and creating a safe environment for Liza to begin expressing some of her feelings took priority. A cognitive behavioral intervention was assigned to the client during this first session based on her interest in journaling. Liza agreed independently to maintain a journal to express feelings, particularly sadness, using free flowing writing, images and poems.

Session 2

Liza arrived at the session and appeared to be in good spirits. When we walked into the therapy office, Liza’s eyes lit up as she looked around at all the artwork hanging on the walls. Liza proudly handed over her journals. “I brought these to show you” she stated. After reviewing Liza’s journals with her, all the while acknowledging her artist skills and expressing appreciation that she chose to share her work, Liza enthusiastically engaged in the therapy session.

A variety of art supplies awaited her on the table: acrylic and watercolor paint, colored markers, oil pastels, crayons, various types of glue, a glue gun, and a wide range of collage materials such as magazine cuttings, words, images, feathers, yarn, beads, jewels, and sequins. Various paintbrushes and a container of water were also present. Liza was instructed to decorate the inside and outside of
a white papier mache mask using the available materials. I dialogue with Liza explaining, “the inside is to represent feelings not shared with others that are part of your inner world, and the outside is to represent the face that you reveal to the world.” The goal for this session was to give Liza an opportunity to connect with her feelings through creativity by using the mask as a metaphor for her expressed and unexpressed emotions.

Liza chose to use acrylic paints and began painting a flesh color on the outside of the mask. As she worked, she started to talk about her ex-boyfriend. She missed him terribly and wished they could get back together. She said that he was the only person who really understood her and supported her during the time after the sexual assault. Liza talked and quickly worked, keeping focused on her art while expressing that she wanted “everything to be the way it used to be.” Liza stated she was moving to a new school. Even though she was nervous about the change, she thought it was a good idea because everyone at her current school knew about the assault and gossiped about her. As Liza talked, she painted over the exterior right half of the mask with black paint, then painted the forehead grey. She rummaged through the rest of the art materials, picking out, and putting back various beads and jewels. Once she had made up her mind, she squeezed large amounts of glue all around the outside edge of the mask and quickly stuck the jewels and beads down into the glue. After sticking the jewels and beads in place, she finished painting the eyes, sticking beads in the sockets, adding a few
more decorations. Then she announced being finished and satisfied with her efforts (see Figure 1). Liza completed the task in approximately 35 minutes.

After the art making, we concluded the session by verbally processing her experience. I asked Liza to tell me about the mask. She giggled, “I did not really think about it, I just wanted it to look pretty. I kept changing my mind because it did not look right.” I asked about the words on the forehead. She explained, “I want to forget about the past and look to the future and make some new friends.” When I asked about the inside of the mask she replied, “I did not decorate the inside because the outside is how I feel on the inside.” She went on to explain,

Figure 1. My mask.
“Half the mask represents happy, and the other half is unhappy, and that’s how I feel inside too.” Liza talked a bit about her concerns regarding school and her feelings about loosing friends. She talked openly about her feelings related to her ex-boyfriend. She shared that she “faced the world with her happy face even though she felt unhappy inside.”

This art task provided Liza with a reference to her internal and external self. Projecting into the description of the mask, she was able to describe her feelings by using the mask as a vehicle for self-disclosure. Liza chose not to decorate the inside of her mask, even though she was able to verbalize that she felt unhappy inside. The mask seemed to give Liza a sense of control and empowerment to choose what she revealed or concealed about herself.

Session 3

As we walked towards the therapy office, Liza had a bounce in her step. She appeared excited as she quickly talked with a high-pitched tone in her voice about the new school, new friends, new teachers, and new boys. One of boys had been overly interested in Liza, calling him on the phone at inappropriate times and pestering her to go on a date with him. Liza stated that she was not interested. She thought of him as a nuisance but did not want to hurt his feelings. Liza talked for a while about the transition to the new school, adjusting to teachers and making new friends. Since Liza brought up the issue with the boy at her new school who was calling on the phone at all hours, it seemed fitting to discuss appropriate and inappropriate behavior in relationships. We talked about boundaries and the
meaning of assertiveness, and then role-played to practice what she could say to
the boy without being unpleasant.

The intended goal for this session was to have Liza express current negative
thoughts and feelings through her art. Art supplies for this theme included boxes
in various sizes, collage materials of images and words from magazines, colored
tissue paper, markers, textured and assorted fabrics, yarns, ribbon, feathers, and
jewels. Tacky glue, decoupage glue, a glue gun, scissors, paintbrushes, and a cup
of water were also available. The initial directive given to Liza was to pick a box
from the selection provided. I described that the box would become a “yuck”
container “that will hold things that are not so comforting like negative thoughts,
feelings, and emotions.” Working within a box reinforced our earlier conversation
about establishing boundaries. Additionally, the box safely presented a space for
Liza to express uncomfortable thoughts and feelings.

Liza began picking out and cutting images from the collage materials while
she talked about how everything was getting so much better. I noticed that she
was sticking to the directive, choosing words that represented difficult emotions.
Liza worked very quickly and even though there was not much time remaining of
the session, she covered 90% of the inside of the box (see Figure 2). I
remembered how fast she completed the art task in the previous session and took
note of her hastiness.

When I asked Liza about her box, she said “it speaks for itself.” Then she
explained how it expressed her desperation and not knowing which way to turn.
She acknowledged, “Bad things do happen to good people,” and expressed hope for a miracle to take all her pain away. Liza’s non-verbal images seemed to reveal and acknowledge the true difficulties and affect she was experiencing, though she attempted to mask them with a casual demeanor and generalized comments. Not knowing which way to turn, feeling desperate and vulnerable are characteristic of experiencing sexual trauma.

Liza also expressed her realization that there is suffering and injustice in the world and the struggle to understand such a devastating event not only affected her, but also her family and friends. I empathized with Liza’s effort to understand the unfairness in life; that awareness alone cannot explain why some things happen, nor are we able to control or postpone them. Liza remained quiet. This art

Figure 2. Inside the box.
intervention provided Liza with distance and safety to express difficult emotions in a contained environment. The collage material provided her with control to communicate through non-verbal expression while at the same time giving her the freedom to verbalize about her work if she chooses.

Session 4

Liza presented to this session smiling and bubbly as we walked to the therapy office. This session would be a continuation of the previous session, allowing Liza to finish decorating the inside of the “yuck” box, and also to decorate the outside of the box using words and images to represent positive feelings and thoughts about “who you are now, or want to be in the future.” When Liza indicated that she was finished with the inside, I pointed out that she had not finished one side of the box. She said she would finish it later, preferring to move on to the outside of the box (Figure 3).

Liza started to search through magazines for positive images while she told me she had a new boyfriend. She spoke about a date with this new boyfriend and that they had kissed. She told the boy about the assault and he told her he would never hurt her or do anything she did not want. His response put her at ease. She started going to her boyfriend’s church with him on Sunday nights. The church was non-denominational, with services focused toward young people. She was excited to experience spirituality from a different perspective. She said it was fun, and she enjoyed singing. She compared attendance with her boyfriend’s church to her families church; she concluded that going to church as a family was boring. She
went on to mention that she did not agree with some of her parent’s Catholic religious beliefs, for example, homosexuality is a sin because God made a man and a woman to be together. Liza had homosexual friends and did not feel it was correct to judge them as being wrong. Liza went on to speak about how her mother had blamed her for the assault because she was drinking alcohol and dancing with the boys. She said she felt like she had let her parents down, although she did not feel responsible for being assaulted. The session concluded

*Figure 3. Outside the box.*
with a discussion about power and control and how they are both connected to sexual assault.

As we talked, Liza easily found words and images that represented positive things about herself and as she completed the box she commented on how she liked all the images she had glued onto the box (Figure 4). Liza had revealed a lot of information during this session. I wondered if focusing on positive feelings through imagery provided a safer place to address the more difficult thoughts and feelings. The art provided a sense of mastery and control over both the media and the outcome, unlike the turmoil in Liza’s life. This task also encouraged verbal reflections that seemed to help Liza gain control over anxiety that related to

Figure 4. One side of the box.
conflicting thoughts and opinions. Working in a non-judgmental and supportive environment provided a way for Liza to organize some of the current chaos in her life.

Session 5

Prior to this session Liza’s mother called to inform me the boy who videotaped the sexual assault was going to court for a deposition on the same day as her Liza’s next therapy appointment. Liza’s mother was concerned saying, “Liza will not acknowledge what has happened; she wants to forget about everything.” Liza did not want to go to court with her parents. Liza’s mother was worried that her daughter was not accepting the sexual assault had happened and was being avoidant. I reassured Liza’s mother that I did not think Liza was denying that the sexual assault happened, but rather she was suppressing and minimalizing some of her thoughts and feelings as a way of coping. I explained that Liza was expressing herself visually and verbally through her artwork. I acknowledged how difficult this process must be for Liza’s mother and informed her of the parent support group at the agency. Liza’s mother said she had already put her name on the waiting list for the parent support group and would be attending the next module which commenced the next week. Liza’s mother was very grateful for the support of the agency. She thanked me and said she would send a copy of the letter that she had written and would be reading to the boy in court.

When Liza arrived at the agency for her therapy session, she had less energy and appeared calmer than usual. The intended goal for this session was to help
Liza increase awareness and acceptance of her losses. Due to the court deposition, I wanted to stay present to any immediate needs that Liza might bring to the session. We walked toward the office, and when I asked Liza how she was today she replied, “Good. I got a new horse.” She then proceeded to tell me all about her new horse. Liza continued to talk for a while longer about her new horse and as she concluded, I explained that her mother had called and I asked her about the court deposition. Liza said she did not care; it did not make any difference to her because it was not going to change anything. She said she wanted “to look to the future and not look back.” The deposition just reminder her of what had happened. I recognized how difficult the court deposition was for Liza and I acknowledged and supported her decision in not wanting to appear in court. I shared my knowledge about the justice system and explained how complicated and challenging it can be for a sexual assault survivor. The process of prosecuting can be intimidating, especially when the perpetrator is a person known to the survivor.

I introduced the task for this session, directing Liza to create an image that I represented her losses. Art supplies for this theme included an assortment of different colored paper, markers, oil pastels, chalks, and crayons. Liza selected a piece of black paper and oil pastels, and immediately got to work on her art. Liza talked about going on vacation to Florida with her family, and shared her concerns about spending time with her mother. She talked about their frustrating
relationship and how she felt her mother judged her, making her feel responsible for causing problems in the family. Liza said her mother did not understand her.

Liza created a heart image that she said represented the loss of her horse and her former boyfriend (see Figure 5). This art task seemed to give Liza a cathartic outlet as she used the materials in a physical manner. Her strokes were hard and pressured as she repeatedly traced around the heart shape with layers of color. As I watched, I wondered if Liza was releasing some anxiety through the repetitive motion and the reinforced lines that seemed to protect her heart (see Figure 5). As the session concluded, I gave Liza another of the agency’s individual feedback forms to fill out; she answered the questions quickly and efficiently. As she was

Figure 5. A memorial of love and loss.
leaving, I wished Liza a happy vacation; she turned back, gave me a big smile and a hug.

Information form the feedback form indicated Liza was struggling severely with issues of trusting others; moderately with flashbacks, nightmares and sleep problems; mildly with depression, feelings of guilt and shame, aggressive behavior and avoiding things that reminded her of the trauma. Liza indicated that she “strongly agreed” that she was managing symptoms of trauma, “strongly agreed” her level of stress was low, and she “strongly agreed” that individual counseling was contributing to her healing process (see Appendix C). Liza wrote that her counseling experience was “wonderful.”
Chapter V

Chaos

“You need chaos in your soul to give birth to a dancing star.” Friedrich Nietzsche

Adolescent treatment at this agency included family members if necessary and beneficial to the client. At times during this study, communication involved the adolescent client as well as her parents. Liza’s mother called the week they returned from vacation to make an appointment to discuss Liza. The appointment was scheduled for the following day and began emotionally. Upon her arrival to our meeting, Liza’s mother was visibly upset, explaining that Liza had been caught stealing from a store while on vacation. Liza’s mother explained that she found the stolen item in Liza’s bag and questioned her about it. Liza admitted to stealing, ended up having a big argument with her mother, and finally broke down sobbing. Extremely upset, Liza wanted to go back to the store to return the item and face the consequences. Fortunately, the shop owner was very understanding and shocked that Liza came back to confess; because of this he said legal charges would not be pressed. Liza’s mother thought this incident was significantly related to her daughter’s therapy issues.

The confrontation, although very difficult and emotional, did help Liza and her mother address concerns they both had about their relationship and the sexual assault. Liza’s mother explained that she and Liza did reconnect, but the issue of stealing weighed greatly on her mind. Liza’s mother explained that her daughter
had been caught stealing a few years ago in a very similar situation. Liza had shoplifted from a store while on vacation with her family. The police were involved, but Liza’s parents were able to intervene and Liza was not prosecuted. Liza’s parents never understood why she decided to steal from the store and Liza never wanted to discuss the incident, which really upset the family. The incident faded into a distant memory never to be mentioned again, until now.

Liza’s mother also voiced the difficulty she was having trying to understand the sexual assault, and how Liza got herself into this awful situation. She partly blamed Liza for what occurred since Liza had been drinking and dancing provocatively with the boys at the party. Liza’s mother explained that they were a practicing Catholic family. She and her husband had not raised their children to behave in this way. I acknowledged how complicated this must be for everyone in her family and explained that it was important to understand the situation surrounding the sexual assault. Even though alcohol was involved, and in her mother’s eyes Liza was acting inappropriately, Liza’s actions did not give anyone the right to sexually assault her and videotape the act to show it to other people.

Liza’s mother shared that she sought out her religious beliefs in order to cope and make sense of the assault. I clearly communicated to Liza’s mother that the “sin” belonged to the person who assaulted Liza. I explained the importance behind Liza understanding that the assault was not her fault. I encouraged Liza’s mother to reach out to her faith community and the parent support group as these were excellent ways to receive support. She shared that attending the parent
support group was helpful especially hearing other parents talk of their experiences, which made her feel less alone. I reminded her that healing is a process that takes time which seemed to help. Liza’s mother seemed a little less overwhelmed than when she arrived. However she was still distraught over the assault and the stealing incident. Liza’s mother requested that I not mention our meeting to Liza.

I was concerned for Liza and went to my supervisor at the agency for feedback about how to approach the stealing incident with my client. We concurred with Liza’s mother and I decided not to tell Liza that I knew about the incident, but instead I would allow Liza time to tell me about it herself. I did not want to shame Liza as I knew about her vulnerability and the stealing was a means of acting out her frustration and confusion. My supervisor and I discussed art interventions for the next session and she suggested keeping the task structured, but still fluid enough to allow Liza to freely express emotions. I also discussed with my supervisor the possibility of administering the Belief Art Therapy Assessment (BATA). I wanted to explore Liza’s spiritual dimensions since she had been raised in a religious family and often mentioned spiritual and religious beliefs during the sessions. BATA facilitates dialogue about spirituality and religion to help a client find strength and meaning in life. The hope was that this assessment might help Liza in clarify her own spirituality, giving her another coping skill to help her manage her stress and issues.

Session 6
Liza sat in the waiting room looking tanned and healthy from her vacation. It had been two weeks since her last visit and she appeared happy with a big smile on her face. I was pleased to see Liza and interested in knowing how the vacation had been for her. We walked to the therapy office, sat down, and began our session. I asked how everything was, and she replied that everything was fine. The trip was not as bad as she thought it would be and, in fact, she and her mom ended up getting along really well. I commented on how great that was since Liza was worried about their relationship before they went on the trip. Liza smiled and became quiet. She made no comment about the stealing incident; I kept my knowledge of the incident in confidence.

The intended goal for this session was to give Liza an opportunity to freely express her feelings through a structured art intervention. I gave Liza a pack of 20 cards that had a different emotion written on each card. The directive was for her to pick two cards and express those emotions using line, shape, and color. Materials provided for this intervention included white paper of various sizes and acrylic and watercolor paint. Liza laid the cards out on the table in front of her and quickly picked two cards, one that said, “Brokenhearted” and the other said “Happy.”

As Liza began to paint, she explained that her mother had found some cigarettes that Liza had brought with her on vacation; Liza added that smoking was not that bad and she was not addicted. Liza said her mother was initially upset and they ended up having an argument that turned into discussion, which
then became a real moment of reconnection for both of them. She said they were each able to share thoughts and feelings that had been difficult to talk about; they hugged and cried together and it was a special moment. Liza said she was grateful for the opportunity to be close to her mother again. She stated their relationship had been much better since they got back from vacation, except that her mother seemed unhappy. Liza did not mention anything about the stealing episode, but instead she replaced it with the cigarette event. Liza finished by saying that she had broken up with her boyfriend a few weeks ago and started going out with someone else.

Liza completed her image in approximately 20 minutes and had very little to say about her work. Using watercolor paint on paper a 12 inch by 24 inch sheet of paper, she painted a broken heart first and finished with a happy image (see Figure 6). She explained that she chose the cards because she still felt heartbroken about losing her original boyfriend and her horse, but she was also happy because life was getting better.
Liza’s artwork looked different from the images she had produced in earlier sessions. I wondered if the nature of the media in this session changed the aesthetic of Liza’s artwork, which I thought, seemed to bring out a more emotional quality in her images. Liza commented on the watercolor paint, saying that she “could not draw properly” her images “looked childish.” She had separated the two images, encapsulating them in two blocks of color. A powerful image of a red broken heart was surrounded by black, in contrast with emptiness and lack of detail in the stereotypic blue stick figure that was surrounded by yellow. When I looked at the “brokenhearted” image, I could see pain but I did not see happiness when I looked at the “happy” image. Liza had put a smile and eyes on the face of the stick figure however it was the only detail on the figure.
This image made me wonder if Liza was putting on a “happy face” while feeling differently inside. It appeared to me that she was trying to control the watercolor by using symbols and figures rather than lines, shapes and colors as directed. I wondered if Liza found it difficult to let loose and be free in her artwork.

Liza did express herself during this session, however in a more controlled manner. The art task was successful in that the cards provided structure and boundaries while the art materials offered a looseness that promoted emotional expressions. Liza’s artwork appeared controlled and contained, which resonated with her behavior and communication since she came in telling a different story than her mother shared in the session. Although the media did allow Liza to express her feelings, she was not able to be totally authentic.

Session 7

Liza missed the last week’s session because her parents had taken her to a psychiatrist as they were extremely worried about Liza’s behavior. The stealing incident and Liza’s emotional state made them worry that something was wrong. The psychiatrist diagnosed Liza with Bipolar II Disorder and prescribed medication. Liza’s mother called to inform me of the diagnosis and let me know Liza was extremely upset.

When I saw Liza at her next session, she began to cry as soon as she sat down in the chair. She kept saying that no one understood her and she was just a normal kid. Liza was unaware she had been diagnosed with Bipolar II Disorder, just that she had been put on more medicine, which she hated. She explained that she had
no idea how the medication would affect her, making her even more upset with the psychiatrist, her parents, and especially her mother. She said her mother did not listen to her but only judged her, blaming Liza for the family problems. Liza confessed to stealing while in Florida, stating it was a mistake, yet now her mother was using it against her. When I asked why she stole the item Liza said “just because I could.” She explained how she took the item back and apologized to the store, but her mother took it too far, resulting in Liza being medicated for the Bipolar condition. Liza said, “I am just a normal kid who made a mistake.” She continued to explain she felt like her life was out of control and nothing was going right. Liza cried hard as we sat in the office and I witnessed her pain.

Liza cried sporadically for the rest of the session. I remained mindful of staying in the moment and attending to Liza’s needs, which changed rapidly throughout the session. Liza expressed a wide range of emotions: despair and sadness, outbursts of anger, confusion, and helplessness. We talked about relevant issues concerning Liza’s situation: the stealing episode, and other risky behaviors resulting in negative consequences. Brainstorming about gaining control over what happens in her life, we talked about making a plan to stay safe. Although Liza was not currently in an actual life-threatening situation, she was putting herself at risk legally and physically by her behavior. We talked about using coping skills and reaching out for support. Tears ran down Liza’s face as she explained how she had been spending all her time at the barn with her horse, “My horse is all I have. I tell her all my problems.” Liza’s horse was not just a passion,
but a friend and companion; the horse gave Liza unconditional love and acceptance and was always there to listen when she needed to escape. Liza also said that being with her horse meant being in nature, the place she felt most at peace.

Liza spent the rest of the session venting about the psychiatrist, her mother, and how terrible her life had become. I suggested that Liza use her journal as a place to unload her frustrations, fears, and disappointments. Liza was questioning normality and feared “losing herself.” Liza was trying to find a way to gain control over something that made her feel afraid and vulnerable. I suggested she use the journal like a diary to record and identify how she felt each day. Also, I reminded Liza that she cannot always control the way she feels, or how the world treats her, but she can control the way she feels about herself and her behaviors.

My initial reaction to Liza’s diagnosis was uncertainty. I reflected on my awareness of Liza’s behaviors during our sessions; her hastiness, non-stop talking, and slightly erratic actions could suggest some type of medical disorder. I considered the symptoms of Posttraumatic Stress Disorder that Liza indicated on the individual client feedback forms, our verbal exchanges, and artwork during the previous 7 sessions. I thought about sexual assault and its association with high levels of psychological stress, anxiety, fear, depression, difficulty concentrating, hypervigilance, anger, guilt, shame, emotional numbing, and interpersonal effects. These reactions, overwhelming for any survivor of trauma, are especially intensified by adolescence. Liza was transitioning into adulthood,
experiencing psychological and physiological changes in addition to peer pressure, parental expectations, and establishing a sense of identity. It was no wonder Liza felt like she was “losing herself.”

**Session 8**

It is important to be open and honest in therapeutic dialogue. Clients also need to be appropriately informed for treatment to be effective. That being stated I felt uncomfortable with Liza being unaware of being diagnosed with Bipolar II Disorder and decided to speak with her mother about the Liza’s mental health issues. Liza needed to be as informed as possible about her diagnosis, giving her more ability to manage her symptoms and regain a sense of control. Liza’s mother agreed, suggesting I call Liza’s psychiatrist for a consultation. The psychiatrist confirmed Liza’s initial diagnosis of Depression, and more recently Bipolar II Disorder. The psychiatrist explained that she had not spent much time with Liza; that Liza was very resistant and defensive, either refusing to speak or becoming tremendously upset whenever they met. I asserted to the psychiatrist that Liza should know about her Bipolar II Diagnosis. The doctor explained of being unable to communicate this due to Liza’s overwhelmed behaviors during their sessions. With the approval of Liza’s mother and the information from the psychiatrist, I felt comfortable to go ahead and inform Liza about her Bipolar II Disorder.

Liza arrived at the session looking tired. We walked back to the therapy office
and she plopped down in the chair. I inquired about her physical appearance. She said, “I hate being on the medication and being labeled as someone with a mental disorder.” She had just finished a conversation with her father about taking the medication, expressing frustration and anger. She stated a desire to stop taking the pills, and in turn I explained the dangers of manipulating the dosage of medication. I suggested she give the medication six months to work and then see how she feels after that. She started to cry, saying “I cannot be myself anymore.” She was scared to cry in front of her parents; she was afraid to be overly emotional. She cried for a while as we sat together in the office. Liza and I had a conversation about Bipolar II Disorder: the symptoms, the causes and the medication. Again, I encouraged her to continue to keep track of her emotions and feelings each day by writing in her journal. At the end of our dialogue Liza appeared calmer and more relaxed.

The goal for this session was to offer Liza a sense of control by giving her a choice about how she would like to spend our time together. She chose to do some art. Her face brightened up a little as she said “I like to do something with clay.” I gave Liza a box of Sculpey clay in assorted colors and she sorted through them, picking out brown and white clay. Liza talked about her boyfriend for a little while but then became quiet while she spent the rest of the session squeezing, kneading, smearing, and manipulating the clay.

I observed Liza while she worked with the clay. The clay was obviously an outlet for her frustration and concerns as I watched Liza work on the clay with
strong, pressured, repeated strokes. She smeared and layered brown and white clay together until it all blended into one (see Figure 7). She added more and more clay, and each time the clay transformed into a different appearance. Liza was very focused on what she was doing; she never looked up or stopped until she was satisfied with what she had created. I could see this task provided Liza with an emotional outlet.

I reminded Liza that the session was ending. She looked up at me and said “Wow, the time went quick! I cannot believe I just made this. I love it!” I smiled at Liza. She appeared surprised by her creation; I told her I thought it was beautiful. The task was cathartic for Liza allowing her to lose herself in the creative process and providing a respite from her problems. Liza was able to
manipulate the clay for physical and emotional release of stressful energy. I encouraged Liza to sign her name on the base of the vase before I baked it in the oven. Since Liza was so pleased with her art, signing her piece indicated taking ownership of her beautiful creation.

Before Liza left the session, I spoke to her about the Belief Art Therapy Assessment (BATA). I explained the purpose of the assessment and suggested it might be beneficial for her. Liza did not hesitate in saying “Yes, sure, why not, that sounds like fun, no problem; I will see you next week.” I explained the assessment would require an extra 30 minutes of time, as well as her parent’s permission. We agreed to speak to them. I thanked Liza for being so willing to try something new. She laughed, saying “of course.” Liza left the session calmer and more content than when she arrived.

Session 9

The goal for this session was to administer the BATA to gain a better understanding of Liza’s spiritual dimensions. The information gathered from the assessment would also guide the direction and content of future sessions. Liza’s parents were very open to the assessment, agreeing, “it sounded like a good idea.” Liza’s father came to the session and signed the consent form. Liza was quiet and calm as she sat down at the art table. I asked how she was. “Fine, everything’s great,” she replied with a big smile. “I have so much to tell you about my new boyfriend, but I know I cannot today.” I told her if there was time after the assessment we could talk; but for the rest of the session she would only be
answering my questions and following directions to create artwork. I stressed that we would have no other conversation until the assessment was completed. As Liza made herself comfortable she giggled, “This is kind of weird.”

The format for administering the BATA was to conduct a preliminary history taking interview as a way of gathering information about Liza’s past and current religious beliefs. This component of the assessment consisted of 10 history taking questions (see Appendix A). Liza answered the questions quickly and effortlessly. She talked of being Catholic according to her family’s religious orientation and “non-denominational” according to her own beliefs. The next question Liza talked about religious services, telling me that every Sunday morning she goes to Catholic church with her parents, and on Sunday nights she goes to a non-denominational church with her boyfriend. In addition she attended a non-denominational service twice a week at her Lutheran school. Liza did not mind going to church with her family, except that it is boring and impersonal. The services she attends with her boyfriend and at school involve topics that are more relevant to younger people. The services are livelier, with lots of singing, which she really enjoys.

As I continued to ask questions, Liza shared that she also liked quiet time, when she could talk to God in her mind like a meditation. Being with her horse in nature was where she felt closest to God. “I don’t pray as such, I just know God is there, when I am calm I know he’s there.” Liza explained that when she was with her horse, she did not worry about anything; because she was in charge of the
horse, no one could tell her what to do, which gave her a sense of control. She said she knew there were limitations when riding her horse but she was able to relax trusting her horse and God to take care of her.

As I continued asking Liza questions she answered, “In the summer after everything happened (the sexual assault) I lost my boyfriend, and my horse, I lost my belief in God.” Liza explained it was not until she went to her new school, met her new boyfriend, and started going to the non-denominational church that her belief in God returned. She said, “After everything happened I didn’t believe there was a God.” Liza acknowledged blaming God for what happened to her, but she said “I asked the classic question, how could this happen to me? Why did this happen to me?” Liza went on to explain how her mother “shoved everything in her face,” telling Liza “God was disappointed in her. She was not making God happy.” Liza said her mother kept telling her “to see the light.” Liza said, “I can’t go back and fix anything. It is what it is. Whatever God Mom believes in is not my God.” Liza said her mother was blaming her for what happened; she kept telling her mother she was sorry, but it was not her fault.

Answering the final couple of questions, Liza explained her feelings about forgiveness from God. “When I was a little girl, I would go to confession, and when I came back I would feel empty, but now I think if I do something wrong it’s more about my conscience”. Liza described that when she does something wrong she feels guilty; she believes that her feelings and conscience communicate to God that she is sorry. She explained, “I do not directly address God when I
have made a mistake. I think the way I am feeling about what I have done talks to God.” Liza ended with “I am not a bad kid, I just make mistakes.” After Liza finished answering the final question, I went on to the second component of the assessment.

The next directive involved an art intervention. Art supplies included two-dimensional drafting media consisted of drawing pencils (specifically No.1), eraser, colored pencils, craypas, oil pastels, markers, crayons. Two dimensional painting media included tempera paint (offering white, yellow, red, ultramarine blue, turquoise, and black only) watercolor (pan) cakes (same colors), acrylic paint, and a variety of brushes. Three-dimensional media consisted of clay, plasticene, cardboard, scrap wood, foam core, plaster, glue, glue sticks, and scissors. Finally, different types of paper included white, manila or colored construction paper in various sizes from 8 x 11 in. to 24 x 36 in. available. Liza was directed “to draw, paint, or sculpt what God means to you.”
Figure 8. Peace, hope and serenity-the cover

For the art response of the BATA, Liza selected two 6 in. foam core squares that she fixed together with tape (see Figure 8). With oil pastels, Liza drew separate images on the front of each square: a pink flower on one square, a brown vine with green leaves on the other and blue sky on both. On the inside, she wrote the following words using blue oil pastels: peace, hope and serenity (see Figure 9). Lisa completed the task in approximately 40 minutes.
I asked the post-assessment questions, (see Appendix A) encouraging Liza to speak freely about her artwork. The first question was, “Explain what you made and what it means to you.” The following were additional questions: “Have you ever witnessed or seen God as you have delineated in your artwork? How do you feel about what you have just made?” Lisa replied, “I made a book. I am not sure why, but I love it. The flower and sky represent nature, and that is when I am closest to God, when I am in nature.” She further explained that when she was with her horse, in the woods, she knew God was with her. “When I have peace, serenity, and hope in my life I know I am close to God.” In our dialogue and through the art, Liza evidenced a significant spiritual awareness and relationship through nature.
Liza showed a great deal of creativity and skill in her art process, her product was original and constructive. She took time to select materials, going back and forth to the art supplies until she found what she needed. She worked with conviction, focus, and investment in her art. This was the longest time Liza spent on any art interventions since agreeing to participate in art therapy sessions. This assessment facilitated an opportunity for Liza to visually portray her connection to nature and God. Additionally, it generated discussion about spirituality which Liza seemed comfortable with, including discussion about her own spirituality.

The history gathering interview gave Liza a chance to clearly and articulately voice thoughts and opinions about religion and spirituality. This conversation exemplified that the traumatic experience of the sexual assault made Liza lose faith in God. She questioned why the sexual assault happened to her, who was to blame, and what was right and wrong. Her mother’s religious beliefs negatively affected Liza; she was able to voice how she lost support from her mother, which added to her confusion about both the sexual assault and her own spiritual beliefs. Even within the chaos and confusion of the sexual assault and having lost so much in the aftermath, she still found strength and a reservoir of coping skills. Liza reached out to her peers, her horse, and nature. For her, these relationships promoted feeling closest to God.

This part of the assessment took approximately 1 hour and 30 minutes to complete. Liza did not have time to complete the second directive, so we agreed to complete the assessment during the next session. Liza left the session in good
spirits, expressing pride and satisfaction for her creative and spiritual expression in response to the BATA.

*Session 10*

The goal for this session was to have Liza finish the BATA by completing the second directive. I met Liza in the waiting room. As we went back to the therapy office, I reminded Liza that we would be continuing the assessment. Due to assessment protocol, there would again be no conversing, only in connection to the assessment. As she sat down quietly, I quoted the assessment directive to Liza, “Some people believe that there is an opposite of God. If you believe there is an opposite force, could you draw, paint, or sculpt the meaning of that?” Liza asked a few questions about what that meant; she was unsure and struggled to understand the meaning of “opposite”. “Do you mean bad or evil?” she asked. I encouraged her to do what she thought; clarifying there was no right or wrong answer. As she contemplated the directive, Liza picked out various art materials from the same selection provided in the previous session, and took them back to the table.

Liza began working on a piece of white paper, making a circle with the assistance of a template. She cut the circle out, and began drawing inside the circle using Sharpie markers. After a minute, she stopped, pushed her work to the side, and started working on a piece of black foam core using oil pastels. I observed Liza working quietly on her image. The more time spent, the more focused she appeared. She worked with the oil pastels making distinct, pressured
movements. Using her fingers, she began smearing and merging the colors. When she had finished, she sat back in her chair and let out a big sigh while staring at the image (see Figure 10). Liza completed her artwork in approximately 25 minutes.

Using the same post-assessment questions to stimulate Liza to talk freely about her artwork, I proceeded to inquire about the image. Liza described it as “the lack of God, when everything is crazy, and nothing you can do will make it better.” She acknowledged an awareness of “the lack of God in her life;” it felt like chaos, fear, and hatred all in one. Upon further discussion, she stated that the first word that came to her when she thought about the opposite of God was “chaos.” To illustrate this she initially thought to make a circle and put all the words that came to mind on one side, and then make the other side “messed up using black and red markers.” She said she also thought about a storm, however, realizing there was beauty in a storm. So she changed her mind, further contemplating how to express “chaos.” She decided draw a screaming face that represented everything bad, like hell.
As she spoke more about her image and the experience of creating it, she began to laugh, saying “how horrible it was, how creepy it looked,” and that she had never drawn something that looked so awful. “I can express anger,” she exclaimed. “I usually write in my journal if I am angry, but this is something else.” She said it was exactly how she wanted it to look stating “this is the opposite of God.” As the session concluded, Liza was clearly surprised by her image. As she got ready to leave, she continued to comment on how ugly the image was and how shocked she was at producing something “so scary looking.”

The second art intervention in this assessment produced a different reaction from Liza in comparison to the first intervention. She was challenged to
comprehend the meaning of the directive, asking for more clarification. After a little encouragement, she began with one idea, then changed her mind and started again on something different. Liza explained that her first idea did not depict the word “chaos” which is what she initially thought of as the opposite of God, so she decided to create a different image. In her uncertainty, Liza was willing to adapt and change her ideas indicating flexibility and imagination. She produced an image that showed skill and creativity and she was able to project her feelings into visual imagery. The struggle to decide what “bad or evil” looked like, and the surprise that she produced something so scary (as if the image came from another part of her being), made me wonder if this part of the assessment prompted Liza to deal with the concept of “bad or evil.” Liza’s optimistic personality frequently steered her toward the positive side of life and away from the negative side, as she would often minimize or avoid negative experiences.

This spiritual assessment revealed that Liza was an intelligent, courageous young woman. She was able to answer challenging questions with maturity and insight, and demonstrated an openness to share information, thoughts, and feelings. She communicated her spiritual beliefs effectively through verbal and artistic interactions, indicating that she was the final stage of Fowler’s model of spiritual development known as “individual-reflective faith”. This was observed in Liza’s ability to engage in critical self-reflection and examination of her beliefs and values leading to her own individual and personal religious beliefs. She viewed God in a more abstract way; not as a personal advisor, but as a spirit
embodying moral truths and personal presence. The pain and confusion that emerged from experiencing sexual trauma pressed Liza to question her belief and faith in God. This assessment helped Liza to open up and find her voice, allowing her to dialogue about her spiritual concerns.
Chapter VI

Transformation

“The whole course of human history may depend on a change of heart in one solitary and even humble individual - for it is in the solitary mind and soul of the individual that the battle between good and evil is waged and ultimately won or lost.” M Scott Peck.

Session 11

Since the BATA was complete, the focus of this session was on generating feedback and dialogue related to the assessment. Liza arrived with a big smile on her face, appearing to be in good spirits. However, she sat down in the therapy office and did not have anything to say. When I asked her how she was, she smiled and said “fine.” The goal for this session was to give Liza an opportunity to discuss thoughts and feelings about the assessment also I wanted to give Liza a chance to express any ideas through art. When I informed about my plan for the session and asked her opinion, she shrugged her shoulders, replying “whatever.”

Materials for this task consisted of acrylic paint, markers, oil pastels, chalk, paper of various sizes, cardboard in various sizes and shapes, and Sculpey clay. Liza chose a cardboard circle that was approximately twelve inches in diameter. Using acrylic paint, she started painting a yellow circle in the middle of the cardboard disc. She painted rings of green, then blue around the yellow circle, spreading the color to the edge. She finished with a ring of black around the outer edge. With a dry brush, she went back over the ring of blue with red paint. Liza
worked in a fluid and loose manner, making numerous changes to her work by adding color on top of color (see Figure 11). Liza completed this task in 10 minutes, appearing distant, guarded, and unenthusiastic when she finished. The dynamic present in this session reminded me of Liza’s behavior when she was preoccupied with something bothering her.

![Figure 11. Before and after.](image)

As I watched Liza complete this task, I felt her sense of urgency to get finished and her lack of commitment to the task and aesthetics. Liza did not seem present; she appeared preoccupied and distracted. When I inquired about the image, she explained it in terms of color. She said “Yellow was before, the black was after, but the black also spread into some of the other colors.” Furthermore, she described a clear difference in how she felt before and after the assault. She also
felt differently about life now because of the assault. Liza said that the assault had
changed everything in her life and nothing would be the same again.
Additionally, she could see that as time went by “things were getting better.”
When asked about color symbolism, Liza identified yellow and green as happy,
black and red as sad. Her response was without elaboration; all zeal and animation
from our previous session did not carry over into this follow-up session.

Although this task did achieve the goal to stimulate Liza’s thoughts and
feelings about the assessment, her nonchalant attitude and haste to finish gave the
impression that she was preoccupied; just going through the motions. Before Liza
went rushing off, I asked her to fill in the third of the individual counseling
feedback forms in order to monitor Liza’s trauma symptoms. She self-reported
that she was suffering with severe flashbacks and memories, feeling guilt and
shame, and avoiding things that reminded her of the trauma. She was moderately
suffering with sleeping problems and nightmares, increased fear, depression, and
issues with trusting others. In addition, she was mildly suffering with depression,
clingy behavior, and difficulty being intimate with a chosen partner. Conversely,
she strongly agreed that she was currently managing the symptoms of trauma, her
levels of stress were low, and counseling was contributing to her healing process.
Liza wrote about the counseling: “I love it, it is a very peaceful time and I always
solve many of my problems.”

At the close of this session, Liza’s mood and general attitude were out of
character. I was surprised by her answers on the individual counseling feedback
form. Liza had not mentioned anything about flashbacks or sleep problems, which concerned me, as these physical symptoms can be distressing and impact negatively with everyday life. I decided to talk to my supervisor at the agency about my concerns for Liza.

I consulted with my supervisor on Liza’s progress, sharing some of my concerns about Liza’s responses on the feedback form, particularly her responses about avoiding things that reminded her of the trauma, flashbacks, and nightmares. We both wondered if these issues were associated with her inability to talk about the sexual assault in any detail. My supervisor suggested that Liza might benefit from attending the teenage support group, allowing her to begin sharing her story with others and listening to peers who had similar experiences. However, I was concerned that Liza was not ready for a group experience, and my supervisor suggested that I administer a guided exercise for telling the story of the sexual assault. This would provide an opportunity to see how Liza reacted to communicating personal details of her assault.

Session 12

Liza had reported in the third individual counseling feedback form that she was suffering severely with flashbacks, and moderately suffering with nightmares and sleeping problems. I wanted to address these issues with Liza if they were causing her concern, and I was curious to know if Liza would be interested in attending the teenage girl support group at the agency. Group sessions can be beneficial; hearing the stories of others with similar experiences is supportive and
encouraging. However, I was not sure if Liza was ready to articulate her trauma experience to others despite a commonality of experience.

Liza had never talked openly about her sexual assault. Instead, she referred to the event as “it,” or “when everything happened.” Talking about the trauma can trigger memories of the assault, which can be distressing for the survivor leading to anxiety, feelings of being out of control, guilt, or worries about the future. Liza reported not being able to recall details of her painful experience due to traumatic memory loss; therefore, I did not want Liza to do anything she was not comfortable doing.

The main goal of narrating traumatic events is to accept the reality of the trauma and to reduce the intensity and frequency of negative aftereffects when recollecting the trauma. It is natural that rape survivors begin to actively avoid thoughts and feelings about the assault or reminders of the assault. I was concerned that Liza’s flashbacks and nightmares were most likely connected to traumatic memory. Liza had brought this to my attention on the response form despite never verbally acknowledging these issues. If Liza was comfortable with me, talking about the trauma might reduce some of the impact of these symptoms.

Liza arrived at the session looking her usual happy self, with a smile on her face. As we walked back to the office, she said everything was good and asked what we were doing today. As we sat down, I told Liza about the teenage support group, explaining the purpose and the goals of the group. Liza said she thought it was a good idea. We talked about her ability to share her sexual assault
experience with other in response, she acknowledged being nervous but felt able to tell people what happened. I expressed concern that I was not sure if she would be comfortable. I asked if she would be willing to answer some questions from a work sheet that was a guided exercise for telling the story of sexual abuse. Liza said “sure” then became fidgety; her face was sullen and serious. Liza stayed open but defensive as I asked the questions. She said she was not able to remember details, but her friend who was with her at the time of the assault told her what had happened. I explained to Liza that memory loss was very common for trauma survivors. I clarified that some people cannot remember everything; a few memories will remain vague. I also informed her that she might remember different components of the experience in different ways; through images and bodily sensations, flashbacks, nightmares and dreams.

Liza answered the questions quickly, finishing in approximately 10 minutes. Liza admitted answering the questionnaire was difficult for her. The most difficult part was thinking about the assault, “an ugly, horrible experience that had tainted something that was beautiful and loving.” The meaning of sexuality had changed for Liza and talking about the assault reminded her of the ugliness she experienced the night of the party. She had been humiliated and embarrassed, and wished it had never happened.

I asked Liza if she would like to do an art task to express how she was feeling about this experience. She appeared willing to distract herself in the art process. Material available for this task included acrylic paintbrushes, markers, oil pastels,
and chalk pastels, paper of various sizes, cardboard in various sizes and shapes, and Sculpey clay. Liza picked black, white and turquoise Sculpey clay and began blending the black and turquoise together she manipulated the clay by squeezing, pulling, and rolling it out on the table. Lisa was the quietest she had ever been during a session, saying nothing while she made her clay piece (see Figure 12). The task was completed in about 30 minutes.

![Figure 12. A box to hide in.](image)

When I asked Liza about her art she replied, “I wanted to hide that night so I made this box. A box for me to hide in” She explained that she was so ashamed she “just wanted it to all go away like hiding from everyone.” She asked if she had time to make something else. I responded affirmatively and explained she
need not feel rushed; if she did not complete it this session then she had time
during the next one. Within 10 minutes, Liza had made a flower using purple,
yellow and green Sculpey (see Figure 13). When I asked her about it, she said this
was open, peaceful and represented her connection to nature and God. Liza said
she wanted to make something beautiful. Her perception was “even though what
had happened to me was bad, I am beginning to realize that good comes from bad,
too.” Liza explained, “Everything happens for a reason and I am a better person
now because I understands myself more.”

Figure13. Happy and peaceful.

The perception was that the night of the party was the worst thing that had ever
happened to Liza, but she was beginning to get a handle on it by explaining the
experience had made her “grow up.”
Answering the questions on the guided worksheet was challenging for Liza. She found it difficult to address some of the questions and she was defensive. Liza’s reaction informed me that she was not ready to be in the teenager support group and needed more time to integrate and understand the impact of the sexual assault. The spontaneous art task gave Liza a forum to talk about the pain of wanting to hide after experiencing the worst night of her life. In addition, she was also able to express her hope for growth and transformation through her creativity.

Art therapy was a quiet, reflective, and meaningful endeavor that provided Liza the means to assist in finding a safe way to express herself. This session showed me that healing is an individual process with no linear system. Liza showed me the importance of pacing and listening to the client’s needs.

Session 13

Liza had a big smile on her face when we met for this session and she was very talkative. She began by discussing her friend, who was in an abusive relationship. Liza shared her thoughts and opinions, telling me how she had been advising her friend. We talked for a little while; then I asked Liza if she would like to make a journal. She was very excited about the idea. The journal would represent her journey through the sessions at the agency. The goal for this session was for Liza to acknowledge her progress through her own reflections over the weeks and months of therapy. Materials for this task included two 8 inch by 11 inch pieces of cardboard for the front and back covers of the journal; magazine cuttings,
magazines, tissue paper, and decorative papers for collage material, decoupage glue, regular glue and scissors for journal construction.

As Liza began cutting out images and sticking them on the journal cover she talked about her boyfriend and how much she liked him. However, she could survive without him. Furthermore, she had also seen her (original) ex-boyfriend who had been there for her when she was assaulted. She said, “I am over him, I still like him, but I don’t want to go out with him now.” She talked about how “time heals a broken heart” and how the different boys she had dated made her realize each person has different strengths and weaknesses. She acknowledged she does not need a boyfriend in her life to be happy, even though she likes the boy she is with now. She stated she wants to go to college to be a vet and a boy will get in the way.

As Liza finished one side of the journal, she spotted some metallic acrylic paint on the shelf and asked if she could use it to do the back cover. She spent the rest of the session in silence while she layered the paint and then made images by manipulating the media into shapes. When she finished there was so much texture and paint, it had to be set aside to dry. Liza picked out green ribbon to tie the journal together(see Figure 14) I had gathered some handouts for Liza that pertained to self-care suggestions, mindfulness exercises, sexual assault information, hotline numbers, and a whole array of information for Liza to use as references. Liza looked through them all and began tying them into her journal. Since the back cover was still wet, I suggested she finish binding it next time.
In concluding this session, Liza was asked to describe her journal and the images she chose. She said the girl was her; at the beginning she was crying and upset because she had lost so much. The horse image was in memory of her horse that died. The figures of people symbolized her relationships on the journey. She said the person with her hands in the air symbolized rejoicing; the flower represented God and nature. When she talked about the back cover she was a little vague, saying how much she loved using the metallic paint. However, she did comment on the swirls and hearts, saying they represented love and life.

Liza’s decision to move from using collage material to the metallic paint suggested that she was willing to have less control over the media and be free to the creative process. She chose to symbolize her pain and loss through tears and her horse, in addition to recognizing important people on her journey including

Figure 14. My journey journal.
her relationship with God. Looking at Liza’s journal, it represented balance; she
depicted pain and spirituality while her process signified control and freedom. I
shared my observations with Liza. She smiled, saying “yes I do feel more
balanced.”

Session 14

This session Liza came in with her usual smile, but she looked tired. The goal
for this session was to give Liza an opportunity to express her emotions by
connecting to her inner and outer feelings by again decorating a mask. I wanted to
see what Liza would do differently in comparison to the first mask she decorated
at the beginning of our sessions. Art supplies included acrylic and watercolor
paints, colored markers, oil pastels, crayons, various types of glue, and a glue gun
for construction. A range of decorating materials such as feathers, yarn, beads,
jewels, and sequins could provide embellishment. Various paintbrushes and a
container of water were also available. The directive was to decorate the outside
of the mask to “show the face you show to the world, feelings you are
comfortable letting others see,” and decorate the inside of the mask “to show
feelings that you keep private and try not to let anyone see.” Liza was free to
make choices and experience control of the design.
In response to the task directives, Liza started by squeezing large amounts of paint into a paint tray and taking it back to the table. She then rummaged through the containers filled with various art supplies, spreading everything out on the table. Using the acrylic paint, she started mixing colors on the paper that covered the table (see Figure 15). She doodled and mixed the paint in a loose and sloppy manner, then began painting the mask bright pink. She also squirited a big pile of glue onto the paper on the table and started swirling and mixing it around. She added the glue and smeared it on the mask, then added more paint.
Continuing to use the table as a palette, she mixed the glue with paint and then made a design on the paper. She also repeated this process on the outside of the mask. Liza sat back, stared at her mask, and then started to talk about how her boyfriend did not believe in God. She described him as a “science person,” so they had some interesting discussions about spirituality. Liza said it did not bother her that he did not believe in God. She said since she broke up with the last boyfriend she had not been to the non-denominational church; but she still goes to church with her family. Liza continued to talk about her boyfriend in an indifferent manner while she turned the mask over and began painting the inside
an orange color. Additionally, she covered the inside of the mask with glue then sprinkled with gold sequins (see Figure 17). She turned the mask to the front, put glue on the forehead, and sprinkled gold sequins on top. Liza continued to doodle on the table making abstract patterns. When I asked her about the mask her response was, “It’s not really happy. It’s interesting.” I asked if she could elaborate; and she said she had nothing else to say.

In conclusion to the mask making, Liza was uncharacteristically vague and distant. She had very little to say about her mask although she talked about various topics while she worked. She worked loosely with the art media. Her doodling was not something she had done in previous sessions. The pattern on the front of the mask was very different to the previous mask. This latest mask

*Figure 17. The inside mask.*
reminded me of camouflage and was less elaborate and theatrical than the first mask. Liza decorated the inside of this mask with paint and sequins, whereas the inside of the first mask had not been dealt with. Liza lacked verbal feedback about her artwork, while her behavior during the art process seemed immature and emotional. She said her mask represented “interesting and not happy.” I agreed Liza’s mask was interesting.

Liza asked about the first mask she made, saying she had forgotten what it looked liked. She talked about other artwork that she had made and asked if she could look at it. For her next session I would get all of her art work together. We planned to review all of the artwork together.

Session 15

Although this was not Liza’s final session, I felt she had come to a turning point in her therapy, which presented the opportunity to consider termination strategy. Since Liza had requested to review her artwork, I thought this would be a good opportunity to re-evaluate our plans by meeting with Liza and her parents. Liza had also indicated that she wanted to play soccer after school, which would make it difficult to attend her session every week. I called Liza to suggest that she request her mother or father come to the next session so we could discuss treatment plans. Liza responded affirmatively; she would bring her mother to the next session.

Before Liza arrived at the session, I gathered her artwork together so it was ready for when she arrived. Liza came to the session smiling and happy. When
she saw her artwork displayed on the table, she stared at it all. “Wow, I forgot about some of this.” She sat down at the table, picking up her creations and reminiscing about her work. She was able to recall how she felt when the art was made. She looked at everything in detail and commented on certain pieces. She was particularly proud of her vase and her book from the BATA. The mandala from session 11, created to represent feelings before and after the assault, generated a negative response and desire to throw it away. When I inquired about this decision, she declared its “ugly;” she just did not like it.

Liza’s mother sat in the waiting room, and Liza asked if she could bring her mother back to show her what she had accomplished. Before she went to get her mother, Liza picked up the image she had made in the BATA that expressed the “opposite of God” and said, “Hide this.” I asked her why, and she explained she did not want her mother to see that she made something so scary looking. I was surprised by Liza’s request but honored her decision. As Liza went to get her mother I put the artwork away and considered how Liza had struggled to produce this piece of art and how she was so surprised that she had created something so scary. This confirmed to me the power of the art and how the creative process facilitated and empowered Liza to express herself in a way she may never have done without artistic expression.

Liza came back into the room with her mother and proudly showed off her work. Liza went through the art pieces explaining what the art meant and how she made it. She shared with her mother what she liked the best and the least.
Liza’s mother was visibly moved by her daughter’s creativity and the emotion in which she described the art and the meaning attached to each creation. When Liza’s mother started to cry, Liza said, “Oh Mom, you always do this. Why are you crying?” Liza’s mother shrugged her shoulders and did not reply straight away. Then she said, “It’s all so beautiful and meaningful.” Liza’s mother was touched that her daughter wanted to share part of the healing journey. Liza’s invitation to include her mother showed that their relationship had improved over the months of therapy.

Once Liza had finished showing artwork to her mother, we discussed Liza’s schedule and unanimously decided to cut sessions down to once a fortnight for the remaining sessions. Liza’s mother said that she had seen a great improvement in her daughter’s mood; Liza was less anxious, more willing to communicate, and more open with her thoughts and feelings. I also agreed that Liza appeared more comfortable with herself and was learning to be more forthcoming about expressing feelings. I was very proud of Liza. She had been through many difficult circumstances and even when it got tough, she managed to keep her hope and faith that life would improve.
Chapter VII

Conclusion and Recommendations

“When someone whom I have helped, or in whom I have place great hopes, mistreats me in extremely hurtful ways, may I regard him still as my precious teacher.” Guide to the Bodhisattav’s Way of Life.

Conclusion

Those who have experienced a deeply traumatic event may not be easily soothed by simple words. For them, trauma continues to live on in their bodies and spirits as if it were still happening in the here and now. An adolescent survivor of sexual assault experiences unique difficulties in the aftermath of trauma, and the healing process must take this stage of maturation into consideration as a component to therapeutic interventions.

At some point, the human condition will urge us to find meaning and purpose in life. The search may sit dormant within us until life itself presents us with experiences, people, and places that challenge us into a personal path of meaning and purpose. For Liza, it was the tragic event of sexual assault. Her world changed in one night. From that moment on, she struggled to understand the aftermath of such a violation of the self.

Liza was resistant to counseling; she was grieving many losses in her life and did not feel comfortable talking about the incident. Art therapy gave Liza a voice, a forum to express herself with distance and safety. The art was the central focus of the therapy sessions. The idea of using art during our sessions positively
swayed Liza into feeling more comfortable about expressing herself in therapy. The art interventions facilitated emotional expression, both verbal and nonverbal. Structured tasks at the beginning of the therapy like the mask, collage, and feeling cards provided therapeutic structure aimed at decreasing stressful confrontation so Liza could express emotions, while still giving her choices. Even though Liza was resistant to dialoging about the sexual assault, the art interventions gently coaxed her into addressing those issues and feelings. Later in the sessions, unstructured tasks gave Liza an opportunity to release emotions. It was during these tasks that Liza used fluid materials like paint and clay, which facilitated loose and impulsive expression in her art. These were important sessions for Liza as the creative process became cathartic, giving her a chance to express her energy physically and emotionally.

The Belief Art Therapy Assessment opened a door for Liza to connect with her own thoughts about spirituality; doing so gave her a better understanding of how the impact of the sexual assault had changed her thoughts, feelings, and her view of the world. This assessment opened up a dialogue for Liza to address issues of spirituality and discover strength and meaning in her life, allowing for conversation and contemplation over concerns central to her being. The assessment also provided an opportunity to discuss the concept of “good and evil;” allowing Liza to find a place within her that allowed her to look not only at the beauty of her life, but more importantly the “ugly parts” that she may never have expressed without this intervention. Spiritual recovery includes discovering
one’s values and priorities and learning what makes life meaningful and worth living. The key to understanding spirituality is to understand ourselves; to do this we must have time every day to nurture ourselves, to meditate or pray. We must slow down enough everyday to know what it is we are looking for. The art provided this for Liza; at times the art process was meditative giving her a space to find herself and expressing her thoughts and feelings.

Liza enjoyed the use of symbolism in her work, and the heart theme that re-emerged continually throughout her sessions confirmed her broken heart and the pain she was feeling. A flower emerged from clay and in drawings that Liza created when communicating about her spiritual connection to nature and God. Throughout the sessions, spirituality was present through the art making process in rituals, symbols, and mindfulness.

Art therapy gave Liza a voice to address spirituality through creativity. The BATA and art interventions facilitated Liza to question how the experience of sexual assault impacted her thoughts, feelings and worldview. The art making process became the vehicle for expression. When words were not possible Liza was able to put her pain and confusion into visual form. Art therapy provided an opportunity to find a pathway deep within the soul allowing a subtle healing process to take place. Acknowledging the wounds of sexual violation and questioning the spiritual self through creative expression permitted an opening to begin the journey back to wholeness.
In a letter sent to the agency one year after Liza experienced sexual assault, Liza’s Father so powerfully expresses, “A year ago we had to watch our daughter struggle to survive both psychologically and socially, minute by minute, day by day. She was just trying to survive another day and nothing else mattered. Liza lost all her friends, our family life was deteriorating and communication was nearly nonexistent. We would continually check on Liza throughout the night to see if she was alive.” Liza’s Father brings to light the suffering of families when an adolescent endures the pain of sexual assault.

In hindsight Liza’s Father enabled me as Liza’s art therapist a rare glimpse into the progress of healing once therapy has ended. Liza’s Father reports in his letter “through the Grace of God Liza now attends church willingly and freely and has a growing relationship with God.” He also shares that Liza has established new relationships, she is able to communicate openly and honestly, she is doing very well at school and has regained self respect and self confidence. Spirituality supported Liza through trauma while guiding and sheltering her parents as they suffered in her pain.

My own spirituality deepened because of my relationship with Liza. Having the honor and privilege to work with her during her pain, confusion, and ultimately her transformation and growth touched my heart and soul. I learned that spirituality and religion can be a power force in the healing process for the survivor and family members. I recognize the importance of allowing and supporting spirituality and religion to emerge with a nonjudgmental attitude.
Liza’s own transformation clarifies my belief in the power of art therapy and spirituality.

Recommendations

This case study validates research indicating that spirituality can help facilitate the healing process when combined with art therapy. The study also demonstrates that religion and spirituality can either help or hinder the healing process. This dichotomy is an indication of the need for further research in regard to religion and spirituality in the healing of sexual assault: particularly in issues of blame, coping skills, adolescents and alcohol. A clearer understanding of the role spirituality and religion can play in the healing would be beneficial when counseling survivors of sexual assault. The use of art therapy with an adolescent in this study validates the powerful process of art making and confirms the transforming potential of art therapy in the healing process. The Belief Art Therapy Assessment supported both spiritual dialogue and artistic expression. This case study cannot be generalized since it is based on a single person study.
References


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Appendix A

BATA History Taking Form

Name, Age, Religion, and Career (if applicable)

Questions:

1. What is your religious affiliation?

2. Have there ever been any changes in your religious affiliation?

3. When did these changes take place and what were the circumstances that caused this change?

4. What is the level of your present involvement with your church, temple, or faith community?

5. What is your relationship with your pastor, minister, rabbi, shaman, or guru (stated as applicable)?

6. Do you have any religious/cultural practices that you find particularly meaningful?

7. What kind of relationship do you have with God, if applicable?

8. What gives you special strength and meaning in your life?

9. Is God involved in your problems? (Depending how this is answered, you might want to clarify whether or not the subject involves God in his problems and/or blames God for his problems).

10. Have you ever had a feeling of forgiveness from God?
First Directive

Please remember that the manner in which a subject is presented with the request to delineate his belief system is all important. One could begin the topic by stating something like, “Have you ever thought about how the universe was created and who or what was responsible for its creation?” Then once a dialogue regarding the topic is started, the administrant could actually lead into the art task itself by stating, “Many people have a belief in God; if you also have a belief in God, would you draw, paint, or sculpt what God means to you.”

Second Directive

Some people create the opposite of God simultaneously with the above directive of creating what God means to them. If, however, the subject does not, then state, “Some people believe that there is an opposite of God. If you believe there is an opposite force, could you also draw, paint, or sculpt the meaning of that?”

The post-assessment interrogation can proceed following each directive.

Post-Assessment Interrogation

1. Could you explain what you have made and what that means to you?
2. Have you ever witnessed or seen God as you have delineated your artwork?
3. How do you feel about what you have just made?

Moreover, let the subject talk freely about his work and record significant verbal associates to the work produced.
Appendix B

Case Study Art Therapy Form

I,___________________________________, hereby agree that my artwork or representations of my artwork, my conversations, dialogues and comments will be used in the following case study. I understand that my name will not be used in conjunction with the presentation or discussion of the work. I also understand that this research project will be published and that my name will not be used in any of the material submitted to this study.

_______________________________________
Client Signature                                                         Date

________________________________________
Parent of Guardian                                                     Date

________________________________________
Witness                                                                     Date
Appendix C

Individual Counseling Feedback Form
Session 12

<table>
<thead>
<tr>
<th>Date</th>
<th>Score (please circle one)</th>
<th>Age</th>
<th>Race</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Who referred you to the Center? [Please circle one]:
- Crisis
- Individual
- Parent Counseling
- Family

Type of Counseling (Please circle one):
- Crisis
- Individual
- Parent Counseling
- Family

1. What symptoms of trauma do you or your child have? For each symptom, circle a number to show how often the symptom happens, or how severe it is, or how it impacts functioning, patient’s ability to do what they need to do each day and feel satisfied with the way their life is:
   - Do not have symptoms
   - Symptom is mild, or happens 1 – 2 times a month or less, or rarely keeps client from functioning
   - Symptom is moderate, or happens around 3 times a month, or occasionally keeps client from functioning
   - Symptom is severe, or happens several times a week, or often keeps client from functioning
   - Symptom is very severe, or happens daily, or almost always keeps client from functioning

   | a) Lack of interest in school | 1 | 2 | 3 | 4 |
   | b) Nightmares | 3 | 2 | 1 | 0 |
   | c) Sleeping problems | 0 | 1 | 2 | 3 |
   | d) Avoiding things that remind client of the trauma | 0 | 3 | 1 | 2 |
   | e) Depression | 3 | 2 | 1 | 0 |
   | f) Feelings of guilt/shame | 3 | 2 | 1 | 0 |
   | g) Feeling jumpy or easily startled | 1 | 2 | 3 | 4 |
   | h) Anxiety increase in feelings of fear | 0 | 1 | 2 | 3 |
   | i) Aggressive behavior (often needing to be with someone) | 1 | 2 | 3 | 4 |
   | j) Aggression in doing things that are normal for client | 3 | 2 | 1 | 0 |
   | k) Loss of interest in activities client once enjoyed | 1 | 2 | 3 | 4 |
   | l) Feelings of loneliness and isolation | 3 | 2 | 1 | 0 |
   | m) Ongoing sadness others | 0 | 1 | 2 | 3 |
   | n) Change in school or job performance | 3 | 2 | 1 | 0 |
   | o) Disruptive behavior (relentless, angry, impulsive, temper tantrums) | 1 | 2 | 3 | 4 |
   | p) Self-injury or hurting others (for talking about self-injury or hurting others) | 3 | 2 | 1 | 0 |
   | q) Medical symptoms (complaints of headaches, stomach aches, headaches) | 0 | 1 | 2 | 3 |
   | r) Verbal or physical behavior that is inappropriate for client’s age | 3 | 2 | 1 | 0 |
   | s) Difficulty being with a child/partner/relationship issues | 0 | 1 | 2 | 3 |
   | t) Problems with eating (loss of appetite, overeating, etc.) | 3 | 2 | 1 | 0 |
   | u)Substance abuse | 0 | 1 | 2 | 3 |
   | v) Other | 0 | 1 | 2 | 3 |

2. If my child is currently able to manage symptoms of trauma (please circle only one):
   a) Strongly agree
   b) Agree
   c) Not sure
   d) Disagree
   e) Strongly disagree
5. In general I would rate my child's current level of stress as (please circle only one):
   a. Very high stress
   b. High stress
   c. Moderate stress
   d. Low stress
   e. No stress

   4. I believe that individual counseling is contributing to my child's healing process (please circle only one):
      a. Strongly agree
      b. Agree
      c. Not sure
      d. Disagree
      e. Strongly disagree

   5. What have you or your child gained from your counseling experience (please circle as many as needed): a. Reduction in behavior symptoms
      b. To be heard and be listened to
      c. To receive feedback and problem-solving information
      d. Increase in support system during healing work
      e. Referrals to other useful services
      f. All of the above

   6. I have knowledge of resources and supportive services available to me or my child (please circle only one):
      a. Strongly agree
      b. Agree
      c. Not sure
      d. Disagree
      e. Strongly disagree

   7. What other resources or supportive services might you want information about?

   8. Please write a sentence or two (or more if you'd like) about what counseling is like for you or your child so far.