An Exploration of the Ways in which Art Therapy Complements and Enhances Cognitive-Behavior Therapies in the Rehabilitation of Violent Offenders

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Abstract

An Exploration of the Ways in which Art Therapy Complements and Enhances Cognitive-Behavior Therapies in the Rehabilitation of Violent Offenders

Sarah Lyn Little

Violent crime is a serious problem in North America. Most violent offenders have been victims of violence themselves, predisposing them to inflict harm upon others. The mental health needs of these individuals are immense; helping them restore a sense of humanity and decrease their likelihood of recidivism is a challenging and important goal. As such rehabilitation programs for this population must be carefully considered. The effectiveness of cognitive-behavior therapies (CBT) is well established within prisons. Although it is a less established approach within corrections, art therapy has also been shown as an effective intervention in the rehabilitation of violent offenders.

There are art therapists who integrate CBT approaches in their practice, however these two therapeutic treatment models have traditionally been perceived as somewhat antithetical. This research seeks to explore the links between these approaches, illustrating the ways in which art therapy facilitates and enhances the goals of CBT. The aim of this study is to contribute to an awareness regarding the importance of offering the most effective, balanced, and rich treatment possible to violent offenders in order to prevent violent behavior.

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Introduction

Violent criminal behavior is arguably the most damaging and serious problem that any society is faced with. Many incarcerated individuals in North America emerge from socioeconomically disadvantaged as well as violent and/or abusive backgrounds, and consequently often deal with mental health and medical issues which merit serious attention. A society that does not address the issue of rehabilitating criminal offenders risks releasing inmates who are likely to re-offend. According to an experienced art therapist practicing in a US prison, inmates are certain to develop psychopathic traits in prison if they do not already exhibit them (Gussak, 1997, p. 1). Criminal psychologist Douglas Bernstein and criminal law professor and attorney Elaine Cassel echo this sentiment, warning that the psychological pain of being incarcerated ensures that most inmates will be in worse psychological condition when released than when they entered prison (2001, p. 312). Criminal justice systems currently recognize that "risk to community safety, burgeoning prison populations and increasing violent offenders in these populations constitute compelling reasons to devote resources to exploring whether such risk can be reduced" (Rich, 1999, as cited in Polaschek, Wilson, Townsend & Daly, 2005, p. 1612). These perspectives support the position that understanding the profiles and psychosocial issues of violent offenders and working to develop approaches to assist with their rehabilitation and healthy reintegration within society is one of our greatest and most important challenges as a society.

The dominant model in the treatment of incarcerated violent offenders is cognitive-behavior therapy, or CBT (Glicken & Sechrest, 2003). This treatment is currently the most heavily researched and empirically proven method in terms of

lowering recidivism rates in violent offenders upon release from prison. Art therapy has also been shown to contribute to the goal of rehabilitating violent offenders (Liebmann, 1994; Bennink, Gussak & Skowran, 2003). Art therapy in correctional settings has shown a wide range of positive outcomes in offenders, including positive "self-expression, self-esteem, coping mechanisms, breakthrough of defenses… insight in thoughts, feelings and actions that triggered the offense, self control, alternative behaviors and empathy for the victim" (Benink et al., 2003; Gerber, 1994; Kampen, 2001, all cited in Smeijsters & Cleven, 2005, p. 42). Creating art in a therapeutic context in prisons offers a safe, structured outlet for the expression of potentially dangerous emotions (Day & Onorato, 1997, p. 132). Haeyen's (2004) research has indicated that channeling aggressive emotions through artistic expression serves as a coping strategy for violent offenders (Smeijsters & Cleven, 2005, p. 42).

The Research Question

The following study addresses the question of how art therapy and cognitive-behavioral therapies compliment one another in the treatment of violent offenders. Through an in depth analysis and exploration of current literature on CBT, art therapy, and the rehabilitation needs of violent offenders, this research aims to illuminate and clarify the links between CBT and art therapy and highlight their points of convergence in the interest of offering balanced, effective, and well considered therapy for violent offenders. The purpose of this study is to draw attention to two treatment methods which are often perceived as somewhat antithetical and to highlight their compatibility in the interest of offering a rich and integrated therapeutic intervention to an often neglected population.

Methodology

This study aims to foster understanding of the ways that art therapy and CBT are complementary in the treatment of violent offenders through exploring their therapeutic needs as well as the research and experience of the professionals who serve them. Since this research does not focus primarily on measurable change, and because it is exploratory in nature, a qualitative method is most appropriate. Qualitative research as described by Marshall and Rossman (2006) offers a broad approach to studying human phenomena that is grounded in the "lived experience" (p. 2) of individuals. This kind of research seeks to discover, examine, and interpret phenomena through the qualities that describe it, rather than through quantifiable measurements.

This study uses a theoretical method of inquiry, which involves an attempt to compare and evaluate existing theories in an effort to create new awareness and knowledge about a subject. Through a critical review of pertinent theories and a synthesis of aspects within them, this kind of research aims to create a more "integrated, comprehensive, and powerful theory" (Junge & Linesch, 1993, p. 66). In the theoretical method, theory serves as data and primary research methods include analysis, evaluation as well as synthesis (p. 66).

Given the extensive literature on CBT, art therapy and violent offenders compared with the paucity of literature which combines the three, a theoretical model seems appropriate in examining and emphasizing their points of convergence in the interest of developing awareness around and better rehabilitation programs for dangerous offenders.

Limitations and Delimitations of the Study

As will be elaborated upon later, this study focuses on violent offenders based on the assumption that they pose more of a threat to themselves and others than non-violent offenders. It is recognized by the author that working with violent individuals is a hugely complex undertaking, and no single treatment approach offers all the solutions. This study humbly aims to contribute to and complement existing rehabilitation efforts, and acknowledges the breadth of literature pertinent to this field not represented within the scope of this study. The author also acknowledges that some violent individuals may never be fully rehabilitated due to the trauma and violence that they may have experienced (Glicken & Sechrest, 2003). In such cases, treatment can only hope to minimize the pain these individuals experience and in turn inflict upon others.

Operationalizing the Terms

Effective rehabilitation is defined in this study as: 1) a violent offender's capacity to reintegrate into society, successfully avoiding harming others in any criminal way; 2) the development of some degree of reflexivity, empathy and accountability in the offender; and 3) the development of some degree of constructive personal agency in the offender's life.

Assumptions of this research include: 1) that cognitive-behavioral approaches are generally under-represented within the practice of art therapy, and that art therapy is generally under-represented within the correctional system; 2) that integrating different treatment models or offering them in conjunction with one another can provide more comprehensive treatment; 3) that most violent individuals have experienced profound pain and violence in their own lives, and that compassion towards them is essential if any

treatment is to be effective; and finally, 4) that violent incarcerated offenders merit the attention of this study because of the threat that they pose to themselves and others.

Perhaps because of the significantly higher number of incarcerated individuals in the USA, much of the literature pertaining to North American prison populations references American studies. Wherever possible, Canadian statistics and research shall be referenced. However, it appears that literature pertinent to this study is less prolific in Canada.

The following (first) chapter offers an analysis of the prison population in North America. This will include a description of the experience of imprisonment, the psychosocial profiles of violent offenders, their rehabilitation needs, and finally an outline of characteristics common to effective rehabilitation initiatives within prisons. The second chapter presents an overview of the fundamental concepts of cognitive behavioral therapies as well as the usefulness of this approach in the rehabilitation of violent offenders. The third chapter explains the advantages of art therapy with offenders, and finally, the fourth chapter presents a synthesized exploration of the multi-faceted ways in which the two therapeutic modalities of CBT and art therapy are complementary in the treatment of violent offenders, eventually examining concrete examples of initiatives which have integrated the two.

A Review of the Literature Regarding Prison Populations

Incarceration Rates and Trends in North America

In the last two decades the prison population has increased substantially worldwide, and particularly in North America (North American Correctional and Criminal Justice Psychology Conference, spoken communication June 8, 2007). In 2002, there were over 2 million federally incarcerated offenders in the US and approximately 36,000 in Canada in 2001 (Messner & Rosenfeld, 2006; Corrections Canada Statistics, 2003). Incarceration rates in the United States are the highest in the world (Messner & Rosenfeld, 2006, p. 5) with longer sentencing and a per capita rate which is "six times the world average" (Cassel & Bernstein, 2001, p. 305), and its prison population is rapidly growing. According to Currie (1998), Texas alone incarcerates more individuals than any other *nation* worldwide with the exception of Russia and China (Cassel & Bernstein, 2001). If these trends in incarceration rates remain stable, approximately 1 in 15 Americans (1 in 3 African American males) will serve time in prison in their lifetime (US Department of Justice Statistics, 2001).

Correia (2001) points out that with the exception of drug education initiatives, the massive prison population explosion in North America has not been paralleled by a growth in programs designed to rehabilitate offenders (p. 7), although it is well documented that incarceration without appropriate rehabilitation increases future criminal recidivism.

The increasing trend in North America since the mid 1990s towards a "zero tolerance" attitude to crime, as illustrated by the popularity in the US of "three strikes and you're out" policies and mandatory drug sentencing, has created major overcrowding

in many prisons posing a variety of health risks to inmates as well as longer sentences for many offenders. According to recent research by Sundt, Cullen, Applegate & Turner, (1998) on how to deal more effectively with criminals within the prison system, public support for rehabilitation programs has seriously decreased and has been replaced with a desire to get tougher on crime (in Lowenstein, 2002, p. 3). Research has shown that harsher sentencing often increases the likelihood of an inmate's recidivism upon release (Andrews, Bonta & Hoge, 1990, in Correia, 2001).

Violent Crime in North America

There is conflicting literature on the rates of violent crime in North America, perhaps due to the variety of violent crime being measured. However, sociologists Messner & Rosenfeld (2006) underscore North America's exceedingly high rates of serious criminal behavior (p. ix) indicating that crime in the US tends to be more violent in nature compared with other developed nations, due in part to comparatively lax gun control laws. A study of homicide rates in 16 industrialized nations between 1996 and 2000 revealed the US rate to be five times that of the average of the other countries (Messner & Rosenfeld, 2006, p. 21). In spite of data suggesting there has been an overall decline in violent crime in North America since 1992 (Cassel & Bernstein, 2001), Messner & Rosenfeld's (2006) recent research concludes that crime in the US is distinct because of its particularly brutal and "unrestrained" nature, and is thereby more likely to result in death/s (p. 22). This concerning data explains one of the reasons that this study will focus on the rehabilitation needs of violent, as opposed to non-violent, offenders.

A second reason that the focus of this research is on violent "high risk" inmates is linked to findings that these inmates appear to benefit *more* from intensive rehabilitation

efforts than lower risk inmates (such as non-violent drug offenders, for instance) who have traditionally been the targets of treatment interventions because they are generally perceived as more receptive and responsive to therapy (Andrews et al., 1990, in Correia, 2001). Indeed, recent research has demonstrated that appropriate, well considered correctional treatment programs can dramatically reduce chances of recidivism among the most challenging offenders, provided that programs are specifically matched with the needs of the inmate. Treatment can be dangerously counterproductive if it is *not* matched with the specific needs of the offender (Andrews et al., 1990, in Correia, 2001, p. 10). Another factor in the decision to focus this study on the needs of violent offenders relates to findings that they are at a greater risk of suicide than non-violent offenders (Towl & Crighton, 1998; Crichton, 2000, 2002, in Crichton, 2006), a point which will be addressed further later. These findings highlight the importance of creating, implementing and analyzing treatment programs which are specific and sensitive to the serious and complex therapeutic needs of violent offenders. This study aims to contribute to this goal.

The Psychosocial Profiles of Incarcerated Offenders

According to experts attempting to serve the physical and mental health needs of offenders, incarcerated males are at an extremely high risk of injury, disease, and death (Courtenay & Sabo, 2001, in Sabo, Kupers & London, 2001, p. 168). Mauer (2001) points out that ninety-four percent of inmates in North America are male with an average age of approximately 20 years old (Sabo et al, 2001, p. 49). According to Zimring & Hawkins (1995), these men are also usually poor and have drug and/or alcohol abuse issues (Stohr & Hemmens, 2004, p. 188). In Canada, 50% of all offenders are reported to

be high and/or intoxicated at the time of their offense, and 80% reportedly enter prison with substance abuse problems (Corrections Canada Statistics, 2003). The fact that drug abuse is so high among offenders means diseases such as HIV, hepatitis, and mental illness are prevalent within this population. According to an extensive Human Rights Watch report in 2003, the rate of mental illness in US inmates is up to four times that of the general population.

Pollock (1997) corroborates that offenders are generally young, single and under-educated members of minority groups (Stohr & Hemmens, 2004, p. 194). Minority populations are often the most vulnerable members of society, a factor that contributes to their high incarceration rates. In particular, minorities who are Black and Latino/Latina are over-represented in US prisons, while Aboriginal peoples are over-represented in Canadian prisons. Aboriginal populations in Canada are disproportionately affected by crises like fetal alcohol syndrome, alcoholism and substance abuse, factors predisposing them towards criminal behavior. Therapeutic interventions with the prison population must be sensitive to the socioeconomic, political and cultural complexities implicated by these findings. In this context, it is this author's opinion that the importance of heeding the warnings that treatment has proven to be counterproductive if it does not fit with the particular needs of the inmate (Andrews et al., 1990, in Correia, 2001, p. 10) cannot be overemphasized.

Developing therapeutic interventions that are culturally and gender appropriate is vital in light of the over-representation of minorities in prisons. To this end, there has been an effort to incorporate Native spirituality in some Canadian prisons through involving elders and healing lodges in order to serve the therapeutic needs of Aboriginal

offenders interested in traditional First Nations healing methods. In this author's experience, art therapy is especially suitable for Aboriginal prisoners who have maintained a connection with the traditions of their cultural heritage, which emphasizes arts and crafts and embraces creative and ritualistic healing methods.

There is still much work to be done in terms of addressing the particular therapeutic needs of minorities in North American prison populations. Rehabilitation programs will not be effective with minorities unless they address and understand the diverse cultural needs of these populations. According to Mals, Howells, Day & Hall, (2000) the importance of responding to the therapeutic needs of minorities is rarely considered in prison rehabilitation programs (in Lowenstein, 2002, p. 6).

Those who study and work with offenders recognize the brutal reality that for many inmates, prison is the end of a long and painful road rooted in a childhood full of the risk factors for a life of crime (Cassel & Bernstein, 2001, p. 321). According to experienced criminologists Glicken & Sechrest (2003), some of the complex psychosocial factors which contribute to violent behavior include early life trauma and abuse, brain damage due to head injury (often as a result of abuse), development of personality disorders related to genetics, early childhood attachment problems and social learning, drug and alcohol dependence issues, biochemical explanations including being an "adrenaline junkie" and social pressure such as gang involvement (pp. 238-239). It is crucial that those serving the rehabilitation needs of violent offenders show compassion towards them in light of evidence that, according to Glicken & Sechrest (2003) early life trauma is such a common experience in the lives of violent individuals that many mental health professionals believe this to be a major cause of violent behavior (p. 239). Violent

persons may harbor huge unconscious rage resulting from their abuse which is projected upon others as a way to release their profound pain and anger (Glicken & Sechrest, 2003, p. 239)

Suicide Rates within Incarcerated Violent Offender Populations

Contributing to the data supporting the need for more effective re-habilitation services for violent offenders is the finding that they are at a greater risk of suicide (Towl & Crichton, 1998; Crichton, 2000, 2002, in Crichton, 2006) showing nearly triple the suicide rate of non-violent offenders with the highest rates in males (US Bureau of Justice Statistics, 2000-2002). Although suicide rates have generally been decreasing in prison populations since the early eighties, recent statistics indicate the rate of suicide for incarcerated violent offenders, is 92 out of 100,000, which is nearly nine times that of the general US population (US Department of Justice Statistics, 2000-2002). Groth (1984) has suggested that the continual threat of sexual assault, which provokes great anxiety in many offenders, especially those who are new to prison, is considered to be one of the leading causes of suicide (Cassel & Bernstein, 2001).

Crichton's (2006) explanation for higher suicide rates in violent offenders suggests that because prisons highly control any expression of aggression directed at others, the chances that inmates' angry feelings will be turned inward on themselves is increased (p. 67). In summary, studies in both the UK (Crichton, 2006) and North America indicate that violent offenders are at a higher risk of suicide than other inmates and, consequently, rehabilitation efforts need to be directed towards dealing with this problem.

Female Offenders

Females make up a small percentage of all incarcerated offenders: 4% in Canada and 11% in the US (Corrections Canada Statistics 2003; US Dept of Justice Statistics, 2001). In spite of this, between 1980 and 2000 incarceration rates in females have increased more than sevenfold in the US (US Department of Justice Statistics, 2001) and surveys in the late 1990s suggest that growth rates in the incarceration of females are rapidly catching up with those of males (Day & Onorato, 1997, p. 128). This trend has been especially noted in juvenile offenders: young women "are the fastest growing segment of the juvenile justice population despite the overall drop in juvenile crime....[T]here [is] a trend toward more violent offenses" (Hartz & Thicke, 2005, p. 70).

Feminist criminologists are troubled by the lack of attention to issues surrounding female criminality, and point out that there has not been any outcry regarding increasing rates of female prisoners (Chesney-Lind & Pasko, 2004, p. 6). In support of this claim, a review of psychosocial issues of incarcerated women in North America found there to be very little research conducted on female offenders, and there is a major lack of services offered to them (M.I. Singer, Bussey, Song & Lunghofer, 1995, p. 103). Chesney-Lind and Pasko suggest that since there is such sparse literature on female offenders, there is not much guidance in terms of creating and implementing programs and resources to respond to the issue (2004, p. 9).

Like their male counterparts, most female offenders in the US have low education, substance abuse and/or mental health issues, have received inconsistent or no previous healthcare and have histories (or "herstories") of abuse. The majority of incarcerated female offenders in the US are single mothers of dependent children (Maeve, 1998, p. 2). In spite of the tremendous level of medical and psychological challenges that female

offenders face, as stated research regarding the health needs of these women is minimal (Maeve, 1998, p. 1). According to Cassel and Bernstein, (2001) the failure of prison programming to offer appropriate mental health, occupational, and other services that both male and female prisoners require increase the chances that they will continue to live lives of crime upon their release (p. 315).

This data underscores the need to develop sensitive and effective therapeutic interventions that serve the distinct needs of both male and female offenders. As mentioned, art therapy as well as CBT programs have been implemented in male and female prisons, and while it is well known that CBT is a valuable intervention in the rehabilitation of offenders, it is less well known that art therapy offers an effective treatment approach in correctional settings, especially in females prisons (Day & Onorato,1997, p. 134) The effectiveness of art therapy with female offenders in particular may relate to women's higher receptivity to therapy in general compared to men's. This difference is probably due to factors which include socialization.

The Prison Experience: A Culture of Violence

Surviving prison can be a harsh and intensely brutalizing experience for inmates, many of whom are abused both by prison guards and other prisoners. It is estimated that 63% of all sexual assaults that take place in prisons are not discovered by staff (Correia, 2001, p. 35). There is not clear legislation to protect the human rights of prisoners; in the US there are virtually no constitutional limits regarding harsh treatment of inmates (Cassel & Bernstein, 2001, p. 307). In their book describing the inmate experience, Stohr and Hemmens (2004) critique those prison environments which encourage harsh punitive justice, pointing out that reducing gender stereotyped approaches to male offenders is

essential in light of current studies on male victimization, which suggest that men in prison often victimize others in order to establish their manhood and regain a sense of control over their lives (p. 233). As chief psychologist of a correctional complex in Texas, Correia (2001), suggests that even the most aggressive inmates will often comply freely with prison staff whom they perceive to be trustworthy (p. 31).

The grim realities of prison life can breed a dangerous hostility and resentment towards society; by the end of their sentences many prisoners are consumed with a desire to retaliate through further criminal behavior (Cassel & Bernstein, 2001, p. 308). Supporting this claim, about two thirds of inmates will be re-arrested within three years of their release and 40% will be returned to prison (Cassel & Bernstein, 2001).

The need for effective and intensive rehabilitation programs in prisons is extremely important in order to deal not only with the problems inmates enter prison with, but also to offset the effects of environments which are extremely stressful and harsh and which reinforce the use of crime as a survival skill. As Cassel & Bernstein (2001) warn, chronic offenders who have spent long periods of time in prison can become dehumanized. When they are finally released, society often pays dearly for their wrath and pain (p. 312).

It is common knowledge that violence is the norm in many prisons (Johnson 1987, in Stohr & Hemmens, 2004), and surviving this potentially debilitating environment often *requires* an attitude of violence whereby inmates must be prepared to kill or risk their own death (Cassel & Bernstein, 2001, p. 310). According to Greenfield (1980), disturbing data reveals that more and more prisoners are requesting to be put in protective

custody, preferring to be locked up 24 hours a day rather than risking the danger of being killed or injured (Stohr & Hemmens, 2004, p. 204).

Super-maximum security facilities designed to isolate dangerous inmates in solitary confinement for up to 23 hours a day have been described by mental health professionals as pressing "the outer bounds of what most humans can tolerate" (Cassel & Bernstein, 2001, p. 305), and up to half of inmates in such facilities acquire severe mental disorders such as psychosis or major depression (p. 305). It is not surprising then that research by art therapists has established that the experience of incarceration "exacerbates the psychiatric disorder to which the offender is prone" (Fox, 1997 & Morgan, 1981, both cited in Bennink et al., 2003, p. 164). These findings make rehabilitation efforts aimed towards incarcerated violent offenders extremely challenging, and merit the attention of researchers and policy makers working in the field.

As previously noted, the current attitude in North America to "get tough" on crime, with its consequent penchant for punitive justice and revenge, combined with the burgeoning momentum of victim's rights movements has meant that public interest in rehabilitation and education initiatives for violent offenders, as well as dealing with the causes of crime, is increasingly being neglected (Cassel & Bernstein, 2001, p. 305). While desire for revenge is a natural human instinct in some cases, and the antagonistic attitudes that violent offenders evoke in the public are understandable, the reality remains that prisoners who have served hard time being raped, beaten up and brutalized often return to society with a vengeance, intending to inflict the suffering they experienced in prison upon others (Cassel & Bernstein, 2001, p. 311). Professionals in the field consistently emphasize the fact that the practice of punitive justice is not constructive and

that rehabilitation programs greatly benefit offenders as well as society at large (Cassel & Bernstein, 2001, p. 299). Research shows that a lack of empathy is reinforced (p. 312) in prisons. While a structured, controlled environment is necessary in order to facilitate the personal development that is needed to correct the profound deficiencies most violent inmates enter prison with, an atmosphere that is humane and supportive is also required. Sadly, a nurturing environment is the last thing that most prisons offer (p. 311).

The literature thus far has addressed the experiences of prison life and the psychosocial profiles and rehabilitation needs of violent offenders. This discussion will now turn towards examining rehabilitation efforts aimed at violent offenders. An overview of characteristics common to effective treatment programs for violent offenders will follow.

Characteristics of Effective Rehabilitation Initiatives in Prisons

According to Sherman, Gottfredson, Mackenzie, Reuter, & Bushway, (1997) the most effective rehabilitation efforts are those which focus on the following needs of violent offenders: 1) changing attitudes and thought processes that lead to criminal behavior; 2) providing education and job skills as well as family relationship skills; 3) increasing self-esteem and 4) combating substance abuse issues and the influence of criminal peers (in Cassel & Bernstein, 2001, p. 302). With regard to the second point, Gendreau (1996) observed that a major problem in prison programming is its lack of occupational development, suggesting that there needs to be an increase in such initiatives (in Lowenstein, 2002).

There is some controversy regarding the value of increasing self-esteem in certain violent offenders. Baumeister, Smart & Boden's (1996) research suggests that this is

contraindicated for highly psychopathic personalities due to their narcissistic disregard for others, which can increase when self-esteem is high (Correia, 2001, p.10). It has also been suggested by Harris, Rice & Cormier (1994) that treatment programs which attempt to develop empathy and social skills may teach inmates how to better manipulate and abuse others (in Correia, 2001, p. 11).

However valid these points may be, it is this author's position that the goals of developing self-esteem, social skills and empathy in violent offenders remains important, given that high ratings on psychopathic assessments are relatively uncommon even among violent offenders. The distinction between violent offenders who are diagnosed with antisocial personality disorder (APD) according to the diagnostic and statistical manual of mental disorders fourth edition (American Psychiatric Association, 1994, pp. 649-650), and those who are classified as highly psychopathic according to Hare's (1991) revised psychopathic checklist (PCL-R) is somewhat complex and can be understood as a matter of degree. Correia points out that while the majority of violent offenders would easily qualify for an APD diagnosis, much fewer would be assessed as psychopathic (2001, p. 75).

In their recent study of how to deal with incarcerated individuals more effectively, Bourke & Van Hasselt (2001) describe the importance of helping violent offenders to develop positive conversational skills, particularly in terms of communicating their anger, indicating that most violent people lack vital interpersonal tools (in Lowenstein, 2002). According to cognitive models, research has shown that angry people experience cognitive distortions such as perceiving neutral events to be directed at them personally, which from their viewpoint justifies an angry response (Dodge & Coie, 1987, in Leahy,

1996). Anger is also about externalizing blame and individuals who do this exhibit what is termed by cognitive psychologists as an "*egoistic bias*" (Leahy, 1996, p. 43), meaning that they attribute faults to others rather than themselves. Training in role taking and empathy development may help angry individuals to understand and modify these destructive cognitive distortions.

While many researchers recognize the prevalence and utility of CBT approaches in the rehabilitation of violent offenders, Lowenstein (2002) stresses the need to develop new rehabilitation approaches to therapy within the correctional system (p. 4).

The Value of Structure and Clarity in Treatment Programs for Violent Offenders

The chaotic nature of violent behavior and the lack of internal structure that most violent individuals possess means that therapy with this population must be as carefully structured and clear as possible (Glicken & Sechrest, 2003). These researchers remind us that because violence is so disorderly, violent individuals especially benefit from order in their lives (p. 261).

Experts in correctional psychology warn that in terms of group therapy, the high levels of defensiveness among violent offenders often leads to the expression of anger, and as such constructive dialogue in groups is minimal (Correia, 2001, p. 45). Correia supports Glicken & Sechrest's (2003) assertion that therapy with violent offenders must be very structured in order to be effective. He suggests that psycho-educational groups such as CBT are most useful in the prison environment because offenders tend to lack the empathy and insight emphasized in other therapeutic approaches (Correia, 2001, p. 45). Correia supports the value of clarity in therapy with this population, explaining that it is necessary to give as many concrete examples as possible to clarify concepts that are

discussed (p. 45). As CBT is a highly structured, directive and clear approach, many professionals support its usefulness in correctional programs.

Art therapists working in prisons also recognize the need for a more structured approach to therapy than what they might normally advocate in other settings. Helping offenders to develop a positive sense of internal order is one of the therapeutic goals of art therapy with offenders. With respect to her work in prisons, Baillie (1994) suggests that "art provides an analogy for inner work…[W]orking with [art] material[s] helps to establish a personal sense of order, and provides a symbol of [one's own] capacity for development" (p. 69).

In their work with juvenile offenders, art therapists Bennink, Gussak & Skowran (2003) emphasized the value of clarity and planning with this population, describing how using clear, straightforward steps facilitated their clients' success and decreased opportunities for frustration (p. 166). These art therapists advocated structured, directive, cognitive-behaviorally based interventions with this population, which were "chosen to help clients focus and learn to interact effectively in a social setting" (p. 166).

The above literature suggests that psycho-educational (CBT oriented) interventions rather than psychodynamic or non-directive humanistic therapeutic approaches may be more useful when working with violent offenders.

The therapeutic interventions of art therapy and cognitive-behavior therapies (CBT) both contribute to the rehabilitation of violent offenders in different ways. The remaining three chapters will explore CBT and its effectiveness with violent offenders, the advantages of art therapy with violent offenders and finally, the ways in which these two therapeutic modalities are complementary. The following chapter will describe some

fundamental concepts of CBT and then explain its usefulness as a therapeutic approach in correctional settings.

Cognitive-Behavior Therapies

"What a man thinks of himself – that it is which determines or rather indicates his fate" (Thoreau, as cited in Rosal, 2001, p. 210). Thoreau's remark suggests that the nature of one's thoughts have everything to do with the direction of one's life. This view is crucial to the cognitive therapy perspective.

It has been mentioned that cognitive-behavior therapies (CBT) are currently the most empirically supported and heavily researched therapeutic models (Cassel & Bernstein, 2001; J. L. Singer, 2006; Sudak, 2006). The value of CBT in the successful treatment of a variety of mental health problems is well established.

CBT, which gained its continuing momentum in the 1970s, combines principles from both cognitive and behavior therapies. The cognitive revolution in psychology was so influential that most behavioral therapists now integrate cognitive psychology in their practice (Rosen, 2000). Cognitive psychology emphasizes information processing, which involves understanding the way that information in the environment is "selected, focused, re-collected, recognized, and evaluated" (Leahy, 1996, p. 30) by individuals.

According to George Kelly (1955), one of the British innovators of cognitive psychology, the way an individual thinks reflects his or her own subjective *construction* of reality (Leahy, 1996, p. 11). From this viewpoint, cognition, perception and "moral rules" are created based on an individual's own subjective experience and are not universal, fixed, ideals (p. 11). The idea here is that an individual's problematic or unrealistic mental "constructions" of reality can be changed in order to serve them better.

Early skepticism towards Kelly's pioneering models of cognitive theory asserted it was an unnecessarily intellectualized approach that did not factor in unconscious

processes and motivations (Leahy, 1996, p. 13). These criticisms may have been related to the prevalence of psychodynamic and client centered (humanistic) therapies at the time, which tended to focus more on the individual's emotional and unconscious experience.

There are many different cognitive models, including those proposed by Ellis, Meichenbaum, Rehm, Mahoney and Beck, among others. Rosal (2001, p. 212) distinguishes CBT approaches by three categories: the cognitive restructuring therapies (Beck, 1976; Ellis, 1962 & 1970; Luria, 1961; Meichehbaum, 1974); the coping skills therapies (Kazdin, 1974; Goldfried, 1971; Meichenbaum, 1975) and the problem solving therapies (Mahoney, 1977; Spivak & Shure, 1974). Leahy (1996) explains how Ellis, originally a psychodynamically oriented therapist, developed rational emotive therapy (RET) in the 1960s, which preceded Beck's work and the "cognitive revolution" (p. 13). Beck's cognitive models are now generally considered to be the most comprehensive and concise because they have been most thoroughly researched and empirically tested (Leahy, 1996). Beck's models emphasize the "*structure of thinking* rather than simply the content of information" (p. 15). Like Ellis, Beck was originally a psychodynamic therapist.

Beck's pioneering work was a radical departure from the "motivational-affective core" (Rosen, 2000, p. 129) of the psychodynamic therapeutic approaches which were prevalent at the time. Psychodynamic models tend to emphasize unconscious motivations and internal conflicts resulting from early life experiences, while cognitive models focus on correcting biases in an individual's primarily conscious mental information processing (Leahy, 1996, p. 30).

CBT includes a wide variety of treatments for different problems all of which, according to Dobson & Khatri (2000), emphasize broad changes in an individual's behavior primarily through helping them to shift their perceptions, reflections and thought patterns regarding their life circumstances (Wilson, Allen Bouffard, & Mackenzie 2005, p. 173). CBT has been described as a psycho-educational approach (Rubin, 2001, p. 193) because of its emphasis on educating clients about problematic thinking patterns that lead to negative feelings and behaviors. Rosal (2001) suggests that pragmatism is the philosophical "core" (p. 212) of all CBT models. To this effect, Aaron Beck once remarked that if an approach works, it is cognitive therapy (Greenberg, 2000, p. 163).

A fundamental assumption of CBT posits that "it is not events per se but rather the person's assumptions, expectations, and interpretations of events which are responsible for the production of negative emotions [and behaviors]" (Beck & Emery, 1985; Clark, 1989, as cited in Loth Rozum & Malchiodi, 2003, p. 73). CBT advocates that individuals have learned to think in ways which lead to problematic behaviors and can therefore "unlearn" and replace these faulty thinking styles with cognitions which are healthier. Leahy (1996) has emphasized that cognitive therapy is not as much about positive thinking as it is about thinking realistically (p. 24.)

A client in CBT is helped to identify and change their problem thought patterns or *schemas* as they are termed by cognitive therapists. Cognitive schemas are mental "codes" that individuals use to categorize and understand their own as well as other people's experiences (Loth Rozum & Malchiodi, 2003, p. 73). CBT aims to develop a positive change in a client's "automatic negative thoughts" and "negative self talk"

(Hawton, Salkovskis, Kirk & Clark, 1989, as cited in Loth Rozum & Malchiodi, 2003, p. 73), terms referring to the unrealistic or unconstructive words that people spontaneously tell themselves (i.e. "I am incompetent" or "I can't quit smoking"). Changes in internal speech and automatic thought patterns theoretically lead to changes in behavior.

Although CBT approaches are sometimes criticized as depersonalized, "quick fix" solutions to psychological problems, the philosophical constructs on which these models are built strongly emphasize subjective experience:

> In a sense, the cognitive therapist assists the patient in 'deconstructing' his [or her] experience. Just as the deconstructionists might argue that the meaning of a text is in the reader (Derrida 1973), the cognitive therapist assists the patient in recognizing that the meaning of experience is in the perceiver. (Leahy, 1996, p. 12)

This statement counters notions that CBT approaches are overly rational, mechanistic, and impersonal.

Fundamental Principles of CBT Models

There has been a great deal of literature written about CBT, and many researchers and clinicians have contributed to this model, making a definitive description complex. According to Leahy (1996, pp. 50-57) cognitive behavioral approaches to therapy share the following core concepts:

1) Focus on current behavior and conscious thought (p. 50).

A common misconception of CBT is that it doesn't deal with changing and addressing underlying feeling states and in this sense is overly rational; however,

the assumption in CBT counters that changing thoughts and behaviors is an effective way to simultaneously produce a change in feelings (p. 50).

2) "Present time orientation" (Leahy, 1996, p. 51).

CBT examines and emphasizes the current moment in a patient's life, rather than his or her past and early development. The patient's history is taken into consideration, but unlike psychodynamic approaches, is not an instrumental aspect of treatment. Leahy has clarified that CBT is less concerned with figuring out *why* a person is the way they are and is more focused on *what* a person must do in order to change (p. 51).

3) Short term therapy (Leahy, 1996, p. 51).

This makes CBT cost effective, and encourages an attitude of independence in the patient. Brief treatment (usually approximately 20 sessions or less) sends the message that a patient can learn to solve their problems independently in a short period of time if they really commit to it (p. 51).

4) Emphasis on specific measurement (Leahy, 1996, p. 51).

Rather than describe a patient as depressed, for example, CBT approaches clarify the nature of the depression in specific terms, i.e. 'this patient has a score of 25 on the Beck Depression inventory with elevations in hopelessness, self-criticism, and loss of interest in other people'" (p. 51).

5) "Accountability" (Leahy, 1996, p. 51).

An extension of the aforementioned emphasis on measurement, the emphasis on accountability in CBT applies measurements to indicate and evaluate the helpfulness and progression of therapy. In this way CBT encourages scientific

rigor in its strategies, which enables both therapist and client to be clear about and accountable for what is happening in sessions. Patients are often asked for feedback and to develop a "therapeutic 'contract'" (p. 52) which is used to guide and clarify the goals of therapy.

6) "Collaboration" (Leahy, 1996, p. 52).

Clients are asked to be active participants with their therapists during treatment, giving feedback, engaging in homework assignments which contribute to therapeutic goals, and communicating about modifying aspects of their treatment when necessary (p. 52).

7) Didactic approach (Leahy, 1996, p. 52).

Although clients are asked to collaborate with their therapists, CBT is also a didactic approach (p. 52). This means the therapist acts as a teacher, helping a client to educate themselves and learn about their thought and behavior patterns in order to change them. The therapist provides problem solving techniques and exercises while modeling for the client a healthy way to behave, manage and think through problems (p. 52).

8) "Fostering Independence" (Leahy, 1996, p. 53).

As mentioned earlier, the short term nature of most CBT interventions encourages independence through teaching clients how to transform problems expediently on their own. Through helping clients to grow conscious of problematic cognitions, learn coping skills that are practiced in homework assignments, and generally become proactive, the goal of CBT is to empower clients to manage their lives by themselves. Advocates of CBT believe that sometimes longer term therapies

encourage transference relationships and may create unhelpful dependence on a therapist (p. 53).

9) "Consumer model" (Leahy, 1996, p. 53).

Cognitive therapy views the patient as a consumer of a service, and as such a client is given as much information as possible beforehand about what will be required in therapy, facilitating an informed choice where both the costs and benefits of treatment have been understood before treatment begins. It is explained to clients that treatment of pathologies may cause discomfort and anxiety initially (p. 53). Clients are educated about what they are getting into so that any "mysteries" about the therapeutic experience are clarified. A contract may be drawn up outlining the course and agreements of treatment.

10) "Targeted symptoms" (Leahy, 1996, p. 53).

In CBT specific symptoms are targeted in order to bring about changes in "behaviors, thoughts, feelings, and interactions" (p. 54), emphasizing measurable changes in symptoms rather than "vague improvements" (p. 54). CBT is sometimes criticized for being overly reductive, rational and calculated in this sense, but advocates believe even complex psychological problems can be broken down, evaluated and managed.

11) "Rejection of Symptom Substitution" (Leahy, 1996, p. 54).

There is an assumption in CBT that through symptom reduction or elimination in one area, negative symptoms in other areas will also be reduced (p. 54). In other words, this means that the underlying problem giving rise to negative symptoms will be improved through reducing its symptoms.

12) "Emphasis on continuous change" (Leahy, 1996, p. 54).

Patients are expected to "rehearse" (p. 54) changing behaviors and to continually be mindful of this both in and out of therapy through constantly adapting what is learned in each session to their daily life. The rewards and skills gained by doing this act as reinforcements. Like learning a new language, one must continuously practice until the new language is acquired. CBT is intended to be directly and immediately applied.

13) "Rejection of 'readiness for change'" (Leahy, 1996, p. 54).

In CBT, the notion that a person will only change when ready is generally not accepted. The idea instead is to *challenge* entrenched cognitive patterns that cause problems, including the idea that one must be ready to change in order to do so. The client in CBT is encouraged to try out new behaviors and cognitions even if this is uncomfortable at first (p. 55).

14) "Challenging the patient's position" (Leahy, 1996, p. 55).

Similar to the point above, CBT challenges clients to test old habits and try out new beliefs and behaviors in order to learn more helpful alternatives, even when this is uncomfortable. The assumption is that change is rarely easy but that challenging ones beliefs can lead to better alternative solutions (p. 54).

15) "Problem solving focus" (Leahy, 1996, p. 55).

Patients in CBT are expected to embark on goal directed progress, which may involve breaking problems down into focused, manageable parts. Therapy depends on clients' actively learning to think and do things differently. It is not

primarily an opportunity for complaining and venting or gaining sympathy (p. 55), although this may be necessary and therapeutic at times.

16) "Use of treatment plans" (Leahy, 1996, p. 55).

As mentioned, detailed treatment plans and personalized experiments may be used to help assess, develop and remind clients of helpful strategies for change. For instance, in a case of panic disorder, a treatment plan might include gradual exposure to a feared stimulus, identification of distorted thoughts around the fear, and teaching relaxation techniques to help conquer symptoms (p. 55).

17) "Continuity across sessions" (Leahy, 1996, p. 56).

Using organized and sequential treatment plans that are regularly modified and adapted as treatment progresses enhances consistency and effectiveness as well as a sense of clarity and security around the therapeutic process for both client and therapist.

18) "Demystifying therapy" and "requesting patient's feedback" (Leahy, 1996, p. 56).

Applying the straightforward and structured approaches mentioned and discussing the effectiveness of these treatment plans openly with patients, modifying them according to feedback, 'demystifies' therapy, making it less threatening (p. 56).

19) "Empirically based treatments" (Leahy, 1996, p. 57).

As mentioned, CBT is currently the most heavily researched therapeutic treatment. Interventions are based on a solid and impressive body of empirical and anecdotal evidence (p. 57).

The Application of CBT Approaches in Therapy with Violent Offenders

The dominant model in the treatment of violent offenders is cognitive-behaviorally oriented. According to Andrews et al. (1990), CBT is widely recognized as an essential part of successful correctional treatment (Wilson, Allen Bouffard, & Mackenzie, 2005, p. 173). As described, the rationale behind CBT indicates that the way an individual behaves is primarily determined by the way he or she thinks (Samenow, 2004, p. 14). Distorted cognition is common among chronic offenders (Beck, 1999). The idea that violent offenders think very differently from the rest of us (Samenow, 2004, p. 14) relates to the effectiveness of CBT with this population.

Faulty cognitive patterns commonly emphasized in CBT according to Beck (1967) include "all or nothing thinking, overgeneralization, selective negative focus, arbitrary inference, negative prediction and personalization" (as cited in J. L. Singer, 2006, p. 106). Thought distortions common among chronic offenders include "self justificatory thinking, misinterpretation of social cues, deficient moral reasoning, and schemas of dominance and entitlement" (Lipsey, Chapman & Landenberger, 2001, ¶ 8). CBT aims to help individuals identify, restructure, and eliminate distorted thought patterns and negative mental schemas (Loth Rozum & Malchiodi, 2003). Offenders are taught concrete skills to help them learn to think in realistic, constructive ways, theoretically leading to pro-social behaviors. The highly structured, educational approach of CBT, requiring clinicians to be directive and actively involved in the therapeutic process (Loth Rozum & Malchiodi, 2003, p. 74) is advocated by many criminologists as a safe and useful strategy in the treatment of violent offenders.

The short term nature of CBT is appropriate for offenders, given that they often either do not stay in treatment long enough or have the patience and self- reflective capacities to gain from more time consuming, insight oriented approaches. Furthermore, because of its structured and goal oriented style, the outcomes of CBT are comparatively straightforward to measure which makes these models appealing to sources of funding in the current climate of "cost containment" (Rubin, 2001, p. 193) within health care systems. As correctional programs usually operate under limited budgets, funding for rehabilitation programs is a major consideration.

Further research is urgently needed in evaluating efforts to treat the challenging therapeutic needs of violent offenders (Polaschek et al., 2005, p. 1624). The department of corrections in New Zealand recently developed a high intensity CBT program for violence prevention in high-risk offenders. A recent evaluation of this initiative demonstrated that several different cognitive-behavioral approaches to the rehabilitation of violent offenders reduced recidivism. Specifically, those described as "multifactorial" (p. 1613), meaning that they attempted to address an individual's cognitive as well as emotional, cultural, and interpersonal needs (Polaschek et al., 2005, p. 1613), have been correlated with the greatest treatment effects. This indicates that CBT programs which address a *variety* of offender rehabilitation needs, rather than targeting just one area, are most effective. This research suggests the usefulness of integrating or simultaneously offering different but compatible treatment programs in order to meet the diverse therapeutic needs of violent offenders. Combining CBT and art therapy methods is one such example.

The next chapter will elaborate upon the advantages of art therapy as a treatment approach in the rehabilitation of violent offenders.

Advantages of Art Therapy with Offenders

Anthony Papa, a man sentenced to 15 years to life in prison in New York in the eighties, describes a moment in the therapeutic experience of art making which he claims saved his life:

> Had I not had my art, I would have screamed. Instead, I grabbed an 18 by 24 inch canvas and started to draw. A strange feeling came over me: instead of despair, I felt the energy of rage. I was desperate to capture the moment and to recreate on canvas the haunting vision of myself. I drew with focused detachment, a kind of existential awareness I'd never before experienced (Papa & Wynn, 2004, p. 98).

Art therapy is a valuable resource in the treatment of violent offenders. The following chapter will explore why this modality offers a powerful and unique approach in correctional settings by elaborating upon the following points: 1) art making offers violent offenders safe outlets for the anger and pain which characterize prison life; 2) art therapy has been shown to increase offenders' insightfulness, simultaneously helping therapists to better understand their needs (Liebmann, 1994); 3) the creative impulse offers an enriching and healing counterpoint to the destructive impulse of violence; 4) art therapy as a non-verbal intervention bypasses inmates' verbal resistance to treatment and is therefore less invasive and threatening (Bennink et al, 2003; Gussak, 1997); 5) an art object is able to act as a "container" (Leclerc, 2005, spoken communication) for the painful material projected into it while serving as a permanent record of expression; 6) art therapy facilitates what Jung (1949) described as "psychological maturity" (as cited in Simon, 1992, p. 197); 7) art therapy increases self-esteem; 8) art therapy is a valuable treatment approach in healing trauma, which is prevalent in the lives of violent offenders;

and finally 9) creating artwork as a way to depict and integrate the internal conflicts many violent offenders experience can help to decrease this inner conflict (Haeyen, 2004, in Smeijsters & Cleven, 2005).

Art Therapy as a Healthy Outlet

Art therapy allows for the cathartic and healthy transformation of negative emotion, as evidenced in the experience of a juvenile offender: "the drawing became a non-verbal means of releasing and sublimating his anger… [H]e had been unable to do [this] verbally or cognitively" (Bennink et al., 2003, p. 168). In art therapy violent offenders have the opportunity to learn how to express their feelings through the medium of art in order to learn how to better control anger (Bennink et al., 2003). In her extensive experience as an art therapist working with female offenders, Merriam (1998) described how art therapy offered prisoners a positive and structured outlet for difficult emotions.

The prevalence of sports and weight lifting in prisons (Sabo, 2001) reflects the vital need for expressive outlets whereby inmates can safely release explosive rage and frustration from their minds and bodies (Sabo, 2001, p. 63). Art therapy helps offenders to channel potentially dangerous negative energy and the frustrations of prison life in a constructive way, encouraging an acceptable form of self-expression (Bennink et al., 2003, p. 163). It is vital that therapy help violent offenders learn ways to communicate their experience in non-aggressive ways.

Art Therapy as a Tool in Facilitating Insight

According to experienced art therapist Marian Liebmann (1994), art therapy can help therapists to better understand offenders while simultaneously enabling offenders to understand themselves. Multiple authors (Gussak, 1997; Gussak & Cohen Liebmann,

2001; Gussak & Virshup, 1997 and Liebmann1996a, 1996b and 1998), have found that art therapy facilitates offenders' insights regarding their personal thoughts, values, feelings and actions as well as those of others (in Smeijsters & Cleven, 2005, p. 42).

Creativity as a Counterpoint to Violence

The creative impulse nurtured through art therapy is especially healing for violent offenders because creativity provides a valuable counterpoint to violence. While violent behavior is associated with death and destruction, creativity implies birth, life, re-invention and renewal. According to Malchiodi (1997), art therapy has a "unique role in the amelioration of violence and its effects. The very nature of image making makes it a powerful means of eliciting and dissociating painful and frightening images from the self" (as cited in Phillips, 2003, p. 234).

The Particular Value of the Non-Verbal Aspects of Art Therapy in Work with Offenders

Conducting art therapy with incarcerated offenders is different than with other populations. The strict codes of conduct essential to survival in prisons create a distinct therapeutic context. For instance, while it may be appropriate in other therapeutic settings to encourage clients to disclose and share their feelings verbally during group therapy, to encourage this in an inmate may not always be wise (Gussak, 1997). Prisoners inhabit harsh environments where they must learn to behave in ways that do not make them vulnerable, lest they risk exploitation and victimization by other inmates or sometimes even staff. Therapists must understand that inmates may put themselves at risk in the prison environment if they break down their protective defense mechanisms and reveal too much about themselves verbally. Furthermore, an inmate may become angry if a therapist tries to dismantle his or her defenses (Gussak, 1997), as this may be perceived

as dangerous and invasive in the atmosphere of distrust and fear that characterize prison life.

Inmates tend to develop strong defenses in order to cope with their difficult circumstances, and may learn to use verbal communication not to reveal but to distance, divert, and deceive others and themselves in the interest of self-preservation. However, most inmates (artists perhaps being the exception) are not as adept at this kind of manipulation through visual modalities because their visual language is not as complex nor as consciously developed as their verbal language.

Bearing the above in mind, art therapy is a particularly helpful intervention in prisons because visual imagery often speaks for itself, bypassing verbal defense mechanisms such as dishonesty and manipulation (Gussak, 1997, p. 2; Bennink et al., 2003, p. 163). Because inmates lack trust they tend to be verbally cautious; they may allow themselves to be more expressive when working with art materials (Gussak & Cohen-Liebman, 2001, p. 128).

In summary, a true expression of the internal experience of an incarcerated individual is more likely through the non-verbal medium of art. The visual image transcends verbal communication, enabling inmates to express themselves on a deep and meaningful level while still remaining relatively "safe" in that they are not left feeling over-exposed by revealing too much verbally (Gussak, 1997). According to Gussak, "because people do not know how much they reveal when they draw their pictures, they don't defend against their revelations. Since the patient is unaware of his [her] disclosures and is not compelled to discuss them, he [she] is not left feeling vulnerable" (1997, p. 2). Furthermore, given that offenders may not be verbally equipped to express the

complexity of their experience adequately because of poor education, illiteracy (p. 2), low confidence, traumatic experiences, or resistance to therapy, interventions that are not exclusively verbal are potentially invaluable in this setting.

Art therapy is able to access "concrete, non-verbal responses [that] no verbal therapy can reach" (Gussak, 1997, p. 2). According to Kramer (1958), the unique process of art therapy leads to the expression of highly complex material not accessible to communication through any other means (in Gussak, 1997, p. 2).

Using Art Therapy to Contain Painful Material

Figuratively speaking, a client's anxieties and emotions can be securely "held" or contained within the physical boundaries of art created in therapy (Leclerc, 2005, spoken communication). The art object remains separate, allowing a patient distance from his or her potentially painful visual expression. A sense of release, structure and manageability are implied by externalizing painful experiences through temporarily placing them safely "outside" of the self. The artist is literally able to remain separate from their artwork until ready to approach it. Thus, difficult situations and emotions can be projected onto the artwork in order to decrease pain while facilitating a different and perhaps more objective exploration of the experience.

The tangibility of the physical artwork can act as a record of an individual's presence and experience, unlike the words in verbal therapy which can easily "disappear" into the atmosphere just as quickly as they are spoken. This aspect of art therapy offers the individual a sense of permanence and security. The artwork can be viewed again and again, and can be used to vividly conjure and work with whatever was projected into it. Through its visible depiction of an individual's inner experience, an artwork gives form

and order to difficult feelings such as turmoil and confusion, offering its creator a sense of clarity and control. The above qualities of art therapy may be especially powerful and therapeutic for those incarcerated offenders who have endured a chaotic, transient and unstable life.

Facilitating "Psychological Maturity" Through Creative Process

Art making allows inmates a healthy "diversion" from the painful and numbing experience of prison life while encouraging individuals to develop and learn about their deep, unique, internal resources. This opportunity potentially offers prisoners a sense of positive personal agency and internal liberation:

> When a patient has seen once or twice how he is freed from a wretched state of mind by working at a symbolic picture, he will thenceforward turn to this as a means of release whenever things go badly for him. In this sense, something invaluable is won, namely a growth of independence, a step towards psychological maturity. (Jung, 1949, as cited in Simon, 1992, p. 197)

The psychological maturity Jung describes is a worthy goal vital to any therapeutic endeavor, even if it is an ideal that not everyone is able to attain. Anthony Papa supports the value of Jung's statement when explaining his own creative experience in prison:

> Something about the process energized me. I stayed up all night trying to paint a landscape...I struggled but the challenge invigorated me. I fell in love with the explosive process, watching the colors bleed onto the surface of the canvas and waiting for the piece to come together...I needed to paint to keep alive....I began

> to see myself as an artist....I wanted to use my art as a tool to raise awareness, not simply to provide enjoyment. (Papa & Wynn, 2004, pp. 89-97)

The development of artistic skill can provide a prisoner with a sense of mastery and personal achievement. Creating art requires sensitivity, which is associated with tenderness and humanity. Because of art's historical association with beauty, the sacred, and the divine, the arts are often valued as sophisticated and awe-inspiring. When any individual creates a personally meaningful, authentic artwork, it is an act of beauty, no matter how humble. Such an experience is healing and restorative. To this effect, Rollo May (1985) has observed that "everyone's creative acts, whatever they may be, make constructive form out of the apparent formlessness of our lives" (as cited in Malchiodi, 2007, p. 63). On a symbolic level, the creative experience can illuminate an individual's potential to find a way out of existential darkness, as the words of Anthony Papa express.

While not all offenders are as articulate about or interested in their creative expression as Anthony Papa, this heartfelt testament from a man who experienced incomprehensible pain while incarcerated conveys the liberating and potentially healing capacities of the creative experience in a dehumanizing and barren environment.

The Role of Art Therapy in Developing Self-Esteem within Offenders

The strong correlation between criminality and low self-esteem is well known (Hartz & Thick, 2005, p. 70; Reasoner, 2002). Violent offenders generally have very low self-worth (Glicken & Sechrest, 2003). Steffenghagen & Burns (1987) concluded from their research that the psychodynamic explanation at the root of all deviant behavior is low self-esteem. It has been widely documented that creative expression, which is encouraged and channeled through art therapy, is positively correlated with high self-

esteem: "the higher our self-esteem, the stronger our drive to express ourselves, reflecting our sense of richness within. The lower our self-esteem, the more urgent our need to forget ourselves by living mechanically and unconsciously" (Branden, 1995, p. 6).

Prison life often epitomizes the mechanistic experience described above by Branden (1995). For the most part, violent offenders are treated impersonally, and individual creative expression is discouraged for security purposes. It is a grievous irony that while violent offenders should be learning to become *more* humane throughout the course of their "penitence" they often become increasingly numb and insensitive in prison. The pain of incarceration is inherently desensitizing, which is precisely why the creative experience of art therapy can be so revitalizing in this environment.

Clinical observations suggest that "art therapy develops mastery, builds social connection, and evokes greater social awareness…[A]rt therapy cultivates these factors, crucial in raising self-esteem" (Hartz & Thicke, 2005, p. 78). In their work with art therapy and incarcerated women, Ferszt, Hayes, DeFedele & Horne (2004), found that "the experience of creating increased women's self-esteem and sense of competence" (p. 198). Riches (1994) suggests that art programs in correctional settings improves the dehumanizing effects of prison life by offering inmates opportunities for "personal development, self-esteem and a small degree of autonomy" (p. 79) in a bleak, homogeneous environment. In the words of an inmate who served time with Anthony Papa, creating art in prison "may not change the system, but (you) can change yourself, how (you) see things…recreate the people and world around you" (Papa & Wynn, 2004, p. 106).

When an offender courageously takes a risk in his or her therapeutic process by attempting to generate creative solutions to negative patterns, there is an opportunity to overcome a challenge, solve a problem, and in turn gain a degree of confidence. As described by Riches: "the taking of risks is intrinsic to the art process; an artist must be able to tolerate the threat of inner chaos, fragmentation [and] loss of identity if there is to be a chance of a positive outcome in his efforts" (1994, p. 82). It is empowering to creatively resolve something one is grappling with, however humble the effort may be. The struggle towards personal mastery and accomplishment through an artistic process contributes towards building self-confidence and a sense of trust within inmates (Riches, 1994, p. 86), and is an opportunity for the therapist to be supportive. This is very important for the many offenders who have low self-worth and who often feel they have nothing valuable to say, fearing that their work will be criticized or ridiculed (Riches, 1994). Support from the therapist in these vulnerable moments enhances the therapeutic alliance that is vital to any therapeutic endeavor.

Those art therapists who work in prisons recognize the valuable humanity that the arts bring to the treatment of offenders. Research demonstrates that art therapy with female offenders has been shown to evoke self-awareness and successfully engage depressed and isolated individuals, helping them to relieve their feelings of desperation and loneliness (Strait, Day & Onorato, 1989, in Merriam, 1998, p. 159). Peaker & Vincent (1989, 1990) outline the therapeutic benefits of art in prisons related to self-esteem, including "encouraging choices and decisions, increasing self-respect and self-esteem, developing self-awareness and understanding, channeling emotions in a

constructive way, concentrating, and making an effort…" (as cited in Liebmann, 1994, p. 7).

Finally, generating positive feedback from others as a result of creative expression offers positive reinforcement to prisoners used to being defined only by their negative actions. An inmate's experience of being reviled is poignantly captured by Anthony Papa (2004): "I felt like a wild animal. People looked at me in disdain. I felt ashamed and hung my head. This feeling of disapproval, part of the prisoner stigma, gets stamped into your soul. Even when you're free, it stays" (p. 95). The creation of constructive, meaningful art work offers an empowering and life affirming experience for violent offenders who are depressed and disillusioned. The opportunity for inmates to reflect on and discuss their art work in a therapeutic setting and get feedback from others increases their self-esteem (Smeijsters & Cleven, 2005, p. 43).

It is important to clarify once more that as previously explained, not all violent offenders benefit from positive attention leading to increased self-esteem. Therapeutic interventions must be carefully considered for highly psychopathic personalities, as efforts towards increasing self-esteem are sometimes contraindicated (Correia, 2001, p. 10). However, it is safe to say that for the majority of offenders positive attention can lead to a healthy improvement in self-worth, which contributes to the healing process.

Treating Trauma in Violent Offenders Using Art Therapy

Art therapy has proven to be uniquely effective in treating trauma. Traumatic experience is prevalent in the lives of violent offenders (Glicken & Sechrest, 2003). Lavergne (2004) found that 80% of adjudicated female juvenile offenders suffered from symptoms of post traumatic stress disorder (PTSD), which is supported by the American

Correctional Association's findings that 62% of female juvenile offenders reported repeated significant abuse since childhood (in Chesney-Lind & Pasko, 2004, p. 25).

Recent research explains the effectiveness of using art therapy to treat PTSD. As Malchiodi (2003) describes, traumatic experiences are usually repressed within a person's implicit (unconscious) memory. According to Naumberg (1966), the creative process of art therapy can facilitate the expression of unconscious experience through images (Vick, 2003, p. 9), which suggests that art therapy can help traumatized individuals to become conscious of, explore, make meaning of, integrate, and generally process repressed, previously inaccessible material (Malchiodi, 2003, p. 21). Art used as a therapeutic form of communication and exploration is less intrusive and threatening for traumatized offenders who cannot or do not wish to verbalize their personal circumstances (Merriam, 1998).

Integrating Tension and Conflict within the Frame of Creative Experience

It is possible to integrate paradox and conflict within an artwork, both formally and figuratively speaking. Compelling and richly developed artworks are multifaceted, and as such involve the integration of contrasting elements which convey an artful balance between the dichotomies of tension and harmony. It is obvious that the lives of violent individuals are often rife with external conflict (Glicken & Sechrest, 2003). In this author's experience, it is perhaps less obvious that many violent individuals are also very conflicted internally, experiencing discordant feelings of low self-worth combined with narcissistic disregard for others, moments of deep remorse as well as feelings of anger and persecution, the simultaneous fear of and desire to change, and so on. In this context the concept of integrating conflicting elements within a creative experience through

resolving an art work is highly relevant. The following quotation describes the unique ability of art to contain and celebrate polarities:

> The experience of art can help you build a creative friendship with the negative. When you stand before a painting by Kandinsky, you enter the church of color where the liturgy of contradiction is fluent and glorious. When you listen to…Rachmaninov's piano concerto in d minor…you experience the liberation of contradictory forces that at every point threaten and test the magnificent symmetry that holds them. (John O'Donohue, 1998, p. 116)

The creative impulse essential to any artistic process yields the potential to contain and unify complex polarities and thereby to metaphorically re-frame difficult and painful inner conflict. Haeyen (2004) supports this idea, explaining that "it is possible for patients to express emotional polarities in art, and gain insight into inner contradictions…It is possible to integrate these contradictions in a work of art and decrease aggressive and destructive impulses" (as cited in Smeijsters & Cleven, 2005, p. 41).

In summary, as celebrated innovator George Lois reminds us: "creativity can solve any problem. The creative act, the defeat of habit by originality, overcomes everything" (http://www.quotationspage.com/quotes/george_lois). The healing and unifying potential of the creative impulse harnessed through art therapy is a powerful modality in the rehabilitation of violent offenders.

CBT and Art Therapy: Points of Convergence

Thus far, this paper has explored the experiences and profiles of incarcerated violent offenders, their therapeutic needs, and the value of both art therapy and CBT in terms of their rehabilitation. In different ways, CBT and art therapy aim to restore the humanity of violent offenders through helping them develop their positive creative potential in order to facilitate new ways of thinking and feeling leading to better problem solving, self-awareness, and improvement in self-esteem. The remainder of this study will focus on the many connections between art therapy and CBT and the ways in which they are compatible in the treatment of offenders.

This chapter will begin with a discussion of how CBT increasingly encourages the integration of various methods of psychotherapy, supporting the use of art therapy within its paradigm. A description of the ways that CBT and art therapy have been viewed as antithetical will follow. A discussion of the importance of creativity in both art therapy and CBT will tie into an explanation of Aina Nucho's (2003) psychocybernetic art therapy approach, which incorporates aspects of the cognitive model in a creative way. Imagery as an essential aspect of cognition is a major focus in psychocybernetic art therapy, which will lead into a discussion of the role of imagery in psychotherapy. The use of imagery techniques are features of both CBT and art therapy: CBT uses mental imagery while art therapy incorporates the creation of tangible images. Finally, an exploration of the parallels between CBT and art therapy describing specific CBT interventions enhanced by art therapy will concretize the connections between these two approaches. The chapter shall conclude with an overview of CBT oriented art therapy

programs in prisons in the Netherlands according to the extensive research of Smeijsters and Cleven (2005).

CBT: Encouraging "Technical Eclecticism"

Cognitive-behavior therapy continues to move in a direction which encourages integrating various therapeutic approaches. As Rosen (2000) explains, Beck's most recent work in cognitive therapy advances a position which:

> If adopted, would creatively transform the landscape of the entire psychotherapy domain. This is the potent conception of cognitive therapy as an integrative mechanism extending across all extant schools of psychotherapy. There is in this view an assumption that...the common factor threading its way across all psychotherapies is the operant change mechanism of modifying maladaptive cognitive processing and content. (Alford & Beck, 1997, as cited in Rosen, 2000, p. 131)

From this perspective, Rosen concludes that CBT advocates "technical eclecticism" (p. 131); in other words, interventions from many psychotherapeutic models may be incorporated in CBT clinical practice (p. 131).

Based on the viewpoint above, art therapy can be understood as a welcome addition when offered as an adjunct to or integrated within CBT programs, providing its goals and methods are compatible with the cognitive-behavioral model. The following pages describe the many ways that art therapy and CBT are compatible.

Art Therapy and CBT: Bridging a Gap

Cognitive-behaviorally oriented art therapy approaches are under-represented within current art therapy literature (Rosal, 2001). Although there are certainly art

therapists who employ aspects of the cognitive-behavioral model in their practice (including Camic, 1999; Malchiodi, 2001; Nucho, 2003; Rosal, 1992, 1993, 2001; Silver, 1973, 1996, 2000 and Steele & Raider, 2001), CBT has generally not been perceived as compatible with art therapy. Author and art therapist Randy Vick (2003) observes that because they tend to be perceived as mechanistic, psychological models like CBT that emphasize learning are not popular among art therapists (p. 11). According to Elkins and Stovall (2000) just 2% of art therapists surveyed endorsed cognitive and behaviorally oriented approaches to art therapy as compared with 21% who endorsed an "eclectic" approach, 27.6% who endorsed psychodynamic approaches, and 2.9% who endorsed humanistic approaches (Vick, 2003, p. 11).

Rubin (1999) has suggested that art therapists tend to be more comfortable with intuitive approaches to therapy rather than those such as CBT which are more science based, intellectual and highly directive. She asserts that perhaps art therapists "as artists…tend to pride themselves on their innate sensitivities, and tend to be anti-authoritarian and anti-theoretical" (as cited in Vick, 2003, p.10). Loth Rozum and Malchiodi (2003) describe CBT as a very intellectual approach that emphasizes logical cognition and relies on clear questions and solutions (p. 74). CBT is a science based approach that is sometimes perceived as being overly rational, limited in depth and less sensitive to the emotional aspects of a patient's problems. James (1890) suggested that a weakness of scientifically minded psychologists is their tendency to study phenomena as discrete entities instead of examining their interconnectedness (in Nucho, 2003, p. 46).

Malchiodi (2003) points out that art therapists have generally resisted associations with science (p. 16), although this is changing. Recent scientific research is

establishing the ways that images impact cognition and can induce a physiological sense of well-being in patients (p. 16). Kaplan (2000) explains that neuroscience will provide a valuable resource in establishing how art therapy works and why it is such a potent approach (in Malchiodi, 2003, p. 17). Nevertheless, differences between arts based therapeutic approaches and scientifically oriented methods may explain any hesitations between proponents of CBT and those of art therapy.

The Importance of Creativity in both CBT and Art Therapy

While art therapy seeks to channel the creative impulse in the interest of therapeutic change, cognitive therapist Ruth Greenberg acknowledges that CBT is sometimes criticized as an impersonal approach advocating a set of technical procedures (2000, p. 163). She points out that CBT practitioners are known for their pragmatism (p. 163) and as such are not necessarily known for their creativity. Because creativity transcends rational cognitive processes (Kuehlwein, 2000, p. 179) it is not generally associated with the logical methods of CBT.

However, Greenberg (2000) argues that CBT embraces creativity, asserting that learning to think in new ways is an inherently creative process (p. 163). Cognitive-behavioral therapists Mooney & Padesky (2000) support Greenberg, stating that the most powerful source of change in therapy is a client's potential for creativity (p. 151). These therapists encourage practitioners of CBT to channel their own as well as their clients' creativity in therapeutic practice. Beck, a highly creative man himself, described psychotherapy as largely an "*art* of persuasion" (Greenberg, 2000, p. 165) and encouraged creativity within his cognitive model. CBT aims to develop flexible, creative

thinking skills which lead to innovative problem solving. Thus an emphasis on creativity is a feature of both art therapy and CBT.

Creativity can be understood in many ways, one of which involves presenting material in a novel way to enhance and clarify information, thereby increasing its impact. According to Newman (2000) an excellent example of applying creativity to CBT involves the use of imagery (p. 136). Other creative techniques employed in CBT might include adapting a cognitive principle so that it has a more affective or physiological impact through role-play. Beck recognized that effective cognitive therapy relies on the abilities of patients and therapists to move past exclusively verbal interventions and develop auditory and visual imagery methods (J. L. Singer, 2006, p. 107). This would suggest that art therapy could be a compatible addition to the cognitive approach.

In terms of understanding the creative process, Epstein (1994), explains two types of systems of knowing in the human brain: the experiential and the rational. The rational system is more linear, analytical, logical and verbal. The experiential is "more intuitive and emotional… more closely linked to fantasy, metaphor, narrative and images than to the specific words and logic that characterize rational thought" (as cited in Mooney & Padesky, 2000, p. 153). Generally speaking, art therapy is an excellent way to access the creative problem solving capacities of the experiential mind while the primarily verbal orientation of CBT effectively accesses the problem solving capacities of the rational mind. It follows that by blending these treatment models or offering them concurrently, these different systems of knowing and problem solving in the brain can be simultaneously activated, enabling a way to process information in an integrated, holistic way.

Cognitive therapist Kevin Kuehlwein (2000) supports creative alternatives to the traditionally verbal interventions of CBT. He encourages using concrete, physical exercises to help clarify and deepen clients' awareness of the nature of their problems because such interventions make an impression on an experiential level, which is generally more impactful and lasting. Experientially based interventions affect individuals on many levels including cognitive, visual, motor, auditory and emotional (p. 185).

Nucho's Psychocybernetic Model of Art Therapy: A Creative Cognitive Approach

Art therapist Aina Nucho (2003) developed what she termed the psychocybernetic model of art therapy which is highly relevant in terms of understanding the ways that art therapy, creativity, and cognitive psychology complement one another. This approach is based on cognitive theory, broadening its definition by recognizing imagery as a meaningful aspect of cognition and communication (Nucho, 2003, p. 8). Psychocybernetic art therapy involves a process of helping patients to rethink and restructure their personal "assumptions and conclusions" (p. 48) using the symbol systems of both the left and right brain (Nucho, 2003).

Nucho's model of art therapy supports Langer's (1951) perception that verbal language is an inadequate medium for expressing emotion because it is does not capture the shifting nuances and intricacies of internal experiences of feelings, memories, fantasies and impressions and the delicate interplay between them (Nucho, 2003, p. 36) as adeptly as imagery does. Piotrowski (1953) believed that images are bound to convey more information than words (in Nucho, 2003, p. 10). As an example, Piotrowski suggested that the words "a person runs" do not convey the runner's age, sex, color,

speed and so on, while a simple image will likely give some if not all of these details. As such, an image is naturally a more rich and loaded source of information (in Nucho, 2003, pp. 10-11). The phrase "a picture is worth a thousand words" rings true. Both Langer's (1951) and Piotrowski's (1953) comments suggest that when helping clients to communicate and work through their emotional and sensory memories and current experiences, it behooves therapists to understand the value of non-verbal, image based therapeutic interventions.

According to Nucho (2003), long before neurological science confirmed it, artists understood that human awareness is comprised of two fundamentally different modes of knowing (p. 35). She cites the Italian philosopher Croce (1929), who advanced the notion of dual forms of knowledge, one involving logic and intellect, the other imagination and intuition. According to Croce (1929), the human capacity to imagine developed before rational thought, and as such the mind's artistic image forming processes predate logical cognition (in Nucho, 2003, p. 35). One might infer from this that the arts can potentially access a more essential, primal, and "hard-wired" form of human awareness as compared with the rational, left brain information processing style.

Modern neuroscience has now established the differences between the two hemispheres of the brain. The right brain is associated with intuitive, holistic, and imaginative thought and includes perception and recognition of faces. Artists and creative innovators are primarily right brain thinkers, while left brain thinkers (mathematicians, linguists, etc.) tend to be highly logical, intellectual, and analytical (Nucho, 2003). The analogy can be made that CBT is an approach which primarily emphasizes left brain cognitive processes, while art therapy more readily accesses the cognitive processes of

the right brain. (However, this does not mean that left brain processes are not activated in art therapy as well).

Nucho (2003, p. 45) observed that western culture has traditionally devalued and minimized the thought processes of the right brain, however she points out the recent increase in empirical data which supports the importance of right brain cognitions that use imagery in information processing. Nucho explains three profound reasons to pay attention to one's imagery in the context of therapy. First, images are the building blocks of thought and "form an indispensable part of our cognitive equipment" (p. 45); secondly, "images have psycho-physiological consequences… [and] trigger biochemical changes in the organism, for better or for worse" (p. 45); and finally, "images prompt action. What we imagine affects how we act" (p. 45). This explains why imagery is used–albeit in different ways–in both art therapy and CBT interventions. Cognitive-behavioral therapies incorporate mental imagery (i.e. visualization, systematic desensitization) in a less direct way than art therapy.

Images are the central focus of Nucho's psychocybernetic model of art therapy. They are a vital part of cognition and can be understood as regulators and condensers of information (Nucho, 2003). In many forms of psychotherapies, including CBT, information is primarily conveyed verbally. Nucho explains that in art therapy, communication is initiated, facilitated and enhanced using a visual product (p. 13), and argues that imagery has been neglected as a source of cognitive information. Nucho predicts that imagery will be increasingly used by mental health practitioners (p. 18). She emphasizes that art therapy is a method which effectively harnesses this powerful yet underused source of energy (p. 18).

The Role of Imagery in Psychotherapy

In the early part of this century, imagery was regarded as unworthy of scientific study in popular psychology. Watson's (1930) behavioral model defined psychology as a scientific study in which there was no place for images (Nucho, 2003, p. 26). Some psychoanalytically oriented therapists still valued imagery in the therapeutic context, but for the most part psychologists were skeptical about its usefulness (Nucho, 2003).

According to Merluzzi, Glass & Genest (1981), modern cognitive-behavioral psychology now recognizes the value of internally generated imagery as an important form of cognition (Nucho, 2003). Stringent behaviorists were eventually forced to "look their own private experience full in the face and once again welcome man's inner experience back into the realm of science" (J. L. Singer, 1974, p. 4, as cited in Nucho, 2003, p. 26). J. L. Singer (2006) points out that increasingly a wide range of CBT approaches use imagery methods.

J. L. Singer (2006) describes the importance of imagery in CBT, explaining that our capacity for imagery and fantasy gives us a degree of control over what our future becomes (p. 128). He explains how helping patients to identify memories and generate spontaneous imagery can be useful in the cognitive model in terms of helping patients to recognize their attitudes towards themselves, their values and beliefs and other potential areas of cognitive distortion (p. 128).

An example of a CBT model which emphasizes imagery is Meichenbaum's (1978) method, which builds upon the idea that clients develop mastery and control from "monitoring and rehearsing a variety of images" (as cited in J. L. Singer, p. 107) leading to increased self-control in interpersonal situations and regulation of emotion. According

to J. L. Singer (2006, p. 107), research by Meichenbaum (1978), Sarason (1975), and Kazdin (1973), supports aspects of this theory, indicating that envisioning oneself taking concrete steps towards constructive action is more helpful than simply discussing and verbalizing these goals. J. L. Singer (2006) suggests that positive imagery treatments (i.e. visualizations) practiced in various systems of CBT are particularly useful in improving patient's expectations regarding their ability to help themselves (p. 109), while J. L. Singer (1974) and Lazarus (1981) found that cognitive techniques involving positive emotionally based imagery can "reduce anxiety in real life confrontations or through their pairing with anxiety arousing images" (as cited in J. L. Singer, 2006, p. 111).

The value of metaphor in terms of constructing, clarifying and sharing meaning is emphasized in Lakoff and Johnson's (2003) findings that "metaphorical imagination is a crucial skill in creating rapport and communicating shared experience" (as cited in J. L. Singer, 2006, p. 121). These authors suggest that individuals become "trapped by their unawareness of the limitations of a metaphor they rely on all the time" (p. 121). J. L. Singer goes on to describe how cognitive therapy seeks to help a patient shift their problematic cognitive styles through encouraging changes in the metaphors they rely on. This process can be facilitated through using mental imagery as a method of symbolizing situations and events in a more detailed, realistic way (p. 121). Art therapy enhances and extends the effectiveness of this mental imagery technique through the tangible creation of helpful visualizations.

According to Benson (1975), research suggests that images are capable of changing one's mood, creating feelings of well-being (Malchiodi, 2003, p. 18). For example, Malchiodi describes how guided imagery has been used to reduce pain in

hospitalized patients and tap the healing responses of the body (p. 18). Malchiodi explains guided imagery as an experiential process whereby individuals are lead through relaxation techniques followed by directives to imagine particular images (p. 18). Lusebrink (1990) describes images in this context as a "bridge between body and mind, or between the conscious levels of information processes and the physiological changes in the body" (as cited in Malchiodi, 2003, p. 18). Imagery is a powerful therapeutic tool and has been shown to combat stress and pain through its ability to distract patients and induce powerful experiences which in some cases may be capable of "psychophysiological counteraction" (J. L. Singer, 2006, p. 115).

In summary, in different ways imagery is effectively used in both art therapy and CBT approaches. Therapists using these models have applied imagery techniques to work with individuals in diverse settings (Malchiodi, 2003). In CBT, mental imagery techniques can be used to help patients to relax in order to facilitate openness to change, visualize changing behavior, or overcome feared stimuli. In CBT oriented art therapy, clients not only envision constructive imagery, they actually create images in order to understand, respond to, and re-conceptualize how they feel about an experience or situation, thereby facilitating emotional as well as behavioral change (Malchiodi, 2003, p. 19). Malchiodi points out that through physically creating and experimenting with a tangible object, art making allows an individual to experientially try out or practice identifying and changing their feelings and thoughts through a drawing or other art object (p. 19). The creation of imagery in art therapy can be viewed as a natural addition to and extension of a powerful and empirically reliable cognitive approach.

CBT and Art Therapy: Specific Parallels and Complementary Methods

As stated, the mental health needs of violent offenders are huge (Glicken & Sechrest, 2003), and must be addressed in an effective and balanced way. CBT offers a therapeutic approach that addresses the problem of recidivism among violent offenders by targeting and changing distorted thought and behavior patterns using empirically reliable methods. While complementing these goals, art therapy offers an excellent way to focus on the deep, emotional, intrapersonal needs of violent offenders in a less target-oriented and more holistic way. Offering these therapeutic approaches congruently, or utilizing a model which integrates the two, creates a balanced and effective treatment for violent offenders.

Art therapy has been shown to complement CBT approaches (Malchiodi & Loth Rozum, 2003; Rosal, 2001). According to Loth Rozum and Malchiodi (2003), image making can be combined with CBT to improve and facilitate treatment (p. 72). As mentioned earlier, mental imagery is increasingly used in CBT, and creating tangible images enhances and extends this effective cognitive technique (Rosal, 2001, p. 223). Imagery created in art therapy externalizes the CBT technique of mental visualization, offering therapists an additional visual resource to increase communication with clients (Rozum & Malchiodi, 2003, p. 80).

Although CBT approaches to art therapy are not new, as explained they have generally not been widely embraced by art therapists (Rosal, 2001, p. 212). Along with the reasons previously discussed, this may be because art therapy has traditionally focused on emotional experience (Rosal, 2001), which has been perceived as distinct from CBT's focus on cognition. According to Carnes (1979) and Rhyne (1979) the idea

that CBT approaches focus on cognition at the expense of emotion is unfounded (Rosal, 2001). Rhyne (1979) espoused that "when cognitive processes are used in art therapy the emotional components of experiences are not only included, but are an integral part of understanding a person's cognitive process system" (as cited in Rosal, 2001, p. 213).

Rosal (2001) has explained the ways in which art therapy and CBT are compatible, suggesting that art making is an essentially cognitive process: "when creating, the artist must be involved in uncovering mental images and messages, recalling memories, making decisions and generating solutions" (p. 217). The creative process of art making instigates cognitive growth through the discovery of new and interconnected concepts and solutions. Packard (1977) found that art making "facilitates the acquisition of new ideas and learning" (as cited in Rosal, 2001, p. 215) which is vital to CBT. Rubin (2001) also supports this view, asserting that art activities are a valuable resource in promoting cognitive development (p. 193).

In a case study involving a group of developmentally delayed male sex offenders in cognitive-behavioral art therapy treatment, the men were given the opportunity to construct social environments with art materials. During the creation of these environments, the social patterns that lead to the men's offending behaviors were "exhibited, noted, discussed and remediated. When maladaptive social behaviors surfaced, the men were asked to identify precursors to the problematical interactions" (Rosal, Ackerman-Haswell, & Johnson, 1994, as cited in Rosal, 2001, p. 214). In this context, a group art project facilitated the goals of CBT in a very useful, unthreatening, and enriching way.

CBT techniques can be translated easily into art therapy interventions (Rosal, 2001, p. 223). Matto (1997) found that art therapy helped facilitate CBT goals such as challenging distorted cognitions, developing mastery and competence leading to self-control, and acquiring positive reinforcements leading to increased self-esteem (in Rosal, 2001, p. 215). Bowen and Rosal (1989) applied cognitive-behaviorally oriented art therapy with an adult who was able to use positive imagery as a tool to improve self-control as well as self-esteem (in Rosal, 2001, p. 213). Using CBT oriented art therapy interventions to externalize internal processes, illustrate and challenge distorted cognitions and beliefs, develop self-control and increase self-esteem are important goals in the rehabilitation of violent offenders.

De Francisco (1983) and Gerber (1994) have shown how the creation of imagery in art therapy facilitates systematic desensitization, which is the gradual exposure to a feared stimulus used in cognitive-behavioral treatment of phobias and in decreasing stress (in Rosal, 2001, p. 216). Gentille (1997) used art to help her clients externalize internal feelings, enabling them to develop and increase their internal sense of control through making art (in Rosal, 2001, p. 214). Helping clients to gain or improve self-control is an essential goal in CBT (Rosal, 2003, p. 218).

Relaxation techniques (such as visualizations) are used in CBT to enable deeper awareness of cognitive processes by lowering defenses and heightening trust, which can be used to help a client overcome fears and diminish stress. According to Lusebrink (1990), art therapy enhances relaxation techniques through the use of soothing mediums like soft modeling clay and watercolor painting combined with breathing exercises (in Rosal, 2001, p. 217). Painting can have a self-calming effect when gentle, repetitive

brush strokes and exposure to soft colors are used. Such techniques are unique to art therapy and are valuable in facilitating CBT goals such as regulating tension and affect, as well as increasing reflexivity and sensitivity in violent offenders.

Difficult memories and situations which may contribute to an offender's destructive behavior can be depicted and then explored in CBT art therapy while remaining safely contained by and externalized through an artwork. By visually depicting a difficult situation or experience, an individual may be able to examine, understand and eventually construct alternatives and solutions to their problems (Rosal, 2001, p. 215). Symbolic adjustments to and explorations of visual imagery can be framed in CBT oriented art therapy as a visual map used to guide the process of cognitive change. This can be understood as analogous to the CBT technique of cognitive mapping, which is used to pinpoint and decrease unhelpful thought processes (Rosal, 2001, p. 216). According to Packard (1977) visualized "cognitive maps" created in CBT art therapy can enable individuals with problematic and/or disordered thought systems to restructure and improve their "mental 'pathways'" (in Rosal, 2001, p. 215). To this effect, Peter London (1989) has suggested that "art can be said to be–and can be used as–the externalized map of our interior self" (as cited in Malchiodi, 2007, p. 1).

Creating artwork to alleviate stress can become a coping skill for offenders, serving the CBT goal of positive reinforcement. When working with children with behavioral issues, this author observed how some children learned to use art to calm themselves in moments of potential crisis. The positive, calming creative experience reinforced its value for these children, who in time learned to turn to their creative capacities rather than resort to destructive behavior when under pressure.

CBT and Art Therapy: A Solution to the Problem of Attrition in Therapy with Offenders?

Finally, art therapy has a distinctly different connotation than CBT, which is more directly associated with psychology and psychiatry. As Correia (2001) points out, prisoners like to avoid any association with psychology and psychiatry so that they are not labeled as mentally ill (p. 45). Art making tends to be associated with recreation and spontaneity, and as such art therapy may mask the heavy implications of a highly structured, educational therapy like CBT. Socrates once remarked that "learning occurs best when it is in the form of an engrossing pursuit or game, and worst when it is compulsory and rote" (as cited in Newman, 2000, p. 137). If an individual enjoys therapy, he or she is less likely to drop out of treatment. This is important given the high attrition rates of violent offenders in correctional treatment programs (Wormith & Olver, 2002). Thus it follows that integrating art therapy approaches within CBT programs, or generally re-framing these programs in interconnected ways may offset inmate resistance to therapy.

Cognitive Approaches to Art Therapy Programs in Prisons: Results of a Dutch Study

> Over the last decade in the Netherlands, the focus in the arts therapies has shifted from insight oriented perspectives towards an emphasis on:
>
> Changing the way a patient feels, thinks and acts in concrete, here and now situations. The arts therapies became more 're-educative,' which means that the patient is trained to change specific cognitions, feelings and behaviors related to one problem area. (Smeijsters and Cleven, 2005, p. 38)

This shift encourages integrating cognitive-behaviorally oriented approaches within art therapy programs in prisons in Holland. The cognitive framework in art therapy is direct

and solution focused; the emphasis is on identifying and exploring the problem area and then searching out its solution (Smeijsters & Cleven, 2005).

According to Smeijsters and Cleven's (2005) exhaustive research, art therapy helps make cognitive schema more visible and thus more identifiable. Through art, inmates are given an opportunity to clarify and process aspects of their personal experiences previously not accessed or articulated, allowing them to become more conscious of their cognitive patterns (p. 38). These researchers indicate that art therapy facilitates CBT approaches because images allow patients to see and then analyze their cognitive distortions through the form, content and emotion projected into their art work (p. 42). Evidence suggests that cognitive distortions decrease in offenders who participate in CBT oriented art therapy treatments (p. 50).

Smeijsters & Cleven's study is based on an extremely thorough body of qualitative and quantitative data. The findings of their research suggest that inmates are confronted with who they are in an authentic and therapeutic way through creating art work in a structured and focused setting. As emphasized earlier, while an inmate can be verbally dishonest in "talk" therapy, it is much harder to deceive through imagery. Images created in CBT oriented art therapy present visible scenes that are closely explored, whereby it is virtually impossible to conceal behaviors, feelings and thoughts (Smeijsters & Cleven, 2005, p. 50).

The experiential aspect of art therapy is useful for individuals who are more concrete and action oriented in their cognitive processing styles, which many violent offenders are. According to Douma (1994), and Hakvoort & Emerik (2001), the hands-on approach of art therapy is an asset in correctional settings that employ CBT, because art

makes the concrete goals of CBT such as "regulation of tension, impulse control, regulation of aggression, [and] the planning and structuring of behavior" more observable and tangible (as cited in Smeijsters & Cleven, 2005, p. 38). Using art materials allows inmates to connect with and become conscious of their cognitive and emotional processes as well as their behavior in a direct, safe, and structured way (Smeijsters & Cleven, 2005 p. 51).

Sudak (2006) asserts that "the cognitive model in its most basic form describes the connection between thoughts and emotion, behavior and physiology" (p. 13). This description of CBT connects with Smeijsters & Cleven's (2005) findings that art therapy focuses on behavior and emotions. Through feeling, experiencing and "acting out" using art materials, a prisoner is offered opportunities to gain control over impulses, to develop a sense of empathy, to manage and interact with art materials and others in the group, and to become conscious of and strengthen boundaries (p. 53).

Cognitive therapy approaches have sometimes been criticized for focusing too much attention on thought and not enough on actively changing external behavior (J. L. Singer, 2006). Smeijster and Cleven's (2005) research indicates that modifying CBT to involve art therapy techniques is a creative way to emphasize a more dynamic, hands-on, experiential CBT capable of inducing physiological reinforcement of cognitive skills.

In summation, the literature surveyed within this chapter has shown that both art therapy and CBT encourage creativity, utilize imagery techniques, facilitate cognitive learning, and effectively contribute to the rehabilitation of violent offenders. Art therapy has been shown to facilitate and enhance CBT goals, deepening the impact of cognitive interventions while extending and enriching its applications. Combining art therapy with

CBT may help counter the problem of high attrition rates in therapy with violent offenders, while the experiential elements of art therapy make it a powerful approach suitable for this population. Combining art therapy and CBT approaches offers an effective, balanced therapeutic approach in the treatment of violent offenders.

Summary and Conclusion

According to the literature surveyed within this research, it is evident that serving the mental health needs of violent offenders is a necessary, complex and challenging undertaking (Polaschek et al., 2005) which must be addressed in a clearly structured (Glicken & Sechrest, 2003) and carefully considered way in order to be effective. The majority of violent offenders have themselves been victims of violence (Glicken & Sechrest, 2003, p. 239) and require compassion if they are ever to regain their own sense of humanity. This research has attempted to facilitate compassionate awareness of the rehabilitation needs of violent offenders.

Cognitive-behavior therapies (CBT), which emphasize the identification and alteration of cognitive distortions in the interest of helping individuals to learn to problem solve in effective, realistic ways, are invaluable in the rehabilitation of violent offenders (Wilson et al., 2005). Art therapy is also a valuable approach in the rehabilitation of violent offenders. According to Bennink et al., (2003), the non-verbal elements of art therapy make it especially useful with prisoners because through artistic expression, inmates' strong defense mechanisms can be transcended, enabling therapists to access and help clients work through deeper experiences and internal conflicts.

Art therapy also offers an expressive outlet for the frustration and pains that prisoners' face. Kapitan (1997) points out the special significance of art therapy when working with perpetrators of violence: "creative work acts to realign the balance of what feels unjust, out of balance, and threatening to one's orienting framework. Violence is motivated by the same need" (as cited in Phillips, 2003, p. 234).

This research has attempted to illuminate and clarify the links between art therapy and cognitive-behavior therapies in the interest of serving the rehabilitation needs of violent offenders. Both approaches develop creative problem solving capacities. As art therapists using CBT models have illustrated, there are many ways in which art therapy enhances the goals of CBT. Art making facilitates subjective, sensory, intuitive, and emotionally based experiences, simultaneously enhancing awareness of cognitive processes through visual depictions. While complementing the goals of CBT, art therapy effectively addresses the deep, emotional, intrapersonal needs of violent offenders in a less target oriented, more holistic way.

CBT techniques which have been successfully adapted to art therapy include: "cognitive mapping; problem solving; modeling; relaxation techniques; systematic desensitization; implosion; personal constructs; mental messages and internal speech; mental imagery, externalizing internal processes; exploring and assessing feeling states and using reinforcements" (Rosal, 2001, p. 215).

Bowen & Rosal (1989) have shown that the CBT method of guided imagery used to increase clients' internal locus of control and self-esteem can successfully be adapted to art therapy through the creation of imagery (in Rosal, 2001, p. 214). Rosal, Ackerman-Haswell & Johnson (1994) have demonstrated that the identification of cognitive distortions can be adapted to art therapy through creating social environments whereby problematic cognitions are visibly depicted (in Rosal, 2001, p. 214).

Combining CBT with the creativity and sensitivity inherent to art therapy addresses criticisms that CBT is a mechanical method that focuses on cognitive processes at the expense of emotion (Leahy, 1996). Proponents of cognitive approaches to art

therapy argue that emotional experience is an aspect of cognition rather than separate from it (Rosal, 2001), emphasizing that in their method cognition and emotion are equally "explored in order to assist the client…it is both what we think as well as how we feel that drives our experience" (Rosal, 2001, p. 223).

There are important practical advantages to combining art therapy and CBT. Increasingly, there is pressure for art therapists to become more evidence based in their practice, and yet there is a lack of research regarding what works in forensic art therapies (Smeijsters & Cleven, 2005, p. 38). As mentioned, CBT approaches are currently the most heavily researched therapies available. As Rubin (2001) points out, CBT models are attractive to funding sources because they are relatively easy to measure. These models are built on scientifically based methods subject to extensive testing (Rosen, 2000, p. 133). They are also cost effective because they offer brief therapeutic treatments, making them popular in modern healthcare systems which, increasingly, demand short term interventions (Rosen, 2000, p. 131). Thus, economically speaking, art therapy initiatives can benefit from the funding opportunities allocated to cognitive-behavioral approaches by complementing this model while enhancing the depth and impact of its goals. It behooves art therapists working in prisons (which are often especially under-funded) to be aware of the ways that art therapy can work with the dominant paradigm of CBT in the interest of serving the needs of violent offenders in the most cost effective, realistic and expedient way.

Increased knowledge about the potential for interconnectedness between art therapy and CBT within prisons could lead to a greater demand for art therapists in correctional facilities and may encourage more art therapists to work with this under-

served (M. I. Singer et al., 1995) population. Work and research opportunities for practitioners of both CBT and art therapy may broaden if the two perspectives were perceived as more compatible. As Rubin (2001) points out, the potential applications of psycho-educational approaches to art therapy, which include CBT, are numerous, yet most remain unexplored and unarticulated (p. 194). Hopefully this research draws awareness to the ways in which different therapeutic approaches can work together to offer the most comprehensive treatment.

It would be interesting to conduct further research related to this topic through interviewing professionals who work with or study the rehabilitation needs of violent offenders, such as criminologists, psychologists, parole officers, practitioners of art therapy, CBT oriented art therapy, as well as CBT in order to gain their insights pertaining to the merits and/or disadvantages of combining these two approaches. It may also prove useful to conduct interviews, where possible, with violent offenders in order to gain their perspective on this subject.

In conclusion, this research has attempted to clarify how the richly restorative, deeply human and uniquely revealing properties of art therapy compliment the clearly structured, efficient reliability of CBT methods, creating a powerfully balanced therapeutic approach. It is essential that violent offenders receive the most effective and well considered treatment approach available. In the words of Decca Aitkenhead, prison rehabilitation programs have a responsibility "to resurrect the humanity of violent, broken men [and women] – not as a means to an end, but as an end in itself" (2007, p. 25). Combining art therapy with the dominant model of CBT in correctional programs for violent offenders is a step in this direction.

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