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Art Therapy as Applied to the Ego-Developmental Issues of Traumatic Child Abuse

Beverley T. King

A Research Paper

in

The Department

of

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Abstract

Art Therapy as Applied to the Ego-Developmental
Issues of Traumatic Child Abuse

Beverley T. King

This paper delineates a development of ideas, based on a literature search, which may be applied to future studies in art therapy concerning the ego developmental impact of traumatic child abuse.

The subject of child abuse is introduced through definitions of physical abuse, sexual abuse, child neglect and emotional abuse and neglect, as well as by a discussion of some common myths about child abuse. The traumatic impact of child abuse in terms of ego development damage is explored as well as the possible psychopathological impact of severely traumatic child abuse.

An analysis of several theoretical models asserts the "Traumagenic Dynamics" model as the most effective in terms of linking the effects of child abuse with the abusive environment. As a basis for empirical research, an attempt is made to establish a relationship between the "Traumagenic Dynamics" model and ego-developmental levels by the incorporation of a "schema framework."

The exploration of art therapy research strongly supports that art therapy is able to address areas of psychological and interpersonal functioning relating to child abuse and therefore may promote ego development. In concluding, suggestions for future research are provided.

ACKNOWLEDGEMENTS

First and foremost, I would like to dedicate this paper to all survivors of traumatic child abuse, especially those who have had the courage and strength to seek inner healing.

I would especially like to thank my sister Cathy King whose support and expertise has been invaluable. Also, to my family, friends, supervisors and other mental health professionals who have given much needed support, guidance, wisdom and resource material for the compilation of this research paper.

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Chapter 1

INTRODUCTION

General Statement

The victimization of children has been occurring from the beginning of time (Walker, Bonner, & Kaufman, 1988). In ancient times, many societies have practiced infanticide as a method of population control. "Children were abandoned to die, drowned or smothered". In many societies throughout history , it was customary to offer children as sacrifices to gods (1988). The Bible offers numerous accounts of infanticide, such as for example, the order by the Pharoah that all newborn Jewish males be killed (Exodus 1:15-22). Although infanticide is the most severe form of child abuse, it was not the only type of child abuse that occured throughout history. Parents, priests and schoolmasters from historical times believed they had an obligation to severely chastise children as a form of discipline, literally to "beat the devil out of them (Walker, Bonner, & Kaufman, 1988, p.4)". In some societies, harsh disciplinary action was acceptable and even encouraged, for example "in the early 1600's , Massachusetts adopted the "Stubborn Child Act" which permitted parents to put a child to death if the child was rebellious and disobedient (1988, p.4)". Also, throughout history children have been exploited for their labor potential. In the age of industrialization, children were hired out as workers in factories which involved dangerous occupations and long hours, sometimes up to 14 hours per day (1988). Because of hard

economic times and the view that children were the property of their parents, children were exploited as laborers or prostitutes as an acceptable means of ensuring the survival of the family (1988). What would have been considered normal child rearing in some instances in the past is now perceived as child abuse. In December 1874, the Society for the Prevention of Cruelty to Children was formed in New York (Walker, Bonner, & Kaufman, 1988, & Janko, 1994). During the 19th and 20th centuries, legislation began to be passed for the protection of children. This legislation involved child labor laws and the provision of financial support and education for all children (1988).

Today more than ever before people are recognizing that child abuse is a problem in our society. The knowledge of child abuse has expanded to include physical, sexual, and emotional abuse as well as child neglect. The secrecy of child abuse has been invaded by the media and the brave souls who come forth to disclose their abuse. Shame and guilt often prevented people from disclosing their stories. The stigmatization associated with victims of child abuse is less today than in past times; however we still have a way to go. It has taken a long time for society to recognize that child abuse does take place.

Children are powerless people who need protection. Luckily, in Canada, the law requires that suspicion of child abuse must be reported (Health Services Directorate, 1991). Many people however are still inclined

to turn a deaf ear and a blind eye to child abuse. People tend to believe that they should mind their own business and ignore whatever they see or hear. This is disappointing because the lives and mental well being of children are at stake. Through my own experience, I feel that many people are yet unaware of the laws governing child abuse. If it is discovered that a person knew a child was being abused but did not report it, he or she may be charged with a criminal offense (1991).

In the mental health professions, there is a growing awareness of the effects of child abuse. Child abuse may result in developmental difficulties, interpersonal problems and even mental disorders. In most instances, the aknowledgement of a person's abusive past can be beneficial for treatment of these clients.

Statement of the Problem

How can art therapy be used as treatment for the ego development damage in survivors of traumatic child abuse?

Personal Significance

This topic has personal significance in that one of my future goals is to focus on treating survivors of child abuse using art therapy. Over the years I have seen the effects of child abuse in people whom I am close to. I have seen and heard about the sadness and pain that overshadows these people's lives. I have heard stories of the "olden days", of instances where children were punched, kicked and whipped for wrongdoings. These acts were performed not only by parents, but also by other adults who happened to catch the child performing the wrongful deed. As well, I know firsthand of the abusive disciplinary acts that were performed on children in some school systems. I have seen strappings and physical mishandling of children as young as five years old in the school I attended as a child. I have witnessed the psychological assault on children as they were threatened with severe punishments. The strict Catholic schools of my childhood were ruled by teachers who put "the fear of God" in each and every one of us.

My faith in the Church has weakened as well over the past ten years with the horrible tales of child sexual abuse by priests and Christian Brothers that have come to the forefront. Scandalous tales such as the "Mount

Cashel orphanage" ordeal have triggered feelings of betrayal in me (Harris, 1990). It is about time that children be treated as human beings deserving of dignity and respect.

Through my own art experiences, I have felt the therapeutic effect that the art process has to offer. I would like to offer this experience to both children and adults who have been abused. Art therapy can be a powerful way for people to deal with and understand their unresolved conflicts. For people who have been abused, art therapy may provide a process of working through the emotions and feelings that stem from their past experiences. Art therapy provides a guided path toward personal growth and self knowledge. In writing this paper, I am beginning an exploration into a subject area that I expect will be a significant part of my future career as an art therapist.

Definitions

Traumatic Child Abuse

For the purpose of this research, traumatic child abuse is any form of child abuse which results in ego developmental delays, deficiencies, or damage (Kilgore, 1988).

Physical Abuse

Child physical abuse is defined as a nonaccidental injury inflicted on a child by the child's parent or caretaker (Mayhall & Norgard, 1983). Physical abuse is one of the most common types of child maltreatment seen by physicians (Mayhall & Norgard, 1983).

There are certain primary indicators of child physical abuse. These include:

Bruises that have the shape of the object used to strike the child, such as a belt buckle, shoe heel or lamp cord.

Burns inflicted on various parts of the child's body from a cigarette, stove and/or hot iron.

Lacerations and abrasions from being hit with hand and/or struck with object.

Head injuries such as loss of hair, retinal detachment due to shaking and/or subdural hematoma.

Bone injuries and/or old healed fractures or wounds.

Internal injuries such as peritonitis and duodenal or jejunal hematoma. (Mayhall & Norgard, 1983; Registered Nurses Association of Nova Scotia [RNANS], 1984).

Possible behavioral indicators

The child may:

Be guarded or wary around adults

Avoid physical contact

Lack ability to make friends

Exhibit passive withdrawn behavior such as lack of curiosity, cries little, enjoys little or nothing and the state of frozen watchfulness where the child watches intently what goes on about him.

Exhibit aggressive negative behavior such as temper tantrums, hurting other children and hyperactivity.

Somatic complaints such as headaches, pains in stomach, vomiting and bedwetting.

Shows low self esteem

Be overly compliant, particularly neat, be frightened when he/she does something wrong.

Excessively self-controlled

Be sympathetic and consoling toward the parent.

Be lacking in development due to focus on self-protection (RNANS, 1984).

Child Neglect

Child neglect is difficult to define specifically since its definition changes with culture and time (Mayhall & Norgard, 1983). In broad terms, child neglect occurs when parents or caretakers inadequately provide for a child's basic needs. "Failure to provide minimal care to the extent that a hazard exists to the child's health or safety constitutes neglect" (Mayhall & Norgard, 1983, p. 133). Physical neglect includes inadequate supervision, abandonment and failure to provide food, clothing, shelter and/or medical care. "Some physical indicators of neglect are:

lack of good hygiene

lack of adequate clothing

lack of adequate nutrition

lack of necessary medical or dental care

lack of safe, warm, sanitary shelter

(RNANS, 1984, p.6)."

Possible behavioral indicators

As an infant may have been diagnosed as "feeding problem" or "failure to thrive".

Poor school attendance and performance

May appear tired, hungry and apathetic

Juvenile delinquency, drug and/or alcohol abuse

Emotional Abuse and Neglect

Emotional neglect and abuse of children is the most difficult form of child maltreatment to define specifically. "Emotional neglect is the failure of the parent or caretaker to provide for the appropriate emotional developmental needs of the child" (Mayhall & Norgard, 1983, p. 156). A child who does not receive emotional nurturing and who does not feel loved by his/her parents or caretakers can be said to be emotionally neglected (1983). Emotional abuse of children involves overt rejection by the parent or caretaker. There is intentional action or inaction resulting in harm to the child. The difference between emotional neglect and emotional abuse is that emotional neglect occurs at an unconscious level whereas emotional abuse occurs at a conscious knowing level (1983).

A child may be emotionally abused in many ways. The parent may replace positive reinforcements such as "I love you" with negative comments such as "You are bad and stupid." A parent may prefer one child over another and will constantly praise one child while criticizing, rejecting and withholding affection from the other. Sometimes the parent has unrealistic expectations of the child's performance in areas such as feeding, toilet training and household chores.

When a parent does not engage in activities that will enhance a child's development it is also a form of emotional abuse. The interaction of parent and child in these activities are essential to positive growth in the child.

Double-binds which are "discrepancies between verbal and non-verbal communications from parent to child" (RNANS, 1984, p. 7), can be a serious form of emotional abuse. In severe cases, such interaction may contribute to schizophrenia in children and adolescents. Double binds are a form of parental inconsistency. Other inconsistencies that are abusive toward the child are making unrealistic promises which the parents have no intention of keeping and inconsistencies concerning rewards and punishments (1984).

An emotionally abused child may react in many ways. In some instances, the child may have somatic complaints such as headache, nausea, stomach pain, enuresis or encopresis. A child may be hyperactive or underactive or may display extreme behavior varying from withdrawal to aggression. Some children, when they play, will repeat the language used toward them. A child may tell her doll "you are bad" etc. An emotionally abused child may even run away from home to escape their environment (1984).

All parents from time to time will, in the heat of anger, react to their child in a way that is unfair or they may say things that hurt the child. It is important to clarify that the above situation does not constitute emotional abuse. It is when these types of actions toward the child are prolonged and repeated that we can call them abusive.

Sexual Abuse

Child sexual abuse, like other forms of child maltreatment, is difficult to define precisely. A common definition of child sexual abuse is "the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles" (Mayes, Currie, Macleod, Gillies, & Warden, 1992, p. 16).

Sexual abuse of children encompasses a wide range of behavior including physical and genital fondling, molestation, exhibitionism, forcible and statutory rape, sexual assault, commercial exploitation of children in pornography, pedophilia, incest and misuse (Mayhall & Norgard, 1983).

Possible physical indicators

- unexplained chronic stomach pains
- pain or itching in the genital area
- persistent sore throat (sign of oral sex)
- difficultly walking or sitting
- bruised or swollen genitals
- unexplained bruises that may indicate a struggle
- bleeding from vagina or anus

Possible behavioral indicators

sexualized or seductive behavior such as sexual play with dolls or toys.

self mutilation

running away

alcohol and drug abuse

isolation from peers

fear of being left alone or with a particular person

lying and stealing

(RNANS, 1984).

An important point to consider is that each form of abuse does not usually stand alone in the dynamics of the abused child's situation. A child who is being physically abused is also being emotionally abused. Persistent anger is an inappropriate and damaging emotional response as it is expressed through violence (O'Hagan, 1995). O'Hagan supports this view of the interrelation between the types of abuse. "If a child is being repeatedly sexually abused, that child is also being emotionally and psychologically abused" (p. 458). Since a child may have suffered from various types of abuse it may be beneficial in terms of treatment to focus on factors that may be common to all types of abuse. By addressing common factors of child abuse, the child's needs are more likely to be met.

Myths About Child Abuse

I believe the following myths are applicable to all forms of child abuse and should be addressed in this paper.

Child Abuse Results in Long Term Trauma

The first misconception I would like to address is that child abuse inevitably results in long term trauma (Finkelhor, 1989). There are certain factors that may counteract the traumatic effects of child abuse. In some cases, child abuse may not begin until late childhood or early adolescence. An example may be when a new parental figure comes into the life of a child through re-marriage. If the child had a normal childhood before the abuse, he/she may have sufficient ego development to prevent long term trauma from occurring. Another factor that may prevent long term trauma is the availability of positive, healthy relationships with other important figures in a child's life (Mayhall & Norgard, 1983). This may be a babysitter, teacher or other influential role models. Support, praise, or encouragement can aid a child's weakened ego so long term damage does not occur. Although long term trauma may not be inevitable in survivors of child abuse, the focus of this paper is on the instances where child abuse is traumatic.

Intergenerational Transmission of Abusive Behaviour

This is the idea that abused children will grow up to abuse their children and that all abusers were once abused themselves as children. It is simply not true that all abused children grow up to become abusing parents. Many children from abusive backgrounds "grow up to be quite normal citizens who have learned to sublimate their aggression into productive modes of behaviour (Martin & Beezeley 1976, p. 139)." In fact, most often adults who have suffered from child abuse vow to never treat their own children the way they themselves were treated. There is a conscious effort by these adults to not create a cycle of child abuse. Similarly an abusive adult was not necessarily abused as a child. For example, disruption in early attachment between mother and child through circumstances such as prematurity, or illness of the mother may sometimes lead to child abuse because the mother and child fail to bond (Crittenden, & Ainsworth, 1989). Also, a parent who suffers from a mental illness may be high-risk for abusing a child (Rutter, 1989). I believe it is fair to say that having been abused as a child makes a parent high risk for being abusive, however many intervening factors makes the path between these two points far from direct or inevitable.

Finkelhor (1989) describes this misconception in relation to child sexual abuse. Research studies were done showing that anywhere from 20% to 60% of incarcerated sex offenders were sexually

abused as children (1989). He notes that the problem with these studies are that the particular population on which the studies were done, are not representative of the sexual abuser population (1989). Many child molesters never get caught and brought to justice. Of those who get convicted only about one third are incarcerated (1989). The child molesters who end up in these studies are the ones that are repetitive and pathological (1989). These offenders are most likely to come from severely dysfunctional families and most likely have been sexually abused (1989). Clearly, this population does not accurately represent the general population of child sexual abusers.

The "Them" Versus "Us" Ideology

For many of us, hearing stories of child abuse evokes strong feelings of sadness, anger and disbelief. Some people cannot accept the fact that anyone is a potential child abuser and that many of us have the capacity to be violent. This denial of reality has led to the development of a stereotype that child abusers are different from other people. There is a misconception that the phenomenon of child abuse occurs only in the families of poor minority groups. The child abuser is also thought to be "sick" or "demented". (Dubowitz and Neuberger, 1989). Finally, take for example the common stereotype for a pedophile. Many people may think of a "dirty old man" who hangs out in alleyways and wears a trenchcoat (Delin, 1978). This, I am afraid, is far from the truth. Sadly, the pedophile may be a member of one's own family, a trusted relative or neighbour.

Socioeconomic Biases

It is thought that child abuse occurs only in the lower socioeconomic classes and is more often associated with minority groups. Being poor does not "cause" child abuse. Rather, certain variables that are associated with poverty such as social stresses and poor educational resources contribute to an increased likelihood of abuse. (Zigler & Hall, 1989). The problem of child abuse cuts across all sectors of society. We are often surprised when we hear through the media the child abuse performed by well-respected while collar citizens in our own neighbourhoods. People who are educated have well-paying jobs and who manage to paint a happy picture of their family life. Stresses not necessarily related to finances may increase the likelihood of these parents becoming abusive. Marital problems and poor attachment between the child and the primary caretaker are examples of such stresses (Zigler & Hall, 1989, Crittenden & Ainsworth, 1989).

It is very important that therapists not be misinformed by such prejudicial biases, because they may affect the way child abuse cases are handled. Adequate and proper treatment of such cases may very well be dependent on the views and beliefs of the therapist involved.

Chapter 2

EGO DEVELOPMENTAL IMPACT OF CHILD ABUSE

All forms of child abuse may be considered invasions of the boundaries of the self. Therefore, damage to the ego may be considered common to all types of child abuse. A study of ego development delays and ego damage in abused children may be beneficial to treatment goals.

Theories of Ego Development

Winnicot's ego-developmental theory states that ego development depends on the presence of a mature self. The maturation of the self is the result of the person's interaction with his or her environment. Initially it is the infant's interaction with the primary caretaker that commences the growth of the self (Kilgore, 1988). This primary relationship may be crucial to the development of the self as it sets the stage for further interactions between the child and his or her environment. The separation-individuation process between the child and the primary caretaker, results in the evolution of boundary formation and autonomous ego functions (Mahler, 1968). Hartmann's theory of ego psychology states that "the ego develops by achieving an adaptational balance between the self and the environment (Kilgore, 1988, p. 225)." When an overwhelming

environment invades the boundaries of the self, the development of the ego is hindered because the ego must now protect the self from the threatening environment (1988). "Defence mechanisms" are the weapons the ego uses in its battle to protect the self.

Loevinger devised a theory to explain ego development. This theory consists of a hierarchy of stages the ego may go through. Table 2.1 is Loevinger's Ego-Development Scale that is taken from Bloomgarden and Kaplan's study (1993, p. 202). Advancement in stages "result in changes in impulse control, moral style, interpersonal relations, conscious preoccupations, and cognitive complexity (1993, p. 201)." The birth of the ego occurs in the "Presocial-symbiotic" stage. The development of the ego through the remainder of the stages occurs independent of age (1993). The ten stages are a progression from egocentricity to altruism with the "self aware" stage being the more frequent level that adults achieve (1993). Loevinger also devised a sentence completion test as a means for measuring ego development however a discussion of this technique is beyond the scope of this paper.

Table 2.1

Loevinger's Ego-Development Scale

Stage	Code	Capsule description
Presocial-Symbiotic	I-1	Earliest stage, largely preverbal (not used in scoring Loevinger's ego-development measure)
Impulsive	I-2	Dependent and demanding; fears retaliation; dichotomized thinking; frequent conceptual confusion
Self-Protective	delta	Opportunistic, manipulative, and power oriented; fears being caught; externalizes blame; views life as zero-sum game
Ritual-Traditional (transition from Self-Protective to Conformist)	delta/3	Concerned with concrete aspects of cleanliness, physical appearance, and traditional sex roles; desires respectability
Conformist	I-3	Conventional and rule bound; moralistic and sentimental; seeks acceptance by group; concern for appearances; thinks in stereotypes.
Self-Aware (transition from Conformist to Conscientious)	I-3/4	Painful self-criticism; elementary awareness of individual differences, multiple alternatives, and exceptions to rules; concern for appropriateness of actions
Conscientious	I-4	Responsible; guided by inner standards; achievement oriented; psychologically minded and conceptually complex; empathic and self-respecting
Individualistic (transition from Conscientious to Autonomous)	I-4/5	Values interpersonal relations and appreciates their complexity; sees paradox instead of polar opposites; aware of conflicting emotions; distinguishes between appearance and reality; truly tolerant
Autonomous	I-5	Copes with inner conflict; rich inner life; cherishes individuality; aware of complex psychological causality; values self-realization more than achievement; concern for broad social perspectives
Integrated	I-6	Reconciles inner conflict; involved in search for identity; values justice and idealism; broadly empathic

Note. Beginning with the I-4 stage, descriptions are cumulative. Content of table based upon material found in Holt (1980), Loevinger (1976), and Loevinger and Wessler (1970).

Possible Indicators of Ego Developmental Level In Survivors of Child Abuse

People who have been abused as children may be stuck in the earlier levels of ego development such as the self-protective level and may never attain the higher levels associated with adulthood. Being stuck in the "impulsive stage" of ego development may involve a preoccupation with sexual and aggressive drives (Ferrara, 1991). Someone who maintains the self-protective stage of ego development may demonstrate manipulative and exploitative interpersonal relations and self-centredness. This person may have an intense need for domination and control (1991). Preoccupation with reputation, status, and appearance are characteristic of a person who is in the conformist stage of ego development (1991). Such a person may experience guilt due to an excessively harsh super-ego. In severe cases of ego damage, the long term effect of child abuse may be forms of psychopathology (Cole & Putnam, 1992).

Chapter 3

PSYCHOPATHOLOGICAL IMPACT OF CHILD ABUSE

Ego Damage as an Etiological Factor

In some cases of child abuse, stunted ego growth may manifest as forms of psychopathologies. Persons with characteristics of the "Impulsive Stage" of ego development may demonstrate impulsive disorders such as alcohol or drug abuse, self-mutilation and bulimia, just to name a few. According to the DSM III, impulsivity is a prime characteristic of Borderline personality disorder (American Psychiatric Association, 1987).

The "self protective stage" of ego development may involve a sense of mistrust toward others. Paranoid ideation may be a result of such mistrust. Borderline personality disorder and antisocial personality disorder may include the manipulative and exploitative interpersonal relations as well as the self centredness characteristic of the "self protective" stage of ego development.

An excessively harsh super-ego is a characteristic of the "Conformist Stage" of ego development that is a part of the complex dynamics of a person with borderline personality disorder. In other instances where overwhelming guilt leads to denial, dissociative disorders may be a result. Intense emotions caused by an overwhelming environment may hinder ego development. The ego becomes concerned with protecting the self. Dissociative disorders may also be caused by intense feelings such as fear

Type of Child Maltreatment As A Factor

It has been suggested that there is a link between major childhood trauma and personality disorder. Instances of child neglect have been associated with the development of the "anxious" disorders of Cluster C in the DSM-IV. Child abuse, however, is more closely associated with the "odd" and "dramatic" personality disorders of Clusters A and B in the DSM-IV (Scott & Stradling, 1992). Antisocial Personality Disorder may be the result of an inability to appropriately express intense anger and rage. In antisocial personality disorder, the person projects their anger towards society in general. Multiple Personality Disorder is said to be linked to sexual and physical abuse of intense brutality (Helfer, R. & Kempe, R., 1987). "Most people with multiple personalities have been physically brutalized, psychologically assaulted, sexually violated and affectively overwhelmed" (Aldridge-Morris, 1987, p. 45). In one study of multiple personality disordered patients, 83% had been sexually abused of which 68% was incest, 75% had been repeatedly physically abused, and 68% had been physically **and** sexually abused (1987). Emotional abuse in the form of "double-binds" is thought to contribute to the development of schizophrenia in adolescents (Mayhall & Norgard, 1983). As described before, double binds describe a pattern of interaction that takes place between a child and a parent where there is a contradiction between the verbal message and the parent's tone of voice. For example, a child may feel confused about what

message to receive when a mother says "you are wonderful" in a degrading tone (1983). The physical and emotional stress of adolescence combined with such dysfunctional family interaction patterns may lead to schizophrenic behaviour in adolescents (1983).

Child sexual abuse has been described as a possible etiological factor in most severe mental disorders (Ratican, 1992). It has not been determined whether or not other types of child abuse are also etiological factors. A more accurate description I feel would include all types of child abuse that are severally traumatic in nature. I am suggesting that a combination of physical and/or sexual, and/or emotional child abuse in their most extreme form can be partly responsible for mental disorders such as dissociative disorders, anxiety disorders, eating disorders, sexual disorders, affective disorders, personality disorders, and substance abuse. It is important to understand that mental disorders occur in people without there ever having been a history of child abuse. However, as well, I believe many people are diagnosed with a mental disorder without acknowledgement of their abuse as a child. The nature of the impact of child abuse is problematic in determining who suffered from child abuse and who did not. Lapses in memory, dissociation and denial may keep the child abuse hidden. This is inevitable so it is perfectly understandable that such persons may be diagnosed with mental disorders. I feel that in instances where child abuse is revealed there should be a diagnosis that acknowledges the person's abusive past. There is

a move in this direction now as people who were abused as children are being diagnosed with "Post Traumatic Stress Disorder." This move away from the single diagnostic disorders is a positive step; however, I do not believe the diagnosis of "Post Traumatic Stress Disorder" is necessarily the best direction to be headed in.

Chapter 4

IN SEARCH OF A THEORETICAL MODEL

Post Traumatic Stress Disorder Model

The Post Traumatic Stress Disorder (PTSD) model as cited is DSM III-R is commonly used to describe the experience of child abuse. PTSD (DSM-III-R, 1987) is based on the experiencing of an unusual event by an individual that would be extremely anxiety provoking to almost anyone. The diagnosis of PTSD is based on symptoms relating to the reexperiencing of the traumatic event, avoidance of stimuli associated with the trauma, and hyperarousal.

There are problems involved with the use of the PTSD model to describe the experience of child abuse. PTSD model is insufficient because it uses as its basis a traumatic "event". This conflicts with the experience of child abuse where the trauma may result less from the event itself than from the situation surrounding the event. The trauma of child abuse can be seen as a process that occurs over time. When describing the trauma of child sexual abuse Finkelhor asserts "Some effects of sexual abuse may be due less to the experience itself than to later social reactions to disclosure (Finkelhor, 1986, p. 177)." The trauma of emotional abuse is an example of a process that occurs over time. This type of abuse may be traumatic when the child is persistently emotionally abused throughout his/her life. The PTSD model does not adequately encompass the broad range of trauma experienced in child abuse.

A second problem with the PTSD model is that it is a diagnostic model that is comprised of a list of symptoms. It does not address factors that may influence developmental issues in children who have been abused. For this reason, the PTSD model does not provide a treatment framework. Another important point to consider is that a theoretical model that focuses on symptoms does not completely describe the abused child. Common traits are observed among abused children such as hypervigilance, anxiety and low self-esteem. However there is not one typical personality profile for abused children (Martin and Beezeley, 1976). The PTSD model does not explain why some abused children are withdrawn, while some are hyperactive, or why some are compliant and others are antisocial or aggressive.

Complex Post-Traumatic Stress Disorder Model

Judith Herman (1992) agrees that the PTSD model does not accurately describe the experience of child abuse. She explains that in prolonged, repeated trauma, such as child abuse, the symptomatic impact is far more intricate and needs its own name (1992). Herman proposes a new diagnostic model called a Complex Post-Traumatic Stress Disorder Model (CPTSD) (1992). To be given this diagnosis a person must have "a history of subjection to totalitarian control over a prolonged period (months to years) (p. 121)." Survivors of childhood physical or sexual abuse are included in this model. This CPTSD model is comprised of symptoms relating to alterations in affect regulation, consciousness, self-esteem, perception of perpetrator, inter-personal relationships and sense of life's meaning. Herman's emphasis is on proposing this model as an attempt to provide an alternative to the single disorder diagnoses's that are sometimes given to people suffering from the effects of trauma (1992). The single disorder diagnoses that are sometimes given have a stigmatizing effect on the person who has been abused.

Feelings of powerlessness and low self-esteem may be reinforced by these types of disorders that emphasize defects in the person and fail to recognize the impact of victimization (1992). The CPTSD model makes the traumatic experience accountable for the symptoms and thus absolves the victim of blame.

The proposed "Complex Post Traumatic Stress Disorder" model appears to be better able to describe the impact of child abuse than the Post Traumatic Stress Disorder model, although the model states that it includes physical and sexual abuse, I feel that it may also be generalized to emotional abuse and child neglect.

The CPTSD model has some drawbacks. Like the PTSD model, it serves mainly diagnostic purposes. Insight is not given into the dynamics that are involved in the abuser's dysfunctional relationship to the child. An understanding of such dynamics will lead to better treatment strategies. More work is needed to link this model with developmental issues of abused children.

"Traumagenic Dynamics" Model

Finkelhor (1986) developed a conceptual model for the effect of child sexual abuse based on four trauma causing factors. These four factors include traumatic sexualization, stigmatization, betrayal and powerlessness (1986). Traumatic sexualization is the process of a child's corruption through misinforming a child about appropriate sexual behavior and the inappropriate conditioning of the child's sexual responsiveness. (Kendall-Tackett, Williams, and Finkelhor, 1993). Betrayal is the child's loss of trust that primary caretakers will protect him or her from harm (1993). Stigmatization includes factors that contribute to low self esteem such as rejection by family members or society in general and the instillment of shame on the child (1993). Powerlessness involves intense fear of death or injury related to the traumatic event as well as not being able to control the threatening environment or protect oneself from harm (1993).

Finkelhor describes that depending on each individual abuse case, "these mechanisms are present to varying degrees and in different forms (1993, p. 174)." Finkelhor states that these dynamics are generalized and are not limited to the traumatic experience of child sexual abuse but may occur in other kinds of trauma (1986). Research may need to be done to determine whether this model may be used for other types of child abuse. One would think that "traumatic sexualization" would be specific to child sexual abuse, however research done by Deblinger, McLeer, Atkins, Ralph

and Foa (1989) found that "17% of physically abused (but not sexually abused) children exhibited sexually inappropriate behavior (p. 173)." Therefore, it appears likely that this "Traumagenic Dynamics" model may be generalized to all forms of child abuse. The next question would be whether or not these four dynamics best represent the impact of all forms of child abuse. For example, is the prevalence of traumatic sexualization high enough in other forms of child abuse to be given a place in this model? Are there other traumagenic dynamics that could be included to better represent the impact of child abuse. Clearly, further research is needed to address these questions.

A virtue of the "Traumagenic Dynamics" model is its acknowledgement of the effects of the behavior of the abuser on the development of the four trauma-causing factors. In essence, this model is a step ahead of the PTSD and CPTSD models in that it can be used as a basis for a treatment plan aimed at ego developmental issues. If an assessment made of a client suggests greatest trauma in the area of stigmatization, interventions can be made to increase self-esteem so as to counteract the client's devalued self perception (Finkelhor, 1986). In terms of providing a link between the traumatic impact of child abuse and the treatment of ego developmental deficiencies, the "Traumagenic Dynamics" model seems to be the most sufficient of the three models discussed.

Bridging the Gap

There is, however, a gap between the "Traumagenic Dynamics Model" and "Loevinger's Ego Development Scale". A treatment strategy for all forms of child abuse cannot be developed until it is clearly understood how the traumagenic dynamics are related to the ego developmental levels. In other words, we need to know what factors these dynamics and ego developmental levels have in common. I believe the answer to this dilemma lies in a "schema framework" developed by Abrahmson, McCann, Pearlman & Sakheim (1988). This schema framework was devised for their research on the assessment and treatment of child sexual abuse survivors (1988). The authors proposed that child sexual abuse survivors developed difficulties within one or more of five areas of psychological and interpersonal functioning (1988). The five areas chosen are safety, trust, power, esteem and intimacy. These areas were taken into the "schema framework" based on research of trauma and victimization (1988). Trauma and victimization are common to all forms of child abuse so I have adopted this schema framework to explain the relationship between the "Traumagenic Dynamics" model and "Loevinger's Ego Development Scale."

"Schema Framework" is relevant not only because it is based on an interactionist model where the person and environment are continuously interacting, but also because the five areas of psychological and interpersonal functioning are precisely the areas that art therapy treatment may be

concerned with. I have attempted to clarify the relationship between the Traumagenic Dynamics model, the Schema Framework and Loevinger's Ego Development Scale by visually paralleling them in Table 4.1.

Table 4.1

Traumagenic Dynamics Model		Schema Framework		Loevinger's Ego-Development Scale
(Trauma Causing Factors)		(Areas of Psychological & Interpersonal Functioning)		(Optimum Level of Functioning)
Betrayal	>	Safety Trust	>	Presocial - Symbiotic
Powerlessness	>	Power	>	Ritual-Traditional Impulse Ridden
Stigmatization	>	Self-Esteem	>	Conformist Self Aware
Traumatic Sexualization	>	Intimacy	>	Conscientious Individualistic

The combination of these three develops a strong foundation for the treatment of ego development deficiencies and damage caused by traumatic child abuse. The way to enhance ego development is to work on the five issues of safety, trust, power, self-esteem and intimacy. If a child abuse survivor has ego damage in the presocial-symbiotic level, he/she may have difficulty trusting him/herself or other people. The art therapist, by noting the corresponding dynamic of betrayal, understands that as an art therapist particular attention must be given to developing a trusting relationship with the client. By using the information in Table 2, the art therapist is able to have a better understanding of the issues the child abuse survivor needs to deal with as well as ways that the therapeutic relationship can promote ego development.

Chapter 5

ART THERAPY TREATMENT IN CHILD ABUSE

Art Process as Healer

The therapeutic effect of art is not a revolutionary concept. For as long as art has been created, it has been used to make sense of crisis, pain and psychic upheaval "Human suffering has inspired some of our greatest art (Malchiodi, 1990)." It has been suggested that art may have been developed, in the first place, to alleviate or contain powerful emotions, anxiety and traumatic experiences (1990). Cathy Malchiodi, who is an art therapist, has often used the art process as a means to deal with her own traumatic experiences. Through the art process she has gained greater self awareness and understanding. Alice Miller, who is another contemporary author on child abuse, agrees from her own experience, that working through feelings associated with painful childhood experiences is valuable. She states "I want only to let the child in me speak and paint long enough for me to understand her language (Miller as cited in Malchiodi, 1990, p. 7)."

Inherent qualities of the art process facilitate healing for the person who has been abused as a child. Art has the capacity to encompass the many complex and confusing feelings a person has as a result of child abuse and does not separate abuse into distinguishable types such as physical abuse, sexual abuse etc. (Malchiodi, 1990). The art process may be beneficial to a person even when it is uncertain what types of abuse

occurred. This is sometimes the case when children will not speak of the abuse they have suffered or in the case of some adults who have memory lapses or who are in denial.

Through sublimation, the art process becomes a neutralizing agent for aggression and violence that are often the result of child abuse (Kramer, 1971). The art activity becomes the forum where a person may express his/her anger in an acceptable manner. The aggression becomes a source of creativity instead of a source of destruction.

Aspects or events surrounding a person's traumatic experiences of child abuse may be encoded in a person's memory by means of a photographic process (Johnson, 1987). This process can be described as the mind taking a picture of the traumatic event. Sometimes people are able to recall sounds, images, smells etc. with incredible detail and accuracy. These memories are often intrusive and show up in re-occurring dreams. This re-living of a traumatic event is part of the criteria for Post Traumatic Stress Disorder. Because the art process is a visual modality, it may offer easy access to such photographic traumatic memories. If such memories can be expressed through the art process a distancing between the self and the content of the memories may take place (1987).

Edith Kramer describes the power of the artistic process as lying in its ability to serve as a model for ego functioning (Malchiodi, 1990). Feelings and ideas may be expressed through the art as well as experimentation with

change. When the art activity becomes a direct metaphor for traumatic experiences, the art therapist may be given insight into the person's ego strength and coping mechanisms (1990). Malchiodi states that spontaneous art expression where the artistic process is selected and controlled by the child may also be ego-strengthening as it places the child in the position of power (1990).

Role of Art Therapist as Facilitator of Ego Development

In art therapy, the relationship between the therapist and the client is crucial to the healing process. The process of creating an art work can be cathartic if emotions are released and worked through in the art therapy relationship (Dalley, 1984). Feelings such as anger or fear which may be frightening to the client, can be contained within the therapeutic relationship (Orleman, 1994). Working with clay is an effective approach to dealing with anger because it has a dynamic quality that provides possibilities for movement, change, destruction and integration (Malchiodi, 1990). Sometimes a client may not be able to identify the source of an intense feeling he/she has. The client can be encouraged to draw the feeling itself so that it can be addressed by the art therapist and client in order for the client to understand his/her feelings on a conscious level (1994). The sharing of the art process and product between the client and the art therapist offers protection, validity and permanence for the art expression (Rubin, 1984).

The art therapist is able to encourage ego development by acting as a facilitator or as an auxiliary ego for the client. For the client, the art therapist may supply extra energy, patience, control or skill (Kramer, 1979). It is the art therapist's role to facilitate the art process so as to provide optimum conditions for ego enhancement.

Ego developmental disturbances may be caused by unsuccessful individuation due to the splitting of the maternal object into "good and bad"

parts (Robbins, 1987). One therapeutic goal is the internalization of the art therapist as a figure with both "good and bad" parts (Robbins, 1987). It is hoped that this successful internalization will be transferred to the client's interpersonal relationships with significant others in his/her life.

Ego Strengthening Through Art Therapy

The ego damage that is inflicted on a person who has been abused is a result of the dysfunctional interaction between the abuser and the child. It is, however, the child's total environment that will determine the extent of ego damage or delays in ego development. In some instances a child may have healthy, positive relationships with significant others in their lives. These other relationships may in fact neutralize the negative effects on the child's ego. In art therapy, the therapeutic environment involves the triadic relationship between the child, the art process and the therapist. A healthy therapeutic relationship may neutralize ego damage and strengthen the ego of an abused child, or perhaps have a reparative effect on the ego of an adult survivor of child abuse.

The trauma of child abuse may damage the ego in such a way that the person may lose the capacity to fantasize, symbolize and sublimate (Stronach-Buschel, 1990). Melanie Klein emphasizes the importance of symbolism as the "foundation of all sublimation" necessary for ego development (Klein, 1975, p.220). Before visual symbols can be used to express trauma in art therapy, the child must feel safe and secure enough to enter the transitional space provided in the art work (Stronach-Buschel, 1990). Once the child gains trust in the art therapist and the therapeutic environment the child may begin to master feelings and gain greater control by symbolically representing and exploring conflicts (1990). Carol Knibbe

observes "process types" in her art therapy treatment with children who have been sexually abused. She observes "symbolic expression" as a level of ego development which is dependent on the therapist's ability to facilitate trust as well as his/her ability to understand the symbolic meaning of the child's graphic communication (Knibbe, 1990). Knibbe suggests the treatment goal for these children is to help them understand their symbols so they may express their thoughts and feelings and identify their conflicts in a more meaningful way (1990).

Schema Framework Issues

Art therapy may promote ego development in survivors of child abuse by treating the areas of psychological and interpersonal functioning that are specifically problematic to this population. This section describes art therapy treatment in the areas of safety and trust, empowerment, self esteem, and intimacy.

Safety and Trust

A role of the art therapist is to establish therapeutic boundaries to ensure a safe environment for the client. Because an invasion of the boundaries of the self have been characteristic of the child abuse survivor's environment, the art therapist should ensure that the client is respected, while at the same time functions within the therapeutic boundaries. As part of the creation of a safe environment, the art therapist must establish consistency and structure through the art therapy (Malchiodi, 1990). By being dependable and providing structure, the art therapist will provide the child abuse survivor with security about what will transpire (Malchiodi, 1990). The client who has been abused often comes from an unstable environment with much parental inconsistency. Consistency and stability on the part of the art therapist are essential to the client's development of trust.

Empowerment

The art therapist as a mental health professional is inherently in a position of power. It is important therefore, for the therapist to facilitate the empowerment of the child abuse survivor through the art process. Spontaneous art expression can be empowering for the child abuse survivor. Spontaneous art expression is defined as "nondirected experiences in drawing, painting, collage, sculpting or constructing in which the child may choose materials and make decisions on how to use them (Malchiodi, 1990, p.101)". Choice is particularly empowering for the child abuse survivor as the abusive situation offers little choice or control (1990). The child abuse survivor may have an effect on the world around him/her symbolically through the space of the artistic experience. This artistic experience helps to develop an internal locus of control which is a necessary component of the empowerment of the client (1990).

Self Esteem

For the purpose of increasing self esteem, the art therapist should identify the child abuse survivors interests and strengths early in the treatment process (Malchiodi, 1990). Through the art, the therapist may facilitate possibilities for the enhancement of self esteem (1990). Franklin suggests that making an object out of an idea is enhancing to the self esteem of a person (Franklin, 1992). Through the art, a client works through

harsh self perceptions and replaces them with new perspectives (1992). As a client achieves greater self awareness through artistic expression, he/she may gain greater self confidence, self esteem and a sense of achievement.

Intimacy

The interactions between the art therapist, client, materials and art product provide a rehearsal of relationship building skills. The art therapy relationship is a safe arena where these skills may be exercised before being incorporated into the client's interpersonal relationships (Franklin, 1992). When the client has greater self confidence, trusts the art therapist and feels safe and protected within the therapeutic relationship, a type of intimacy can be achieved. A client may begin to express his/her true self and true feelings without the fear of punishment or abandonment. Intimacy can occur when the client's art expressions are accepted by the art therapist, no matter what the content. By accepting the art expressions, the art therapist shows his/her willingness to accept the client for who he/she is (Malchiodi, 1990).

Visualization Technique as Ego Strengthener

Bloomgarden and Kaplan (1993) have devised a technique for promoting ego development using Loevinger's ego development theory as a framework for treatment goals. The technique incorporates visualization and art experiences and is used with groups of adults. Bloomgarden and Kaplan (1993) state that visualization can be used for the purpose of increasing self esteem. Imagery also has been found to "reinforce healing of both the mind and the body (p. 203)."

Bloomgarden & Kaplan describe in their article a "Transactional Analysis Visualization" technique. In Transactional Analysis, the focus of attention is on interactional patterns and communication within the clients personal relationships. Transactional Analysis asserts that people are motivated by the need for "strokes" (1993, p.203). In the Transactional Analysis Visualization technique, the art directive was designed with the intent of creating a positive stroke (1993).

To summarize, the Transactional Analysis Visualization technique begins by each person in the group choosing a partner who they do not know. Each partner takes three minutes to talk about themself to the other person. This is followed by relaxation exercises and then visualization. With their eyes closed, the members of the group are asked to think about one positive quality they discovered in their partner. They are asked to feel that good quality and imagine what it looks like, noting the shapes, colors, lines and

patterns. Following the visualization, each person has fifteen minutes to make an artwork portraying the positive quality. After completion, each person takes a turn giving their artwork to their partner and describing the special quality and how it looks. The partner will receive the artwork and state the quality by saying "I am ...". Time is alotted at the end for a discussion (1993).

It is proposed that the positive interaction between the partners is ego building (1993). For survivors of traumatic child abuse, this visualization technique as incorporated into art therapy may serve to address intimacy issues and hence may help to increase self esteem.

There are problems with the Bloomgarden and Kaplan technique that are relevant to this research paper. The studies that were done were carried out on adults only, therefore it is not known whether their technique may be used on children. Also, their study did not specifically include adults who were abused as children. Therefore a theoretical model of child abuse was not incorporated with ego functioning. Further studies may have to be done to determine if visualization techniques in combination with art experiences are an effective treatment for ego damage as a result of traumatic child abuse.

An important point to consider is that visualization in the form of "guided fantasy" may not be an effective form of art therapy treatment for people who have suffered child abuse. Levens found much opposition to the

use of guided fantasy in her study of survivors of sexual abuse, mainly due to control issues (1994). Some of the people in her study felt the need to be in control of their own fantasies. A visualization technique that may be more effective is one called "receptive visualization" (Bloomgarden and Kaplan, 1993, p. 203). In this technique there are minimal prompts and the person's mind is encouraged to "wander and seek its own place (p. 203)." Another problem with using guided fantasy is that it may evoke traumatic memories which may be overwhelming for the client.

Problems in Treating Survivors of Traumatic Child Abuse

When treating survivors of traumatic child abuse, issues may arise that are problematic for effective art therapy to take place.

In cases of physical abuse, brain damage may be a cause of ego-developmental damage to the child. The art therapist may require that medical testing be done on a client who describes severe physically abusive incidents. In incidents of brain damage, ego-development damage may be irreversible or more permanent than incidents of psychological trauma (Martin, 1976).

Another problem encountered in the art therapy process involves the intense emotions that stem from child abuse. The resurfacing of these emotions can be like a reexperiencing of the trauma of child abuse. The client may become more defensive and his/her psychological health may disintegrate as a result (Stronach-Buschell, 1990). If intense emotions overwhelm the client this may jeopardize the safe environment, trust and self esteem that has already been worked on. It may disempower a client and destroy the therapeutic alliance. The intense material may need to be broken down into smaller parts that are more tolerable to the client (1990). As the client gains the ability to better cope with his/her abusive past, their self-confidence may become stronger. The art therapist must have a heightened awareness and sensitivity toward the client's emotional state and be capable of helping the client to regain control, if needed. A challenge for the art

therapist is to give support to the client while avoiding the establishment of the client's dependency on the therapist (Malchiodi, 1990).

Problems may be encountered if the art therapist is not observant of the transference and countertransference which is inherent in any therapeutic relationship. Understanding these issues can be beneficial to the therapy as they may reflect a great deal about the client's experiences. Survivors of child abuse may bring their transferential expectations into the therapeutic relationship which may include failure to protect, abandonment, indifference and even assault (Olio & Cornell, 1993). In some instances, traditional neutrality in therapy may be perceived as a lack of caring or sadistic pleasure in the patient's suffering (1993). Therapists who work frequently in the area of child abuse must be aware of distancing and minimizing the abuse as this may recreate the client's dysfunctional family relationship (1993). At times, the art therapist may be seen as a rescuer and is idealized as "good". Other times the art therapist is seen as a seducer or punishing parent and is "bad". In art therapy, an effective means for the therapist to understand his/her countertransference reaction to the client is to do post-session response drawings (Rubin, 1984).

Chapter 6

CONCLUSION

Summary

Transcending the intricacies of each particular type of child abuse, is a commonality which may be the key factor in treating survivors of child abuse through art therapy. Given that all forms of child abuse may be seen as invasions of the boundaries of the self, ego-developmental damage may be prevalent among child abuse in general. Since it is not always possible to determine what type of abuse occurred, the establishment of ego-developmental issues as a commonality is very important. In addition to ego developmental damage, it is proposed that child abuse may have a psychopathological impact if it is "severely" traumatic. The proposed "Traumagenic Dynamics" model appears best suited as a theoretical model because it does not focus on a traumatic event and environmental influences are considered. Table 4.1 seems to illustrate a relationship between the "Traumagenic Dynamics" model and Loevinger's Ego-Developmental Stages by incorporating a "schema framework" to link the two. The research thus far suggests the importance of art therapy in relation to ego-developmental issues and child abuse. Through the triadic relationship between the client, therapist and art work, art therapy can specifically address schema framework issues such as safety/trust, empowerment, self esteem and intimacy which may facilitate the strengthening of the ego.

Future Research

Research could be done to determine the accuracy of equating particular ego-developmental levels to certain areas of psychological and interpersonal functioning as described in the schema framework previously discussed. For example, if by using "Loevinger's Sentence Completion Test" it is determined that a person's level of ego functioning is in the presocial-symbiotic stage, further testing could be done to determine if there is a predominance of issues in the person's life relating to safety and trust.

If a relationship does exist between ego development levels and areas in the "schema framework" then experiments could be done to determine whether specific art therapy techniques are effective in promoting growth in ego developmental levels. For example, if the "receptive visualization" technique increases self esteem in child abuse survivors, then we can say that art therapy may be effective in treating the ego developmental issues associated with traumatic child abuse.

These are general descriptions of possible research issues. Of course, much further thought and consideration should be given to the planning of these experiments. As a preliminary, many experiments may have to be performed first to determine the reliability and validity of the larger studies relating to art therapy.

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