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**An Object Relations Approach to Art Therapy: A Case Study  
Exploring Treatment of Sexual Abuse And Borderline Personality Disorder**

**Beverley T. King**

**A Research Paper**

**in**

**The Department**

**of**

**Art Education & Art Therapy**

**Presented in Partial Fulfilment of the Requirements  
for the Degree of Master of Arts  
Concordia University  
Montreal, Quebec, Canada**

**April 1996**

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## Abstract

### An Object Relations Approach to Art Therapy: A Case Study Exploring Treatment of Sexual Abuse and Borderline Personality Disorder

Beverley T. King

This research paper is an exploration of an object relations approach to art therapy with a client who experienced traumatic object loss. This case study explores an art therapy treatment of an adult female psychiatric patient who has borderline personality disorder and had been a victim of child sexual abuse. An object relations approach recognizes the impact of early parent-infant relations as essential to the healthy ego development of the child. Etiological factors of borderline personality disorder suggest the primary loss of the mother in early childhood. Other traumatic losses such as sexual abuse, loss of bodily functioning, and deaths or losses of significant people over a lifetime are experienced as the original maternal loss. Consideration is given to ways to facilitate object relations through the choice and use of art materials and the promotion of play.

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## CHAPTER 1

### INTRODUCTION

#### General Statement

The generation of this research paper is the result of the author's individual art therapy relationship with a client from a first year practicum placement. As a second year student, this research is a critique of a first year case study with an expansion of ideas related to theory and knowledge attained over two years. This case study was originally wrote with a focus on the client's "borderline personality disorder". In this paper, a more holistic approach is taken to analyze the client and her art work. This research allows the author to view the client with "new eyes" and to understand her in totality.

The client in this case study has been given several diagnoses over her years of psychiatric hospitalization, such as borderline personality disorder, depression, narcissistic personality, dependent personality and hysteria. To initiate this research paper the author will defend her choice to focus on Borderline Personality Disorder as the primary diagnosis.

This paper acknowledges the debate over the appropriateness of applying psychiatric labels to childhood trauma survivors (Beaudoin, Glickauf-Hughes, & Wells, 1995). There is a concern that childhood victimization has been "swept under the carpet" for too long and must be acknowledged if treatment of symptomatology related to child abuse is to occur. An important factor to consider is the stigmatizing effects of psychiatric labelling which may serve to

disempower the child abuse survivor and contribute to an already low self-esteem. The child abuse survivors feeling of being "different" as an effect of a psychiatric labelling may be viewed as a revictimization in that it reinforces the survivors alienation and self-blame. Persons who have been victimized as children sometimes believe they are inherently "bad". A psychiatric diagnosis such as borderline personality disorder may reinforce the survivors belief that there is something "wrong" with them instead of acknowledging that the abuse was something that was done to them by someone else.

In respect for the the need to acknowledge the long term effects of child abuse in relation to psychiatric diagnosis, this paper intends to fully acknowledge the clients' abusive and victimized childhood as contributing to the overall symptomatology. The client, however, experienced traumatic loss in her life that extends beyond her sexually abusive past. The overall symptomatology including "splitting" indicates the presence of borderline personality disorder which suggests the need to explore beyond the client's sexually abusive situation and look at early mother infant dynamics and a more expansive view of loss in the client's life. In addition, the clients' differential diagnoses of narcissistic personality and depression may be described within the realm of borderline personality. In observing the images created in the art therapy sessions by the client, the overall impression supports the presence of borderline personality traits with some dissociative indicators as supported by the literature. This

author supports the notion of the importance of early object relations in setting the framework for the child's future relationship patterns. This client's early childhood was invaded by abuse, neglect, and abandonment by her mother, making object relations theory suitable in providing insight for her treatment needs.

### **Statement of The Problem**

Initially, the purpose of this case study was to explore the nature of an art therapy relationship with an adult psychiatric patient who had been abused as a child. This research was meant to be an analysis of an object relations approach to art therapy in helping a sexual abuse survivor with issues of low self-esteem, powerlessness, stigmatization and sexualization.

However, due to the complexity of this particular case, there were questions as to whether or not the client's borderline personality disorder was due to her history of sexual abuse or to disruptions in early object relations with the mother. Since the literature suggests both sexual abuse and disruptions in early object relations as etiological factors in borderline personality disorder, perhaps it is a combination of these intertwining dynamics that explain this client's symptomatology. The next aspect to consider is to what extent did repetitive losses in her life such as the amputation of her leg, deaths of significant people, and abandonment by her ex-husband contribute to this patient's borderline personality. The

research suggests that survival guilt and reunion fantasies contribute to suicidal tendencies. The loss of a part of the body or bodily function may be followed by a sense of low self-esteem, and feelings of anger, helplessness and betrayal, all of which are present in the patient I will present. The actual loss of significant people and/or bodily functioning may initiate a grieving process which, in this case, is no doubt responsible for her depression.

Clearly it is impossible to untangle the series of traumatic events in this patient's life and determine one etiological factor for her borderline personality disorder and her depression. It appears logical to assert that all events contribute to some extent in this patient's symptomology. As a result, the focus of this paper is no longer on sexual abuse in specific.

The focus of this study comes about as a result of the exploration into the literature on object relations theory and art therapy. the author has concluded that an object relations approach to art therapy with this particular client encompasses the treatment of issues relating to child sexual abuse, the deaths and loss of significant people, and the amputation of her leg. This research intends to illustrate how the images created in the art therapy sessions relate to the loss of the primary love object-her mother. Throughout the art therapy process the author became aware of the patient's need for holding, mirroring and nurturance. It is concluded that the patient's treatment depended on the author's maintaining the role of a "good enough mother".

The overall purpose of this case study is to explore object relations approach as an effective therapeutic approach in art therapy with a client who has had traumatic object loss, be it the loss of the early object relations with the maternal agent, loss of childhood through abuse or loss of actual objects such as body functions or love objects.

### **Statement of Research Question**

How is an object relations approach to art therapy an effective treatment for clients who have experienced traumatic object loss?

### **Research Design and Method**

a. Subject: A 47 year old female who was an inpatient at a psychiatric hospital for five weeks. The patient suffered from numerous losses in her life and was diagnosed as having a borderline personality disorder with depressive and narcissistic tendencies

b. Data Collection and Instruments: The information contained within this case study is based upon notes written during the time of the individual art therapy sessions that includes the clients description of the art works as well as this researchers observations of the clients behaviors and affects. The notes contain personal feelings of the art therapy intern which give insight into the issues of transference and counter-transference.

## CHAPTER 2

### LITERATURE REVIEW

#### Object Relations Theory

Object relations essentially refers to interpersonal relationships that are residual of past relationships. Freud first defined "object" as that which will satisfy a need and broadly refers to a significant person who is the object of one's drives (St.Clair, 1986 ). Theorists who have attempted to bridge classical psychoanalysis to object relations theory are Melanie Klein, Otto Kernberg, and Margaret Mahler.

Melanie Klein adopted Freud's definition of a need satisfying "object" and always referred to the infant's attachment to the mother in describing object relations (Bacal & Newman,1990). Klein contributed the terms "part objects" and "whole objects" to object relations theory. Part objects referring to those that exist primarily to satisfy one's needs and may also denote a part of the person such as the penis or breast (1990). A whole object is the acceptance of a person as being a need satisfier but as well as having needs of his/her own (1990). "Internal objects" may be part or whole objects and are inner representations of external objects that are determined by unconscious phantasy. Klein accepts the death instinct as the destructive drive within the ego which is in constant struggle against the establishment of a good internal object as is essential to healthy ego functioning and development. Klein's contribution to object

relations includes the psychic mechanisms of denial, splitting, projective identification, introjection and idealization. Klein's discussion of the early "depressive position" and concept of envy are also important to consider in this case study. Otto Kernberg was an object relations theorist who contributed to an understanding of borderline personality disorder and whose ideology will be discussed in the section on borderline personality disorder. Through her observations of infants, Margaret Mahler describes the development of the child as moving from symbiosis to separation and individuation, from a state of fusion with the mother to a state of independence (St. Clair, 1986). Mahler describes this growing away from the mother as a lifelong mourning process (Mahler, 1986). The gratification of the infant in the symbiotic stage is essential for later separation-individuation. When the mother is frequently unpredictable or unavailable to neutralize tension in the infant, the infantile psyche will resort to pathological mechanisms that reflect the inability to internalize a soothing maternal experience (Bacal & Newman, 1990). A lack of mutual mirroring and mirroring can evoke a fear of object loss in the young child. In adulthood, separations or losses may stimulate early feelings of being abandoned, producing overwhelming anxiety and loneliness (1990). Mahler's developmental model traces the gradual establishment of self constancy and object constancy which are a precursor to the conceptualization of the "cohesive self" in self-psychology (1990). D.W. Winnicott describes "transitional space" as the point of overlapping of



reality and phantasy where the mother agent gives in to the infant's impulse and allows the infant the illusion of omnipotent creativity and control (Bacal & Newman, 1990). The transitional space is important as it is the arena where the child begins to test out separations from the mother. The "transitional object" is the first "not me" possession to which the child becomes attached that provides comfort or protection against anxiety or loneliness and which usually represents the mother (Bacal & Newman, 1990). The "holding environment", as described by Winnicott is determined by the mother agent's ability to empathize with her infant's needs (Bacal, 1990). "Good enough mothering" is responsible for the infant's development of a "true self", as the mother agent meets the omnipotent needs of her child. If the mothering is "not good enough", the infant is forced to be compliant with the needs of the mother agent which lead toward the development of a "false self" to protect the inner "true self" (Bacal, 1990). In adulthood, person's having a "false self" are generally unable to be genuine in relationships and are experienced by others as phony and not real (Bacal, 1990).

Further discussion and application of the contributions of the above mentioned object relations theorists will continue through out the remainder of this research paper.

## **Borderline Personality Disorder**

Perry and Vaillant describe Borderline Personality Disorder as being a condition lying between schizophrenia and neurosis of various kinds. Kernberg suggests that defective early object relations are internalized by persons having borderline personality and are maintained by primitive defence mechanisms (1979). The person fuses with an overwhelming or chaotic relationship through introjection. This introject takes over the persons' ego like a foreign body or ghost from the past and drives the patient to behave in ways that are alien to him/her (Robbins, 1987). Infants who are subjected to unpredictable and prolonged separations during the rapprochement phase of separation-Individuation stage of psychological development are at risk (Perry & Vaillant, 1985). A conflictual parental relationship is noted, usually characterized by a distant relationship between the father and child and a negative relationship with the mother. Another important factor in borderline personality disorder is that there are commonly histories of physical and sexual abuse and witnessing violence in the household (1985).

Kernberg describes the weakness of the borderline ego to be a result of the child's conflictual identification with the mother. The ego fails to maintain a balance between the id and the superego and the result is usually a repression of the instinctual urges which manifest as a neurosis of some kind. When the instinctual urges become too powerful they manifest as a psychotic like state. The lack of capacity for equitable

expression of drives, especially the aggressive drive may, in a state of crisis, lead the person to become overly self-destructive in ways such as self mutilation. Outside of a crisis situation, a person having borderline personality may appear to have unremarkable affect but may describe intense moods of anxiety, anger, depression and chronic feelings of emptiness (Perry & Vaillant, 1985). Persons with borderline personality have a poor tolerance for being alone and will even tolerate an unsatisfactory relationship to prevent feelings of loneliness (Perry & Vaillant, 1985).

"Splitting" is a characteristic defence in borderline personality disorder. "Splitting involves the separation between the good introjects, derived from satisfying object experiences, and the bad introjects, derived from frustrating or rejecting object experiences (Meissner, Mack & Semrad, 1975, p.551)." Adults having borderline personality distort their relationships by pigeon-holing people into all good and all bad categories (Perry & Vaillant, 1985). As well, persons with borderline personality experience good feelings only by a flight into omnipotence which involves a denial of present negative feelings (Perry & Vaillant, 1985). Masterson describes this as the "false self" in persons with borderline personality disorder (Masterson, 1988). When a child experiences an abandonment depression during the first three years of life, the "real self" shuts down to alleviate these feelings. This shut down produces impairment in all capacities of the self. The child engages in defensive measures that

prevent feelings of depression but also prevent the growth of the "real self". Hence, a person with borderline personality disorder has a conflictual identity and cannot see themselves as having both good and bad aspects. This person sees him/herself as parts, either positive or negative, rather than as a whole entity (Masterson, 1988).

### *Narcissistic Features*

Reliance on selfobjects for mirroring/idealizing functions to sustain a sense of self-worth is a narcissistic feature common in persons having borderline personality disorder (Glickauf-Hughes & Wells, 1986). In relation to object loss, a withdrawal into pathological narcissism can have destructive impact in that the self believes it is responsible for the loss of the needed object (Weiner & White, 1982). A person having borderline personality with such narcissistic tendencies may experience hopelessness about trying to get his/her needs met through another because of a lack of trust in him/herself and in others (1986).

### *Depressive Features*

According to Freud, depression is a narcissistic disturbance that comes about from object-loss. A person having borderline personality with narcissistic features may fantasize that they are all-powerful and in control of every situation. When a needed love object dies, the person must come to terms with their loss of omnipotence (Weiner, & White,

1982). The experienced failure to control their environment make persons' having borderline personality disorder extremely vulnerable to depressive states. While in the depressive state, a person may experience a range of affects from longing over the lost object, guilt over negative feelings toward the lost object in the case of death, survival guilt, identification with the lost object, and loss of interest in the external world (Weiner & White, 1982).

### **Child Sexual Abuse**

Ratican (1992) asserts that child sexual abuse is an etiological factor in mental disorders including dissociative disorders, eating disorders, affective disorders, and is thought to be a major cause of borderline personality disorder. Depression is noted as the most common symptom in survivors of sexual abuse (Ratican, 1992). Symptoms of depression in survivors of sexual abuse include suicidal thoughts, low self-esteem, guilt/self-blame, anger, anxiety and somatization, poor body image, denial/repression, dissociation, relationship problems, sexuality problems, and powerlessness (Ratican, 1992).

In spite of the overwhelming incidence of child sexual abuse in persons having borderline personality disorder, treatment strategies tend to focus either on post-sexual abuse trauma or on borderline personality as distinctly separate from each other. In some instances, the recommending treatments for each are in quite opposition to each other.

Kernberg (1979) recommended that due to the fantasy-driven, dream-like recall of persons having severe borderline personality disorder, the therapist should focus on the clients "here and now" relationships instead of exploring the past. In contrast, Briere and Runtz propose that therapy for persons having post-sexual abuse trauma is most effective if it explores in a direct way, early childhood victimization. The approach emphasizes the need for emotional catharsis and retelling and reliving the memories until the intensity of the memories has decreased (Beaudoin, Glickauf-Hughes, & Wells, 1995). These authors assert their approach even if the sexual abuse survivor has borderline personality. Beaudoin, Glickauf-Hughes & Wells disagree with the use of this cathartic approach if the survivor also has a borderline personality. These authors have observed that this cathartic approach to treatment of post-sexual abuse trauma can be an overwhelming and retraumatizing experience for the client with a borderline ego/object relations development who cannot tolerate the intense anxiety and stress of reliving the trauma. Special conditions to consider are that intense negative affect may lead into destructive acting out, self-mutilation, or becoming suicidal. Object relations theory stresses attention to structural or self-development as essential before traumatic memory work is to begin. Therapy with abuse survivors having borderline personality should initially focus on patterns of current relationships as well as on addressing "splitting" and "projective identifications" (Beaudoin, Glickauf-Hughes, & Wells, 1995).

These clients need to build enough ego strength and object relations to "maintain an observing ego and internalize support when they cannot provide it for themselves" (Beaudoin, Glickauf-Hughes, & Wells, 1995, p.427). Therapists should be aware of borderline personality traits in sexual abuse survivor clients so as to proceed with care in relation to traumatic memory work. However, therapists should also be aware of the error in avoiding traumatic issues and memories in their clients.

## **Art Therapy**

### **Object Loss**

Niederland's theory of the loss/restoration principle is based on Freud's ideology that everything we lose must be replaced (1989). Human beings need an object and when body and/or object loss occurs, the object must be replaced. Narcissism may be a pathological, part substitution to loss (1989). Through externalization in an art work, the lost object may be restored by creativity. A person may overcome the trauma of loss and gain self-healing through creativity (1989).

Niederland describes the resemblance of object loss to body loss (Niederland, 1989). Object loss relates to a love object in the external environment and body loss relates to an object that was a part of the self. In the case of "body loss" such as amputation, even adults will have difficulty distinguishing between the mental representatives of the inner and outer world (1989). The psyche attempts to restore the lost body

part through the experience of "phantom limb". Niederland asserts that physical defectiveness tends to stimulate the imagination, promote creativity, fantasy, and symbolic processes (1989).

In the treatment of "object loss", the client would need a relationship "that would repair the damages of object loss and give her the courage to live through her feelings of pain and abandonment (Robbins, 1987, p.67)." There is a paradox in that the therapist cannot be what the client lost, however, the therapist's presence and experiencing the client's early losses may help to repair the original damage. The therapist will help to contain and organize the client's experience and provide a space where trauma, disappointments and confusion can be processed on a more satisfying level (Robbins, 1987).

### Borderline Personality Disorder

When Arthur Robbins speaks of object relations theory as it may be applied to art therapy, he is not referring to one unified theory or one particular theoretician's perspective on object relations. With clients exhibiting primitive mental states such as in borderline personality disorder, Robbins asserts that the task of the therapeutic relationship is that of "building" rather than "uncovering" as in psychoanalysis (Robbins, 1987). The overall goal is to help the client move from part-relatedness to whole-relatedness. Involved in this task is the modification of self-grandiosity into a more human and fallible self perception as well



as exposing and exploring "false self " defences that disguise fears of interpersonal relations and of loss. Persons having borderline personality disorder have the ability to use symbols but have difficulty integrating those symbols into greater wholes (Robbins, 1987). Robbins asserts that before they can integrate these symbols, they must play with their images and own them (1987). Robbins suggests the use of art materials the client can "build" with so as to redefine early symbiosis, create transitional objects, and gain a greater understanding of the forces within (1987). Robbins asserts :

The job of the therapist is to facilitate the patient's quest to integrate the various components of the self through exploration, questioning, enthusiasm, interest, and response. Mirroring, then, becomes a joint process in which the affects, perceptions, attitudes of the therapist are of major importance in giving validation to the development of the patient's self (Robbins, 1987, p.53).

Resonance is important as the therapist mirrors or offers emotional responsiveness which facilitates the development of empathy (Robbins, 1987). Empathic responses on the part of the therapist will help the client feel understood and less alone, thus reinforcing the establishment of a holding environment (Glickauf-Hughes, & Wells, 1986). In addition, these clients can learn from the therapist how to empathize with themselves and the child they once were (1986).

The art can be a container to organize and mirror the state of internal object relations with it's defences and the developmental

problems (Robbins, 1987). The defense of introjection, as is common in borderline personality disorder, often appears in art work. The client rarely understands the images or associations he/she has to them, however regardless of how they are represented, they most often symbolize a parent who inhibited the patients' individuation (Robbins, 1987). Art therapy offers a psychological space or what Winnicott calls transitional space. The therapist must maintain a positive, supportive relationship as a background in order for the art therapy process to proceed (Robbins, 1987).

Persons who are prone to aggression or self-destructive acts may benefit from the art therapists setting of protective limits. In this situation, limit setting is a form of caring and protective containment (Glickauf-Hughes, & Wells, 1986).

Arthur Robbins has described from his experience, the nature of art therapy with person's having borderline personality. Robbins noted how a person having borderline personality will have difficulty entering their picture upon the request of the art therapist. The concept of entering a space may be perceived as a possible threat of annihilation (1994). Typical use of universal signs such as "broken hearts and black clouds (1994, p.138)" is noted. Images created by person's having borderline personality generally have a lack of color, lack of inner organization and cohesiveness, and a lack of ideation (1994). Art work by person's having borderline personality generally contains concrete and pictorial images

(1994). The art work tends to remain two-dimensional with repetitive images possibly indicating resistance (1994). Robbins asserts movement and rhythm in the images as determinates of the relationship between self and other.

### Child sexual abuse

Child sexual abuse may be considered a traumatic loss in the adult survivors life. An important aspect of the adult survivor's healing process may involve the mourning of a lost childhood in response to sexual victimization.

There is a paucity of literature describing art therapy with adult survivors of child sexual abuse. A personal construct approach to art therapy with an adult sexual abuse survivor is described in an article by Mary Ellen Peacock (1991). The personal construct approach gives the client a sense of control over the therapeutic process and is consistent with the issues of control in sexual abuse survivors. Peacock conducted 10 art therapy sessions with a woman with very similar background and issues as the client described in this research paper. The subject of her study was a 40 year old woman who was hospitalized for depression. The woman had been sexually abused as a child and had many losses relating to her physical health. The art therapy treatment was designed to uncover repressed memories, release affect, disarm intrusive images and increase self esteem and control over intense emotions stimulated by

traumatic memories (Peacock, 1991). The art therapist structured the sessions based on cues from the client and provided materials such as collage, markers, tempera, very wet clay, and pastels. The results of standardized tests showed an increase in self esteem, and a decrease in anxiety (Peacock, 1991). There was not a decrease in depression as was hypothesized which may suggest the need for grief work in terms of the client's many losses in addition to her sexual abuse. Other authors such as Jacobson (1994) describe art therapy as beneficial in abreacting and assimilating traumatic memories however the study focuses on person's having multiple personality disorder.

Arthur Robbins describes graphic indicators of dissociation in the art work of his clients which may be applicable to survivors of sexual abuse. The images of dissociative clients are generally ungrounded and floating in space (Robbins, 1994). The presence of geometric shapes, abstract symbols, bright colors and borders are common in dissociative clients (1994). Further empirical research is essential to determine significance to Robbin's clinical observations.

### **Synthesis of Literature**

Overall, the literature on art therapy treatment of post-sexual abuse trauma appears to focus mainly on uncovering traumatic memories and re-telling the abusive story. It appears that long-term art therapy is essential to address grief issues regarding loss.

Arthur Robbins contributes his observations of graphic indicators of borderline personality disorder as opposed to dissociative disordered clients. As this case study will illustrate, it is not always effective to define graphic indicators as specific to the particular disorder.

Dissociation may be a defence used by person's having borderline personality disorder, therefore distinguishing graphic indicators between the two diagnosis's is not necessarily beneficial. I speculate that in most instances a client who has been sexually abused will have the above mentioned graphic indicators of both borderline personality and dissociation.

An object relations approach to art therapy is beneficial in that it enables the therapeutic process to address issues of loss and promote a corrective emotional experience as well as a restoration process.

## CHAPTER 3

### CASE STUDY

The author of this research paper is the art therapy intern who conducted the treatment with the client in this case study. For the purpose of describing the case study, the author will write in the first person and will refer to herself as "I".

#### **Description of clinical setting**

A brief therapy unit of a psychiatric hospital in a city in Canada.

#### **Description of Client**

##### Appearance

Since Karen had an artificial leg, she walked with a limp and sometimes needed a cane to assist her. Her physical appearance was masculine. She portrayed herself as a tough person externally however, I have come to understand this as a defence she used. Behind the closed door of the art therapy room she would let go of her "tough" image and instead appeared to be very sensitive. Karen could easily entertain people with her jokes and laughter, however these defences came down as well in our art therapy sessions.

Medical History

1968-- Right leg sarcoma with amputation and prosthesis.

1979-- Tubal ligation

1980-- Appendectomy

1981-- Cartilage repair of knee and arthroscopy

1982-- Hysterectomy for hemorrhaging

1985-- Elbow problems

1987 & 1988-- Removal of benign thyroid nodule

1990-- Biopsy and fasciectomy of left foot

Psychiatric History1969

Depression after first husband had an affair. Her leg amputation was accepted by neither Karen or her husband.

1971

Depression after first husband left her, three years after her leg amputation.

1990

(February)-Depression and suicidal. She put a knife to her throat because leg symptoms resembled those of osteosarcoma and because of marital stress. Treated in emergency.

Diagnosis: major depression, hysterical and narcissistic.

(May-June)-Depression and suicidal. Wanted to kill herself for

reasons mentioned above.

### 1991

Major depression. She was seen in out patient department and was followed in crisis intervention for four months.

Diagnosis: Dependent personality disorder.

### 1992

(December)-Depression and suicidal. Hospitalization for two weeks, Diagnosis: Borderline personality disorder, panic disorder and chronic pain syndrome.

Treatment plan: Try to decrease the risk of dependency and give her the sense of being in control, but at the same time providing structure.

### 1995

(January-February)- Anxiety and suicidal. Hospitalization for five weeks. She threw scissors at her husband and cut her wrists.

Diagnosis: Anxiety Neurosis--Hysteria.

### Personal and Family History

Karen was the youngest of seven children. She had two brothers and four sisters. When Karen was 6 years old, her 7 year old brother died in a car accident. Both of Karen's parents are deceased; her mother died many years ago and her father about one year previous to the time I met Karen. Her mother she described as a hypochondriac who was very demanding. She did not feel loved by her mother because she was never



home. Her father, as well, showed no affection towards her. Karen remembers there being fighting between everyone and "no love". The pain in her words "no one ever hugged me" reflected the deprivation of a holding environment that she so desperately needed as a child.

Karen's childhood was one of abuse and trauma. Karen recalled how her mother would abuse her by burning her hands on the stove. Karen rarely spoke of her mother, except once to say she hated her. When Karen was 6, her 7 year old brother died in a motor vehicle accident. Karen's grandmother died the same year. Karen was not only physically abused and emotionally neglected, she was also sexually abused. She described "When I was nine years old the neighbour raped me..he was eleven..my head was split open". Karen recalled being sexually abused by a man who led a church group she attended every week as a young girl.

At 16, Karen became pregnant and married the child's father as a way to leave her parents home. This was an unhappy marriage with little communication and sometimes physical abuse. From this marriage Karen had two children, a boy and a girl who are now married as adults. In 1968 she had her right leg amputated due to osteosarcoma. In 1969 her husband had an affair and eventually left her in 1971.

Upon recommendation of social services, Karen began to lead a more active life. She became involved with the Y.W.C.A., a baseball team, Guide and Scout activities and she joined a church. Karen

completed her grade eleven and eventually had a job as a computer secretary. Unfortunately, she had to quit this job because of health problems.

Karen was married a second time in 1983 and is once again involved in a dysfunctional relationship with little communication. She feels that she needs her husband but does not love him. At the time of our art therapy sessions, Karen wanted to leave her husband but was hesitant because of financial reasons. Apparently she was not able to work because of her health and was waiting to have another operation.

### **Description of Art Therapy Sessions**

In the art therapy sessions, I was able to better understand the issues surrounding the client in terms of an object relations viewpoint. Karen relates to people as part objects whose functions are to satisfy her needs. Whether a person is "good" or "bad" depends on the gratification she can achieve from them.

Karen's cumulative losses have contributed to a "bad" internal object or introject, as evidenced by her guilt, low self esteem, and suicidal gestures. Karen has projected all good toward male authority figures including her doctor and minister. These males are idealized to the point of omnipotence. Karen disclosed having excessive sexual fantasies about her doctor and minister which may be in relation to her having been sexually abused by a male authority leader. In contrast, Karen described

having no close relationships with females. Karen made it clear that her relationship with the art therapy intern "did not count".

Karen's identification with males may be a defensive means to preserve a good and powerful self perception and to combat her true feelings of "badness" and "powerlessness". The death of Karen's brother no doubt initiated the mother's depression and may have contributed to the mother's emotional unavailability for Karen. In hopes to gain love and attention, Karen may have tried to "become" the lost son, thus initiating an identification with males as "good". Karen's experience of sexual abuse may have created her perception of males as "powerful". To be male-like is to create the illusion of herself as powerful and defensive against victimization. This "identification with the aggressor" was indicated as Karen disclosed her fear of an incest fantasy about her adult son.

Karen has had assaults to her femininity such as having undergone a tubal ligation and a hysterectomy. Also, her ex-husband's abandonment after her leg was amputated may have exacerbated her low self esteem and feelings of unattractiveness.

### Session 1 (Figure 1)

My first encounter with Karen was in the hallway of the brief therapy unit of the hospital. She was eager to come to art therapy and appeared very friendly and humorous but at the same time somewhat "tough". I recall taking an immediate liking to Karen due to her ability to evoke a smile or sometimes laughter from me. Further interactions with Karen outside of the art therapy room helped me to identify her "false self". I have come to understand Karen's false self as a way to elicit a positive mirroring response of a smile from the art therapy intern.

In the first session, I asked Karen to use the art materials to make a picture describing something about herself that she would like to share with me. Figure 1 illustrates her father lying in a coffin. Hearts are drawn along the sides of the coffin and on the kneeler in front of it. Karen cried as she expressed how much she misses her father and described his death as occurring shortly after she began to have a "good" relationship with him. Karen's sadness turned into anger as she used a red oil pastel to strike at her dead father. She spoke of her unsatisfying marriage and how no one is ever there for her but she is always there for other people. Karen described both her first and present husband as abusive but said she would not leave her current husband. In this first session Karen's splitting was evident as she expressed her hate for her mother and her intense love for her father who had never showed her affection. Karen's

identification with her father (the lost love object) was so intense she expressed her intent to suicide. She drew three trees next to a path that led to the "family plot". The "O" represents where she wants to be buried and the "X" is where her father is buried. The three trees may symbolize her fantasy of reunification with her parents through death. To summarize the first art therapy session, Karen expressed feelings of sadness, loss, anger, guilt, and self-hate. Karen also expressed fear of not knowing who she is which initiated further exploration of identity in later sessions.

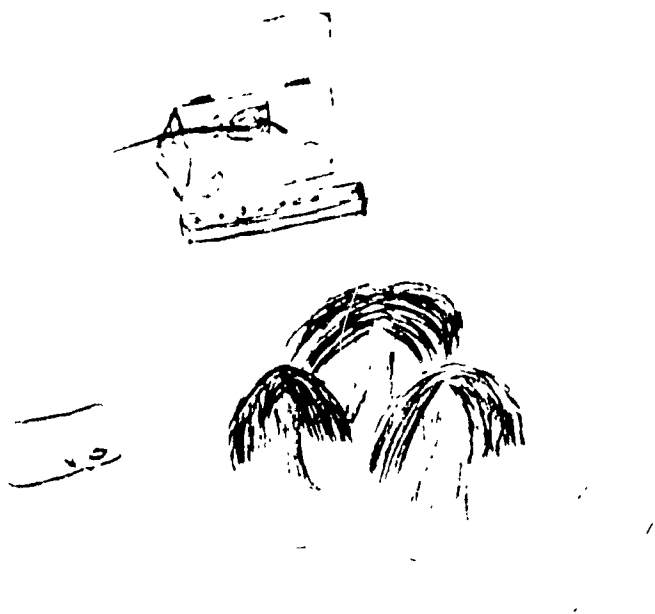


Figure 1



Figure 2

Session 2 (Figures 2, 3, 4)

Karen expressed her desire to draw herself, however was disappointed in her drawing and said she was too much of a perfectionist. It was evident that Karen was attempting to please me and was fearful of rejection. Figure 2 is the drawing of her physical appearance which shows a denial of her prosthesis and an identification with a masculine body. This image is the first indication of Karen's desire for holding and acceptance from the art therapy intern. Karen's arms are reaching out perhaps searching for someone to hold.

I empathized with Karen's frustration over her perfectionism and encouraged her to draw a picture of how she feels on the inside. I feel in this session Karen was given permission to express her "true self". As Karen began to draw with the chalk pastel, I observed a release of tension as she drew in a less constrained manner. Figure 3 describes how she feels inside. She said she is "one big heart" with tears inside and a burden on her shoulders represented by the word "TONS". There is a green ear near the bottom of the image which Karen said represented her "always being there to listen to other people." The red and green spiralling lines represent chains around her neck while the remaining lines represent her negative feelings. Overall the image expresses a sense of depression.

Karen's third drawing in this session once again represents her grief over a lost love object. Karen cried as she told me about the death of her dog who she was just beginning to have a companionship with. On the

left side of the page she drew two red arms holding her dog (green form) which represented her need to hold and be held. Musical symbols represent how she experiences music as having the ability to soothe her. The fork and spoon may also be symbolic of nurturing or "feeding". Karen questioned herself as to why she did not draw a knife, perhaps in hoping I would express my understanding of her self-destructive tendencies. By posing this question, she may have been searching for a mirroring response from the art therapy intern. The desire for maternal soothing, feeding, holding, warmth (candle) and love (heart) are all present in this drawing but within the centre of the image is a black circle perhaps representing the original abandonment depression in Karen's early childhood.





Figure 3



Figure 4

Session 3 (Figures 5, 6)

In figure 5 Karen drew a tire hanging from a dead tree. She described wanting to make a place for her niece to play. The tire's resemblance to a hangmans noose is evident and may be an unconscious expression of the wish to die. Karen's desire to make a playground for her niece may represent her own desire to play and to regain her lost childhood. The green house has plants hanging in the windows. Karen verbalized that her husband "is the only one who can keep them alive" and that "I only kill them." Her dependence on her husband is evident as well as her view of herself as self-destructive. The reference to her husband is also shadowed by the presence of her father as symbolized through a red, phallic well that her father put in her yard. The well may be symbolic of Karen's perception of her father as the life giving (water) source and the provider of emotional feeding. Karen's dependence on her father is evident as we look deeper into the image. A well supplies water (life source), and when the well is dry (death of father) the tree dies too. Karen's father died, so she feels she will die as well for she cannot live without him . Karen's dependence on her husband to "water" the plants may be symbolic of her need to restore the lost love object. The heavy black roof on the house may once again indicate a depression with it's roots in infancy.

The written words in the second drawing of this session (figure 6) express her feelings of hopelessness and that "Life is not important" The

knives, pickaxe, and wound to her neck with dripping blood express her self-destructive wishes. The rainbow weighed down by a band of black color vividly expresses her hopelessness. The squiggles and spiral forms around her head and in front of her face express confusion and chaos. The question mark may be a cue to elicit a response from the therapist . The remaining forms are "just squiggles".



Figure 5



Figure 6

#### Session 4 (Figures 7, 8, 9, & 10)

Session 4 was anxiety provoking for both Karen and the art therapy intern. Figure 7 and 8 show Karen's regressive use of chalk pastels as she used the paper to express pure emotion rather than imagery. Figure 7 represented depression, while figure 8 represented depression and anger. After drawing figure 9, Karen disclosed having been sexually abused by two males during her childhood. The black figure is her abuser and is on top of the orange figure representing herself. Karen turned the image over on the table and did not look at it any more. The final drawing (figure 10) is of a "pick", which is a pointed gardening tool. Karen described how she desired to drive a pick through her abuser's head.

During our session, Karen appeared anxious as evidenced by heavy breathing. Toward the end of our session Karen began to cry uncontrollably. I began to feel worried that I was unable to contain Karen's intense emotions. I broke traditional therapeutic boundaries by putting my hand on top of hers. In a sense, I gave Karen a physical holding in compensation for symbolic holding which I was uncertain she was getting in the art therapy session. My countertransference response was that I could rescue her from her painful emotions and be a "good" art therapist. Karen expressed fear that she would hurt herself while out on daypass that day, therefore I communicated this to the nursing staff who denied Karen her daypass. Karen's growing dependency on the art therapy intern became evident as she asked me to tell the psychiatrist

about her sexually abusive past . After discussing this session with my supervisor, I became aware of Karen's borderline traits such as the aspect of "splitting" the team. Karen instilled in the art therapy intern, the sense of being the "chosen" one to whom she disclosed her sexual abuse. Karen told this intern that she did not want the nurses on the ward to know about her abuse. Being an intern, I was torn between respecting the client's confidentiality and reporting the incident to the nurses. When Karen appeared very agitated on the ward after the art therapy session, there was speculation that the intern had provoked the client which led the primary nurse to question me about the content of our session. The experience I felt was one of being torn between the client and the staff. In this way, Karen was contributing to "splitting" the team.



Figure 7



Figure 8



Figure 10



Figure 9



Session 5 (figure 11)

Karen's fear of abandonment was evident in the beginning of the session as she was concerned why I had not seen her on a specific day, and how on that day not even her pastor came by to see her. Although we did not have regular appointment times, Karen had "expected" me. Karen and I agreed that regular appointment times should be established for the remaining art therapy sessions. Figure 11 depicts a sense of relief from burden and the regain of stability. Compared with figure 3, the heart is not as tearful and the weight is not as heavy. I noticed the heart was slanted so I asked Karen what would happen if there was motion in the picture. Karen responded with an expression of delight that the black weight would slide off the shoulders of the heart. In contrast to figure 3, the lines are horizontal and no longer have a sense of depression. Karen pointed out to me that the heart in figure 3 had a black line around it whereas the heart in figure 11 had a grey line. To Karen this was a positive experience. My impression of Karen's drawing is that it reflected her feeling of safety and trust that the art therapy intern had not abandoned her following her last session. For Karen this would prove the art therapist's ability to be trusted. Overall there appeared to be a decrease in depression as Karen expressed she felt positive in this session.

Session 6 (figure 12, & 13)

Session 6 explored Karen's identity issues in terms of her "true self" and "false self". The head in the upper left corner of figure 12 is a self portrait that Karen did not like because it looked like a man. This realization made her agitated so she covered the head with a piece of paper so she did not have to look at it. The image of herself as masculine may have been threatening as it was perhaps a mirror of her intense identification with her father. At the bottom of the page, Karen drew a head to represent herself as more feminine. The image depicts her playing cards with her friends. Karen spoke directly about her false self as she explained how she can only show one side of herself to her friends. She describes how she feels she has to put on a happy face when she socializes. The image of herself front on with tears streaming down her face represents her "true self" and the side she cannot show to others. A purple square form in the upper right side of the page represents the hospital and her fear of going out by herself on a daypass. Karen appeared to experience the hospital as a safe place and was having difficulty individuating back into the external environment. Karen's self-portraits show splitting between mind and body which may be a denial of her masculinity and her prosthesis.

The second drawing of the session continued to explore Karen's identity through the depiction of animals. Karen expressed frustration that she wears many "masks" and that she never gets to be what she wants.

The dinosaur in top right corner represents her destructive self, the small black worm is helpless and insignificant. The lion is her ideal self in that it is proud and strong but not aggressive. Karen draws herself as an orange face to depict her ideal self however she compartmentalizes it as if to protect it from the dinosaur and worm. This compartmentalizing is an example of splitting mind and body. Karen draws a small green figure that represents herself as a child playing. She is disappointed because she thinks it looks like a horse. She imagined herself riding a horse and said "either you conquer it or it bucks and throws you off". This statement may be symbolic of an insecure attachment to her mother figure or it may represent her view of people as all good or all bad. That is, if the art therapist is not "good enough" Karen will throw her off. Karen's statement may also symbolize her feelings regarding her adaptation to her prosthesis. Either you conquer it or you fall. I encouraged Karen to play in our session to which she responded by drawing herself as a baby playing with toys (bottom centre). A corrective emotional experience may be had, by the art therapist being a witness to her pleasure in this fantasy. Karen, while drawing this image seemed to take on a child-like manner and repeatedly looked at the art therapy intern perhaps to achieve the mirroring she needed.

Session 7 (figure 14)

Session 7 shows evidence of splitting as Karen explored her identity as a "cripple" on the right side of the page, and "how she would like to be" on the left side of the page. The lack of color and splitting are indicative of person's having borderline personality disorder. In reference to the left drawing, Karen expressed anger towards her first husband because he did not help her with the chores after she had her leg amputated. This is the first drawing where Karen openly expresses her angry feelings about losing her leg and having to wear a prosthesis, however she drew the prosthesis as separate from her. The left drawing is about her wish to go out with her friends to see a movie and have fun.



Figure 11



Figure 12



Figure 13



Figure 14

### Session 8 (figure 15)

In session 8 the art therapy intern asked Karen to focus on "How she would like her life to be". The approach was that if she can begin to fantasize about what she wants in her life, she is one step closer to attaining her goals. Figure 18 shows themes of nurturance and play as goals of her relationship with her husband. The central image is of a big tree and a little tree side by side and may possibly relate to the mother (or father) and child relationship. The scissors may indicate an underlying aggression towards the with-holding maternal agent, which in the context of her image, is the husband. Karen expressed difficulty in fantasizing which may also be indicated by the lack of color in the drawing.

### Session 9 (figure 16)

Session 9 began with my initiating a review of Karen's previous drawings with the goal of putting a perspective on the art therapy sessions as a preliminary to termination. Upon reflection I have understood my own narcissistic need to demonstrate to Karen that the art therapy sessions were valuable to her. Karen was in a positive mood at beginning of session due to having been given a weekend pass. She expressed desire to have sexual relations with her friend's husband and apprehension about seeing her husband on the weekend. As Karen began to draw she slowly became more negative in her mood. The two pink

birds represented freedom and the dove, peace. Karen was disappointed because the dove looked like a penguin. Karen drew other animals such as a bumble bee, bat, elephant, and dog. Karen expressed anxiety over having drawn all animals saying "I am not an animal!". She began to explore the qualities of these animals that she associated with herself and with her husband. Karen expressed her anger toward her husband who makes her feel "weighed down and restricted." From this statement one can infer that Karen was projecting her anger about her prosthesis toward her husband. The top left of the image illustrates the return of the "squiggles" to which Karen responded with curiosity but stated she did not understand what they meant.





Figure 15



Figure 16

## Termination

### Session 10 (figures 17, & 18)

At the beginning of session 10, Karen announced that she will be going home soon. Figure 17 depicts herself floating on a cloud and illustrates her omnipotent fantasy that life will be wonderful at home and she will be able to drive her car. Once again, Karen expressed curiosity about her squiggles. Karen may have been attempting to elicit mirroring response by her wanting the art therapy intern to decode her cryptic language, possibly as a way to deflate her view of the art therapist as good. It is easier to separate from a bad therapist than a "good" one.

I encouraged Karen to draw the squiggle forms larger as away to help her understand their meaning. upon reflection, I realize she knew what they meant however she needed to know that I understood her. Karen expressed difficulty in enlarging the forms but stated that they appeared to spell the word "Life". Karen may have been attempting to elicit a response from me by turning the page around so that the word "LIFE" was facing me. Perhaps Karen was expressing her desire to return to living again. However, the word also looks like "Lie". Perhaps Karen was ambivalent about whether she wanted to write "Life" or "Lie". Her wish to enjoy life may have been struggling against feelings that her prosthetic leg is the lie which will prevent her from living life fully. As the image was facing the art therapy intern, Karen drew a donkey and said she felt like an "ass". This feeling may reflect her reluctance to have hope

for her future life. Karen drew herself on a pedestal having "muscular arms" to show her strength which may suggest her feeling more connected to her body. This image may otherwise illustrate the "flight into omnipotence" which is characteristic of person's having borderline personality disorder.



Figure 17



Figure 18

### Session 11 (figures 19)

Session 11 was the final art therapy session before Karen was discharged from the hospital. Karen's drawing indicates a denial of our upcoming termination and possible separation anxiety as the image of herself is floating with her head out of the picture. Karen draws the art therapy intern in front of the door of the hospital and a heart with the word "love" inside of it. The image may express her overall anxiety over having to leave the safety of the hospital and the containment of the art therapy relationship.

### Session 12 (image 20)

Session 12 was the final art therapy session with Karen . I told Karen that she could come to art therapy as an out-patient if she desired until I left at the end of the school year. Karen's coming in for this art therapy session is symbolic of the child who needs to check back with the mother for reassurance of the mother's availability. During this session Karen expressed ambivalent feelings about leaving her husband. If she leaves him who will support her through her loneliness? Through her drawing, Karen expressed her fear of abandonment. She drew a circle representing herself in the centre. Surrounding the circle are blocks representing important people in her life. The crossed out block represents the art therapy intern and she says she will soon cross out another block as her minister will be moving to another city. The overall

question in this image is "what will happen to me when my support people leave?". Karen feels she needs a circle of people to support her yet she is ambivalent to trust, as evidenced by the arrow pointing a second circle away from the support people.



Figure 19

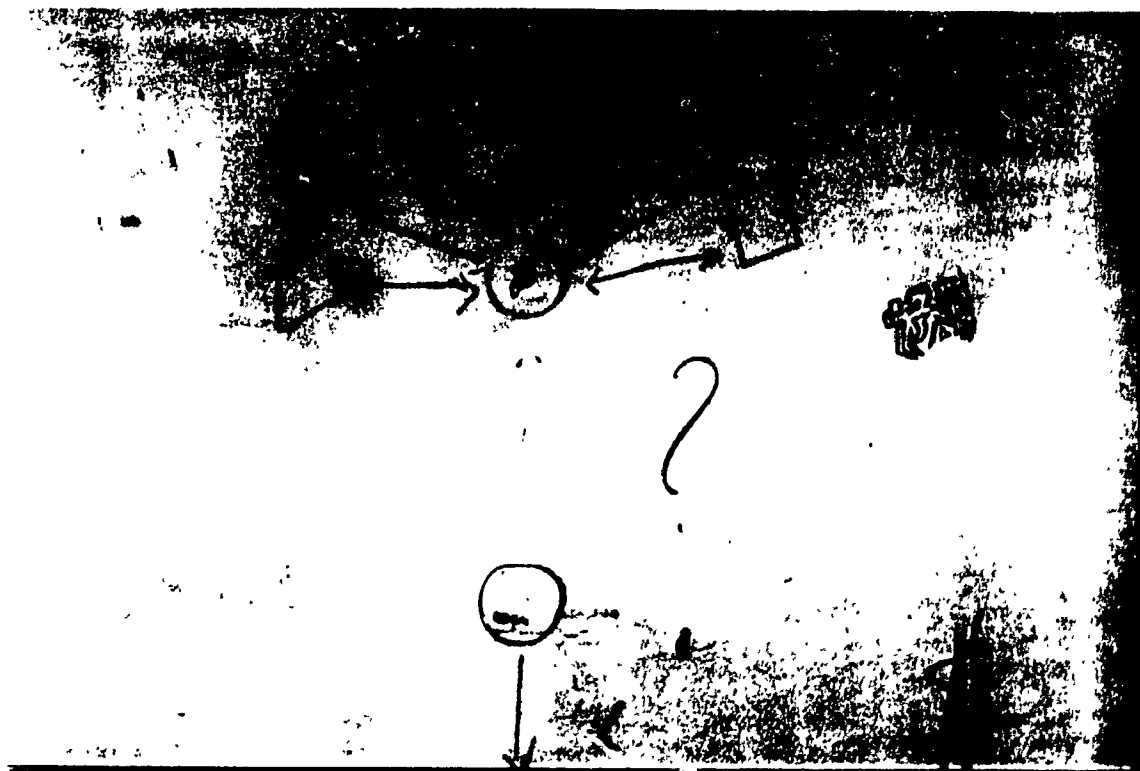


Figure 20

### **Synthesis of Art Therapy Sessions**

This case study illustrates the initial stages of art therapy using an object relations approach. In a five week period Karen was able to gain enough trust in the therapeutic relationship to leave her "false self" at the door of the art therapy room and begin to express her overwhelming emotions concerning her many losses. The process of grief and mourning was initiated through our sessions together. Through our therapeutic relationship, the art therapy intern's capacity for "holding" was tested by the patient and may have continued to have been tested if the therapy could have continued. Karen was able to move into an exploration of her identity in terms of "true" and "false" self and to begin to explore her fantasy of who she would like to be. Also, Karen was able to begin to play, gaining satisfaction from the therapist as witness and at gaining the acceptance and mirroring she did not receive from her mother or father.

In the termination phase, the patient attempted to protect herself from her fear of separation by devaluing the art therapy intern, denial of her feelings, and omnipotent fantasies. The final session was indicative of Karen's need to feel reassured that the art therapy intern was available to her even though she had been discharged from the hospital.

Overall, the issue of loss was important throughout the art therapy relationship. The moving from abstract symbols in the initial stages of therapy to more figurative images suggest her beginning to explore her identity as well as perhaps coming to terms with her prosthesis. The issue



of trust as basic in the therapeutic relationship was very important as Karen needed to develop a level of trust in me and as well, I in her. It appears that Karen was beginning to internalize the trust in our relationship, to a trust in herself and in her body. This may be indicated by her focus on "Life" and herself as a human being in the later stages of the therapy.

## CHAPTER 4

### CONCLUSION

#### **Bridging Sexual Abuse and Borderline Personality**

It is hoped that this research will contribute to the bridging of the gap between art therapy treatments of child sexual abuse and borderline personality disorder. The case study presented illustrates the complexity of treatment issues when a client who has been sexually abused also has a diagnosis of borderline personality disorder. Since there is a high rate of previous sexual abuse in persons having borderline personality disorder, it is relevant to consider art therapy treatment that will address both factors. The author acknowledges that in certain instances, it is not possible to be aware of a client's previous abuse due to repressed memories or because of resistance to disclosure. Likewise, in treating a known sexual abuse case, it is often not until several art therapy sessions have passed that a client's borderline personality traits are brought to the awareness of the art therapist. Therefore, it is suggested that an art therapist working with an adult survivor of sexual abuse, should have knowledge about borderline personality disorder as a possible long term effect. Similarly, art therapists working in psychiatric hospitals who have a client diagnosed with borderline personality disorder should be aware of child sexual abuse as a possible etiological factor.

Awareness of possible graphic indicators may be a helpful tool for

the art therapist in working with a sexual abuse survivor who has borderline traits. Robbins notes the art work of person's having borderline personality disorder to be colorless while in dissociative clients the art work tends to be colorful (Robbins, 1994). Therefore, a client with both borderline and dissociative traits whose art work changes from colorless to very colorful may indicate that the emotional effect of the issues brought out in therapy may be too threatening for the client. Of course, this is a point of consideration and speculation and would need further exploration to determine empirical significance.

In art therapy, an important factor to consider in working with sexual abuse survivors who have borderline personality traits is the necessity to progress slowly with the client so as to ensure the art materials do not elicit an overwhelming emotional response before therapeutic trust is established. Object relations theory stresses attention to self-development as an essential beginning stage of therapy. Beaudin and Glickauf-Hughes assert that therapy should focus initially on patterns of current relationships as well as on addressing "splitting" and "projective identifications" (1995). The initial stages of therapy should focus on helping the client build enough ego strength and object relations to "maintain an observing ego and internalize support when they cannot provide it for themselves (1995, p.427)".

There is question regarding the level of control the art therapist has on the timing of sexual abuse disclosure and expression of traumatic

memories within the art therapy sessions. In the therapeutic relationship with Karen, it seemed as though the traumatic memories appeared without provocation. This author feels that it is beneficial if the client can build ego strength as a prerequisite to traumatic memory work, however the therapist does not have total control over the content of the client's images and experiences. Perhaps the art therapist must trust that the client will explore these issues when he/she is ready. In instances of early disclosure of sexual abuse, the art therapist should explore the significance of the timing of disclosure in relation to the needs of the client. Perhaps the early disclosure of sexual abuse is essential in some instances for the establishment of therapeutic alliance and trust. A level of trust that is essential for therapeutic work with sexual abuse survivors having borderline personality disorder was tested by the intern's ability to withstand the client's intense emotion. The client in this research was not permitted to act out as a child due to her intense fear of abandonment. Karen's mother was "never home" to contain her emotion. Karen's relationship with her father may have been a compliant one where she had to be a "good" girl to get attention. There appears to have been no place where Karen could deposit her childhood anxiety. Karen chose to test the trustworthiness of the art therapy intern early in the therapeutic relationship perhaps to avoid taking a chance that the intern would abandon her later in the therapeutic relationship. This episode as described in session was the beginning of a trusting relationship. In

consideration of the modelling and mirroring essential in an object relations approach, perhaps Karen needed to observe the support from the intern before she could "internalize support" as suggested by Beaudin and Glickauf-Hughes.

### **Art Therapy Intervention**

#### Splitting

Art therapy can help the client address splitting. Since person's having borderline personality disorder tend to see their relationships as black or white, the art therapist can encourage the client to explore the gray areas in between. In session 6, Karen drew a dinosaur who Karen described as representing her "destructive self", and a worm that she described as "helpless" and "insignificant". Both of these animals represent her "bad" aspects. The lion and human face represent her ideal self which is symbolic of all "good". In this session the art therapy intern could have explored with the client the possibility of integrating the qualities of the four animals into one animal or human that had both good and bad aspects. Also in session 7, Karen splits the page of her drawing separating two opposing themes. On the left side of the page she drew her "bad" memory of the first day she came home from the hospital after her prosthesis and how she had to scrub the floor. On the right side of the page, she drew her wish to go out with her friends to a movie and have fun. In the "fun" drawing, she draws herself having both legs and

denying her prosthesis. The art therapy intern at this point could have explored with Karen the area in between the two drawings. How could she integrate for example, having fun even though she has a prosthetic leg?

### Projective Identification

Through expression of projective identification in the art work, Karen illustrates her identification with a bad introject. Robbins asserts that the defense of introjection often appears in art work of persons having borderline personality disorder and regardless of how it is represented, most often symbolizes a parent who inhibited the patient's individuation (1987). Figure 13 may reflect Karen's projection of her bad introject. The dinosaur, being a primitive mother symbol, may represent Karen's introjected "bad, destructive mother". Karen initiates a "getting rid of" the bad introject by projecting it onto the paper through the art process. Karen then drew her ideal self in the orange female figure which may represent the "good mother" she wishes for. On the same paper, Karen is faced with both the "good mother" and "bad" introject. The image of the lion may depict a resolution of the good and bad within one figure as Karen described the lion as "proud but not aggressive". Through art therapy, Karen began to explore an internalization of a more realistic introject through the art process as well as through the relationship with the art therapy intern.

### Identity Issues

Identity issues are of major importance for person's having traumatic object loss such as through the experience of child sexual abuse. A person who had been sexually abused may have sexual identity problems (Ratican, 1992). In some instances a female who was victimized by a male aggressor will identify with the aggressor as a way to prevent feelings of powerlessness. The "tough, masculine image" as portrayed by Karen, may have been in response to reoccurring feelings of helplessness provoked by her leg amputation. The amputation of her leg may have led to a reexperiencing of the helplessness she felt as a child when she was physically and sexually abused.

Identity issues relating to borderline personality disorder may involve the traumatic loss of the "true self". In our therapeutic relationship, Karen began to explore her conflictual identity crisis that included false self and sexual identity combined. Art therapy may address a client's identity issues by the choice of materials used. Collage using cut out images from magazines may be an effective way to explore self identity issues. Images taken from magazines that depict emotions may be a less threatening way for the client to express how he/she feels and perceives him/herself. Karen, when exploring her many sides of herself became distraught when she drew a picture of herself as masculine. An image from a magazine would probably have been less threatening as it is

more removed from the client. The person in the image is not a self portrait so the emotional investment may not be as great. Mask making may also be an effective tool to explore identity issues. Karen said that she felt she wears "many masks" when she is in social situations. Mask making can help the client fully explore the characteristics of each persona through the time and energy invested in making each mask. The time taken to layer the paper or gauze strips in the paper mache technique for example, may facilitate a period of self reflection which may help the client become more fully aware of the persona being depicted, including his/her personal feelings toward it. The task of "building" a mask coincides with Robbin's assertion that the goal of therapeutic intervention with persons having borderline personality disorder is that of "building" rather than "uncovering" as is promoted in psychoanalysis. It is this author's opinion that "uncovering" may be an important aspect of therapy with person's having identity problems regarding the false self. In accordance to Winnicott's theory that the true self is hidden or protected by the false self, perhaps art therapy may need to explore the "uncovering" of the true self. The uncovering of the true self may reveal a very vulnerable, fragile being as in the case of Karen in my case study. At this point, perhaps the goal of art therapy may be to begin the "building" process in which the client works on building ego strength with the aim of slowly integrating the true self into his/her everyday life. It is this author's speculation that before the client can be less dependent on the



false self, he/she may need to acknowledge the fragility of the true self and the importance of its development for the person's self esteem and identity as a whole. If the client can uncover the wounded self, he/she may begin to develop some level of empathy for him/herself. Perhaps in some instances, the art therapy process may involve both "uncovering" and "building" when working with client's having identity problems. It would seem to be of great importance to assess the extent of ego disturbance in the client as "uncovering" may be a traumatic experience in itself if causes an overwhelming emotional response in the client.

### Ego Development

Dalley asserts that the art process may be ego-building when forms from the "instinctual or subliminal" level are elaborated to a higher or "conscious level" (1987, p.10). The case study presented illustrates several examples of the client's heightened awareness of personal symbols that promoted insight and increased self-awareness. Karen posed questions in the art therapy sessions that show her capacity for insight such as why she did not draw a knife in her image in session 2 and her struggle to explore the content of her "squiggles" in several other sessions. The client achieved further insight such as in session 5 when she became aware that if the black weight on top of the heart could move, it would slide off , thus relieving the burden. Also in session 6, Karen's comment that in public she "wears many masks and never gets

to be herself "shows her level of insight gained from her first drawing in which she depicts herself in three different ways. In session 9, Karen gained insight about her negative view of herself as a result of drawing all animals in her picture. Her response "I'm not an animal" led to her further exploration of qualities of the animals that she associated to herself and her husband. Throughout the art therapy sessions, Karen continually questioned her drawings and their meaning which illustrates her capacity for insight. The relationship depicted the client's search for self and life's meaning.

The process of creating an art work can be cathartic if emotions are released and worked through in the art therapy relationship (Dalley, 1987). Feelings such as anger or fear which may be frightening to the client, can be contained within the therapeutic relationship (Orleman, 1994). Also the expression of traumatic memories through the art process may create a distancing between the client and the content of the memories (Dalley, 1987). Through sublimation, the art process becomes a neutralizing agent for aggression and violence (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. 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).

## **Object Relations**

The development of object relations is an effective therapeutic approach in working with person's having experienced loss in the early mother-infant relationship through abandonment or abuse. In art therapy, the development of object relations can be facilitated by the art work and process itself which is advantageous in comparison to verbal therapy. In the triadic relationship, the relationship between the child and mother can be re-built so as to provide a "corrective emotional experience" for the client. The client creating art work in the presence of the therapist is similar to the child who plays in the presence of the mother. In art therapy we are providing the client with the opportunity to "play" as the therapist becomes the "good enough mother" who mirrors the child and is sensitive to his/her cues. As the good enough mother, the art therapist is able to withstand the clients overwhelming emotions such as sadness, anger and fear, without harm coming to the therapist or the client. In this way the art therapist is providing a safe transitional space for the client to explore and work through his/her frustrations.

In the therapeutic relationship between the art therapy intern and Karen, the focus was on the intern becoming the "good mother". The intern was a witness to the client's sadness, anger, anxiety, and fear. By the intern's physical presence and listening, it is hoped the therapeutic relationship helped to provide a "corrective emotional experience" for the client.

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. Karen appeared to view the intern as being much less than perfect but also "good enough" for her to share her time with in the art therapy relationship. This relationship may have been the beginning of Karen's being able to experience her first true relationship with another female. "True" in the sense that the person is seen as whole.

This art therapy intern may have promoted the "play" aspect a little more in the therapeutic relationship with Karen. Perhaps the intern could have played with Karen through the creation of art works. The intern may have been able to mirror Karen by creating art work along side of her. The creation of art works by the art therapist may provide a safe distance to allow Karen to respond or act out her frustrations toward the abandoning mother and distant father. The art therapist must have a heightened awareness and sensitivity toward the client's emotional state and be capable of helping the client regain control, if needed.

Toward the end of the therapeutic relationship, Karen used art as a transitional object between the sessions. She describes how she would sometimes draw at night the mysterious "squiggles" that she longed to understand. It is speculated that the squiggles, in their undifferentiated forms, may have represented a fusion state between client and love

object and in the context of the therapeutic relationship, may have symbolized a dependency need. 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).

### **Traumatic Object Loss**

The following areas of psychological and interpersonal functioning taken from Abrahamson, McCann, Pearlman, and Sakheim's work on sexual abuse may be applied to the overall area of traumatic object loss. Traumatic object loss includes an early dysfunctional infant-parent relationship, child abuse, death of love object, loss of love relationships, and actual body loss such as amputation. A therapeutic approach to address these issues will help to facilitate ego reparation and growth.

### **Safety and Trust**

Persons having experienced early childhood abandonment, and child abuse have major difficulty in the area of basic trust. In infancy, the mother's inability to be reliable creates much tension and anxiety in the infant. The infant knows no sense of safety. Person's who have been abused generally mistrust people due to the betrayal of person's in authority. In child abuse, the boundaries of the self are violated which may cause the person to mistrust him/herself.

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 has 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 client with security about what will transpire (Malchiodi, 1990). The client who has been abused and has borderline personality traits often come 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

Person's having experienced traumatic object loss may generally feel a loss of power or control over their lives and their environment. Early abandonment in childhood causes the child to feel at mercy to the powerful parent whom he/she depends on. In the case of child abuse a powerful aggressor has exerted control over the child, either through physical strength or psychological manipulation. If a person suffers a body loss, he/she may feel extremely disempowered. Karen's loss of leg reinforced her early feeling of powerlessness when she was sexually abused. As an adult, she is once again physically vulnerable like when

she was a child.

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 client having experienced traumatic object loss through the art process. Malchiodi states that spontaneous art expression where the artistic process is selected and controlled by the client may also be ego-strengthening as it places the client in the position of power (1990). Spontaneous art expression is defined as "nondirected experiences in drawing, painting, collage, sculpting or constructing in which the client 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 client may have an effect on the world around him/her symbolically through the space of the artistic experience.

In the art therapy relationship with Karen, it would have been beneficial if there were more choice of material to create art with. Due to the lack of space in the psychiatric hospital, three dimensional constructions were not feasible, thus the materials were mainly oil and chalk pastels, colored pencils and gouache paint. Clay, plasticine and other three dimensional media were not available in this setting, except through occupational therapy.

## Self Esteem

Persons having experienced abandonment, abuse and body loss are at exceptional risk for developing low self esteem. Persons who had difficulty in early parent-infant attachment may have acquired their low self-esteem at a very early age. Abuse, whether physical, sexual, or psychological may cause a child to feel they are "bad" and undeserving of love. Loss of a body part may also affect a persons feelings of physical attractiveness causing low self-esteem. Karen's unfortunate circumstances resulted in a combination of the above three scenarios, the deaths of significant love objects, as well as the breakup of her marriage due possibly to her leg amputation. Clearly, Karen was suffering from a severe lack of self-esteem. Her art work indicated her self perception as small, and insignificant. In one instance Karen's self-disgust was evident as she refused to look at a self portrait she drew and proceeded to cover it with another piece of paper. Karen often drew animals which may also indicate a feeling of being "less than human". The issue of low self-esteem was extremely evident in Karen's art work and would have been a primary treatment goal in further art therapy.

For the purpose of increasing self esteem, the art therapist should identify the client's interests and strengths early in the treatment process (Malchiodi, 1990). A goal for short term art therapy with clients who have low self-esteem is to provide an opportunity for the development of an alliance with the therapist and to promote independence by reaffirming



the client's strengths (Naitove, 1982). Through the art, the therapist may facilitate possibilities for the enhancement of self esteem (Malchiodi, 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 may work through harsh self perceptions and replaces them with new perspectives (1992). Shame is an emotion which is associated with low self-esteem. Unacknowledged shame almost always evolves into anger and sometimes even violence (Franklin, 1992). Therapeutic goals to manage anger and uncover shame are key elements in the development of self-esteem. Karen was able to sublimate her intense anger into the art works she created. Her underlying shame began to surface as she spoke about feeling "guilty" for her father's death. Karen did not however, speak of guilty feelings regarding her sexual abuse which perhaps may have been addressed if therapy had progressed longer than five weeks. Karen was taking risks in the therapeutic relationship which included her disclosure of sexual abuse as well as her guilt about her sexual fantasies toward her son. In the second art therapy session, Karen risked a more self-expressive approach to her art work that was less constrained than her perfectionistic attempt before. Overall, Karen was, perhaps unconsciously, working toward addressing her harsh self perceptions in the art therapy sessions.

### Intimacy

The interaction 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 within the therapeutic relationship, a type of intimacy can be achieved. A client may begin to express his/her true self 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). It is apparent that Karen was beginning to develop a level of intimacy with the art therapy intern within the therapeutic relationship. Karen began to express her true self and true feelings through the art work. Karen's art expressions were accepted regardless of the content and it was reinforced to Karen that the expression of how she felt on the inside was most important. The intern ignored the technical quality of the images and focused on Karen's perceptions of the meaning of the images and symbols. It was apparent that Karen felt that the intern was genuinely concerned about her as opposed to the quality of the art work because Karen was able to regress and sometimes create images that contained painful content such as in figure 6.

### **Future research in the area of art therapy**

Future research could explore long term art therapy with client's who have experienced traumatic object loss. Adult survivors of sexual abuse who have borderline personality disorder may be considered for empirical research to illustrate the effectiveness of long term art therapy in areas of depression, self esteem, and anxiety.

### **Summary**

The research question posed in this study is "How is an object relations approach to art therapy an effective treatment for clients who have experienced traumatic object loss?". In treating traumatic loss, Niederland's theory of the loss/restoration principle is very applicable in art therapy. Niederland's theory asserts that everything we lose must be replaced (1989). Art therapy is an effective therapeutic arena in which the client may create as a healing response to loss. Through art, the client may work on healing old wounds and filling the void of emptiness that may be the result of traumatic object loss.

It is hoped that this personal experience of an art therapy relationship with a person having traumatic object loss will provide insight and stimulate ideas for other art therapists working with a similar client. The discussion has been based on one case study and does not represent the population as a whole. However, it is hoped this research will provide insight into the treatment issues and dynamics of traumatic object loss.

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APPENDICES

Autorisation pour photographie,  
cinématographie,  
enregistrements sonores,  
art thérapie et autres

Authorization for photography,  
moving pictures,  
tape-recordings,  
art therapy, etc.

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AUTORISE L'HÔPITAL  
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HOSPITAL

À PRENDRE:  
TO TAKE ANY

	OUI YES	NON NO
PHOTOGRAPHIES / PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>
CINÉMATOGRAPHIE / MOVIES	<input type="checkbox"/>	<input type="checkbox"/>
ENREGISTREMENTS SONORES / TAPE-RECORDINGS	<input type="checkbox"/>	<input type="checkbox"/>
Matériel d'art thérapie/art therapy material	<input type="checkbox"/>	<input type="checkbox"/>

que les thérapeutes jugeront opportun et à les utiliser et publier pour des fins médicales, scientifiques et éducatives, à la condition que des précautions raisonnables soient prises pour que soit conservé l'anonymat.

That the therapists deem appropriate, and to utilize and publish them for medical, scientific and educational purposes, provided that reasonable precautions be taken to conserve anonymity.

J'émets cependant les restrictions suivantes:  
However, I make the following restriction(s):

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SIGNATURE DU MALADE OU GARANT  
SIGNATURE OF PATIENT OR GUARANTOR

DATE

TÉMOIN À LA SIGNATURE / WITNESS TO SIGNATURE

DATE