SECRETS THAT EMERGE

A Case Study of the utility and insight of Art Therapy for a group with Sexual Paraphilia Disorder

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January, 2004
Declaration
To my knowledge and belief, the work presented in this thesis is the original work of the author, except where acknowledgment in the text has been made to results supplied by previously published research. The material in this thesis has not been submitted, either in part or in whole, for a degree at this or any other university.

Signed ____________________________

Date ____________________________
PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
Acknowledgements

To Jill Westwood,
Course co-ordinator of the Master of Art Therapy (Hons.) Programme,
For her encouragement and academic assistance.

To Dr. Adrian Carr
For his professional advice.

To Dr. Gerardine Taylor and Dr. Tony Robinson
For their encouragement, professional guidance
And commitment to both research and clinical work in the area of sexual troubles

To the professional team and clients with whom I work
At Encompass Australasia
For the way they have supported me with their expertise.
And

To the three clients whose case studies have made this project possible.

To the Sisters of the Good Samaritan
Who have encouraged me in my academic career.
Abstract

Art Therapy is a psychotherapeutic process involving the use of art materials. The art therapy case studies of three paraphilic clients is reviewed. Based on a model of art therapy that considers the process, the artwork and the triangular (client, therapist, and the artwork) relationship, the case study reviews and explores the treatment of a voyeuristic, an exhibitionistic and an transvestic client. In their artwork, important material emerged. In this thesis, the material is initially viewed as a secret, as it emerged not in words but in the artwork. The study offers insights about these three paraphilias based on the casework material. The study also contributes to an understanding of how art therapists may work with clients who have sexual troubles.
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Chapter 1
Introduction

1.1. Introductory comment

Throughout this thesis the following words will be used as key concepts in looking at how art therapy enabled the unutterable to be spoken, not in words primarily, but through the medium of the image.

As a means of having a common understanding of these words the researcher looked at the meanings afforded these words in the Australian Macquarie Dictionary as this paper is written in an Australian context. And where applicable the researcher also referred to the meaning in a Critical Dictionary of Psychoanalysis (1995).

Throughout this paper these terms will take on another significance again when looked at from an Art Psychotherapy perspective.

Secret:

1. Something that is designed to escape observation or knowledge; something that is known only to the initiated; 2. Something kept from the knowledge of any but the initiated; 3. Something done, made, or conducted without the knowledge of others; 4. Faithful or cautious in keeping secrets. (p. 1586)

Image:

A mental picture or representation; an idea or conception; psychologically, the reliving of a sensation in the absence of the original stimulus; form, appearance or semblance. (p. 879)

Imago:

Rycroft (1995, p. 78) (Psychoanalytic) an idealised concept of a loved one, formed in childhood and retained uncorrected in adult life.

Process:

Systematic series of actions directed to some end; continuous action, operation, or series of changes taking place in a definite manner; the action of going forward or on; the condition of being carried the course of; to convert; to serve (law); to manipulate in order to abstract the required information; to proceed or advance. (p. 1506)
Relationship:

A connection; a particular connection; an emotional connection between people. (p. 1484)

Triangular relationship: (This word pertains to Psychoanalytic Art Psychotherapy).

Triangular Relationship connotes a relationship, triangular in nature between the therapist, the client, and the image that is produced. As each relates to the other in this triangle the work of therapy, especially that of transference and countertransference takes place.

1.2. Introductory metaphor

It is the difficulty with which some words can almost never be uttered that is the basic tenet for this exploration into whether or not the client necessarily remains silent when words seem stifled.

In the following fragment of the poem by Walter de la Mare, ‘The Listeners’, the traveler, as it were, seeks desperately to connect with those who reside deep in the inner recesses of the house. The silence is palpable. The night weighs heavily. The darkness covers all. Three times the traveller knocks upon the door, breaking the stillness. The door remains closed. No access is available. And yet he continues to knock.

Not a sound comes forth from within. 
Not a word is uttered.

The Listeners

‘Is there anybody there?’ said the Traveller, 
Knocking on the moonlight door; 
And his horse in the silence champed the grasses 
Of the forest’s ferny floor. 
And a bird flew up out of the turret, 
And he smote upon the door again a second time; ‘Is there anybody there?’ he said. 
But no one descended to the Traveller; 
No head from the leaf-fringed sill 
Leaned over and looked into his gray eyes, 
Where he stood perplexed and still. 
But only a host of phantom listeners 
That dwelt in the lone house then 
Stood listening in the quiet of the moonlight 
To that voice from the world of men;

Walter de la Mare: Cited in Allison (1975, p. 525)
Among the basic tenets of this research is the contention that deep within the inner recesses of the client’s being, a stirring in the stillness takes place, often inaudible to the therapist but nevertheless a stirring.

Will the therapist, like the traveller, turn away? Or will the therapist listen beneath the silence to the inaudible, imperceptible shuffling, which images the potential of a connection? Will the therapist wait and in the waiting glimpse a crack of light from within?

This paper endeavours to reveal what lies in the secret depths of the ‘inner room’ of three clients diagnosed with a paraphilia.

This thesis is therefore dedicated to all those who stand in the shadow of the shuttered houses with secrets that they deem unutterable, some desperately wanting to connect, others terrified of a connection and still others too shamed to dare to catch the gaze of the other.

This paper is dedicated to the three clients, Wilf, Baxter and Yves who dared to come to the door in the hope of recovery.

1.3. Background to the study

The three clients for this study, Wilf, Baxter and Yves were chosen at random from a group of over 100 clients who had completed the Encompass Australasia treatment program for professionals with Mental Health Problems.

These particular clients were taken from a sub-set of the group who had sexuality concerns that were troubling. These three were selected as they fit the criteria for this study as having been diagnosed with a Sexual Paraphilia according to DSM IV.

The material used for this study is taken from Archival material. Approval prior to beginning the program was obtained. Approval for the study was gained first of all from Encompass Australasia Limited and then submission was made for ethics approval to the University of Western Sydney Ethics Committee.

The art therapist and the researcher for this study are one and the same person, that is Marie Josephine Casamoto.

The archival material documented from the art therapy sessions was all produced when these three clients took part in a twenty-four week therapeutic program conducted by the staff at Encompass Australasia. The team is a multi-disciplinary team consisting of Psychiatrists, Medical Officers, Psychologists, Psychodramatists and Art Therapists.

Please refer to Appendix 1 on pages 116-119 for details of this comprehensive program.
Having worked at Encompass Australasia with over one hundred clients with sexual disorders over a period of five years, two questions formed an ever-present point of discernment for me. From my work with these clients I questioned two points concerning the purpose of art therapy in the healing process of clients diagnosed with paraphilia. These points were contained in the questions "How does the artwork represent the secret?" and "How does the art work then enable the secret to be spoken?"

Within the frame of the therapeutic setting and in reference to the process, image and triangular relationship, I began to become more and more curious about what each of these facets of the art therapy dynamic was revealing to me over and over again.

In particular in working with clients diagnosed with a sexual paraphilia according to the DSM IV criteria I found myself curious about early childhood relationships especially with 'mother' as the primary care giver and the role shame had to play in turning the person against himself.

For the purpose of this study I determined to restrict my focus to those clients who exhibited different characteristics of paraphilia and to explore their art images in depth. In particular, with these clients, I would take into account and examine carefully the following criteria:

i) The way in which the client made art in my presence;
ii) The way in which the client and I related to the image made; and
iii) The way in which the client related to me as a woman.

1.3.1. The aim of the study in relation to process

The aim of this study is to determine the extent to which image-making may be utilised effectively as a tool in assisting clients who suffer from a sexual paraphilia disorder to name and understand the secret (or hidden) aspects of their lives which create disturbance and unrest in their psyche.

The process would attempt

- to examine the image making process of a client diagnosed with a 'transvestic fetish';
- to examine the image making process of a client diagnosed as a voyeur with ephebophilic aspects;
- to examine the image making process of a client diagnosed as an exhibitionist.

1.3.2. The aim of the study in relation to image

The aim of the study in relation to image was

- to examine four images of each client - the initial image; two midpoint images; and the final image in order to assist each client to gradually uncover the difficulty they experienced in speaking of their particular life problem.
1.3.3. The aim of the study in relation to the triangular relationship

The aim of the study in relation to the triangular relationship was to examine transference and countertransference to each other (therapist/client) and to the image within the therapeutic setting. This is in order to make verbal that which at times visually points to pre-verbal communication.

1.3.4. The purpose and focus of the study

In summary the purpose of the study is to document the case study of the utility and insight of art therapy for clients with sexual paraphilia. The study adds a unique dimension to the existing research on clients with paraphilias by exploring the clients’ inner worlds via the medium of art therapy. It also opens the inner world of the therapist. This study situates the art therapy research and the clients with sexual disorders within the Australian setting. It cites case materials on process, image, and triangular relationship of clients with a sexual disorder being treated in a residential setting over a six month period (see previous page). The two seminal reference questions raised in 1.3 look in particular at how shame in relation to the mother renders the client speechless, paralysed by the unutterable. The study adds to the general paraphilia-based literature and philosophy concerning the effect of non-verbal forms of therapy with this particular group of clients and adds to the literature and research on paraphilias in general. My thesis is that art therapy may open the door to the room of secrets within the client.

1.4. Introduction to the general theoretical setting of this study

1.4.1. Art therapy as the setting

Art therapy is about the image making process in the presence of another. The goal of art therapy is primarily therapeutic in that the medium permits the discharge of tension, and the representations of forbidden thoughts and feelings.

Client, therapist, and image form an important triad in this form of therapy. Wood (1990) states:

I have seen a lot of evidence that artwork made by clients is also part of their own internal dialogue. That far from being a mere distraction to feelings explored within the relationship, that some of their pieces work to enable them to stay with very difficult feelings during the time the work is being made. (p. 11)

Langer (1963), cited in Case (1990), posits in relation to the process of Art Therapy that:

In art, maker and beholder share the comprehension of an unspoken idea. (p. 20)
In looking at the interaction that takes place in an art therapy session it is important to take into account three basic tenets in relation to making art in the presence of another. These tenets involve process, image and triangular relationship and from an art psychotherapy perspective are defined thus:

Process is that by which the media and the tools become art and it is through the exploratory nature of cutting, pasting, painting, drawing, modelling, changing, dabbing and daubing that the feelings can be released.

Image is that which is formed as the result of the exploratory process using the media. The mark made on the paper and an aspect of the life of the client is inherent therein.

The client, the therapist and the image within this relationship form the triangular relationship. Within this relationship the image mediates between client, image and therapist.

In therapy clients bring things to the session but are also affected by the setting and its contents. In his discussion of 'the evocative object' Bollas (1987 p. 49) describes this interplay rather well. “...Thinking ourselves out through the selection of objects that provide inner experience and being thought out, so to speak by the environment which plays upon itself.”

Within this theoretical construct of art therapy, this study views the work of three clients who are using the art therapy process as a part of their treatment for harmful sexual behaviour patterns, viewed from a psychological perspective as three paraphilias.

1.5. Overview of the study

Art therapy is a therapeutic process that accesses important psychological material. Its image, process and the triangular relationship (between the image, the client and the art therapist) are viewed in the case work of three clients, within a broader assessment and treatment process. In the study I attempted to use art therapy to help gain insight into a specific group of three clients with a common psychopathology.

Art Therapy is the means by which the researcher hopes to give insight into a specific group of patients with common psychopathology namely a paraphilia.

This study proposes that art therapy may enable a client to first represent the secret and then put words around it (speak it). The three case studies involve clients with a history of harmful sexual behaviour patterns that are described diagnostically as paraphilias. Underneath the harmful behaviour patterns, lies a shame about their deviant sexual arousal patterns and a childhood story that, when imaged and processed in the art therapy relationship, has been described by the author as the "secret". Revealing the secret then beginning to speak about it, both in the art therapy space and then in other therapeutic
modalities was an important aspect of a comprehensive treatment approach for each client.

The literature review will orient the reader in detail to the art therapy literature, especially from the perspective of image, process and relationship. Secondly, the literature review will orient the reader to the paraphilia literature. In each case, the role of the client’s mother seemed in the perceptions and cognitive distortions of the three clients to be an important part of the secret that emerged. Memory felt in the body, sometimes articulated, sometimes not, initially distorted, gradually becoming focused, having been stumbled upon and impulsively acted upon was what led the researcher art therapist to begin to be curious about attachment issues. The literature review will also review some literature around the psychological notion of the place of ‘the mother’ in the psychological process for some clients.

The Design of the study and Case review will present the case material of the three clients in detail. The discussion will review the case work from the perspective of the literature review and the theoretical construct central to this study: how the art therapeutic process enable the secret to be first represented and then put into words. In the cases cited, the secret was in a pathological relationship to the mother. While it is acknowledged that the development of each paraphilia is idiosyncratic, these cases contribute to the general literature about the etiology of paraphilias.

It would appear that shame induced by a primary care giver is an important theme in the development of some sex offending patterns. Thus the place of non-verbal therapies within sex offender programs adds another valuable resource to the complicated tasks of assessment, multidisciplinary treatment and to the on-going management of sex offenders within society.

1.5.1. Transference

In relation to growing up in an abusive relationship Briere (1992) writes:

> Although support and caring are generic components of all good psychotherapy, individuals with difficulties in the self domain especially acquire a stable positive environment in which to work. (p. 114)

Beginning then with a stable, positive environment, the work of therapy may in fact be possible. What was conducive in the art therapy studio for Wilf, Baxter and Yves to test the ground of safety and so dare to reveal that which had lain hidden since childhood?

A stable positive environment calls for such simple things as reliability i.e. the sessions were held at the appointed time on the appointed day in the room nominated the art therapy studio. Same place, same time, same day, each week. The art therapist’s punctuality, evenness of mood, objectivity and constancy were true to her contracting with the client. The art materials were constant in variety of choice, workability and availability to the client.
Brown and Pedder (1991) on transference state:

The consciously forgotten past becomes re-enacted in the presence of the transference. The therapist sets up a therapeutic or working alliance between the adult part of the (client) and the adult part of herself in order to investigate the way this relationship is distorted by the child part of the (client), which colours his feelings towards the therapist with residues of feelings about important people from the past. (p. 58)

As the case studies in this research are played out, such things as the art therapist's overall demeanor and constancy, attentive listening with the third ear for the unspoken negative affect, the cognitive distortions, and the dread of exposure will reveal too how not only a stable environment but also the art therapist's ability to sit with and reflect on the client's transference all play a part in the change as it happens.

This leads to the countertransference as experienced by the art therapist researcher and in the writing of this thesis this phenomena is the tool with which the art therapist hopes to make sense of and enable a shift to happen within the therapeutic alliance.

Brown and Pedder (1991) posit that:

At times it may seem to imply something rather mysterious to suggest that the therapist is able to pick up feelings of which the (client) is unaware, or disowns.... The everyday prototype of what the analyst does in sensing the (client's) feelings is surely what the mother does for her infant, who is usually 'in-fans', or without speech and cannot yet put feelings into words. (p. 63-64)

1.5.2. Countertransference

Countertransference is as stated here the way in which the therapist senses the client's feelings. In the case of the researcher/art therapist of this study, it is important to note from the start that before this art therapist was an art therapist or a researcher, she spent twenty years listening to, teaching and responding to the educational needs of countless five, six and seven year old children. Art making was a priority in all educational settings. Within all these educational settings, art making was a priority. This is important to state I believe, as the countertransferential stance taken throughout the therapy session and in continuing this research takes on a particular dimension due to the ability of the art therapist researcher to recognize the small child in the adult client.
1.5.3. Triangular relationship

Klein (1952) in commenting on children in analysis makes the link:

The analysis of very young children has taught me that there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object relations are at the centre of the emotional life. Furthermore, love and hatred, fantasies, anxieties and defenses are also operative from the beginning and are ab initio individually linked with object relations. The insight showed me many phenomena in a new light. (p. 50)


Robbins in Rubin (1987) states:

Art adds a dimension to this engagement. Sometimes the art mirrors or deepens what is already going on in the relationship. In other instances, the art form may offer something diametrically opposed to the verbal dialogue. This added dimension gives a new perspective on our internal relationships as it brings us to new levels of consciousness. (p. 65)

In the case studies of Wilf, Baxter and Yves, in the later part of this thesis a description will be given of how the art and the art making process within a safe therapeutic relationship enabled the client to use the language of the art to speak of an intolerable internal secret. As Schaverien (1987) describes her concept of the Triangular Relationship:

When the picture embodies feeling, and movement starts to occur in relation to the image created, it is then that change is possible through the medium of the picture itself. This is similar to the transference relationship to the therapist but here the focus is the picture. (p. 80)

In conclusion, how then in the interaction between transference and countertransference is it possible for change to occur, a change that will enable the client to have greater insight into that which holds back and impedes growth.

Hinshelwood (1999) commenting on the work of Bion (1970) states:

Persons can link together in three different ways. Briefly we can link together in love. This is the L-link as Bion termed it. Each person loves and is loved. The second link is the H-link in which each person hates and is hated by the other. And the third link is the K-link; that means that each person knows and is known by the other. The third of these, the K-link, is an important one, knowing based of course on emotional
and relational foundations. It is typically the psychoanalytic link – and is the medium in which insight is created. (p. 817)

In the course of the twenty-four week Encompass program the interdisciplinary nature of the therapy makes it possible for those links to be played out in the theatre of psychotherapy, psychodrama and art therapy group sessions in the cognitive frame of individual psychotherapy and educational modules and in the transferential and countertransferential area of dynamic and analytic psychotherapy.

Finally a salient word of wisdom from Gabbard (1992):

For small children to believe that the world is a malevolent place in which they are subject to random acts of violence is profoundly chilling. (p. 301)
Chapter 3
Design of the Study

3.1. The Setting

The therapeutic sessions took place in a safe, contained environment. Images once completed were stored in personal folders in an art file in a secured room. Each session began and ended on time. Materials used in the sessions were uncomplicated, easy to manipulate, familiar to the clients and easily accessible (e.g. clay, paint, pastels, wax, and oil crayons, pencils, tissue paper, white paper, coloured paper, magazines, charcoal, glue and scissors).

A typical session began with an introductory stage where the client spoke of issues concerning them on a particular day. Then up to thirty minutes was spent engaging with the art materials to form an image, to make a mark, to make a model. In the remaining time the client with the therapist processed the image as they reflected on the experience.

The art therapy was offered in individual and group sessions as a part of a 24-week day program (Refer to Appendix 1, p.116) that included individual and group psychotherapy, psychoeducational group sessions, and psychodrama.

3.2. Method


The language of most educational researchers uses the tone of academy and the explicit intent of science. It is distanced, authoritative, oriented toward wider meanings and generalizations, and often implies that there are right or wrong ways of teaching. It does not speak the voice of uncertainty, does not acknowledge the changeable, instinctive, and intuitive character of teaching. (p. 65)

The methodology and the language to use in the writing of this Honors thesis presents a challenge. If I as researcher writing about art therapy using a more creative, right brained linguistic, metaphorical and story telling approach what may be lost of the left brained scientific frame of psychology? On the other hand if I as researcher were to stay strictly within the confines of scientifically collaborated discourse, hypothesis, paradigms and statistical frame of reference, what may be lost of the fluidity and spontaneity with which the unconscious is able to discourse through the avenue of dream, story telling, image making and tools?
Shlain (1991), in McNiff (1998) believes:

That art precognitively anticipates science by creating images that express the most complex ideas before they are elucidated by physicists. Both artists and scientists create from that Shlain views as a collective imagination that links ideas. (p. 80)

Thus in the writing of this thesis and in working with the archival data of client records I have used both the language of science, the language of psychology and, in particular, dynamic psychology and the language of image, narrative, metaphor and mark-making. Theory thus is described in terms aligned to the science from which it originates. Art therapy is described also in the language of both the psychological world and the world of art theory and practice. Thus a balance is established between the two disciplines of art and psychology.

In choosing a frame of reference in which to work the research material, I have chosen to work with an ethnographical approach to the archival material that is the basis for my retrospective study. Once again a dilemma seems to present itself. How can I be true to the moment if I am not staying true to collecting the data from each particular art therapy session with a view to using it in this study? How can I, the researcher, take archival material and use it retrospectively to look at the impact of the transference on the art therapist conducting sessions? This, I believe has been possible because of the primary position that I, the researcher, using the archival material am also the art therapist who produced the archival materials originally.

Each of the clients described in this study gave written and informed permission for their art work and case notes to be used for research prior to undertaking the twenty-four week program of intensive therapy. Each of these clients was referred for assessment by concerned employers and private medical practitioners. The multidisciplinary team who conducted the comprehensive assessment referred the client for art therapy treatment in the program. Refer to Appendix 1, page 116 for more detail.

The archival material and case studies chosen for this study were taken from the client’s individual sessions i.e. the first and last session as well as two mid-phase sessions.

As the program is a twenty-four week intensive day therapy program, art therapy forms just one part of the psychological dynamic the clients are exposed to in the course of the week. Each client undertook one individual art therapy session a week as well as one group session. The individual art therapist and the group art therapist were one and the same person. That therapist is also the researcher of this study.

It is important to note that although the sessions were non-directive in nature the material for the sessions rose out of the material that was being processed in the individual psychotherapy and group therapy sessions as
well as psychodrama sessions and educational modules. (Refer to Appendix 1, p. 116 for a clear outline of the program).

Each week a Clinical Case Conference was held which focused on each of these clients. The art therapist also took time apart from these sessions to meet with the individual psychotherapist to look at issues of concern in treatment and guidelines with working with the client in relation to the presenting problems. Thus all of these influences were brought to bear on the focus and processing of the individual art therapy sessions and in retrospect on the archival material available to the researcher.

As art therapy is a very new treatment discipline in Australia, the researcher's personal aim in pursuing this study was to develop her own skills, and use the past sessions to build up an understanding of how to work beneficially with clients who have chronic sexual troubles.

The choice of 'process', 'image', and 'triangular relationship' were chosen as the frame for the study as they presented as important facets of the art therapy sessions with these particular clients.

As these clients on presenting for treatment indicated that much difficulty had been encountered in sustaining meaningful relationships, the 'triangular relationship' presented a challenging area to study in order to look at both transference and countertransference issues for these clients.

The art therapist researcher was curious about what happened to her especially in those moments when the clients were making art. This provided the spring board for further curiosity around how they each related to her as a female and what the art making might say about their relationship to their primary care giver.

Thus the basis for an inquiry method arose not only out of the client's unspoken fantasies and where his gaze was focused but also on what the art therapist fantasised and observed.

Transference and countertransference are pivotal to what questions were asked and matter's explored in each session. On this rested the non-directive approach of each session within a highly directed, comprehensive and intensive therapy program.

3.3. The research questions

As already outlined in Chapter 1, the purpose of this thesis is to document the case study of the benefits of Art Therapy for a group with sexual paraphilia disorder. The two research questions that form the basis of the design of the study are:

- How does the art work embody the secret?
- How does the art work enable the secret to be spoken?
3.4. The study's main hypothesis

The literature discussed in Chapter 2 reveals that Art Therapy may assist the work of sex offenders, particularly when their offending behaviour is linked to a significant predisposing issue (eg. hatred of women; violence as a child; social anxieties). It may also be helpful in victim empathy work as an offender recreates an offending scene and is able to observe the violence, manipulation or power (size) imbalance evident in the artwork. It is a challenge for the therapist and the victim to actually gaze and tolerate looking into the eye of the victim in the eye of the image. In relation to the images presented in this paper the theme emerged as the client began making art. Each session was a non-directed session.

3.5. Summary of method

The research hypothesis is investigated using case studies employing the use of archival material. The art work of three clients diagnosed with a paraphilia is reviewed. Four samples of art work from each client are taken: the initial art work; two art works from the mid phase of treatment and their final image.

Three clients diagnosed with a paraphilia are referred to as Wilf (diagnosed with a cross dressing fetish); Baxter (diagnosed with ephebophilic voyeurism) and Yves (diagnosed with exhibitionism).

In each case study, the image was analysed in regard to the notions of shame, internal dialogue and the unutterable. The process was deconstructed in regard to the notions of physicality, self-soothing and potential space. The triangular relationship was deconstructed in regard to the notions of transference, attachment and separation, and the ability to stay in the triangle.

In sum, applying this method to the art therapy of clients suffering from a paraphilia explores the potential for their artwork to allow them to speak in means other than words of that which they believe is unutterable. Thus, how does the art work embody the secret? How does the art work enable the secret to be spoken? will provide a means of exploring in the future how to treat clients with a paraphilia more effectively.
Chapter 2
Review of the Literature

2.1. Art therapy in Australia

In 1992 Edith Cowan University in Western Australia began a Masters Degree in Art Therapy. In 1993 the University of Western Sydney began offering a Masters Degree in Art Therapy. Until this time all Art Therapy Study had to be undertaken in the UK, the USA or Canada. As a result of this fact very little literature or research on Art Therapy with clients, has been produced or documented within the Australian context. As this study takes shape and goes to press some excellent research is coming out of La Trobe University.

The researcher was unable to find any documented Art Therapy case studies on clients diagnosed with the paraphilias of transvestic fetishism, voyeurism and exhibitionism according to the criteria set out by DSM IV. Therefore, this study begins to break new ground in Australia and will add significantly to the development of new knowledge in this field.

Writings and research on art therapy with clients with sexual disorders (paraphilies) had only been documented in relation to incarcerated clients in the UK and USA. Thus the aim of this piece of research is to produce a study that documents the work of clients outside of the incarcerated setting and within the Australian context.

Since Art Therapy is recognised as an authentic therapeutic modality, Art Therapists need to be trained and registered by a professional body. In this case the researcher is an Art Therapist who is a professional member of ANATA (The Australian Art Therapy Association) and PACFA (Psychotherapy and Counselling Federation of Australia) and an associate member of ANZATSA (Australian and New Zealand Association for the Treatment of Sexual Abusers).

It is important to note that maintaining good boundaries is an essential part of therapy and is even more critical when working with this particular client group whose offences have been characterised by boundary violations usually with more vulnerable persons. A boundary violation encompasses the sexual abuse of another in that the abuser is in a position of power in relation to the victim eg. adult to child, manager to employee etc. This study supports the notion that, in any multidisciplinary treatment program, Art Therapy is not merely an adjunct to a therapist’s work with a client, nor is it a ‘craft activity’ in an otherwise solid program. The potential potency of the artwork always needs to be at the forefront of the therapist’s mind, and the gleanings of the art therapy process, when integrated into the overall treatment process become a powerful influence in the conceptualisation of the primary process towards healing.
2.2. Art therapy: three main therapeutic approaches

Dalley (1992) speaks of the qualities inherent in making art. On the one hand a person may make art with the intention of exhibiting it in the hope of a profitable return and on the other hand a person may engage in art as a means of relaxation. As a contrast to this, art making in a therapeutic setting “with clear corrective or treatment aims, in the presence of a therapist, has a quite different purpose and objective” (Dalley, 1992, p. xvii). In therapy, the person and the process become most important, as art is used as a means of “non-verbal communication”.

Skaife (1995) gives an overview of Art Therapy theory in relation to the way in which art therapists worked in the UK and the USA. She wondered if art therapists worked from an Art Therapy model, an Art Psychotherapy model, or an Analytic Art Psychotherapy model. Commenting on the process involved in making art in this way Dalley (1992, p. xii) posits that “images can create clarity in expression, especially with things that are more difficult to say”.

Skaife (1995) reviews the work of two pioneering American art therapists Naumberg and Kramer in order to describe their influences on art therapy theory. She writes:

Naumberg, influenced by psychoanalysis, used art within a psychotherapeutic relationship. Kramer on the other hand, drawing on child centred art education emphasised the healing properties of art activity in itself without the need for interpretation. (p. 2)

Naumberg placed great emphasis on the image being the means by which the unspoken and indeed the “not-yet-conscious” is finally expressed in the form of the image. In this way the client is grappling with the act of clarifying these most difficult to access feelings. Naumberg (in Dalley, 1992) believes that:

The techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form. As (clients) picture such inner experiences, it frequently happens that they become verbally articulate. (p. xvii)

2.2.1. An analytic art psychotherapy approach

Kramer (1996) described what had been important to her in working as an art therapist:

Much of my heritage is in art, art education, and psychoanalytically informed psychotherapy. Equally important in enabling me to practice art therapy was my Freudian psychoanalysis with a Viennese psychotherapist who was willing to take on a fellow refugee for a
pittance. Psychoanalysis gave me personal experience of the power of the unconscious processes and of the power of transference and countertransference. I attained the self-knowledge essential for dealing with the pitfalls that arise out of one’s own psychic vulnerability. I learned to recognise transference phenomena in the individuals in my care, so that I would not paint myself into a corner, and that I would not be tempted to abuse the power transference lends to the therapist. (p. 40)

As art therapy developed, the theories of psychodynamic therapists such as Klein, Jung and Winnicott, together with group analytic theory impacted in a formative manner on art therapy practice.

From a Kleinian perspective the “urge to paint” is seen as an attempt to atone for instinctual destructive feelings. Dalley (1992, p. 6) asserts that observing the child at play enables the art therapist to use a symbolic frame and thus interpret the play in regard to the transference relationship. In this way the therapist can “hold” the feelings until the child is “ready to integrate them”.

Kramer (1958, p. 6) sees ‘Art’ as a means of widening the range of human experiences. It is an area wherein experiences can be chosen, varied, repeated at will. “In the creative act, conflict is re-experienced, resolved and integrated.” In looking to the adult who is struggling with destructive feelings, those feelings are often hidden, disguised and for some are that which is unutterable.

Henzell (in Dalley, 1992, p. 17) comments on the unutterable in reflecting on Wittgenstein’s phrase, “What we cannot speak of we must pass over in silence”.

Henzell (in Dalley, 1992) later adds:

Psychotherapists and art therapists may pay attention to paralinguistic and bodily expressions and amplify these by asking their patients to draw and paint so as to allow other metaphors to speak. They may then offer interpretations of these amplifications that are themselves essentially metaphorical. This rhetorical dialogue serves to furnish a context that can transform the symptom once again into a framed metaphor in order to bring into proximity the protagonists of an internal conflict. (p. 27)

2.2.2. An art psychotherapy approach

Birchnell (in Dalley, 1992), sees the problem of working with the destructive part as an entanglement:

Part of the job of the art therapist is to move in and disentangle the neat and elegant statement of the aesthetic creation, break down the veneer of orderliness, and get back to the underlying turmoil before it was tidied up and made acceptable. I do not deny that one needs to execute this
disentangling process with the greatest care and sympathy, for the art work was put together in the first place in order to accommodate a number of conflicting themes and in the finished product, these are ingeniously interlocked. (p. 36)

Winnicott (1960) writes, in regard to The Depressive Position in Emotional Development:

that the main thing is that psychoanalytic theory evolves all the time and that it was Mrs Klein who took up the destructiveness that is in human nature and started to make sense of it in psychoanalytic terms. (p. 80)

Skaife (1995) goes on to talk more about those therapists like Winnicott who see the importance of leaving the ‘destructive wishes’ unanalysed. This may be the reason some art therapist prefer this way of working or more simply the art itself, through the “process of making art”, moves from ‘destruction to repair, from chaos to form’ ending in the ‘fragmentation of the image’.

Of paramount importance is the attention the therapist pays to the ‘potency’ of the image. In order for this work to be done Winnicott (1971) recognises the importance of a safe environment and a ‘potential space’ in which the act of creation is made possible.

The choice of materials for the process are also crucial. Dalley (1991) notes that providing appropriate materials facilitates the process of making art. She writes:

the skill and effectiveness of an art therapist does not only lie in the ability to intervene or aid in interpretation of the painting or product. The art therapist’s choice of materials is also of great importance. Both two and three dimensional art materials have enormous potential and flexibility for therapy. (p. xvi)

Winnicott (1960) highlights a different quality important to the therapeutic relationship in art therapy, namely the ability to play. He writes:

The general principal seems to me to be valid that psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. The reason why playing is essential is that it is in playing that the patient is being creative (p. 63).

Skaife (1995) poses a question for herself about whether to narrow the artwork down to solely an embodiment of the transference then reflectively adds:

To my mind the meaning of the art work is always elusive and needs to remain so in order to allow for something new to happen (p. 3).
From an object relations point of view, the work of Winnicott which is based on early significant relationships rather than instincts, views the image from a ‘transitional object perspective’ Winnicott developed a concept of the facilitating environment, whereby a ‘good enough’ mother provides a relationship with her baby which enables it through play, to find its self and eventually separate. His ideas about transitional phenomena, his vision of art as a form of play, providing space between self and other, and his emphasis on the therapist’s role as a facilitator to a process rather than one of making analytic interpretations, has been powerfully influential for art therapy.

Some therapists describe their role from the perspective of creating a ‘space and a setting’ in which the client can feel ‘supported’ and ‘held’ rather than making sense of the image. In reviewing the work of several art therapists, Skaife (1995) notes that:

Champernowne (1971), Lyddiatt (1971) and Thomson (1989) mainly use Jung’s concept of active imagination, that is that the unconscious can be accessed through images emerging in spontaneous art. It is by achieving a balance of unconscious and conscious processes that individuation can be achieved (p. 4).

Skaife is suggesting that the art of art therapy for these writers is not ‘real’ in that it flows from the unconscious.

Schaverien (1995, p. 4) looks in depth at art-making within a therapeutic relationship which utilises the concepts of transference and counter-transference, as well as Jungian concepts. In the making of art Schaverien is very conscious of the way in which the client makes art whether it is an “embodied” image or not. For an image to be “embodied”, feelings must be invested so that these strong powerful feelings have been involved and expressed in the process.

Schaverien (1992, p. 41) asserts that in the holding of strong emotions there is often a “transference within a transference in as much as the person making the art transfers the emotional feeling to the artwork in a primary process. These feelings may engender in the client a feeling of disgust, and so the artwork is thus a ‘scapegoat’ a holding place until the client is more able to deal with the uncomfortable feelings”.

Skaife (1995) quotes Frosh on the benefits of transference to the whole therapeutic frame:

Frosh, in his political critique of psychoanalysis (1987) has pointed out some radical benefits of transference analysis, namely that the client can come face to face with the social forces that he has internalized (p. 3).

Schaverien (1993) in the foundational text Art Therapy describes the image as being of paramount importance distinguishing it from Analytic Art
Psychotherapy where transference and process hold equal weight. For Schaverien, no interpretation takes place on the part of the therapist. Therapy happens through the process as ‘inner and outer worlds meet and the unconscious elements are made conscious’.

The mother’s gaze embodied the transference of the child, enabling the child to see reflected back affirmation or rejection. Art Psychotherapists who work from a Self-Psychology perspective pay particular attention to the role of the image in embodying the transference.

2.2.3. Summary

In this section of the review of the literature the author has endeavoured to:

- discuss some of the unique features of Art Therapy as a therapeutic modality;
- describe the three common models of Art Therapy:
  The Art Therapy Model,
  The Art Psychotherapy Model, and
  The Analytic Art Psychotherapy Model.
- give a history of the development of Art therapy by reviewing the work of 4 foundational theorists: two each reflecting the development of Art Therapy within Britain and America.

In the Art Therapy Model the therapist does not interpret the transference. In the Art Psychotherapy Model the focus is more on the process than on the transference. In the Analytic Art Psychotherapy Model the process and transference hold equal weight.

Schaverien in Gilroy and McNeilly, (2000) describes and illustrates these models in three diagrams.

In Art Therapy, the art process would be the figure, the focus of attention; the therapeutic relationship the necessary ground from which it emerges. The triangle is centred in the image and to the client-picture-client axis is activated. The therapist as a witness is a more peripheral figure than in the other two combinations.

Refer to Diagram 1.

Diagram 1. Schaverien’s Art Therapy – the scapegoat transference diagram
In Art Psychotherapy (and some forms of psychotherapy) the therapeutic relationship would be the figure and the pictures the ground. Here the axis client-therapist is the main focus. The pictures illustrate the therapeutic relationship or recount some aspects of the history. They may even record the transference in some way but are essentially the backdrop for the more important person to person transference and counter transference relationship.

Refer to Diagram 2.

Diagram 2. Schaverien’s Art Therapy – Central axis the therapeutic relationship diagram

![Diagram 2](image)

In Analytic Art Psychotherapy the figure and ground are interchangeable. The dynamic field is fully activated. The pictures interrelate with person-to-person transference and counter-transference. Neither figure or ground has priority; they are of equal status, creating an alternating focus, which integrates the pictures fully within the transference. Thus the triangle would constellate equally client-picture-therapist.

Refer to Diagram 3.

Diagram 3. Schaverien’s Art Therapy – the dynamic field diagram

![Diagram 3](image)
2.3. Three case studies of paraphiliac clients as the setting

When looking at the assessment and treatment of paraphilias it is important that the therapist and the researcher have a clear, and well-defined image of the aetiology of a paraphilia. The DSM IV (Diagnostic Statistical Manual of Mental Disorders - Fourth Edition, 1995) provides a well-researched and universally accepted set of symptoms for clinicians to use.

Throughout the study, the notions of image, process and triangular relationship will be used to orient the reader to the material at hand. In this preview of the literature, DSM IV "image" of the paraphilias will be explored.

The essential features of a Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges, or behaviours that occur over a period of at least 6 months generally involving
1) nonhuman objects;
2) the suffering or humiliation of oneself or one’s partner; or,
3) children or other nonconsenting persons.

While there are over 200 paraphilias recognised in the literature, the DSM-IV advocates the notion that, there are a number of discrete paraphilias that fall into broader categories. Eight main paraphilias are described in detail and codified in the manual:

Exhibitionism (exposure of genitals);
Fetishism (use of non-living objects);
Frotteurism (touching and rubbing against a nonconsenting person);
Pedophilia (focus on prepubescent children);
Sexual Masochism (receiving humiliation or suffering);
Sexual Sadism (inflicting humiliation or suffering);
Transvestic Fetishism (cross-dressing); and,
Voyeurism (observing sexual activity).

The assessment by which these paraphilias can be identified includes:

Psychosocial and Psychosexual Interviews;
Psychiatric Interviews;
Psychological Testings, The Millon, the MMPI II, The MIPS, etc.;
Neuropsychological Testing; and
Medical Assessment.

The three case studies reviewed in this thesis focus on three distinct paraphilic disorders, namely transvestic fetishism, voyeurism with ephebophilic traits, and exhibitionism. A client with a transvestic fetish developed a sex life where he needed to be dressed as a woman in order to initiate sexual arousal (Wilf). A client who is voyeuristic and attracted to adolescents, developed a sex life where he became sexually aroused by creating situations where he could see teenage children naked (Baxter). A client who was an exhibitionist developed his sex life around situations where he would reveal his genitals to unsuspecting strangers (Yves).
A brief synopsis of the DSM-IV descriptions of each of these specific paraphilic disorders is provided below:

2.3.1. Diagnostic criteria for F65.1 Transvestic Fetishism (p. 545)

A. Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving cross-dressing.

B. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:
With Gender Dysphoria: if the person has persistent discomfort with gender role or identity.

2.3.2. Diagnostic criteria for F65.4 Pedophilia (p. 541)

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children (generally aged 13 years or younger).

B. The person is at least age 16 years and at least 5 years older than the Child or children in Criterion A.

C. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

2.3.3. Diagnostic criteria for F65.9 Paraphilia Not Otherwise Specified: Ephebophilia (p. 545)

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a Postpubescent child or children (over 13 years).

B. The person is at least age 16 years and at least 5 years older than the Child or children in Criterion A.

C. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
2.3.4. Diagnostic criteria for F65.2 Exhibitionism (p. 539)

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the exposure of one’s genitals to an unsuspecting stranger.

B. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

2.3.5. Diagnostic criteria for F65.3 Voyeurism (p. 545)

A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.

B. The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

It is noted that each of these paraphilias centre on “intense sexual arousing fantasies, sexual urges on behaviours.” Fantasies and sexual urges are more often than not “secret” ie. not spoken of, known only to the initiated.

2.4. Trauma and art therapy

Theory relating to the understanding and treatment of trauma is pertinent to the practice of art therapy, particularly art therapy with individuals presenting with paraphilias. However, as an indepth focus on the area of trauma is beyond the scope of this dissertation, this aspect will only be referred to briefly in order to reflect its relevance to the issues covered in this study. Leading writers in the trauma field have described a number of major effects of trauma, such as: the numbing and silencing impact of the traumatic event on victims, so that they are often unable to articulate their ‘unspeakable’ experience (Figley, 1985; Herman, 1992); a difficulty with integrating traumatic experiences into declarative (i.e. narrative) memory (Van der Kolk, 1996) so that the experiences remain potent and incapacitating and are not easily modified by later benign ones; a disconnection of individuals from their interpersonal nexus and communities (Herman, 1992) inter alia. Thus, forms of therapy that address these effects would be healing for individuals.

Art therapy, as described in this dissertation, is particularly applicable in this regard. Van der Kolk (1996) emphasizes the role of alternative therapeutic approaches (i.e. those which progress beyond the exclusively verbal forms of psychotherapy) in facilitating healing following exposure to traumatic events. He posits that interventions such as EMDR, as developed by Shapiro (1989) are especially effective in facilitating an integration of the declarative memory processes within the memory system, and thus assisting recovery from
trauma. While Van der Kolk does not refer to art therapy specifically, his arguments are also applicable to this form of intervention in facilitating recovery from trauma. In allowing the unspoken 'secrets' to be expressed through a non-verbal modality, art therapy enables fragmented memories to be integrated. In similar vein, the practice of art therapy as outlined in this dissertation, addresses the disconnection and relationship ruptures engendered by trauma as highlighted by Herman (1992). Consequently, the client’s relationship with the therapist is based on trust and thus antithetical to trauma; hence this relationship serves as a conduit for recovery from earlier traumatic experiences e.g. attachment failures.

2.5. Attachment theories as they relate to the development of paraphilias

The literature review will develop around a key theme of this thesis namely *the development of a paraphilia in relation to the absence of the mother*. In reviewing the literature relating to paraphilias, particular focus will be given to the aetiology of the three paraphilias involved in the case studies.

In the early stages of research, Firestone (1987) developed the notion of "The Fantasy Bond" based on twenty-eight years of research into the problem of resistance. His work centered upon the concept of the Fantasy Bond as an illusion of the connection originally formed with the mother and later with significant others in the individual’s environment.

Firestone (1987, p. 154) suggests that self-nourishing habits fulfil the function of parenting oneself and thereby establish within the individual a sense of pseudo-independence. These habits may also serve the purpose of cutting off painful feelings. He elaborates on the fact that psychological methods and means used to dull pain generally become addictive. “These habits”, he says, “cripple the person’s ability to function and find satisfaction in personal relationships.”

In defining these self-nourishing habits, Firestone (1987) includes behaviours such as thumb-sucking; masturbation; excessive television watching; compulsive eating and drinking; drug use; addiction to routines; and, mechanical impersonal acts.

Firestone states that the person’s internal state has some measure of control placed upon it in the temporary satisfaction derived from these pursuits. Firestone (1987, p. 157) posits that self-nourishing habits are ego-syntonic arousing little conflict with normal ego functioning. Eventually he says the person’s capacity to deal with everyday experiences becomes limited as the habits become self-destructive. This happens because they are no longer experienced as acceptable and considerable guilt is experienced.

Firestone (1987) posits further:

- the more a person has been emotionally deprived and frustrated in early life, the more he or she tends to rely on self-feeding defences
that give the illusion of self-sufficiency and ease the pain... As the person moves towards individuation in differentiating from the mother the process becomes more and more difficult; each successive stage of maturity confronts the child and later the adult, with the basic facts of personal existence, aloneness, and separateness as well as the vulnerability of death. Each step forward is accompanied by reminders of the terror of being abandoned as a totally independent infant. Each phase is also marked with guilt at leaving the mother behind and anger and resentment at having to face the world alone. The resulting behaviour is once again to resort to the self-soothing habits of the past. As the child moves from complete independence and symbiosis to independence and self support fear of separation and fear of death predominate his actions. (p. 173)

Firestone (1987, p. 17) noted that in his conceptualisation of the neurotic process Otto Rank defined life as “a succession of weaning experiences that create anxiety.” Rank, emphasised that the anticipation of separating from the therapist has a powerful impact on the client. Because of this dynamic, Otto Rank paid particular attention right from the outset of the analysis, to possible expression as termination approached. Rank, in Firestone (1987, p.17) believed that “their reactions to this crucial central issue of separation revealed the core conflict”. He likened this process of termination to ‘birth’ and many authors (Freud 1905-1953, Bowlby 1973, Klein 1948-1964) refer to this phenomenon as the ‘birth-trauma’ the severing of the umbilical cord. He suggests that, from this position, the infant moves towards the realisation that it is not a part of its mother’s body and its desires and needs are not always satisfied.

Thus Firestone (1987, p. 176) suggests that the infant creates “an internal image, a primitive fantasy, of the mother’s breast”. The infant uses this fantasy to try to mend the first break in it’s blissful union with her.

Firestone describes the dramatic events in the individual’s life that emanate from two basic sources. Firstly he cites the inevitable traumas in life: poverty, injustice, inequality, illness and eventual death, which are traumas that we have no control over. Secondly he cites traumas which cause unnecessary damage due to parental deficiencies. He contends that “children who suffer this second type of trauma suffer more intensely because of residual primal feelings and react more negatively to the inevitable separations that occur at normal developmental stages in their lives”. (Firestone, 1987, p. 176)

Separation is not necessarily traumatic, but the child who is deprived or rejected will tend to over-react to successive separations in life.

Bowlby (1971) in Firestone (1987, p. 178) described “frustrated attachment” as relating on one hand to the child experiencing pleasure in the warmth and food the mother provides and on the other extreme fear that is readily aroused in the light of future separations.
Firestone (1987, p. 178) believes that “the infant's attachment to the mother develops naturally as a result of having its need for love i.e. food, adequately met. However to the extent that the care the child receives is inadequate or inconsistent, unnecessary anxiety and frustration are aroused”. He concludes that “when the emotional pain is very intense, the child’s attachment shifts to a powerful fantasy bond with the mother. In anticipating the breaking of bonds the adult at times still anticipates being overwhelmed by separation anxiety.”

Firestone suggests a fusion in two existential positions, the acute awareness of his aloneness and his eventual death. Thus the most profound effect a parent can have is to threaten abandonment. In the face of threatened abandonment, the child can seek one of two solutions, to express anger and elicit a re-union, or aim to elicit a response whereby the parents pledge never to leave the child again. Bowlby (1971) sees this as a manipulation on the part of the child in evoking guilt in the person of the parent. Thus Firestone sees the 'fantasy bond' being strengthened. Breaking a bond is analogous to letting the other person die, because an individual has difficulty maintaining a bond or fantasy connection without the co-operation of the other.

Relating deprivation to the development of sexual problems Firestone (1987) writes:

> When there has been considerable anxiety and deprivation related to early feeding experiences there will generally be subsequent sexual maladjustments. Actual sexual relationships and bodily contact with other persons may become too threatening. Such a person is generally too immature to experience satisfactory sexual relationships with other persons and tends to resort to a great deal of fantasy concerning sex. (pp. 216, 219-220)

In looking at how sexual problems may occur for the adult who has experienced early deprivation Firestone (1987) further suggests:

> A man may compulsively masturbate and avoid closeness to a woman or he may become defiant and hostile in relation to women. At the same time he sustains the infantile fantasy that he can take care of himself, that he does not need a woman. A man may have the fear that a woman, the mouth or the vagina, will drain him, will take everything from him, as his parents did, when they were emotionally hungry, wanting something from him rather than giving him what he needed. (p. 216)

Finally Firestone (1987, p. 221) completes his reflection on sexuality and early childhood deprivation by citing theorists such as Deutsch, Klein, Hermann, Isaacs and Riviere, Bowlby, Harlow and Harlow, confirming that there are overlaps between early deprivation and sexuality. These overlaps are commonplace in that each impinges on the other and influences the development of the other. This theory holds that there is an inwardly more masturbatory style to sexual expression as well as an outward more relational aspect. The inward style centres on issues of control and withdrawal.
Earle and Crowe (1989) concerned that issues concerning Sexual Addiction were not being addressed satisfactorily in the literature, wrote a book titled, *Lonely All the Time* in which they explore sexual addiction and note that:

Compulsive Sexual Behaviour is finally being recognised as an addictive disease, like alcoholism, drug abuse over-eating, gambling, over spending. But in a society that glamorises sex, yet insists that we keep it completely private, it is almost impossible to realise that sex addiction may be poisoning our lives. In the past many of us assumed that abnormal sexual behaviour was a problem only for perverts and unfaithful spouses or lovers. In fact nothing could be further from the truth. (p. 19)

They identify those who fall into the addictive category, encompassing those who suffer symptoms attributable to an unsatisfactory sex life, those who use sex to avoid intimacy, those who are consumed by sex and are burdened with secrets and lonely all the time, those who obsess about sex, and those whose urgent desires are alleviated by rigid rituals.

Earle and Crowe cite Cames’ four core beliefs that are central to the sex addict’s image and that influence his view of the world. They contend that the addict acts upon these beliefs as if they were irrefutable and unchangeable truths. Earle and Crowe add negative self talk to Cames’ four core beliefs and list the major core beliefs as being

- I am basically a bad, unworthy person;
- No-one would love me as I am;
- My needs are never going to be met if I have to depend on others;
- Sex is my most important need;
- If I have to depend on my social skills to get close to anyone it will never happen.

Negative self talk, (how addicts think and feel about themselves as well as interpret everything around them) are a perpetual presence and part of all other seeds of sexual addiction. Earle and Crowe (1989, p. 30) develop these notions into "seeds" that mix together in germinating the disorder.

**SEED 1. NEGATIVE SELF TALK**

eg. I can’t do anything right.
I’m a horrible person.

**SEED 2. DISEASED THINKING**

eg. I don’t deserve a normal life.
I’m intrinsically a bad person.

**SEED 3. UNREALISTIC ATTITUDES**

All you need is sex.
Sex is all you need.
eg. Sex is love.
Sex is power.
Sex is proof of adequacy.
Sex makes you special.

Earle and Crowe (1989, p. 27) quote Carnes’ ‘Grand Delusion’ as follows:

Sex addicts see any sexual connection even the ones they imagine, as much deeper and more meaningful than they are.

SEED 4. STRESS
The act and stress of deception.

Sex addicts view their lives as being out of control and they want to cover up their shameful behaviour. The pressure involved in living a double life is enormous and constant.

Earle and Crowe (1989) suggest that we all respond to stress, pain, loneliness, loss and discomfort in our own way. Some of us identify the problem and seek counselling. Some identify the problem and change what they can. The addict always seeks the same solution by finding some way to ‘anaesthetise’ the pain and anxiety. They observe:

The sex addicts we’ve treated, once they stop denying their problems and making excuses, attribute much of their anxiety to acute loneliness and strong fears of abandonment and rejection, fears that actually increase their loneliness as they distance themselves from others. (p. 30)

SEED 5. SEARCH FOR THE ULTIMATE HIGH
eg. Now this is great! What a tremendous feeling!

Earle and Crowe (1989) speak of the importance of highly exciting and pleasurable past sexual encounters. The note that Sex Addicts’ memories are stored due to the timing of the incident, the risk involved, its intensity, or the mixed emotions associated with it. They suggest that:

A sex addict’s fantasy is like a hypnotic trance that takes over the addict’s mind. He or she may loose time. (p. 35)

The authors suggest that, in order to achieve the same high in the future the addict relies on specific rituals in the hope that the intensity will anaesthetize the pain.

Rituals the sex addict indulges in are rarely healthy, they are motivated in part by fear, in the same way as superstitions. Hearing addicts talk about their rituals, we often get the impression that they believe they must do every part of the ritual in just the right way, and in the exact
time sequence every time, or they will not achieve the high they desire. (Earle & Crowe, 1989, p. 35)

According to Earle and Crowe sex addiction is a disease of denial in which the addict uses denial to maintain the addiction. They suggest that, to give up the high would lead to misery, and so the addict adheres to the fantasy which is a form of denial in order to protect himself from the misery he fears.

Earle and Crowe (1989) suggest that the original source of the misery feared by the addict could include:

- One or more traumatic events during childhood usually involving divorce, death, abuse or victimisation.
- Parents who were uncommunicative or frequently absent from home.
- Families in which affection, encouragement, and trust were virtually non-existent while criticism, harsh punishment and rigid, though unwritten rules were ever present.
- Prohibitive messages about sex, primarily from parents, but also found in religious teachings. (p. 35)

Fogel and Myers (1991) as a result of their research into perversions, published a book titled Perversions, Near Perversions in Clinical Practice – New Psychoanalytic Perspectives. A chapter in their book cites the work of Robert Stoller (1975) who defines an Aberration as:

An erotic technique or constellation of techniques that one uses as his or her complete sexual act that differs from his or her cultural, traditional, avowed definition of normality. Sexual aberrations can be divided into two classes: variants (deviations) and perversions. (p. 75)

A variant, according to Stoller, may develop in response to prenatal hormones, abnormal brain activity, tumours, experimental drugs, or electrical impulses. These variants are primarily the staging of sexual fantasies that are especially harmful to others.

Stoller (in Fogel & Meyers, 1991) suggests that perversion is a fantasy that is usually acted out, but occasionally restricted to a daydream (either self produced or packaged by another, that is, pornography). It is a habitual, preferred aberration necessary for one's full satisfaction, primarily motivated by hostility. The hostility in perversion takes form in a fantasy of revenge, hidden in the actions that make up the perversion, and serves to convert childhood trauma to adult triumph. To create the greatest excitement, the perversion must also portray itself as an act of risk taking.

Reflecting back on the intensity that the word 'hatred' conveys, Stoller (in Fogel & Meyers, 1991) reconsiders his initial definition and modifies it:

I feel that hatred is not quite the right word here. Though the conscious experience may be hatred (eg. rape) it usually is not (eg. exhibitionism,
fetishism). The unconscious affect nonetheless is, I think, hatred or revenge. (p. 85)

Bach (in Fogel & Myers, 1991) wrote an article on 'Sadomasochistic Object Relations'. He gives the example of one client in therapy who commented on his mother lack of response to him as a child:

She was always absent in my presence. When he was a kid he used to miss her and ask over and over again where she was. Where had she gone? He would read PLAYBOY magazines to stimulate himself and keep awake. He remembered that he sucked his thumb for a long time; the thumb provided a good feeling of connection that he didn't have with his mother – at least he knew where his thumb was... It was like an addiction and he gave it up only when he turned to masturbation, and that was like an addiction and which then he turned to women. (p. 83)

In A prisoner of another war Murray (1991, p. 173) reflects upon how dealing with childhood issues is not the complete cure for sex addicts, especially those who have committed sexual offences. He concludes that the therapist needs to help the patient look both at childhood issues (part of why I do what I do now), and at current, adult responsibilities (this is what I do now and I cannot continue to do it). This work on childhood issues helps sex addicts who have victimised others to get in touch with their own pain, and provides the foundation for building victim empathy. Understanding the enormity of the pain they have inflicted on others then provides a powerful motivation to stop the cycle of victimisation once and for all.

Murray (1991) believes that:

…we will finally begin to break the chain of abuse... when we are able to look within the abuser and find the abused, to find out why a child turns from victim to victimizer, to understand that offenders don't just happen and to believe that change is possible for many offenders if therapy is provided by qualified, caring professionals, and if the offender is willing to take responsibility for his or her past actions and is willing to face his or her own pain as the process of change takes place. (p. 91)

Earle and Earle (1995) devoted the second chapter of their book to etiological factors that contribute to the development of sex addicts. They assert:

Traumatic childhood events, years of sexual, physical, or emotional abuse and victimisation, divorce, the death of a parent or sibling often play a part. Prohibitive messages about sex – that sexual desires and sexual acts are sinful, dirty, illicit, and/or demeaning can provide fertile ground for the development of sexual compulsions. Poor modelling also provides a critical component in the aetiology of sex addiction. Most sex addicts come from homes in which parents lacked communication skills, offered little affection or support to each other or their children, consistently betrayed their children's trust, and were frequently absent altogether. Rigid and arbitrary family rules, constant, often abusive
criticism, and harsh punishment for breaking the rules or failing to live up to strict standards also contribute to the development of sex addiction. (p. 13)

2.5.1. Issues for treatment

In looking at a multi-modal approach to the treatment of sex offenders Earle and Earle (1995) highlight the importance of the creative arts. In enabling the client who is often dissociated from affect and unable to express or identify it, creative arts are a means that will facilitate accessing and releasing emotions.

Art therapies and sand play therapies can offer new avenues to express emotions; these therapies are particularly effective in accessing consciousness of any traumas that the addict may otherwise, consciously or unconsciously regard as unspeakable... As the client accesses those areas in early childhood that led to the abuse it is important that they do not just ‘repeat the story, talk about the pain, and intellectualise and understand situations and motives of the one who inflicted the pain’.

The therapist must also confront defensive mechanisms (denial, rationalisation, minimisation, projection, and intellectualisation.) Confrontation, must take place in a safe place and be carried out in a supportive way. The therapist may choose to employ either a direct or indirect (symbolic) techniques. Art Therapy or expressive therapies can offer avenues of metaphorical expression that navigate around and through defence mechanisms allowing the (client) to express feelings while channelling and dissipating energy. (p. 35, 121)

Earle and Earle (1995, p. 147), noted that sex addicts who victimise others generally have a history of being victims of child abuse and neglect themselves (Carnes 1983, Earle & Crowe 1989, Murray 1991). Comprehensive treatment of the sex addict cannot regard this history as incidental. The therapist must respect and value sex addicts as human beings despite their offences.

Gartner (1999) in Betrayed As Boys, Psychodynamic Treatment of Sexually Abused Boys argues:

It is critical that we be aware of how our physicality and our gender are experienced by our (clients). What are they aware of and how much do they let us know of this awareness? How congruent with our own sense of our physical and sexual selves is their perception of us?

In a parallel fashion, it is important to be aware of our perceptions and responses to our (client’s) physicality and sexuality. Rarely do we acknowledge in writing or even in collegial discussion the visceral response we have to a (client’s) size, shape, smell, a body language. If we can’t acknowledge and explore these reactions in our selves, it
will be hard to explore them in our (clients). Bodies and gender role behaviour permeate the consulting room.

A man who has doubts about his gender role behaviour may experience talking about this abuse to a man in a position of authority as a replication and continuation of the original trauma. He may feel less a man than his male therapist and thus he may feel safer with a female therapist. Boys who were sexually abused by men have difficulty as grown men being assertive, both in social relations and in sexual activity. To be assertive may feel like an identification with the aggressor and make them feel like perpetrators. On the other hand, an inability to be assertive and dominant may make them feel like less of a man - either insufficiently masculine or insufficiently heterosexual’.

...In short we can not do any better than to propose an additional hypothetical construction to the (client’s) construction. It would not be the truth but the probable. In this way we present the analysand with another version of the personal myth to which he adheres. It is a truth he can recognise as his own and which we convey to him, just as we could recognise through transference this truth which he carried in himself without knowing it. (p. 283)

Now this truth was not only a mass of secret contents, it was also a secret language, a secret system of thought. In order to arrive at the desired result it is indispensable for the (client) to be able to succeed in accounting for not only what he had to hide but also how it could have been hidden. If it was indispensable to get rid of it, it was no less indispensable to keep it. Content and form are inseparable. Likewise, psychoanalysis today is an analysis of the container at least as much as an analysis of the contents. (p. 29)

In his book *The Dead Mother* (1999) edited by Kohon, Green writes a paper titled, “The Negative In Playing And Reality”. He comments on the importance of the development of a consistent internal image of the primary caretaker:

The infant can employ a transitional object when the internal object is alive and real and good enough (not too persecutory). But this internal object depends for its qualities on the existence and aliveness and behaviour of the external object. Failure of the latter in some essential function indirectly leads to deadness or to a persecutory quality of the internal object. After a persistence of inadequacy of the external object, the internal object fails to have meaning to the infant and then, and only then does the transitional object become meaningless too. (p. 207)

Here Green is reflecting on the reflections of Winnicott after analysing his client’s work of separating from the mother.
If the mother is away over a period of time, which is beyond a certain limit measured in minutes, hours or days, then the memory of internal representations fades. As this takes effect, the transitional phenomena become gradually meaningless and the infant is unable to experience them. We may watch the object becoming decathected. (p. 207)

Green (1999) sees this decathecting as an “absence of representation, a negative hallucination, a void, an emptiness, futility and meaninglessness” (p. 207). Green commenting on Winnicott's notion of the separation of the mother and infant sees this separation leading to an experience where the mother is definitely dead, whether absent or present. This means that no contact can be re-established when she is back. Green’s theory mirrors Winnicott’s with this notion.

Modell (1999), in Kohon “The Dead Mother – The Work of Andre Green” reflects:

The Dead Mother Syndrome can be used to denote the intensely malignant syndrome that Green described when there is primary identification with the emotionally dead mother whereas the term 'Dead Mother Complex' denotes an entire range of an individual's response to a chronically depressed emotionally absent mother. (p. 76)

Modell further asserts that:

...this deadness is not an identification with the mother but 'a hypersensitivity to schizoid states of withdrawal in others... It appears that the mother in withdrawing from the infant and young child is fairly common but the 'dead mother syndrome' belies severe pathology and this is very rare. Modell posits, 'the variability of an individual response to an emotionally dead mother illustrates the importance of the selective process with the individual as a response to trauma. (p. 76)

"Imago" a term used by Green denotes the client's 'construction or internal representation' of the mother.

Modell (1999, p. 77) believes that the “problem of an historical reconstruction of the mothers” relatedness and affective state is complicated by the fact that analysts tend to identify with their client's egos. The difficulty then becomes that:

We thus form a corresponding image in our minds of the client's mother to whom we might attribute the client's psychopathology. Modell posits that this is 'one of the most difficult problems apart from psychosis that the analyst might encounter'. (p. 77)

Modell (1999) differs from Green in that Green’s experience with working with clients led him to believe that the client may recover memories of “periods of aliveness that preceded the mother’s depression”. Modell’s experience with
clients indicates that the client’s are unable to recover memories when the mother was emotionally available. Clients thus may have formed a construction of the mother as “someone with a characterological defect”. (p. 77)

Modell (1999) reflects that there is an important task for the analyst in working with these clients to understand and accept depression of the mother. The danger Modell (1999, p. 77) sees is that without this grounding “the (clients) may continue to believe that their mother turned away from them because of their intrinsic defectiveness or badness”.

In relation to the child developing a sense of his inner life Modell has found that ‘in some instances it would appear as if the mother was unable to recognise that her child had an inner life that was separate and distinct from her own’. The consequences of this can be devastating and traumatic for the developing child. For them it is as if their mothers failed to recognise that they were human. For the child Modell in Kohon (1999, p. 77) posits “it is a short step to think that if their mother failed to acknowledge their psychic aliveness then their mother wishes that they did not exist, that they in fact should be dead and that they have no permission to be a person”.

How then does the child in his mother’s arms perceive his mother? Modell in Kohon (1999) quotes Stern (1994) with some salient points to make on this matter:

Compared to the infant’s expectations and wishes the depressed mother’s face is flat and expressionless. She breaks eye-contact and does not risk to re-establish it. There is less contingent responsiveness. There is a disappearance of her animation, tonicity, and so on. Along with these invariants coming from the mother there are resonant invariants invoked in the infant; the flight of animation, a deflation in posture, a fall in positive affect and facial expressivity, a decrease in activation etc. In sum the experience is descriptively one of ‘micro’depression’. (p. 78)

The resulting effect is the child will try to identify with the dead mother.

On the other hand there are some clients who endeavour to avoid this by ‘counter-identification’ and thus operating in an out-going manner while at the same time believing that ‘only part of themselves is dead’. In this way they retain a sense of ‘individuality and preserving a self/object distinction’... The result of this is that ‘the total identification with the dead mother who is incapable of loving, contributes to a corresponding incapacity to love others and to love oneself’. (Modell in Kohon 1999, p. 79)

We might ask what then happens to ‘affect’ for the developing child. Modell in Kohon (1999) concludes:
It is commonly recognised that a disturbance in the early mother/infant or mother/child relationship contributes to a relative incapacity to regulate affect. One observes the fear of experiencing intense feelings with the belief that, in as much as affects are inherently uncontrollable, the self would be flooded and overwhelmed. (p. 79)

It would seem that the mother in her lack of emotional affect has distanced herself from her own body and the ways it experiences the world around her. This Modell believes can be communicated to the child and thus the child is unable to experience affect.

In encountering clients who are unable to connect with the other it might be assumed that there is an element of masochism involved in this withdrawal from affect. It may appear as if they seek pain out. “Pleasure itself, the pleasure of simply being alive is missing and thus pleasure may even be forbidden”. (Modell in Kohon, 1999, p. 79)

How then can the client be enabled to work with this very difficult state of consciousness? Modell (1999) argues:

“What is crucial for some individuals is the ability to construct alternative inner worlds of the imagination that will effectively remove them from the impingement of a traumatising relationship with the mother. A free floating imagination and the ability to use metaphor to transfer meaning from one domain to another facilitates the re-contextualisation of memory. This process which Freud termed Nachtraglichkeit, may enable the individual to transcend a traumatic past”. (p. 79)

According to Green (1986, p. 209), “It is important to link two extremes which are very different the death of the mother when she is present and her death when she is able to re-appear and therefore to come alive again”. He goes on to argue that:

This ‘death’ refers to a lack, an absence of memory, an absence of mind and these can be framed within the concept of a gap. But the gap instead of referring to a simple void or to something which is missing, becomes the substratum for what is real. (Green, 1986, p. 209)

Winnicott (1971) would insist that the “only real thing is the gap”, that is to say the death, the absence, the amnesia. (p. 210)

Referring to a client, Winnicott (1971) comments further:

“I suppose I want something that never goes away. This is obvious but what is missing here is that the bad object is the one that never goes away. The real thing is the thing that is not there”. (p. 210)
2.6. Art therapy with sex offenders

In 1994, Liebmann edited a book containing a collection of writings on Art Therapy in an incarcerated setting. In perusing the bibliographies of the two articles in this book focusing on Art Therapy and the treatment of sex offenders it was noteworthy that only one writer, Hagood, referenced art therapy and sex offenders. The researcher noted that, except for one article, the case studies cited all dealt with an adolescent population and all case studies were of incarcerated clients. The reality is that there is a paucity of research literature related to non-incarcerated adults who struggle with paraphilias.

Of particular interest to the researcher were the two articles in Liebmann’s book, *Art Therapy with Offenders* (1994) documenting art therapy with sex offenders. The first article, by Aulich, entitled “Fear and Loathing” dealt with the countertransference issues experienced by the therapist. The second article by Hagood, “Group Art Therapy with Adolescent Sex Offenders” documents her work in USA.

Aulich points out that therapists working with sex offenders are faced with a personal challenge, to look at their own attitudes to sexuality and gender roles and to face their own feelings of “hate, revulsion, rage and fear engendered by the issues arising in the sessions”. (1999, p. 165)

Hastings (1998, p. 277), writing on shame, poses an interesting challenge to therapists when she states, “Clients who are unable to feel their own feelings may take an immediate step unconsciously between lack of awareness and awareness, and let the therapist feel the emotion for them!”

Research on the area of trauma would take this a step further in looking at the way ‘flash-backs’ can re-traumatisre. The researcher wonders if the perpetrator in visiting the scene of the perpetration also at some point experiences something of this hate, revulsion, rage and fear.

Hagood in Liebmann (1994) noted that in the work she did with abused children she was aware of the strong feelings of anger she had towards the abuser. She noted that her work with offenders in prison evoked a different set of feelings in her. Of this she comments:

> Because I did not work with any of these boy’s victims, and realised how similar these boys were to their victims, I was able to view them in a similar way to the other sexually abused children with whom I worked. It was nevertheless important not to become too sympathetic and forget their sexual offences. (p. 214)

Apart from this book by Liebmann and articles by Springham in the British Association of Art Therapist’s journal, “Inscape”, there are no other materials from which to resource. The researcher in visiting Britain in 1999 spoke to Springham about his work and his writing and observed an art therapy session with offenders in a hospital setting. The researcher was surprised to
find that while she was struggling to move her adult offender population out of the cognitive distortions and intellectualisations, Springham had the opposite challenge to move the adolescent offender population out of the affect and into a more cognitive mode of viewing the problem.

Hagood supported the observation when she concluded that Programs in Britain appear to draw largely on the work of Freud, Jung, Klein, Winnicott, Naumberg and Kramer all of whom are analytically oriented. Most of the literature in the USA on Art Therapy with adolescents is also psychoanalytic in approach.

The drawback she observes in working this way is that although this method is effective in helping resolve feelings and gain insights, there is an addictive component to sex offending which needs to be addressed.

She quotes Nelson’s (1992, p. 200), research which asserts that “It is now believed that low success rates in treatment of paedophiles may be partially attributed to the fact that only recently have American therapists begun to treat paedophilia as an addiction”.

From her experience, Hagood concluded that using Art Therapy focusing on the “cognitive and behavioural aspects” of the adolescents' problems has increased their awareness of the sequence of internal and external precipitants that has let them into a cycle of abusing.

She suggests using a more directive approach with adolescents in painting or drawing the situations which re-enforce the behaviour, and in identifying other ways of dealing with underlying issues. This approach can lead to a change to managing their inappropriate behaviour in a more constructive and less damaging ways. She also notes that this psychodynamic perspective in the making of art enables the clients to access their feelings, “better than words alone” (Nelson, 1992, p. 201). Her article concludes with a warning against accessing childhood memories if in so doing the client shifts to using their own childhood abuse as ‘an excuse for the offending’.

In Art Therapy, image, process and triangular relationship are three important aspects of the work. From the outset sharing the ‘unspeakable’ secret appeared to be particularly important aspects in the treatment of psychosexual disorders.

For the victim, to utter the secret may have been to risk personal safety and potential psychological annihilation. In a different way, the same risks keep many victimisers silent. To reduce the intolerable trauma of keeping the secret implies too great a cost and for many there is just no one with whom they feel safe.

Winnicott has described the drive of the artist as a paradox consisting of a strong desire to communicate, co-existing with a need not to be exposed. Thus my work over the past five years has led me to reflect that ‘sexuality in the context of abuse and the abuser’ has retained its potent dynamic,
imprisoned, silenced, in the terror inherent in the disclosure of the secret. And yet a paradox is evident, for each client in his own way made several attempts to seek help, or to get ‘caught’ in the acting out of the paraphilia.

Conte (1989), in a study of sexually abused children found that the single most important factor in reducing the negative effects of abuse was “the presence of at least one supportive adult relationship” (p.119). Gilgun (1990, p. 91), in further studies found the most crucial factor to be “the presence of confidants and other supportive persons”. The presence of such supportive relationships, often with guardians meant that the children did not grow up to be rapist, molesters or violent offenders.

In the presence of a supportive other, within the safety of the therapeutic relationship, Art therapy has been found to be a therapeutic modality by which the unutterable can be released.

Earle and Earle (1995) in their study of sexual addictions found that sex addicts are unable to identify and express affect without the intervention of modalities that allow and encourage them to release their emotions:

Art therapies and sand play therapies can offer new avenues to express emotions; these therapies are particularly effective in accessing consciousness of any traumas that the addict may otherwise consciously or unconsciously regard as unspeakable. (p. 35)

In Rubin (1987, p. 78), Kohut and Wolf, outlined the symptomatology of people with Borderline Personality Disorder, including the absence of the self-soothing capacity that protects the normal individual from being traumatised by the spreading of his emotion especially by the spreading of anxiety. People who lacked a soothing self-object early in life continued to experience their environment as hostile.

Many studies (Howard, 1990; Johnson, 1989: Serrano, 1989; Sgroi, 1982; Ticen, 1990; Walker, 1992) have discussed the benefits of art therapy as a treatment modality that facilitates catharsis and expression of pent-up emotions, gaining distance from strong feelings, attaining control and making choices by manipulating materials and promoting insight. To daub, and dab, wash and wipe, soothe and salve with paint and pastel, clay and collage in the art making process begins the catharsis.

In summary, the etiology of the paraphilias in general and of ephebophilia, voyeurism and exhibitionism in particular, is still being explored in the literature. Themes of shame and faulty attachment (especially to the mother) are given importance.

Art therapy is a therapeutic modality that explores the image, the process and the triangular relationship. Using materials and the art making has the potential to by-pass some of the justifications and cognitive distortions that are operative in these paraphilias.
The art therapy of three clients presenting with paraphilic disorders is reviewed in this study: in the primary process of the art making, a secret emerges: shame-based and made fraught by mother-son connections.
Chapter 4
Case Reviews

4.1. Introduction

Each case study will be reviewed focusing on the four art therapy sessions under the headings of psychosocial and psychosexual history, process, image, and triangular relationship.

It needs to be noted from the outset in relation to reading and exploring these art therapy case studies that:

1) All art-making therapy was non-directive. Sometimes the art-making emerged from the preliminary discussion prior to making art. Sometimes the client began by making art and no preliminary discussion took place. Sometimes the theme for the image emerged due to individual or group psychotherapy interactions, psycho-educational modules or interaction with other clients. Refer to Appendix 1, p. 116 for more details of the daily program contents.

2) It needs to be stated here once again that in each of these sessions the researcher/art therapist was struck by the 'non-verbal' and sometimes 'pre-verbal' quality of the image. All clients are diagnosed with a 'sexual paraphilia'. For all the paraphilia itself had been kept a secret by them for 40+ years. All entered therapy to deal with unIntegrated sexuality. In a number of ways, each said that to put words to and name that which is 'sexual and paraphilic' was the most 'shaming' thing imaginable.

And finally it needs to be stressed that throughout the process of identifying and 'unpacking' the symbolism of the images – 'there are different levels of consciousness, of knowing' and both client and therapist may each hold the key to unlocking the potency of the metaphor.

Schaverien (1995):

Consciousness is mediated and transformed through symbolic forms like myths and language, art is one of the means through which the "I" comes to grips with the world .......... there are different levels of consciousness – of knowing. Some of these ways of experiencing are inarticulable and cannot be expressed in conventional language. They are expressed in other forms such as myth, ritual and art but firstly language is needed to enable separation to take place. (pp. 8-9)

Symbolic forms are both personal and universal. Joseph Campbell (1991, p.67) in his book the Power of the Myth poignantly states that one is in danger of getting “stuck” as one interprets “metaphors” as facts. The same
could be said equally of symbols, images, fables etc. For as Freud (1905/1953) so succinctly said it and has entered popular discourses, sometimes a cigar is just a cigar. Schaverien (1995) reflecting on Cassirer posits a movement in the image takes place from the “real through the symbolic to the imaginary” (p. 118). In the process the client may be led through language from the pre-verbal into the adult world.

4.2. Psychological assessment data - Wilf

The following synopses are constructed continuing the notion of image, and relationship as collected by the clinical team at the time of his assessment. The process by which this information was construed was by a medical, psychosocial, psychiatric and neuropsychological interviews.

4.2.1. The case of Wilf (the transvestite)

The case of Wilf will reveal how Wilf attempted to be “the good boy” in response to a mother who was a perfectionist.

Wilf was a Choirmaster by profession who presented as a transvestic fetishist. As well, he had public sexual affairs with women whom he encountered in church situations.

4.2.2. Client known as Wilf Transvestic Fetishism diagnosed at assessment

This client was referred to the program because his cross-dressing behaviours were causing him clinically significant distress, especially in his work situation.

In the course of a Psychosocial Interview the client revealed the following images of his family of origin and himself: -

NAME: Wilf
SEX: Male
AGE: 45
POSITION IN FAMILY: Only child.
OCCUPATION: Choir Master.
FATHER: Good man, well liked by others. Devoutly religious. Had studied to be a cleric but was rejected prior to ordination.
(Throughout the course of the interview the interviewing therapist was also forming an impression of the client as he described his psychosocial history).

**Therapist's Impression:**

(Wilf visibly moved as he spoke about his father's being prevented from ordination)
A man who travelled a lot and was not available during the client's early years.

Wilf's father suffered greatly from alcoholism and depression and retired early because of this.
As a child Wilf witnessed conflicts between his mother and father when his father was inebriated.
Wilf reported being distressed by this as a child.
Father dealt with his anger by complaining about his mother's nagging and would make jokes of her.
Wilf recognised this trait in himself. He said that he tends to deal with anger by being defensive and by the use of sarcastic humour.

Upon his mother's death his father remarried and then passed away only four years after remarriage.

Wilf commented that he felt his father was never really happy with his mother.

**MOTHER:**
Wilf described his mother as 'civil and nice'.
He described his mother as hard-working, kind and generous. She was also a devoutly religious like his father.

**Therapist's Impression:**
It seemed that the Wilf was unable to describe his mother in more intimate terms.

Even though he speaks of his childhood being happy it was nevertheless socially and emotionally isolating. During his vacations he spent much of the time alone in the house. It was then that his cross-dressing behaviours and fantasies escalated.

**SIBLINGS:**
Wilf has no sibblings.

**EARLY CHILDHOOD MEMORIES:**
Therapist’s Impression: So impoverished was his childhood that no memories were highlighted during the interview.

DREAMS:

Therapist’s Impression: No early dreams were evident.

PARENTS’ RELATIONSHIP: Wilf reported that his mother was more affectionate than his father but neither were demonstrative. Mother suffered a series of strokes and was admitted to a nursing home four years before she died.

He commented that the three of them had all lived separate lives under the one roof. He felt that they had stayed together because of strong religious values.

EDUCATIONAL HISTORY: Wilf did not report any difficulties in his school years. He spoke of not being very proficient at Maths. He said he enjoyed school and generally did very well. He commented that his grades fell in the last two years of high school when he was struggling with sexual difficulties. Wilf said that he felt confused and guilty about sexual matters. In regard to his social life he said that he was a member of a school choir and all his social life revolved around this. The choir was his life.

VOCATIONAL HISTORY: He trained to be a teacher and later specialised in the teaching of music. His more recent work has centered on his work as a choir master and this he says has been the happiest years of his life.

Wilf also underwent a Psychosexual Interview. In the course of that interview he revealed this image of his Psychosexual History: -

SEXUAL HISTORY: Wilf reported that he received no formal education about sexual matters. ‘Sexuality’ was not talked about in his home. He recalled that he reached puberty at 13 years of age.
EARLY CHILDHOOD EXPERIENCES: He reported that his earliest sexual memory was of lying in bed dreaming about being dressed as a girl. He felt guilty about masturbating to these fantasies. He denied any sexual play with peers or ever being abused.
He denied ever paying for sex or having had fantasies or ever having sex with minors.
Wilf commented that he had experienced puberty as a very difficult and confusing time and he wished he had been born a girl. His erections were so painful that at one stage he wished he could cut off his penis.

ADULT EXPERIENCES: Wilf reported that much of his sexually acting out with vulnerable women over the last twenty years has taken place when he was heavily intoxicated.
He could not give many details about his behavior because he frequently experienced ‘black-outs’ with his drinking bouts.

Therapist's Impression: What is notable about Wilf's behavior is that he has been sexually active continuously over the last 25 years, that he has targeted vulnerable women whom he has met in fiduciary relationships, and that he quickly became sexually intimate and then displays poor judgement, self-defeating behaviours and little if any remorse.

DRUG & ALCOHOL: As detailed earlier, Wilf’s father retired early as the result of depression and alcoholism. His paternal grandfather and maternal uncle were alcoholic.
Initially he denied his own heavy drinking bouts since his days in teacher’s college but later was able to talk about these and the severity of his blackouts.

Therapist's Impression: His personality profile indicates a high degree of addictive potential.
MEDICAL HISTORY: Low testosterone count and atrophied genitalia consistent with female hormone treatment. Haemoglobin levels low. Serum B levels low. Hypertension triglycerides slightly elevated.

NEURO-PSYCH. Neuropsychological tests indicated that he was functioning intellectually in the superior level. General Intellectual functioning and memory ability were consistent. Constructional ability above average.

PSYCHOLOGICAL TESTING:

AXIS I 296.33 Major Depressive Disorder, recurrent with melancholic features. 302.3 Transvestic fetishism with gender dysphoria. 302.9 Sexual disorder not otherwise specified with exploitative features. 303.90 Alcoholic dependence in early partial remission.

AXIS II 301.20 Schizoid personality disorder with depressive avoidant, passive-aggressive and self defeating personality traits.

PROCESS: The process by which this information was construed was by a medical, psychosocial, psychiatric and neuropsychological interview.
4.2.3. The first session with Wilf

4.2.3.1. The process in the first session with Wilf

Refer to Figure 1 (page 47).

Wilf entered an intensive six month therapeutic program (see Appendix 1, p. 116) due to complaints made concerning his inappropriate sexual relationships with vulnerable women whom he encountered in his work as a choir master. There were also complaints concerning his cross-dressing behaviour interfering with his duties as a choirmaster.

Wilf was a well groomed middle aged man of soft appearance. His facial features had a translucent look about them, but his demeanor was anything but soft. From the moment he stepped into the room he arrogantly asserted his authority, “So this is the art class is it?” and made several off-putting jokes that left the art therapist wondering where to go with these remarks in the initial moment of meeting. When the response to a simple question about time-tableing was given as “I’m not aware of this”. He retorted, “Well you wouldn’t know would you”.

Initially in moving him to make art, the art therapist found that he seemed off-putting and surly, asserting that the exercise in itself was below him, “Kindy kids use these crayons! Kindy kids and adolescents scribble on loo walls! Maybe I’ll be an adolescent today”. Taking up the textas he began to draw and as time went on there was a deep stillness in the room that struck me as being in sharp contrast to the initial angry retorts and condescending remarks that had erupted upon his entrance to the room.

Figure 1: The first session with Wilf

Although it had been stipulated that some time be left at the conclusion of the art work to discuss the “outcome” of the image-making, it seemed as time went on that this may in fact not be possible. The art therapist began to wonder if this in fact was not another tactic to delay or subvert what she, as a ‘female’ art therapist, had “preordained” should be so.

Stepping back almost instinctively from making a judgement too soon she began to wonder at this soft-looking yet arrogant man working at the table and she was surprised to find that his countenance and his whole demeanor had changed. He was totally engrossed in making art non-directively. It was as if he had found a tiny space in the corner of his room and was as it were at one with the image-making activity. The art therapist was immediately reminded of observing small children in the past taking coloured pencils and drawing as if the whole world outside of themselves no longer existed. She began to wonder about ‘solitariness’ in the man’s life, about his hidden self, and about the very small boy that appeared to have crept into the back of the room to privately draw a picture.
The art therapist was later to discover that this way of behaving, speaking arrogantly, defiantly and demeaningly with often times crude and inappropriate remarks was the ‘breaking of the ice’ stage for him in therapy sessions. Once he had marked out the territory in this way he would then withdraw and go “into himself” and silently make a mark on the page.

He began the drawing by using a black texta to mark out individually each brick on a wall that took up ¾ of the page. Was this another way of shutting her out or was it in fact shutting him in? Did it sign to her to not come any further or did it in fact, as with the verbal tirade at the beginning, sign to her that he was to be in control here? He would tell her whether she could look over the wall or not.

4.2.3.2. The image in the first session with Wilf

The brick wall she noticed was divided in two. The top of the brick wall was crenellated as a battlement. The canons were not visible. What might this fortress contain or what might it be harbouring, she wondered. As he worked she noticed that he omitted to fill in the bricks in the centre position and instead drew a small rocket-shaped hut not far from the brick wall. It was also drawn in black. Then he took up colours and using green he gave the hint that beyond the wall there was a garden. But the art therapist as observer only had the barest hint that this was so. Lastly he took up the brown texta and began to fill in the section between the two walls. Oh, she thought he is going to close me out and she wondered what had happened in that moment when initially she had caught a glimpse inside. Had the art therapist seen too much already? Had she intruded on this safe space of his? Had she disturbed him in some way?

Silently, but for the light scratching of the texta, a door began to form in the wall and to her surprise the door complete with handle was slightly ajar. The art therapist had to admit to herself that she expected him to shut her out. She was still able to view the rocket shaped hut. The rocket shaped hut took on a second possibility in her mind. Was it a phallic image? Was this to be like the teasing jokes at the beginning of the session a desire to taunt and shock and frightened away? “What do you think it is?” he demanded of her, “You tell me!” Or was it something else? Schaverien’s (1995) words “there are different levels of consciousness” (p. 8) came to mind.

4.2.3.3. The triangular relationship in the first session with Wilf

There were no words to this change in him that had taken place. Did he trust her? She wondered. They had come to the end of the session and he prepared to leave the room. There was no time to discuss the image and yet the image said far more that anything that he could have said in words. The art therapist found herself with ambivalent feelings about him. There seemed to be a split between the soft almost feminine aspect of his demeanor and the arrogant self-opinionated hostile persona.
As he left the room she heard herself lamely saying, “See you next Thursday at the same time”. She wondered what had happened to her voice and her power in this silent interaction that was happening between them. The door closed with hardly a sound. And then he was gone. So different, the art therapist mused, from the boisterous entrance.

4.2.4. The first mid-phase session with Wilf

4.2.4.1. The process in the first mid-phase session with Wilf

Refer to Figure 2 (page 51).

The lead up to this mid-phase session began with the client acting out with female hospital staff in that in exposing the soft wounded part of himself he sought solace. The problem in regard to acting out was the fact that he had manipulated the situation to his own ends. He had initially been confronted in the group with regard to invading the space of a senior female staff member. Wounded by this he used splitting to seek solace from other females without giving an accurate account of the dilemma. In eliciting some soothing he draped himself around a nurse, crying on her shoulder in an inappropriate way.

This art therapy session followed one in which he tried to address this issue which has led him to act out with vulnerable women in the past.

Thus he arrived at the session, down at heel, with his tail, as it were, between his legs, chastened and flat in affect. In his hands he clutched a child’s pencil case with coloured pencils. Softly he remarked “I brought my own pencils to the session today. I will use my own”. 
4.2.4.2. The triangular relationship: mid-phase Session 1 with Wilf

Figure 2. The first mid-phase image with Wilf

Taking himself apart very quietly he worked on a small piece of paper and began to draw an image. He looked to the therapist very dejected, slinking away in a corner, deeply chastened and stinging with the disappointment and pain of the rebuke, as he saw it.

As he worked there was not a word spoken. And the art therapist for a short time almost forgot he was there. He seemed as if in some way he had disappeared from the room. She found herself wondering where he had gone to and as she tried to engage her senses to understand the apparent departure of the usually highly volatile and abusive initial remarks of the past, she was struck by her fantasies. Here she felt was a very small boy, a boy in short pants, taking up his pencils in a remote corner of the house, totally absorbed in the task of drawing. He appeared as if in another world, far removed from the art therapy room. Then he began to speak.

4.2.4.3. The image in first mid-phase session with Wilf

As the art therapist moved closer to take in the image he had drawn, she noticed that the image formed a triptych. It was made up of individual images that seemed to be in a sequence. The first image seems to be that of a woman belting a small boy with a strap. The second was of a small boy, in almost foetal position crying into his hands. The final image in the triptych, was of a small boy hanging on to the woman’s hand and walking into the distance. Each image was semi-contained in an arc of red-blue, black and yellow.

Then slowly he began to speak, “When I was a small boy my mother would be very angry with me. It was as if I could never be what she wanted me to be. I think that what she really wanted was for me to be a girl. I think that if I had been a girl then she would have loved me”. The words were said with flat affect as if he was talking from some far distant place and they echoed eerily around the room as he fell into a silent space. In that space the art therapist felt the tears well up in her eyes while his remained glazed and distant.

“What did you do with the feelings you had when mum belted you, Wilf?” she asked. “See the next picture”, he said. “I would go to a the furtherest corner of the back garden and there I would sit and just cry”. Once again the glazed look came over his face.
and the silence grew darker. For a long time they just sat, he and the art therapist, focused on the “I” of the image, sitting in that awful place of long ago that he must go to when he feels chastised or disappointed in a female’s response to his anger. It was a long time before he spoke again. And in that space, that gap, the art therapist found her emotions shifting from anger, to hurt, to deep disappointment, to anger again. She wondered if these in fact were his feelings that he had no words for that day, not even the usual angry retorts.

The mood shifted. He stirred in his seat. Then he became alert all of a sudden and his eyes seemed to light up. “My mother would come then. She would find me in the corner of the garden. She would have her best dress on and her handbag and we would go shopping”.

As he left the room that day the art therapist wondered about the potency of the images and how much these beltins in the past had left a mark deeply etched into his psyche.

She noted the shaded lines moving from the ‘red’ of anger to the ‘purple’ and ‘black’ of depression, to the ‘yellow’ of opportunity and the client confirmed her thought as he spoke:- “I am surrounded with the red for anger, black for depression and yellow for hope.”

Secrets that Emerge
Marie Casamento
4.2.5. The second mid-phase session with Wilf

4.2.5.1. The process in the second mid-phase session with Wilf

Refer to Figure 3 (page 54).

In the course of this session client Wilf arrived once again with his own set of pencils. Under his arms he carried a large teddy bear. There was something incongruous for the art therapist about this adult man carrying “his” pencils and bear to the session.

On entering he went straight to the art work without spending time in discussion.

He divided his page in two separate sections first of all by drawing a thick brown line down the centre of the page veering slightly to the left. He began on the left-hand side of the page and meticulously drew the outline of the picture in lead pencil. Very carefully he added colour to his drawing. No words were spoken as he carefully coloured his page.

The art therapist wondered about who ‘he was’ on this particular day. The bear was seated on a separate chair next to him. The bear and coloured pencils that he clutched as he arrived gave the art therapist the sense that he had once again come as a small boy to an art class.

The way in which he worked very carefully and quietly, spoke too that Wilf indeed was the good little boy in the room who was eager to please his mother.

After completing the left hand section of the image he moved to the right hand side and drew a separate image with a different theme. The colouring in was even more careful and meticulous than the first half. The colours appeared to be deeper and more intense. Then he added captions to the image as if they needed explaining not just in image but in words too. The first image was titled ‘Sancta …… (Clinical Director’s name)’ and the second image was titled, “Come out and play”.

4.2.5.2. The image in the second mid-phase session with Wilf

The left-hand section of the image, titled ‘Sancta ……..(Clinical Director)’ was an image of the interior of a church. Wilf had drawn himself kneeling in prayer before a statue of the Clinical Director. She was standing on a pedestal. There were candles lit at her side.

The second half of the image, the right-hand side, titled “Come out and play” was of a group of people playing on playground equipment. Wilf had actually depicted the group of clients in the program playing in the park. He had placed the two leaders of the program on the swings and he and a fellow client were pushing the swings.
Figure 3. The second mid-phase image with Wilf

The art therapist was struck by the possible interpretation of the swings as metaphor. The image swung, as it were, from the 'sublime' on the left hand side of the page to the 'ridiculous' on the right-hand side. And indeed in therapy this client played tauntingly with loaded sexualising and spiritualising statements. The therapist was aware of the client's acting-out provocatively in a church setting, reported in psychotherapy group but as yet not spoken of in art therapy.

As with other images the 'good little boy' coloured-in very carefully, but, on the other hand, the art therapist was left wondering what the message was in the unspoken words. Again the art took up all of the session with no time for discussion. As art therapist she wondered if she was being silenced. The rhyme came to her mind, "when she was good she was very, very good but when she was bad she was horrid". Where, she wondered, were the abusive remarks? Where was the sting?

4.2.5.3. The triangular relationship in the second mid-phase 
session with Wilf

In this session the spoken word was negligible. The transference and countertransference was directed to the image and within the unspoken thoughts of both client and therapist.

In the left-hand image Wilf was dressed in a red shirt. The previous day the Clinical Director had worn a red blouse to work. Whenever she wore her red shirt he always dressed in red the following day. In an earlier session he had drawn himself in an outfit that she often wore to work. His cross-dressing behaviour was transferred to the image and he often fantasised himself wearing her clothes. The image spoke loudly of the 'idealised woman' and 'idealised mother' that he constantly lived with. Why did his mother hurt him so, she who was so perfect in his eyes? If only he was now 'the idealised woman' then he might be loved. In his attachment to this idealised form of a woman it was as if no one would ever measure up and nor could he, but in his fantasies dressed in the clothes of the other he could.

It was interesting for the art therapist to note that it was as if he had consciously removed her from the room. He made no reference to her, nor was she in the image. She wondered what each of his women victims felt when he carried on two affairs at once. Somehow it seemed that there would always be another woman in the room. He could never tolerate being alone with one woman, there was always the idealised woman on the pedestal.

In the right-hand side of the page, school was out. Wilf spoke of the children (clients) playing with the parents (therapists) in the park. Roles were reversed - it was the children who pushed the parents on the swing. Wilf had divided the group up in relation to the equipment they used. In the forefront of the image he had paired himself with the 'desired' woman and
paired a gay man with what Wilf may have fantasised his ‘desired’ man. The image spoke of a control on the one hand, and a lack of boundaries, on the other. He could verbalise who was who and how they were paired but he could not give voice to the fantasy that he had for each. He could only hint at this by tentatively checking if his primary therapist (a woman) needed him to protect her (he parked his car next to hers).

4.2.6. The final session with Wilf

Refer to Figure 4 (page 57).

Many of Wilf’s images throughout the course of therapy, were ‘painstakingly’ done. Over and over again he would cover the page with paint, meticulously colouring in the image and being very careful to stay within the boundary. A good boy, whose image appeared to be perfect.

His last session was a session in which, as it were, all that he ever wanted to say was spoken. He filled the room with words talking mostly about the future in regard to details that were not particularly relevant to where he was at the present time. On the other hand there was a very tangible ‘flatness’ in affect that came over him as the session neared its ending. More about that later.

Thus one of the final images he did prior, to the last session, is that shown as Image 4.

4.2.6.1. The process in the final session with Wilf

Wilf arrived at this session empty handed. He did not bring his own pencils or art materials with him and there was no teddy bear to be seen. He came to the session with the intention of going straight to the art work. He spoke of needing to be in touch with the image making as the first priority.

Selecting the acrylic paint, a ruler and a lead pencil he prepared himself. He took himself to sit quite close to the art therapist and began to outline a frame a few centimetres from the edge of his paper. Whatever he was going to draw had to be boundary and contained and he set the limits firstly by telling the art therapist that image-making was first priority and then the frame on the paper was added.

Inside the frame he measured out an image that was going to take up almost the whole page. The drawing appeared to be so large that he had to be careful it did not flow beyond the boundary of the frame. Mixing colours he took quite some time getting just the right orange, royal blue and brown he wanted. Then very, very painstakingly he painted in the image he had outlined. For the first fifty minutes, of this sixty-minute session, he was totally immersed in the process. Once again the art therapist felt that he was miles away and somehow she was left alone in the room waiting for his return. The process was detailed, carefully executed and accurate in its perspective. It left her curious about how accurate this metaphor might speak to that which internally he was struggling with.
4.2.6.2. The image in the final session with Wilf

The image was contained within the frame. It was of a large yellow castle, complete with crenellated battlements, a parapet and a drawbridge and moat. The windows in the side of the castle wall gave the impression that one would have to walk up many stairs to reach the top parapet. In the very topmost point of the castle, once again, seemed to be a ‘phallic shaped hut’ in which stood Wilf. As the art therapist paused in her studying of the image to think of him dressed in his ‘ideal woman’s’ shirt, she found herself thinking ‘there she stands dressed in her red blouse again’.

Figure 4. The final image with Wilf

The draw-bridge was down across the moat. The cover leading to the stairs on the second top-most level was removed and the door to the parapet or tower was slightly ajar. There was no evidence of ammunition on the battlements. The castle in the picture was framed but the castle itself was accessible. What was required it seemed was much energy to climb to the tower at the top.

In speaking of this image, Wilf simply spoke of his loneliness and isolation. He noted that the doors were open but it was a castle or fortress and perhaps a mixed message was being given. “Yes, I want you to come in but there is part of me that wants you to stay away” he said.

4.2.6.3. The triangular relationship in the final session with Wilf

Back now to the final word of the final session, which links in with the image just presented. As he came close to the end of the session, Wilf fell very quiet. There were no angry hostile words as in the beginning. He began to speak and as he did his voice fell to a whisper. Suddenly in the last moment of art therapy the SECRET seemed to emerge. The art therapist in that moment felt that she had at last reached the top of the stairs and come to meet him in his lonely ivory tower. The art therapist had passed the tests, endured the fire of the canons, and moved in the deep inner recesses of his hidden inner life. In a hushed and halting breathless tone he said, “I have never said this before and it scares me. I’m afraid that I am not anybody at all.” His eyes welled, his voice cracked and his lip quivered.

Here in his ivory tower sat the man whose ‘imago’ was the Queen of the castle, not a nobody but a somebody. Here in the flesh, stood the man he was, the man who had never been able to find himself, to reach himself, the man whose mother’s ‘imago’ of him was of an idealised woman.
4.3. Psychological assessment data - Baxter

The following synopses are constructed continuing the notion of image, and relationship as collected by the clinical team at the time of his assessment. The process by which this information was construed was by a medical, psychosocial, psychiatric and neuropsychological interviews.

4.3.1. The case of Baxter (the ephebophile/voyeur)

The case of Baxter will reveal how Baxter became 'the isolate' in response to a mother who punished.

Baxter was a doctor who presented as an ephebophilic voyeur. Within the first few sessions it was evident that 'SHAME' was an area that would feature for this client. He was a man large in frame and yet slightly bent over as if he were not certain of his standing in the art therapy room. His appearance was slightly dishevelled, his clothes drab in colour and 'overly-large' in size. He gave the appearance that not only did he feel he did not 'fit' in the art therapy room neither did his body fit comfortably within the clothes he chose to wear.

And yet in all of this, his tenor and tone of voice belied this image. The art therapist began to wonder about what purpose this 'drab' mask served for a very educated, culturally sensitive and gregarious man.

What was markedly evident was the huge 'port-wine birth mark' on the left-hand side of his face. It was as if one side of his face always seemed to blush as if he shouldn’t be here at all.

4.3.2. Client known as Baxter Ephebophilia diagnosed at assessment.

NAME: Baxter
SEX: Male
AGE: 52
POSITION IN FAMILY: Eldest of 4 siblings.
OCCUPATION: Doctor.
FATHER: Initially when describing parents he was reticent and guarded not wanting to be disloyal to his parents. Baxter described his father as welcoming but remote and undermonstrative - a silent presence in the family. His father was a shift worker and so was frequently absent from the family. Baxter went on to explain that when dad was home they had to be quiet as dad would be sleeping.
MOTHER: Baxter described his mother as a strong willed tough disciplinarian. He recalled that his mother would chastise the children by beating them with a razor strap and that occasionally she would lose control and beat them harshly. He recalled when he was nine years old fearing to use the outside toilet after being sexually abused on the way home from the shops. He urinated behind his wardrobe. His mother scolded and punished him for this but never asked why he had not used the toilet. He also recalled her dealing harshly with him over money matters. As a teenager his mother took all his money he earned doing an after school job. Although she banked the money he never received any of it.

Baxter believes that his mother suffered from depression as he recalls his mother being hospitalised and his grandmother caring for them. He does not recall ever being hugged by his parents and he was never able to share his difficulties with them.

SIBLINGS: Baxter is the eldest of four siblings, two boys and two girls.

EARLY CHILDHOOD MEMORIES: Baxter described a memory of sitting on a mat and being pulled around a hall by a bike in order to polish the floor. These were happy memories he said when he was called upon by dad to help get ready for the social.

DREAMS: A recurrent dream (shortly after being abused by a stranger) is of himself as a fighter pilot being shot down and being injured (shot) in the groin.

PARENT’S RELATIONSHIP: Baxter believed that his parents were happy in their relationship with each other. His mother died when he was a young adult and his father remarried within four years of his mother’s death.

EDUCATIONAL HISTORY: Spoke of his educational history as being unremarkable. He reported liking drama and music and had no memories of being teased. Upon leaving school he was interested in being an
auto electrician. He said he left before taking the exam because he was adverse to competition. Wanted to join a beneficent group to help with disadvantaged children but after the interview decided this was not for him. Took up study to be a doctor. Worked in a third world country for two years.

**Therapist's Impression:**

When asked if he was teased about his birthmark at school he said ‘If I was, I have probably blocked it out.’ His psychological testing indicated that he was self-conscious about his body. When speaking of not sitting for the exam he said, ‘This is the pattern of my life, I don’t like to compete!’

**VOCATIONAL HISTORY:**

Baxter also underwent a Psychosexual Interview. In the course of that interview he revealed this image of his Psychosexual History:

**SEXUAL HISTORY:**

**EARLY CHILDHOOD EXPERIENCES:**

Baxter reported that sex was never spoken of at home. His parents conveyed sex-negative messages. He gave several instances where he was sex-shamed by his mother. The instances left him feeling confused and ashamed of his sexuality and his sexual feelings. Baxter reported that his first sexual experience occurred when he was 9 years old. He was abused by a stranger one night. The man took him into a dark lane masturbated him, performed oral sex on him and attempted to force Baxter to perform oral sex on him. He said around this time he became fixated on male genitals.

In regard to sexual play he remembered his curiosity around the genitals of peers. He recalled being shocked and curious about female cousins when they attempted to expose themselves to him. He was embarrassed when they spied on him when he was naked.

Other incidents occurred in adolescence when he was being taught to masturbate by a peer. He engaged in mutual masturbation with a group of
peers in early teens. Masturbation with one peer was a weekly occurrence. The masturbation was compulsive and he began to feel guilty and suicidal in regard to it.

ADULT EXPERIENCES:

Baxter reported fantasies around masturbating adolescents or peers. He usually masturbates while looking at pornography on the internet. The pornography involves adolescents and peers. He has never had sexual contact with a woman and women are not part of his fantasies. Voyeurism began in adolescence watching peers in showers etc. He acknowledges being fixated on male genitals and experiencing intrusive sexual thoughts and voyeuristic impulses each day.

Baxter acknowledged mutually masturbating a 14 year old, and photographing two semi-naked 16 year olds.

Baxter acknowledged beginning a relationship with a 15 year old boy some 15 years ago. They are still in a relationship.

Baxter described engaging in unusual sexual impulses using objects as a fetish.

DRUG & ALCOHOL HISTORY:

Baxter does not use alcohol as he was determined he would not become addicted like some of his relatives.

Therapist's Impression:

This is just as well as he has high addictive potential. (Clear indications of this seen in the results of his psychological testing – MMPI-III and Millon)

MEDICAL:

Elevated cholesterol, triglycerides and blood sugar. Neurological consult organised as left pupil smaller than the other.

NEURO-PSYCH:

Baxter functions with a Superior Classification of intelligence. General intellectual functioning and memory were consistent. His constructional ability was found to be average. His relative weakness
was found to be in the area of psycho-motor speed.

PSYCHOLOGICAL TESTING:
AXIS I

302.9 Paraphilia not otherwise specified, Ephebophilia, attracted to males non-exclusive.
302.9 Sexual disorder not otherwise specified, Compulsive sexuality.
296.32 Major Depressive Disorder, recurrent with melancholic features.
61.21 Abuse of child, attention on victim.

AXIS II

302.60 Dependent personality disorder with obsessive-compulsive, avoidant and self-defeating traits.

4.3.3. The first session with Baxter

His initial image was made within the context of a group session. It was very tentatively constructed as he grappled to make a mark amid protestations that he “really was not very good at art”. Almost as a cover to this feeling of inadequacy, he continued to fill the room with words, using joviality to mask his underlying feelings.

Refer to Figure 5 (page 65).
4.3.3.1. The process in the first session with Baxter

In his initial individual art therapy session he went to the art with a strong sense of purpose and determination. Using the finest of lead pencils he began to sketch, a very hasty image, an outline map of the streets near his home. He then took a second piece of paper and again with the pencil sketched a frame for his image. Initially the art therapist thought he was drawing two circles slightly overlapping until, in the silence, she began to muse about what these two shapes might signify for the client.

The questions began to form in the art therapist's mind as she fantasised thus. Were they the outline of a pair of large buttocks being drawn forth from the whiteness of the page? The therapist was aware of the client's fetish for buttocks. Maybe they were two large breasts forming a frame of nurturance that would sustain him for what was to come. Or yet again maybe they were a large pair of glasses with which to really see what lies in the centre of the image?

As he drew, his being became quite still and withdrawn. The silence in the room was palpable. Then he paused and gazed at the image as if in the gazing the images were being imprinted on the whiteness of the paper. Taking the lead pencil again he shaded in the portion of the paper between the outline of the buttocks/binoculars and edge of the paper.

Once again he sat back and gazed into the paper. Silence permeated the space with a palpability that seemed to augur for the art therapist a premonition of warning. The image of the circles took on the outline of a huge pair of binoculars focused on himself. It was as if someone behind the binoculars was gazing deep into the inner core of the client's being. Slowly, silently the sketching began again. Slowly, silently his posture became more bent over, his face hidden, his eyes at one with the image gradually being drawn forth. So bent over was the client, that his shame in the making of the image became, as it were, another masking agent to cloud that which was desperately trying to come forth. Maybe these were sun glasses meant to dull the effect of the image? Then again, maybe the therapist would need a huge pair of glasses to make out the image. Was he encouraging her to really look at the image and not miss there that which he could not put into words? Perhaps he was trying to tell her to stand at a distance and view the image with a pair of binoculars. Or yet again were they not huge breasts overflowing with milk that would sustain him in the onerous task that he seemed to set himself? Tentatively the sketching proceeded.
4.3.3.2. The image in the first session with Baxter

Very delicately he lightly sketched a small figure in one corner of the first circle. The image was of a small girl in a school tunic. Taking up a coloured pencil he lightly added shading to the school tunic and stockings on the little girl. Then he outlined and coloured very sketchily, the image in purple. As he did this he asked the art therapist, “Do you know what an indelible pencil is?” To which she replied, “Yes I do.”

4.3.3.3. The triangular relationship in the first session with Baxter

Sitting back, gazing at his image, he began to tell her about an incident that happened to him in his first grade at school. She was poignantly aware of the small child within him telling her of his day at school. He told the art therapist he was very proud of the fact that he could read before he started school and that his most favourite area of learning in his first year was reading. His reading book in that year, was one of the most treasured articles that he owned.

Continuing the story his face changed expression and, as the art therapist became aware of his pained countenance and deepening purple of his birth mark, he spoke of the day a small girl had destroyed his reading book by scribbling all over it with an “indelible pencil”. The experience had been a traumatic one for him because, not only was the book debased, but the use of the indelible pencil had rendered the pages irredeemable.

4.3.3.4. The second process in the first session with Baxter

Taking up the light lead pencil he once again began to draw. This time he drew a small boy in overalls. He stood in front of a semi defined adult figure. For some time they sat together in silence gazing at this small boy. The client sat in silence, his head slightly bowed and his eyes as they gazed had a ‘far-away’ look about them as if he was gazing back in time. It was some time before he tentatively began to break the silence with a few words. As the art therapist continued to hold his gaze, and the gaze of the image before them, a pall of grief seemed to wrap them together and she found herself gazing at the straps on the small boy’s overalls. The straps were unbuttoned and hanging loose.
4.3.3.5. The second aspect of image in the first session with Baxter

There was a simplicity and innocence about the image of the child that had an endearing quality to it and yet the art therapist's body registered a sudden chill and she was aware of the colour draining from her face. The art therapist found herself shuddering as she became aware of the positioning of the two figures. The poorly defined adult figure was much taller than the child. The child's face was positioned in front of the crotch of the adult. There was more, much more to this image than met the eye.

4.3.3.6. The second aspect of the triangular relationship in the first session with Baxter

Slowly, hesitantly the client began with much faltering to tell the story that went with this image.

He told of his pride in being called upon to go down to the corner store and buy the newspaper for his family. In the image that he drew with words, the art therapist was aware of the jauntiness in his step as he took off to buy this paper in the local milk bar. Here was a small boy almost running his legs off to get to the shop and buy the things his mother had asked him to buy. Here was a boy who felt so grown up to be given the responsibility of this task, and he felt so confident and so proud.

Suddenly from nowhere a man appears, someone he had never encountered before, someone who was a stranger to this small boy. The silence is chilling and palpable as the client struggles to put into words the next part of the story.

How could the art therapist help with this, she wondered? The image on the page was faint. Was there something in the image she was missing? Perhaps she needed those large glasses to focus more and thus aid his telling of the story. She was aware of a terrified small boy standing before her trying to tell her of a most frightening and distressing incident. He falters some more and falls into silence.

Perhaps in the holding of his gaze the art therapist is not giving him enough of the nurturance he needs to sustain him in this endeavour. His head is bent and he struggles to brush away the tears. Silence pervades the chilling space between the words. Perhaps she is too close. Maybe the art therapist needs to stand back some and give him space. Perhaps he is asking her to use the binoculars, give him space and time. Slowly a change takes place. No longer is there a frightened child. No longer is there a small child sitting next to her brushing away the tears. An adult has taken his place. An adult with a far away look. An adult with a huge blush deepening in the shame of a perpetual moment in time long ago.
Then the chilling words are spoken, words that rent the silence asunder: “that man sexually abused me when I was on my way to the shop...... I have never been able to tell anyone about this incident.” Here was the indelible mark, an invisible mark of shame that had been etched into this person's psyche, a mark, he believed, could never be erased. There were no words for this and yet this was what had never been spoken of in words. Here lay the unspoken secret. Here was the secret that, anxiety driven, had to in some way emerge (to the art therapist’s amazement) in the very first session of therapy.

Returning to the image he draws a further four small images within the frame of the two circles. The image towards the centre of the circles depicts a group of young people in the midst of a clump of bamboo. The images along the base of the circles are of a child in a bathtub, an adult sun-baking naked, and a child in between a wardrobe and a window.

Returning to the telling of the stories he chronologically returns to the image of the child in the bathtub.

The sketch consisted of a large bathtub with a small figure sitting in the tub. Beside the tub lay a long rod shape. The client began to describe his image. He spoke as an adult looking back in time at a number of incidents. “When I was a small child my mother would bath me and whenever I touched my genitals while she was bathing me, she would speak to me sternly and tell me how bad I was to do this. Then she would take up the stick and belt me for touching myself in this way.”

He then moved to the image at the lower right hand corner of the circles. It was the image of a small figure standing looking out a window. “After the incident on the way to the shop I found myself too frightened to go outside at night”, he said. “We had an outside toilet and if I needed to go at night I found myself unable to do so nor could I tell my mother about what had happened to me. When I became desperate and needed to relieve myself I would urinate behind the wardrobe. Eventually my mother found out because the vacuum cleaner was stored behind the wardrobe and it began to rust. My mother was very angry with this and belted me for it. I was never able to tell her about my fear or what had happened to me on the way to the shop. She never ever asked me why I had not used the toilet.”
The next image to be discussed was the bamboo clump. The client explained that as an adolescent he and his adolescent friends engaged in mutual masturbation on a number of occasions. He went on to explain that for a number of years he was sexually active with one of these adolescents. He spoke of being ashamed of his behaviour.

The last image was of himself as an adult sunbaking naked on the shore of a lake. He spoke of the pleasure he experiences lying on the sand with his buttocks exposed to the sun.

4.3.4. The first mid-phase session with Baxter

Many of the images that Baxter produced would appear to be metaphors based on country scenes. Initially he sketched in a rather loose and scattered way not really taking much care and, yet, at the same time remarking on the ruggedness and beauty of that part of the country he was familiar with.

This session came after he had been experiencing some difficulties in psychotherapy group where he was being challenged for taking people away from the issue. His ability to stay focused seemed to be waning and he seemed to prefer the easy way out and distract the group with matters that were outside of the group.

Coming to the session he decided to explore what might be happening for him with this tendency to lose the focus.

Refer to Figure 6 (page 71)
4.3.4.1. Process in the first mid-phase session with Baxter

Moving to the art materials he decided that he would use crayons and sketch. For some time he was totally immersed in the act of creating an image of a place where he liked to go hiking.

After a while he began chatting as he worked, telling the art therapist of the friends he liked to go hiking with and of the necessary preparation they made before taking an expedition together.

He spoke of preparing by studying the map, organising who would provide what food for the journey, and packing the backpacks with necessary items like adequate clothing for the changes in weather, torches, first aid equipment etc.

As he spoke, he talked about the flora and fauna native to the area that he was to trek in and the importance of the trig station to get the bearings for the group. He spoke with agitation about flora that had been introduced, and that had affected the native plant life.

Then he fell silent again as he continued to add details to his drawing and arrows to indicate important places that needed attention due to potential dangers.

As he completed the drawing he indicated that the art therapist should come closer and look at it with him.

4.3.4.2. Image in the first mid-phase session with Baxter

The image is a favourite location that the client likes to go trekking in. He spoke of the terrain as he pointed to the image highlighting the inactive volcano in the top section of the page, the waterfalls cascading down the mountains and the river in the valley. He noted that he had drawn the volcano smoking.

He spoke of the trees around the valley and how some of these trees had been killed off due to an introduced species that has strangulated it. His affect around the introduced species was markedly one of anger, intense anger at that. The art therapist was curious about his affect.

Figure 6. The first mid-phase image with Baxter

In the lower right-hand corner of the page, barely visible are the heads of four hikers. To the left of them are a number of arrows. He spoke of the arrows pointing out a very dangerous spot. He said that one needed to be aware of this spot as it had the potential of
‘waylaying’ the hikers. He then went on to say that he had placed himself at the back of the pack. He was the one with the orange cap. His anxiety was around being waylaid.

He noted the arrows halfway up on the left-hand edge of the page where the waterfall dropped to a second level. He cautioned that this too was an area to be cautious about because one could be caught in the slipstream and carried away. He noted too that rain fell on the hikers and that made the journey more perilous.

4.3.4.3. Triangular Relationship: first mid-phase session with Baxter

The art therapist and Baxter examined the image in relation to the initial remarks at the start of therapy, a problem with staying focused.

On the one hand, through this discussion, she thought that there was a great deal of trust on the part of Baxter as he pointed to the hikers barely visible on the page. They seemed overwhelmed and over-shadowed by the terrain and the smoking volcano. The task in hand, to trek to the top of the mountain, seemed ominous and as Baxter began to speak the art therapist became aware of the just how difficult it was for him. In the initial trek of therapy he was just beginning to get into the challenging part and his greatest fear that somehow ‘he was in danger of being waylaid’. All of a sudden the art therapist understood his projection of waylaying the group by taking the focus outside the room. For him, whatever at the time was happening for others in the psychotherapy group the atmosphere was far too hot and explosive. He had drawn himself at the back of the group and, in his encounters in art therapy group, the art therapist, had observed too, as well as his group therapist, that he was more outside the room than in it. He was taking a position very much to the back of the group. The reference to the introduced flora too was striking. What was the terror like for him? The words did not come but the image was before them, the trees died choked and suffocated by the ‘foreigner’. His anger at the foreigner was there in his rage at the ‘mistletoe’.

The art therapist was conscious that her affect touched on empathy. The ‘re-traumatising’ that seemed palpable. She was aware of a second feeling beneath this one and wondered in some way was she also being waylaid and how might this be realised.

4.3.5. The second mid-phase session with Baxter

During the course of Baxter’s art therapy he changed his mode of using the art materials and shifted from a sloppy, careless, approach in the art to a more ‘painterly’ method. Using the paint he spent several sessions working on one image, rubbing back the paint, applying second and third coats to the paper and thus building up a more tactile, and solid image.
4.3.5.1. Process in the second mid-phase session with Baxter

Refer to Figure 7 (page 74).

This image was made on a large sheet of paper and much time was spent painterly building up the image to a consistency and texture that gave it depth.

As he worked he became very absorbed in the process of painting over and over again. Moving the brush back and forth, back and forth, and in so doing soothing seemed to be happening. In the stillness of the space imaged in the scene he was working on, which the art therapist detected was a need that he had for self-soothing. The deep, deep blue of the paint that almost merged with the sky and sea as one saturated the page with a depth and eeriness. This was captured by the richness of the paint and the textured strokes of the brush. The art therapist could almost hear the sea lapping in the wet stickiness as the brushes slapped against the paper. She wondered, once again, about the vastness depicted in the scene and the very small detailed drawing of the two fishermen in the boat, the jetty and the lone house. The bright yellow of the moon was in contrast to the darkness of the predominately blue and green scene.

Baxter seemed mesmerised by the rhythm of the brush strokes and the scene before him, and as the art therapist sat watching him, she mused on his compulsions. Was there something here to forewarn her of a possible relapse? Was he supplementing his self-soothing experiences with the repetitive rubbing action of the brush on paper and the mesmerising effect of the image? Or perhaps was he telling her how overpowering his compulsions were and how much he was in need of a respite at this time?

4.3.5.2. Image in the second mid-phase session with Baxter

The image was of a place he hoped to go during the term break from the program. It was an island that could only be approached by boat. He was going there with one other client. The scene he had painted depicted the lone house on the island. The jetty stood waiting for the boat to return. There was no sign of life on the island, in the house or on the jetty. The two fishermen had cast their lines and waited for a catch. The full moon stood motionless in the mid-night blue sky. No light filtered down to the sea. All was still and eerie. When speaking of the image he described it as “the place he was going to enjoy a break at”. All seemed well with him as he described his longing for the break and his anticipation of a good time ahead. But the art therapist was not so sure that this was the only message the image had to make.
4.3.5.3. Triangular Relationship in the second mid-phase session with Baxter

The image took the art therapist back, as did many of his images to his childhood and she wondered what may be lurking in the darkness for him. The eeriness of the scene belied the words he spoke.

Figure 7. The second mid-phase image with Baxter

Did he fear not having the containment of the program and boundaries that it provided in the break? Was there part of him that wanted some space for himself and yet feared this time alone? What might be in the depths of the sea, caught on his line, if he brought his line in? His need to 'massage' as it were and rub the paint across the page left the art therapist with an uneasy feeling not so much to do with his safety re possible recidivism but more to do with what might come up for him that was deep in his unconscious.

This image, its process and the transference and countertransference around it was similar to so many images Baxter made. On the surface at a first glance they appeared harmless but, on closer examination, they seemed to contain, in that which could not be spoken, a portent of something not realised but by the same token potent.

4.3.6. The final session with Baxter

Maybe the previous image was a portent for what came to the fore in the final image where Baxter prepared to leave the program.

4.3.6.1. Process in the final session with Baxter

Refer to Figure 8 (page 77).

In the process of the final image Baxter returned to using light wax crayons in a scratchily fashion on white paper. Prior to engaging with the materials, he talked about returning home and organising a time to meet with a therapist. He had already made an initial contact by phone and now the time drew closer for him to move on, to leave behind those he had come to trust and to meet new people in his life.

Thus taking up the wax crayons he began to fantasise about his initial meeting with his new female therapist. Initially, as he drew, he chattered away telling his art therapist of people he knew back home and hoping that one day she might come and see his home and its beautiful surrounds. He talked of everyday incidents in the past and of familiar things. Then gradually he got quieter and quieter. Just prior to asking the art therapist to come and share the image he had made with him, he asked her a question, 'Do you know what a suspension bridge is?' It reminded her of that very first question he had asked her, 'Do you know what an indelible pencil is?' and she was curious about how loaded this question might be.
4.3.6.2. Image in the final session with Baxter

The image was of a suspension bridge strung between two sections of land. There was dense shrubbery on either side. A raging torrent cascaded down beneath the suspended section of the bridge. On the left hand side beginning to make his way across was Baxter. He was clad in his strong supporting walking boots, outfitted appropriately for the weather and carrying a back-pack. On his head was a hat that partially shaded his eyes and his eyes were shaded with very thick and heavy sunglasses. On the other side of the bridge half hidden in the shrubbery was another figure. This figure too had on a hat and the face was hidden behind very thick and dark sun glasses. The figure on the right had not yet set out on the swing section of the bridge. The feet of this figure were well supported by the struts that braced the bridge.

Figure 8. Final image with Baxter

4.3.6.3. Triangular relationship in the final session with Baxter

The art therapist was aware that this was their last session and that Baxter would be leaving the program soon. He began to talk about his image making sure that she knew what a suspension bridge was. Who was it on the bridge with him? The image itself seemed to be suspended in time, a still of the fantasy that he had of the movement forward.

He began to speak about the other figure on the far side of the bridge the one half hidden in the trees. This was his new therapist that he had spoken to on the phone. He was suspended above a raging torrent and to get to her he had to walk across held only by the suspension bridge. The momentum of his steps forward would sway the bridge, he said, and he was conscious of the vulnerable feelings that he had inside him. This step forward required much trust on his part. Would she be like the women therapists he had encountered in the program or would she be like mum? Would he be suspended by the way in which she viewed his past behaviours? Or would she meet him on even ground? The art therapist told him she was curious about the deep shades that they both wore that maybe it was scary initially to focus on the other. Maybe some things had to filtered out if he was going to be able to meet this other woman. He agreed with this and spoke about how his fears in the past and his lack of trust that the other would accept him, may in fact rock the bridge if given in to.

The art therapist asked him what else he noticed about the image and he spoke about the fact that he was the one with the back pack and that in the pack he had placed things that he needed if he was to make this arduous journey. He was able to name the support of friends, the keeping of boundaries, the new found self-esteem and confidence he had and he mused that perhaps he was more prepared than he had thought.
He was able to appropriately name the things that he would miss and grieve in moving out of the program. He said good-bye to the art therapist warmly, sensitively and with a touch of sadness.

4.4. Psychological assessment data - Yves

The following synopses are constructed continuing the notion of image, and relationship as collected by the clinical team at the time of his assessment. The process by which this information was construed was by a medical, psychosocial, psychiatric and neuropsychological interviews.

4.4.1. The case of Yves (the exhibitionist)

The case of Yves will reveal how Yves became 'the rebel' in response to a mother who was absent.

Yves was once a teacher who had been twice arrested and convicted of exhibitionism. As a teacher he engaged in public sexual affairs with mothers whom he met at school. These were diagnosed as Professional Boundary Violations.

4.4.2. Client known as Yves Exhibitionism diagnosed at assessment.

In the course of a Psychosocial Interview the client revealed the following images of his family of origin and himself:

NAME: Yves
SEX: Male
AGE: 58
POSITION IN FAMILY: 4th of nine siblings.
OCCUPATION: Teacher
FATHER: Courteous, considerate of others; conservative, rigid in beliefs and attitudes. Rheumatic – retired from work early 50's.
Trade: Boilermaker, mechanically minded.
Strict – extremely negative attitudes to sexuality.
MOTHER: Dutiful wife and mother.
Therapist's Impression: (Yves was not able to be more descriptive about his Mother).
Yves reported that his mother was born overseas and migrated to Australia when she was 14 years old.

SIBLINGS:
Therapist's Impression: Yves was unable to describe his siblings or what it was like growing up in his family.

EARLY CHILDHOOD MEMORIES:
Mother contracted a serious illness and hospitalised. Yves was four years old at the time. He and his siblings were institutionalised. Mother suffered post-natal depression and thus he and his siblings were institutionalised during these times. He reported not bonding to a primary caregiver. Yves remains socially and emotionally alienated.

DREAMS:
Therapist's Impression: Several events in early childhood have contributed to a chronic anxiety disorder. His earliest dreams and memories reflect an extremely high level of anxiety.

PARENT'S RELATIONSHIP:
Parents did not argue in front of the children but their arguments usually focused on the children. Dad rarely expressed anger directly but rather acted in passive aggressive ways.

EDUCATIONAL HISTORY:
Yves reported performing at average standard, far below his potential. ‘One way not to fail is not to try!’ he said. Then added, ‘I was more frightened of succeeding than failing.’

Therapist's Impression: This was instructive in the light of self-defeating behaviours. Chronic anxiety contributed to a long-standing pattern of self-defeating behaviours that are an attempt to reduce anxiety and to fulfil a need to be
punished and to a deep anger and a severe personality disorder. Yves had no friends in primary or secondary school.

**VOCAATIONAL HISTORY:**

When asked why he took up teaching, he said that he was convinced he would be thrown out of University.

Yves also underwent a Psychosexual Interview. In the course of that interview he revealed this image of his Psychosexual History:

**SEXUAL HISTORY:**

Yves reported that sex was never spoken of in the home. His parents were very negative about sexuality. Nakedness was considered wrong. Sex was called ‘smut’ and these were reinforced by the education system at the time.

**EARLY CHILDHOOD EXPERIENCES:**

Yves spoke of experiences of severe repression of sexuality in the home and as a result reacting to this by becoming more and more fascinated and obsessed with the naked body.

**Therapist’s Impression:**

His pre-occupation with nakedness was such that in time this was paired with the excitement and risk of being punished. Yves' paraphilia, exhibitionism has its roots in several early childhood incidents where he was caught and punished for being naked.

**ADULT EXPERIENCES:**

Initially Yves exposed himself to adolescent males and females. He did this he said because he felt that they were less likely to report him. Later exposed himself to anyone. He stated that he wanted to be noticed and to shock others. He stated that he did not want the observer to approach him.

After a conviction he did not act out in this way for two years.

Then the exhibitionism took place 5/6 times a week.
He sought counseling from a psychiatrist and sex therapist. These he reports were not helpful.

Using the medication ‘Fluoxetine’ did lessen the urge to expose his genitals or masturbate. Compulsive masturbation was a physically painful experience due to its intensity.

Yves reported being attracted to age appropriate females. He reported that he was not attracted to minors nor has he paid for sex or visited prostitutes or engaged in anonymous sexual activity. He acknowledged frequent use of pornography. He reported sexual contact with vulnerable women whom he met in work situations. He has been in a continuous relationship and sometimes with two women at the same time. He states that all these women were vulnerable and his contact with them was predatory and calculated.

**Therapist's Impression:**

Yves was found to be unable to feel empathy nor have any understanding of the harm he had done to the women. There were distorted cognitions around his behaviour. His ego was fragmented. His defences were primitive. His perceptions seriously distorted; his reasoning idiosyncratic and erratic.

**DRUG & ALCOHOL HISTORY:**

Yves reported that his parents only drank socially later in life. One male sibling abuses alcohol. He began drinking at his 21st birthday and drank steadily ever since. 7.3 standard drinks a day. Yves reported a long history of alcoholic blackouts. Inappropriate sexual behaviour sometimes followed the alcohol abuse.

**MEDICAL:**

Leukemia

**Medical Officer's Impression:**

MCU and ALT liver enzymes slightly affected. (Possibly due to alcohol abuse).

**NEURO-PSYCH:**
Therapist's Impression:
Intelligence: Superior classification. Construct ability above average.
Verbal Responses: Over inclusive and idiosyncratic. Possibility of a thought disorder.
General intellectual functioning and memory ability were fairly consistent.

PSYCHOLOGICAL:
AXIS I
304.9 Exhibitionism in partial remission consequent to medication.
302.9 Sexual disorder not otherwise specified, with compulsive and exploitative traits.
300.2 Generalized anxiety disorder with depressive features.
305.00 Alcohol Abuse.

AXIS II
301.20 Schizoid personality disorder with antisocial, dependent and self-defeating traits.

4.4.3. The first session with Yves

Refer to Figure 9 (page 84).

4.4.3.1. Process in the first session with Yves

From the moment he stepped into the Art Therapy room, it was evident that physicality and potential space were going to be key factors in Yvess' process. The following is an account written at the time of the therapy by the art therapist.

"He stepped into the room for that first individual art therapy session almost nonchalantly with an adolescent sheepishness that left me wondering about ‘wolves in sheep’s clothing’, for beneath the nonchalance there was a disguised furtiveness.

He was a tall thin man of swarthy appearance in his early forties. He was dressed casually in loose fitting shorts, crumpled t-shirt and rubber thongs. On entering the room he took off his sunglasses and discarded his thongs in a heap by the door. Moving straight to a small table, he lifted and placed it in front of me. On the surface of the table he placed an A3 sheet of paper.

Taking a thick black texta he silently began to draw. He stood facing me, slightly bent over, concentrating on the paper in front of him. I mused on the eerie silence that came over him as he worked, his complete immersion in the art of drawing and the confrontative nature of his stance. The image making process could not have been missed by me."
4.4.3.2. Image in the first session with Yves

Initially I could not make out what he was drawing. The lines took shape from the top edge of the paper down. Then slowly as his absorption caught me, the image began to concretise in my mind. I felt my temperature rising, my discomfort made me shift a little in my seat but something compelled me to sit very still, focus on the client and the image and listen.

On completing the drawing he spoke but one sentence: “this is the image I’ve had of myself since I was seventeen”.

4.4.3.3. Triangular Relationship in the first session with Yves

It would seem that in these moments of enactment of the exhibitionism, in the physicality of placing the table directly in front of her and, exposing on paper, the rawness and the primitiveness of the self, could no longer be contained. 

It would seem too, in the very act of exposing himself in this way, that an unconscious link was being made between his lack of space growing up in a large family. Added to this his early eroticisation by older adolescents exposing themselves to him when he was a small child; and his calling attention to himself as an adult with exhibitionistic verbal confrontations with peers in academic circles.

Figure 9. The first image with Yves

There is a stark simplicity of line in this drawing holding the art therapist’s gaze but leading him to avert his own. There is the ‘out-there’ dynamic of the process that confronts and totally disarms the observer. His statement is made, etched in black on white. The art therapist is made acutely aware of the intolerable pressure he must have been under to expose himself to see if she, or any subsequent viewer, could tolerate that which to him was intolerable, namely his fragmented sense of self.

This client had been referred to our agency because of his exhibitionistic behaviour.

By staying with what seemed to him to be intolerable he was able to reframe his experience, and, in re framing, that which was toxic lost some of its potency. He could not only enact what he most feared but he could also give it words.
4.4.4. The first mid-phase session with Yves

Refer to Figure 10 (page 86).

4.4.4.1. Process in the first mid-phase session with Yves

For the next few months this client’s art works were painted on large sheets of paper on the floor. He splashed, flicked and brushed thick watery paint over the surface of the paper at random, just barely managing to keep the paint on the paper. Like watery wet canvas bandages he wrapped and re-wrapped the paint over and over, anaesthetising, soothing and cooling his troubled inner state.

At time droplets of paint reached the floor, walls, cupboards, legs of tables and even the art therapist as she sat watching the process at a distance. He often splattered himself with paint. The “shittiness” could not be contained, despite his effort to have the edge of the paper frame the chaos. Time and time again it erupted beyond the boundaries.

4.4.4.2. Image in the first mid-phase session with Yves

At times, as seen, in this image he took green and orange tissue paper, crumpling it and desperately tried to mop up that which could not be contained. At other times it was as if the tissue, like a very thin skin, could in no way cover, nor hold that which was deep inside. Like an infant in a mother’s arms he had no sense of where she left off and he began. As the art therapist sat watching him from a distance she felt somehow they were merging as one amorphous mass in the physicality of the brush strokes. In the frantic way in which he rubbed away at the paper he desperately tried to dab and daub, soothe and salve the overwhelming affect.

Figure 10. First mid-phase image with Yves

It would seem that in the act of splashing, flicking and smearing the paint across the surface of the paper he was touching into the depth of his symbiosis with the mother, and his profound lack of self-awareness as an adult. In the profound silence that pervaded the room as he worked the art therapist was suddenly deafened, as he paintily voided into the silence, a primal ego birthing scream, in dense dark paint.

4.4.4.3. Triangular relationship: first mid-phase session with Yves

The art therapist paused to recall his psychosocial history and saw the child who was continually torn away from his mother as each of his nine siblings was born. In the empty space of institutionalised care he desperately sought to bond with a caregiver but to no avail. She saw him in a vast playground sitting beside his next eldest brother trying to be a support for this traumatised brother, when he himself was totally bereft of all affect and devoid of a sense of self.
How was he ever going to find a space for himself? How was he ever going to frame and mark out his own territory? It felt as if in his exhibitionistic way he desperately splattered and projected the paint from one corner of the room to the other. He frantically strove to mark out his territory.

The art therapist reflected and mused on the way Yves initiated and contained the form the process took throughout his twenty-four week sessions. It seemed to her that within the frame of the non-directive approach, Yves intuitively but unconsciously tapped into and situated his most basic need for integration within the tenets of an Existential approach. Existence for him preceded essence, and he spoke of feeling stuck with his sense of self at seventeen years of age gazing at his genitals. As he struggled with the addictive nature of his exhibitionism and masturbation he tried desperately to soothe that part of himself that seemed so split off. His actions seemed to be the totality of his inner being, defining his entire sense of self.

Throughout the journey they took together physicality, self-soothing and potential space were paramount in his desire to let the art form a language for the unspeakable. He physically immersed both of them deeply in the process in order that they might know and understand his behaviour from his point of view.

4.4.4.4. Second process aspect of the first mid-phase session with Yves

It was in creating and experiencing his own chaos in the physicality of spreading the paint across large sheets of paper and continuing to modify and form boundaries around the images that Yves was able to expand his own level of awareness and move towards integrating that which was split off and fragmented. Again, the making of art is an important signifier or trace.

Image for Yves was almost always something that came out of frantic physicality and furtive movement. At one moment he would be pacing up and down the room, moving in and out the door to the verandah, stepping back from the image, leaving it behind as if his anxiety around what was there, was almost too much to bear. Silently, watchfully, attentively the art therapist sat apart from the process listening to both the silence in the space, evident when he left the room, and deafened by the loudness of the vibrations that seemed to erupt into the silence out of its dark and overwhelming chaos.

4.4.5. The second mid-phase session with Yves

Refer to Figure 11 (page 89).

4.4.5.1. Process in the second mid-phase session with Yves

At times Yves arduously scratched at the paint or with a texta etched deep lines, revealing images beneath and frantically trying to search for a whole. For 99% of this session Yves worked in silence, scratching away at the
surface of the paper until on each of the shards of glass an image came into focus. This “scratching” device Yves employed at this stage of the art work is an important process signifier, alerting the art therapist as to what is to follow.

Intermittently he would get up from his chair, step back and gaze at the image from a distance. As if sloughing off something that he could no longer tolerate he visibly shook himself and shuddered, gazing at the central focus of the image.

4.4.5.2. Image in the second mid-phase session with Yves

With a definite shudder he whispered, “My erect penis is central to this image.... It is a continual effort to bring my mind away from feelings of shame and guilt and feelings of resentment”.

In all of Yves’ work, process became an important signifier of the potency of the image to emerge. As he returned again to the image-making, intent on scratching back the surface some more, the art therapist was struck by the centrality of the penis, suffused and engorged, it's redness speaking of the potency with which he had confronted the powerless and discharged his anger. Its redness too, seemed to blush itself across the whole of this image speaking loudly of the intolerable shame he felt in confronting his nakedness and vulnerability.

The art therapist was conscious of Yves as a small boy cowering under his father’s withering gaze and scornful tirade, as he chastised him for skinny-dipping or for continually running naked through the house.

The fragmented sense of self captured and reflected back to him from the many shards of glass set her thinking further.

Around the central image of genitalia were a hand, and a fractured view of the face. In his intolerability of the intense shame he felt Yves often referred to himself as a leper, an outcast, his psyche so wounded and split off, that it seemed parts of it had indeed lepusly dropped off and disintegrated. And in this moment the art therapist realised in the mid-point of his therapy Yves felt safe enough to disclose that which was unthinkable, unspeakable, and to others perhaps unimaginable; was he in fact a whole, a person, or was he just fragmented parts continually sloughing off. A secret had been disclosed that was thus far too hard to extract or hitherto had not been revealed.

Figure 11. The Second mid-phase image with Yves

4.4.5.3. Triangular relationship in the second mid-phase session with Yves

Moving in, stepping back, moving in again, gazing intently, peering deeply into the surface of the shards of glass, he seemed to be seeing mirrored to him for the first time, elements of himself. In his engagement with the
process in the actual physicality, 'self' was becoming ever so hesitantly a
more tangible reality.

In a previous session he had uttered over and over again, “it is a continual
effort to bring my mind away from feelings of shame and guilt and feelings of
resentment”.

Was his metaphor of the leper an unspoken wish that the offensive organs
might, as it were, slough off and no longer feed his anxiety? Was this the
unutterable secret that remained so paralysing?

Was this intolerable ruminating on times past not a hell in itself?

Framing the shards of glass, the rainbow and rising sun stood in stark
contrast to the fragmentation. Were his feelings of futility, his sense of self as
leper, his utter disgust of what he saw reflected back to him, the unutterable
that could not be spoken?

This session, as with many others, was almost devoid of words and yet
dialogue was both potent and loud as he used the image making to track his
passage from inner to outer consciousness.

And what of those many stick figures that seem to hurry about frantically in
the background to this image? Were they his alto ego struggling for
integration? Were they the many aspects of himself that he had split off as if
in some dissociative state he could not tolerate their presence?

Were they not too, the many vulnerable young people he had exposed
himself to whom he wanted to shock but not connect with? Was it the
vulnerable parts of himself perhaps that he split off and terrorised? Or were
they his many siblings or peers whom he was unable to tolerate?

Maybe the exhibitionism was a desperate struggle to separate from the
mother?

4.4.6. The final session with Yves

Refer to Figure 12 (page 92).

Towards the completion of therapy a very different person entered the
therapy room. He was more self-assured, confident, less distracted, and
more focused. He came dressed in jeans, shirt, socks and gym shoes. This,
the therapist recognised, was an outcome of the therapeutic process.

Figure 12. The final image with Yves

4.4.6.1. Process in the final session with Yves

Over a period of three weeks using small brushes and regulating the amount
of paint he used, he began to create an image that was contained,
boundaried, vibrant with life, evoking peace and harmony. The image depicted a small bay close to where the client lived.

As he worked the art therapist was struck by the care with which he painted this image, his grasp of the total picture, the importance of the containing wall in distancing a once raging sea and how 'at home' this client was with himself.

4.4.6.2. Triangular relationship in the final session with Yves

As he worked in this session he placed the table so close beside the art therapist that she sat next to him as he worked. He proceeded to speak to her in a gentle intimate manner. He spoke of the journey he felt he had taken in therapy and his hopes for the future. There was a new-found peace and tranquility about him mirrored in the blueness of the sea he was painting. There was a warmth that had a containing feel about it as if the wall surrounding his sea caught the warmth of the sun and held them together in relationship to each other and to the image.

Once again the gaze of the image held both of them. From time to time he shifted his gaze “from the gleam in the eye of the image” to look for the “gleam in the therapist’s eye”. All be it these times were just glimpses, yet nevertheless, the art therapist had a glimpse of a change in his ability to hold the gaze and recognise the gleam that was meant for him. She felt that no longer was there a need to discharge narcissistic rage in exhibitionistic display. She felt he no longer felt compelled to call attention to himself by vitriolic rage in exhibitionistic display. The gleam in the eye of the image and the gleam in the eye of the mother (therapist) had been internalised as good objects.

4.4.6.3. The image in the final session with Yves

Although he had spent three weeks working on this image the top left hand corner remained unfinished. It was as if he and the art therapist knew there was still work to be done but he was confident that he could take it away and work on it back home. Each year Yves visits the Program, returning each year on the anniversary of his entrance into the program to present himself before the team. Each year he would tell the team how he had lived the previous year in sobriety no longer addicted to exhibitionism.

He would come laden with roses and for a brief time he would hold the ‘gaze’ of the team. With a smile so broad and a voice so confident and energised he looked momentarily into their eyes that they might reflect back to him the person that he was becoming, whole, integrated and relational.
Chapter 5
Discussion

In this discussion chapter, the author will present an overview of the case studies and will place them in the theoretical construct of the "secret". Implications for the treatment of paraphilias and sexual disorders will be drawn. Strengths and limitations of the study will be discussed, along with ideas for future research.

5.1. Discussion of the case of Wilf (the transvestite) against the theoretical construct

Early into his psychological interview Wilf revealed that his father suffered greatly from depression and alcoholism. His emotion was palpable as he recall the fights and conflicts his parents engaged in and how these frightened and disturbed the young Wilf. As he reflected on his father he compared his ways of nagging and deriding his mother in a joking manner to be similar to how (Wilf) he the adult deals with his own conflicts with women.

This aspect of the case study supports Firestone (1987), in relation to the aetiology of sexual problems in the adult who experienced early deprivation. He cites compulsive masturbation and avoidance of women in the future especially in regard to getting close to them. He says that the victim/perpetrator will perhaps do this by asserting that he can take care of himself: he thus does not need a woman. This inward relational style Firestone (1987) sees as centring on issues of control and withdrawal.

Wilf in the art therapy sessions week after week, sat in a corner, distant, fluctuating in affect from abusive and vitriolic to the 'good little boy/demure girl' colouring in his colouring book. Earle and Crowe (1989), refer to this tendency to withdraw, burdened by secrets, lonely all the time and unfaithful in their relationships.

Fogel and Myers (1991) quote Stoller when they claim that perversion is a fantasy that when acted out is primarily motivated by hostility. These serve to change childhood trauma into adult triumph. The anger and/or hatred is not always conscious and often is acted out through fetishism. The researcher was immediately reminded of the arrogant way in which with no regard to boundaries Wilf would flaunt his 'cross dressing' behaviours to shock his colleagues and students in the work force.

Wilf, initially in his psychosocial interview, denied problems in relation to alcohol but later was able to speak of the severity and frequency of 'blackouts' following his drinking bouts. It called to mind for the researcher the sudden shift that often took place in Art Therapy where on arriving Wilf would endeavour to 'pick a fight' with her with his abusive tirade and then withdraw silently into the art-making process.
At other times his assertiveness in speech turned to a verbooseness that was erudite reflecting on Green’s (1986) point that shame is displaced into intellectual activity which becomes highly guilt-ridden.

In his psychosocial interview, Wilf described his mother as “civil and nice” and the interviewer remarked on his inability to talk of his mother in more intimate terms. On the surface, it appeared that childhood was happy, but he was able to indicate in holiday time, when left alone in the house, his cross dressing behaviours and fantasies escalated. He indicated this by the way he would focus on his childhood describing in detail how he enjoyed his school classes and his involvement in junior choir. It was only when he began to draw that we really caught a glimpse of the pain e.g. the image of mum belting him as cited in this paper.

It was noticeable in Wilf when faced with what he interpreted as chastisement from a female, he would take himself to a far corner in the art room and immerse himself in the art-making process using his own pencils he had brought to the session. In these moments he would draw himself dressed in his favourite ‘blouse’ that was an item of apparel belonging to his ‘idealised mother group therapist’.

Firestone (1987) refers to the self-nourishing aspects of addiction. Earle and Crowe (1989) and Carnes (1991) also refer to both the soothing aspect of addictions and the distorted cognitions that lead to negative self-talk and diseased thinking.

It was important in treating Wilf to realise how easily he could split staff especially when he felt slighted by a female staff member. He would seek out another vulnerable (ideal) mother to soothe himself. The therapist often mused on the fact that in many of his images there was always the imago of another woman in the room. This imago was the ideal woman.

In drawing this theoretical construct on Wilf to a close the therapist recalls that in the final session when the secret finally broke the long and isolating silence, Wilf simply whispered, “I am a no-body!”

5.2. Discussion of the case of Baxter (the ephebophile/voyeur) against the theoretical construct

In reading Baxter’s description of his parents in his psychosocial interview, the art therapist was effected by a deep sense that here was a man who as a child had experienced a harsh and punishing environment. He had been physically abandoned as his father’s work took him away from the family regularly. Baxter spoke of his father as under demonstrative, a silent presence in the family and frequently absent.

He recalled his mother being a strong-willed and tough disciplinarian often chastising and beating the children with a razor-strap. He gave examples of
his mother at times losing control when beating him or his siblings. He cited that this occurred mainly around her unwritten rules concerning correct sexual conduct.

Freud (1905-1953) and Klein (1948-1964) both spoke about anxiety arising out of a fear of separation or a loss of a loved one. Klein saw the anxiety being one of a depressive anxiety and certainly in regard to Baxter anxiety in group art therapy sessions was notable. He controlled and organised the group around him, making rules as to how the work was to be carried out and even mobilising the group to create one art work between them each week and he named the group 'Men Friday' perhaps in an anxious attempt to keep the interactions safe for himself.

The intensity of his depression was highlighted long before he came to therapy. After his initial interview the interviewer was concerned that he might act out his 'suicidal ideations' and so boundaries and safeguards as well as psychiatric help were in place to keep him safe at this time.

When looking at what lay beneath Baxters' anxiety the therapist was struck by the powerful impact that his question "Do you know what an indelible pencil is?" in the first art therapy session. Like an indelible mark from birth the port-wine birth-mark on his face seemed to be a sign that there were things in Baxters' life that were so 'indelibly' inscribed that hope had been extinguished. The therapist mused on the rules his mother was continually referring to in her treatment of the children and wondered about the internal ruminations of Baxter. Shame and guilt seemed to weigh heavily upon him in regard to sexual matters. The negative self talk about "I'm a horrible person" and his distorted thinking around "I'm intrinsically bad", was the indelible mark inscribed upon his psyche that kept him bound to the anxiety and perpetually depressed.

Green's (1986) theories led the therapist to ponder on the Dead Mother Syndrome in relation to Baxter. It seemed that through her abusiveness, her rigid rules, and her failure to bond affectionately with her children, she had as it were 'died' to them. She was no longer available and in that moment of terror for Baxter he could never approach her with a sexual matter. A taboo had been formed.

In his initial art therapy session he broke though that taboo by using the sheet of paper and the image as a scapegoat for all the angry and disappointed feelings that he carried.

In moving forward in his session the therapist was led to muse on the vast landscapes of Baxter's art. Here was the sense of an overwhelming yet beautiful terrain, dotted only by trees. The absence in all his art works of any female or feminine presence was striking. The only people he drew were men; they were few in number and he never gave them names. It seems in her uncontrollable punishment of Baxter his mother's nourishing, soothing, understanding and protective presence abandoned him.
One result in adulthood was that he went in search of comfort in compulsive masturbation and internet pornography. These were the very things that she had beat him so mercilessly for, viewing his own genitalia and playing with himself.

Firestone (1987) comments that self-nourishing habits fulfil the function of parenting oneself and cutting off painful feelings. In dulling the pain, more and more is needed, and so the behaviour becomes habitual thus crippling his ability to form meaningful relationships. As an adult, night after night, Baxter would retire to his room to surf the net and masturbate.

When observing him in the process of making art, the therapist was aware that towards the close of therapy he was choosing larger and larger sheets of paper. With thick, thick paint he rubbed the paint on the brush over and over and over again against the whiteness of the paper until layer after layer after layer covered the whiteness and hid it from view.

His final image had depicted himself on the suspension bridge taking a first tentative step towards his new therapist.

Murray (1991) states that the therapist needs to help the patient look at both childhood issues (part of why I do what I do now) and at current, adult responsibilities (this is what I do now and I cannot continue to do).

In reflecting on her work with Baxter in the art therapy sessions the therapist felt that so much work took place around the effects of early-childhood sexual abuse and the inability to seek solace and comfort. Thus the area of adult responsibility in sessions were limited.

Hagood (1998), challenges all art therapists working with sexual offenders not just to focus on the pain of the victim within the abuser, but to aid them through a directive art therapy approach to use the image to reframe the distorted messages of the past. In this case, this work would need to done in the next phase of his therapeutic treatment.

5.3. Discussion of the case of Yves against the theoretical construct

As evidenced in his psychosocial interview Yves reported that his early childhood was effected by his mother’s illnesses, including post-natal depression after having each of her nine children. At these times Yves himself, along with his siblings were institutionalised during these times. In one of his therapy sessions he highlighted the fact that his mother had migrated to Australia after having been abandoned and 'isolated' as a child.

In relation to the above Firestone’s (1987, p. 171) statement “attributing the need for self-feeding defences, where there has been a deprived and frustrated early life”, one is immediately conscious of Yves addictive traits. It also brings to mind the work of Earle and Earle (1989), and Earle and Crowe (1995), who confirm the research that “traumatic events during childhood,
abuse, absent and uncommunicative parents”, are factors contributing to the
development of sexual disorders. Fogel and Myers (1991) focus on
disturbances in regard to “object relations” (p. 84), when the mother distances
herself from the child. Green (1986) describes the unavailability of the
mother leading to “the dead mother syndrome” (p. 84). He cites the work of
Winnicott (1971) in making the comment that “if the mother is away beyond a
certain time the transitional object becomes gradually meaningless”.

In the psychosexual interview, Yves spoke of his earliest memories and
dreams revealing a high level of anxiety. This would be consistent with the
early traumas he suffered. The mode in which Yves moved from one activity
to another in the Program, the way in which he engaged in therapy and his
erratic and furtive movements during the art therapy sessions, would point
very clearly to much energy being expended through anxiety. Earle and
Earle (1995) comment on the way expressive art therapies can navigate
around and through the defense mechanisms allowing feelings to be
expressed and at the same time channelling the energy.

Apart from describing his mother as “a dutiful wife and considerate” Yves was
unable to say more. Of his father he said that he was “rigid in attitude,
conservative, had extremely negative views around sexuality, and was
passive-aggressive in expressing his anger”. Firestone (1987) names
parental deficiencies and prohibitive messages around sex based on rigid
and unwritten rules leading to harsh punishment as a precursor of addictive
sexual disorders. Earle and Earle (1995) also talk of prohibitive messages
and rigid rules as well as abusive criticism.

Initially when Yves related to the art therapist in art therapy sessions he was
unable to focus and talk personally with her. In fact, he hardly even took time
to acknowledge the art therapist was in the room. Of special note is the way
in which he incorporated the art therapist in the process of the art work,
splashing paint over her without even noticing her presence.

Modell (1999), reflecting on Green’s work of defining the “Dead Mother
Syndrome”, speaks of the traumatic effect where the mother in her emotional
deadness appears to be unable to “recognise that her child has an inner life
and that it is separate and distinct from her own”. (p. 72) This has serious
consequences on the child’s own inner life and Yves with his representation
of the exposed penis as the sum total of himself is a poignant reminder of this
fragmentation of his inner life.

Modell reflects that, in this moment, it is almost as if the mother fails to
recognise all of her child. In the course of therapy Yves did not draw a
complete image of himself.

When Yves spoke in his initial ‘psychosexual interview’ the art therapist noted
that Yves was found to be unable to feel empathy nor have any
understanding of the harm he had done to the women. There were distorted
cognitions around his behaviour, his ego was fragmented and his defences
were primitive. His perceptions were seriously distorted and his reasoning idiosyncratic and erratic.

In the manner of the way in which Yves used the paint in his initial art therapy sessions, the affect, though not spoken, was evident in the uncontrolled spashing of paint onto paper, floor, cupboards and the person of the therapist. And in the process both the client and the art therapist felt the full overwhelming and flooding effect of the nonspoken affect.

The ability of the client to produce images; of the client and the therapist to be present to the process; and to stay in the triangular relationship enabled a working through that was reflected in his final image that was not fragmented, still incomplete but reflective of a scene that was soothing to the child and the adult in the client.

5.4. Four themes emerge – countertransference issues

Kristeva in Shaverien (1995) posits:

There is no analysis if the other is not another who I love (with the corollary, whom I hate), though the good offices of “that man/that woman without qualities” who is my analyst. (p. 1)

Throughout this thesis the researcher has endeavoured to view the art therapist within the triad of the client, art therapist, image. In reviewing retrospectively the therapeutic encounter with clients Wilf - (the transvestite); Baxter – (the voyeur/ephelophile) and Yves – (the exhibitionist) the researcher was aware of four central themes emerging. As client and art therapist form their perceptions All of these aspects have a transference and countertransference impact on herself as art therapist, on the client and on the nature of the image. These aspects she terms “mother/child relationship”, “scapegoat”, “talisman” and “aversion” (love/hate relationship).

5.4.1. Theme One – Mother/Child relationship

Taking firstly the “mother/child” relationship the researcher/therapist become powerfully aware of the strong countertransference feelings that were elicited by the clients and their images. Schaverien (1995) reflects:

The erotic transference is made up of infantile, pre-oedipal and oedipal desires. These are experienced as very real affective states in the present of therapeutic relationship. There is not always an intense transference but when there is, it is unmistakeable and totally engaging for both people. (p. 32)

One might ask what these images collectively say to the art therapist. She was “impressed” by the power of the images to act as an ‘imago’ - a representation of that which the clients have created as personas of

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themselves. On the other hand it was also enlightening for her to come face to face with the way in which they created an ‘imago’ of the significant people in their lives.

Immediately what springs to mind is the image created by Wilf (the transvestite) of his mother whom he perceived could only love him as a girl. The image of Baxter (the ephebophile/voyeur) who saw the woman as the one with the power to mark him indelibly for life, left the art therapist curious about his unspoken anxiety depicted as teetering on a suspension bridge - hanging in fear. The image of Yves (the exhibitionist) depicted himself as an incurable leper.

It stunned the art therapist to realise that in the image of Yves, (the exhibitionist) where he spoke through the imagery of ‘a fragmented sense of self’, how the inability to bond and separate from his mother left him without any sense of himself, let alone a sense of being an acceptable human being.

Throughout the course of the therapy Wilf keeps his eyes cast down totally focussed on the ‘eye of the image’. It was not until that very final session before he stepped out of the room that he dared to look into the art therapist’s eyes and catch the tears as he spoke “I fear that I am a nobody”.

For Baxter it was the small child who hung his head in shame in that initial session averting his face further to the left to keep the art therapist’s eyes from the shame-filled redness of the birthmark. Later in session his eyes would meet the art therapist as he tried to engage her in catching the eye of the metaphor in the image and thus enabling her to see there the eye of his confusion and pain and the explosive eye at the centre of his anger.

For Wilf in those early sessions and indeed for most of his sessions, he saw himself as the good boy or was it ‘good little girl’ sitting demurely at her desk trying to present the very best picture for ‘her’ mother. All the time making sure that ‘she’ was not too noisy and certainly not messy. All the materials were taken care of with an almost compulsive tidiness.

On the other hand, Baxter came into the room his anxiety overtaking him, desperate to relieve himself. He had waited so long for his mother to sit down beside him and listen to a painful and very frightening story. He could contain the story no longer. He came as a small, frightened boy with a large blank storybook and he began to tentatively lay out the pictures one by one.

It is important to comment on the transference depicted in the gleam in the eye of the image to the gleam in the eye of the (mother) art therapist.

With all three clients, the art therapist found herself faced with the experience of a mother who found herself engaged in the life of her child. The art therapist found herself caught up in the fights in the school yard, verbally abused and passively, aggressively shunned. She found herself surprised by the ‘goodness’ of the ‘child’ within, and overwhelmed with the need to continually please. And she found herself irritated by the demand to be “fed
on demand" at any time of the length of the session. "The paints run out! The pencils need sharpening! Can't I just have some time out today? Etc. etc. etc."

In all this the art therapist began to wonder of those fears from long ago when these clients clamoured for help from their primary care givers, their mothers.

The questions formed and reformed in her mind: Why did they evoke the mother in the therapist? Had their own mothers died, in distancing themselves from their young children? Had they been left abandoned, traumatised and punished, left, as it were in limbo of their own?

The art therapist was called upon to transfer back to them the holding, containing, affirming, challenging, boundary-setting frames that no mother had ever done for them in their early lives. The therapist wondered if, in the holding, they might in some way in the future dare to bond with another on more than a superficial level?

In those moments that the art therapist was being called upon for the first time to both bond and separate from them so that the final session was to become one of the most important parts of therapy for them.

As noted in the therapy it was in that final session Wilf finally had the courage to dare to whisper the deepest SECRET of his life. Likewise it was in that final session that Baxter took up the challenge to cross the bridge and begin to form the bond with another therapist in his life. And as for Yves, it is Yves that continues to visit all the staff that worked with him in the program, laden with flowers for the women, and able to hold the gaze as never before.

The work of Kristeva (1983), Schaverien (1995) and Freud (1905) have particular relevance in working with clients with psychosexual boundary issues involving paraphilias. In the triangular relationships gaze embodies not only the other in the dyad of client/therapist but a triad regarding client/therapist/image. Schaverien (1995) states:

In a literal sense a lack may be felt, it may penetrate, glance off, wander. The analyst may withdraw her gaze from her patient, she may look away in order to look inwards, to take in what is being communicated. She may look away in boredom, to escape a penetrating stare or for numerous other possible reasons. The point is that the intensity on the individual of the gaze of the one is felt by the other. (p. 200)

In working with these clients the therapist was aware of her own countertransference both to the image, and to the retelling of past aggressive behaviours, and to the recalling of memoires surrounding deprivation.
5.4.2. Theme Two – The scapegoat transference

In drawing together this section on collective reflections from the process, the art therapist is in awe of the actual physicality of the art-making. The meticulousness with which the ‘good boy’ in Wilf tried so hard to impress her with his art, while at the same time driving her from the room with his abusive tirade left the art therapist feeling ambivalent in relation to his schizoid transference.

The energy with which Baxter layered the paint over and over and over again, deepening the blue of the sea so thickly, so that one could not see beyond the surface of the image left the therapist curious about what was contained within the action. The power of that movement to ‘evolve’ the therapist’s own imago, of his compulsive voyeurism and masturbatory practices, at the same time lead her to ‘question’ how much the depth of his depression led to the acting out. What came first, the depression or the compulsion, or was it a vicious cycle? Into the process and on to the image went those potent feelings that needed to, like a scapegoat, be driven far from the self.

As an overall impression of what emerged collectively for the clients in regard to the triangular relationship, the art therapist was struck by the way in which two of the clients related defensively to her from the very moment they stepped into the room.

Wilf came in all guns firing to shoot her down in a barrage of verbal fire. His jokes, abusive comments and demeaning manner were all used to assert from the outset where he perceived the power lay in the relationship. And what did he use to do this? He used that which he spoke of in his psychosocial interview as pertaining to his father (“My father dealt with my mother’s nagging by complaining about her and joking”). (“I suppose I am a lot like him”, he added.) His abusive words, jokes and complaints were meant to discharge his anger at women.

At times the art therapist felt awed, at other times angry and confused, shamed and depressed, then hopeful and insightful, vulnerable and resistant, as the affect of the client washed over her. She was exposed to the unutterable in the image, just so aware of her own inability to respond, and just so aware of the potency contained there. She, was often aware of the shaming effect of the situation, and she found herself, internally dialoguing with the client.

Initially, what engaged the art therapist in dealing with and being drawn into the processes of all three clients, was the ‘small child’ who seemed to emerge.

The art therapist found herself caught up in the game of life but this game they played was so very different from any game any child had invited her into before. She found herself at times in a schoolyard being immersed in a fight as a bully sought to assert his authority over her. She found herself led to the back of a toilet block and exposed to, in the restructuring of that scene.
by the physicality and closeness of the art making process. And she found herself splattered with paint and left out in the dark as the movement of the brush continued to cover up the anger and depression layer after layer after layer.

In those moments, the art therapist was in touch with the fear in the other and the fear in herself. In those moments she felt shamed and silenced as the other exposed his shame and passive aggression. And in those moments the process made palpable the depth of depression and darkness.

Of this second aspect the “scapegoat” transference, Schaverien (1995) writes:

> a picture may become a scapegoat in that it may embody the chaos, the feared aspects of the inner world; on the paper these may become ‘live’ within the therapeutic relationship. Here the client may engage in a way she cannot dare to venture to engage with the therapist. The framed and separated picture separates and distances (the patient) from his/her fears. (p. 134)

The art therapist’s initial reaction to what emerged in relation to the three clients’ images was a mixture of ‘surprise’ and ‘awe’ prompted by the depth and potency that each image that appeared to be conveyed about the internal state of the client.

The art therapist was ‘aware of the profound impact’ that the images had on her because of their ability to speak in a way that words could not have done. This led her to muse on how other therapies could not enable the unutterable to be uttered in such a succinct and powerful way.

How potent the image of the castle was for Wilf (the transvestite) as he struggled to tell her the toughest secret of all, namely that he in fact was a ‘no-body’ while externally he proclaimed to be queen of his castle.

How palpably did the image capture the abuse that Baxter (the ephelahophile/voyeur) encountered at the hand of the stranger and the way in which his psyche wore the indelible mark of shame. It was as palpable internally as the port-wine birthmark on the left-hand side of his face.

The therapist was taken into deep dark places and was exposed to a vulnerability that the ‘child’ dared to show in his ‘irredeemably destroyed’ picture book of life. Here before the art therapist and the client, the ‘pictures’ in the brown-paper covered book were shown to reveal the ‘scapegoat’ and the ‘talisman’ of their ordeals. And here in the potency of the pictures she was being called on to please help them draw and re-structure another picture of life.

The ‘mother in the art therapist’ found herself responding as her gaze met the gaze of the image and caught the affect that couldn’t be registered by the client and mirrored it back to him.
For Yves in those early sessions, it was as if the art therapist was not in the room. The paint, paper and materials flowed across the room, an unstoppable stream of messiness covering all, including the therapist. He was conscious only of the materials – for him neither he nor the art therapist were in the room.

Yves stepped into the room all guns firing. He used that which he had used often before to frighten off the woman and distance himself from them. Intimacy was not for him and from the outset he made this clear. The exhibitionism took place right before the art therapist’s eyes on paper outlined in black on stark white paper.

5.4.3. Theme Three – The talisman

For Yves, his eyes captured and centred on nothing because they were so glazed that it was, as if they could not look at anything except the ‘imago’ of penis that he saw as the totality of himself. It was not until his final session, when he invited the art therapist to sit closer to him within the security of the walled sea, that he no longer raged, and could dare to look into the art therapist’s eyes and see, reflected there, something of his own being. In coming back to visit the program long after he had completed it, his eyes would be filled with both joy and tears as he handed his flowers to the women in the program and said as it were “Wow, just look at me now!”

The art therapist found herself called to hold the anger, the shame, the disgust with self, the passive aggression, the low self-esteem, the pain and the fear in a contained and secure space so that each one might sleep more peacefully that night free of the night terrors that haunted them. And so the potency of the images were placed by them in ‘mum’ therapist's locked cupboard well out of harm’s way.

In paying attention to what appeared to be metaphors surfacing for the clients as they engaged with the process, the art therapist found herself aware of that which was not spoken or indeed was beyond words - a secret, deep within. Frequently, the art therapist found herself in need of self-soothing and recognised the importance of supervision and debriefing.

Kristeva cited in Schaverien writes, since Freud first identified what he called “transference love” (Freud 1912/1915) the erotic transference has been understood to be a facture of any therapeutic relationship. Kristeva puts it thus “Sigmund Freud thought of turning love into a cure. He went to the disorder that love reveals” (p. 1)

Schaverien (1995) speaks of talisman as:

The pictures once embodied as scapegoats, may subsequently become empowered. Such objects may be regarded as carriers or containers of magical significance. This initial identification with the
artworks may lead through a series of pictures, to separation, symbolisation and the ability to talk about the experience. (p. 124)

The art therapist’s primary overall aim was to study the images carefully with close and specific attention to both the whole picture and the details within the picture. This was so she could critically appraise both the content and affect contained there. The task was phenomenologically to view the image and its construction with both the eye of the art therapist and with the eye of the researcher.

The art therapist ‘found herself much like an actor who plays a part, placing herself in the centre of the image and walking round as it were, in the scene presented to her’. In doing this, she endeavoured to touch the affect there and make sense from the client’s perspective of the constellation of events that make up the dynamic of his pathology.

The art therapist found herself deeply moved that she had never before been enabled by the client in the form of the image to stand both outside looking in, and in the centre of the image itself, as the client had remembered and reconstructed the scene. The art therapist also found that her sense of the image, and the sense the clients made of their images, were continually changing. There was no beginning and no end, the frame of reference was continually changing, layered like the paint used to re-construct it and textured by the amalgamation of the client’s reflections over time.

Thus the art therapist found that in observing the images, as the sessions progressed, she kept shuffling these images around in her mind, stepping from one to the other and then back again, as indeed each client was doing, both internally in his fantasies, and with the use of his active imagination.

For much of the hours spent visiting these images in the presence of the three clients, it was the image itself or her countertransference view of the image that moved itself around in the art therapist’s mind. Thus the art therapist took it not as a cognitive deconstruction process, but as a space of each client’s psyche where they could just sit and look together in the quietness of that moment.

Repeatedly, the art therapist found her mind actively sifting visually through the image as James Joyce might use language and words to sift through the images of life that he encountered as a writer. The images remained with her in the therapy and beyond, and now as she writes this thesis. In the many months and years since the images were made, she still walks around in this ever present concrete reminder. She is able to revisit the clients’ lives and see them with ever new eyes and insights.

In the art work, the art therapist continually meets a visible reminder of the movement that took place in each client as he began to change and alter his perspective on life, moving from a depressive to a more engaging and attached focus.
As the art therapist revisited the image, she was forever developing a deeper understanding of the source of the problem as the clients took her in deeper and deeper. Thus the image enabled the clients to move beyond the thickness of the paint, beneath the resistance of the wax crayons, to the unutterable secret, held in their internal world.

5.4.4. Theme Four – Aversion – love/hate relationship

Finally a brief word on the fourth aspect – Aversion. What the researcher terms ‘aversion’ Aulich terms ‘fear and loathing’. Aulich in Liebmann (1994) she writes:

> Where sexual imagery is used in art therapy sessions by sex offenders, its significance is in how it is used, as well as the image itself. A sexual image can be used to confront and attack the therapist as an act of aggression. The purpose is to stop the therapeutic work, which is felt as a threat. Sometimes the most threatening aspect is that the therapist is a woman. (p. 186)

The art therapy researcher is reminded of Wilf’s (the transvestite) verbal abusive remarks, “You’d be the last to know” and his initial image of the blackened hut in a walled garden. She too recalls the initial image of Yves (the exhibitionist) as he ‘flashes’ exhibits on paper, a re-enactment of the way he terrified his woman victims in the past.

Aulich in Liebmann (1994) speaks of how demanding the task for the therapist is:

> To bear in mind what a client has done, during the working process, without allowing any personal feelings of revulsions and fear to interfere with professionalism – maintaining a positive and receptive attitude – is extremely demanding. It is common to feel physically, mentally and emotionally dirty and abused by clients after sessions. (p. 193)

To counteract this, regular supervision and de-briefing is essential.

5.5. Implications for the treatment of paraphilias

This study supports the findings of Earle and Earle (1989) that there is a need for those suffering from paraphilias to engage in expressive arts’ therapies. Earle and Earle name art as a means of lessening the defences. Henzell (1992) also supports this perspective with his emphasis on the importance of metaphors as a potential signifier or trace in therapy.

Hagood (in Liebmann, 1994) stresses the importance in focusing on the addictive quality of sexual disorders. She found that attention needs to be paid to working with distorted cognitions. Earle and Crowe (1989) along with Carnes (1992), have long been advocating a more multi-faceted approach to
the treatment of addictions. Art therapy work can facilitate this work by enabling the client to externalise some of this internal process in the art work.

This study supported the concept/belief that along with behaviour management strategies, a comprehensive treatment of paraphilias will be enriched by an attention to shame and trauma in the paraphiliac's life:

> It is my belief that we will finally begin to break the chain of abuse when we are able to look within the abuser and find the abused. It is important to find out why a child turns from victim to victimiser, to understand the offenders don't just happen and to believe that change is possible for many offenders. (Murray, 1991, p. 91)

Paramount to all of this Murray (1991) states that the therapy needs to take place under the guidance of qualified and caring professionals. This needs to be coupled with a willingness on the part of the client to take responsibility for the past and face their own pain as the "process of change takes place" (p. 91). Art therapy can have a role in this process.

5.6. Implications for the treatment of sexual disorders

There is a paucity of research dealing with the treatment of sexual disorders using art therapy and the treatment of sexual disorders. There is no art therapy research with clients with paraphilias outside the incarcerated setting.

Aulich (in Liebman, 1988) writes of the difficulty therapists have working with clients diagnosed with sexual disorders because of their countertransference reactions of anger and revulsion. Hastings (1988) on 'shame', finds that her work with clients with sexual problems indicates that "clients who are unable to feel their own feelings may take an immediate step unconsciously between lack of awareness and awareness, and let the therapist feel the emotion for them" (p. 277). Herein lies a challenge for the therapist: to enable the client to "name" and "own" their own affect in relation to the sexually disordered behaviours.

Gartner (1999, p. 283) finds in his work that "many sexually traumatised men present anger as their sole affect". Both of these preceding points have implications for art therapist in considering the image-making process, the image, and the transference in enabling the client to access their own affect. Gartner (1999) also posits that "a sexually abused perpetrator's propensity to anger combines with his lowered empathic responses; thus increasing his likelihood for aggressive action and decreases his ability to deal with trauma" (p. 283).
5.7. Implications for art therapy with sexually troubled clients

This paper is only a tentative and exploratory beginning in the application of art therapy to the treatment of sexual disorders. This paper has merely skimmed the surface in relation to the key components of image, process, and triangular relationship and all it might have to offer towards the management and containment of these disorders.

Art therapy is a process by which the defences are navigated and the image can in fact lay bare that which seemed impenetrable to the client and observer alike.

In the future it would be important to highlight the need to deepen understanding, and the understanding of other art therapists, to the need to further research the importance of a psychodynamic approach to the conceptualisation of treatment issues.

It would seem that many people are wary of taking on the responsibility of working with abusive clients. It is paramount that art therapy be seen as a ‘potent’ part of a treatment program and that art therapists, especially women art therapists, need support, continuing education and debriefing in this work. These facets have been invaluable in my work with these particular clients.

The research on the treatment of paraphilias indicates that no one method works, and it is the interaction of all models of therapy and single professionals of different persuasions enables the client to take the risk to engage in therapy.

It is important to challenge the field of art therapy to look critically and constructively at what both a psychoanalytic approach and a more cognitively based approach has to offer in terms of treatment of the offending client.

As the researcher noted in this thesis, the issue of bonding with the primary care giver and the lack of support in early years, had profound effects on childhood development on these clients with sexual paraphilias.

5.8. Strengths of the study

The presentation of the art therapy case studies was strengthened by a review of the comprehensive assessment, especially the psychosexual and psychosocial data for each client. These clinical “images” or views are echoed in the artwork of the clients.

The art therapy process in each case study was part of a multi-disciplinary and clinical case approach which, provided opportunities to assess in what clinical setting to treat a client with a paraphilia and to describe the unique therapeutic opportunity that art therapy offered the treating team. Within the therapeutic program, art therapy thus contributed to the coherence and
cogency as the hallmarks of what we take as the 'discovered truth' of these clients.

This is the most comprehensive study that explores the contribution of a non-verbal therapy in the treatment of paraphilias. The use of art work and the language that developed between the client, his work and the art therapist contributes to an understanding of the importance of "learning the secret" that lies behind the shame and development of the paraphilia.

This study showed that the development of unusual sexual arousal and behaviour patterns is idiosyncratic in each case, though common themes do emerge, and can influence the development of the treatment plan for each client.

5.9. Limitations of the thesis

The study is limited by the fact that it dealt with three clients with paraphilias. A study citing a larger population would provide more solid evidence for the way in which the process, the image and the triangular relationship contributed to the outcome of speaking the unutterable in the history of the client.

This study developed themes around the importance of mother in the shame that underlay the three case studies. However, the contributing factors to the development of paraphilias, in general, should not be reduced to this notion, as many people with similar stories do not develop unusual sexual arousal and behaviour patterns.

This study explores the three most commonly reported paraphilias and yet there are over 200 reported varieties of paraphilias and eight main paraphilias codified in the DSM-IV. Generalisations of what has been noticed in 3 paraphilia case studies to paraphilias in general, would be ill-advised.

The limitations of this study open the door to the possibility of future research related to art therapy and the treatment of paraphilias.

5.10. Ideas for future research

Research in relation to this topic, in the future, is open-ended. As indicated in this study there has been no other art therapy research looking at non-incarcerated clients diagnosed with paraphilias. This study, as such, is an exploratory and limited study.

It would seem important to take each of the facets of art therapy singly: Image, Process, and Triangular Relationship - and study each in depth in relation to the treatment of paraphilias.
For future researchers, the following list is worthy of further investigation in relation to art therapy and sexual shame (though the list is not exhaustive):

- Physicality
- Self-Soothing
- Potential Space
- Shame
- Internal Dialogue
- The Unutterable
- Transference
- Attachment/Separation
- Ability to stay in the Triangle

The list emerges from this study as worthy of further investigation.

Also worthy of further investigation would be to explore the full significance of “The Dead Mother Syndrome”. How could art therapy and art making facilities explore the effects of the original attachment/separation dynamic? In shame about sexuality, for many clients something deep inside seems to have died and the development of attachment theory is helping “put words on” the secret of that story (eg what happened in the first attachment). The art therapy images presented in this paper may help further this research.

As the importance of lessening recidivism is based on being able to deal with the cognitive distortions and reframe the diseased thinking and unrealistic attitudes. It is imperative that art therapy research looks at how a more cognitive and directive approach can contribute to the effective management of harmful sexual behaviour patterns.

This research has enabled the therapist to take a first step, and has convinced this therapist of the power of making art within a model of a multi-disciplinary therapy.

5.11. Conclusion

This study opened with the metaphor of a “listener”. The material presented opens up themes within the client and notions for the therapeutic community that go "underneath" or "before" the spoken word. The process of attempting to describe the secret that emerged is limited by the author's ability to listen and then write what was heard. The 12-step movement has a saying that "we're as sick as our secrets" and each person has probably experienced the relief when sharing a deep and shaming secret from their lives. We can only imagine the relief and the therapeutic value when a sex offender can deeply share the shaming secret. This study clearly reveals that art therapy is a therapeutic modality that can facilitate this process.
Appendix 1

The program within which the case studies occurred.

(This description is adapted using the "image", "process" "relationship" paradigm central to the thesis.)

The clients in this study were participating in a day treatment program at Encompass Australasia. The following is the "image" that the centre has of the program it runs, the setting in which it takes place and the theory behind it:

Theory
Sex offenders and individuals with psychosexual problems are a heterogeneous group. This group cannot be equated with any single personality disorder or psychiatric disorder. While there may be overlapping disorders and a dual diagnosis, there is no single psychiatric classification for the sex offender and individuals psychosexual problems. Consequently, an effective program for sex offenders and individuals with psychosexual problems will have core components that will be supplemented with individualised treatment plans.

Target Populations
Consistent with the Professional Standards Research Project Report (1996, p. 51), ‘The Company’ directs its services towards professionals who seek treatment for:

- Professional boundary violations (sexual): sexual exploitation (physical contact or exposure that was intended to sexually arouse either one or both of the persons involved, or verbal requests for sexual contact) between an adult person who is in a position of authority over another adult;

- Child Sexual Abuse:
  Paedophilia: Having acted on or being markedly distressed by recurrent, intense sexual urges and sexually arousing fantasies of at least six months duration, involving sexual activity with a child generally aged 13 or younger.

  Paraphilia Not Otherwise Specified: Ephebophilia, Having acted on or being markedly distressed by recurrent, intense sexual urges and sexually arousing fantasies of at least six months duration, involving sexual activity with a pubescent or post-pubescent minor.

- Distress about Sexual Orientation: individual struggling with guilt, shame and remorse over their sexual orientation and how their orientation has been explored during adolescence and adulthood.
• Psychosexual disorder Not Otherwise Specified: Compulsive sexuality

OVERVIEW OF THE PROGRAM

IMAGE:

This is the image that the centre has of the program that it offers professionals with sexual and psychiatric problems:

The program is designed as a 24-week continuous program that can accept two new participants and discharge two participants every two weeks. This model allows for participants in the program to be at various stages of treatment and recovery, encouraging a more fertile possibility for supportive and confrontative peer group interaction. The program proceeds in three broad phases.

PROCESS:

This is the process outlined by ‘The Program’ that it encourages the clients to undertake in order to work with sexual and psychiatric issues:

Phase 1.

The first phase, typically time limited (3-4 weeks) and very intensive, includes identification of problematic sexual attitudes, beliefs and practices and/or modification of attitudes towards deviant sexual behaviour and about the victim.

It is in this phase that the defences of minimisation, denial, rationalisation and spiritualisation in sex offenders are vigorously confronted.

For sex offenders, recall and recitation of behaviour in individual therapy and to peers is repeated over and over until a more accurate and honest understanding of behaviour and its impact is accomplished.

In addition the identification of specific skill deficits in such areas as social intimacy, assertiveness, anger management, stress management, emotional processing.

By the end of Phase 1 an individualised Master Treatment Plan will be designed and agreed to by the primary therapist and the client.

Phase 2.

There are many facets to this phase and they reflect the experience of the intense confrontative first phase. It is in this phase the clients will work through unresolved childhood trauma, focus on victim awareness and
empathy, identify and correct irrational core beliefs and distorted cognitions and begin to internalise the content of the psychoeducational modules.

A major focus in the latter stages of the second phase will be the development of a relapse prevention plan that identifies budding signs, documents a comprehensive behavioural plan for maintaining recovery, and begins to build up a support network of significant people who will support recovery.

Phase 3.

In the third phase of treatment (3-4) weeks clients will focus intently on relapse prevention will rehearse with peers and therapist relapse scenarios and plans for on-going accountability and supervision.

A Continuing Care Contract will be prepared. Clients will arrange for outpatient therapy and will make contact with the therapist before the termination of treatment so as to ensure continuity of aftercare.

CORE COMPONENTS OF THE THERAPY PROGRAM

These core components form the basis of the PROCESS that staff of The Company encourage the clients to engage in that are both educational and therapeutic.

- Psychoeducational Modules
- Therapeutic Modalities
- Medical Assessment/Supervision
- Living Environment
- Continuing Care Program

PSYCHOEDUCATIONAL MODULES

Introduction to Treatment
Family Dynamics
Healthy Sexuality
Disordered Sexuality
Anger Management
Life Skills
Anxiety/Depression Management
Cognitive Restructuring (RET)
Emotional Differentiation
Childhood Trauma
Victim Empathy
Relapse Prevention
Stress Management
Alcohol & Substance Abuse
THERAPEUTIC MODALITIES

Individual Therapy
Small Group Therapy
Large Group Therapy
Art Therapy Individual
Art Therapy Group
Psychodrama
Bibliotherapy
Peer Group Relapse Prevention
Behaviour Log
Peer Evaluation
Patient Staff Conference
Journaling
Exercise.

MEDICAL SUPERVISION

Effective treatment of psychosexual and related disorders requires a multi-disciplinary approach. The importance of ascertaining the presence of co-morbid psychiatric disorders and medical conditions is essential.

The following medical interventions will supplement the psychological component of the therapy program:

- Assessment (during evaluation)
- Provision for admittance to inpatient if necessary during treatment.
- Consultation/education for co-morbid psychiatric disorders and medical conditions. e.g. common co-morbid conditions include depression, alcohol and substance dependency/abuse, diabetes, obesity etc.
References


