The use of art therapy in work with adult survivors of childhood sexual abuse trauma: a thematic analysis

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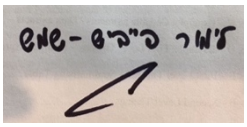
Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief it contains no material previously published or written by another person (except where I specifically defined this in the acknowledgments), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: 

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Abstract

This dissertation is an analysis of interdisciplinary literature, to develop themes that relate to the research topic of the use of art therapy in the therapeutic work with adult survivors of childhood sexual abuse trauma. This research aims to enquire "What have scholars and practitioners across disciplines written about the use of art therapy, in therapeutic work with adult survivors of childhood sexual abuse trauma?" A thematic analysis within the interpretative framework has been employed. Three main themes were identified, which constitute three parts of the gradual process of art therapy in work with adult survivors of childhood sexual abuse trauma: *The art therapy qualities, symbolic and verbal communication of the sexual abuse,* and *recovery- healing, change and growth.*

A discussion of the research findings in relation to existing attachment theory, are outlined. Additionally, this dissertation examines contributions to research, implications for clinical practice, limitations, recommendations for further research, and conclusions.

Chapter 1- Introduction

As an art therapist over the past ten years, I have had the opportunity to work with clients who experienced traumas of war, physical and emotional neglect, and physical abuse. I witnessed how art therapy can be less threatening than talk therapy, and how it fits with the nonverbal nature of traumatic memories. Also, my future clinical work with sexually abused clients has become an incentive to deepen my knowledge in this area to provide appropriate and effective care for my clients. The combination of my past clinical work experience and possible future clinical work aroused my interest in the research topic about the use of art therapy in work with adult survivors of childhood sexual abuse trauma.

Furthermore, the environment in my country of origin, Israel, also contributed to my strong motivation to explore the use of art therapy in work with adult survivors of childhood sexual abuse trauma. I grew up in a country where the people continuously suffer from fear of annihilation and from the fear of losing their only home.

I grew up in a country where the local news always reports on terror events and terror threats from within and from outside the country.

I grew up in a country where some of the Jews who survived the Holocaust and the Nazi concentration camps, were determined to tell their traumatic stories, so that others would never forget. However, many holocaust survivors remained silent and never shared the burden of pain. Therefore, the holocaust survivors, their children, and their grandchildren grew up under dark and unresolved trauma.

My background, which includes trauma of annihilation, war, terror, and existential fear set the conditions for my interest in this research topic and for my deep empathy of survivors of

childhood sexual abuse who, like me, had to preserve a sense of trust, a sense of safety in unsafe situations, and control in situations that were unpredictable.

1.1 What is Childhood Sexual Abuse?

Child sexual abuse (CSA) refers to both contact and non-contact activities which result in the sexual gratification of an adult or an older or more mature child/adolescent. Any act that involves coercion, force, or threat can be categorized as CSA (Goodyear-Brown, 2012). These acts include "touching or fondling of genitals, oral acts involving genitalia, penetration, sexual exploitation of the child for material gain (prostitution, child pornography), ...and exposure to sexually explicit talk or materials" (Goodyear-Brown, 2012, p. 5).

CSA is associated with a range of psychological symptoms, which have effects on interpersonal and intrapsychic functioning and is a significant factor for some survivors in seeking psychotherapy (Lefevre, 2004). According to Becker (2015), Brooke (1995), Hargrave-Nykaza (1994), and Murray, Moore Spencer, Stickl, and Crowe (2017) survivors of CSA may present symptoms of post-traumatic stress disorder (PTSD), anxiety, low self-esteem, self-harm, struggle with intimacy, guilt and suicidal attempts. CSA and the associated range of psychological, behavioural and social symptoms, will be discussed in more details in chapter 2.

1.2 Integration of Art Therapy in Work with Survivors of Childhood Sexual Abuse.

There is an increasing recognition of the potential value in integrating art expression within the therapeutic process for addressing trauma symptoms and promoting recovery among survivors of CSA (Murray et al., 2017). The use of art-making combined with psychotherapeutic skills of listening, reflecting, reframing, warmth, guidance, genuineness and positive regard serves to heighten art therapy skills. Art therapy enables access to feelings and issues in a way that words alone cannot. Exploring and discussing the art works intensifies what has been revealed through talking (Hagood, 2000). The process of making art, i.e. painting and drawing "helps to retrieve childhood memories and to gain greater insight into the present situation. Creating art work around childhood memories usually elicits more memories and can be very powerful" (Hagood, 2000, p. 30).

1.3 Finding the Gap, Aim and Method of Research

Information about art therapy work with sexually abused children and adolescents and the effects of CSA on adults can be found in journal articles and books (Diamond & Lev-Wiesel, 2017; Haywood, 2012; Hecker, Lettenberger, Nedela, & Soloski, 2010; Katz & Hershkowitz, 2010; Pifalo, 2006; Trent, 1992). However, research and publications in the area of art therapy with adult clients in combination with CSA trauma are few, and only a few authors have written about the use of art therapy in work with adult survivors of CSA trauma (Burt, 2002; C. Edwards, 2007; Estep, 1995; Hagood, 2000; Huss, Elhozayel, & Marcus, 2012; Johnston, 1997; Lefevre, 2004; Lev-Wiesel, 1998; Sweig & Sweig, 2000; Wadeson, 2010).

This qualitative research uses the thematic analysis method to explore various publications related to the topic "The use of art therapy in work with adult survivors of childhood sexual abuse trauma". This research aims to enquire "What have scholars and practitioners across

disciplines written about the use of art therapy, in therapeutic work with adult survivors of childhood sexual abuse trauma?".

Thematic Analysis (TA) is a suitable tool for this research as it offers a flexible and sensitive method to engage in-depth with fewer publications of interdisciplinary literature i.e. the data sources (McLeod, 2001). According to V. B. a. V. Clarke (2012), TA includes "…identifying, organizing, and offering insight into patterns of meanings (themes) across a data set. Through focusing on meaning across a data set, TA allows the researcher to see and make sense of collective or shared meaning and experiences" (p.57).

Through TA this research aims to engage in-depth with interdisciplinary literature, to develop themes that relate to the research topic of the use of art therapy in the therapeutic work with adult survivors of CSA trauma, and to understand the data which comes from a range of scholars and practitioners across disciplines (Braun & Clarke, 2006).

The findings from this research will be used to bring to light and increase the awareness of the use of art therapy with adult survivors of CSA, and thus to improve the quality of clinical work with this client group.

1.4 Dissertation Overview

Chapter 2 provides a literature review of the relevant aspects of CSA and art therapy. The chapter will outline the definitions of trauma, as well as the psychological, behavioural, and social effects of CSA on the adult survivors. It defines, what art therapy is and why art therapy is a useful tool for processing trauma.

Chapter 3 describes the philosophical framework that underpins this research and explains why TA is a suitable qualitative method.

Chapter 4 outlines the application of TA according to the sixphase model described by Braun and Clarke's (2006), which involves: familiarization with the data, production of initial codes, searching and creating themes, revision of the defined set of candidate themes, defining and naming the themes, and writing the dissertation.

Chapter 5 provides the research findings, which constitutes a three-part gradual process of art therapy in work with adult survivors of CSA.

Chapter 6 discusses the research findings in relation to existing attachment theory. Also, it details the contributions to research, implications for clinical practice, limitations, recommendations for further research, and conclusions.

Chapter 2 – Literature Review

This chapter provides an overview of the relevant aspects regarding the research question "What have scholars and practitioners across disciplines written about the use of art therapy, in therapeutic work with adult survivors of childhood sexual abuse trauma?" This chapter includes definitions of trauma, definitions of CSA, and description of some of the potential effects of CSA on adult mental health. It also includes a literature review about art therapy and why art therapy is a useful tool for processing trauma.

2.1. Trauma

The word 'trauma' was borrowed from Greek, and it refers to skin piercing, a breaking of the bodily envelope. Freud (1920, as cited in Garland, 1998, p. 9) used the word metaphorically to emphasize how the mind, which is enveloped by a kind of skin, or a protective shield can be pierced and wounded by events.

Webster's New College Dictionary defines trauma as "an emotional shock that creates substantial and lasting damage to the psychological development of the individual, generally leading to neurosis; something that severely jars the mind or emotions" (Webster, 1995, as cited in Ringel & Brandell, 2012, p. 42).

Moore and Fine (1990), offer the following definition and consider trauma to represent:

> "The disruption or breakdown that occurs when the psychic apparatus is suddenly presented with stimuli, either from within or without, that are too powerful to be dealt with or assimilated in the usual way. A postulated stimulus barrier or protective shield is breached, and the ego is overwhelmed and loses its mediating capacity. A state of

helplessness results, ranging from total apathy and withdrawal to an emotional storm accompanied by disorganized behavior bordering on panic. Signs of autonomic dysfunction are frequently present" (p. 199).

The above definitions establish that in a traumatic event there is an enduring negative response to the event, which interrupts the ability of a person to understand, predict, or control his/her life. The mind is flooded with a high degree of stimulation that is far more than it can make sense of or manage which may result in an emotional breakdown which may range from "total apathy and withdrawal to an emotional storm accompanied by disorganized behaviour bordering on panic" (Moore & Fine, 1990, p. 199). The more pervasive the consequences of the event, the more traumatic it is and it leaves the individual vulnerable to intense and overwhelming internal and actual external anxieties (Garland, 1998; Joseph & Linley, 2008a; Ringel & Brandell, 2012). Thus, a trauma is an event which overwhelms existing defences against anxiety. As a result, the trust in one's goodness and the strength of one's internal objects is undone, and progressive deterioration in the personality might be present (Garland, 1998).

According to Widom (2012), individuals differ in their vulnerability to the effects of trauma, and there are two contributing factors; (i) the attachment relationship type (e.g. insecure attachment) between a mother and her baby has a strong link with resilience to psychological distress or increased incidence of psychopathology. Hence, individuals who experienced maltreatment, abuse, or neglect in their childhood, combined with the disruption to the attachment relationship associated with this form of environmental adversity, can experience a high risk of psychopathology in adulthood. (ii) Stressful life events combined with biological vulnerability contribute to risk. Individuals who have a specific genetic variant combined with

multiple stressful life events in adulthood may be vulnerable to an increased risk of mental issues such as depression and suicidal ideation/attempts.

Hence, vulnerability to psychopathology following the experience of trauma can be considered from both a genetic and an environmental viewpoint.

2.2 Childhood Sexual Abuse (CSA).

The existing literature suggests that sexual abuse is a traumatic event which is linked with immediate and long-term psychological, emotional, behavioral, and social difficulties, that can continue into adulthood (Follette & Vechiu, 2017; Lefevre, 2004).

According to Goodyear-Brown (2012), the Child Abuse Prevention and Treatment Act defined sexual abuse as:

> "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children" (p.4).

Levett (University of Cape Town, Cape Town, South Africa/1988), refers in his definition of CSA to any other sexual activities, in addition to sexual intercourse, that has traumatic effects on the child and defines CSA as:

> "Unwanted, forced or coerced, intimacies of a sexual nature e.g. unwanted fondling and squeezing of various parts of the body regarded as erotic, including the breasts, buttocks and genitalia, being forced or coerced to touch the perpetrators penis and genitals or

asked to do so, oral-genital contact, erotic kissing, being exposed to an exhibitionist or voyeur, and being shown pornographic pictures" (p.29).

2.2.1 Childhood Sexual Abuse Effects on Adult Mental Health

Adult survivors of CSA often report on a lasting sense of terror, horror, vulnerability, and betrayal (Joseph & Linley, 2008b). The effects of the abuse persist for most of the survivors due to the intrusive memories, flashbacks, and feelings of experiencing the trauma (Walker, 2014). Follette and Vechiu (2017) and Anguelova (2018), suggest that CSA is associated with serious psychological, behavioral, social and physical difficulties. Also, exposure to multiple traumatic events, especially in childhood, may lead to a negative impact on self-regulation and the use of ineffective ways to affect reduction such as self-harm and substance abuse that can lead to additional negative implications.

2.2.1.1 Psychological Effects of CSA on the Adult Survivors

Prominent feelings of adult survivors of CSA which include feelings of guilt, shame, anger, self-blame, betrayal, anxiety and depression will be discussed as psychological effects.

Guilt relates to the survivors' feelings of responsibility for the sexual abuse and thus believing that they caused the CSA (Hall & Lloyd, 1993). According to Tsai and Wagner (1978), and Hall and Lloyd (1993), high levels of guilt experienced by the survivors of CSA can be attributed to several factors: (i) family ties between the victim and the perpetrator, which may lead to feelings of shame and to pressure on the victim to keep the secret of the act (ii) sometimes the victim experienced pleasurable physical sensations which contradict the intellectual aversion of the acts. (iii) the victim's belief that he/she behaved badly and therefore, deserved to be abused. (iv) a sense of responsibility for the sexual abuse, following reactions

of blame by the abuser and significant others. (v) failing to stop the sexual abuse, which gives the victim the idea that he/she 'allowed' it to continue.

The traumatic experience of CSA is often dominated by the negative emotions of *shame, anger, and hostility*. Shame is the experience of feeling that there is something wrong with the self and is a crucial feature which influences the ability of the survivors to adjust socially and emotionally (Anguelova, 2018). Negrao, Bonanno, Noll, Putnam, and Trickett (2005) suggest that survivors of CSA may internalize shame following the experience of the abuse as a personal attack on the self, leaving the individual feeling deeply damaged and defeated. Then they continue to engage in activities that reinforce the low self-worth. Hunter (2000, as cited in Negrao et al., 2005) describes the paradox between shame and CSA:

> "The paradox is that the person who has been violated is the one who has a sense that there is something wrong with him. . . . Since shame is related to a person's "self" and not merely to an experience, the shame becomes part of the victim's identity, and it follows him into adulthood affecting his view of himself and everything he does. . . . The victim often assumes that everyone somehow knows that he has been abused, is dirty, or is a "pervert" (p. 351).

Feiring, Taska, and Lewis (2002) suggest that survivors with high levels of shame are more likely to present with Post Traumatic Stress Disorder (PTSD) symptoms 6 years following CSA, suggesting that chronic shame may interfere with successful processing of the traumatic event.

Some CSA survivors present anger and hostility, which has been displaced from childhood experiences of frustration, insult, and humiliation by the abuser and projected into adulthood, towards the world, family, and friends. This manifests in angry outbursts, aggression, and an ability to create conflict in situations, which may interfere in maintaining relationships with

others and can result in isolation from other people. Anger and hostility are also used as a defense which prevents others from getting close. Also, many survivors have never learned appropriate ways of managing their anger and often turn it towards themselves. This leads to self-harm, alcohol and drug abuse, and suicidal attempts (Hall & Lloyd, 1993).

Freyd, Deprince, and Gleaves (2007) argue that CSA very often constitutes a severe *betrayal trauma*, and

> "… it occurs when the people or institutions on which a person depends for survival violate that person in a significant way. Childhood physical, emotional, or sexual abuse perpetrated by a caregiver is an example of betrayal trauma" (p. 297).

The child's experience of sexual abuse by a trusted adult represents a betrayal of the child's trust in the adult. Therefore, the child learns that it is not safe to trust others. This difficulty with trust often continues into adulthood and creates problems in establishing and maintaining relationships (Hall & Lloyd, 1993).

CSA may be a significant contributor to *lowered self-esteem and poor self-image*, which affects the individual's psychological well-being in adulthood (Romans, Martin, & Mullen, 1996). Sexual abuse survivors often make negative assumptions about themselves and thus, they underestimate their self-efficacy and self-worth. This may lead to self-perception of helplessness and constant feelings of being in danger. In addition, survivors often feel guilty for things that go wrong and thus, constantly blame themselves. This may lead to difficulties in accepting themselves, or accepting that others may care about them and want their company, which can cause further isolation and alienation (Anguelova, 2018).

Depression and anxiety are common mental health disorders in adult survivors of CSA. These levels of anxiety and depression may become chronic, where the depression can lead to suicidal ideation and anxiety to panic attacks (Anguelova, 2018). The symptoms and the intensity of depression vary from survivor to survivor and can include sad or low moods, low self-esteem, disturbed sleep and eating, withdrawal from social contact, disregard for personal hygiene and no interest in personal appearance, and loss of hope (Anguelova, 2018; Hall & Lloyd, 1993). The feeling of hopelessness may lead to apathy about sickness or even death, which may influence risky sexual behavior, such as having multiple partners, prostitution, sexual promiscuity, and the risk of contracting HIV or AIDS infection and other high-risk behaviours (Gwandure, 2007; Lalor & McElvaney, 2010).

According to Hall and Lloyd (1993) most survivors experience considerable anxiety, as well as fears. Anxiety shows itself in three main ways:

(i) Physical sensations which include headaches, dizziness, dry mouth, palpitations, pains/tightness in the chest and other parts of the body, sweating, shaking and nausea, which may be accompanied by physical exhaustion, sensitivity to noise, and sleeping problems.

(ii) Presence of unhealthy behavioral functioning which may include avoidance of feared situations, lack of decisiveness, restlessness, and nervousness.

(iii) Presence of negative thoughts which contribute significantly to the maintenance of high levels of anxiety.

When a high level of anxiety is present, survivors may experience intense physical sensations of sweating, dizziness, shaking, trembling, and heart palpitations. Also, loss of the ability to think or plan, and a presence of a strong fear of losing control (Hall & Lloyd, 1993).

2.2.1.2 Behavioral Effects of CSA on the Adult Survivors

Sexual related problems and victim behavior will be discussed as behavioral effects. CSA survivors often experience difficulties in sexual functioning, as the sexual activity itself can stimulate flashbacks and reminders from the sexual abuse that occurred in childhood. When flashbacks arise, the individual may feel intense anxiety, panic and distress, and revert to survival response such as fight, flight or freeze. Therefore, sexual intercourse may be avoided completely, with difficulties for the survivor and the partner. (Anguelova, 2018). Kaplan (1995), suggests that feelings associated with CSA might be aroused especially when the partner becomes emotionally close:

> "The inability to meld emotional closeness with sexual passion is hardly surprising in persons who sustained substantial emotional damage in early life. These individuals simply feel safer reserving their erotic feelings and desires for strangers who cannot get close enough to hurt them" (Kaplan, 1995, p. 183).

According to Courtois (2010), the implications of CSA are evident in three areas of difficulty related to sexual behavior and functioning:

(1*) Sexual emergence in early adulthood* - sexual abuse may interfere with developmental tasks, including the individual's personal timetable of sexual learning, dating patterns, and the development of an intimate relationship. Several predominant and opposite sexual styles may emerge, which are the survivor's way to achieve control over uncontrolled past traumatic sexual experiences, and represent confusion, beliefs, and conditioned behavior learned during the time of the sexual abuse. These may include the withdrawal from and avoidance of sex, which reflects fears and phobias about relationships, sexual feelings and activity, and from negative emotions. Thus, these fears may be a way to compensate for past "badness" and to have control. Another manifestation is difficulty with sexual activity, even in a loving

relationship, which may cause indiscriminate and compulsive sexual behavior, which often becomes addictive. This allows the survivor to gain control over the other and to use them sexually, to avenge the abuser, or to repress painful feelings. Compulsive behavior may include prostitution, dangerous sexual activity resulting in physical damage, and sexually transmitted diseases.

(2) *Sexual orientation and preference* – it's unclear whether CSA influence survivors' sexual orientation and preference. Maltz and Holman (1987), hypothesized that women survivors of CSA who are involved in a sexual relationship with other women, are part of the healing process of the fear of men. Other lesbian CSA survivors may find that sexual abuse did not change their sexual preference but supported it. For some lesbian women survivors, the sexual abuse obscured their preference for women, by "conditioning" them to have sex with men.

(3) *Sexual arousal, response, and satisfaction* – there are several areas of sexual problems and dysfunctions that CSA survivors may develop: (i) low sexual desire and/or aversion to sex, characterized by negative feelings such as fear, shame, helplessness, and disgust. Some survivors avoid sexual activity because of their fear of being compelled or terrorized, losing control over their bodily reactions, experiencing physical pain, or doing sexual activity associated with revulsion or with memories of the abuse. (ii) Inability to become sexually aroused and to perform sexually. Feelings of arousal may be threatening because they are reminders of negative experiences, causing contradicting feelings and disgust. (iii) Pains in the genital area during the sexual act, which can lead to a phobic response that causes muscle spasms that interfere with coitus. These pains may be due to actual physical injuries from the abuse, trauma associated with intercourse, or due to negative feelings of shame, self-hatred, and guilt.

Survivors often conduct themselves as victims, believing they have no rights or choices. Therefore, they often feel powerless, submissive, and compliant in relation to others. They often have difficulties with being aware of their emotional needs or their personal space, thus allowing others to intrude and violate both regularly (Courtois, 2010; Hall & Lloyd, 1993). According to Rich, Combs-Lane, Resnick, and Kilpatrick (2004), there is a significant relationship between CSA and adult sexual assault (ASA). Survivors are more likely to later be victims of rape and assault as adults (Fromuth, 1986), be involved with a high number of sexual partners, have more unplanned pregnancies and abortions, and have a greater rate of alcohol and drug use (Rich et al., 2004). Baker and Duncan (1985) suggest that "Providing children with appropriate information regarding the potential risks they face may help them to avoid being taken advantage of and reduce the likelihood that they will become victims of sexual abuse" (p. 464).

2.2.1.3 Social Effects of CSA on the Adult Survivor

CSA survivors often face difficulties in their relationships with others, and these are often characterized by mistrust and insecurity. Thus, forming and maintaining relationships can be difficult. This derives not only from the traumatic experience of CSA but also from the perpetrator's misuse of his power and responsibility, from the betrayal of the trust, and often from deformity of familial relationships. Survivors often repeat in their relationship with others patterns that they learned as children to cope with the abuse. For instance, a child who learned that she could meet her needs for closeness through the abuser may, as an adult, seek closeness through casual sex (Hall & Lloyd, 1993).

Survivors often develop a negative perception of self, which may lead to alienation and isolation of the self from others (Anguelova, 2018). In this way, they feel safe because the

secret of the abuse can be maintained. Also, negative reminders of the abuse and the painful feelings of 'bad', 'dirty', ‘ashamed’ and ‘guilty’ that they experienced during the abuse, can be repressed (Hall & Lloyd, 1993). Along with isolation, Courtois (2010) mentioned that survivors may present with issues of mistrust which manifest through anti-social behavior and rebellion against any authority that they perceive to be oppressive. Shengold (1979) explains that trauma is a ‘soul murder’ that may result in experiencing the world as dead or constricted. Thus, some survivors live a life of mistrust and withdrawal. Therefore, these individuals might be perceived by others as paranoid, hostile or antisocial (Courtois, 2010).

2.3 Art Therapy

2.3.1 What is Art Therapy?

Psychoanalysis has an important role in the development of art therapy. It offers methods and a framework of ideas for understanding the unconscious (D. G. Edwards, 2014). During the 1940s Naumberg (1940, as cited in Coleman & Farris-Dufrene, 2013) “developed the use of art as a tool in psychotherapy” (p.7). She defined art therapy as a primary therapeutic method, which is based on accessing the unconscious through spontaneous art creation (Edwards, 2014).

According to the American Art Therapy Association (AATA), (as cited in D. G. Edwards, 2014, p. 3) art therapy is:

> “the therapeutic use of art-making, within a professional relationship, by people who experience illness, trauma or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress and traumatic experiences; enhance cognitive abilities, and enjoy the life-affirming pleasures of making art”.

The ways of working are based on the assumption that through creating images and objects, within a safe environment provided by the art therapist, there is an opportunity for the client to express buried conflicts, feelings, and further understanding (Hogan, 2016). That is, the individual uses the art symbolically as a way to communicate and express thoughts and feelings. The process of creating art brings repressed unconscious material closer to the surface, by providing an opportunity for symbolic experience (Coleman & Farris-Dufrene, 2013). Thus, a possibility to externalize an internal experience is created, and in observing it from a distance, reflect on it and change it (D. G. Edwards, 2014; Hogan, 2016).

2.3.2 Why Art Therapy?

According to Wadeson (2010), imagery has a significant role in early personality formation. We think in images before we have words. Freud acknowledged early that many of his clients used descriptions of visual images to communicate and he actively asked his clients for images, using the "concentration" technique, to arouse forgotten memories:

> "I placed my hand on the patient's forehead or took her head between my hands and said: "You will think of it under the pressure of my hands. At the moment at which I relax my pressure, you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for— well, what have you seen or what has occurred to you?" (Freud & Breuer, 1893– 1895, as cited in Rubin, 2016, p. 87).

In art therapy the description of a dream, fantasy or experience is conveyed in image form, rather than having to be translated into words. Irvin Yalom, (1989, as cited in Wadeson, 2010, p. 10) explains:

> "First there is the barrier between image and language. Mind thinks in images but, to communicate with another, must transform image into thought and then thought into

language. That march, from image to thought to language, is treacherous. Casualties occur: the rich, fleecy texture of image, its extraordinary plasticity and flexibility, its private nostalgic hues—all are lost when image is crammed into language".

In addition, verbalization is the human's primary mode of communication, therefore it can be manipulated by avoiding what we do not want to say. Art is less susceptible to control. Unexpectedly things may arise in a drawing or sculpture, totally different from the creator's intention, which can lead to insight, learning and growth. Furthermore, in making art there are no rules of language. i.e. grammar or logic. The time element is not present and the relationships occur in space. Therefore, the client, for example, instead of telling the therapist about his or her family and then about each one's relationship to him or her, can draw it all at once. Through the picture, the client can show the family dynamic, particular attributes, feelings and so on. The process of creating art provides a tangible product, which often makes it easier for a client to relate to the drawing rather than to the self. In this way the art creation can form a bridge between a feeling or ideas that have been externalized into an object. This in turn allows the individual to separate from the feelings and acknowledge their existence, and to own them and integrate them as a part of the self (Wadeson, 2010).

According to C. Edwards (2007) and Hagood (2000), art therapy is a useful tool for processing trauma, including sexual abuse. The use of art-making combined with psychotherapeutic skills of listening, reflecting, reframing, warmth, guidance, genuineness and positive regard, serves to heighten art therapy skills. C. Edwards (2007), claims that art therapy offers unique qualities of visual and concrete nature of image-making, and that there are several benefits of using art therapy in processing childhood sexual abuse trauma. These are

(i) Memories from CSA may be stored either somatically or visually, rather than as explicit verbal memories. Thus, these memories may be accessed and or triggered through art therapy or by viewing the artwork of others.

(ii) When it is too difficult to talk about the trauma or when talking about it may aggravate the existing trauma, art-making provides an alternative and nonverbal way to express and process trauma.

(iii) Images may be used as a container for negative and self-harming behaviors.

(iv) The art products may be perceived as providing evidence of abuse, especially when memories of the abuse are limited or non-existent.

(v) "Art-making can assist in examining the psychological, and behavioral consequences of abuse, and in exploring issues such as safety, personal strengths, and future goals" (p. 45).

2.4 Summary

In this chapter, aspects of the research question have been outlined. CSA is a traumatic experience which is linked with immediate and long-term psychological, emotional, behavioral, and social difficulties, that can continue into adulthood. Art therapy, as a tool in psychotherapy, offers an effective and nonverbal method to access and process in a non-threatening way feelings, thoughts, and memories that relate to the trauma. Thus, further understanding, healing, and relief may be achieved.

The next chapter will describe the philosophical framework that underpins this research and the suitable qualitative method for this research.

Chapter 3 – Research Design

This chapter describes the research design. The interpretive research framework and the methodological approach of transactional theory will be discussed. Also, the thematic analysis will be outlined as a suitable qualitative research method for this research.

3.1 Interpretive Research

This qualitative research method is a thematic analysis undertaken within an interpretive framework.

The interpretive approach holds the idea that "our knowledge of reality is gained only through social constructions such a language, consciousness, shared meanings, documents, tools, and other artifacts" (Heinz & Michael, 1999, p. 69). McLeod (2001), reinforces this idea and claims that:

> "we inhabit a social, personal and relational world that is complex, layered, and can be viewed from different perspectives. This social reality can be seen as multiply constructed. We construct the world through talk (stories, conversations), through action, through systems of meaning, through memory, through the rituals and institutions that have been created, through the ways in which the world is physically and materially shaped" (p. 3).

Hence, the interpretive research "focuses on the complexity of human sense making as the situation emerges... and.. .attempts to understand phenomena through the meanings that people assign to them" (Heinz & Michael, 1999, p. 69).

Interpretive research is suitable for psychotherapy research. The psychotherapeutic work takes place in the realm of meaning, in which the psychotherapist aims to transform and interpret the client's communication. Thus, the aim is to help the client to interpret the past in

a way that enables him to deal with current challenges more effectively (Frank, 1987). Furthermore, Frank (1987), argues that meaning cannot be confirmed or disconfirmed through objective and measurable criteria, as in traditional scientific methods. Since "meanings are subjective and the validity of a meaning for a person is independent of how widely it is shared or whether it is replicable" (Frank, 1987, p. 298)

This thematic analysis research focuses on in-depth engagement with the data to grasp the meaning of the written words across the data set, which is comprised of 10 articles, that discuss the use of art therapy with adult survivors of CSA trauma. Thus, through interpretation it will identify and develop themes that reflect "collective or shared meaning and experiences"(Braun & Clarke, 2006, p. 57) related to the research topic (Braun & Clarke, 2006). Hence, through these interpretations, I can construct a shared meaning, shared understanding, and experience of scholars and practitioners across disciplines to construct meaning about the use of art therapy with adult survivors of CSA trauma.

3.2 Methodology: Transactional Theory.

The research methodology that underpins this thematic analysis research is *transactional theory*. According to the transactional theory view, there is a transaction process in the relationships between the person and the environment which produce a new state (Lazarus & Folkman, 1987).

> “We cannot understand the emotional life solely from the standpoint of the person or the environment per se. We need a language of relationship in which the two basic subsystems of environment and person are conjoined and considered at a new level of analysis. By this, we mean that in the relationship their independent identities are lost in favour of a new condition or state” (Lazarus & Folkman, 1987, p. 142).

Hence, the transaction process involves a dynamic interplay of variables, and the relationship between the variables is characterized by organic unity and confluence (Lazarus & Folkman, 1987).

The psychotherapy practice like transactional theory, is an interpretive process of engagement and relationship between the client and the therapist, in which the "psychotherapist seeks to interpret and transform the meanings of patients' communications" (Frank, 1987, p. 293). In keeping with the transactional theory tradition, the same process of transaction in the relationship between the person and the environment happens in the confluence between the reader and the text to produce new meaning:

> "Reading is a process of transaction between the reader and the text. Both play important role in the production of meaning ….. What print carries is only meaning potential that interacts with the potential the reader brings during reading" (Marhaeni, 2016, p. 207).

Furthermore, according to transactional theory, "as a reader sees a text, he uses his linguistic/experiential reservoir to interact with the text" (Marhaeni, 2016, p. 207). In line with this, my personal knowledge and experience as an art therapist serves as a reservoir to interact with the text, i.e. the data "brought meaning to the text in order to get meaning from it" (Weaver, 1994, as cited in Marhaeni, 2016, p. 207), and influenced the way I interpreted the text.

Rosenblatt (1978,1988 as cited in Marhaeni, 2016) identified two reading stances of *efferent and esthetic* towards the written text, which provides "structure to a situation in order to limit possibilities of meaning" (p.210). In the efferent reading, the reader is focused on finding the information that he seeks and is distant from a personal response to the written text.

In esthetic reading, the reader is focused on the way he feels and responds to the written text (Marhaeni, 2016).

Hence, in the first phase of reading the data, I will be employing the efferent stance towards the text. Therefore, my focus will be on finding information related to the research question. In the second level of reading and relating to the data, I will be employing a more esthetic stance, as I will be more absorbed in my feelings and in the way I respond when reading the text.

3.3 Thematic Analysis: Method

Method is "a set of theoretically independent tools for analyzing qualitative data" (V. Clarke, Braun, & Hayfield, 2015, p. 224).

The chosen method for this qualitative research is *thematic analysis (TA)*. The term TA refers to a method for "analyzing the concepts underpinning the production of scientific knowledge" (V. Clarke et al., 2015, p. 222). TA is a fundamental method for qualitative analysis, which provides a flexible research tool for rich and detailed analysis of data. With this method, the researcher plays an active role by identifying within the data themes (patterns), and then analyzing, and reporting them to the readers (Braun & Clarke, 2006). According to V. B. a. V. Clarke (2012), "through focusing on meaning across a data set, TA allows the researcher to see and make sense of collective or shared meaning and experiences" (p.57).

TA is a suitable tool for this research as it offers a flexible and sensitive method to engage in-depth with fewer publications of interdisciplinary literature (McLeod, 2001). Also, it provides a tool for organizing and summarising the findings from a body of research (Pope, Mays, & Popay, 2007). TA enables the researcher "to use a wide variety of types of information

in a systematic manner that increases their accuracy or sensitivity in understanding and interoperating observations about people, events, situations and organisations" (Boyatzis, 1998, p. 5). According to Boyatzis (1998), TA can be used as:

> "(i) A way of seeing (ii) A way of making sense out of seemingly unrelated material (iii) A way of analysing qualitative information (iv) A way of systematically observing a person, an interaction, a group, a situation, an organisation, or a culture" (p.4).

This dissertation follows six phases of TA described by Braun and Clarke (2006):

Phase 1: is a process of familiarization with the data, which involves repeated and active reading of the data, in which the researcher searches for meaning, patterns, and make notes of any initial observations and ideas.

Phase 2: involves production of initial codes, i.e. "a succinct label (a word or short phrase) that captures a key analytic idea in the data" (Lyons & Coyle, 2007, p. 90), in relation to the research question. This process includes identifying and labeling features in the data that seem to be interesting and can be meaningfully assessed.

Phase 3: after all the data have been initially collected and coded, this phase involves the process of searching and creating themes, through combining codes to form an overall theme.

This phase includes a process of three levels of TA coding (first, a second and third level) which aims to reduce the themes into core themes that reflect the data.

Phase 4: involves reviewing the defined set of themes, in order to check whether the themes correspond with the coded data, with the entire data set, and whether each theme has a clear and central concept (V. Clarke et al., 2015).

This stage involves reviewing the first and third level themes to check whether they form a coherent pattern and thus, to establish the final research themes.

Phase 5: this phase includes defining and naming the themes in order to identify the conceptual clarity and the essence of each theme.

Phase 6: involves writing the dissertation in a consistent, logical, non-repetitive, and interesting way, which will convey the narrative of the data within and between themes.

Through TA, this research aims to engage in-depth with interdisciplinary literature, to develop themes that relate to the research topic of the use of art therapy in the therapeutic work with adult survivors of CSA trauma, in order to make sense, to grasp the meaning and thus, the complexity of the data which is comprised of experiences and shared meanings of a range of scholars and practitioners across disciplines (Braun & Clarke, 2006).

3.4 Summary

This chapter discussed the interpretive research framework and the transactional theory that underpins this research methodology. In addition, TA has been described as a suitable qualitative research method for this research.

The next chapter will discuss the application of TA according to the six-phase model described by Braun and Clarke (2006).

Chapter 4 – Method: Application of Thematic Analysis

This chapter describes how I performed the TA according to the six-phase model described by Braun and Clarke (2006). I will describe in detail the search for the data and the final data set. I will outline the initial coding process, which involves highlighting words or short phrases within the text which are of potential interest to the research question. Then, I will describe searching three levels of TA for themes, searching which after their review, led to the establishment of three main themes that reflect the data and relate to the research question.

4.1 Phase 1 – Familiarization with the Data.

Familiarization with the data is the first phase established by Braun and Clarke (2006). The components of this phase are listed below:

4.1.1 Establishing the Data Set for Thematic Analysis.

To address the research question, a comprehensive survey of the literature was conducted, using a thorough review of the abstracts in the following electronic databases: Psychoanalytic Literature Publishing. (PEP), PsycINFO, ProQuest Dissertations & Thesis (PQDT), AUT library catalog, Massey University library catalog. A preliminary search, using the terms "art therapy" or "childhood sexual abuse" was far from specific to my research question.

I decided to narrow my search, by using the terms "Art therapy" and "sexual abuse" and "adults," which produced better results and were more specific to my research question. However, it included also information about Adult Sexual Abuse (ASA), children and adolescent, other treatment modalities than art therapy, integration of other treatment modalities combined with art therapy, and general information about art therapy. Therefore, to be more focused, I used in my search the terms “art therapy” AND “childhood sexual abuse”,

or “art Therapy AND “sexual abuse” AND “adults” which produced appropriate and more data for this research.

Appendix A includes a detailed research log of the key terms and a combination of key terms used in the literature search.

4.1.1.1 Exclusion Criteria.

The data set was reduced according to the following exclusion criteria:

- Literature that was not written in English or Hebrew.
- Literature about children or adolescent sexual abuse survivors.
- Sexual abuse that occurred in adulthood. i.e. Adult Sexual Abuse (ASA).
- Other treatment modalities than art therapy or expressive arts.
- Art therapy for families and caregivers whose child was sexually abused
- Quantitative studies.
- General information about art therapy.

4.1.1.2 Inclusion Criteria

The Inclusion criteria for the data set incorporated:

- Literature written in English or Hebrew and available through library databases.
- Art therapy interventions.
- Individual and group art therapy.
- Adults survivors of childhood sexual abuse which included any form of sexual abuse such as incest and rape.

After applying the inclusion and exclusion criteria listed above, the following section outlines the 10 final data items used for this research.

4.1.1.3 Final Data Set.

The final data set includes 10 data items of individual and group cases. Six of the 10 data set describe individual art therapy with women who were sexually abused in childhood by their father (Burt, 2002; C. Edwards, 2007; Estep, 1995; Lefevre, 2004; Lev-Wiesel, 1998; Wadeson, 2010). Two of the 10 data set describe group art therapy with adult survivors of CSA (Huss et al., 2012; Sweig & Sweig, 2000). One of the 10 data set describes case studies and examples illustrating how to incorporate artwork into the therapy process (Hagood, 2000). One of the 10 data set describes the effectiveness of art and play therapy techniques in work with adult survivors of CSA (Johnston, 1997). However, only the parts that discuss the effectiveness of art therapy techniques in work with adult survivors of CSA were analyzed and coded.

4.1.2 Familiarization with the Data Set.

The first phase, described by Braun and Clarke (2006), involves immersion with the data by reading and rereading the textual data in "an active way searching for meaning and patterns" (Braun & Clarke, 2006, p. 87). Thus, to make myself familiar with the data, to engage with it analytically, and to develop "a deep and familiar sense of the semantic, obvious meanings of the data" (Lyons & Coyle, 2007, p. 90), I read and reread all the 10 data items and started to think about what the data meant. Also, I made notes on the data and highlighted items potentially of interest, as I read (Lyons & Coyle, 2007).

Throughout the research, I kept a research diary where I wrote my first impressions and ideas. This phase allowed me to begin to think about possible themes. I noticed that most of the data sources repetitively describe the healing effect of the use of art therapy with adult survivors of CSA, and the effective use of drawings and symbols to access painful and unconscious memories from the sexual abuse. Also, it seemed that the therapist's work with

the traumatized client was more active and thus, tended to lead the therapeutic process. This approach contradicted my traditional art therapy training which employs a more passive stance.

4.2 Phase 2 – Generating Initial Codes.

The second phase, described by Braun and Clarke (2006), involves systematic analysis of the data set to generate the initial codes.

4.2.1 Finding Codable Moments - The Initial Coding Process.

According to Lyons and Coyle (2007), a code is "a succinct label (a word or short phrase) that captures a key analytic idea in the data that is of potential interest to the research question" (p.90). A coding requires the researcher to "'tag' segments of data with a code as you sequentially work through the data set" (Lyons & Coyle, 2007, p. 91).

At this point, the 10 data items had been read twice and thematic analysis had been used to find "codable moments"(Boyatzis, 1998, p. 3), to see something that had not been noticeable to others and to code features that appear interesting in the data (Boyatzis, 1998; Braun & Clarke, 2006). According to Boyatzis (1998) codable moment refers to "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way" (p.63) regarding the research question from what scholars and practitioners across disciplines have written about the use of art therapy in therapeutic work with adult survivors of CSA.

Boyatzis (1998), describes three ways of approaching the data to develop thematic codes: "(i) theory driven, (ii) prior data or prior research driven, and (iii) inductive or data driven" (p.29). The coding process in this research has been performed manually and developed inductively: a data driven code. Data driven codes "are constructed inductively from raw information. They appear with the words and syntax of the raw information" (Boyatzis, 1998, p. 30).

The codable moments were highlighted within the text (see appendix B for example).

Chapter 2 includes a literature review about the effects of CSA on adult mental health, definitions of trauma and CSA, and general information about art therapy and its benefits. Therefore, I excluded the above data from the TA and focused solely on the data which describes the use of art therapy work with adult survivors of CSA trauma.

In order to organise the data in a way that was manageable and codable, I created the first Numbers spreadsheet, which included the author's name, page number, and the initial code number. The raw information, i.e. the codable moments, from each data item were copied and entered into the first Numbers spreadsheet (see appendix C for example), for later analysis of the first level themes. 701 codable moments, which were comprised of words and sentences, were identified throughout the 10 data items.

Based on Lyon and Coyle's (2007) and Boyatzis's (1998) definitions and way of developing data-driven codes, i.e. working directly and closely to the text, the 701 identified codable moments had been defined as initial codes.

4.3 Phase 3 – Searching for Themes.

The third phase, searching for themes, described by Braun and Clarke (2006), "refocuses the analysis at the broader level of themes, rather than codes, involves sorting different codes into potential themes, and collecting all the relevant coded extracts within the identified themes" (p.89). According to Braun and Clarke (2006), a "theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (p.82).

Langdridge and Hagger-Johnson (2009), recognized three levels of thematic analysis coding; first, second and third level.

4.3.1 First Level Themes and Generating Further Codes

At this stage, I had a total of 701 initial codes that I had identified across the 10 data set. In order to begin and develop the first level themes from the initial codes, I created a second Numbers spreadsheet (see appendix D for example), which included the initial codes and used this to develop the first level themes.

Braun and Clarke (2006), describe this stage as “an active process” (p.63), in which we “generate or construct the themes rather than discovering them” (p.63). According to Langdridge and Hagger-Johnson (2009), this process involves movement from “descriptive level of coding …… towards a more interpretive level” (p.379).

Thus, each codable moment, i.e. initial code was reviewed, with care and thought, for further coding to capture the meaning, the “patterned response” (Braun & Clarke, 2006, p. 63) that lies within the text and that represented something important related to the research question. Each new generated or constructed meaning was entered into the top row of the spreadsheet and served as the beginning of the establishment of the first-level themes.

A first-level themes container was created for each new meaning or concept and was entered into the Numbers spreadsheet as a column. Simultaneously, old and new meanings and concepts were carefully reviewed to decide whether each needed a new container under a new concept or meaning or whether it could be sorted under the existing containers. The initial codes, i.e. codable moments, were marked as "1" under the suitable container or containers. Often initial codes captured numbers of ideas, which could be old and/ or new, and were coded accordingly at the suitable container or containers.

At the end of this process, out of the 701 initial codes, a total of 96 first-level themes/containers were created, and 1915 codes were identified and sorted under 96 first-level themes/containers (see appendix D for example).

In the next step, a new Numbers spreadsheet was created to sort in order the first level themes from the most common first level theme to the least common theme (see appendix E).

The following three themes were the most common coded first-level themes: *Express/explore/process emotions and thoughts* (139 codes), *Medium of* communication (112 codes), and *Revealing/ access to emotions, thoughts, and conflicts (106 codes).*

This result was aligned with my impression that art therapy with adult survivors of CSA is *healing/changing (94 codes)* and *helpful/effective (93 codes).*

4.3.2 Second Level Themes.

At this level, I created a third Numbers spreadsheet in order to begin to analyze the 1915 codes that were identified at the first level themes (see Appendix F). According to Langdridge and Hagger-Johnson (2009), the second level of coding "entails somewhat more interpretation than the first level coding" and thus, "moving from the initial descriptive level of coding to a more interpretive level" (p.381). Hence, I began to review the coded data and consider how different codes, that were identified at the first level themes, overlapped or had a similar topic and might be combined to form an overarching theme. At the end of this active process, which involves "collapsing or clustering codes that seem to share some unifying feature together, so that they reflect and describe a coherent and meaningful pattern in the data" (V. B. a. V. Clarke, 2012, p. 63), 11 second level themes were developed

1. The art therapy work.

2. Client's internal world.

3. Self-development, and progression.

4. Processing of CSA trauma.

5. Secure and safe space.

6. Gaining insight and understanding.

7. Emotional regulation.

8. A communication tool.

9. Symbolic assessment tool.

10. Challenges.

11. Qualities.

4.3.3 Initial Third Level Themes.

At the third and highest level of themes, I created a fourth Numbers spreadsheet (see Appendix G) to begin to analyze the 11 themes that were identified in the second level themes and to reflect about "the relationship between codes, between themes, and between different levels of themes" (Braun & Clarke, 2006, p. 89). This process helped me to "determine the boundaries of each theme – what each includes and excludes" (V. Clarke et al., 2015, p. 236).

I noticed that there were two theme levels:

(i) *Overarching themes* which "capture an idea underpinning a number of themes" (V. Clarke et al., 2015, p. 236). Thus, the themes: *The art therapy work, A communication tool, Symbolic assessment tool,* and *Qualities* captured and created the first overarching third level theme: *The art therapy qualities.*

The themes: *Challenges* and *Secure and safe space* were combined to form the second overarching third level theme of *Secure and safe base for self-exploration and expression.*

The themes: *Self-development and progression*, *Gaining insight and understanding*, and *Emotional regulation* were combined to form the third overarching third level theme of Recovery-*change and growth.*

(ii) *Detailed themes* "report in detail on meaning related to a central organizing concept" (V. Clarke et al., 2015, p. 236). Thus, the theme *Client's internal world* was not combined with

other themes as it represented and captured a central meaning related to the research topic and therefore was given a much more tuned/accurate third level theme name. Hence, the fourth theme of *Presentation of client's internal world* in the third level theme was created.

A similar process was with the theme *Processing of CSA trauma*. However, after reflection and thought I decided that the initial name of the second level theme was accurate enough and captured the meaning related to the research question. Therefore, the fifth theme, *Processing of CSA trauma,* in the third level theme remained the same.

In the process described above, of developing the third level themes, I employed the esthetic stance, by adopting a more reflective stance towards the data to make sure that the complexity of the data was captured and conveyed.

In summary, at the end of this process, five third level themes were identified:

1. *The art therapy qualities.*
2. *Presentation of the client's internal world.*
3. *Recovery- healing, change and growth.*
4. *Processing of CSA trauma.*
5. *Secure and safe base for self-exploration and expression.*

I noticed a link between the five third level themes: *The art therapy qualities* contributing to the client's sense of *Secure and safe base for self-exploration and expression*. Therefore, *Processing of CSA trauma* is enabled, which leads to the client's *recovery, healing, change and growth.*

4.4 Phase 4 – Reviewing Themes and Developing Final Themes.

Reviewing the themes, is the fourth phase, described by Braun and Clarke (2006).

4.4.1 First Level Themes.

According to Braun and Clarke (2006), this stage involves reviewing the first level themes "at the level of the coded data extracts", and reading "all the collected data extracts for each theme to consider whether they appear to form a coherent pattern" (p.91).

Therefore, I created a new Numbers spreadsheet and sorted under each first level theme the collected data extracts (see example appendix H). After reading the data extracts for each first level theme, it became evident that some of the themes included data extracts that did not fit and sometimes even contained different meaning related to the theme. Also, some of the themes shared similar data extracts and could be collapsed into each other to create a new theme. Therefore, I created a new Numbers spreadsheet to review and recode the data extracts (see example appendix I). Thus, some of the data extracts were sorted under the already existing themes, some of the data extracts were sorted under new themes, which were created from themes that collapsed into each other, and some of them discarded from the analysis (see example appendix I). At the end of this process all the candidate themes "passed review against the coded data…., addressed the research question and reflected the content of the data" (V. Clarke et al., 2015, p. 238).

4.4.2 Third Level Themes and Establishment of the Final Third Level Themes.

The overview of the third level themes showed that the themes were supported by data extracts. In order to examine whether the themes represent the meaning in the data set as a whole, I created a new Numbers spreadsheet which checked the revised first-level themes candidate themes against the third level themes (see an example Appendix J). Thus, the revised first level data extracts were sorted under the five third level themes.

It became clear that the third level themes *The art therapy qualities* and *Recovery- healing, change and growth* reflect and represent the data in relation to the research question.

The theme *Processing of CSA trauma* represented the data. However, the name of the theme was not accurate enough and therefore was changed to *Symbolic and verbal communication of the sexual abuse*. The data extracts included in the themes *Presentation of the client's internal world* and *Secure and safe base for self-exploration and expression* were found to belong with and therefore collapsed with the other two themes.

In summary, at the end of this process, three final third level themes were identified:

1. *The art therapy qualities.*
2. *Symbolic and verbal communication of the sexual abuse.*
3. *Recovery- healing, change and growth.*

4.5 Phase 5 – Defining and Naming the Themes.

Defining and naming themes, is the fifth phase, described by Braun and Clarke (2006), which involves “identifying the essence of what each theme is about, and determine what aspect of the data each theme captures” (Braun & Clarke, 2006, p. 92).

4.5.1 Defining and Naming the Final Third Level Themes.

At this point, all the data extracts had been printed, cut and organized coherently and consistently under each revised third level theme In order to keep and track the codes' data source, I added manually for each code its theme number and the name of the author (see Appendix K - image).

4.5.1.1 The Art Therapy Qualities.

Codes that are included under this theme describe the art therapy's qualities that enable the work and processing of trauma. These qualities provide a safe and secure container to access the client's internal world and repressed memories. Therefore, through paced therapy and distancing from painful emotions, the impact of the abuse is controlled and the client gains catharsis and relief.

4.5.1.2 Symbolic and Verbal Communication of Sexual Abuse.

Codes that are included under this theme describe the client's use of art materials to communicate and process symbolically and verbally CSA trauma. Codes include the client's interpretations and responses to their artwork, i.e. images and symbols, which included representations of the sexual abuse and the involvement of significant others, and the client's feelings, thoughts, and conflicts related to the abuse.

4.5.1.3 Recovery- Healing, Change, and Growth.

Codes that are included under this theme describe the client's use of art to link, understand, examine, and gain insight into responses and painful emotions related to the abuse. The codes describe the client's progression into more reflective levels in processing the trauma. Also, the client's growing power, control, awareness, strengths, and skills.

4.6 Phase 6 – Producing the Report.

Producing the report, is the sixth phase, described by Braun and Clarke (2006). It involves the final analysis and writing up the dissertation in a way that it would provide

"a concise, coherent, logical, non-repetitive and interesting account of the story the data tell – writing and across themes" (p.93).

4.7 Summary

This chapter discussed in detail the application of TA according to six-phase model described by Braun and Clarke (2006). The chapter described how the 10 data items were collected, how 701 data extracts and 1915 codable moments were identified within the data, and how different themes emerged which were narrowed into the three core themes.

The next chapter will outline the research findings.

Chapter 5 – Research Findings.

After completing six phases of the thematic analysis process, this chapter will describe the research findings.

This research aimed to enquire what scholars and practitioners across disciplines have written about the use of art therapy, in therapeutic work with adult survivors of childhood sexual abuse trauma. The overall findings are that scholars and practitioners describe a three-part gradual process of art therapy in work with adult survivors of CSA trauma, which includes:

1. The art therapy qualities.

2. Symbolic and verbal communication of the sexual abuse.

3. Recovery- healing, change and growth.

At the beginning of the chapter, I will outline a narrative in work with adult survivors of CSA trauma by describing how each part, i.e. each final third level theme, relates and contributes to one another and thus, creates the therapy process. Then, I will describe each part in the process individually.

5.1 Three-Part Gradual Process of Art Therapy in Work with Adult Survivors of CSA Trauma.

5.1.1 A narrative.

The first part of the process starts with *the art therapy qualities*, which seems to provide pre-conditions to allow therapy and to start helping the client *to connect with his/her self*.

At the beginning of the therapy, the art drawings are used to assess the client's emotional and behavioural state, following CSA. Thus, the therapy process is being paced according to the client's state and needs, to increase the client's confidence in the therapy process, and in the art

as a safe and strong container for surfacing and exploring traumatic memories, intense feelings and thoughts.

After the client builds his/her confidence in the therapeutic space and the art as a therapeutic tool, the second part of the process in the therapy work, *Symbolic and verbal communication of the sexual abuse* is enabled. This part helps the client to get in touch with repressed memories by using symbols *to express and process his/her self* visually and then verbally.

The third part of the process in the therapy is *recovery, healing, change and growth*, and includes reflective levels of symbolization and communicative levels of the finished artwork, which contribute to the reintegration of emotional experience and cognition (Huss et al., 2012). Hence, *an integrated self* is achieved and thus, healing is enabled.

The figure below (Figure 1) describes the three-part gradual process in art therapy work with adult survivors of CSA.

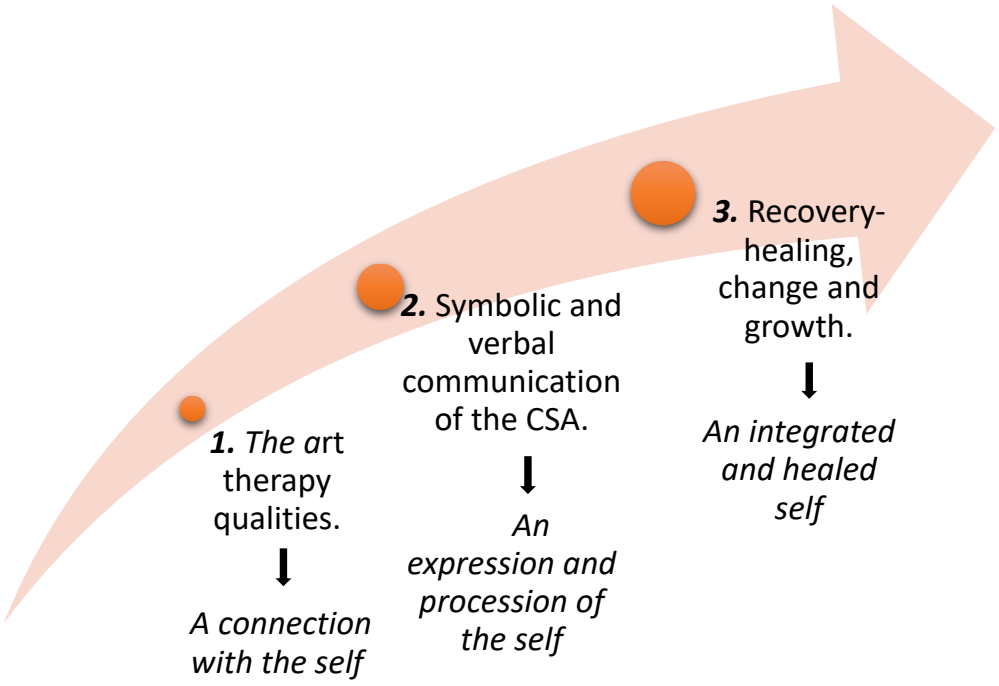


Figure 1. Three parts of the gradual process of art therapy in the work with adult survivors of CSA trauma.

5.1.2 The Art Therapy Qualities.

The art therapy qualities are an essential component in the therapeutic process with adult survivors of CSA, to create a suitable environment which enables therapy.

One of the art therapy's qualities is that it can *assist in assessing psychological and behavioral consequences of the abuse* (C. Edwards, 2007). For example, fuzzy or blurred shapes in the art drawing can indicate dissociation or not being fully present when under fear or distress, the omission of hands from figure drawing may indicate feelings of inadequacy and helplessness (Estep, 1995), and the client's reluctance to work with the art materials may relate to difficulties in creativity and spontaneity as a result of the CSA (Lefevre, 2004).

Furthermore, through the use of art therapy as an assessment tool, it became clear that adult survivors of CSA sometimes suffer from a complex psychological landscape, which may include: (i) A fragile sense of identity and thus, little integration of themselves. (ii) Inability to effectively organize early experiences leading to contradictory and disrupted attachment strategies. (iii) Use of splitting as an ego defense mechanism and thus, clients may present with a tendency for black and white thinking and or splitting the bad self from the good self. (iv) A high need to have control over their life. (v) Conflicts regarding their genitals. (vi) Negative self-image, intense self-hatred and body dissatisfaction, as the body seen as disgusting, shameful and a source of guilt (Estep, 1995; Hagood, 2000; Lefevre, 2004; Lev-Wiesel, 1998).

Practitioners and scholars describe further art therapy qualities which may help the clients to feel safe to connect with their inner selves to allow processing of the traumatic experiences of childhood sexual abuse;

(i) *Art as a safe container for the abuse* – According to Huss et al. (2012), C. Edwards (2007) and Lefevre (2004), art has its own structure and concrete boundaries, which provide a

symbolic psychological container for the client's traumatic memories, intense fear, distressing thoughts and experiences, and for the negative self-harming behavior following the CSA (see example Figure 2). Thus, boundaries, trust, intimacy, and problems can be safely explored and processed (Huss et al., 2012).

[1]Figure 2. Living well is the best revenge. Adapted from C. Edwards (2007).

(ii) *Using art for gaining a safe distance* - the use of art drawing and materials can be a less confronting and therefore, non-threatening communication medium of the sexual abuse trauma. It helps to find ways to make the client safe through triggering emotions, and thus to express the trauma indirectly, and in a safe manner that could be tolerated (C. Edwards, 2007). Hence, the art drawing is being used to deflect the client's attention onto the images and away from confronting face to face discussion. Thus, a protective distance from painful and overwhelming emotions and strong feelings, when exploring the abuse, is gained.

This state allows the client to be more ready to engage with the art materials despite the anxiety, to reflect upon feelings, explore, and even play with them (Estep, 1995; Lefevre, 2004).

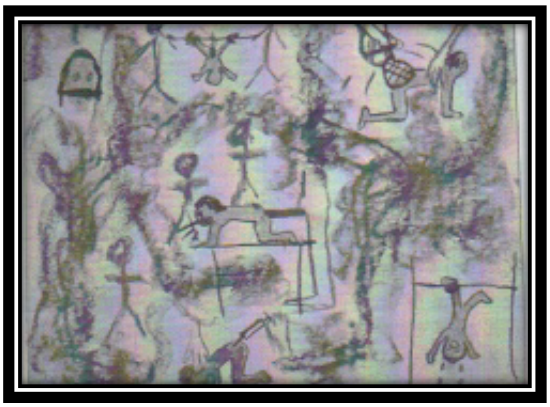
[1] The client "was able to use her art to avoid urges to self-harm, by attacking a piece of her artwork with a razor rather than cutting herself" (C. Edwards, 2007, p. 51).

(iii) *Art as a witness of the sexual abuse* – According to C. Edwards (2007), a recognition of trauma is central to recovery, and thus the visual and the concrete qualities of image-making provide a witness and evidence to the sexual abuse (See Figure 3). The art makes the abuse visible and known and therefore, provides a powerful remedy by giving voice to silenced experiences (Burt, 2002; Huss et al., 2012).

According to Burt (2002), the witnessing process, through the supportive qualities of the art, helps the client in several ways:

- To disclose their experience of the abuse.
- To deal with fear and intense feelings triggered by revealing the abuse.
- To deal with the fear from the abuser's revenge.
- To deal with the fear of losing control while exploring unconscious material.
- Gives the client permission to be themselves without being confined.

Furthermore, by being exposed to other artworks of people who had been sexually abused in their childhood may be used as additional evidence of the client's story (C. Edwards, 2007). Hence, through the art-making the client has the healing experience of seeing and being seen, beginning and telling others about the abuse, and thus to remember and mourn (Burt, 2002; Estep, 1995).



[2]Figure 3. Ritual abuse. Adapted from Wadeson (2010).

[2] The client "began recalling memories of ritual abuse… and made pictures of the diabolical perpetrations she endured (Wadeson, 2010, p. 108).

(iv) *Using the art materials to pace the therapy process* – According to Estep (1995) and Lefevre (2004), pacing, and gradually increasing the client's confidence that painful experiences could be contained through imagery, artistic work, art materials, therapeutic relationship, and the therapeutic frame, is crucial to an efficient therapy process. The art materials can be employed for this process in two ways: first, by moving gradually from using controllable art media such as colored pencils and felt pens, to using more loose media such as, watercolors, acrylic paints, clay and finger paints which are likely to elicit more emotional expression (Hagood, 2000). Second, by choosing art activities that would avoid triggering the dynamic of the powerlessness of the abuse, which may lead to the re-experiencing the abuse (Lefevre, 2004). Thus, mask making is usually not recommended with this client group in early stages of therapy as it can trigger feelings of panic and helplessness. Therefore, using more controlled media to illustrate the problem, when working on problem-solving, is recommended (Hagood, 2000).

By establishing the pace of the therapy process, respecting the client's therapeutic stage, and thus grading the artistic interventions to ensure that the client is not flooded by overwhelming material, the client is more ready to discuss the traumatic experiences (Hagood, 2000; Lefevre, 2004).

5.1.3 Symbolic and Verbal Communication of the Sexual Abuse.

According to C. Edwards (2007) and Hagood (2000), some adult survivors of childhood sexual abuse have limited or a lack of childhood memories and details from the abuse. Thus, the drawing process helps the clients to get in touch with previously repressed memories that they were unable or unwilling to discuss. Also, by accessing traumatic memories that may have been visually encoded but not cognitively recognized, the client may be able to express and communicate the abuse (Burt, 2002; Estep, 1995).

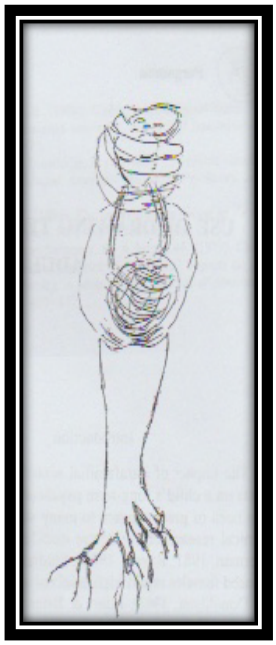
Hence, art therapy provides an effective symbolic way to get in touch with the innermost feelings and painful experiences of the client's wounded inner child (Hagood, 2000).

According to Lefevre (2004), imagery and metaphor have a significant role in figuring and thus, visually representing internal experiences that the client tried to keep hidden or repressed. Therefore, through using the art materials, the client can begin to construct a visual narrative of traumatic childhood events, and also express and process emotions visually and actively (Huss et al., 2012; Johnston, 1997).

Burt (2002) outlines further contributions of the use of art materials to represent symbolically and thus, visually the sexual abuse (i) Art therapy allows the client to metaphorically put their experiences under a magnifying glass to gain a greater sense of clarity and safety. (ii) It enables the client to gain clarity by showing and not just telling. (iii) It provides the client with an actual visual examination of issues or relationships.

[3]Scholars and practitioners describe common themes, images, and symbols in the work with adult survivors of childhood sexual abuse, which according to Lefevre (2004), allow traumatic experiences and intrusive imagery to emerge, be contained, and be processed:
(i) Images often include *distorted and transparent figures with minimal details*, for example, a figure without hands, shapeless figure, poorly developed figure, figure with a hole in the abdomen, or a faceless figure (Estep, 1995). According to Lev-Wiesel (1998), the omission of legs, feet and hands may symbolize helplessness and powerlessness, and omission of the mouth may symbolizes the client's experience of inability to talk (see example Figure 4).

[3] It is important to note that the following images describe an interpretative approach and are referenced accordingly. Generally, in art therapy, the therapist defers to the client for interpretation of their own imagery.

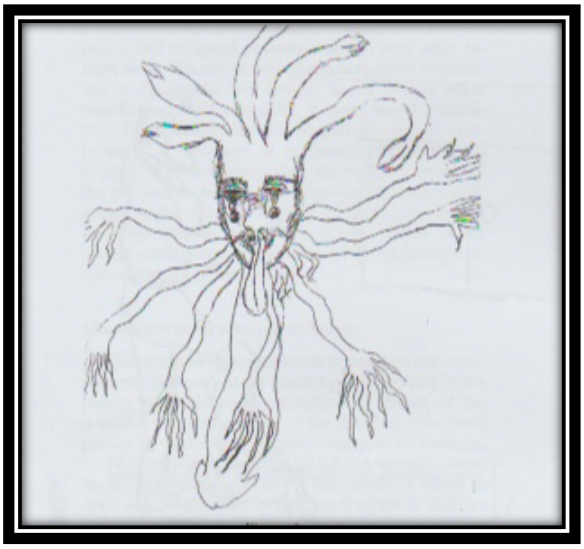


[4]Figure 4. Adapted from Lev-Wiesel (1998).

(ii) Drawings in this research often include images of the *father* and his aggressive sexual intentions (see example Figure 5). Also, the father is often symbolized by a monster who has no human qualities and often has many frightful penises (see examples Figure 6 and Figure 7) (Hagood, 2000; Lefevre, 2004; Lev-Wiesel, 1998)

[5]Figure 5. Amended from Lev-Wiesel (1998).

[4] Therapist's view: "The self is symbolized by a tree stuck down (with no ground for its roots). She cannot talk (omission of mouth), or should not talk. She should not see (eyes shut) or does not want to see. …. The arms seem entirely helpless with no hands, holding a big ball which covers the genitals either to protect them or because this part of the body hurts (Lev-Wiesel, 1998, p. 259).
[5] The finger symbolizes a penis (Lev-Wiesel, 1998).



[6]Figure 6. Adapted from Lev-Wiesel (1998).

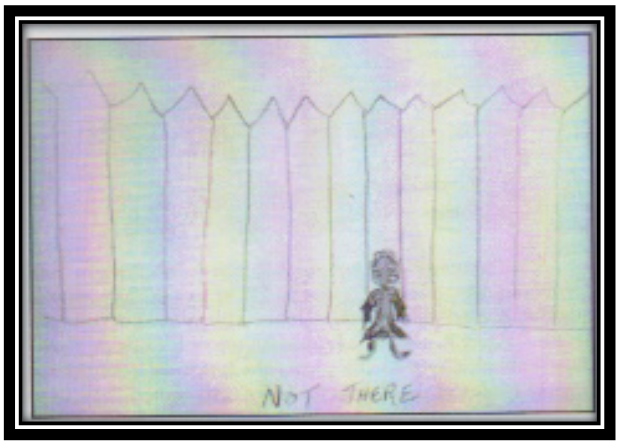
[7]Figure 7. The monster. Adapted from Hagood (2000).

(iii) *The mother* is often described as absent, non-protective and pretending nothing is happening (See examples Figure 8 and Figure 9). Also, the mother is often described as aggressive, incapable of giving her child the needed care and nurturing, and thus uses her child in a classic role reversal (see example Figure 10).

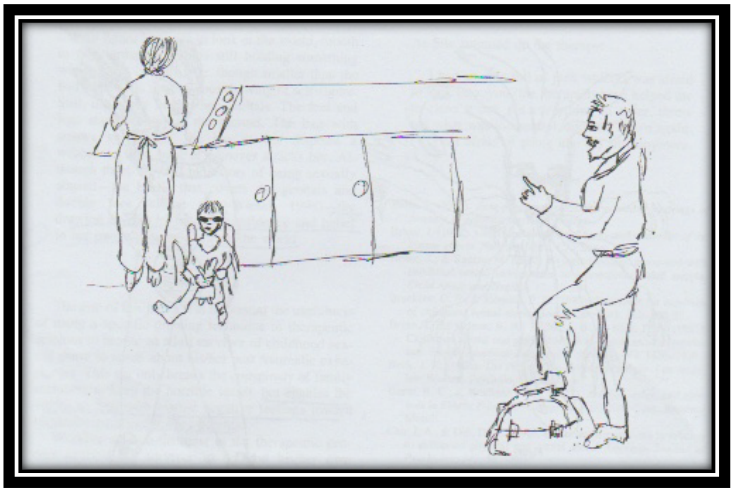
[6] Client's view: "That's what I see a monster it's my father" (Lev-Wiesel, 1998, p. 260).

[7] Client's view: "Being cornered by a monster, feeling helpless, small and trapped" (Hagood, 2000, p. 166).

Hence, the clients often feel angry feelings towards the non-protective and absent mother, and therefore sometimes omit the image of their mother from the drawings (Hagood, 2000; Lev-Wiesel, 1998; Sweig & Sweig, 2000).



[8]Figure 8. Not there. Adapted from Sweig and Sweig (2000).



[9]Figure 9. Adapted from Lev-Wiesel (1998).

[8] Therapist's view: "a small girl with red hair and a blue dress facing a very high fence with sharply pointed slats, suggesting isolation and abandonment, either physical, psychological, or both" (Sweig & Sweig, 2000, p. 260).

[9] Clients view: "The girl loves her doll…it's the only thing that belongs to her…my father frightens me…mother doesn't help. …Why am I wearing sunglasses? I never had any" (Lev-Wiesel, 1998, p. 259).

[10]Figure 10. Adapted from Sweig and Sweig (2000).

(iv) The art reveals that the client has an intense fear of the father, and often is unable to tell the father, even symbolically through the art, to stop the sexual abuse. Thus, the child in the drawing is unable to ask for help and does not expect the mother to help. In accordance, images express the child's wish to hide and be protected from the threatening father ([11]see example figure 9) (Estep, 1995; Lev-Wiesel, 1998). Thus, often the client uses art as a way to comfort the abused child in the drawing (C. Edwards, 2007).

According to Lefevre (2004), at the beginning of therapy, the dominating feelings expressed through art and verbally are fear, distress, powerlessness, sense of void, hopelessness, sadness, despair, sense of being trapped, fears from being seen "too much", and fears of being abandoned. Further into therapy, secondary responses to the abuse start to emerge and the predominant feelings are shame and guilt for being abused. Victims often feel that they were

[10] Client's view: "Taking care of mommy instead of her taking care of me (Sweig & Sweig, 2000, p. 260)

[11] Therapist's view: "The girl wears black sunglasses which help her to hide (in her imagination) from the threatening father…. The doll covers her genitals in an attempt to hide and protect them from the father's abuse" (Lev-Wiesel, 1998, p. 259)

abused because they were bad. Also, there may be a sense of disgust loss, grief, anger and the desire to be protected and to move on (C. Edwards, 2007; D. G. Edwards, 2014; Hagood, 2000).

Hence, the art therapy process is non-verbal, alternative and an innate way of relating, expressing and thus, communicating symbolically the abuse (Wadeson, 2010). This allows feelings to surface which then leads to expression of pent up emotions and verbalization of feelings associated with the childhood sexual abuse trauma (Huss et al., 2012).

5.1.4 Recovery – Healing, Change and Growth.

Art therapy combines reflective levels of symbolization and communicative levels of the finished artwork, which provide ways to tap into inner resources and find ways for CSA survivors manage their recovery and healing. This creates a more enabling narrative, increasing awareness, reintegration of extreme thinking, i.e. cognition, integration of the unconscious with the conscious, reintegration of the emotional experience and physical sensation which are essential to overcome traumatic memories. Thus, cohesion, catharsis, insight, and recovery occur (Burt, 2002; C. Edwards, 2007; Huss et al., 2012).

Scholars and practitioners describe the survivor's growth and recovery, following art therapy, in the following aspects:

(i) *Growth in the ability to build healthier relationships with others*. Art helps the clients to understand feelings in different stages of the relationship with others, to reactivate flexibility and playfulness, to set boundaries in connections with others, which in turn contributes to improved communication skills, and interactive behavior. Therefore, the clients learn to develop a healing relationship and move away from a non-supportive relationship, and to improve their ability to relate, and maintain and build a trusting and rewarding relationship (Burt, 2002; C. Edwards, 2007; Johnston, 1997; Lefevre, 2004).

(ii) *Enhanced ability in developing and using coping strategies and thus, to gain psychological equilibrium and a greater sense of well-being.* Scholars and practitioners describe that art helps clients to identify trigger emotions, what contributes to mood swings, and what provokes flashbacks. Also, art helps the client to develop coping strategies and positive coping behavior to increase a sense of safety and to avoid urges to self-harm. Therefore, when the clients feel much more emotionally contained, anchored and regulated, they often report on fewer nightmares and better sleep, and the disappearance of symptoms such as suicidal ideation and deliberate self-harm. There is often decreased dissociation, while a more balanced perspective is gained, and a greater ability for self-soothing and self-nurturing (Burt, 2002; C. Edwards, 2007; Estep, 1995; Hagood, 2000; Johnston, 1997; Lefevre, 2004).

(iii) *Increase in the clients' connection to their self, to their body, and their self in relations to others* due to the use of art therapy. During art therapy, some clients relinquish the survivor identity, and a non-victim self starts to emerge. In accordance, scholars and practitioners report on a gradual transition within the sessions from "he/she" sentences to "I" sentences. Also, the clients present a greater ability to confront the meaning of the drawings with strength and confidence. Thus, the clients feel much stronger to deal with their negative feelings towards themselves and with their persecutor. Also, through the art-making, the clients gain insight into low self-esteem and anger, and this leads to much more self-acceptance and understanding of their inner child and the betrayal of their parents. Hence, the clients have the support and tools needed to move forward in the healing process. They gain a sense of strength and a higher self-ability to confront the world with or without help, i.e. they feel less dependent on others. Additionally, with a greater sense of integrated self, they attain greater levels of self-esteem, self-confidence, and self-acceptance (see Figures 11 and 12) (Burt, 2002; C. Edwards, 2007; Huss et al., 2012; Lefevre, 2004; Lev-Wiesel, 1998).

[12]Figure 11. Adapted from Sweig and Sweig (2000).

[13]Figure 12. Adapted from Lev-Wiesel (1998).

[12] "Moving out from the bad me and coming together- made of fabric, depicts two personified and formerly disowned aspects of this client joining hands with her core self" (Sweig & Sweig, 2000, p. 263).

[13] Client's view: "I am much stronger… You see the arrows I have, I can defend myself… I can talk about what I went through… I know my parents are responsible and should be blamed for what they did… I want to help other girls who are trapped in this hell" (Lev-Wiesel, 1998, p. 260).

(iv) By enabling the clients to decide what to discuss, the pace of the discussion, the direction of therapy, which art materials to work with, and enabling them to put their point of view through their artwork, the clients restore their power and control, and this contributes to their sense of safety (C. Edwards, 2007; Estep, 1995).

(v) *Healing of traumatic experience*. According to Wadeson (2010), when the client begins to recover, he/she becomes less defensive. Therefore, there are more natural pauses in speech, more space for dialogue, and greater ability to make contact with feelings previously experienced as problematic. As a result, the client experiences increased awareness of childhood injury, which helps the client to explore the trauma, reframe the reality, and to come to terms with what had happened and to move on (Hagood, 2000; Huss et al., 2012; Lefevre, 2004).

5.2 Summary

This chapter discussed the research findings. The chapter described in detail the narrative and thus, the three final third themes which constitute the three-part gradual process of art therapy in working with adult survivors of CSA trauma.

The next chapter will describe the discussion.

Chapter 6 – Discussion and Conclusion

This dissertation included a three level process of searching and creating themes, that were aimed at finding the core themes that reflect the data in relation to the research question; what have scholars and practitioners across disciplines written about the use of art therapy, in therapeutic work with adult survivors of childhood sexual abuse trauma?

At the end of the research analysis, three main themes were identified: *The art therapy qualities, Symbolic and verbal communication of sexual abuse,* and *Recovery – healing, change, and growth*. The identified themes constitute a three-part gradual process of art therapy in work with adult survivors of CSA trauma.

This chapter begins the discussion of findings in relation to the attachment theory. Then, the research contributions will be discussed, with implications for clinical practice. The limitations of this piece of research as well as recommendations for further research, and conclusions will be presented including a summary and reflections on the research.

6.1 Research Findings in Relation to Attachment Theory.

As mentioned in chapter 2, according to Widom (2012), one of the contributing factors to the individual's vulnerability to the effects of the trauma is the attachment relationship type, i.e., insecure attachment between a mother and her baby. Hence, individuals who experienced maltreatment, abuse, or neglect in their childhood, combined with disruption to the attachment relationship, can experience a high risk of psychological distress or psychopathology in adulthood. Hence, as described in chapter 2, a child who was sexually abused by a trusted adult experiences a betrayal of the child's trust in the adult. This difficulty with trust may continue into adulthood and creates problems in establishing and maintaining relationships (Hall & Lloyd, 1993).

According to attachment theory, when children face threatening and distressing situations, they seek proximity, support, protection and security from their attachment figures, i.e. a secure base (Holmes, 2001; Marshall & Frazier, 2019). However, when the adults use their power for their own purposes and not for the children's, it leaves the children with an unstable basis for developing healthy relationships and healthy adaptations. Thus, they are at risk of psychological and relational problems as the caregiver is both the attachment figure and the source of threat (Steele & Hart, 2014).

Individuals who experienced childhood sexual abuse sometimes did not have safe, consistent and predictable relationships with their caregiver and as a result may not develop healthy relationships and a healthy, integrated, matured and regulated self (Steele & Hart, 2014). Hence, practitioners and scholars describe that at the beginning of the therapy with adult survivors of CSA trauma, *art therapy qualities* play an important role. These qualities include the art as a container, art as a safe protective distance from painful emotions and memories, and art as a way to pace the therapy according to the client's needs, i.e. attunement. Furthermore, with art as a concrete witness to the abuse, the client is helped to build the therapy space and the therapeutic alliance as a secure base for new beginnings and healthy experiences. When the client experiences safety it allows him/her to be curious and cooperate in order to begin and build up an "internal secure base" (Holmes, 2014, p. 137), to connect with the self, and thus to build the strengths and ability to deal with the inherent difficulties (Holmes, 2014; Steele & Hart, 2014).

In the second part of the therapy process with adult survivors of CSA trauma, when traumatic memories of attachment trauma are reactivated, the client experiences "inner conflict between attachment to, and defence against caregivers who are perpetrators" (Steele & Hart, 2014, p. 89). At the same time, practitioners and scholars claim that for some clients certain

dissociative parts hold strong feelings such as anger, shame, and hatred towards the perpetrator and the other who was absent, e.g. the mother. Through the art materials, *symbolic and verbal communication of the abuse* is enabled. Thus, the client has the opportunity to get in touch with repressed memories, explore all conflicted feelings and beliefs related to the abuser, and to begin constructing a visual narrative of the abuse (Estep, 1995; Steele & Hart, 2014).

In the first part of the therapy process, the therapeutic relationship between the therapist and client, forms the foundation for mental representation of an internalized secure base. This allows the client in the second part of the therapy process, "to restore emotional equilibrium, through obtaining symbolic contact with security-enhancing attachment figures, without necessarily seeking actual proximity to them" (Wallin, 2007, p. 65).

The first two parts of the therapy process build a stable base which allows the third part of the therapy process of *recovery- healing, change and growth*, to occur. The last part involves a higher capacity for integration, "such that dissociative parts are accepted and integrated as aspects of a single self and personality" (Steele & Hart, 2014, p. 90). Also, it requires challenging integrative work of painful mourning and the risk-taking of being more involved in the present life and in creating a more fulfilling and adaptive life. This demands developing and using coping strategies and building healthier relationships with others (Steele & Hart, 2014).

6.2 Research Contributions and Implications for Clinical Practice.

The first significant practical contribution of this research is that it provides much-needed information about the art therapy process for clinical work with adult survivors of CSA trauma. This information is important given that there is so little information about the art therapy work with this client group. Hence, this research not only provides clinicians with appropriate,

effective, and practical information but also deepens the knowledge to provide appropriate and effective care for their clients.

As described in chapter 2, psychoanalysis has an important role in the development of art therapy, as it offers methods and ideational frame for understanding the unconscious. Thus, art can be used as a tool in psychotherapy to access and express repressed unconscious material, i.e. conflicts and feelings (D. G. Edwards, 2014). This understanding leads to the second significant practical contribution of this research: these research findings can be used to increase the awareness of the use of art therapy in psychotherapy work with adult survivors of CSA. It is expected that clinicians will therefore have the knowledge, and the opportunity to improve their clinical work, by offering clients an alternative, nonverbal, symbolic, and non-threatening approach.

However, ethical consideration is required when using art therapy with traumatized clients. According to Schaverien (2011), the art therapy relationship is triangular, i.e. client – picture – therapist. Therefore, it is crucial to understand the "countertransference from both the therapist, as a spectator, and also from the client as a viewer of his/her picture" (Schaverien, 2011, p. 56). Thus, training in art therapy is important to avoid re-traumatization of the client.

6.3 Research Limitations and Recommendations for Further Work.

This dissertation, in the form of a TA, is less structured than quantitative research. Therefore, as a researcher, I do bring my worldview and experience into the research process which may have influenced the findings (Jason & Glenwick, 2016). Furthermore, the research process involved interpretations, through my understanding of writings of scholars and practitioners of their work with adult survivors of CSA. Therefore, the research's consistency of observation and reading the information is affected by the way the data is coded and the

choice of what to code. Hence, the similarity of observations, i.e., judgment, that would be made by multiple observers, may vary (Boyatzis, 1998).

As discussed in Chapter 5, research findings, three main themes were identified which constitute a three-part gradual process of art therapy in work with adult survivors of CSA trauma (see Figure 1. p.43). Further research is needed to examine whether this three-part process of art therapy can be applied to other modalities, such as drama therapy and sand play therapy. Also, further research is needed to examine whether the three-part process of art therapy can be applied in work with other forms of trauma such as war related trauma, traumatic loss, and natural disaster.

6.4 Conclusion

This dissertation sought to respond to the research question about what scholars and practitioners across disciplines have written about the use of art therapy, in therapeutic work with adult survivors of childhood sexual abuse trauma.

An overview of both CSA and its effects on adult mental health, and art therapy and its benefits in work with childhood sexual abuse survivors, has been given in relation to the research question. Also, the research design and the philosophical approach that underpin the data analysis in conducting this research have been discussed.

In addition, how the TA, according to the six-phase model described by Braun and Clarke's (2006), was performed has been outlined. The analysis process included three levels of themes, in which 1915 codes and 96 first-level themes, were collapsed and clustered into 11 second-level themes. In an active process of developing the third level themes, 5 third level themes were identified, which were later reviewed and reduced into 3 final third level themes:

The art therapy qualities, Symbolic and verbal communication of the sexual abuse, and Recovery – healing, change, and growth.

The research findings chapter described each theme individually and how all the three final third level themes constitute three parts of a gradual process of art therapy in work with adult survivors of childhood sexual abuse trauma.

In the discussion chapter, the research findings were linked, interpreted, and in this way reinforced through existing theory - attachment theory. Also, the research contributions, limitations and further research work have been discussed.

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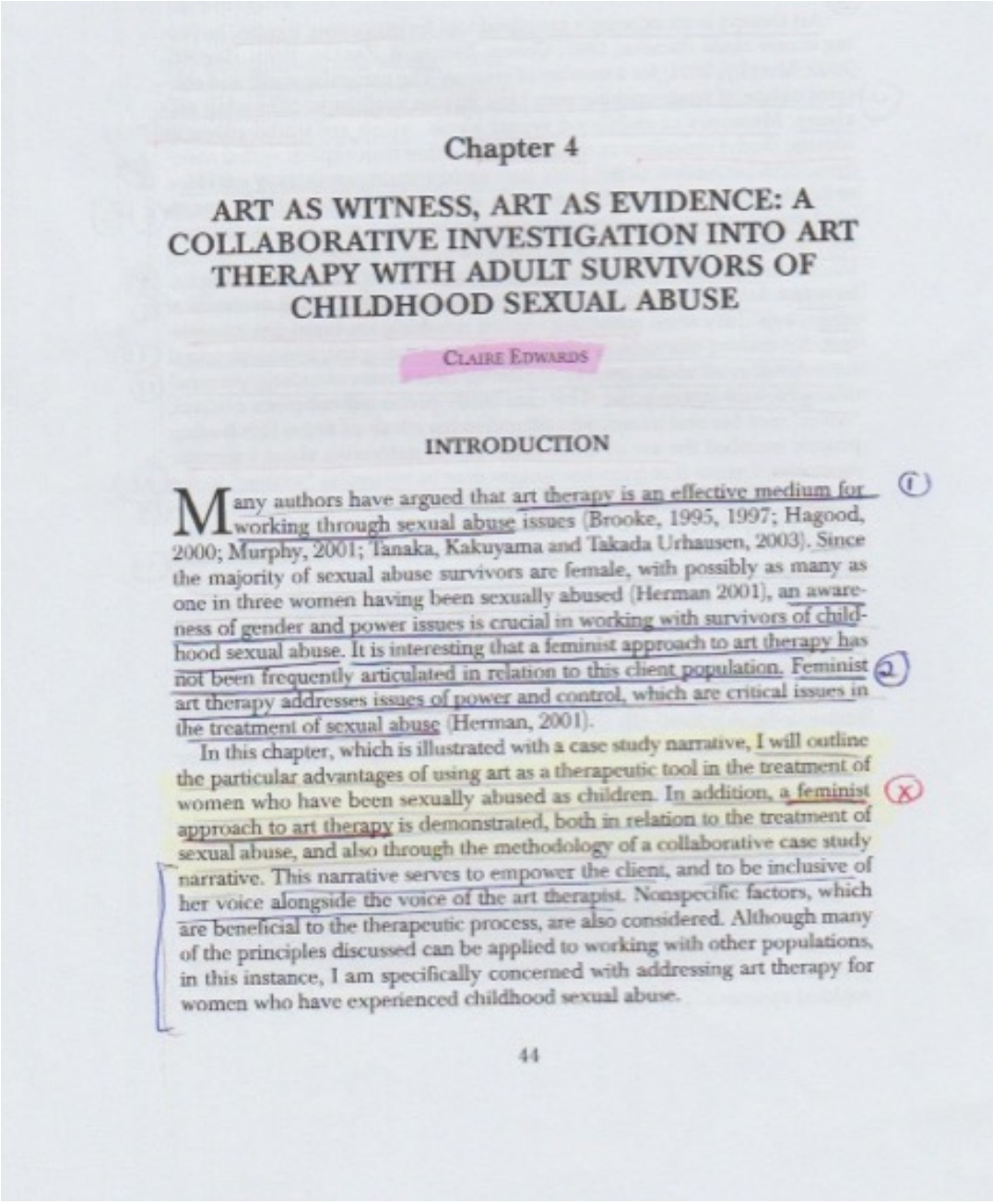
Appendices

Appendix A - Literature Search Log

	Key words	*Search result*	*Included in the final data set of 10*	*Excluding criteria*
PsycINFO	Art therapy	5, 412		
	Childhood sexual abuse	4, 957		
	Art Therapy AND sexual abuse AND adults	12	**0**	Publications met the exclusion criteria of: children, quantitative studies, art therapy for families and caregivers who their child was sexually abused, general information about art psychotherapy.
	Art therapy AND Childhood sexual abuse	28	**2**	Publications met the exclusion criteria of: children, adolescents, adult sexual abuse, other treatment modalities then art therapy, general information about art therapy.
Psychoanalytic Literature Publishing. (PEP)	Art therapy	777		
	Childhood sexual abuse	1076		
	Art Therapy AND sexual abuse AND adults	2	**0**	Publications met the exclusion criteria of: children.
	Art therapy AND Childhood sexual abuse	0	**0**	
ProQuest Dissertations & Thesis (PQDT)	Art therapy	27	**0**	
	Childhood sexual abuse	39		
	Art Therapy AND sexual abuse AND adults	10	**0**	Publications met the exclusion criteria of: Adult sexual abuse, other treatment modalities than art therapy.
	Art therapy AND Childhood sexual abuse	5	**0**	Publications met the exclusion criteria of: other treatment modalities than art therapy or Double up with previous search.
AUT library catalouge	Art therapy	5,068		
	Childhood sexual abuse	710		
	Art Therapy AND sexual abuse AND adults	40	**5**	Publications met the exclusion criteria of: Children, adolescents, adult sexual abuse, other treatment modalities than art therapy, art therapy treatment for other forms of traumas, general information about art therapy.
	Art therapy AND Childhood sexual abuse	3	**0**	Double up with previous search or Publications met the exclusion criteria of: Children, adolescents.
Massey University library catalouge	Art therapy	6,537		
	Childhood sexual abuse	1,608		

	Art Therapy AND sexual abuse AND adults	6	**2**	Double up with previous searches.
	Art therapy AND Childhood sexual abuse	26	**1**	Double up with previous searches.
Total			**10**	

Appendix B – Example: Highlighting Codable Moments / Data Extracts Within the Text



Chapter 4

ART AS WITNESS, ART AS EVIDENCE: A COLLABORATIVE INVESTIGATION INTO ART THERAPY WITH ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE

CLAIRE EDWARDS

INTRODUCTION

Many authors have argued that art therapy is an effective medium for working through sexual abuse issues (Brooke, 1995, 1997; Hagood, 2000; Murphy, 2001; Tanaka, Kakuyama and Takada Urhausen, 2003). Since the majority of sexual abuse survivors are female, with possibly as many as one in three women having been sexually abused (Herman 2001), an awareness of gender and power issues is crucial in working with survivors of childhood sexual abuse. It is interesting that a feminist approach to art therapy has not been frequently articulated in relation to this client population. Feminist art therapy addresses issues of power and control, which are critical issues in the treatment of sexual abuse (Herman, 2001).

In this chapter, which is illustrated with a case study narrative, I will outline the particular advantages of using art as a therapeutic tool in the treatment of women who have been sexually abused as children. In addition, a feminist approach to art therapy is demonstrated, both in relation to the treatment of sexual abuse, and also through the methodology of a collaborative case study narrative. This narrative serves to empower the client, and to be inclusive of her voice alongside the voice of the art therapist. Nonspecific factors, which are beneficial to the therapeutic process, are also considered. Although many of the principles discussed can be applied to working with other populations, in this instance, I am specifically concerned with addressing art therapy for women who have experienced childhood sexual abuse.

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Appendix C – Example: Codable moments / Data extracts – Numbers Spreadsheet

Data Item- Author's name	*Page*	*Meaning unit*	*Initial Codes/Codable moments*
Total number of codes			**701**
Wadeson (2010)	100	1	Art - to vent rage
Wadeson (2010)	100	2	Became less defensive
Wadeson (2010)	101	3	Warm up exercises to help loosen up
Wadeson (2010)	101	4	His art work revealed a lot of shame around his body s a result of SA
Wadeson (2010)	101	5	The experience of trauma carried in bodily memories
Wadeson (2010)	101	6	Drawing of an evil voice telling him what a shameful person he is.
Wadeson (2010))	101	7	Overwhelmed by all the pain that was surfacing
Wadeson (2010)	101	8	Drawing of a shade pull down so he would not have to look at "all the miseries in my life"
Wadeson (2010)	102	9	To wipe away shame and sorrow of his childhood.
Wadeson (2010))	102	10	Through exploring through art he grieved for his lost childhood and realised that he needed to move on.
Wadeson (2010)	102	11	Began considering extricating himself from pressures and anxieties.
Wadeson (2010)	103	12	No so tense.
Wadeson (2010)	103	13	Woodworking was a relief
Wadeson (2010)	103	14	Congenial way of relating and expressing
Wadeson (2010)	104	15	The use of art making to gain insight into anger low self esteem

Appendix D – Example: First Level Themes – Numbers Spreadsheet

	Page	Meaning unit	Data extracts	Total number of codes	1st level themes					
					Venting 1	Bypass/control defences. 2	Revealing/ access to emotions, thoughts, and conflicts 3	Express/explore/process emotions-thoughts. 4	Bodily memories. 5	Processing ,recreation- of Trauma. 6
Total number of codes			701	1915	5	18	106	139	4	59
Wadeson (2010)	100	1	Art - to vent rage	3	1			1		
Wadeson (2010)	100	2	Became less defensive	3						
Wadeson (2010)	101	3	Warm up exercises to help loosen up	3						
Wadeson (2010)	101	4	His art work revealed a lot of shame around his body s a result of SA	4			1	1		
Wadeson (2010)	101	5	The experience of trauma carried in bodily memories	2					1	
Wadeson (2010)	101	6	Drawing of an evil voice telling him what a shameful person he is.	8			1	1		
Wadeson (2010)	101	7	Overwhelmed by all the pain that was surfacing	3			1	1		
Wadeson (2010)	101	8	Drawing of a shade pull down so he would not have to look at “all the miseries in my life”	8			1	1		
Wadeson (2010)	102	9	To wipe away shame and sorrow of his childhood.	5			1	1		
Wadeson (2010)	102	10	Through exploring through art he grieved for his lost childhood and realised that he needed to move on.	10			1	1		1
Wadeson (2010)	102	11	Began considering extricating himself from pressures and anxieties.	4						
Wadeson (2010)	103	12	No so tense.	4						
Wadeson (2010)	103	13	Woodworking was a relief	5						
Wadeson (2010)	103	14	Congenial way of relating and expressing	3				1		

Appendix E – First Level Themes – Summarising Table

No.	1st level themes	Total number of Codes	No.	1st level themes	Total number of Codes	No.	1st level themes	Total number of Codes
1	Express/explore/process emotions-thoughts.	139	*33*	Emerging self/ Promotes better self-image/ true self.	17	*65*	avoidance.	6
2	Medium of communication.	112	*34*	Active.	16	*66*	Encourage verbalisation	6
3	Revealing/ access to emotions, thoughts, and conflicts	106	*35*	Disclosure of the abuse.	16	*67*	Venting	5
4	healing/ changing/growth.	94	*36*	Distorted/minimal/. Ambiguous figure	16	*68*	Evidence	5
5	Helpful/effective	93	*37*	Connecting/accessing to the Inner child.	16	*69*	Abuse-destructive	5
6	Access to internal world/unconscious	91	*38*	Mandala/murals /water colour/ woodwork/ markers in A.T is helpful.	10	*70*	Introjection	5
7	Symbolic.	67	*39*	Acknowledgement/being seen.	16	*71*	Intensifying intervention.	5
8	Processing, recreation of Trauma.	59	*40*	Distancing.	15	*72*	Bodily memories.	4
9	Strength building/empowering	53	*41*	Reflective tool.	15	*73*	Concrete.	4
10	tangible/ visual/illustrative creation.	48	*42*	Direct/confronting.	14	*74*	limited/no memories.	4
11	Alternative way/Non-verbal.	48	*43*	Supportive.	12	*75*	Private activity.	4
12	Safe/trust.	42	*44*	Clarifying boundaries.	11	*76*	Creates narrative	4
13	Projective tool/ externalising	40	*45*	Negative self-image / Self-hatred.	12	*77*	Nurturing	4
14	Controlled /paced/attuned therapy.	36	*46*	Reconnecting/reactivating.	12	*78*	Disrupted attachment.	4
15	Realisation/insight/understanding	24	*47*	Relief.	11	*79*	Redefines.	3
16	Creative process.	30	*48*	Recognition.	12	*80*	Recalling rituals of the abuse.	3
17	Awareness/clarifying.	30	*49*	Imagistic.	11	*81*	Not helpful - BPD.	3
18	Linking/integrating/. Mediator.	27	*50*	Identity.	11	*82*	Gender.	3
19	Recalling memories.	27	*51*	Easy and clear tool.	11	*83*	Making goals.	3
20	Diagnostic/Assessment tool.	27	*52*	Combining Bodily process	11	*84*	Images of being flooded and overwhelmed.	3
21	freeing/allowing	27	*53*	non protective/absent mother.	10	*85*	Solve problems.	3
22	Dynamic therapeutic relationship	24	*54*	Feminist approach to AT.	9	*86*	Taxing-BPD.	2
23	Nonthreatening.	26	*55*	Triggering	9	*87*	No art skills needed.	2
24	Skill building	24	*56*	Negative Body image.	9	*88*	Playful.	1

25	Container.	23	***57***	Self-regulating /balancing.	9	***89***	Anchoring.	2
26	Help with Intimacy /Relationship with others.	22	***58***	Fragmented /Disrupted self-perception	9	***90***	Flexible tool.	2
27	Representation of the mind.	21	***59***	Witness.	8	***91***	Sacred.	1
28	Soothing/relaxing/ comforting	21	***60***	Explicit method.	8	***92***	Unique	1
29	Power and control.	19	***61***	Pleasurable/ satisfying	8	***93***	Therapist-"Third Hand".	1
30	Bypass/ Control defences.	18	***62***	Catharsis.	7	***94***	Independent entity	1
31	Gradual process.	18	***63***	Respectful and non-judgmental.	7	***95***	Intriguing	1
32	Resistance/impasse.	17	***64***	No progress/ regression	6	***96***	Disconnected shapes.	1
	Total number of codes: 1915							
	Total number of 1st level themes: 96							

Appendix F – Second Level Themes

	2nd level themes		1st level themes												
1	***The art therapy work.***		Symbolic	Active	Alternative way/non verbal	Distancing	Direct/confronting	Explicit	Intensifying intervention	Private activity	Therapist's "third hand"	Triggering	Create Narrative	No art skills needed	Independent entity
Codes	***194***		67	16	48	15	14	8	5	4	1	9	4	2	1
2	***Client's internal world***		Access to internal World	Access to emotions/thoughts/conflicts	Projective tool/ externalisation	Representation of the mind	Bypass/control defences	Connecting/ accessing to the inner child							
Codes	***292***		91	106	40	21	18	16							
3	***Self-development and progression***		Healing/changing/ growth	Helpful/effective	Strength building/empowering	Freeing/allowing	Skill building	Help with intimacy/relationship with others	Introjection	reconnecting/ reactivating	Promotes better self image/true self	Identity	Making goals	Solve problems	Feminist approach
Codes	***372***		94	93	53	27	24	22	5	12	17	11	3	3	8
4	***Processing of CSA trauma***		Tangible/visual illustrative creation	Creative process	Recalling memories	Disclosure of the abuse	Abuse-destructive	Acknowledgment/been seen	Recognition	Witness	Processing/recreation of the trauma	Evidence	Recalling rituals of there abuse	Limited/no memories	Bodily memories
Codes	***237***		48	30	27	16	5	16	12	8	59	5	3	4	4
5	***Secure and safe space***		Safe/trust	Container	Gradual process	Controlled/paced/ attuned therapy	Nonthreatening	Clarifying boundaries	Supportive	Nurturing	Anchoring	Power and control	Redefines		
Codes	***196***		42	23	18	36	26	11	12	4	2	19	3		
6	***Gaining insight and understanding***		Reflective tool	Linking/integrating/mediator	Awareness/ clarifying	Realization/insight/understanding	Dynamic therapeutic relationship								
Codes	***120***		15	27	30	24	24								
7	***Emotional regulation***		Soothing/relaxing/ comforting	Relief	Self regulation/balancing	Catharsis	Venting	Mandala ,murals, water colour, woodwork, markers in A.T is helpful.	Guided Phantasy						
Codes	***64***		21	11	9	7	5	10	1						
8	***Communication tool***		Encourage verbalisation	Medium of communication	Express/explore/process emotions										
Codes	***256***		6	112	138										
9	***Symbolic assessment tool***		Non protective/absent mother	Negative body image	Fragmented /disrupted self-perception	Diagnostic/assessment tool	Disrupted attachment	Images of being flooded and overwhelmed	Disconnected shapes	Distorted/minimal/ ambiguous figure	Negative self image/self hatred				
Codes	***91***		10	9	9	27	4	3	1	16	12				
10	***Challenges***		Resistance/impasse	No progress/regression	Not helpful-BPD	Taxing BPD	Avoidance								
Codes	***34***		17	6	3	2	6								
11	***Qualities***		Easy and clear tool	Playful	Flexible	Pleasurable/satisfying	Respectful/ non judgmental	Sacred	Unique	Concrete	Intriguing	Combining bodily process	Imagistic		
Codes	***59***		11	2	2	8	7	1	1	4	1	11	11		
Total Codes:	***1915***														

Appendix G – Example: Initial Third Level Themes

	3rd level themes	1st level themes					
1	***The art therapy qualities***	Symbolic	Active	Alternative way/non verbal	Distancing	Direct/confronting	Explicit
Codes	***615***	67	16	48	15	14	8
		Encourage verbalisation	Medium of communication	Express/explore/process emotions	Non protective/absent mother	Negative body image	Fragmented/ disrupted self-perception
		6	112	138	10	9	9
		Playful	Flexible	Pleasurable/satisfying	Respectful/non judgmental	Sacred	Unique
		2	2	8	7	1	1
2	***Presentation of the client's internal world***	Access to internal World	Access to emotions/thoughts/conflicts	Projective tool/externalisation	Representation of the mind	Bypass/control defences	Connecting/accessing to the inner child
Codes	***292***	91	106	40	21	18	16
3	***Recovery-healing, change and growth***	Healing/changing/growth	Helpful/effective	Strength building/empowering	Freeing/allowing	Skill building	Help with intimacy/relationship with others
Codes	***541***	94	93	53	27	24	22
		Linking/integrating/mediator	Awareness/clarifying	Realization/insight/understanding	Dynamic therapeutic relationship	Soothing/relaxing/comforting	Relief
		27	30	24	24	21	11
4	***Processing of CSA trauma***	Tangible/visual illustrative creation	Creative process	Recalling memories	Disclosure of the abuse	Abuse- destructive	Acknowledgment/ been seen
Codes	***237***	48	30	27	16	5	16
5	***Secure and safe base for self-exploration and expression***	Safe/trust	Container	Gradual process	Controlled/paced/attuned therapy	Nonthreatening	Clarifying boundaries
Codes	***230***	42	23	18	36	26	11
		Not helpful-BPD	Taxing BPD	Avoidance			
		3	2	6			
Total Codes:	***1915***						

Appendix H – Example: Data Extracts Sorted Under Each First Level Theme.

1st level themes	Author	Data Extracts
1. Venting	**Wadeson (2010)**	Art - to vent rage
1. Venting	**Sweig (2000)**	Allowing anger out in small doses
1. Venting	**Sweig (2000)**	Releases pain and tears
1. Venting	**Helen Burt (2002)**	More access to emotions including: anger and sadness
1. Venting	**Helen Burt (2002)**	Releasing and expressing which leads to sense of relief.
2. Bypass/control defences	**Edwards (2007)**	Art- deflected attention onto the images and away from confronting face to face discussions
2. Bypass/control defences	**Edwards (2007)**	expression of pent-up emotions
2. Bypass/control defences	**Estep (1995)**	Gaining distance from strong feelings
2. Bypass/control defences	**Estep (1995)**	AT was helpful in gaining access to information clients were unable or unwilling to discuss
2. Bypass/control defences	**Estep (1995)**	Using art for exploring
2. Bypass/control defences	**Estep (1995)**	Themes emerged in art included memories of sexual abuse with feelings of fear, sadness, shame and guilt.
2. Bypass/control defences	**Estep (1995)**	Themes emerged in art - negativity body image including purging and self-mutilating behaviour.
2. Bypass/control defences	**Estep (1995)**	Themes emerged in art - career concerns
2. Bypass/control defences	**Estep (1995)**	She was out of touch with anger, but bits red and slashing.
2. Bypass/control defences	**Estep (1995)**	Using art to allow her emotions to surface
2. Bypass/control defences	**Estep (1995)**	Art- a protective distance
2. Bypass/control defences	**Estep (1995)**	Some clients are threatened by creating their own visual or aural imagery as this can bypass defensive barrier and access feelings more effectively than words.
2. Bypass/control defences	**Lefervre (2004)**	art work (within a group context) can be used to control defences
2. Bypass/control defences	**Huss & Elhozayel & Marcus (2012)**	Bypass the use of intellectualisation
2. Bypass/control defences	**Hagood (2000)**	artwork helps to get in touch with innermost feelings
2. Bypass/control defences	**Hagood (2000)**	Provides access to traumatic memories that may have been visually encoded but not cognitively.
2. Bypass/control defences	**Helen Burt (2002)**	More access to emotions including: anger and sadness

Appendix I – Example: Data Extracts Sorted into Revised First Level Themes.

Data Item- Author's name	Page	Meaning unit	Data Extracts		Revised 1st level themes			
					Expressing and processing through art emotiones , thought and conflicts related to the abuse. 2+3+4	Linking/understanding/ integrating /insight/reflective tool 9+7+13+74	Strength building/empowering/Skill building / healing and changing 10+41+42	Non-verbal way (symbols, bodily process, and art materials) of \ communicating, confronting and processing CSA. 6+29+11+96+86
Total number of codes			696		76	43	149	110
Wadeson (2010)	100	1	Art - to vent rage	1	1			
Wadeson (2010)	100	2	Became less defensive	1			1	
Wadeson (2010)	101	3	Warm up exercises to help loosen up	1				
Wadeson (2010)	101	4	His art work revealed a lot of shame around his body s a result of SA	1	1			
Wadeson (2010)	101	5	The experience of trauma carried in bodily memories	1				
Wadeson (2010)	101	6	Drawing of an evil voice telling him what a shameful person he is.	1	1			
Wadeson (2010)	101	7	Overwhelmed by all the pain that was surfacing	1	1			
Wadeson (2010)	101	8	Drawing of a shade pull down so he would not have to look at "all the miseries in my life"	2	1			1
Wadeson (2010)	102	9	To wipe away shame and sorrow of his childhood.	0				
Wadeson (2010)	102	10	Through exploring through art he grieved for his lost childhood and realised that he needed to move on.	1		1		

Appendix J – Example: Checking the Revised First-Level Themes Candidate Themes Against the Third Level Themes.

Data source- Author's name	Revised 1st level themes	Data extracts		3rd level themes					
				The art therapy qualities	Processing of CSA trauma		Recovery-healing, change and growth	Presentation of the client's inner world	Secure and safe base
			Revised 3rd level themes	The art therapy qualities	Symbolic and verbal communication of the sexual abuse		Recovery-healing, change and growth		
Wadeson (2010)	**Expressing and processing through art emotionts , thought and conflicts**	Art - to vent rage			1				
Wadeson (2010)	**Expressing and processing through art emotionts , thought and conflicts**	His art work revealed a lot of shame around his body s a result of SA			1	1			
Wadeson (2010)	**Expressing and processing through art emotionts , thought and conflicts**	Drawing of an evil voice telling him what a shameful person he is.			1	1			
Wadeson (2010)	**Expressing and processing through art emotionts , thought and conflicts**	Overwhelmed by all the pain that was surfacing			1				
Wadeson (2010)	**Expressing and processing through art emotionts , thought and conflicts**	Drawing of a shade pull down so he would not have to look at "all the miseries in my life"			1	1			
Wadeson (2010)	**Expressing and processing through art emotionts , thought and conflicts**	Congenial way of relating and expressing			1				
Edwards (2007)	**Expressing and processing through art emotionts , thought and conflicts**	Art making can assist in exploring issues of safety, personal strengths, and future goals.			1				
Edwards (2007)	**Expressing and processing through art emotionts , thought and conflicts**	Unexpected emotional reaction			1				
Edwards (2007)	**Expressing and processing through art emotionts , thought and conflicts**	Feelings of being repulsive and unworthy			1				
Edwards (2007)	**Expressing and processing through art emotionts , thought and conflicts**	Feeling of "going into void"			1				

Appendix K – Image of Sorted Data Extracts Under Each Final Third Level Theme.