

Images From Purgatory: Art Therapy With Male Adolescent Sexual Abusers

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Abstract

This article describes the clinical practice of two male art therapists and their work with male adolescent sex offenders in a residential treatment facility. The authors share experiences of working with clients who, in addition to being offenders, were diagnosed with a mental illness and were themselves victims of sexual abuse. The function of male art therapists, particularly in relation to male clients, is explored through case material. Finally, the value of the mentoring relationship between the two therapists emerged as an asset for managing the more challenging dynamics of the clients and setting.

Introduction

Purgatory – 1. The place in which souls remain until they have expiated their sins before they go to heaven; 2. An extremely uncomfortable, painful, or unpleasant situation or experience.

(Webster, 1988)

Hoda: In Search of a Mentor

My wheels spun as I tried to make my way through the thick snow. The austere palette of winter had erased much of the contrast between roads and buildings. Ironically, the annual conference of the Illinois Art Therapy Association was being held less than a mile from my house. So close, yet it was hidden from my sight.

On that cold January morning I felt a nagging unease. For the previous six years, I had been working as the art therapist at Dynamic Behavioral Modification Center (DBMC), a residential treatment center for male adolescents who have committed a sexual offense. I had initiated and developed a rich program but felt constrained. I was looking for ways to regain the vigor and vitality of my practice. I had been thinking about working with Bruce Moon, whose 1998 text on adolescent art therapy had guided me in the development of my practice.

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Authors' Note: The clinical accounts and references to the treatment facility are true in spirit but are fictional amalgamations of many cases, to protect the identities of clients and the treatment facility. The name of the facility has also been changed.

When I eventually found the conference and walked into a hall filled with other art therapists, I had hoped to find Bruce. To my surprise it was Bruce who found me. He walked up to me and said "So Hoda, can I work with you as an assistant?" Although I had not discussed my thoughts with anyone else, somehow the day's events became a metaphor for my own search. I was so close to what I needed to find but it found me. All I had to do was to have desire and to be at the right place at the right time.

Bruce: In Search of a Place to Be

I had worked in a small private psychiatric hospital and in independent practice for 22 years, amassing over 25,000 hours of client contact. In 1996 I decided to leave the hospital in order to teach full time, motivated by a desire to share what I had learned from my clients and from a close association over 16 years with my mentor Don Jones, HLM. But after nearly 10 years as the director of graduate programs at Marywood University in Scranton, PA and Mount Mary College in Milwaukee, WI, I realized I was missing the immediacy and intimacy of art therapy practice, especially with adolescents. At another level, I felt ethically compelled to return to my roots in the therapeutic art studio. I did not want to be one of those teachers who talk about the work but never do it.

I started looking for a setting that would get me back into clinical contact with clients on a limited, pro bono basis. When I saw Hoda Mazloomian across the room at the conference, I recalled talking to him years earlier about his work with adolescents. Spontaneously, I asked him if there would be any way that I could work as his assistant at the residential treatment center where he was employed. Much to my delight, he seemed enthusiastic about the possibility of collaborating.

Literature Review: Societal Influences on Adolescent Sexuality

Adolescents are using Internet adult pornography sites and chat rooms to access information about sexuality. According to Riera (2004), three million of the visitors to adult websites in September, 2000 were 17 or younger and one fifth of youngsters aged 10 to 17 have received a sexual solicitation over the Internet. Riley (1999) observed youngsters in her art therapy practice who were "stimulated sexually by media and peer pressure, forced into adult oriented sports programs, and coping with violence and neighborhood dangers, irrespective of class, economic

security, cultural identity” (p. 151). Reavill (2005), a pornography industry insider turned anti-pornography activist, believes there is a systematic blurring of the demarcation between mainstream media and pornography, citing examples of sexually explicit materials from music, magazines, computer games, the Internet, and commercial advertising (p. 200). Kunkel et al. (1999) found that more than half of all television shows contained sexual content; three quarters of the teenagers studied reported engaging in sexual activity partly due to television that normalized such behavior. In a 10-year review of research, Villani (2001) found the primary effects of media exposure to be increased violent and high risk behavior, and accelerated onset of sexual activity (p. 392).

Mullin and Linz (as cited in Villani, 2001) suggest that if erotica portrays “women as promiscuous” this may subsequently result in a “callous” attitude and conduct in men in relation to women (p. 394). Gurian (1999) notes that most sex offenders are male victims of physical or sexual abuse at a young age. He believes that “the sexually abused adolescent male is more likely than his female counterpart to act out against someone else, generally younger and weaker than himself, through rape, physical violence, and sexual molestation” (p. 14). Haygood (1994) observed that abused children, who include most adolescent offenders, feel victimized. It is generally believed that many more males are subject to sexual abuse than are likely to disclose it (Haygood, 1994). Finkelhor (1981) places the highest risk of sexual abuse between ages 9 and 12.

Description of Treatment Program and Art Therapy

Deep in the woods amid lush vegetation is the Dynamic Behavioral Modification Center (DBMC). One could easily pass by the entrance road without ever knowing it exists. The Center consists of a series of simple buildings where the residents make their temporary homes, sometimes for several years. There are five different living units, each with a slightly different emphasis based on the diagnosis, behavioral concerns, and developmental level of the clients.

The central approach used at DBMC is a form of cognitive behavioral therapy in which clients are taught to recognize their Individual Offending Cycle (IOC). The IOC is graphically represented as the spokes of a wheel that symbolize several phases of this cycle. The spokes of the IOC wheel are:

- 1) stimulants that trigger sexual behavior,
- 2) feelings associated with the triggers,
- 3) deliberate isolation of the individual from others,
- 4) fantasy about the offense,
- 5) planning to offend,
- 6) offending behaviors, and
- 7) guilty feelings absolved by false promises to never offend again.

The theoretical assumption is that if adolescent offenders understood and disrupted this destructive behavioral cycle

consistently over time, they would be fit to return to the community. This consistency would be demonstrated by producing desired behaviors and progressing through five phases of treatment. No doubt there have been some successes over the years, but on the main it seemed to us that the adolescents had learned to produce the right therapeutic words without conviction.

We found that many of the residents we worked with, in addition to having committed a sexual offense, were themselves victims of sexual abuse. Therefore, while dealing with the emotional consequences of their offending behavior the boys also struggled with their own victimization. These complex and painful emotions included low self-esteem, powerlessness, shame, guilt, fear, embarrassment, betrayal, and rage. Given the serious nature of their past and the complexity of their emotional struggle, it was entirely understandable that they were guarded and defensive, and incapable of engaging in insight-oriented psychotherapy with an adult authority figure. Yet we found that nearly all of them were willing to make art.

As we engaged clients in art therapy, we kept in mind that much acting out and delinquent behaviors of adolescents are disguised efforts to ease the pain of depression and self-devaluation (Malmquist, 1978). In helping the boys work through their feelings artistically, we remained sensitive to Riley’s (1999) assertion that “the anger and frustration that is observable covers the depression that is experienced within. A pain that renders the adolescent hopeless and cannot be tolerated. The acting out gives some relief” (p. 151).

Various staff members at DBMC generally served one of three primary functions as keepers of discipline, words, or ritual. The line staff (attendants and unit managers) kept discipline through the safety and predictability of the treatment program, with its many behavioral rules and interventions, schedules, and routines. Those who were “keepers of the word” included psychologists, social workers, and counselors who used therapeutic discussions to help clients work through feelings and behaviors. Finally, there were “keepers of the ritual”: the action-oriented therapies of art, music, and recreation.

It is interesting to note that at DBMC the majority of the line staff and verbal therapists were women. Thus, the two chief realms of acting-out behaviors (unit rules and verbal therapy) were primarily the domains of female authority figures. In contrast, due to the presence of two male art therapists, the art studio was “men’s territory.” The rituals of the art studio included consistent and deliberate welcoming, gathering materials, preparing the space, making art, cleaning up, and wrap-up procedures. These rituals provided an action-oriented environment in which the boys could find surrogate fathers committed to helping them express feelings that they could not, or would not, put into words. We welcomed the adolescent sex offender into our world of the studio and provided two father figures who were willing to engage him without relying on the spoken word, which typically he resisted. Thus, we created a milieu that allowed the adolescent to experience male adults as supporters rather than opponents with whom to do battle.

Case Examples of Art Therapy With Adolescent Male Sex Offenders

In our work with male adolescent sex offenders, two tenets of art therapy treatment emerged as having primary importance. First, art therapy is a metaverbal form of treatment; the critical curative work takes place beyond the spoken word in the interaction between the artist-adolescent, the media, the image, and the process. The primary task of the artist-therapist is to set the stage for the work to unfold. The art therapist need not rely on verbal psychotherapy techniques intended to interpret and analyze the imaginal efforts of the client. Second, art therapy provides an opportunity for relationship through which the adolescent client's internalized negative messages regarding self-worth can be exchanged with more positive messages. The following case examples illustrate these two central tenets in action.

Hoda and Howling Henry: Art therapy as metaverbal treatment

When I first met Henry he was howling like a wolf. His heart-rending shrieks chilled me to the bone. The line staff on the unit had decided to not respond to Henry's "attention seeking" and his peers seemed to follow their lead. To me it was almost surreal how everyone ignored someone making noises reminiscent of a dying animal. People passed him by as if he did not exist. I confess that even my ears grew numb to Henry's desperate wail, but not completely. Something in the depth of my soul irritated me like a stone in the shoe and I wondered, what hurt could cause this sound?

One day in the studio Henry was having trouble drawing a tornado. He wanted the twister to look right, like the one he'd seen in a movie that could lift a whole semi truck and bring it crashing down. In an exasperated voice he said, "I messed up," as he tore his first effort in half and threw it away.

It took a concentrated effort on my part to not react to Henry destroying his drawing. I recalled Bruce discussing a similar situation with a client who discarded her work, and his thought that "she may have wished to throw away parts, or all, of her life" (Moon, 1998, p. 58). I had a mini-lecture ready in my head for such times. I almost said to Henry, "I need to keep your work so I can see your progress over time. If you destroy your work I have nothing to report."

Rather than react to Henry with my mini-lecture, I asked, "How we can work together to make it look like a real twister?"

"I don't know, it needs to be darker," he said. "And I think it needs to look like it is going round and round."

I pulled out design pencils from 3H to 7B and tentatively suggested we could use different shades of grey. I explained the relative tonal qualities assigned to each pencil and gave a demonstration of how to show contrast and a swirling motion at the same time. I had some misgivings about this instruction, but again, in the back of my mind, I recalled talking with Bruce about the art therapist's multiple roles as an artist, teacher, and therapist (Moon 1998).



Figure 1

At this juncture I used my artistic skills to teach Henry to express his feelings more clearly and confidently. My function as a teacher thus catalyzed his progress and allowed us to continue the process of art therapy.

The result was a haunting image (Figure 1) that seemed to capture the awesome power of the tornado raging inside him. As I looked at his drawing I wondered how such a destructive force was generated and to whom or what it was directed. Henry would not say.

In another drawing (Figure 2), Henry depicted his family standing in a barren field of grass with storm clouds overhead emitting shafts of lightning toward them. As if this were not enough, the family also was pounded by driving rain. It was interesting to note that everyone was smiling. I asked Henry about this but he could not explain. Sometimes his verbal therapist would urge him to talk about these images and Henry would only string together incoherent words that did more to confuse than communicate. Henry did, however, communicate his feelings instinctively with drawing. As I tried to imagine being in the environment portrayed in Figure 2, I saw an inhospitable place where the family was subjected to many assaults but could not respond congruently.

Henry's father was a truck driver and was frequently away for long periods of time. His mother had little control over him in the father's absence, and Henry often abused drugs and alcohol when with his friends. During



Figure 2

one of his father's extended trips, Henry had sexually abused his younger sister.

At DBMC it became apparent that Henry had a deep longing for his absent father. Many times he would sit by the window on visiting day with rapt anticipation, watching the access road as if he could will his father to appear. The sad truth was that his father seldom came and when he did, he was verbally abusive and treated Henry with marked contempt. Yet Henry always described his father in the most glowing terms. His idealization of his father was expressed in his wood-burning project entitled "World's Greatest Dad" (Figure 3). Henry often drew semi-trucks and sometimes bragged about his father's driving skills.

I worked with Henry for four years and found that he seldom talked about what his drawings meant yet they clearly held deep meaning for him. When it came time to end our relationship, he asked to speak with me privately. He said "Mr. Mazloomian, I wanted to thank you very much for helping me. I had a lot of problems in my head and was not able to deal with them. You helped me get them out of my head and onto paper. Then I could see in my pictures what was wrong and do something about them."

The knowledge that I had helped Henry left me with a deep joy that was beyond words.

Bruce and Juwan Don' Do Therapy: Art therapy as an exchange of introjects

Juwan had been abandoned at a very young age by his family and had suffered physical and sexual abuse in several foster homes. This history gave him good reason to be guarded, defensive, distrusting, and resistive to therapy. In



Figure 3

some ways the residential treatment facility was an environment that allowed him to maintain his emotional distance. Although he did not cause any trouble with either his peers or the staff, he was not making much therapeutic progress either. Rather, he existed in a sort of emotional purgatory, unattached, floating...putting in his time.

He was referred for individual art therapy because of his lack of attachment to any other members of the treatment team. I met with him once a week. Early on I tried to interact by asking about how things were going at school, what he'd done during the week, and so on, to which he generally responded, "I don' do therapy." But he did like art.

Juwan indicated an interest in painting although he was clear that he did not want to "work big." During one session I offered him what I considered to be a small 9" x 12" sheet of canvas paper. He worked on this for several minutes and then asked whether he could fold it.

"Sure," I replied. "You are doing well, Juwan. I trust you."

He glanced at me, perhaps wondering if I was serious. He then proceeded to fold the paper into fourths and he painted intently the rest of the session.

During the ensuing week I thought about the size limitations Juwan had placed on his work. Although I found this irksome, he had appeared to be content when working with such a small surface. I decided to try to find a way to honor his desire to work small and my own wish that he focus on a more complete expressive task. At our next session I proposed that we cut a number of small pieces of wood on which to paint. In my home studio there were several eight-foot long pine boards that were four inches wide. I told Juwan about these and suggested we cut them into squares. Eventually we made 60 squares, 40 for him and 20 for me. As we were worked together sanding the edges of the squares Juwan said, "I think I'd like to be a carpenter someday." This was the first unsolicited and spontaneous piece of information that he had shared with me.

The next session began with Juwan gathering the squares and asking what we would do with them. I replied, "Well, Juwan, I know you don't like working big, so I was



Figure 4

thinking we would paint a feeling on each of these pieces. Then, when we are all done we might put them all together somehow, or maybe just let them be apart.”

“I don’t think I know that many feelings, Dr. Bruce!”

“Let’s take it one block at a time, Juwan. I’ll say the first feeling and then you’ll say the next one. We can keep alternating like that. Ok?”

He thought for a moment and then said, “Yeah. So...what’s first?”

“How about the feeling of hope?”

Juwan said, “Cool” and then proceeded to paint his image of hope (Figure 4).

Over a period of 20 weeks we painted our feelings, one block at a time. After discussing what we would do with the squares, we finally decided to arrange them on a large sheet of masonite. The final piece was a mosaic-like mural comprised of vividly colored squares placed one half inch apart. Some of the squares were carefully chosen blended colors while others held small symbolic images. It was reminiscent of a stained glass window.

Through the activity of painting 40 “feelings squares” Juwan wrestled with expressing his ideas, feelings, and the physical process of applying paint. The art therapy space, and the attention I gave him, provided an asylum conducive to making art while being focused on the development of our relationship. As Juwan and I made art together we discovered common ground from which our relationship grew and expressions of feeling emerged. Thus, through Juwan’s formation of positive transference feelings toward me as a non abusive father figure, some of the negative messages that Juwan had internalized over his lifetime were exchanged for more positive images of self. The safety and predictability of the art studio helped to nurture and support Juwan’s therapeutic journey. I looked, listened, and responded to Juwan’s metaphoric communications. Over time, Juwan gained a sense of his own competence, the belief that he possessed some good attributes, the pleasure that expression can bring, and awareness that not all men will hurt him.

The Mentoring Relationship and Summary Reflections

Hoda

After each session as co-therapists, Bruce and I would discuss our progress. Our mentoring relationship was a relief to me as I had been working in isolation for almost 7 years. Despite my best efforts, I had been “contaminated” by the agency’s culture. The cognitive-behavioral ethos of the clinical team often did not filter down to line staff due to friction and misunderstanding. Having no clinical background for the most part, the line staff adopted a no-nonsense approach that often aggravated the adolescent’s psychological disorders. They seemed to spurn the clinical suggestions of the therapists as impractical or naïve. In response, the therapists seemed to have scant regard for the line staff’s direct knowledge of the residents. A common complaint was that they had to “dumb down” their clinical knowledge in order for the line staff to understand its most rudimentary aspects. This breakdown of communication was exacerbated by the requirement that all staff, clinical or otherwise, had to respond to residents’ behavioral crises, including physical restraint, which further confused boundaries and unduly contaminated therapeutic relationships.

I was often torn between what I knew to be clinically sound approaches and the practical requirements of my employer. I struggled to balance creativity, discipline, and therapy. To some extent this was inevitable working with street savvy and manipulative clients. Yet the general inertia of the prevailing culture of the facility pulled me from the paramount mission of my work: creating a safe holding environment. These concerns were the nagging thoughts that dogged my heels in January of 2004 when Bruce asked if we could work together.

After our second or third session, Bruce asked me, “Hoda, do you ever make art with the residents?” I had rarely done so. I had an ethical dilemma about this issue in that I was concerned that my more advanced skills might lead to feelings of self-consciousness or inferiority in my clients. But Bruce responded, “Isn’t it possible that your art making would be inspirational to your clients?”

Of course, this also made sense. Adolescents want to see if adults can walk the walk, as well as talk the talk. There is no better way to communicate to an adolescent than direct action. This new dynamic affected my practice in a very positive manner. I felt free to express myself and demonstrate that the process of making art was safe. I also realized that relating to Bruce as a male mentor was essential in my transformation. We related in ways I could never replicate with even the best intentioned and qualified female supervisor.

My interactions with Bruce hastened my decision to resign from DBMC, an option I had been contemplating for quite awhile. I now work full-time in private practice where I am free from the moral and ethical dilemmas I experienced in the contaminating exigencies of DBMC. I am grateful for the mentoring that gently helped me exam-

ine my circumstances. This was the end of one journey and the beginning of a new one.

Bruce

After having worked alongside Hoda for 2 years, I realize that this experience has served me on a number of levels. In addition to re-sharpening my clinical skills, the experience of working with youth who desperately needed to express feelings but who could not do so verbally has filled a need for life purpose. While teaching graduate students is certainly meaningful, the direct contact with troubled youth brought an intimacy I had sorely missed. Serendipitously, my work with clients has deepened and invigorated my efforts in the classroom.

Finally, the mentoring relationship Hoda and I formed was enriching and significant. I had the opportunity to pass along some of the wisdom given me by my own mentor, Don Jones, and I believe that our shared male perspective on this work helped Hoda to refine his considerable gifts as an art therapist. Likewise, he shared the depth of his clinical experiences with adolescent sex offenders. Together we were able to provide healthy male role models to clients like Henry and Juwan who had had few or no encounters with adult men who saw value in creative self-expression. By doing so, we created a safe place as they artistically made amends and came to grips with their painful images.

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