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Chapter 4
Masks, Wounds, and Bridges: Expressive Arts Therapy with Sexual Abusers

Haley Fox

In writing this chapter, I have been challenged to bring forward in clear and understandable language two fields of study whose paths to date have scarcely crossed. I have had the rare opportunity myself to walk freely among both landscapes, and as such I can easily lose touch with how poorly the "left hand knows the right hand" outside of my own experience.

In truth, I feel as though I am standing in a sandbox engaging two toddlers. Both fields of study, expressive arts therapy and treatment of sexual abusers, remain in their infancy. Both remain somewhat poorly understood by the world at large. Each seeks to be noticed and accepted, though often from different camps and in starkly different ways. I appreciate the vigor and willfulness they each bring to me, contagious excitement about new discoveries and possibilities. So distracted are these two by their respective, dynamically forming worlds, I feel I have to begin by formally introducing them to each other.

It is not easy to get toddlers to sit down for a moment and to regard each other, never mind to pause long enough to peek into the world of the other, never mind to try to see that other world from the lens of the other. The notion of these two toddlers actually *embracing* each other seems a bit elusive at this juncture in time.

Nevertheless, I imagine great riches waiting at the end of this endeavor, good things that can bring both parties inestimable profit and enjoyment. Turning back now, refraining from stepping into the sandbox, would erase those delicious possibilities, and it would not only result in my personal sadness; it would be, I believe, a tremendous loss to the world. So here goes.

I begin by introducing each of these fields separately, doing my best not only to describe but also to illustrate the nature of each with examples and, where I can,

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with provocative images, as is the way of my own artistic tradition. (Fortunately, art at least speaks in terms all humans can usually understand.) I spend some time challenging long-held views—inviting the reader "out of the box," so to speak. And finally, I explore a number of practical concerns and creative opportunities that face practitioners who seek to bring expressive arts therapy into this most important clinical work with sexual abusers.

I believe these two young and growing fields can and will be good friends, and I invite you all to join me in my enlarged sandbox.

What Is Expressive Arts Therapy?

Expressive arts therapy refers to a specific treatment approach that incorporates an array of arts modalities in psychotherapy. A registered expressive arts therapist (REAT) is a master's degree level therapist with a clinical skill set comparable to other master's degree level mental health professionals[1]; indeed, many expressive arts therapists (though not all) elect to also become independently licensed as professional clinical counselors, marriage and family therapists, or social workers.

Unlike the separate disciplines of art, dance, music, drama, and poetry therapy, expressive arts therapy draws upon *all* the arts. Clinicians in this discipline find grounding not in the particular *tool* applied but rather in a particular theoretical orientation (Fox, Knill, & Fuchs, 2005). Expressive arts therapists build on the qualities all the arts have in common and value the ways in which moving among different art forms can deepen imagery and advance the therapeutic process. Although a given art-making process may look the same from an observer's point of view, what really distinguishes expressive arts therapy from art education or leisure activity is the lens the particular clinician brings to the work.

Expressive arts therapy is not merely "nonverbal" therapy. Language plays a role in this treatment approach too. Parallels can be found in talk therapy; for example, the modality of storytelling offers a comfortable starting point for many clients. Having a client tell his or her story helps a therapist to discern salient treatment issues. The expressive arts therapist pays particular attention not only to narrative content but also to prominent images and metaphors that may emerge. These can then be explored and deepened through the application of art-making, music-making, poetry-writing, enactment, sand play—anything with roots in the imaginal realm.

[1] For information on becoming a registered expressive arts therapist (REAT) or a registered expressive arts consultant/educator (REACE), contact the International Expressive Arts Therapy Association (IEATA), www.ieata.org.

In expressive arts therapy, work with images and with the imaginal realm is paramount. While Ego[2] generally imagines "reality" as being limited to a consensual, "actual" realm, expressive arts therapists see the imaginal realm as every bit as "real." Seeing the world through an artist's lens, we understand that images rule the imaginal realm with autonomy and intent and have enormous influence with Psyche. Indeed, the way we *imagine* our worlds generally has far more influence on our thoughts, feelings, and behaviors than do "actual" realities.

Sexuality, Treatment, and the Arts

It may be no accident that clinical training programs as a rule frequently overlook the particular treatment needs of sexual abusers. These individuals, mostly men,[3] are a feared and maligned group whose disastrous interpersonal relationships and terrible deeds are more often attributed to moral failure than to psychological brokenness. Historically, not many have believed that sexual abusers can "get better" or be rehabilitated. Debate continues even among clinicians and researchers.

Many clinical training programs fall short on the most basic human sexuality coursework, failing to acknowledge the key role sexuality plays in *all* relationships—including therapeutic relationships—owing in no small measure to the highly intimate nature of these relationships. Sexuality is part of the human condition, and as such it has a profound impact on inner drives and behavior—on *both* sides of the consulting room. Let us not forget (as if we could) that sexuality also saturates our external world, now more explicitly than ever through media and the Internet.

For human beings, at first blush, the solution to the many forms of wounding that arise from misguided or inappropriately emphasized sexual behavior might be abstinence. But we cannot erase sexuality from humanity. Instead, it behooves us as individuals and as a culture to revisit our *relationship(s)* with sexuality—to find healthy, life-affirming, and open-eyed ways to incorporate sensuality and touch into daily life. Without it, any one of us fails to thrive. From the perspective of expressive arts therapy, the arts provide particularly effective avenues for this healing work.

[2] I capitalize "Ego" to emphasize the archetypal nature of my understanding of Ego. Archetypes, per Carl Jung (1959 trans in Hull, 1980), are complex psychic forms. They sometimes reveal themselves in the images that appear in artwork and in dreams. By capitalizing terms associated with strong images and archetypes, we in effect personify them, and in doing so we acknowledge their complexity and become able to engage them more dynamically, in the spirit of James Hillman (1977). Ego, for example, is a distinctive archetype in that he typically imagines himself as "the only one"—though many, many other images and archetypes populate the imaginal realm and influence Psyche.

[3] I will refer to sexual abusers in this chapter using predominantly male pronouns because of the fact that the vast majority of clients in prisons and treatment programs are men, not in any way to minimize the existence of female sexual abusers nor the terrible hurts they cause.

The story of Eros and Psyche offers some insight here. This ancient myth artfully illustrates the indomitable efforts of the erotic (Eros) and human consciousness (Psyche) to unite. In my unpublished book *Sexual Healing* (2009), I reflect upon this myth:

> The strivings of these two lovers, fraught with challenges superbly designed to cultivate maturity, culminate in ultimate pleasure. Eros and Psyche love and desire each other. On one hand, Eros offers sensuality to the mix, with his innate ability to stir and enliven all the senses—touch, taste, smell, sound, vision—the very same senses that enrich the human experience of music, art, poetry, dance and all the arts. In a beautiful encounter, Psyche takes Eros into herself...enriching experience and lending thought, intuition and heart-wisdom to her partner in the creation of a joyful, soulful climax that would not be possible without the active involvement of both parties.
>
> Simply put, Eros represents sensuality. Psyche, a lantern shining light upon Eros. Soul-making, the act of unifying the two. The child called "Pleasure" or "Joy" in the myth is the ultimate product of the union.

The myth of Eros and Psyche calls us to recognize that although people may live full and enriching lives without *sexual* eroticism (some choose celibacy as a way of life), none of us can truly thrive—or glean any pleasure from life—without Eros.

Fortunately for us, Eros comes in many forms. Dancing wild dervishes, eating chocolate, drinking in the scent of a rose, plunging hands in wet clay, and even guiding a delicate paintbrush in a careful calligraphy curve—all these are erotic, sensual activities. Those who have had the pleasure of witnessing Sister Wendy Beckett's many talks about art (2009) can attest that Eros is alive and well even among the sexually celibate.

By the same token, the desire for Eros can be regarded as a legitimate need. We all have a human need for sensual experiences in our lives. What we do *not* have, of course, is the right to rob others without their consent in a misplaced effort to meet this need, nor do we have a right to cause hurt or pain to others in our pursuit of Eros. Those who have sought to meet the legitimate need for Eros in ways that are harmful to others quickly find themselves facing an array of consequences for their behavior. Those whose sexual behavior has gone most horribly wrong frequently end up incarcerated or civilly committed to state—and now federal—treatment programs.

Prisons and treatment programs for sexual abusers are a growth industry. The expense of running these institutions has been skyrocketing in the face of near panic over state and federal budget deficits. On the other hand, it seems that no one wants to release untreated sexual abusers onto the streets, and understandably so. No one wants to endanger public safety. The only reasonable answer to this public health problem appears to be *high quality treatment that fosters meaningful change.*

Change is not easy. But change is possible. And expressive arts therapy is an approach uniquely suited to fostering change in human beings. I will elaborate upon this unique facility after a brief review of the history of treatment approaches with sexual abusers.

A Brief History of Treatment Approaches with Sexual Abusers

Although sexually abusive behavior has always existed in the repertoire of human experience, prior to the twentieth century, not much attention was paid to the diagnosis and treatment of sexual abusers. Krafft-Ebing (1886) was one of the first to clinically examine the problem of sexual abuse; he coined the term "pedophilia." His contemporary, Freud (1905/2000), wrote extensively on the subject of sexual abuse. Those early writings appear to have been strongly influenced by Krafft-Ebing; however, Freud retracted his initial theories after a hostile response from his professional peers.

It was not until the 1960s that practitioners began to initiate modern approaches to treating problematic sexual behaviors (Marshall & Laws, 2003). In those days the behavior of sexual abusers was understood to be essentially a product of sexually deviant arousal patterns, and initial treatment approaches focused on attempts to measure and influence sexual interest. Marshall (1971) was among the first to point out that reshaping arousal patterns may not be enough; he noted the importance of helping clients build prosocial skills and attitudes essential to establishing healthy adult relationships.

Subsequent research, most notably by Andrews, Bonta and Hoge (1990), identified an array of deficits in functioning that could be predictive of sexual offending, referring to these as *criminogenic needs* or *dynamic* risk factors. This research was nicely complemented by the development of risk prediction instruments that examined actuarial data and *static* risk factors, that is, factors *not prone to change* (such as number of victims, number of offenses, age, and so on). While static risk factors offer good information regarding treatment need and optimal treatment intensity, dynamic risk factors, being changeable, identify important targets to guide treatment programming.

Also in the 1990s, before much of the research into static and dynamic risk factors had rolled out to the treatment community, the relapse prevention (RP) model, a cognitive behavioral approach originally developed for the treatment of addictions, found widespread popularity as a method for treating sexual abusers. Essentially, RP involves a thorough examination of an individual's precursors to sexually abusive behavior and specific interventions (including escape and avoidance) thought to be effective in interrupting a sexual offense pattern and thereby in preventing relapse. The RP model relies upon clients to recount a laundry list of risk factors and strategies for intervening on each, without regard for whether any given factor is a likely predictor of reoffense, since the model was not grounded in research. Because the approach seems so logical, treatment programs all over the world began to implement immediately, especially in the United States, some say prematurely. To date, RP's efficacy has not been supported in the research, although the model remains in place as at least a partial approach to the treatment for sexual abusers in most programs around the globe.

Despite the controversy surrounding relapse prevention, cognitive behavioral therapy (CBT) itself, designed to address distorted and criminal thinking, has been

widely accepted as standard for treatment with individuals who sexually abuse others. This is also true of the practice of group therapy, which engages peer support and confrontation and is considered vital to treatment progress.

Newer treatment approaches have focused more attention on dynamic risk factors and strength-based treatment. Risk-needs-responsivity (RNR) principles, elucidated after extensive meta-analyses by Andrews, Bonta and Wormith (2006), have been highly influential in the treatment of sexual abusers in recent years. According to these principles, those at the highest risk of reoffense ("risk") require the most intensive treatment, and criminogenic needs drive treatment targets ("needs"). The "responsivity" principle emphasizes the importance of "packaging" treatment in a way that clients can understand and use, based on learning styles and language. For example, Ward and Hudson's self-regulation model (2000) targets a particularly important dynamic risk factor, the ability to effectively monitor and regulate one's own emotional responses and behaviors.

Tony Ward has also promoted his Good Lives Model (GLM, 2002) in recent years, which for the first time departs from a problem-focused approach and emphasizes how the "goods" that give life meaning and purpose ought to play a key role in driving treatment. Having a better life, according to Ward, will itself inhibit criminogenic features.

Following that strength-based lead, the already well-published Marshall, Marshall, Serran, & O'Brien (2011), have begun to apply Seligman's positive psychology principles, placing particular emphasis on the importance of therapeutic relationships characterized by warmth, empathy, and support. The intent, of course, is not to condone sexually abusive behavior but rather to ameliorate it. The Marshalls' positive approach marks a clear departure from previous confrontational approaches to the treatment of sexual abusers; in their view, confrontational approaches can exacerbate shame in a manner that interferes with positive and prosocial therapeutic movement.

There appears to be a general trend in thinking among practitioners currently that the optimal treatment programming may consist of a balanced blend of traditional RNR approaches with more positive, strength-based treatment approaches.

So How Does Expressive Arts Therapy Fit in?

Expressive arts therapy still lies on a pioneering edge when it comes to the treatment of sexual abusers. A few practitioners exist in treatment programs around the country, and various arts modalities have surely found a way into the private lives of clients seeking outlets for expressing pain and exploring treatment issues. However, to date, there has been a paucity of published research.

A review of existing research concerning the treatment of sexual abusers, however, suggests that expressive arts therapy makes a compelling fit for the unique treatment needs of this population. As already noted, cognitive behavioral therapy (CBT) has been the standard of treatment for sexual abusers since people began offering treatment to this population. But changing thinking is simply not sufficient to effectuate

long-lasting change. Experiential exercises that also engage feeling serve as much more powerful change agents (Marshall, Marshall, Serran, & O'Brien, 2011). Associating images and experiential touchstones to thoughts make the thoughts more memorable and compelling.

Images dominate the rubric of expressive arts therapy and set it apart from other theoretical orientations. It is important to remember that images are not only visual, they are multimodal. Even a simple "O" shape has not only a visual roundness we can imagine in our mind's eye but a particular sound too. For the synesthetes[4] among us, it may even possess a taste. "O" is a vessel, an opening, an exclamation or a sigh, hands held in a circle, an image of unbroken connection. Most images are far more complex than "O"; all of them carry that same multimodal aspect.

How does an expressive arts therapist work with images? The simplest answer is, expressive arts therapists work with images in essentially the same way that an artist does. We first assume and acknowledge the reality and power of the imaginal realm (vs. the "actual" realm). We respect the autonomy of the image, which may have wisdom and intentions far different from what lies within Ego's immediate grasp. Expressive arts therapists also refrain from allegorical, limiting interpretations—we simply "stay with the image" and allow it to continue to reveal itself. We let the art tell *us* what it needs—perhaps some yellow over here, a cymbal crash there, a more tentative entrance onto the stage. We nurture this same aesthetic judgment and sensibility in the clients with whom we work. Instead of "Are you finished with this painting" we might ask, "Is the painting done?" and let the painting tell us that.

A single image may mean many things; the minute we attach a single defining label to an image, the creative/therapeutic process stops dead. And this reality lies at the heart of the work. The creative process itself is therapeutic on its own terms, and it will remain so even if—or especially if—we never take our thoughts out of the artistic realm to "interpret" it with psychological jargon.

Finally, in the spirit of James Hillman (1977), we "befriend" images, especially those most insistent ones, that recur within our dreams and artwork. We take the time to examine them, share them with others, dialog with them, learn from them.

Why the arts? What good does this intimate involvement with the arts do for sexual abusers? Part of the answer must look at what the arts do for *all* human beings.

Research has shown that *just having art and music around* exerts a notable impact on mood, depression, anxiety, and even pain (Bhangu, 2011; Nanda, 2011). This finding speaks directly to an important criminogenic need among sexual abusers: emotional regulation. The arts offer many opportunities for stress reduction and for emotional expression *in safe containers*—that is, within the confines of a stage, within the structure of a dance, within the bars of a musical score, even within the confines of a canvas.

[4] Synesthesia is a condition in which one type of stimulation evokes the sensation of another, as when the hearing of a sound produces the visualization of a color.

The arts can directly impact other criminogenic needs as well. Engaging with arts modalities offers countless opportunities to exercise imagination—a particularly useful tool when it comes to problem-solving. The arts introduce surprise and outside-the-box thinking, encourage creativity, and allow for experimentation with different ways of seeing and being in the world. *Prosocial problem-solving* is an important and well-researched criminogenic need among sexual abusers. So is the *ability to follow rules*, a skill that comes into play with many art forms and also with play, a closely related sister discipline.

Play therapists, like expressive arts therapists, work within the imaginal realm and optimize the benefits of engaging the arts through play. And play can offer not only "fun" but also serious benefits. Many theorists including Piaget (1962) have suggested that repeated exposure to playful games "... [fosters] skills such as rule following, fairness, turn taking, gracious winning and losing, and cooperative and competitive behavior." Serok and Blum (1983) describe games as "mini-life situations in which the basic elements of socialization (rule conformity, acceptance of the norms of the group, and control of aggression) are integral components of the process of play" (p. 320). Physician, psychiatrist, and researcher Stuart Brown (2010), who authored a delightful book on play, found entrée into his study when he decided to research what had "gone wrong" with mass murderers and found that they all shared an absence of play in childhood.

The act of engaging the arts creatively can encourage risk taking, so important in treatment, and also give the creator/client a sense of mastery—an important component of the Good Lives Model (Ward et al., 2006). The emphasis in expressive arts therapy is always "high sensitivity/low skill" (Fox et al., 2005), and as such, sophisticated artistic talents are not required. The effort always emphasizes not technical rendering but rather an opening to the imaginal and seeking the "just-right" artistic expression from the art's point of view. Crude renderings still inform, as do "mistakes" that Ego finds difficult to receive. Sexual abusers, child molesters in particular, often tend toward perfectionism—selecting fine-point pens over finger paint when given a choice, at least in the initial stages of treatment. Most feel far more comfortable with achromatic renderings, as well—that is, one color only, as color tends to bring more emotional content into a piece, and this can be difficult bear. Clients who can move out of their comfort zones to try new things artistically are able to improve their risk-taking skills in an atmosphere of very low risk.

I have already noted how the arts can give Eros a nonsexual outlet and allow us to give expression to human experience. Not only that, the arts help us to *document* human experience in a manner that permits us to go back again and again to the work, to examine how a series unfolds and illustrates change, to continue to learn new things from images, to further inform and enlarge our understanding by rendering anew those images and the myths and stories they populate when we bring different artistic modalities to bear. Through reflection upon the images that emerge in expressive arts processes, we can find meaning and insight, and this can provide a catalyst to lasting change.

In other words, arts modalities are much more than vehicles for cathartic self-expression. They offer natural and safe "containers" for therapeutic material and

opportunities to reflect upon existing pieces, perhaps when things have moved in a new or different direction. Valuable metaphors generally emerge, marking visible pathways and touchstones through treatment.

The following discussion, which explores the important niche expressive arts therapy can fill in the treatment of sexual abusers, is built around three primary images that are a mainstay of work with sexual abusers: the mask, the wound, and the bridge.

Fig. 4.1 *Masks* - These masks were created by clients at the Minnesota Sex Offender Program during a group process facilitated by art therapist Connie Gretsch, under the supervision of Haley Fox, in March 2010

> Man is least himself when he talks in his own person. Give him a mask, and he will tell you the truth. ~Oscar Wilde (1969, p. 114)

Masks

It goes without saying that a "bottom-line" goal in any treatment program for people who have committed sexually abusive acts emphasizes *behavior change*, and there is strong evidence in the psychological literature that both shame (Tangney & Dearing, 2002) and low self-esteem (Baumeister, 1993) inhibit people from engaging

in behavior change. Marshall and others have shown that upon their arrival at a treatment facility, sexual abusers consistently score high on measures of shame (Sparks, Bailey, Marshall, & Marshall, 2003; Marshall, Marshall, Serran, & O'Brien, 2011) and low on measures of self-esteem (Marshall, Anderson, & Champagne, 1997).

The image of the mask informs discussions of shame and self-esteem better than any other image I have encountered. Likewise, working with this image in treatment offers multiple layers of possibilities both for overcoming shame and for building self-esteem.

The mask is that second, superficial face that covers the face we want to hide. It offers a barrier between the person we do not wish to reveal to the world, at least in particular settings, and the person we do want others to see.

We all wear masks. It would not be safe to walk bare into the world at all times. Masks are socially adaptive. We plant a smile to appease or to avoid conflict, we darken our eyes to ward off threats, we look away to feign disinterest. Many treatment programs actually encourage mask-wearing among clients—"good behavior," a respectful presentation. Clients who are able to master an appealing presentation can, and sometimes do, slide under the radar and out of treatment programs without ever really addressing their core issues, like shame.

Masks may be our best defense against shame. People who have engaged in acts that hurt other people experience both the shame imposed by the society at large and most often, too, a very personal experience of shame.

Shame is an awful, unbearable feeling. Different from the healthier experience of guilt, by definition shame speaks not only to the things we have done but to the core of who we are. For many, a primal shame came first, perhaps long before the sexual offending began. It may have been a by-product of being the subject of demeaning verbal assaults, physical abuse, and, not infrequently, sexual victimization. So begins what for many can be a multigenerational cycle.

Shame is by nature a thing we all want to protect against and hide. When we feel shame, we cover our faces, or we don an entirely *different* face that we hope the world will find less offensive.

Using a treatment tool he designed called "Hermes' Web," psychologist Jerry Fjerkenstad (2010) illustrates a process in which the "perpetrator self" may lie deeply hidden beneath the surface for most of the waking hours in the life of a sexual abuser. On the surface, this gentleman may present as a remarkably personable fellow. In fairness, his mask portrays a genuine representation of some aspects of the personality, the kind of person he *wants* the world to see and appreciate. But during a period of stress, the web can "flip," and for a brief moment perhaps, the perpetrator rises, storms the area, and commits his crime before shrinking back into the oblivion of that deeply hidden underworld. In many cases, no one is more horrified by the sudden appearance of cruelty, selfishness, and oftentimes rage than the individual himself. This is human shadow material, in the language of Carl Jung (1983, p. 87, Ed. A. Storr); by definition, it remains suppressed *because* we cannot bear to look at it.

The arts provide useful entrée into shame that is generally not so threatening as a direct inquiry. Attending to art materials permits a safe psychological distance from another person who may intentionally or not intentionally bring shaming moral judgments into the engagement. And yet, the encounter with therapeutic material is utterly direct. By sculpting masks of paper molds, paint, clay, papier-mâché, and/or collage materials, we engage a creative process that brings forth those images most present and most operative with respect to Psyche. The longer we work, generally, the deeper we go. Surface layers tend to come forward first, then deeper layers as we get more comfortable.

These masks may be surprising to the maker at first; that is the way of shadow material. Processing the material through dialog and feedback from others helps us to acquaint ourselves with the images and to better understand their pain, motives, needs, and even aspirations. Interesting to look at and reflect upon, masks are also conducive to dramatic enactment. If we *stay with the image*—that core principle in expressive arts therapy (Fox, Knill, & Fuchs, 2005)—and refrain from jumping to psychological interpretations not grounded in the art itself, this can be an incredibly rich and therapeutic process.

Jim Haaven's Old Me/New Me curriculum (1990), intended and designed for individuals with intellectual disabilities in residential treatment for sexual abusive behavior, seems well suited to activities involving work with masks. Giving more life and dimension to an imagined "Old Me" (the way I used to be, when I was committing sexual offenses) and "New Me" (the person I want to be, the person I am becoming, the person I am today) lends a richer understanding of where a person has been, why he does not want to offend anymore, and what he has to look forward to in a crime-free life.

But caution is advised here. The emphasis on Old *Me* (as opposed to "old ways," for example) may activate a shame response and lead the person to further suppress past behaviors, when in fact remaining cognizant of that past is critical to eluding reoffense. A more useful goal may involve becoming better acquainted with every mask and working toward acceptance and integration of all of them. We carry all our masks with us, and each is a part of who we are. Pushing those distasteful aspects of ourselves into the background, or in some cases projecting them onto other people, as we know ultimately ends up with those shadows rearing their ugly heads when we least expect it and in some cases wholly outside our awareness. These aspects become much more difficult to "rein in" when they are not within our open-eyed purview.

For most of us "normal neurotics," there may be little risk involved in keeping shadow suppressed. Perhaps on our "bad day" we offend someone or even lose a friend. When shadow blindsides a sexual abuser, people can be terribly hurt. It is vital that shadow work be an integral part of the treatment of sexual abusers.

To get a bit more specific about working with masks, shame, and shadow, let us consider a man I will call Max, who has a long history of raping women. Most of the time, he seems like a likeable fellow, and when things are going well for him, he maintains an agreeable disposition, does a good job at work, and is kind to his

neighbors. The rapes he has committed occurred when things were *not* going well for him—when he lost a job and/or a relationship and started drinking heavily. (Alcoholism is a frequent comorbid occurrence with sexual abusers, owing in part to the disinhibitory effects of intoxication.) Max has a very difficult time even understanding, or admitting to, the "monster" that emerges to aggressively "take what he wants" without concern for the innocent woman he picks up in a bar. By engaging in an art process and constructing a mask, he *externalizes* this monster so that he can get to know it better and, ultimately, reach a place of acceptance and the ability to manage that monster.

Moreover, it is okay to call this archetype a "monster," and it is even okay to feel resentment or horror toward it, for it is not the whole of Max. Shame becomes more manageable, as it becomes apparent that this monster, though it can have a strong presence and take hold when Max is not vigilant to it, is nevertheless only a piece of the whole. Max is larger than his monster and can bring many skills to bear in the management of the fiend. With the monster outside of him, he can do battle with him, as opposed to identifying so strongly with the monster that he essentially becomes it—in which case a battle would be impossible; to destroy the monster would be to destroy himself; it would essentially be suicide.

Once externalized, the possibility arises to engage in a dialog or dramatic enactment that can lead to further understanding. A word of caution: This sort of deep work ought to be overseen by well-trained clinicians who know their way around the arts. It is not for the faint of heart, nor for well-meaning counselors without the benefit of intensive study in arts-based therapies.

Where shame is high, self-esteem generally lies pretty low. Addressing shame can therefore improve self-esteem, but there may be more to it than that. Once a body has been emptied of shame, there sometimes becomes apparent a "hole in the soul," so to speak, a void, longing to be filled.

Self-esteem begins with self-knowledge, and the arts can be a useful vehicle to this end, offering myriad opportunities for self-exploration and self-expression, mining for "gold" and integrating aspects of the Self heretofore suppressed. Think of how much more effective a poem or an original song can be in describing a person's experience, for example, as compared with a rote list of criminal charges. Think of the palatable difference between enacting a "good-bye" scene between a child and a soon-to-be-absent father versus simply stating the fact, "He left me when I was six, and I never saw him again." Think of how much more engaging, for the protagonist as well as for a witnessing therapist and peers, to see a real-life drama played out in gestures or dance movements, or a simple paper collage of images and words, to express an experience of grief.

Think of how difficult it would be for any one of us to stand up and describe the worst act we had ever committed in stark black and white, without context, perhaps filled with the shame of feeling defined by that act. This is too much to expect of any human being, certainly too harsh a process to enable any meaningful therapeutic change, not without commensurate psychological injury or reinjury.

The material that emerges through the process of self-discovery with the aid of the arts helps to fill that hole in the soul, and this is the surest path not to conceit, but to improved, genuine self-esteem and to a good life.

Digging for Gold

Sometimes masks serve as distractions from or barriers to seeing what lies beneath them. People who carry long criminal histories behind them often identify with their "badness." They may be accustomed to being seen as "bad guys," perhaps even comfortable with the moniker. On the other hand, they may be quite *un*comfortable about an underlying sensitivity and sweetness, or a hidden talent, even though these qualities may also be a true part of their personal makeup. The rest of us may be more inclined to suppress thoughts and behaviors that we consider socially unacceptable, whereas we do not hesitate to showcase our best traits.

Human shadow can be defined as those qualities and traits that lurk in the shadows because we cannot bear to look at them. Our knee-jerk response with human shadow is to project it onto others and/or to suppress it as deeply beyond our awareness as we can. Whereas many think of human shadow as the "dark side" of humanity, gold nuggets reside there too.

I had a gentleman I will call Gus in a small prison-based therapy group one day, and he illustrated this dynamic in a beautiful way. He was a tough, abrasive, well-tattooed biker, proud of his "war wounds" from countless barroom brawls. I knew he had a secret life as well. He was a romantic poet—his muse, the love of his life whose death a few years earlier had left him heartbroken.

I introduced a scribble drawing process, a popular art therapy technique. The instructions are simply to (1) make a scribble on the paper and (2) allow imagination to take hold and make something out of it. Gus started out by lightly scribbling a simple curve onto the top left hand corner of the paper. He then leaned in and added wisps of grass on either side of it, red eyes, and a forked tongue. "It's a snake," he sneered, "a snake in the grass!" He finished quickly, while the other group members continued to work on their pieces. Then spontaneously, he was drawn back to his own paper. (Time is a vital tool in expressive arts therapy—the arts often need more of it than we allow.) Gus made another scribble, identical to the first, but on the right hand side of the paper. This time, though, as he entered that all-encompassing, almost hypnotic art zone, his large hands crafted slender stalks and pastel blooms from the core scribble, ending with a lovely bouquet of flowers. First the mask, the persona—then the shadow, the sweet, feminine, hidden parts of himself.

I had a powerful encounter with shadow myself at about this time. I was writing my dissertation (Fox, 2004), and I had assembled an arts-based research group to explore and inform emerging images.

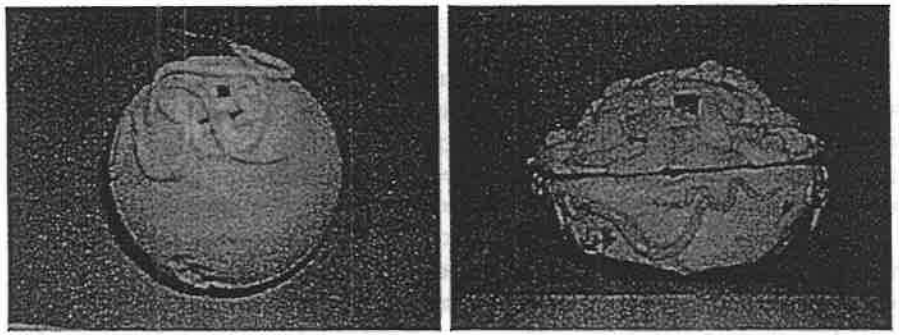

Fig. 4.2 *Clay Piece and Bread Bowl* - These two images of "The Well" were created within the context of an arts-based research group by the author, Haley Fox, in Spring 2002

I chose to explore the image of the Well [in clay], which was at that point more a feeling-sense than a visual idea… [The image had first emerged in a song.] …everyone seemed to have a strong reaction to [the snakes crawling out of my vessel] ….One question emerged: Were the snakes coming out of the well, through the cross-hatched opening at the top, or going into it?

A month or two later [when this group met again], I had the idea to make a bread bowl …Directly across from me…a potter worked with her dough. She was weaving her dough in a crisscrossing, lattice design ….

[When the pieces had baked], I made the observation that once again, snakes had appeared on my creation …Without speaking, [the potter in the group] reached over and placed her piece over mine—a perfect fit! … In this latest rendering, the crisscross opening of the Well had spread, and it was now clear that the snakes had in fact traveled out from within the vessel, rather than the other way around…

Once again I thought about the snakes, my shadow, and I began to wonder about the repulsion towards the snakes that two of my arts-based research companions … had brought to the table … It was not difficult to understand why people would find shadow material unpleasant to encounter—especially their own, but also perhaps the shadows of people close to them that could also touch their own shadow. After all, that phenomenon of finding shadow repulsive and virtually impossible to bear is precisely why people repress it! … Why, then, did I seem to approach the task with such zeal? It did not make sense.

In time, I discovered the answer to my question. I found that shadow material exists in layers, and the first layers I reached in my heuristic study, … as unpleasant as they might have been to look at, were really distractions from the even more difficult shadow material that awaited me—my golden shadow.

Indeed, I had buried my own greatest gifts and talents…more deeply than any other personal shadow material I encountered. Further, I was terrified to dig the golden shadow up, terrified too of the responsibility of fully owning that shadow material. But the art and song images lured me ever nearer to … with what I would discover to be the relatively benign snakes at the surface. Carefully tucked into the furthest depths of the moist, dark Well, I would discover [my gold] (Fox, 2004, pp. 135–140).

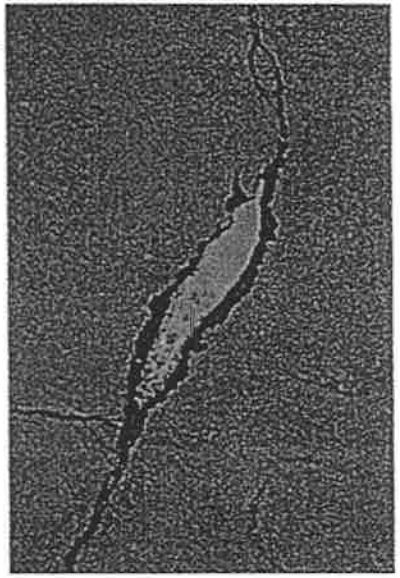

Fig. 4.3 *Grey and pink crack in pavement photograph* - The artwork "Earth Wound" is an installation made in Pietermartizburg, Kwa-Zulu Natal, created by South African Environmental Artist Simon MAX Bannister. Used with permission

You have to crawl into your wounds to discover where your fears are. Once the bleeding starts, the cleansing can begin. ~Tori Amos (2011)

Wounds

Where there is shame, underlying wounds can surely be found. Whether fresh or scarred over, wounds mark places of injury.

The wound is another important image in the treatment of sexual abusers. Creating and describing wounds allow us to externalize, see, and manipulate therapeutic material, to have some understanding of and mastery over it that is impossible when it remains internalized.

Wounds are the remnants of trauma. Indeed, the word "trauma" derives from the Greek word for "wound" and has been defined as "emotional, psychological and physical injuries that cause pain and suffering" (Boyd, p. 40, in Carey, 2006). Serious trauma and even less dramatic but persistent traumatic experiences (Doherty, 2011), which many sexual abusers have encountered, can damage the nervous system and result in insecure attachments, acute stress disorder, and/or

post-traumatic stress disorder (PTSD), a lifelong condition characterized by hypervigilance, avoidance, flashbacks, episodes of reexperiencing the original trauma, and in some cases dissociation.

Cathy Malchiodi (2010) has worked with and written extensively about trauma-informed art therapy (a term she coined), showing how well suited the arts are to navigating this difficult terrain. It is notable that although expressive arts work with sexual abusers is still a field in its infancy, expressive arts therapists have for years worked with victims of sexual abuse. These technologies are absolutely transferable to work with sexual abusers, as many have also experienced their own victimization, and these early experiences can often be linked to a wound that remains operative within the sexual offense pattern.

Especially for wounds that link with preverbal memories, people typically have difficulty using words to describe traumatic experiences. Traumatic events can be too overwhelming for Ego to assimilate, literally, too "unspeakable" for words—unless they are of a poetic nature. So those who have experienced trauma tend to shut away the experience until a safe place allows feelings to flow again. The arts provide opportunities to shape the raw material of trauma, to get closer to it, find meaning in it, and through this process learn to better regulate emotional responses.

Better understanding traumatic events also enlarges our sense of self. Witnessing the material that surfaces, we can finally become "unstuck" and begin to recognize that our identity is not and need not be built solely around that early victimization. We are all much more than our victimizations. When people are able through therapy to put early trauma into perspective, they can begin to rebuild their lives. The wound can serve as an opening to empathy for other victims of sexual abuse—including the persons harmed by the client doing the work.

In an article I wrote several years ago about my work in community-based treatment for sexual abusers (Fox, 2003 p. 5–6), I described an exercise that illustrates how the arts can be used to address deep psychological wounds—in this case, wounds that have resulted from personal victimization. I quote:

> [The] personal victimization exercise [was] expected to last several weeks and aimed at guiding group members to an opening to empathy. The first stage in the exercise, before exploring past experiences of victimization, is to create or review a "Life Vision," an image of what kind of man each wants to be and what kind of life he wants to have. Each man holds his image before him as a beacon of hope when he descends to the hard places. The Life Vision is explored in words and images and sometimes in song.
>
> Next, each man chooses a past event in which he has felt victimized. Those who have been in the program for some time may dare to explore very difficult material, such as a memory of being raped as a child. Newer group members may choose less threatening events, perhaps a hurtful memory of being picked on in school. The event is plumbed and expressed in words and art, with an emphasis on grieving the loss of the fantasy of how their life might have been, while honoring the reality of the event.

> A man I'll call "Bo" began one session with a clay sculpture he had made of being forced to perform fellatio on his stepfather in his mother's bed. Bo described the difficult time he'd had forming the sculpture the day before, stating that he'd fought temptations to destroy it throughout the process but felt compelled to keep it intact until he'd had a chance to share it with the group. Examining the [unfired] piece of clay before him, Bo pointed out that the stepfather's head had fallen off. He picked up the small ball of clay, and as he talked he began gouging its eyes with a gouging tool. When only dust remained, he picked up an arm, talking in low tones about the myriad abuses he'd suffered from this man, as he broke the arm into tiny bits.
>
> Bo proceeded to dismantle and crush the stepfather's body bit-by-bit, sharing stories as he went. When nothing remained of the stepfather, he picked up pieces that represented his *own* body on the bed, stating, "I'm broken, too." He shared stories of his brokenness to an attentive group until a plate of rubble sat before him. As he finished, he observed, "Even the bed is gone now."
>
> Bo breathed long, and his mood lightened some. He said he was glad to have waited to destroy his piece, but glad to have destroyed it. During his dismantling process, he had spoken about a desire to track his stepfather down and kill him. Now, he said he had no desire to do so. He had his own life to live.
>
> Other group members offered feedback by sharing from their experiences, and we all took turns responding to the artwork—before and after—and talked about what we'd seen in it. In a final cathartic ritual, Bo dumped his rubble into the trash.

Incarceration itself can be traumatic, a source of wounding, for many sexual abusers. Regardless of the justness of an incarceration, the emotional impact cannot be avoided. While banging on walls or shouting at security staff can bring on additional hurts, the arts can provide safe containers for the grief and rage that a sometimes abrupt removal of liberties can cause. Drumming, singing, and spoken word poetry can be particular engaging of the whole body, but visual art creations can also give voice to feelings, sometimes even more fully than words can.

Wounds are viewed differently through an artist's lens that through the traditional lens of practitioners who are raised, for example, within the tradition of a medical model. The latter might view that rotting knot in a tree trunk as something needing to be cut out, removed, perhaps replaced with unmarred wood matched up with the rest. An artist brings an aesthetic sensibility, viewing a knot in the wood as a focal point of beauty, to be honored. There's no point trying to cover up or hide the knot. Rather, the knot may indeed become the center of a sculpture. The artist endeavors to *make something out of* that knot. The expressive arts therapist, too, accepts and honors wounds, makes them a focal point of treatment, remains aware that this is part of the person, and yet remains open to the possibility that greatness can come of those wounds. Artists avoid shame-based moral judgments, not because they are "wrong," but simply because a more aesthetic approach *works*—both artistically and therapeutically.

Fig. 4.4 *Bridge photograph* - "Bridge to Peace" is a photograph by Morrie Farbman, Farbman Photography, at farbmanphotography.com. Used with permission

Let every man praise the bridge that carries him over. ~English proverb

Bridges

A bridge provides a way over calm or turbulent waters or rough terrain to move us from point A to point B—from where we are to where we want to be. People who have been charged with sexual offenses sometimes find themselves incarcerated or civilly committed. Point B for them is freedom. But there is a difference between being released and being free. Real freedom comes from breaking lifelong patterns that keep us imprisoned behind walls of our own making. Those personal prisons travel with us beyond the razor wire if we have not done the therapeutic work that would truly set us free.

Bridges appear naturally in many art forms, most obviously perhaps in music, where the notion of the "bridge" denotes a clear transition from one place to another. Something magical often happens within the creative process. When we surrender to the art and let it come through us, without trying to control it, the art itself can be transformative, can usher in profound change. While exploring the nature of a thing in its complexity, we are drawn to see the other sides of it, the hope and possibilities as well as the pain of it.

Such a transformation happened to me during a songwriting process. The song came to me unbidden out of a terrible anxiety I was feeling, and to my surprise, by the time it ended, it carried an entirely different mood and feel. The change was embodied in the music as well as the lyrics. The beginning of song had a driving, relentless beat, but when the bridge entered, the song took on a suddenly lyrical, flowing, and contemplative mood. The lyrics illustrate this movement, though perhaps not as completely as the full musical piece:

I Don't Like It Here
I don't like it here, this relentless anxiety.
I don't like it here, with my jaw clenched tight.
I don't like it here, most familiar of agonies.
I don't like it, I don't like it here.

Sleep eludes me, taunts me, dances just beyond my reach now.
Thoughts race through my head as the dawn draws near.
Weariness and woe are my constant companions.
I don't like it, I don't like it here.

I freeze and brace myself for the blow that is sure to hit.
I hang on for dear life, lest I fall in the pit.
I know deep in my gut, there's no way of avoiding it, still
I don't like it, I don't like it here.

Bridge:
Yet here in this place, there's a seedling that stirs in my breast.
If I can get through this place, there's a promise of rest,
There's a promise of life,
Something newly created from this turmoil and strife
And the dank, ugly stuff of this place.

I don't like it here. I thank God for the poetry.
I don't like it here. I see my soul in the art.
I don't like it here. But the music's redeeming me.
It's a miracle and a blessing to be here.

Now, as I noted, this song emerged from a highly personal place. Such is the case with most of the songs that come through me. Nevertheless, it emerged at a time when I was working with a young man in a prison setting, and no sooner had I put my guitar down than I realized that this song might speak to him as well. That is the nature of all art, I believe: Once created, it doesn't belong to me. It takes on a life of its own, and it belongs to the world.

I took the risk to share the song with the young man who was seeing me for depression and anxiety related to his incarceration, and I will never forget the deep sigh that punctuated the end of the piece. The song sparked a meaningful conversation. We were able to connect as human beings. I remembered the phrase, "The universal lives in the particular," and I thought about how our most personal artistic work always seems to engender the strongest interpersonal connections because they touch that place of humanity where we are all the same.

Cautions for Expressive Arts Therapists and Others Working with Sexual Abusers

Getting Hired

Because the field of expressive arts therapy is a relatively new approach in correctional and forensic settings and because sex offender specific training is so difficult to find, getting hired in this field can be a challenge.

The first step is to notice that the treatment of sexual abusers *exists* as a field, and it offers rich clinical possibilities for practitioners. The second step is to know that treatment programs always need skilled clinicians. The best opportunities exist for those already in a position to straddle both fields, that is, for those trained as primary therapists, knowledgeable about diagnosis and assessment, treatment planning, and group therapy—and in some cases individual and family therapy, though that is not as common. Expressive arts therapists skilled as primary clinicians may find some resistance because the field remains relatively new and misunderstood in these settings, but if it is any consolation, the same is really true for any psychotherapists wielding a psychodynamic approach. With new emphases within the field of sex offender treatment drawing increasingly from the general psychological literature—particularly areas like positive psychology—I believe the way is beginning to open for expressive arts therapy.

Of course, the best job security for expressive arts therapists will likely come from people recognizing how effective it can be as a treatment approach. A little published research also would not hurt.

Constraints of Working in Secure Settings

Many constraints exist for those working in correctional settings, such as restrictions on allowable materials. Prisons and treatment programs both may forbid certain "contraband" items that could compromise security in such settings. Many "tools of the trade" for expressive therapists fall among these contraband items. Clay, for example, can be used to plug keyholes or make impressions of keys. Sharp knives and scissors and even long-handled paintbrushes may be considered potentially dangerous. Stickers may not be allowed, as they can be used to alter or obstruct signage. Masks may not be allowed because they can be used to conceal one's identity. Long scarves, wire, and ropes could be brought to bear in suicidal or escape efforts. Musical instruments will likely fall under scrutiny for potential risks, as well various audiovisual media. Clients or inmates themselves (the language changes depending on the setting) may have to operate under strict property limits.

However, from an artist's point of view, *every limitation is a creative opportunity*. I have seen some pretty amazing artwork within prison walls made of toilet paper, candy wrappers, and ramen noodles and, less often, compelling music utilizing only human voices and percussive rhythms from human hands and feet. Of course, there has never been a shortage of drama, either. Where humanity goes, there too goes art. When any of these things are unleashed without the safe containment that art modalities naturally provide, fear abounds, especially among staff. Expressive arts therapists can be crucial helpmates when it comes to offering fresh containers for inevitable expressions of human emotions and creative ideas.

Working with adjudicated youth and adults brings particular ethical concerns. A detailed discussion of these ethical issues could easily fill another chapter, if not a book, but I will try to note some important highlights here.

Clinical documentation among this population is typically "discoverable," meaning records can be subpoenaed by courts and used for civil commitment reviews, for assigning risk levels, and for a variety of legal processes and hearings. Document carefully and know your particular state's laws and statutes; these can vary widely. Be prepared to testify in court to your own documentation, and when you are documenting clinical work, apply the Evening News "best test" for what is fit to print.

Familiarize yourself with privacy laws. Helping professionals must be aware of how the Health Insurance Portability and Accountability Act (HIPAA) and related regulations apply to this population. Chemical dependency histories and records tend to be particularly well-guarded.

Facilities that incarcerate individuals may be allowed by statute to limit some client liberties and privacy. Do not be tempted to treat confidential and private data in a more cavalier manner just because a client resides in a prison or civil commitment program. If you observe that an investigatory body monitors phone calls, for example, recognize that phone monitoring is generally permitted for security purposes only, and as much as you might like to listen in to get some clinical insight on a client, such an act would be inappropriate. Apply the "need to know" standard, and honor client privacy as you would your own.

Remember, too, that even people with whom you work may fall short of understanding and appreciating complex clinical diagnoses and treatment processes, so it is best to refrain from excessive detail that could cause people to draw inappropriate conclusions from what you write. Recognize that you as a practitioner may be mandated under some state laws to report when clients give identifying information about particular types of prior offenses. Be sure to advise all your clients of the limits of confidentiality before disclosures like this come up, or it can wreak havoc with your therapeutic relationship.

Relationships with Other Disciplines

Much of the treatment for sexual abusers happens in secure treatment settings. Building positive working relationships with staff designated to maintain the security of these environments is critical to effective treatment programming. A working

partnership is essential. That means we must appreciate—and be able to convey our appreciation for—the important role security staff play and not allow divisive relationships to form with them. Residents in a correctional setting or treatment program will take advantage of any opportunity we give them to "split" staff. This is where the rubber meets the road, and where the quality of interaction among those playmates in the sandbox can make or break what has the potential to be a powerful therapeutic partnership.

Another important consideration pertinent to good communication among staff is language and documentation. A common phrase heard in programs where not only treatment but also legal concerns abound is: "If it is not written down, it did not happen." Expressive arts therapists need to take special care in documenting their work in a way that is clear and understandable to both clients and to other members of the treatment team, a way that accurately conveys and guides treatment progress, always providing context, without simply aligning to other schools of thought but in fact honoring the unique discipline of expressive arts therapy. This is no easy task and perhaps a topic for another book. Suffice it to say here that it behooves us to become a bit "multilingual" and able to translate therapeutic material while also remaining cognizant that most treatment documentation is legally "discoverable" in this field, meaning we could at any time be asked to defend our written reports in a court of law.

Many expressive arts therapists find report-writing challenging. We generally come into the field because of creative talents and interpersonal skills, not always with strong writing skills. Even those uncomfortable with formal report-writing can make tangible contributions to the treatment of sexual abusers, however—perhaps not always as primary therapists but as adjunctive therapists or consultants presenting workshops designed to offer opportunities for clients to explore therapeutic material through other modalities, to crack open new places, perhaps cofacilitating with others who possess complementary strengths. As noted above, every limitation is a creative opportunity.

The Therapeutic Alliance

There is no denying the importance of a therapeutic alliance; that is, a positive therapeutic relationship in psychotherapy. Scott Miller's meta-analyses (2005) left little room for doubt that the therapeutic alliance is the primary determinant of successful outcomes in therapy. However, it is no surprise that practitioners have shied away from therapeutic alliances in their work with sexual abusers and indeed with others who have a history of engaging in criminal behavior. How does one form a therapeutic alliance with someone whose very pathology supports deception and antisocial tendencies? Is it our challenge to believe everything we are told?—to accept and validate their wishes and ambitions, even when they seem counter to social mores?

Blanchard devotes an entire book, *The Difficult Connection*, to this subject (1995). It has been my experience that our particular challenge with this population is to discern each individual's psychopathology from his humanity—that deeper part of himself genuinely concerned with his best interest, the part interested in getting

better, in doing no more harm, in ending his own suffering. In Jung's framing, it has to do with distinguishing the small "s" self (Ego) from the large "S" Self (where the collective unconscious and perhaps what we might call a "higher power" reside) (C. G. Jung in Campbell, 1976, pp. 23–46). I have yet to meet a sexual abuser who did not have some genuine desire toward improved functioning, social acceptance, and psychic wholeness. These are human needs common to all. As hidden as a person's humanity may seem to us, it is by definition a universally shared quality.

Beyond aligning with the humanity in people, perhaps the best way to develop a therapeutic alliance is through consistency. Be reliable. Keep your word. Show up when you say you will show up, and model how to manage imperfection when you slip up. Be transparent about your observations and intentions, and collaborate on creating treatment goals. Clients will appreciate that consistency.

I Think His Pants Are on Fire

Historically, treatment programs for sexual abusers have not only insisted on "total honesty"; they have more often than not insisted upon it from day one of treatment. More and more, programs are starting with treatment readiness programming designed to acclimate individuals to treatment and allow time for therapeutic alliances to form before diving into these dark, Stygian waters. Moreover, complete disclosures of sexual offense histories do not necessarily serve to reduce recidivism; some treatment programs have been enjoying considerable success with so-called "deniers" groups (Levenson, 2011).

As for the tendency toward deception, first of all, it is important to recognize this not as a moral failing but rather as a psychological defense. It is no doubt an adaptive one, at least at one point in time acquired "for good reason," as cognitive behavioral therapist Christine Padesky (2005) might say. I like to use the image of the "open door" to navigate through unknown waters that could likely contain some elements of deception. When I first interview an individual charged with sexual offenses, I explain that generally an individual entering treatment may be reluctant at first to admit to all his criminal activity; I encourage the individual to be as truthful as he feels comfortable, reminding him that I will "leave the door open" for future admissions. That door never closes for me. In this way, the individual can save face; I don't need to accuse him of being a "liar." I simply note that it is my practice to keep the door open for future admissions and disclosures that generally come as the individual feels more comfortable with me and with the therapeutic process.

Honesty is a virtue loudly brandished in any treatment of people who have engaged in criminal behavior. But let us look at this from a different angle. To be sure, deception is part of the pathology of people with antisocial personality disorders and therefore a natural treatment focus. But how honest, really, is a stark proclamation *without context*? Human beings are complex creatures, and the only way to truly understand the acts we commit, in order to get a grasp on how to prevent future commissions, is to deepen an understanding of that complexity. That takes time, but that is closer to complete honesty. Moreover, nothing offers more potential

for appreciating human complexity than art, in all its forms. We can paint the demons we seek to understand, then bring them into three dimensions in a lump of clay, then talk with the figure, and directly ask it pertinent questions, such as "Why are you here? What do you need?" We can engage art the way an artist would and receive its responses in like form. In my experience, while conversation can be utterly misleading, art never lies.

Boundaries, Transference, and Countertransference

Boundary crossing happens every day in treatment programs for sexual abusers. No one is immune to being caught in a boundary crossing. As human beings, we all have personal vulnerabilities. Many sexual abusers—who, by the way, have personal vulnerabilities of their own—often seem able to identify vulnerabilities in others and to use the knowledge in service of their pathology with awesome skill and finesse. When we look at the larger picture, we ought not be astonished. It stands to reason that individuals who have arrived at a point of being in treatment for sexually abusive behavior have probably had poor boundaries their entire lives—including poor modeling of boundaries and violations of their own personal boundaries. Some lack the vaguest clue about how to establish, maintain, or manage boundaries in a healthy ways. Everyone involved in the treatment of sexual abusers must be vigilant to boundaries for his or her own safety and well-being but also for the purpose of *providing a corrective experience* that will help clients address these important treatment issues. When we become "too friendly" or even sexual with clients, we not only cross a line of legal and professional ethics, we also do the client no good and may do him considerable harm. Colluding with a boundary violation reinforces pathology. It helps no one to give in to a boundary violation.

Consider a client with a long history of being sexually abused who bases his entire sense of self-worth on his sexuality. Imagine how powerful it would be to have the treatment professional he is trying to seduce respond firmly and with genuine caring, "Nothing sexual is going to happen between us. However, that is not to say we cannot have a good professional relationship. I value you for the many excellent personal qualities you possess, including the progress you have made so far in treatment. Let's base our relationship on that."

Expect boundaries to get crossed, and think about how you will deal with that when it happens—not *if* it happens, *when* it happens. It's an occupational hazard in this work. Roofers fall off of ladders; people working in sexually charged treatment environments are prone to boundary crossings. When things do happen to you, it's a good time to seek clinical supervision. Red flags should rise if you notice yourself falling into any of the following thinking, feeling, or behavior patterns:

- I have personal problems that trouble me when I am at work.
- The thought occurs to me that I get more appreciation from clients than I get at home.

- I feel disconnected from or even estranged from my treatment team.
- An individual insists he did not commit the crimes he is charged with, and I honestly wonder if he might be telling the truth.
- A client seems overly friendly. I can't be sure, but today I think he winked at me.
- I notice that I am making exceptions, not keeping boundaries clear.
- I let a rule slide and tell myself, "It's just a little rule and doesn't really matter—besides, no one else needs to know."
- I have a vague feeling that a client may be flirting with me, but it's so subtle that I can't quite put my finger on it.
- I find myself automatically blushing and smiling, without meaning to, when a good-looking client compliments me. I don't want anyone to see my reaction, so I hurry away and don't tell anyone.
- I have a hard time saying "no" to certain individuals with whom I work.
- I don't understand the rules I'm told to uphold; they don't make sense to me and, quite honestly, I don't think they are entirely fair.
- I know I crossed a boundary with someone, but I don't know how I could possibly go back and correct it.

Remember, none of these items are necessarily indications that you have done anything wrong. Rather, they are simply signs that it is a good time to speak with someone about what is happening, whatever it may be. Secret-keeping is the worst thing to do when you feel vulnerable to boundary crossings. Also, these red flags are applicable to any combination of male-female interaction or where there exists same-sex attraction. If you are a male heterosexual therapist working with male sexual abusers, do not be fooled into thinking you are immune. You may be an easier target, depending on the situation and your own vulnerabilities—not only for sexual advances but also for supporting other kinds of client rule-breaking.

Finding a supervisor or someone else on your treatment team to talk with when you first notice anything amiss is the best antidote to falling into a trap—the sooner, the better. And self-care is the best prevention when it comes to avoiding boundary violations. The following tips will help prevent or diminish the severity of boundary violations.

- Take care of yourself and your own emotional well-being.
- Be aware when you are not feeling up-to-par and let others know. You don't have to tell your life story; just give others a heads-up when you feel emotionally vulnerable. Understand that it happens to everyone, and ask for what you need.
- Ensure safety in every situation you enter. Speak up about any misgivings you have regarding what you may be asked to do or with whom you may be asked to interact. Listen to that "twist in the gut," even if you do not understand the origin.
- Practice perspective-taking. That is, examine your own actions from other points of view. Routinely ask yourself, for example, "What would my supervisor, peer or someone I respect think or feel about the action I am about to take?"
- Be direct with clients, and let them know when they have crossed a line, in a calm way that supports their treatment goals.

- Learn how to go back and "reset" a relationship with a client after a boundary crossing.
- Be wary of underinvolvement as well as overinvolvement. Both are detrimental to clients' treatment experiences.

Finally, know your own cognitive distortions ("thinking errors"). Everyone has them! If you hear yourself thinking any of the following, it is a safe bet that it is a distortion.

- "They're evil, subhuman, not like me." (marginalizing, dehumanizing)
- "Treatment never works." (generalizing, all-or-nothing thinking)
- "It's just a small rule." (minimizing)
- "No one will find out." (secret-keeping)
- "This guy is different, special, not like the others." (romanticizing)
- "I'm the only one who really cares or can help this man." (grandiosity)
- "He really cares about me." (romanticizing)
- "I am helpless. He has power over me." (victim stance)
- "There's no way I can get out of this." (catastrophizing)
- "No one will believe him anyway." (marginalizing, feeling powerful)
- "It won't matter if I do this; I can handle it." (grandiosity)

If you, like me, are hopeful that change is possible, you may, paradoxically, be *more* vulnerable to disappointment in some ways, because you expect more, and the depth of the therapeutic process may make it easier for you to dwell in your own swamp. How do you survive your own masks and wounds, build your own bridges? You do your own inner work and become more aware of your own temptations to cynicism, grandiosity, and also others' judgments of what is "real."

Remember, too, that treatment teams working with this population are stronger than the sum of our parts. When we rely on each other to get ourselves through rough spots, the whole program becomes stronger, and the men we serve get better too.

A Continuum of Sexual Abuse

The term "sex offender" elicits strong responses from people, and understandably so. Many of us upon hearing that term immediately imagine a worst-case scenario. We might conjure up, for example, the image of a frighteningly intelligent, unfeeling, vicious predator, who indiscriminately plucks innocent strangers off street corners and drags them, utterly terrified and defenseless, to a secret lair to inflict bizarre sexual tortures. This is the sort of image we most often find presented in movies and television but least often find in actual fact.

At another extreme, we may find a young person I'll call "Ricky." Let us say he is your 19-year-old nephew. Ricky goes to a party where he meets and falls head-over-heels for a girl. Maybe he knows she is 14, maybe he doesn't. She looks well-developed to him, and it frankly does not occur to him to ask her age. He just wants to be close to her, touch her, smell her hair. The girl finds herself swept off her feet by his attentions at the party and later starts sneaking out of the house to meet him. You know the rest of the story. The relationship becomes sexual, the girl's parents find out about it, and they press charges. They are justified in doing so, of course, because a 14-year-old simply does not possess the maturity to consent to a sexual relationship. The most current research tells us that her brain—especially those areas involved in self-control, planning, and good judgment—will not be fully developed until she is 25 years old (Walsh, 2004). Wait a minute—that means the 19-year-old has ways to go as well before he is fully capable of mature, adult judgment. Hold that thought.

The continuum of sexual offending is indeed broad and varied. At one end, we find sadistic acts that include various forms of physical harm and sexual penetration. At the other end, we find "noncontact" offenses involving Internet porn, indecent exposure, window-peeping, breaking into a home to steal and masturbate to lingerie, or engaging a young child in a sexual conversation or showing pornography to that child. On that same continuum, we find a female babysitter who asks a boy to rub her crotch outside her clothing; a developmentally delayed fellow who brushes up against women in crowded malls for sexual pleasure without their ever knowing it; an elderly woman who grabs and kisses nursing home orderlies when they least expect it; and a senator who has had too much to drink and pinches the buttocks of a waitress in a bar. We also find incest, prostitution-related crimes, and "date rape" on this continuum.

All these offenses, every one of them, are punishable by law, and perpetrators of these crimes occupy our jails and prisons. Most of them get released after they have served their time. The highest risk offenders receive treatment within prison or on an outpatient basis by order of the court. And dramatically increasing numbers of individuals responsible for committing crimes on this broad continuum—both treated and untreated individuals—find themselves civilly committed as "sexually violent persons," indeterminately. In recent years, we have cast a wide net in this regard.

It is a natural response to cast a wide net when a terrible thing happens that strikes fear in the public psyche. When such a thing happens, we tend to lose sight of the broad continuum of sexual abuse, and we also tend to generalize and demonize sexual abusers as a group. Suddenly, "sex offender" becomes a single dehumanized thing in the public mind, a thing of which we feel we must rid ourselves at all costs. Human shadow writ large.

And indeed, it is costing us a great deal, particularly in the current economic climate with scarce resources. Thoughtful people know that broad-brush responses to "lock them up and throw away the key," though perhaps understandable in one regard, are in fact poorly founded and difficult to justify.

I am not alone in this view. Even victim advocates like Patty Wetterling have taken up the cause to defend reasonable approaches to the difficult challenges that face us in the field of sexual abuse and its treatment. Studies of abused children reveal overwhelmingly that although their parents typically call for harsh punishment of their alleged abusers, the children themselves want their abusers *treated*. They want Daddy or Uncle or Grandma or that lady "who used to be so nice to me" to change—to "get better and stop doing bad things."

There is good news. Individuals who commit sexual offenses are benefiting now from treatment (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010) and are increasingly demonstrating the ability to become productive, contributing members of society. State-of-the-art therapies, supervision, and community support during gradual, step-by-step transitions back into society all exemplify approaches that have improved over time in their effectiveness for reducing the rate of recidivism among those who have committed sexual offenses.

Sexual abusers vary widely in their risk to reoffend. Estimates suggest that sexual offenders will sexually reoffend in their lifetimes, at rates considerably lower than rates of reoffense for other types of violent offenders, and rates dip even lower when sexual abusers receive treatment. A study conducted in Minnesota in 2009 revealed a recidivism rate of only about 13 % for untreated offenders, a rate most find surprising, but that rate actually drops to a mere 5 % with treatment (Duwe & Goldman, 2009).[5]

"It takes a village" to address an undertaking of this scope, an undertaking that has high stakes for all of us. Clinicians, security professionals, law enforcement, members of local communities, and indeed the very men at the center of this drama, who by and large come to recognize their past mistakes and want to become better people, are coming together to bring the best practices they know to the task of building innovative solutions.

There are those who believe that some sexual abusers should never be released. Certainly, some clients have more deeply entrenched pathologies than others, but in a classic psychological "reframe," it may be more appropriate to consider that we practitioners may not have developed adequate technologies to treat those more difficult cases.

I have never been one to say "never" to anything, and I have been impressed more than once by the resilience and strength of the human spirit as it seeks healing, sometimes in surprising ways.

Certainly, public safety must be preserved, and an evaluation of risk is always part of a decision to reintegrate treated sexual abusers back into the community. Ironically, many of our current laws and policies, like sex offender registries (Letourneau, Levenson, Bandyopadhyay, Sinha, & Armstrong, 2010; Spoto, 2011) and residency restrictions (Blankstein, 2010; Dorin, 2010), in fact do little to prevent sexual violence. We can go a long way still to bring a more sensible eye to the treatment of sexual abusers.

[5] Using a retrospective quasi-experimental design, this study evaluated the effectiveness of prison-based treatment by examining recidivism outcomes among 2,040 sex offenders released from Minnesota prisons between 1990 and 2003 (average follow-up period of 9.3 years). Results from the Cox regression analyses revealed that participating in treatment significantly reduced the hazard ratio for rearrest by 27 % for sexual recidivism, 18 % for violent recidivism, and 12 % for general recidivism. These findings are consistent with the growing body of research supporting the effectiveness of cognitive-behavioral treatment for sex offenders.

Why We Should Bother Doing This Work

Are you like me? When I find myself grappling with my position on a difficult issue, like whether or not to release people who have engaged in terribly hurtful acts of sexual abuse from civil commitment, I think about the kind of person I want to be. I have listened to loud, angry voices from people who vehemently oppose such releases. I feel my heartstrings pulled by emotional descriptions of hurts suffered. And yet, I know that I do not want to be a person who is closed and numbed by pain nor a person filled with vengefulness and hate.

The kind of person I want to be believes that meaningful change is possible. The kind of person I want to be does not judge another person by the worst act he or she has ever committed. If I can muster the courage to move beyond wanting to hide that "worst act" from my own view and everyone else's, then I would like the opportunity to find a purpose in it, to grow beyond it, and to have the privilege of contributing something worthwhile to the world as a way of making amends—something I would perhaps be unable to give had I not endured and learned from *my* most painful experiences.

The kind of person I want to be moves thoughtfully through life, not with vengefulness and hate, but neither with blind and careless disregard for common sense and fairness and public safety. I want to be a person who moves with caution and compassion. I want to be, as Sister Helen Prejean urged, a person who is able to "hate the sin, but love the sinner."[6] In my best hours, when I have been personally hurt, I hope I can move with grace enough to offer myself the gift of forgiveness of another.

This is the kind of person I want to be. And in all my dealings, the best people I know want the same. It is my good fortune that embracing life as an artist and practicing expressive arts therapy helps me to be that kind of person.

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[6] This sentiment was echoed in the 1995 movie, *Dead Man Walking*, the autobiographical account of Sister Helen Prejean, a Roman Catholic nun, and her special relationship with a prisoner on death row. The film consolidates two different people into one character whom Prejean counseled on death row. Near the end of prisoner Matthew Poncelet's life, Sister Prejean focused her words: "I want the last face you see in this world to be the face of love, so you look at me when they do this thing. I'll be the face of love for you."

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