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# Using group art therapy to address the shame and silencing surrounding children's experiences of witnessing domestic violence

EMMA MILLS & STEPHANIE KELLINGTON

## Abstract

We suggest that shame and silencing are two of the most common reactions to children's experiences of witnessing domestic violence, on the part of associated adults and the children themselves. We also draw on British object relations theories about shame and its links to visuality to examine the particular possibilities inherent in the use of art therapy as a treatment modality for experiences which are heavily shame-laden. In doing so we present a case study of an 11-year-old girl's engagement with an art therapy group for children who had witnessed domestic violence and illustrate how the group facilitated her working-through of her experience of being both shamed and silenced, along with her subsequent re-establishment of a more emotionally close relationship with her mother. Arguing that art therapy has historically been under-used among the range of support options offered to children who have witnessed domestic violence in the UK, the article constructs an argument to counter this trend and to advocate for greater involvement of art therapists and art therapy among this client population.

**Keywords:** *Shame, silencing, domestic violence, art therapy, groups, children*

## Introduction: child witnesses of domestic violence

A 2002 UK Department of Health report estimated that '[a]t least 750,000 children a year witness domestic violence [in the UK]. Nearly three quarters of children on the "at risk" register live in households where domestic violence occurs'. For many of these children, witnessing domestic violence (DV) is linked to experiencing mental health problems and behavioural difficulties, including an increased risk of becoming victims or perpetrators of intimate partner abuse, later in life (Gilbert et al., 2009; Tyler, 2002). In order to mitigate these possible outcomes, Miller (1990, p. 43) argues for the positive impact of a 'stabilizing witness' to a child's traumatic past. We believe that art therapy can be this 'stabilizing witness', facilitating access to memory and providing a safe space for working through trauma.

Several authors who write about children's responses to trauma stress the importance of the safe revisiting of the 'phobic stimuli' of the trauma in tolerable doses so that the difficult feelings evoked can be learned to be tolerated and adapted back into one's life (Perry & Ishnella, 1999; Pynoos, 1990). It is important to underline here that the potential negative outcomes associated with the experience of witnessing DV are not an unavoidable product of the traumatic experience itself, but rather result when the trauma has not been adequately processed. When looking at factors that influence the processing of traumatic emotion, it has been found

that the less anxious a child feels during therapeutic treatment the higher the likelihood that painful affective memories can be rerouted and replaced (Perry & Ishnella, 1999). Children who engage positively with the art-making process derive 'enjoyment' from the art materials, which can aid in this type of engagement with the therapeutic process.

Art therapy also brings unique benefits in allowing procedural memory to be activated in the safe, contained way that is vital for psychodynamic work. Accessing procedural memory is key to the treatment of trauma (Green, 2003) as these types of memories are often located in the amygdala where responses to traumatic or 'emergency' situations like flight, fright, fight or freeze are also determined. For traumatic incidents to be processed, the brain must be able to take the experiences from the amygdala and process them, calmly and reflectively, in the hypothalamus. Post-traumatic stress disorder (PTSD) and other potentially adverse consequences of trauma are the result of trauma staying in the amygdala and flooding it.

## A role for art therapy

Kozłowska & Hanney (2003) argue that art therapy can access procedural memory through the physical process of making art itself. They point to Terr's (1992) work, which concluded that prior to three years of age, narrative memories are mainly absent or fragmented. Additionally,

LeDoux (1993) found neurological evidence which is claimed to support psychoanalytic theories that memory is not only processed through language but also impacts on emotional and non-verbal processes, while O'Brien (2004, p. 8) draws on Schore's (2001a, 2001b) and Edwards' (1979) work on creativity, to propose that using art therapy can help release 'experience, emotion, and trauma as these are put in the right hemisphere and processed there before having words attached to become memory'. Chamberlain (1995, cited in Karr-Morse & Wiley, 1997) concluded that in very young children primitive memory is stored in specific parts of the body. O'Brien (2004) also proposes that the use of art materials in a particularly physically and sensorily aware way might facilitate access to somatic memory which is stored in the body and associated with these types of emotional experiences. All of this bears obvious relevance to work with children who may have deeply buried memories of the violence they have witnessed.

Thinking about the particular value of group art therapy work with children, Prokofiev (1998) provides an excellent overview of the history of the adaptation and development of art psychotherapy groups in work with this population. Anchoring this history in the pioneering work of Slavson (e.g., 1986) in the US and Anthony (1957, cited in Prokofiev, 1998) in the UK, she describes a trend towards the more overt use of theme-based groups in the American art therapy literature (e.g., Landgarten, 1981; Rubin, 1984) and non-directive work in the UK (e.g., Case, 1999; Case & Dalley, 1992; Dalley, 1990, 1993). She references Landgarten, who in 1981 (p. 106) already felt confident enough to declare art therapy to be 'the treatment of choice for latency-aged children in outpatient clinical facilities', and Dwivedi (1993), who later added that group work with children of this age can be particularly effective as it replicates the kind of milieu in which they lead the majority of their lives (in school, in the family, with friends, etc.).

When looking at best practice specifically around therapeutic support for children who have witnessed domestic violence, Swanston, Nunn, Oates, Tebbutt, and O'Toole (1999) discuss the need for increased emphasis on treating children's associated depression and anxiety, while examining the child's perceptions about their future. We believe that art therapy can help promote these treatment goals. A 2004 Home Office Development and Practice Report (Mullender, 2004) stated that interventions for children who witness domestic violence can include many forms of individual and group work, but neglects to

mention art therapy specifically. Although art use is cited three times in the report, including in children's own accounts of how it has helped them work through difficult feelings, there is not one mention of 'art therapy' *per se*. This is despite the fact that in the document one boy is quoted as saying, 'I want to come and I want to paint my feelings out and I want to go. I don't want to talk about it' (Mullender, 2004, p. 4). It is our view, therefore, that art therapists have some distance yet to travel in educating policy makers and others about the specific value that art therapy can bring to work with children who have experienced traumas, such as witnessing domestic violence. This article aims to take one more step on this journey by illustrating the unique contribution that art therapy can make to treating the shame and silencing that so often accompany children's experiences of witnessing domestic violence.

### **Impact of witnessing domestic violence on children**

It is important to emphasise that the impacts on children of witnessing domestic violence are varied; they can be internalised or externalised and the effects can manifest at home, at school or in peer relationships. Gender is also an important determinant of responses to witnessing domestic violence. There is a tendency for girls to internalise trauma and repress negative feelings that can be difficult to identify, resulting in secondary disadvantage through neglect of their emotional needs, especially within the education system. There is also a greater tendency for girls to disassociate, feel powerless to act, and use their power to withdraw (Higgins, 1994). As they reach puberty, girls often turn their anger towards themselves, resulting in depression and anxiety disorders. Conversely, girls may show empathy and appear to a greater extent socially competent to avoid conflict. However, their anger may later show itself through self-harm, eating disorders and suicidal tendencies (Royal College of Psychiatrists, 2004).

Boys are more likely than girls to externalise their reaction to witnessing domestic violence and thus to develop responses which manifest in aggression (Karr-Morse & Wiley, 1997). Externalising behaviours can also include developing enmeshed relationships with caregivers and being inappropriately mature, feeling responsible for other children and one's mother, and having heightened sensory awareness.

For both genders, children who have witnessed domestic violence may experience nightmares and fear men and/or their voices. They may fear

being touched, and flinch when someone reaches towards them. Children manifesting this set of responses may have a fear of making mistakes and can appear passive, clingy, anxious, withdrawn and isolated, or lonely (Higgins, 1994). This seems to link with the empirical observation that children who have witnessed domestic violence are more likely than others to have more disorganised attachment patterns (Karr-Morse & Wiley, 1997). This type of attachment can be observed when parents are both the primary source of care and simultaneously the source of harm or failed protection, and is characterised by a sense of closeness to the caregiver in a disorganised way, appearing sad or fearful when reunited with them. Finally, there is widespread consensus that most children are affected by the fear, shame and guilt that arise from what they have witnessed and endure the silence that surrounds domestic violence in British society. This silence is one of the most damaging outcomes of the abuse (Herman, 1997; Meekums, 2000; Russell, 1986) and can be created and enforced by the perpetrators, the victims or their families as well as social institutions (Breckenridge, 1999; Courtois, 1999; Slater, 1998).

### Shame, silencing and denial

This widespread silencing and denial that surrounds the experience of domestic violence in British society is tied closely with the emotional responses elicited by that experience, including feeling ashamed of oneself and one's experiences. Herman (1997) argues that shame can underlie silencing both through an accompanying fear of humiliation, ridicule or disbelief, and by fear of the possible retaliatory actions of the perpetrator. The hiding/silencing of the shame that can surround the experience of abuse and/or witnessing abuse then feeds into an accompanying denial not only of the experience itself but also of the emotions, ideas and affect that accompany it. In Mullender, Hague, Imam, Kelly, and Mellos's 2002 study, it was found that almost half of their child participants had not talked *at all* about the violence with either their mothers or siblings while it was ongoing. For this reason Herman argues that breaking the silence and communicating about their experiences is important for all survivors in renouncing their own '...burden of shame, guilt and responsibility and plac[ing] this burden on the perpetrator, where it properly belongs' (1997, p. 200). Compellingly, according to Mullender et al.'s study (2002), 'someone to talk to' was the second most cited 'thing that

children need' (after physical safety) after having witnessed domestic violence.

In the literature on shame, feeling ashamed is often associated with a disjunction between an individual's ideal self and 'real' self and involves an internalisation of the 'badness' perceived to have created this gap (Pines, 2008). In the case of children who have witnessed domestic violence, the shame they feel *in themselves* when they witness a parent being abused speaks powerfully to the mechanisms of both internalisation and identification. An example of this can be seen in the words of one child in Mullender et al.'s study (2002, p. 109), who stated: 'I can't bear it that he hits her. I feel so ashamed'.

Fairbairn (1952) identifies another potential layer to this dynamic when he asserts that shame can result from identification with 'the bad object', as in the case of a child who identifies with an abusive or abused parent. He further adds that if a child experiences their parent/carer as shameful themselves, the loving feelings that are associated with the parent/carer may in turn come to be seen as shameful or 'bad'. In cases of domestic violence, wherein there is often a split between the 'good object' (survivor), who is nonetheless denigrated by the abusive parent, and 'bad object' (abuser), who is nonetheless loved by the witnessing child, the depressive reconciliation of good/bad can become stuck. Additionally, the silencing and need to conceal or deny that accompany the feelings of shame become the primary motivators of both behaviour and thought. Allowing children to find their own voices and to be able to speak of their experiences includes finding ways to help them identify and expunge the shame that so often accompanies these experiences.

### Shame and the group

Rizutto (2008) and Pines (2007) both argue that shame is essentially a social phenomenon in that it requires the presence of others—who are externally present to see the ashamed individual in their internally felt deficiency—to make itself known. This analysis is echoed by Levy and Rozaldo (1983), who add that it is the spectatorship of these others which gives the experience its full meaning.

Regardless of the degree to which the observing other is located inside or outside of the self, the fundamentally interpersonal nature of shame means that some clinicians (e.g., Birchmore, 1997; Karapanagioutidou, 2007) have argued that group work is a particularly effective therapeutic intervention with shame-based phenomena.

Birchmore (1997), in particular, writes compellingly that one of the aims of group psychotherapy is to create a holding environment in which shame-filled experiences and thoughts can be shared and acknowledged in a way that allows the client to simultaneously reconnect with others as well as to develop a new sense of play within the Winnicottian potential space, one in which relationships are trustworthy and containing. Groups, as Prokofiev (1998) notes, can also function as particularly 'strong containers' for children who may be afraid that the strength of their difficult or shame-filled feelings may otherwise overwhelm individual therapists.

In an art therapy group, in particular, the art-making can be used to create a shared 'visual language' among the group members and thus expand the opportunities available for connection and meaning-making. Skaife (2001) builds on Merleau-Ponty's thesis that meaning is created through the use of language intersubjectively at the intersection of self and other/the social, to argue that in an art therapy group meaning can also be created through the shared visual language of art-making, as well as through the sensorial experience of making the art. Meaning is thus created—and silence broken—through the physical act of creating and looking, in addition to the verbal act of speaking.

In thinking about the uniquely facilitative role that art can play in the transformation of traumatic emotion, connecting the fundamental visuality of the experience of both making and looking at images with the visuality of shame seems an important point of juncture. The connection that links shame with the visual, according to Pines (2008) and others, is twofold. It is firstly about feeling ourselves to be (bodily) exposed—open, available to be seen, 'naked', as it were, in the eye of the beholder; secondly it is about when we feel ourselves not to be the object of approval in the mirroring eye of the observer/carer—when we feel that what is exposed is deficient, unpleasant or distressing. Thus, the eye becomes the key organ in the experience of shame (Rizutto, 2008) and the feeling of being exposed in the most vulnerable or sensitive parts of the self as deficient or lacking becomes central to the experience of shame (Lewis, 1971). In working with child witnesses, creating a space where secrets no longer need to be kept and silence no longer paralyses so that painful experiences can be shared means creating a space where shame can be transformed into acceptance of the child client, while also holding space for the basic unacceptability of the acts of the perpetrator.

### Case study

This case study focuses on one child's participation in an open group for children who had witnessed domestic violence, which took place in a women's aid refuge in south-east England. In this area the local Child and Adolescent Mental Health Service unit did not accept referrals for children whose sole presenting issue was 'witnessing DV' and local social services officers have informed the authors that they are 'not aware' of any direct services for child witnesses of DV provided by their offices locally (Bennett, personal communication, 7 December 2010). While charitable organisations working nationally, such as Barnardos and the NSPCC, had initiated excellent pilot projects aimed at supporting child witnesses in other locales, none of these projects were yet available in the local area. So, in July 2006, staff at the refuge initiated a six-week pilot art therapy group and an art therapist, who had experience working with children raised in chaotic and violent families, was hired and subsequently supervised by a child psychotherapist. In keeping with what Prokofiev (1998, p. 47) described as a 'fairly universal' agreement regarding the preferential use of co-therapists in group work with children, a co-therapist was almost always present during the group, though different people filled this role over the life of the group and therefore the theoretical orientation and skill set they brought to the work changed. However, the format remained relatively consistent as the co-therapists used the group check-ins and check-outs to recap what was expressed during the sessions, usually resulting in discussion (led by the children) of themes, feelings and current happenings in their lives. The therapists reflected relevant statements made by individuals in the group, bringing to the attention of all what was being said or implied. Over time, the group itself became such a staple of the refuge's service provision for children that it had been going on for approximately 18 months prior to Hayley and her sister, Mandy, joining. Hayley was 11 years old and Mandy 8; both lived in the refuge with their mother. The incident that culminated in them leaving the family home was their father's attempt to strangle their mother, which had resulted in Hayley having to physically intervene and phone the police. However, denial of the impact of Dad's violence was endemic in the family system, with Mum's own parents maintaining contact with Dad. Their support for him hurt and confused Hayley. Hayley's mother said during the initial assessment that Hayley had become more and more withdrawn and anxious, not wanting to speak about the escalating violent episodes at home,

whereas Mandy had become increasingly clingy and babyish.

### *Starting the group*

When she started the group Hayley was withdrawn, shy and isolated herself from others. The other group members at the time were two loud boys, 11 and 8 years old, and one other younger girl, not related to Hayley and Mandy. Hayley initially refused to talk, remaining completely silent. This made the atmosphere in the room tense, with the boys doing most of their communicating with each other and the younger girl. When talked to, Hayley would respond with gestures or mumbled monosyllabic words. The facilitators were worried by Hayley's silence and concerned about the boys pushing boundaries, as they felt fearful that Hayley and Mandy would find the space too chaotic.

However, Prokofiev (1998) states that children who are exhibiting an 'inhibited' response to their difficulties are strong candidates to benefit from involvement in therapeutic groups as they may be encouraged towards increased activity when surrounded by the model of active peers. In this vein Hayley did make an image in her first session, which was later identified as a self-portrait, a 'twinkling, happy' girl, a perfect child for Mum (Figure 1). Both girls seemed concerned about their mother's well-being as she often appeared withdrawn and depressed. The girls therefore assumed a lot of caretaking responsibilities, particularly emotionally, for Mum, despite Hayley having what appeared to be an ambivalent attachment relationship with her. This response on Hayley's part mirrors the common gendered response, mentioned above, of girls' tendency to repress negative feelings, to use empathy as a coping mechanism focusing on caretaking for others as a way to reassert their

self-worth when faced with violence in the home (The Royal College of Psychiatrists, 2004).

In the following session Hayley created an 'empty image'—a paper plate painted pink in the middle with radiating tri-coloured lines (Figure 2). At this point Hayley had the whole group thinking about her, wondering what would be put inside her carefully painted plate, but in the end it was left empty. Members of the group asked her about this, only to be met with a smile but no words. The facilitators experienced this smile as 'creepy', as if Hayley had answers she did not want to share but rather tantalise the group with. Mum, Hayley and Mandy all had a difficult time settling at the refuge as they had had to flee a comfortable family home, bringing nothing with them other than the clothes on their backs. Therefore the emptiness portrayed by Hayley may have been a literal emptiness in terms of her lack of belongings and connection to her previous life. The empty image may also be related to there being an emptiness around what she was able to express at the time. As noted previously, the hiding/silencing of the shame that can surround the experience of witnessing abuse often feeds into an accompanying denial not only of the experience itself but also of the emotions, ideas and affect that accompany it. Additionally, the silencing and need to deny the feelings of shame become primary motivators of both behaviour and thought. As a result, Swanston et al. (1999) assert that children's depression is often missed when treating children who have witnessed domestic violence. The facilitators became anxious and worried about Hayley's



Figure 1. 'Self-portrait'. Paint on paper—Week 1.

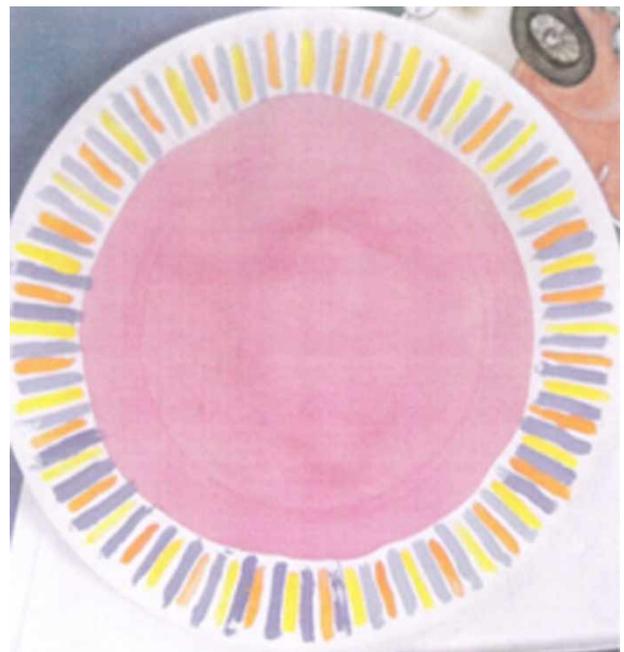


Figure 2. 'Untitled'. Paint on a paper plate—Week 2.

obvious silence and blankness; it seemed she was mirroring her mother who was also battling with a returning depression. Hayley had made an 'empty' image but, paradoxically, one that was very full in its emptiness. Understanding the importance of this emptiness brings to mind Skaife's (2001) work on the intersubjective nature of meaning, as the emptiness in Hayley's work relies on the others in the group thinking about and responding to it, as they did so strongly in the session. However, Hayley was physically absent from the next four sessions as her mum had left the refuge, which created again a literal silence/emptiness around her and her experiences in the group. The two boys would frequently ask after Hayley and Mandy in their absence and it became clear that the sisters had made an impact on the group even though Hayley had said very little.

#### *Seven weeks*

The sisters returned four sessions later. They had gone to live with their grandparents but their father was staking out the house, making everyone's lives difficult. In the first session after she returned, Hayley made images that she immediately screwed up and binned. The facilitators felt irritated and frustrated by Hayley's actions and found it useful to think about these countertransference feelings as providing important information about what Hayley herself may be feeling in rubbishing the perceived lack of 'usefulness' of the refuge and the art therapy group.

However, in the next session Hayley made a clay devil which began the introduction of badness and bad feelings into her thinking in the group (Figure 3). The initial response of the facilitators was that the devil could be read as a symbolic introduction of Dad, whom both sisters had been reluctant to talk about until this point. Mandy continued to maintain that Dad was 'not that bad', still holding onto something good about him, perhaps in reflection of the girls' maternal grandparents who continued to search for reparation. The feeling present for Hayley, however, was of an acknowledgement of a devil in her life in the form of her father. Around this time Dad had been requested to bring to their grandparents' house the clothes the girls had left behind. He brought them, but instead of handing them over he ceremonially burnt them, like rubbish, in the front garden. The devil that Hayley created could therefore be seen both as a representation of her father and of her own hatred and anger towards him.



Figure 3. 'A Devil in a Devil's World'. Paint and clay on a paper plate—Week 7.

At this point there was also an ambivalence in Hayley's thinking as she talked about her father neglecting her birthday, while he had managed to buy a present for her sister earlier in the year. Hayley may have believed that she was the cause of the family dysfunction and was therefore the 'bad child' who did not deserve a birthday present. After all it was Hayley who had called the police on her father and leapt on his back while he was strangling her mother. It seemed as though Hayley had internalised some of the sense of shame and 'badness' that was tied to the violence present within the family dynamics. Her induced sense of shame in herself and the role that breaking the silence around the abuse had played in creating this sense of shame were powerfully evoked at this time in the therapy. She talked about the devil clay image as being able to 'haunt you in your dreams' and also told the group that he was 'slimy with a sneaky smile'—a description

that mirrored almost perfectly the earlier feeling of 'creepiness' that Hayley's manipulative-seeming smile had evoked in the facilitators. Hayley seemed to identify with Dad in some ways but also presented as very ashamed of him and thus of this identification.

Over the next few weeks she appeared happier and began to evidence a growing awareness of the phenomenon of the sneaky smile. She delighted in throwing a more playful smile and in her increasing playfulness ceased to be silent. At this point the facilitators felt a shift within the group dynamics as Hayley became one of the leaders of the group. The boys began to notice and openly flirt with her. She evolved from being the mysterious mute girl into one of the most copied group members, which left the facilitators wondering about the power of her earlier silence. She continued to play with the clay devil image for a few weeks, at one point putting the devil on a black-painted clay rock, stating that he was 'a devil in a devil's world'. Hayley's words became very powerful within the group in this session, with some of the other children also talking about 'worlds'.

#### *Eighteen weeks*

Hayley had been painting her hands and making a series of hand prints for a few weeks previously, when at 18 weeks this mess-making escalated into making a soggy mess with paper and paint. She had become even more talkative and seemed to seek to entertain, but could be quite provocative in how she expressed this. The other children had begun to understand her mischievous side and enjoy it while the younger ones in particular wanted to emulate her. At this time, she would deliberately call the therapists by the wrong name, watching carefully for a reaction, which created a feeling of being observed and manipulated. Hayley disclosed that Dad had been following her from school, watching her from the other side of the road but not saying anything, which put her own behaviour in context. She also made a series of curved clay and paper 'walls', which were covered with brown paint. The image shown in Figure 4 was called 'Dead Bird on a Rock'.

The crafting of this image and the hand prints seemed to indicate the presence of regression. Malchiodi (1997, pp. 24–25) notes that kinesthetically formed expression is associated with regression, which is indicative of an underlying sense of generalised anxiety and fear. In this sense, the walls that Hayley obsessively made at this time may be seen as her attempt to create a



Figure 4. 'Dead Bird on a Rock'. Paint and clay on a paper plate—Week 18.

sense of protection to defend herself. It is noteworthy that Hayley was a very capable artist but created in a regressed way as she physically worked through some of the darker realities of her feelings. It could be argued that Hayley's use of her sensory and physical engagement with the art materials supports O'Brien's (2004) hypothesis about art-making aiding access to the somatic memory associated with emotional experience.

#### *Twenty-three weeks*

Moving away from the regressed state of five weeks ago, this session saw Hayley becoming more playful, creating an image that could be read as a visual pun on the name of the road she used to live on (Figure 5).

In thinking about this image, it transpired that Dad's violent outbursts had escalated after Hayley's mum had come out of a previous bout of depression and, seeking independence, had learned to drive. Dad became increasingly verbally and physically abusive, culminating in him taking a hammer to Mum's car and completely wrecking what had become a symbol of her independence. The road and gravestone in the image therefore have more than one meaning for Hayley. This image thus introduces the use of symbolisation to promote a deeper level of understanding as well as to process emotion in a

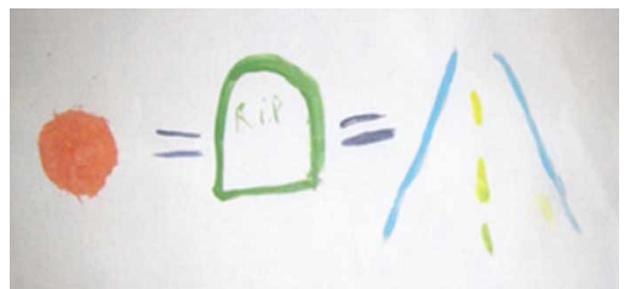


Figure 5. 'My Old Street'. Paint and pencil on paper—Week 23.

mature and humorous manner. This development could be seen as signalling a move away from traumatised right-brain thinking and into more integrated left-brain acceptance both of the events of the past and of the fact that a return to her previous 'home' was unlikely. It is also an example of the value of art therapy because, as Malchiodi (1997) points out, even if the child is defensive in the art-making process, the content, expressive style or metaphor gives the therapist clues to internal conflicts and pain. Sadness and playfulness thus become integrated as being possible within the same experience in the depressive position. This playfulness also brought about the introduction of 'bad words', which gave Hayley and her sister the opportunity to verbalise experiences they had previously been too ashamed to talk about.

#### *Twenty-seven weeks*

Around 27 weeks, as Hayley's time in the group drew to an end, she became obsessed with laminating her images. This fascination seemed to indicate her striving to stick in place important themes, as well as her work becoming more valued and less throwaway. The images she produced at this time were messages about her family and friends, focusing on the importance of connections and the ability to make positive relationships. For her final image in the group she carefully constructed two clay teddy bears, named Mum and Hayley, linked together by a heart (Figure 6). In the image she seems to be indicating a re-established connection with Mum and the possibility of healthy relations, which again is indicative of the resolution of the depressive position in Kleinian thought.

At this time Hayley had begun to open up to her mother and their relationship became close once more. Hayley's mother had not been previously aware that her daughter felt her grandparents had betrayed 'their own daughter' with their almost unflagging loyalty to their violent son-in-law, in the



Figure 6. 'For Mum'. Clay and paint—Week 27.

same way that Hayley felt that she had been let down as a daughter by her own dad. Overall, Hayley moved from a starting place of both literal and metaphorical silence and denial through being able to use the art materials to explore some of her anger and also to regress through the expression of feelings of shame and fear. The outcome of this process was to allow the reintegration of difficult negative feelings while re-establishing connection with her mum and her peers. She was eventually able to verbalise her thoughts about her father's behaviour and her feelings towards her grandparents openly to the whole group. After the first two months of her participation, Hayley began to face either of the two facilitators to ask questions or start fun, nonsense conversations and weeks later she became more open to the whole group with her verbal communication, even while her smiles remained, on occasion, sneaky. Overall, Hayley's developmental process was facilitated by having a venue to visually illustrate the shame, enabling it to be seen and acknowledged while no longer denied or silenced, so that she was able to take away a more whole sense of self.

#### **Conclusion**

As discussed above, shame is an affect which underlies much of the silence that can surround experiences of domestic violence. This can be particularly powerful for children, who can become vessels for the shame of the family as a whole. Families who make use of the services of domestic violence refuges are at a particularly difficult point in their lives and children often present as having very low self-esteem, which is accompanied by an entrenched fearfulness of talking about and acknowledging their difficult experiences. There are many dynamics at play in this fact. As well as shame, there can also be loyalty to the perpetrator and other complex factors.

Shame, as a visually based emotion, can be well worked with using art therapy as a modality. The power of the art therapy group lies in its ability to witness—in a very concrete, as well as metaphorical way—the truth of the children's experiences. By being able to have this experience in the group, children are able to start to dismantle and question the shame that has surrounded those experiences to date, and to reassemble a healthier, more positive sense of self-worth.

#### **References**

- Birchmore, T. (1997). Shame and group psychotherapy. Retrieved from [www.birchmore.org/Shame\\_and\\_Group\\_Psychotherapy.pdf](http://www.birchmore.org/Shame_and_Group_Psychotherapy.pdf)

- Breckenridge, J. (1999). Subjugation and silences: The role of the professions in silencing victims of sexual and domestic violence. In J. Breckenridge & L. Laing (Eds.), *Challenging the silence: Innovative responses to sexual and domestic violence* (pp. 1–27). St. Leonards, NSW: Allen & Unwin.
- Case, C. (1999). Foreign images: Images of race and culture in therapy with children. In J. Campbell, M. Liebmann, F. Brooks, J. Jones & C. Ward (Eds.), *Art therapy, race and culture* (pp. 68–84). London and Philadelphia: Jessica Kingsley Publishers.
- Case, C., & Dalley, T. (1992). Working with groups in art therapy. In C. Case & T. Dalley (Eds.), *Handbook of art therapy* (pp. 195–237). New York and London: Routledge.
- Courtois, C. (1999). *Recollections of sexual abuse: Treatment principles and guidelines*. New York: Norton.
- Dalley, T. (1990). Images and integration: Art therapy in a multicultural school. In C. Case & T. Dalley (Eds.), *Working with children in art therapy* (pp. 161–198). New York and London: Tavistock-Routledge.
- Dalley, T. (1993). Art psychotherapy groups. In K.N. Dwivedi (Ed.), *Group work with children and adolescents: A handbook*. London and Philadelphia: Jessica Kingsley Publishers.
- Dwivedi, K.N. (1993). Introduction. In K.N. Dwivedi (Ed.), *Group work with children and adolescents: A handbook*. London and Philadelphia: Jessica Kingsley Publishers.
- Edwards, B. (1979). *Drawing on the right side of the brain: How to unlock your hidden artistic talent*. Los Angeles and London: Souvenir Press.
- Fairbairn, R. (1952). *Psychoanalytical studies of the personality*. London: Tavistock Publications.
- Gilbert, R., Spatz-Widom, C., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet* 373, 68–81.
- Green, V. (Ed.). (2003). *Emotional development in psychoanalysis, attachment theory and neuroscience: Creating connections*. New York: Brunner-Routledge.
- Herman, J.L. (1997). *Trauma and recovery*. New York: Basic Books.
- Higgins, G. (1994). *All children should be safe*. Bristol: Women's Aid Federation.
- Karapanagiotidou, M. (2007). *Shame, the "hidden emotion"* (Unpublished MA thesis). Goldsmiths College, University of London.
- Karr-Morse, R., & Wiley, M.S. (1997). *Ghosts from the nursery: Tracing the roots of violence*. New York: Atlantic Monthly Press.
- Kozłowska, K., & Hanney, L. (2001). An art therapy group for children traumatized by parental violence and separation. *Clinical Child Psychology and Psychiatry* 6, 49–78.
- Landgarten, H. (1981). *Clinical art therapy: A comprehensive guide*. New York: Brunner/Mazel.
- LeDoux, J. (1993). Emotional memory systems in the brain. *Behavioral and Brain Research* 58, 69–79.
- Levy, R., & Rozaldo, M.Z. (Eds.). (1983). Self and emotion [Special issue]. *Ethos*, 11(3).
- Lewis, H.B. (1971). *Shame and guilt in neurosis*. New York: International Universities Press.
- Malchiodi, C. (1997). *Breaking the silence: Art therapy with children from violent homes*. New York: Brunner/Mazel.
- Meekums, B. (2000). *Creative group therapy for women survivors of child sexual abuse: Speaking the unspeakable*. London: Jessica Kingsley Publishers.
- Miller, A. (1990). *The untouched key: Tracing childhood trauma in creativity and destructiveness*. London: Virago.
- Mullender, A. (2004). *Tackling domestic violence: Providing support for children who have witnessed domestic violence*. Home Office Development and Practice Report 33. London: Home Office.
- Mullender, A., Hague, G., Imam, U., Kelly, L., & Mellos, E. (2002). *Children's perspectives on domestic violence*. London, Thousand Oaks and New Delhi: Sage Publications.
- O'Brien, F. (2004). The making of mess in art therapy: Attachment, trauma and the brain. *Inscape* 9, 2–14.
- Perry, B.D., & Ishnella, A. (1999). Posttraumatic stress disorders in children and adolescents. *Current Opinion in Paediatrics* 11, 310–316.
- Pines, M. (2007). Group analysis and the affective disorders. *Group Analysis* 40(3), 357–365.
- Pines, M. (2008). Shame: what psychoanalysis does and does not say. In C. Pajaczkowska & I. Ward (Eds.), *Shame and sexuality: Psychoanalysis and visual culture* (pp. 93–106). London and New York: Routledge.
- Prokofiev, F. (1998). Adapting the art therapy group for children. In S. Skaife & V. Huet (Eds.), *Art psychotherapy groups: Between pictures and words* (pp. 44–68). Hove and New York: Brunner-Routledge.
- Pynoos, R.S. (1990). Post-traumatic stress disorder in children and adolescents. In B. Garfinkel, G. Carlson & E. Weller (Eds.), *Psychiatric disorders in children and adolescents* (pp. 48–63). Philadelphia: Saunders.
- Rizutto, A.-M. (2008). Shame in psychoanalysis: The function of unconscious fantasies. In C. Pajaczkowska & I. Ward (Eds.), *Shame and sexuality: Psychoanalysis and visual culture* (pp. 53–73). London and New York: Routledge.
- Royal College of Psychiatrists. (2004). *Domestic violence: Its effects on children. Mental health and growing up*. Retrieved from <http://www.rcpsych.ac.uk/mentalhealthinfo/mental-healthandgrowingup/domesticviolence.aspx>
- Rubin, J. (1984). *Child art therapy*. New York: Van Nostrand Reinhold.
- Russell, C.E.H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Schore, A. (2001a, July). *Regulation of the right brain: A fundamental mechanism of attachment development and trauma psychotherapy*. Paper presented at the conference 'Attachment, Trauma and Dissociation: Developmental, Neuropsychological, Clinical and Forensic Considerations', University College London, UK.
- Schore, A. (2001b). Neurobiology, developmental psychology and psychoanalysis: Convergent findings on the subject of projective identification. In J. Edwards (Ed.), *Being alive: Building on the work of Anne Alvarez* (pp. 57–74). Hove and Philadelphia: Brunner-Routledge.
- Skaife, S. (2001). Making visible: Art therapy and inter-subjectivity. *Inscape: International Journal of Art Therapy* 6(2), 40–50.
- Slater, N.A. (1998, November). *Art therapy's power in the treatment of chemically dependent and abused women*. Paper presented at the 29<sup>th</sup> conference of the American Art Therapy Association, Portland, OR.
- Slavson, S.R. (1986). Differential methods of group therapy in relation to age levels. In A. Riestler & I. Kraft (Eds.), *Child group psychotherapy: Future tense*. Madison and Connecticut: International Universities Press.
- Swanston, H.Y., Nunn, K.P., Oates, R.K., Tebbutt, J.S., & O'Toole, B.I. (1999). Hoping and coping in young people who have been sexually abused. *European Child and Adolescent Psychiatry* 8, 134–142.
- Terr, L.C. (1992). *Too scared to cry*. New York: Basic Books.
- Tyler, K.A. (2002). Social and emotional outcomes of childhood sexual abuse: A review of the literature. *Aggression and Violent Behaviour* 7, 567–589.

### Biographical details

Emma Mills is an art therapist who worked in a South East England NHS CAMHS team for six years and is still working at a Woman's Aid Refuge, primarily with young children. She is also an artist and a secondary

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Stephanie Kellington recently moved back to Vancouver, Canada, after two years working as the

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