Containing Horror: The Use of Art Therapy as a Container for Counter Transference with Persons with Histories of Sex Offending

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Abstract

This paper reflects and researches transference and counter transference dynamics when working with people with histories of sexual offending. Drawing on the author’s use of response artwork, from art therapy sessions and supervision experiences, this paper summarizes an experiential project which examines the use of art therapy as a container for counter transference. A brief literature review and heuristic research methodology culminate in an art installation expressing the impacts of transference and counter transference from the therapist’s perspective.
Containing Horror: The Use of Art Therapy as a Container for Counter Transference with Persons with Histories of Sex Offending

This paper involves a two-pronged approach to understand the use of art therapy as a container for counter transference while working with persons with histories of sexual offending. Prong one, a brief literature review investigating dynamics of counter transference, sex offending, post traumatic stress, and art therapy. Prong two, a heuristic inquiry reflecting on my response artwork and my experiences with transference and counter transference and growth. Both of the two prongs took place within the context of a graduate clinical internship at a treatment center for persons who have been civilly committed for sexual offences. The results of the inquiry speak to the importance of the use of art therapy as a filter for transference and counter transference dynamics.

Heuristic Methodology

The heuristic methodology was developed by Clark Moustakas, who describes the process as, “creative self processes, and self-discoveries… a way of being informed and a way of knowing” (1990, p. 9). According to Moustakas, The term heuristic, “means to discover or find… the qualities, meanings, and essences of universally unique experiences” (Moustakas, 1990 p. 9-13). Heuristic methodology consists of six components: initial engagement, immersion, incubation, illumination, explication, and creative synthesis (Moustakas, 1990). This writer postulates that understanding the dynamics of counter transference by artistic exploration is a necessary component of clinical art therapy practice. Counter transference dynamics are experienced on a personal level; thus, examining those dynamics through a heuristic lens is appropriate. A heuristic inquiry involves self-reflection on the writer’s part, for this reason the portion of the paper describing the inquiry itself is written in the first person.
Initial Engagement

Moustakas describes the first component of the heuristics process as the initial engagement in which the task is to, “discover an intense interest, a passionate concern that calls out to the researcher, one that holds important social meanings and personal, compelling implications” (Moustakas, 1990, p. 27). For this inquiry the initial engagement took place as I was first considering working with persons who have a history of sexually offending. As part of the consideration I needed to confront my own perceptions and assumptions regarding people with histories of sexually offending.

Immersion

The second component of the heuristic process is immersion. During this component the researcher lives the topic and question (Moustakas, 1990). Moustakas describes this phases as involving, “spontaneous self-dialogue and self-searching, pursuing intuitive clues and hunches, and drawing from the mystery and sources of energy and knowledge”(p. 28). The immersion phase for me was the experience of my response artwork, during and post session.

Incubation

“The period of incubation allows the inner workings of the tacit dimension and intuition to continue to clarify and extend understanding on levels outside the immediate awareness” (Moustakas 1990, p. 29). In this component I began to look at intersections of art therapy, counter transference, and sex offender treatment practices via a literature review.
Explication

The explication component is achieved through a deeper examination of emerging themes of the illumination phase, resulting in a deeper understanding of the themes. In this phase the researcher recognizes the uniqueness of their experiences (Moustakas, 1990). Through the lens gained in the incubation phase in the explication phase I methodically examined and reflected on emerging themes in my artwork as well as possible catalysts or the visual expression. My reflecting on my response artwork was done through my Adlerian lens, which is evident in my exploration of the possible roots or catalysts for my artistic expressions.

Creative Synthesis

Representing the final phase of the heuristic research process is creative synthesis, an integration of the data, qualities, and themes discovered in the explication phase (Moustakas, 1990). For this masters project the final phase of heuristic inquiry, creative synthesis, will be in the form of an art installation. An installation is an art technique where the artist transforms the display space and integrates both the space and the art as one experience; an interactive component is common in installation works.

Brief Literature Review: Incubation

The intent of this section is to provide the reader with a framework necessary to understand the context of the heuristic inquiry. Transference, counter transference, treatment of sex offenders, and art therapy are vast and multifaceted each of which could be a stand-alone topic. This literature review does not strive to be an exhaustive account for the intricacies of each topic. Instead, it strives to provide the reader with a general understanding of the topics discussed. Additionally, in partial fulfillment of the requirements of the master’s degree program, an Adlerian view of transference and counter transference are discussed.
Transference

From a classical Adlerian standpoint, the concepts of transferential reaction and deprecation tendency and resistance are relevant concepts in terms of counter transference. Transferential reactions from the client are related to the client’s movement in treatment being counter to the agreed upon treatment goals; this is thought to be in part an expression of the client’s lifestyle (Carlson, Watts, & Maniacci, 2006). Indicating that the manner in which a client presents him or herself and responds to a therapist is most likely very similar to the way they would respond in other areas of their lives due to mistaken beliefs and fictive goals. Depreciation tendency and resistance include treatment interfering behaviors such as tardiness, questioning of therapists skills or treatment goals, forgetfulness, special requests, relapses, silences. Adlerians are advised to not pamper the client in their maladaptive life style and instead hold the client accountable wholly for their actions (Ansbacher & Ansbacher, 1956). Most of the fore mentioned reactions would likely be considered as manifestations of transference. Or more simply the way a client expresses their fictive goals, mistaken beliefs and lifestyle.

Conceptualized in this framework few Adlerians would deny the existence of transference. Counter transference on the other hand has been a point of contention. Strict Adlerians view the bulk of their work as occurring in the client’s lifestyle and understand the transference and counter transference dynamics as an expression of the unconscious mind. The unconscious mind is not a topic that Adlerians concern themselves with because the work of the Adlerian is the client’s conscious memories, beliefs and goals. Mosak and Fasula, (2011) maintain that, “all relationships include some feeling about the other person” (p. 346). Mosak and Fasula, (2011) conclude that transference does exist in the Adlerian therapeutic relationship. Where there is transference there is bond to be counter transference. Kraemer (1958) advocates for the
understanding of the dynamics of transference and counter transference as essential to the therapeutic relationship, “transference and counter transference belong together and hold the promise of wholeness in their mutual opposition and similarity” (p. 31). Therefore, it is absolutely essential that a practicing therapist has a firm grasp on transference/counter transference dynamics.

**Transference with persons who have histories of sexual offending.** Transference dynamics are what the client brings to the session and play out in the ways they interact with the therapist and respond to treatment interventions. These transference dynamics are typically a reflection of the client’s lifestyle, fictive goals and mistaken beliefs (Ansbacher & Ansbacher, 1956). However, with persons who have histories of sexual offenses, transference can also take the form of intimidation, imitation, seduction, and invalidation of the therapist (Allen & Brekke, 1996). Unlike therapeutic relationships with others populations, according to Allen and Brekke (1996), the use of these dynamics with persons who have histories of sexual offending may be counter therapeutic and may also negatively impact the therapist. Transference dynamics with clients who have a history of harming others can come loaded with the behaviors and beliefs that led the client to offend and could reinforce those dynamics if allowed to continue in therapeutic relationship, posing a danger to the client and therapists.

**Counter Transference**

Counter transference is commonly thought of as emotional entanglement that can occur between a therapist and client. Unfortunately there is often a negative connotation when counter transference is discussed, as if the existence of counter transference within a therapeutic relationship indicates that the therapist has unresolved emotional baggage. Teitelbaum, (1991) spoke of the changing viewpoints of counter transference within the field of psychology, as first
emerging in 1910 from Freud and thought of as, “disruptive, undermining neutrality and impinging on the therapeutic process” (Teitelbaum, 1991, p. 267). Approximately forty years later Winnicott reframed counter transference as capable of being experienced objectively and providing opportunity for feedback to the client (Winnicott, 1949). Teitelbaum (1991) outlines that as the practice of the therapist suppressing their emotional reactions to the practice of the therapist utilizing themselves as co-participants within the therapeutic process over the decades. She also speaks of the dangers for abuse in misusing counter transference, as well as the emptiness that could occur if the therapist uses the classical, blank slate approach involving emotional suppression.

The use of counter transference as therapeutic facilitation should first involve an examination of where the emotional reaction is stemming from. Questioning, is the therapist is reacting to a client’s emotional projection specifically, a client’s verbal and non-verbal behaviors and cues? If so, one could make a case for a therapeutic disclosure being appropriate and relevant to the session. However, if the client’s behaviors and non-verbal cues are triggering the therapist’s past or on-going emotional turmoil then one could make the case for that experience to be shared within the therapist’s supervision, peer consultation or personal therapy. Distinguishing between the client’s and therapist’s projections is fraught with nuances and is difficult to identify.

The experience of unrecognized counter transference can be dangerous to both the client and therapist. Kraemer clarifies his concept of counter transference as not necessarily related to the specific interaction between a therapist and client but rather as, “the libidinous flow as a whole as it emanates from the personality of the analyst towards the analysand” (p. 31). This speaks to the importance of the therapists having a grounded understanding of themselves in and
out of sessions with clients. Even more so when working with a population of clients who have a history of manipulation, violence, and or sexual offenses. Without the presence of a grounded deeper understanding of themselves, the therapists could be at risk to be victimized by their clients. The importance of avoiding victimization by clients is obvious, but less obvious is the relapse in treatment the client would experience.

The nuances in the counter transference relationship also can also put the client at risk for being victimized by their therapist. Thomas-Peter and Garrett (2000), in reviewing possible causes of sexual contact between a therapist and client, speak to the differences in power differential in inpatient forensic work. Possible contributors to the victimization of a client by a therapist include: disturbances in one’s personal life, marital difficulties, high tolerance for risk and viewing sexual activity as a means for attaining status, unmet belonging and nurturance needs, dissatisfaction and feelings alienation from the institution of employment, and rescue fantasies (Thomas-Peter & Garrett, 2000). Many of these emotional states and social stressors could manifest in therapeutic relationship as counter transference. It is the task of the therapist to maintain a deep understanding of their emotional state, how they are going about getting their needs met and not to fall into a situation where a relationship between therapist and client is serving the needs of the therapist. Sexual contact with a client is counter therapeutic, unethical by most standards, and in some states is considered a felony.

**Counter transference with persons who have histories of sexual offending.** Counter transference that occurs while working in forensic settings, including working with persons who have committed sexual offenses, can be dangerous if it goes unrecognized. Unrecognized counter transference can contribute to professional burnout, decreased satisfaction in one’s personal life as well the erosion of a therapist’s professional boundaries. (Kurtz & Jeffcote, 2011).
Unfortunately, the general public has diminished empathy for the mental health needs of the forensic populations, including persons who have committed sexual offenses. The public often takes on a shoot the messenger stance (Scheela, 2001), which can lead to a therapist feeling isolated outside of their professional practice and can limit other avenues for obtaining support related to counter transference. More nuanced dangers of unrecognized counter transference include over disclosing to clients, which can contribute to enmeshment between a therapist and client. Additionally, unrecognized counter transference can lead to maladaptive professional and personal relationships between staff members. According to Kurtz and Jeffcote (2011) the relationships that develop between staff members within forensic settings tend to be a source of protection from the at times hostile and un-empathic responses from outside of the forensic institution as well as from the clients within the institution when existing in a healthy team and forensic institution. However, when the dynamics within the organization are unhealthy, staff relationships can be divisive and can contribute to cliques that are perceived as unwelcoming or judging.

**Treatment of Persons who are Civilly Committed with Histories of Sex Offenses**

In general terms, there are two main goals in the treatment of persons with histories of sexual offense: reducing the risks associated with recidivism, and successful reintegration into the community (Minnesota Sex Offender Program [MSOP], 2013). These goals are accomplished through a combination of psychotherapy, recreational therapy, vocational therapy and psycho-educational courses. In the field of sex offender treatment there are static and dynamic risk factors, which are used as an attempt to quantify a client’s risk for re-offending (Craig, Browne, Stringer, & Beech, 2005). Static risk factors include: age, offense history, and onset of sexual offending (Hanson & Bssuere, 1998). Dynamic risk factors include: relationship
instability, emotional identification with children, hostility towards women, general social rejection, lack of concern for others, impulsivity, poor problem solving, negative emotionality, sexual drive and preoccupation, sexualized coping, deviant sexual interests, negative social influences and antisocial attitudes and beliefs (MSOP, 2013). The structure of the treatment program at this writer’s internship program contains three phases. The first phase is mainly designed around integrating the clients into the treatment program and the client being able to demonstrate that they can participate in treatment. The second phase deals with disclosure, and is geared towards indentifying and re-conditioning problematic behaviors related to a client’s offense cycle. The third phase deals with paving the path to successful reintegration into the community.

**Pathways for Sexual Offending Behaviors**

In looking at juvenile sex offenders, exposure to sexual abuse is often named as one possible start of offending behaviors. Sexual victimization can be either an individual factor or in combination with other factors in the development of sexual offending behavior (Crisford, Dare, & Evangeli, 2008). According to Crisford et al., the relationship between the experience of sexual abuse and sexual offending suggests that the resolution of posttraumatic stress syndrome [PTSD] symptoms could contribute to protective factors against recidivism. Unfortunately there is not a lot of research dealing with looking at whether the resolution of PTSD symptoms would have a relationship to reducing recidivism. Many clinicians view PTSD symptoms as possible treatment interferers. When a client struggles to engage in their treatment plan goals, the clinical team refers the client to be assessed for treatment interferers via mental health assessments, referrals to intensive groups or individual sessions with a specialist clinician. The authors Barnard, Hankins, & Robbins, (1992) report a high occurrence of traumatic life experiences in
people who have sexually offended. Researchers also point to childhood sexual trauma as a factor in the development of sexual deviancy (Curwen, 2003). They attribute the development of offending behaviors to social learning theory, meaning that offending behaviors may have been normalized as part of the general dysfunction of the existing social systems and families of origins. Hankins and Robbins, (1992) also speculates that the lasting effects of the unresolved PTSD symptoms, such as emotional numbness, may contribute to impacting character development. Barnard et al., also noted that not all individuals with a history of sex offending have reported past trauma and additionally not all of the individuals with a history of sex offending perceived their traumatic experiences as related to their offenses.

**Art Therapy**

The profession of art therapy currently defines itself as a mental health profession, which uses art medias and the process of creativity for growth, exploration, or to restore functioning (American Art Therapy Association [AATA], 2013). Art therapists work with vast populations of clients ranging from inpatient psychiatric care, forensic settings, hospitals, outpatient clinics, community out reach organizations, government agencies, schools and private practices. “Art therapy is an effective treatment for people experiencing developmental, medical, educational, and social or psychological impairment” (AATA, 2013). Including persons, “who have survived trauma resulting from combat, abuse, and natural disaster; persons with adverse physical health conditions such as cancer, traumatic brain injury, and other health disability; and persons with autism, dementia, depression, and other disorders (AATA, 2013). Art therapy is a large practice much like social work where the clients, settings and applications of theory are diverse and expanding as the field continues to grow. In practice the general goal of art therapy is for the client to engage in creative expression. The art therapist supports and encourages the client’s
expression towards achieving treatment goals, similar to other mental health professions. The
difference being that the catalysis for the growth, insight and treatment goals are achieved
through the creative process.

**Art Therapy as an Apparatus**

One possible tool within an art therapist’s reach is using their own art as a device for
evolution of the dynamics of counter transference. For an art therapist, it is not uncommon to
create artwork either along side the client or in response to an experience with a client or group.
This could be done by utilizing artwork that a therapist creates within a session, as well as with,
artwork that is generated by the therapist post session in response to a session. Fish, (2012)
discusses using therapist generated artwork for, “self-care and [it] may also to support empathic
engagement with clients, or may illuminate counter transference.” (Fish, 2012 p. 138) Beers,
Miller (2007), “asserted that response artwork is a visually concrete method in which the
therapist can explore his or her own feelings outside of session or to communicate with a client
in session (p. 190).” Art Therapy can be used as a multifaceted tool to facilitate therapeutic
engagement, as well as a tool for the therapist’s reflective purposes, and, or for self-care
purposes. Lewis Harter (2007) advocates for a “person as artist” (p. 168) metaphor in relation to
both the client and the therapist. This metaphor includes acceptance that the creative process in
session allows for growth of the client and the therapist. She describes the practice of art making
by the therapist, “as essential to the therapist’s ability to participate in such life changing
relationships” (p. 170). She goes on to assert that it is absolutely necessary for the therapist to
have first hand knowledge of creative change before she or he could expect to facilitate creative
change with a client. Lewis Harter also asserts that, “Engagement in creative activities opens a
multiplicity of perspectives from which a therapist or teacher can guide others’ creative
investigations” (p. 170). Allen (1995) discusses the importance of knowing the one’s self, the world around them, and the past via artistic exploration; she goes on to discuss how co-creating artwork with her students informs her own growth and artistic process. Additionally, McNiff discusses using art as a lens to view the ordinary and thus converting ordinary to interesting and possibly extraordinary. All of the fore mentioned therapists and writers make a strong case for an art therapist to be committed to the practice of self-discovery via artistic expression.

Solidifying the importance of art for the art therapist’s therapeutic work with clients and also for as means for grounding oneself.

Shaun McNiff (1998) states, “Experienced creators [artists] understand that a person’s mental outlook has much to do with the quality of expression and technical skill (p. 11).” McNiff also goes on to explain that, though artistic expression varies between medias such as performance art and visual art, some require pursuit of perfection while others involve spontaneity of the moment. McNiff conceptualizes the role of conflict as a catalyst for the artistic expression as essential for growth. This is also it true for the gardener or flower, too much sun inhibits growth, too much rain inhibits growth; only with a mixture of both sun and rain can growth occur. For the artist rendering a three-dimensional object in a two dimensional drawing highlight and shadow occur together to create a visually convincing edge.

**Brief Literature Review Summary**

Transference and counter transference are normal dynamics within the therapeutic relationship. Counter transference can be dangerous if suppressed or if unrecognized. The work of the forensic therapist is difficult terrain to navigate including potential dangers posed by clients, the lack of empathy from outside of the forensic setting and unhealthy organizations and team dynamics. Therapists need a place of safety to contain and explore their experiences, this
can take the form of healthy and unhealthy relationships between staff members and for the art therapist their artwork can be used as tool to contain and explore their experiences within the forensic setting. Art therapists use their own artwork to explore their reactions to transference and counter transference. Conflicts or opposites in the therapeutic relationship or artist’s work are necessary for the creation of new skills and artistic expressions. The art of the art therapist can provide a powerful container for the dynamics of transference and counter transference.

**Heuristic Data**

The following collection of heuristic data was amassed via the in session and post session artwork made during a graduate level clinical internship at treatment center for civilly committed persons with histories of sex offenses. My graduate degree program is multifaceted, with an emphasis in Adlerian psychotherapy, in pursuit of training in Marriage and Family Therapy as well as Art Therapy. Having completed my bachelor’s degree in Studio Art, I self-identify as an artist. I tend to look first through an artist’s lens. My credo is, “What would an artist do?” My pursuit of a master’s degree is one part of the answer to my credo, as an artist I will use my art to help others grow. It wasn’t until I started considering an internship working with persons who have a history of sex offending did I start to realize to more fully the creative process as protection for my psyche. Understanding the dynamics of counter transference by artistic exploration is a necessary component of clinical art therapy practice.

**Initial Engagement**

“I have been offered an excellent art therapy internship opportunity working in sex offender treatment.”

“What? Why are we wasting taxpayer money on treating sex offenders; a bullet costs $.50? Sex offenders are sub-human.”

These comments as well as many other discouraging remarks were what I heard when I entered the field of sex offender treatment as graduate level intern. Upon first arriving at the
treatment center for an internship interview I was decidedly uninterested in the internship because of my negative assumptions and perceptions of people with histories of sexual offenses. At that time I had imagined the treatment center to be similar to the cell block in the 1999 movie “The Green Mile,” dark, poorly lit, dirty, with a handful of security officers minimally engaged with the inmates, with a general atmosphere of hopelessness. I had imagined the behaviors the of the clients within the facility to be similar to Benny Hill’s behaviors in the sexually charged TV series The Benny Hill Show (1969-1989), sexually preoccupied, acting on impulse, out of behavioral control, with hostility and malice. After a lengthy interview with the clinical director and a team supervisor and facility tour was I able to challenge my long held assumptions and perceptions regarding sex offenders. The facility was well lit, clean, and clients lived on units, not cell blocks, there were no bars. I was able to have supervised interactions with several clients, my staff escort greeted each client we passed politely and each client appropriately returned her greeting. Clients acted with chivalry, holding doors open for the two of us to walk through, saying “after you,” and greeted me respectfully, referring to me as “ma’am”. I had a brief conversation with a client in the woodshop regarding a beautifully constructed birdhouse that he had made and was intending to donate to a charity auction for the United Way. The client also informed me that he enjoyed knitting and frequently made blankets, hats and scarves that he would donate to various community non-profits, some of which include women’s shelters. I recall him explaining that he knows that it’s not much but to him it was a way of paying back the damage he had caused. Through these interactions this writer was able to conclude that despite the horror of sex offenses the clients were just as human as the people that I interact with in my day-to-day life.
As part of my internship, an art therapy based group was designed to address treatment interfering posttraumatic stress symptoms. Within this group, as well during my other sessions, there were repeated encounters with the horrific situations and life events experienced the clients. Being new in the field; along with emotionally draining situations in my personal life, including: a martial separation and the stress of single-parenting two children, one of which has special needs, often left me feeling emotionally vulnerable. These circumstances could be considered the perfect storm for counter transference misuse and abuse. I could have misused my session’s interactions and art making with clients to meet my own needs of belonging and significance.

**Immersion: The role of the container**

Initially, the artwork I created in session was used as a place to rest anxiety related to being new in the field and as a means to engage in the therapeutic process. I created, “Self as Fish” (Figure 1) in one of my first sessions in response to a directive asking the group members to make a piece of artwork depicting themselves as an animal. While preparing for this session I wondered how the clients might choose to represent themselves and wondered if I would feel scared or threatened by their representations. The image I created was not pre-planned by me but, rather a response to how I was feeling at that moment, a gold fish circling in a fish bowl. This image was my attempt to mask my nervousness and convey a non-threatening, non-judging
image of myself and art therapy to my new clients. This is also true for other early work that I
was making in session with clients, there was typically one focal point and some background but
overall limited in details and somewhat constrained in terms visual expression.

Concerned that my artistic skills might be received as intimidating by the clients I
purposefully choose to work with oil pastel and soft pastel mediums that I had less experience
and decreased comfort with. Many of the clients were new to art therapy, thus expressing
themselves in this new venue required a lot of structure to ensure safety and cooperation. I found
that creating artwork alongside my clients in session was a way of leading by example. This
seemed to be especially true once my clients saw that the work I was producing in session was
not concerned with photorealism. Co-creating artwork with clients also allowed me to model
healthy engagement, risk taking, and expressions of emotions and experiences (Fish, 2012).

**Art as attunement**

Over time creating artwork in session
began take on new role of attuning to the
clients experiences and then being able to
empathically communicate back to the clients
an understanding of their experience. In turn,
our therapeutic relationships grew stronger.
Fish (2012), writes about using art as dialogue
between a client and herself to communicate
with the client her understanding and empathy
of the client’s experiences. I created figure 2,
“Hope Light” (Figure 2), during a group session while my clients were exploring their emotional wounds via artistic expression. The exploration of my own emotional wounds in session would not be appropriate, but on that day not making artwork and observing the clients’ in their process felt like voyeurism. Instead, I decided to make my art focus on my perception of their experience that day. The illustration contains a brown mound with a burning candle sitting on top of the mound in the foreground. The candle is dripping wax and the cooling wax has accumulated at the base of the candle. My intention was to create the glow of the candle as heart shaped, but it ended up looking more like an inverted teardrop. During the verbal processing of the artwork that day, many clients shared their depictions of the horror they had experienced in their pasts. Many of which conveyed sexual, physical and, or emotional abuse and assaults that they had endured. While sharing some clients expressed their stories of being personally victimized and the horror involved in reconciling being a victim and perpetrator. In the shadow of the candle’s light I represented angry and scary faces. After verbal processing I experienced the collective emotional state of the group, as being raw and vulnerable. I shared the illustration that I created of the candle, as my hope for their recovery and progress in their treatment, and I validated their courage for allowing themselves to become vulnerable enough to express their experiences as victims and perpetrators. The clients thanked me for my expression of empathy and validation as the session ended.
Art for self-soothing

Creating artwork in session also helped me to deal with the pain that clients expressed in session and at times my disgust with material that emerged in session. In these cases this my artwork would serve as a grounding point. Figure 3, “Gate”, was a response piece that I had created after sitting in on a session where a pedophilic client was completing an assignment from his treatment plan, requiring him to map out his sexual attraction template. As I sat there listening, I recognized an inner struggle to contain my emotional reaction. I was able to recognize that part of my emotional response was personalizing the client’s description as attributes that I would have used to describe the childhood version of myself. Recognizing where my reaction was stemming from provided little relief. As I continued to ponder my reaction I realized that my four-year-old daughter has many of the same attributes that the client was describing as sexually attractive to him. With this realization I felt sick to my stomach, had a sensation of looming migraine, my hands were sweaty and my mouth was dry; I was angry and overwhelmed.

After this group session I processed my initial reactions of feeling icky and overwhelmed with my co-facilitators and then attempted to turn off the experience in my mind as I went to my next session. My next session was with an individual who was working on integrating forgiveness into his life. Both the client and I worked separately on images and chatted about the client’s ideas of the process of forgiveness. Figure 4, “Gate”, contains brightly colored landscape forms in the mid-ground and background with an imposing, ornate gate in the foreground. Both
the client’s and my images contained implied movement and thus verbal processing of the images involved a discussion on the movement between pain and forgiveness. I did not intend for my artwork in this session to be related to her previous session’s experience, but like Fish (2012) creating artwork after the initial session gave me a place to explore my emotions and construct a boundary for my emotional well-being. Upon completing the forgiveness artwork I felt calm and safe; all of my somatic symptoms were relieved.

Fish goes on to say that, “Making response art does not ensure, positive treatment outcomes; however, it can help both the therapist and client deal with interpersonal challenges, clearing the way for more effective work” (Fish, 2012, p.140). Much like counter transference, creating artwork alongside clients should be done with caution; over disclosure of personal information, and getting personal belonging needs met are associated risks.

**Explication: The Revisiting**

Figure 4, “Stormy Intimacy”, Jacqueline Seavey, 2012

During one group session the clients and I were working with wet paper and watercolors to illustrate interaction patterns when responding to the spontaneity of life’s events and
relationships. The direction was to think about relationships as we experienced the media. I recall my thought process while beginning as thinking of relationships as cozy, dimly lit rooms, and closeness. As I worked on Figure 5, “Stormy Relationships”, I created a grey wash in the background and then added some contrasting thinner undulating lines in warmer colors to represent closeness and a sense of coziness. The group worked for approximately five minutes before some of my clients started to give up with the difficult to control media. As the group concluded the art making, the group members quickly glanced around at what others had created, one client jokingly remarked that my image looked stormy while the others had chosen brighter color pallets with smiling faces of loved ones, hearts and rainbows. One client speculated that perhaps I was in a stormy relationship with someone who might not support or understand work with persons with histories of sex offending. I thanked the client for sharing his perception briefly described the elements in my painting based on my intentions.

Later, as I looked down at the cozy, close, dimly lit image and saw the storm of an emotionally draining and tumultuous marital separation, and knew that the client had correctly identified an unintentional expression, based on the aesthetics of my image. Based on the client’s observations the discussion could have quickly turned into a discussion grounded in misuse or abuse of the therapeutic relationship. If the group had continued discussing the topic as the client described it, I would have been using the group session to meet my needs.

After the session I shared my artwork and experience with a colleague. I recall feeling more transparent than I had intended during the session, but also feeling like I had navigated the session well by not allowing it to become about my needs and by resetting the boundary by discussing the intent of the painting and relating that back to the groups psycho educational
materials. Still, I felt like I had made a mistake and crumpled up the still wet painting and toss it towards the trashcan.

Months later I was switching offices and discovered the crumpled up painting behind my desk. After carefully re-opening it I realized that it was not the interaction with the clients that I wanted to discard but rather the storming part of the relationship. As I studied the crumpled painting I noted that the texture from being crumpled had a nice aesthetic quality to it and I decided to keep it and hang it on my new office wall. There was something about rediscovering a previously discarded object that resonated with me.

In revisiting “Self as Fish” I can see that the safety that I was trying to convey to my clients but also assure myself of is notable in this drawing. This representation of a goldfish is primarily in the foreground of the illustration, with an indication of movement in the top left corner in the top fin, hinting at a background. Shades of blue and green are used to represent water surrounding the goldfish. The illustration lacks environmental details, such as rocks or plants. The goldfish is there but it is hard to distinguish where the viewer is seeing the fish. The focal point is clearly the fish but there are not any other marine creatures present. This drawing not only contained my nervousness but also was an expression of my wish to be relatively anonymous and with little indication of my personality traits.
In contrast, I completed the same directive, to represent yourself as an animal, nearly a year later with a new group and chose to represent myself again as fish. In “Gold Fish”, (Figure 5) the fish is represented from the top instead of the side as in “Self as Fish”. There is implication of rapid movement in the water surrounding the fish. During post processing one client remarked that the fish appeared to be exhaling water, and then demonstrated by exhaling himself with his mouth in a circular shape. I repeated his gesture by exhaling with my mouth in a circular shape and agreed with the client, this fish is exhaling water. In revisiting this image I can see that I am still expressing safety and inviting participation in art therapy, but I am also expressing my own power. The image of the fish has a cropped appearance suggesting that there is more going on off the page. I now experience this illustration as an expression of my confidence in my leadership skills. The exhaling of the water by the fish is my wish to clear the path of resistance and allow my clients to engage in the art therapy process.

**Revisiting my perceptions**

“Seems that people have forgotten that the victims will always be sentenced with [the sex offender’s] horrific crimes. They [victims] will never be able to be released from their memories. Cut out [the sex offender’s] eyes, cut off his hands and his dick, then [they] won’t be a menace to society!!!!!” (Community member’s comments, 2013 Star Tribune)

I started this experience caught up in my own assumptions and perceptions about the treatment of persons with histories of sexual offenses only to have them quickly replaced with a more humanistic viewpoint. I recall being struck by the humanity of the clients after letting go of
a sentiment not very different from the community member above responding to the notation of a new sex offender treatment facility be considered for her neighborhood. I’ve come full circle in my conceptualization of persons with histories of sexual offending. Maintaining my humanistic viewpoint but also recognizing that there is a need to balance the needs of the clients as well as public safety.

**Summary**

Creating artwork response artwork functioned as a container for my anxiety; and allowed me to express my intention of safety, in terms of myself as a therapist and the process of art therapy. My artwork also functioned as a container that held my emotional stress and turmoil as well as a place to explore my disgust and anger related to my clients’ disclosures. Artwork facilitated greater attunement with clients’ emotional needs as well as an expression of empathy for their experiences. My artwork functioned as a crucial component to the development of my skills as an Art Therapist.

**Creative synthesis**

The creative synthesis for my master’s project took the form an art installation, “Strings Attached”. This installation reflects the dynamics that I experienced in session and post session during my internship working with persons who have histories of sexual offending. The installation consists of wall displayed two-dimensional artworks that I made in response to clients’ artwork and transference. Off centered in the room, suspended from the ceiling is a sculptural self-portrait. There are also strings that are connected to the sculpture from the artwork and connect the images together. The strings are symbolic of the dynamics of transference and counter transference. Some are easy to spot while others remain somewhat hidden. The strings are strung so that the viewer will likely bump into some, which causes movement in the
sculpture. Transference and counter transference dynamics push and pull the involved persons. The viewer is forced to metaphorically navigate transference and counter transference dynamics through the art installation.

The most prominent theme in my artwork throughout my internship experience has been struggling with duality within individuals and relationships. Folk singer and song writer Ani DiFranco describes herself as being 32 flavors, and goes on to sing, “I am beyond your peripheral vision, so you might want to turn your head…” those lyrics echo in my mind when thinking about how I have conceptualized my clients as well as other individuals in my personal life previous to starting my internship experience. What I have learned is that humanity doesn’t go away with the acts of horrible deeds. I have learned that some transference and counter transference dynamics can be identified easily while others are more elusive and less tangible. I am oriented towards attuning to people’s strengths and when I experience their deficits I am often caught off guard, feel betrayed and mislead. There is also a part of all of us that is lurking just beyond our focal vision that needs to be tended to.

As a look back at the response art that I created over the last year I am stuck by the role of the art as a filter, for my personal life and as well as a filter for my reactions to my clients in session. Art has allowed me to slow down in session and make an artifact of the session and dynamics present in session.

**Conclusion**

Transference and counter transference are natural dynamics within a therapeutic relationship. Transference and counter transference can manifest as healthy and as unhealthy, both can be used to facilitate interventions or deepen the therapeutic relationship. When working with persons with histories of sexual offending, therapists should remain aware of transference
and counter transference dynamics. In forensic work there is a general lack of empathy from the public regarding the plights of forensic clients which can result in forensic clinicians lacking in support from peers outside of the forensic setting. Healthy forensic teams cope with the public’s perceptions, lack of empathy, transference and counter transference by creating strong team alliances and interpersonal relationships at work which foster an environment of inclusion and collaboration. Unhealthy forensic teams often cope with problems of public perceptions, transference and counter transference dynamics by forming cliques and fostering a dysfunctional environment of exclusions. Unrecognized counter transference with persons who have histories of sexual offending is dangerous for the therapist, but can also put a client at risk to reoffend or to be victimized by their therapist.

Response art made by the art therapist has many advantages including giving the therapist a safe place to explore the dynamics of the therapeutic relationship. Art therapists can use response art to increase awareness of transference and counter transference dynamics, creating an artifact of the session and the dynamics in the session. Creating response art while a client is present can also pose some risks for the art therapist, including problems with disclosing personal information, and inadvertently communicating personal vulnerability. The dynamics of transference and counter transference are rich and multifaceted. For an art therapist working with a forensic population, creating response artwork to serves as an additional filter for the therapeutic relationship is an essential component of a healthy practice.
References


