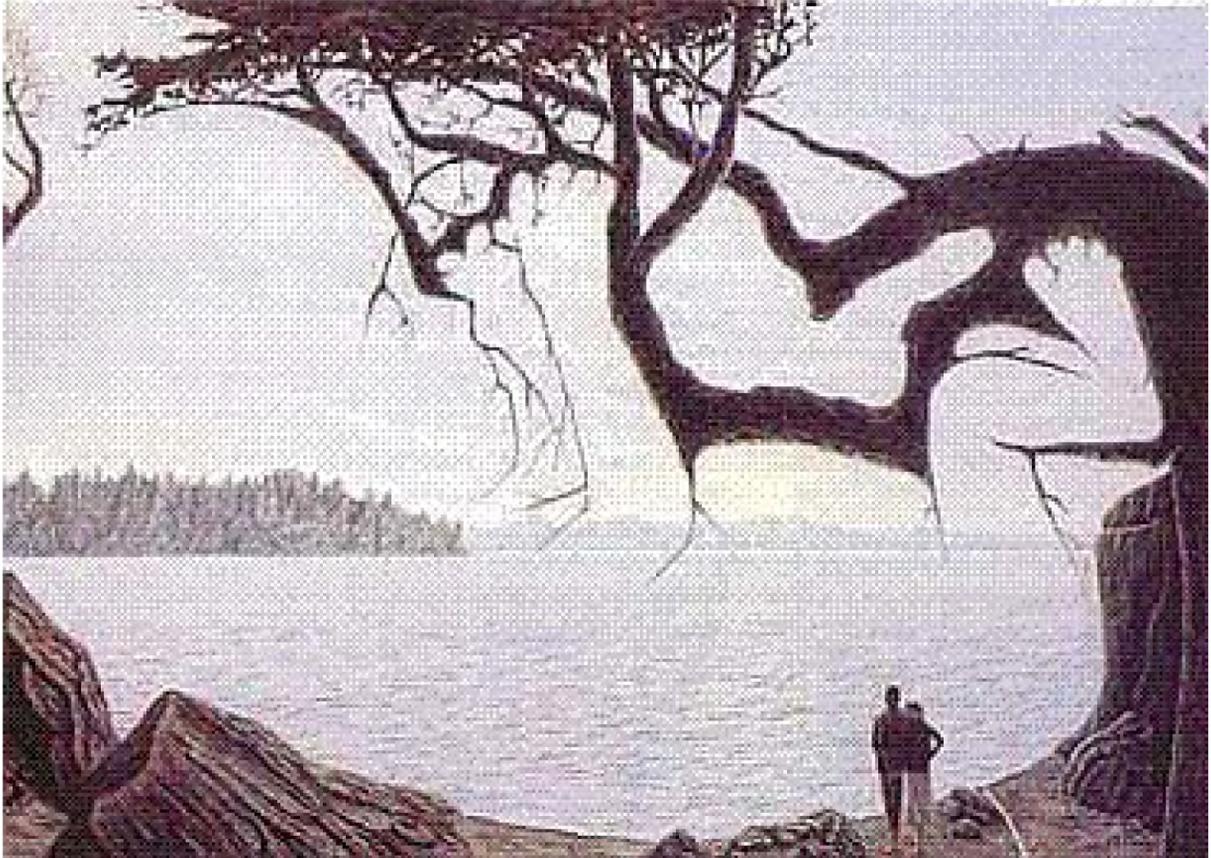


Art Therapy Online: ATOL



Hiding and being seen: the story of one woman's development through Art Therapy and Dialectical Behavioural Therapy in a forensic context.

Kate Rothwell and Lisa Hutchinson

Key Words: Borderline Personality Disorder (BPD), child abuse, containment, emotional literacy, forensic, joint working,.

Abstract

This is the story told by the patient in her own words. She was engaged in joint therapeutic work in Art Therapy and Dialectical Behaviour Therapy (DBT) and her story includes both her art work and descriptions of her therapeutic process in DBT. This patient was incarcerated for 24 years for murder but is waiting to have her sentence changed to diminished responsibility. Having served her sentence in prison and latterly in a Medium Secure Unit (MSU), the patient has just moved to low secure accommodation and will soon be released into the community where it's hoped she will start living her life, making her own choices. Her images and her process in DBT show her development through therapy from a place of hiding to being seen, not least through her imagery, which shows her extraordinary ability to symbolise her internal world. The joint work was vital for this patient who used the combination of approaches to begin to acknowledge her experiences of being sexually abused by her father from 3 - 15years old, only ending when she gave birth to their child. With a BPD diagnosis and an obsessive self-harmer this woman now talks about freedom for the first time in 56 years.

Introduction

Although set in a forensic unit this story is more about child abuse and the impact this had on the patient. The process of this paper evolved whilst Elizabeth (her self chosen pseudonym) was in therapy and through close collaboration between Kate, the Art Psychotherapist and Lisa, Counselling Psychologist, who talked regularly about their work with Elizabeth to maintain a link on her development and to share thinking on the dynamics at play. Elizabeth was a member of an art therapy group who chose to host an exhibition of their work. It was on this occasion that her art work was seen for the first time by the psychologist.

Most significantly Kate, Lisa and Elizabeth were able to have a three-way conversation. This process was vital for Elizabeth to start telling her story and begin to understand its impact, and for the first time Elizabeth was being listened to in her life, taken seriously and believed. This felt like we were a safe parental couple who could think and be together in a benign way and marked the beginning of a more collaborative way of working that informed her treatment. Dalley, Riftkind and Terry (1993) discuss the importance of a collective sharing stating 'Dialogue provided sufficient space for all (our) ideas and the

anchorage has been to listen and understand each others communication” (Daley et al, 1983:p4) and argue that 'reports given by patients are of particular importance. Psychotherapists need to learn from their clients and it is regrettable that, despite the plethora of descriptions of the psychotherapeutic process from therapists, there are relatively few from patients (Meares and Hobson 1977: p 2)

Elizabeth's story in her own words:

My abuse started when I was 3 years old. I remember my dad getting me to suck his 'willy' and play with it. That went on until I was 7 or 8 before he had full sexual intercourse – that carried on until I was 14 then I had my son in the June. I didn't know that I had any feelings, its all bad memories. My mum didn't believe me. The nurses took bloods from my sons' heel to prove he was my father's son. I played truant from school a lot, I wouldn't go to school to make friends as no one would believe me so it was a waste of time going. I used to play homes in empty houses with other little girls and we'd put our dinner money together for chips, rolls and drink.

I got a job when I was 16 working in a florist, my first job when I was with my foster parents, they were nice to me, they didn't do anything wrong to me and treated me like their own child, like taking me on holiday.

I've been doing Art Therapy for 15 years in prison and the MSU. I drew mainly houses, trees, boats and water. The house is number 212, my safe house where I hid. I don't know what I was looking for? As a child I didn't know I could get help.

I depict my father, and sometimes my mother, as trees – trees resemble people. The birds are vultures coming down to peck me because I was a bad girl for letting my dad do what he did to me. The hospital and police said he was a bad man so I thought I must have been a bad girl for letting him do it.

My father told me if I told anyone the devil would take my blood, I was about 5 or 6 when he said this. I couldn't tell anyone because I didn't want the devil to take my blood, when I started menstruating he started giving me a good hiding and hit me with a belt, he said I'd told somebody but I hadn't, I didn't want the devil to take my blood. I was 13.

I'd be locked in a cupboard if I was being good or naughty, he'd still lock me in, it was a little coal bunker in the flats outside where we lived. I seemed to be in there a long time, I used to cry then got so used to it I'd go to sleep, my brothers and sisters knew I was there as well but they got the belt. My sister knew I was the only one being sexually abused. My dad went to prison for 2 years, now a days it would be 7 or 10 years. Now I'm grown up I see my dad was sick in the head, he had a good up bringing, and he had parents, sister, and grand parents. I wonder, why me?

Sometimes I get upsetting dreams about it, when I wake up sweaty. I shower and have to scrub myself clean with a green scourer but they took it away from me and staff bought me a loafer glove. It's made me better. I started cutting myself and tying ligatures in prison, they used to look out for me, they'd get me out the room and talk to me. The Doctor and Sister used to talk to me for ages, to try and take my mind off it. This helped me come to terms with it, not to blame myself, still used to blame myself but now I don't, its not my fault, its his fault. The bitterness is constant, eating away at my flesh, like a lemon. I'm bitter about my dad, and my husband helping put me in prison. If it weren't for him messing about with other women I wouldn't have talked about getting rid of him with somebody.

I married at 18 and met my husband when baby sitting for him, he had 2 boys and 2 girls. We married after 4 weeks of meeting; there was a 15-year age gap. We had 3 children. Mum and Dad adopted my son, that's what you did in those days.

My husband was a bastard to me; he went out with other women and knocked me about. I had to pretend to be his sister and he regularly raped me. The co-defendant sister was having an affair with my husband, things got out of order. When I said he had another girlfriend the co-defendant and his sister and I talked about how to kill him, shoot him, electrocute him, they went round to his house. I'd moved out by then with the kids, my husband came round to see the kids at night. One night when he was home we planned to take his girlfriend shopping, we picked a day to do it whilst late night shopping. But the night before they went round and killed her. I pleaded guilty to conspiracy to murder but they charged me with murder, 22 years on I'm still waiting to have the charge changed and dropped to diminished responsibility.

My husband died about 15 years ago of cancer. I felt love for my children and they loved

me and came to live with me, all 7 under 15, I gave them a choice and they chose to live with me.

You'd believe a child, you wouldn't listen to your husband, well, I wouldn't. I think of my parents as evil, you wouldn't do that to a child and at 3 you're only a baby, I was scared of my father, I saw him hitting my siblings.

Toby was my imaginary friend (top half was a rabbit, bottom half was a dog) with four legs, light brown with white patches. Toby became my friend when I was 3 1/2 – 4 years old. One day I was crying and he started to talk to me in my head, he told me not to cry, he said he'd be my friend and I can talk to him, he was with me all the time, then I told my mum and dad about Toby and got a good hiding for telling lies. They wanted to know who I was talking to. I talked out loud to him until I learnt I could talk in my head to him. He only came out when I was in the coal cupboard and cuddled up to me and kept me warm- comforted me- the rest of the time he stayed in my head.

Toby couldn't hurt my dad because he was invisible, punches kept going through him. Toby just said 'it will be alright'. Dad worked night shift as a security guard so he came home before we went to school 8 – 8.30. I went to school aged 5- mum took me, I came home about 3:30- 4.00. He'd hurt me nearly every night, it was over quite quickly. I'd have to get undressed and it would happen in my room. My sister would be out at her friends next door – my dad would send them out. There were 8 of us altogether. I was third eldest.

I named my son, it's about the only thing I could do for my baby. He was my baby, I loved him. He was born in the June and I was 15 in the July. Handing him over was more painful than being hurt.

The nurses helped me give birth and I held the baby whilst I was in hospital then my father, who was then in prison, said I couldn't keep the baby, then I went into care. My son went home with my mum. I was unhappy and miserable and cried and my foster parents comforted me, we didn't talk much as it hurt too much.

After the birth of my child I went into care. I was fostered by a couple who had 2 children, a boy and a girl – both older than me, both working. These were happy times, this was the first time I'd ever been happy – we had breakfast, dinner, tea and supper – I used to get pocket money and they showed plenty of love, even the sister and brother showed me

love, they took me to the cinema. We saw 101 Dalmatians, Chitty-Chitty Bang Bang, My Fair Lady – this was the first time I'd been and they used to buy me popcorn and a drink. We went every Saturday. I had my own bedroom.

It took me a while to get used to my foster father but it didn't take long for me to trust him. He stayed in touch until his death, I was taken from prison to see him in hospital but he was in a coma. My foster mum said to give him hope so I told him I was out of prison – I just wanted him to open his eyes and smile. I was lying so I apologised to my foster mum for what I was going to say to him. I went to his funeral. He was buried at Highgate cemetery. My foster mum stayed strong for all of us. She used to visit me in prison. They didn't like my husband, I left him three times and went with the children and he used to come and drag me back. There was nothing my foster father could do as he was too ill. They were happy for me when we got married; he was all right for the first two years. They were good foster grandparents and would baby-sit for the children.

He changed after I had my first child, my daughter, he started seeing other women and I'd get angry with him and he'd beat me up. There was a year between each child – 2 daughters then a son. The last child died at 18 months of meningitis. The doctor said to take him to the hospital but he wasn't strong enough to fight it and we lost him. His father was with other women and not bothered. My foster parents did what little they could do, they'd take the children for a couple of days and I'd stay home with my husband. After this he started staying out with his girlfriends for 2-3 days at a time. I was glad to see the back of him and didn't want him back.

My parents came over to my foster parents house with my son 3 or 4 times but I used to hide – I hid under the bed until they left – they'd come up and tell me when they'd gone if they upset me too much. I didn't know they had the baby with them. I'd just see the car and fled.

I lived with my foster family until I was 19. I worked in a toy factory and a florist and in a little shop on the bacon counter. My foster parents would ask me if I wanted a cuddle or they would give me a hug without touching my body sexually – just a hug- it was the first time I had that- I don't remember my mother ever hugging me.

It took weeks to trust my foster father, he would say 'do you want a cuddle' – I used to say

no for a while but I was upset one day and felt a bit tearful, not myself, and he said do you want a cuddle and I went and got one. It felt a nice cuddle, a friendly one. He kept at arms length and only asked every 3 – 4 days – once I trusted him I could cuddle him once or twice a day. When we went to work, when he came home, when he went to bed.

My foster mother cuddled me from the start, she'd just open her arms and I'd cuddle her. She let me help in the kitchen. We'd cook dinner and bake. She was a stay at home foster mum. My real mum would cook for her and dad but we'd just have sandwiches – jam, peanut butter or dripping. We'd go hungry but we had a hot dinner at school- although I'd meet up with other girls and buy chips and coke, On Sundays mum would cook us a Sunday roast. On Saturdays we'd have a buffet type meal. I was a skinny kid but when I went to my foster family I put on weight.

My parents didn't love us – but as a child I felt loved by them and they seemed happy together. My father treated mum well, they were always holding hands and kissing – and we could ask mum stuff like 'Can we go out and play, can we watch TV?'. She was our mum and that's what we thought mums were like. When dad put us in the coal cupboard mum would ask what we'd done and he'd say I'd sworn or stolen a biscuit, just so he could have sex with me. Mum usually went out to bingo a lot on her own or with neighbours and that's when it happened.

My brothers and sisters would be at school but I'd always be late because my dad would want sex, so he'd give me a note, saying I'd had an accident, or I woke up late, or the alarm didn't go off – I'd go in and give the note to the teachers, day in and day out – no one ever asked anything – they'd tick me in the register then I'd bunk off.

Some good memories I can recall are like the time when my parents took us for picnics during the school holidays to Regents Park, and us rolling down the hill, there are other memories that are emblazoned but I can't always recall them.

My children were adopted as my mother in law couldn't cope with 7 children, I knew I wouldn't see them again when I went into prison but I knew I would see them one day.



Image 1

Art Therapy

The birds are letting me know they are free –. It depicts a safe house, early years in my foster home number 212. A figure looking at the tree 'my dad' - 'He is keeping his eyes on me'. Flowers – 'just a nice flowery garden – my foster mum gardened, foster dad did cars and motor bikes – vultures are happy that I'm free from dad – they are letting me know I'm in a safe place, he can't hurt me.

I still feel he's watching me, its not stopped – I still feel his presence – its just a horrible feeling, he is not hurting me at the moment but he is when he is in my drawings. No freedom at all – it feels like I'm locked up again.



Image 2

The 'House is on fire' with a black figure sitting with arms stretched forward and back to the house. The Dark blue sky suggesting clouds, green grass, black tree, no leaves, tree 'is dying'.

It's my safe house on fire, I don't know why but I'm sitting outside because it was a nice day. I'd stay in the house if my dad was bothering me, even if it was on fire – I'm sitting with my back towards him, away from him. I feel very frightened, my foster family are outside the house – he died of cancer, it's a cancerous diseased tree. The fire is my father destroying my happiness – he doesn't want to see me happy, if I was happy at home with my brothers and sisters and he saw me laughing or smiling he'd tell me to get in the cupboard.

It took me ages to get my feelings back, not until I was in prison. I had no feelings in the women's prison; I was there for 10 years on a life sentence in my 30's. In prison I went to anger management groups, half the feelings of anger I didn't know existed. It felt like a

volcano, like my head was going to erupt. I was ligaturing a lot and using lengths of material from sheets, I wanted to kill myself, it was triggered by anything that made me angry, once in touch with my anger I couldn't control it. It was terrifying and frightening. I felt angry about feeling angry but didn't know at the time what it was about – I just grew up from prison till now not knowing what my angers about.



Image 3

The tornado is the evil taking my dad, the tree looks secure but the tornado has just started and yet to hit the ground, the tornado being an evil thing taking evil people away. I wondered to Elizabeth if the tornado was representative of her anger? Capable of uprooting the tree – it could represent so many feelings – a force of evil – evil against evil – a vengeful force. Nothing to protect the tree – its gonna get it whatever.

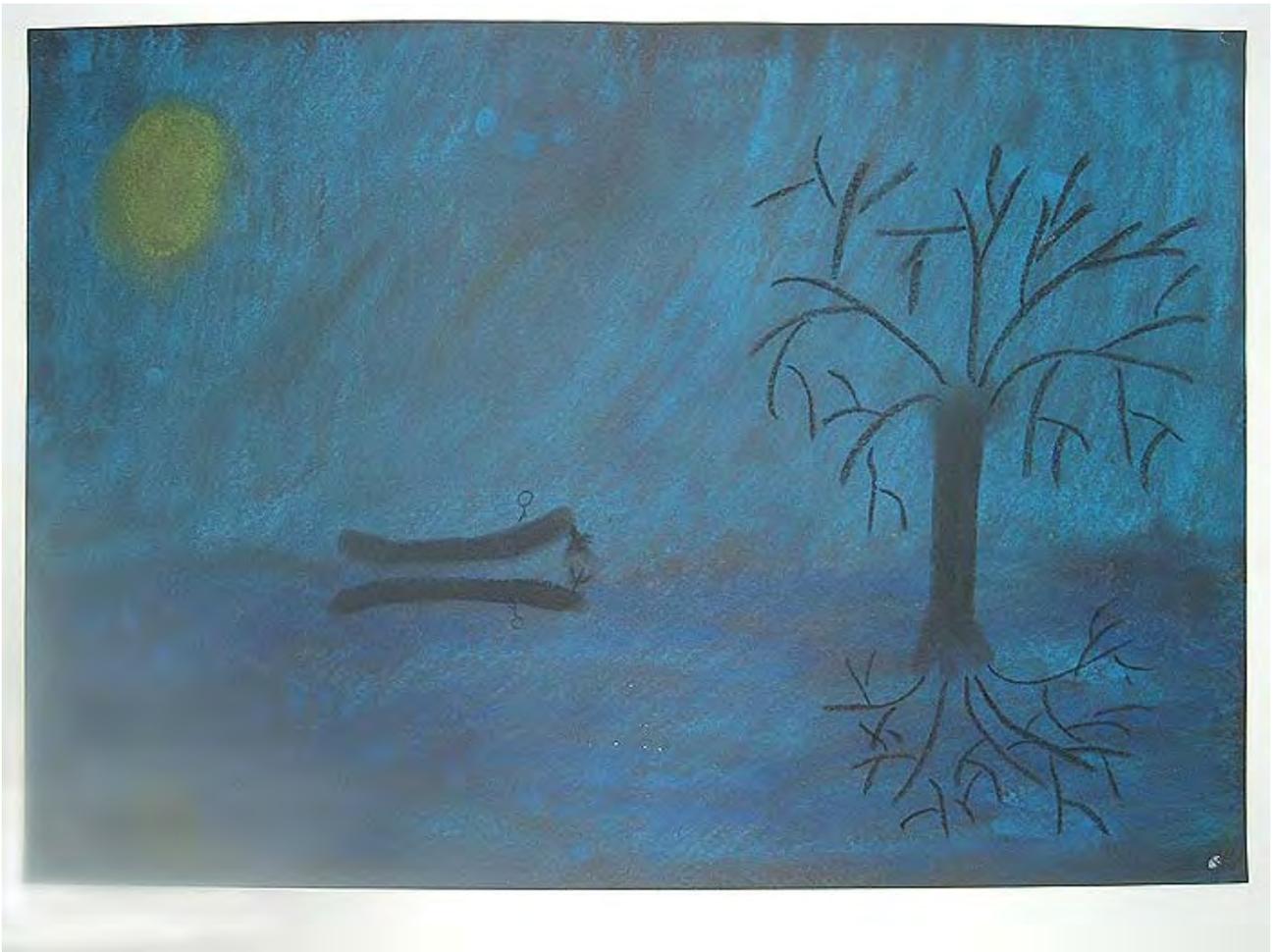


Image 4

Just a nice day out – floating along looking at my reflection – tree is dead – ghostly. It was 29 years ago today that my baby died of meningitis. He would have been 31. I have never been in a boat but would like to.



Image 5

This is my favourite, I like the colours. Sky is two tonal blue, sea is 3 tones of blue, 2 black mounds; sand dunes', ordinary birds from Africa, Caribbean sea. I've got a palm tree umbrella on top of the boat to keep me in the shade, protection from the hot sun. Just swaying in the water, relaxing and catching the rays, alone – 2 large mounds rising out of the mist – saw a programme of the Caribbean sea 'very tranquil' calm, warm – peaceful. Very long birds – long wingspan.



Image 6

America – tall buildings 'dads there again' (the tree) sun is rising, that's why its orange – strong blue sky half way down then green grass. Tree has brown trunk and black branches and there are 7 tall buildings 4 larger ones to the front and 3 smaller behind. There are 7 people in my family. The tree is in America but miles away from the buildings.



Image 7

Elizabeth in her safe house 212 – foster home. I am calling for help as my dad is there visiting. **HELP** is significant as I could ask for help and get help in my safe house. I never thought I could get help at home as I had no expectations that I could be helped.



Image 8

I am just camping with Toby. I am 17 or 18 years but I have never been camping. When I was doing the drawing I felt like camping on a snowy day and wondered what it would be like camping in the cold weather. We talked about having no central heating at home but would compensate with lots of blankets. I would be freezing in the coal bunker but still managed to sleep. Now I only wear T-shirts in cold weather, I'm always hot. I seem to have my own inner central heating so I would cope well camping in cold weather.



Image 9

Tree represents my father 'not many branches' – its a dying tree on its own- abandoned and everyone has left him. Colours are dull and faded 'died out colours'. Got no life left in you, no power that would make him 'worthless'. The tree described is drawn in an attractive way and I think my father was attractive - he was tall, blonde, blue eyes, broad, well built. I could appreciate his looks in an objective way.



Image 10

I am 14 or 15 in the picture. I have never actually flown a kite. I suggest we make a kite but Elizabeth states that was too 'kiddish'. The kite appears to be able to stay up right on its own- no wind needed. We discussed having been robbed of doing frivolous activities just for the fun of it, just to be used as an object of her father's gratification. She described never having felt that she was being cared for but that she could capture a moment in an image.



Image 11

This is the final image Elizabeth made. It is Sydney Harbour Bridge with skyscrapers in the background, 8 of them and me and my friends playing football. They are just people from my accommodation – all friends. That's me with the ball.

Elizabeth: clinical background:

Elizabeth was admitted to the unit as a prison transfer; however her section dictated that she always remained legally a prisoner rather than a patient. Prior to her admission Elizabeth had made a serious suicide attempt having already served nineteen years of a life sentence. With a diagnosis of severe clinical depression it was decided that hospitalisation would provide the care she required.

Through neurological and personality assessments coupled with a detailed history, both general and forensic, further diagnosis of BPD and Borderline Intellectual Difficulties (BID) was given. This led to the following areas of psychological therapy to be identified, these

included Index offence work, treatment of the BPD diagnosis, childhood sexual abuse, clinical depression, anger management, domestic violence, loss of children, bereavement, absence of emotional literacy, dissociation, risk to self and trauma work. Elizabeth's symptoms presented as flash backs, nightmares, ligaturing, flat affect, withdrawal, suspicion, distrust, poor personal hygiene, non existent self esteem, extreme anxiety and obesity. For the reasons identified it was deemed appropriate to offer Elizabeth both Art Therapy and DBT as parallel processes.

The therapeutic approaches:

DBT was developed by Marsha Linehan for the treatment of women with a diagnosis of BPD who exhibited high rates of self-harm and para-suicidal behaviour (Linehan 1993a). The approach is underpinned by a bio-social theory of BPD which asserts that BPD develops as a result of an emotionally vulnerable person growing up in an environment which invalidates the person and their emotional experience. (Linehan 1993a).. Linehan views abuse as the ultimate invalidation. The approach comprises of classic Cognitive Behavioural Therapy (CBT) strategies combined with elements from Zen Buddhism and is delivered through individual and group components. The group component is for the training of skills and comprises of four modules. These are 1) Mindfulness: which is the art of paying attention to thoughts actions and experiences in the present without judging. The skills taught are **HOW** skills and **WHAT** skills.(Linehan1993b). 2) Interpersonal Effectiveness: The aim of this module is to improve the way relationships are managed and maintained through increasing effectiveness in three areas: Objectives – getting what you want, Relationships – maintaining and improving them and Self Respect – maintaining this.(Linehan 1993b). 3) Emotion Regulation: This module teaches the identification and management of emotions. 4) Distress Tolerance: This module is about how to accept a situation for it's reality without having to approve of it. DBT has a number of stages which determines the treatment focus the initial stage is to effect behavioural change particularly helping the patients to change self harming and suicidal behaviour to more adaptive ways of coping. In essence this is about working with the present whilst being mindful of the past and its impact.

The Art Therapy process aims to help the development of internal symbolic emotional containment through the medium of art making. This may be the patients' first experience of destructive and traumatic impulses being held rather than acted on. An enactment may

still take place but contained in the artwork, where feelings can surface gradually in visual form. This can be seen as a first stage of development before play and risk taking in the therapeutic relationship is possible. Therefore the process may provide an intermediate arena, when feelings of trust and safety in the therapy can begin to be established. (Rothwell 2008)

Non-verbal processes in Art Therapy provide a unique opportunity for repressed and poorly understood material to find form through artistic expression. The personality-disordered patient may be enabled to externalise their destructive feelings and work through raw or deeply buried emotional states within the safe container symbolised by the therapeutic relationship, image and space. 'As Art Therapy is not primarily a purely verbal therapy, individuals, whose core difficulties lie in acting rather than thinking, are particularly responsive to this form of treatment' (Delshadian 2001:13).

Projective Identification (Klein 1946) and the expression of murderous feelings in a safe container are linked to a patient's emotional progress. An important developmental stage that may not have been successfully achieved for the personality-disordered patient in infancy is a concept Winnicott refers to as 'transitional relatedness' (Winnicott 1958/2003). The mothers' survival of the infants' destructive attacks enables the infant to develop a feeling of separateness experiencing the 'me' and 'not me' and the mother is 'loved for having survived' (Schaverien 1991: 34).

We recognise this stage of intermediate relatedness as something lacking in the patients we work with and one needing to be revisited in the therapy if maturational development is to be achieved. It is also the case that the discovery of experiences that are beyond words and feelings aroused in the therapist's counter transference may help develop a better understanding of the long-term effects of past trauma acted out through suicidal and aggressive states. (Rothwell 2008)

Our Story

From our discussions in the exhibition we realised the importance of collaborative working. This largely came together during the women's art therapy group exhibition we saw our coming together could be likened to a parental couple, one parent being the thinking father (DBT) and one the emotional containing mother (Art Therapy). Elizabeth needed both

these aspects in her chosen parental couple. This was important to her as she needed some validation of a non-abusive parenting couple that confirmed both her thinking and emotional world. This is considered by Campbell who points to the 'child's experience of being abused shatters its trust in its parents to represent reality, and to provide meaning to experience' (Schinaia 2010: xvi). As Elizabeth became more connected to the art making, she became more connected to the DBT and therefore more connected to her therapists. As a result of this the therapist's connection to the process deepened enabling us to think about Elizabeth in her entirety. This was demonstrated by her bringing either therapist into the others sessions through discussion as if checking that we all held each other in mind, this was vital to her perception that we were alive and accessible rather than split off and denied.

The skills based approach of DBT complimented the strengths based approach of Art Therapy giving Elizabeth the solid platform and concrete structure she needed to help her make internal shifts in her perception of self and others, thus enabling her to become more outward looking and less self recriminating. This again is explained by Campbell 'The (second) betrayal of trust occurs after the child was abused, if the parents ignore, minimise, or deny the physical and psychic reality of the child's abuse, the child feels that its parent have betrayed its trust, that the parent will represent reality and this reinforces the child's sense of utter aloneness and fear that it (the child) *cannot be found* (our italics) by another's imagination or belief.

Having used the group process to absorb the effects of the work both approaches needed to take a more nurturing stance for Elizabeth to take a more active position where she could begin to talk about her experiences. The abuse came out in both therapies, what she was able to verbalise in the DBT she was able to envisage in the production of image making where she brought her early trauma.

Elizabeth's change in approach had to be nurtured rather than interpreted she had to feel safe that I (Kate) would just accept her images. The images she produced and the development of her capacity to symbolise, contributed by the DBT, enabled the conscious idea to be thought about with Lisa and could then be processed through the imagery. At the onset of Individual psychological therapy, Elizabeth quickly informed me (Lisa) that she didn't do feelings – a challenge to any therapist. Although in the room together it did feel as though the therapist was alone. My experience of Elizabeth was of a passive

woman who was waiting for therapy to be done to her or in essence a woman who had been shaped by all the institutions she'd lived in be that family or prison. To formulate this in the language of DBT Elizabeth had lived in an invalidating environment all her life, which had stifled her ability to express her emotions. It appeared now as though this is what she expected and she had also created a world where she could not express emotion therefore at least no-one could tell her she was stupid. (Linehan, 1993a)

The primary challenge in establishing a relationship with Elizabeth was to accept that this was how she was however to encourage change. This is the central dialectic in DBT. (Linehan 1993a) The facilitation of this is achieved through the adoption of Dialectical stances and in this case the stance of nurturing and benevolent demanding was the most common position therefore striking the balance between supporting the vulnerability of Elizabeth whilst also recognising her capabilities and refusing to take over. In the early days of therapy she would often ask me what I wanted to talk about, whilst I would encourage her to set her own agenda.

The skills training and the individual sessions centred on providing coaching in the use of skills and reviewing the diary and weekly record of emotions and behaviour. Elizabeth learnt and used these skills in the present whilst also using them as a way to reflect on her past. Referring back to the title she used them to stop hiding and to start being seen.

The use of the Mindfulness **WHAT** skills gave Elizabeth an awareness of herself in situations, it appeared grounding. This appeared to give her a sense of being active in her own world as she developed the ability to participate in what she was doing thereby recognising her own skills. This also helped her to establish a routine of things she liked doing. This awareness of self appeared to increase her self-esteem as they provided her with a sense of mastery and control of herself in situations. In art therapy this enabled Elizabeth to make the risk to try out different mediums and experiment with colour and form.

Interpersonal effectiveness was a challenging skill for Elizabeth 'in the individual DBT sessions a parental guiding and modelling stance was adopted, however Elizabeth was evidently internalising her work in art therapy and this was mirrored in DBT as illustrated in this example. Elizabeth wrote a letter of complaint which was fantastic as it indicated that not only was she now able to ask for the things she wanted but that she valued the therapy

and what it was helping her achieve, she was no longer passively experiencing but actively participating.

Elizabeth found emotions easier to spot in others than herself as stated earlier she didn't 'do emotions', this appeared to be founded by the belief that if she had emotions they were stupid. In sessions the therapists would find themselves modelling their own emotional experiences as a way to demonstrate how it worked. This involved describing the physiology of the experience as well as the accompanying thoughts. Elizabeth came into one session with the realisation that she felt angry a lot of the time however she'd always described it as sadness. This led to an exploration of why anger was difficult to identify and the relationship between anger and violence was explored. Elizabeth's experience of others anger had always been accompanied by violence acted towards her and that her anxiety around acknowledging anger was her own fear of being violent." Imprisonment is the ultimate container for the offender's aggression and angry feelings become deeply buried in the unconscious and too risky to expose, as they can generate high levels of anxiety and insecurities in staff, which fear loss of control. Anger is possibly the least tolerated emotion in the system. For this reason the patients (we) work with are extremely anxious about their vulnerabilities being exposed, uncertain of what they can cope with seeing in themselves, and whether others can tolerate their rawest emotions" (Rothwell 2008:119)

In Elizabeth's telling of her story in relation to the abuse both from her father and husband she blamed herself. In this way she did not accept her own helplessness and vulnerability and therefore she rejected herself and her emotional world as a result. Using the concept of radical acceptance Elizabeth accepted that she was a child when the abuse happened and did not hold any power in this situation. When she said to me 'I no longer blame myself' 'I felt that she had accepted the situation for what it was, thereby becoming more willing to accept herself.

The ending process

The funding authority decided to repatriate Elizabeth to a secure facility in the locality. At this point, in the knowledge she would be moving on, it was decided Elizabeth should end her work in art therapy and DBT simultaneously. In discussion with Elizabeth she decided to end her art therapy work by writing her life story over the remaining eight weeks, this

was a long-standing wish that she would write a book to tell the world of her plight. After receiving her consent Elizabeth used the sessions to dictate her life to the art therapist, who wrote it verbatim, also choosing images representative of defining moments in her art making process.

Elizabeth discussed her images for the very first time to the art therapist explaining the symbolism and meaning in the content. Up to this point the art therapist had sat with the images making no comment. This was vital for Elizabeth to develop trust before she could eventually reveal more of herself, having spent 15 years in Art Therapy repeatedly drawing the same image with felt pens. Case discusses this need to repeat images in traumatised children. She explains that 'normal development is hampered and available energy is spent in warding off further vulnerability. Various defences may be used such as denial, isolation, regression, and progression and splitting. There is often a loss of capacity to symbolise and fantasise. Play may be restricted and repetitive or a scenario without words or story line (Terry 1981, 1983, Case 2010: 3). Discussing her clients repetitive play with a dolls house Case refers to Garland who considers the treatment of trauma needs to 'become part of the survivors overall thinking and functioning, instead of remaining split off, encapsulated and avoided, a foreign body in the mind'. (Garland 1998).

The use of DBT both in terms of skill development and therapeutic style allowed Elizabeth and I to help her become unstuck. She became a much more integrated presence in the room and indeed the other settings in which she was observed. In ward rounds for instance she began to make requests. Elizabeth was allowing herself to be seen and will be viewed by a much wider audience when she re-emerges back into the community. The ending process in DBT involved a review of the skills taught and how she could now use them to manage her emotions and interpersonal relationships and urges to self harm or attempt suicide. Elizabeth reflected on how the therapeutic approach had enabled her to not feel at fault for her early trauma caused by childhood sexual abuse.

It appeared as the therapeutic relationships provided by Kate and Lisa provided the validating environment Elizabeth had not previously experienced allowing her to experience her emotional world without pathologising her or seeking to directly investigate the root causes of the index offence. In this way both approaches worked with the abused person in an accepting nurturing way.

Discussion / Conclusions

Although viewed perhaps as opposite ends of the therapeutic spectrum the Art therapy and DBT approach worked in harmony for Elizabeth helping her to experience the present whilst also processing the past. The creation of the images can be viewed as representing her ability to be mindful and the use of symbols provides a buffer to the pain thereby creating an image helps her to bear the pain. The choice of colours and figures are representative of the emotion dysfunction and the struggles she experienced within her interpersonal relationships. Elizabeth moved from a position of being 'bad' to seeing the perpetrator as 'bad', she became more in control and able to destroy the perpetrator through her DBT and art making rather than destroying herself. In the tornado image it can be understood as a means of directing her anger, she grew from a one to a three dimensionality and in moving from a schizoid to a depressive position she became more integrated and visibly able to integrate, rather than split, both therapists. With the tree representative of her father Elizabeth was able to connect the past with the present and could safely place the tree outside of herself in the image as a means of being mindful. This also released her from having to constantly carry the tree around with her.

Whilst not splitting the therapists Elizabeth did divide material between the Art Therapy and DBT so the split was evident in the content rather than the relationships, for example her imaginary friend, Toby, was introduced in art therapy but not DBT. As a figment of her imagination from her unconscious, it may have been the concrete process of art making that enabled her to depict him rather than risk voicing her thoughts about him, as he had never been verbal. This is another example of the benefits of the two approaches working together as the DBT focuses on present day behaviour whilst the art therapy focused on unconscious and pre conscious material yet to surface, so one therapy balanced out the other. The introduction of Toby appeared whilst Elizabeth had entered the Inter personal effectiveness module in DBT; this may have indicated her getting in touch with past significant relationships that she had created for herself as a means of survival. Since sexually abused children may invent an alter ego to manage what is happening to them, and the violation of their physical boundaries, as a means of remaining in tact, in other words, to become disassociated from the trauma rather than be sent mad by the abuse they may have to invent a friend.

Dividing the material, but not the therapists, appeared to be containing for her in the

knowledge the therapists were joined up and that she could take material to one or other. This could be representative of her internalisation of the good foster parents, which may reflect the not so good parenting of the prison system to the more validating parenting of the hospital setting. It may also have indicated that given the violation of her bodily boundary she could make choices, either consciously or unconsciously, about where she would take different parts of her self. It was the development of a process that enabled her to live but leaves us wondering whether this enabled her to change. What was the change? Or rather than change, was there a cognitive change or were we looking at the internal development from a passive child to an active adult.

Returning to our initial list of treatment objectives whilst we feel we did not treat her offending behaviour directly, largely due to her disavowing her crime, if she hadn't been abused she wouldn't have committed the crime. Elizabeth became more emotionally literate and described this in art therapy by stating she could draw it before she could say it. Added to this she learnt the physiology of emotional states of mind. She became more comfortable being with people and being in relationships. She progressed from not having to please others first and most importantly being able to say 'No'.

Elizabeth's development allowed us to reflect on our own that we never felt the therapeutic process competed with each other and therefore never felt split but integrated with both serving a useful function in Elizabeth coming from hiding to being seen. She finally has two parents who she could use to parent rather than parents who abused her this did not negate how abused she'd been by the criminal justice system but did enable her to come out of hiding when she learnt she could risk trusting people, relationships and herself.

Elizabeth was able to talk about freedom for the first time which we view as her being freed up in terms of the physical security but also from her emotional imprisonment. For Elizabeth not facing a locked door was freedom. Elizabeth sums this up best in her own words to quote

"I hope it's all been worth the hard work. It's given me more oomph!!! I trust people more than I did before, people have listened to me – it's like I've got a bit of power and I've earned respect. Feeling powerful makes me feel really good. Nobody is making up my mind for me; I'm doing it for myself. I have a bit of self-respect now, not as much as I should have but I'm getting there. It's such a contrast from feeling powerless, hopeless and

worthless. What helped the most were people listening to me and believing me.”

Lisa Hutchinson C Psychol. Chartered Counselling Psychologist

HPC-REGISTERED Qualified in 2003 and have worked with women in forensic settings since that time.

Have practised DBT for 26 months.

Kate Rothwell. Head of Arts Therapies at The John Howard Centre. Art Psychotherapist Kneesworth House Hospital. Specializes in Forensic Mental Health. Private Practitioner, Supervisor, Visiting lecturer and researcher.

References

Case. C. (2010) 'Representations of Trauma, Memory, layered pictures and repetitive play in art therapy with children. ATOL: Art Therapy on Line 1 (1) 2010.

Campbell. D (2010) In: Schinaia. C. 'On Paedophilia'. London. Karnac Books.

Dalley, Riftkind and Terry (1993) London. Routledge.

Delshadian. S (2001) Understanding Acting Out Behaviour in the Context of Art Therapy with Disturbed patients. In: Prison Service Journal. No. 133

Garland. C (1988) Understanding Trauma: a psychoanalytical approach' Tavistock Clinic Series. London. Dockworth.

Klein. M (1946) Envy and Gratitude. London, Hogarth Press & The Institute of Psychoanalysis..

Linehan. M (1993a) Cognitive Behaviour Therapy for Borderline Personality Disorder. New York. London. Guilford.

Linehan. M (1993b) Skills Training Manual for Treating Borderline Personality Disorders. New York. Guilford.

Meares and Hobson (1977) The Persecutory Therapist. British Journal of Medical Psychology.

Rothwell. K What Anger? Working with Acting-out Behaviour in a Secure Setting. Chapter 7 In: Liebmann. M (Ed) (2008) Art Therapy and Anger. London, Jessica Kingsley Publishers.

Schaverien. J (1991) The Revealing Image: Analytical Art Psychotherapy in Theory and Practice. London & New York. Routledge.

Terr. L (1981) 'Forbidden Games'- Post traumatic child's play,. Journal of the American Academy of Child Psychiatry. 20:741-760

Terr. L. (1983) Play, Therapy and psychiatric trauma: a preliminary report. In C.E. Schaefer + K.J. O'Connor (Eds: Handbook of Play Therapy. New York. Wiley 308-319.

Winnicott. D. (1958/ 2003 reprint) The Maturation Processes and The Facilitating Environment. London. Karnac Books..

Further Reading:

Scanlon, C. & Adlam, J. (2009) ““Why do you treat me this way?”: reciprocal violence and the mythology of ‘deliberate self harm’”, pp. 55-81 in A. Motz (ed.) Managing Self Harm: Psychological Perspectives. London: Routledge.