In the last 15 years there has been a marked change in the evaluation and treatment of juveniles who commit aggressive or exploitative sexual acts. Previously such sexual misconduct was addressed with a "boys will be boys" attitude. The molestation of children and rape committed by children or teens were minimized. Often the offender received only token punishment. Sexually aggressive acts committed by youths were thought of as sexual experimentation and these incidents were seldom reported.

When the situations did come to the attention of law enforcement or mental health professionals, there appeared to be a reluctance to treat such offenses as serious. However, largely through the self reports of adult offenders and the increasing number of reported violations, this perspective has changed.

In extensive research carried out by various professionals (Groth & Loredo, 1981; Samenow, 1984), it has been noted that deviant patterns in thought and behavior emerge at an unexpectedly young age. In fact, most offenders commit their first offense between the ages of 8 and 16 (Groth & Loredo, 1981). Traditional methods of therapy have not been effective in deterring offenders from reoffending. However, a new form of treatment has been employed in the last 15 years that has focused on intervening in the maladaptive patterns of young offenders before they become more ingrained behaviors (Bengis, 1986; Lanyon, 1986; Ryan, 1987). This treatment procedure is based on a cognitive-behavioral model that is seen to be more effective than traditional therapies.

The details in the model will vary in different treatment centers and the specifics will vary in different individuals. Nevertheless, the basic focus of treatment is to help the client understand the events, thoughts and feelings that lead to an offense and to develop strategies to deal with situations in ways that will impede or decrease the likelihood of an offense. Within this model one often hears the terms "offense cycle" and "relapse prevention." Though the specifics may vary from one treatment center to another, the basic framework is consistent. An offense cycle is the circular chain of events, thoughts, fantasies and feelings that precipitate an offense. The focus of treatment is for the clients to understand the specifics of their cycle. Relapse prevention consists of using this knowledge to develop methods of intervening in this cycle before an offense occurs. The earlier in the cycle the intervention takes place, the less risk there is to reoffend.

It should be understood that most juvenile sex offender (J.S.O.) treatment programs do not focus on the etiology of behavior. Instead they are primarily concerned with enabling clients to understand the events, thoughts and feelings that lead to an offense. In order to identify this cycle, offenders must understand the situational, psychological and behavioral dynamics involved in the cycle. Though each individ-

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ual is different, J.S.O.s do exhibit common traits, which are factors in their maladaptive patterns. These traits are not limited to or only active in regard to the sex offense cycle, but are generalized in the person’s entire lifestyle and include:

1. A lack of accountability. Sex offenders seem to have developed ways of avoiding responsibility for their situation and behavior. Within this, the terms cognitive distortion and thinking errors are used. This distorted thinking allows offenders to deny, blame others or minimize their responsibility for their behavior and situation.

2. Dissociation from feelings. Many J.S.O.s enter treatment unable to identify common feeling states. For various reasons these people have cut off or shielded themselves from experiencing and/or acknowledging uncomfortable emotional states.

3. Sex offenders do not have or exhibit a capacity to feel empathy for others. It would be difficult to maintain arousal when inflicting suffering on another person if one experienced empathy or concern for that person.

4. An inadequate understanding of personal boundaries is inherent in most J.S.O.s. A sex offense is a dramatic violation of another’s boundaries. Sex offenders often display a lack of respect and understanding of personal boundaries in other aspects of their lives.

5. Related to the issue of boundaries is the finding that most J.S.O.s have deficient social skills. Few offenders have full healthy relationships with peers and/or adults.

6. Abandonment, loss and betrayal in early childhood cannot be discounted as a developmental factor. The framework of internalized object relations is reflected in the characterological traits of J.S.O.s. Deficits in intrapsychic structure contribute to the tendency to exhibit maladaptive behavior.

7. All of these factors contribute to feelings of low self-esteem, which is an important element in J.S.O. behavioral patterns. It is important to note that J.S.O.s seldom offend for strictly sexual reasons. That is to say the youth is committing the act to address a need other than sexual. Common themes are power and control, conquering the trauma of one’s own victimization, anger, revenge and inadequacy.

Art Therapy in J.S.O. Treatment

Art therapy has been integrated into many treatment settings. In different situations the amount of direction, the tasks presented and the treatment issue addressed will vary. Art therapy has been adapted to fit many orientations and treatment models. When integrating art therapy into a J.S.O. treatment setting certain factors have to be taken into consideration.

What is most striking to clinicians who begin training in J.S.O. treatment is the changed role of the therapist. In most situations the therapist maintains a neutral or supportive stance and is basically non-invasive. For the most part, traditional types of therapy allow clients to disclose information at their own volition, with the therapist offering encouragement and support, whereas the therapist’s role in J.S.O. treatment is highly confrontational and directive. Though there is no intent to show disrespect or to humiliate clients, clinical experience and research (Lanyon, 1986; Ryan, 1987; Samenow, 1984) have shown that offenders will use all their practiced behaviors to avoid and deny information related to an offense. Like any other clinicians entering this setting, art therapists must also educate themselves and adjust to the special demands of this population.

What appears to be central to the effectiveness of the art process in this treatment is the creation of an object (art product) in which clients’ internal processes can be externalized and given concrete form. Clients can then view these processes and gain a perspective of their experience that is conducive to therapeutic change. This process is outlined by Betensky (1987) when describing the use of art therapy from a phenomenological perspective.

This process is relevant to J.S.O. treatment for a number of reasons. First, as stated, offenders will attempt to evade discussion or will minimize and justify the offenses. An art product that illustrates the offenses does not have the temporal limitations of verbalizations. The art product remains and thwarts clients’ attempts to evade or deny their acts. It allows the offender and therapist the opportunity to view the experience and process the dynamics involved. In this, the art process offers a unique intervention in diminishing the offender’s pattern of denial and justification.

In a similar vein, art therapy is effective when addressing the client’s emotional experience. The art process can be used to evoke affect. The art product
remains in the therapeutic space as a document of the internal experience. As stated, J.S.O.s are often disassociated, disconnected from their emotions. A reconnection is necessary for the completion of treatment and for the offender to maintain a healthy functioning.

In this regard the art experience is uniquely effective in helping clients to experience and explore that which is unfamiliar and to promote a tolerance to absorb affect that is disturbing and overwhelming. Again, the art process allows clients to illustrate this inner experience and give it concrete form. The volatile, threatening experience may then be viewed from a safe distance. The art object remains outside and provides a vehicle for reintegration. This tolerance can then generalize into clients' overall functioning and diminish the need to reduce tension through invasive sexual activity.

This approach first takes clients to the direct experience of art production in which there is a dynamic interaction between the artmaker and the art materials. This stimulates emotional arousal and consciousness. The next sequence involves the visual display of the work, where the product is distanced from its maker, which allows a level of detachment. Clients are then encouraged to view the product in a very intentional manner. In this, an intimate communication evolves between the artist and the product. The clients' awareness of the art product deepens and messages from the work are received. The last sequence in the process is integration where the clients reflect back to the development of the artwork. Therapists and clients explore the interaction with the work. The graphic depiction, emotional content and central themes are discussed. This can lead to the recognition of patterns by clients and a greater understanding, which can evolve into an ability to alter one's maladaptive patterns.

As stated, therapy techniques often must be adapted to work with this population. The deceitful, exploitative nature of the offender, combined with the danger of the continuation of the destructive behavior necessitates an adaptation of technique. This will lead the art therapist to a more directive style and a use of the group process to offset the manipulative tactics of the offender. Still, the art approach described remains relevant and effective.

The tasks will vary depending on the age of clients, whether the art therapist is the primary therapist or adjunct to the treatment program and whether the clients are being seen in individual or group sessions. A description of the art therapist's goals and objectives will follow. Three case vignettes will then be related to illustrate these procedures.

Goals and Objectives of J.S.O. Treatment

As described earlier, the issue of accountability is central to J.S.O. typology and treatment. Without an understanding of accountability and responsibility for behavior, J.S.O. treatment will not proceed. This aspect of treatment demands a very concrete procedure. Asking clients to draw a before, during and after sequence of an offense can break down barriers of evasiveness and denial. During the task clients will often have to be confronted and asked to put into the work as much sensory detail as possible. This is so the offenders can establish themselves at the scene with the victim. Other tasks will require offenders to disclose more information about the offense, when it took place, how it was planned and how the victim was chosen. These drawings can be used to explore what the people in the drawing are thinking and feeling. This can then be used to establish the link between thought, feeling and behavior, which is the basis for understanding an offense cycle.

It is important to note that clients may be so cut off from feeling that they are not able to identify a feeling at the time of the offense. A second treatment goal is to reawaken the feeling experience of the offenders. It is beneficial here to employ art tasks that focus on identifying feelings and relating them to life experience. The therapist may need to begin with very basic feelings and tasks, then gradually advance to more complex directions. The art response will demonstrate clients' understanding and ability to tolerate and absorb these feelings. As an example, this procedure may begin with the clients being instructed to create masks of feeling states. In discussion, the group or individual can relate how and when they experienced these feelings. As clients become more aware, more complex tasks can be implemented. For example, having clients categorize feelings, (i.e., most common, most pleasant and most unpleasant) is effective in helping them understand how feelings affect behavior. The clients can then be asked to draw a person who experiences these constellations of feelings. Questions are then asked. Why does this person feel this way? How does a person who feels this way act? How does this person relate to other people? The exploration, placing feelings in life experience and
processing how feelings affect behavior, is an important part of J.S.O. treatment.

This exploration of one’s emotional experience is also essential for the clients to be able to understand and exhibit empathy, a third treatment goal. Though there is debate in the field as to whether all J.S.O.s are capable of developing empathy, most therapists agree that it can be an important factor in relapse prevention. Various art tasks can be used to help the clients understand and exhibit empathy.

Having clients make masks of themselves as perpetrators and a mask of one of their victims is effective. The clients are instructed to try to make the mask so that the face exhibits what the person is feeling. The offenders are then asked to create a dialogue between the two masks. In this, they play the role of both offender and victim. It is hoped that through this offenders can gain an understanding of the victim’s situation. As mentioned, the offenders will often resist or superficially comply with treatment. A task such as the one described may be threatening to offenders. Clients must be confronted by both therapist and peers when trying to evade genuine participation.

Tasks that enlist the group as an arena to practice empathy can also be employed. Having an individual do an art response to a peer’s drawing in which no verbal exchange is permitted allows a perpetrator to practice empathic skills. Another related task is a feedback or empathy collage. In this task each group member is instructed to choose an image that to them relates something about another group member. Each individual is asked to find an image for each group member. The images are then exchanged. Each person uses the images given them to create a collage. Questions can then be put to the group. How did you choose images for others? How did you respond to the images given to you? How did you put the images given to you into a collage? J.S.O.s are often self-absorbed and narcissistic. Tasks such as this are valuable in helping the individual to see outside of themselves, understand another person’s perspective and to develop social interaction skills. During this process the therapist can see what kind of understanding the client has and exhibits. Inappropriate behavior and attitudes can be confronted in the treatment setting.

The client’s own victimization is a dynamic issue in J.S.O. treatment. It is also very problematic. There is a great deal of controversy in the literature about sexual victimization as a causative or correlational factor in the development of sex offenders (Groth & Loredo, 1981; Ryan, 1987). Nonetheless, a high percentage of young offenders seen in treatment have been victims of sexual abuse themselves. In J.S.O. treatment it is better if the issue of victimization is not a focus until the client has become familiar with the issues of responsibility and accountability for behavior. Young sex offenders often maintain a victim stance. They perceive themselves as victims, which helps them avoid being accountable and is a way to manipulate people around them. J.S.O.s will use their own abuse as a justification for their exploitative behaviors. Addressing the client’s own victimization without the individual first understanding accountability can play into the offender’s denial and justification.

When dealing with the issue of victimization, it may again be useful to employ tasks that focus on the identification and acceptance of feelings. As mentioned, the offender has to some extent shut down emotionally. Becoming familiar with one’s own emotional functioning is necessary when approaching the issue of victimization. The art therapist must be aware that tasks that encourage catharsis or an abreactive response may be inappropriate by overstimulating the offender who does not have adequate internal controls.

Also, clients should not lose sight of the primary reason they are in treatment. When addressing victimization it is useful to implement tasks that explore and illustrate people’s perceptions of boundaries. This can help clients understand the invasive nature of an offense.

To balance clients’ perspectives, tasks that focus on both perpetrator and victim aspects are effective. Actually asking clients to draw themselves as both perpetrator and victim can be beneficial. Discussion can process how these two figures are different. How are they the same? What do they think? Feel? As with victims who are not offenders, the victim self will often take responsibility for their own victimization. This distortion is of particular significance. If the victim is responsible, the offenders can use this to justify or minimize their offense. The distortion can be addressed with art tasks that explore the difference in age, size, power and knowledge between the victim and the perpetrator. Within this, it is important that clients make ‘‘I’’ statements regarding their feeling and experience so that they can learn to absorb that which they have not integrated in the past.

Tasks that address the risk and fear involved in change can be appropriate at this time. Therapists and others often assume that offenders do not want to
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hang onto maladaptive behaviors. Though maladaptive, these patterns have provided safety and structure for the individual. Integrating intense feelings and new behaviors can be threatening. Allowing clients to acknowledge and process this is important.

Related to this, art tasks can focus on processing the feelings surrounding change. Tasks can also address clients' ability to self-nurture and provide for themselves. The use of metaphor can be an aid when addressing these issues. Art tasks can be presented that ask clients to illustrate how one would cope if one were going on an adventure into the unknown. Another would be to explore how a historical or mythological figure would adapt when faced with new and dangerous situations. These tasks can provide a positive attitude and frame of reference from which clients can proceed.

Metaphor can be used to approach the issue of self-reliance and self-nurturance. These activities are designed to facilitate discussions about what it takes to be safe. When did you feel safe? Where did you feel safe? Are these situations appropriate? Do they isolate you? What can you do differently?

It should be emphasized that the therapist is dealing with habitual patterns of behavior that have been reinforced physically, psychologically and socially. Tasks that address the issues discussed need to be repeated again and again in order for the clients to internalize new patterns of behavior. As these tasks are presented, the clients participate in activities that focus on identifying feelings, accepting responsibility and exploring how one interacts with others. The therapist hopes and expects that as clients progress through treatment they will digest what they have learned and these new behaviors will be displayed in everyday life. Clients will feel more confident in appropriate interactions and may pursue an education or vocational training.

It is hoped that as persons become more capable they will be less of a risk to reoffend. The clients will then have options to prosocially address needs that previously were addressed through aggressive and exploitative sexual activity. However, the deviant patterns remain a powerful force. The stimulation and the immediate gratification gained in an offense are still available. Persons must continually choose not to offend throughout life.

The art tasks previously discussed have focused on helping clients gain understanding and insight into their behavior. Art tasks can also be used to deter a relapse as a direct intervention or by the illustration of high-risk situations. A high-risk situation can be described as a situation or activity that makes a relapse (reoffense) more likely. As an example, a pedophile walking past a busy playground is putting himself in a high-risk situation. The same pedophile who becomes depressed and isolated may also be in a high-risk situation because he knows from his offense cycle that these feelings are precipitating factors in his motivation to offend. An intervention is an action a person takes to avoid or neutralize a high-risk situation.

There are various ways in which art therapy can be used at this point of treatment. One simple but effective way is for clients to use art materials to process feelings when in a negative emotional state. In this way the art materials may provide a cathartic, soothing or sublimatory function.

Having offenders draw a likely high-risk situation is another helpful option. Each client will draw a number of specific situations that stimulate a deviant arousal pattern. As described earlier, for the pedophile, walking past a busy playground would present a high-risk situation. As could being rejected by a female peer, because feelings of rejection are a precipitating factor in the client's offense cycle. As in the sequential drawings of the offense itself, these drawings should contain as much sensory detail as possible so that the person has every opportunity to identify this situation when it presents itself.

The client will then need to discuss the situations and develop effective and appropriate interventions. It may be beneficial for the client to present the high-risk situation drawings with the perpetrator attempting to offend. The person will then add into the drawing a negative result of this attempt (i.e., a parent intervenes in the attempt to offend and assaults the perpetrator or the police arrest the offender and the person is incarcerated). In this way the deviant pattern is interrupted both in fantasy and reality.

It is also effective, especially with younger or developmentally-delayed youths, to have them make a diagram of a road of their everyday routine. Possible high-risk situations can be drawn and labelled on the map. Stop, yield and go signs can be added to identify the risk factor and direct a safe route around them.

Case Examples

Bob

Bob was a 12-year-old boy recommended for J.S.O. treatment after having sexually abused his
6-year-old sister. Bob was always a resistant client. He remained in denial for months. Prior to the introduction of art therapy, he was confronted by his therapists and told further resistance would result in more severe consequences. At this time he became more overtly compliant. He did verbally acknowledge his offenses. Over a period of months he did speak more openly about his offenses in the group.

After months of routinely describing his offenses, Bob participated in the art task in which the perpetrator is asked to draw a before, during and after sequence of an offense. He did not resist participating in the task. However, he did become visibly agitated as he progressed through the drawing. Though the group was specifically instructed to be as detailed as possible, no sexual offense was illustrated in Bob's drawing. No sexual act was depicted. Bob never drew himself in the drawing. He was always depicted speaking from behind an object or his figure was omitted from the scene. In some of the frames no human figures were drawn, only dialogue was written in. In this, the figure of the victim that was depicted became progressively more regressed, eventually losing human form.

Bob was clearly resistant and hostile when the drawings were discussed. His first response was to blame the therapists, stating that the task was given to “make me angry.” As he was confronted by both therapists and peers Bob’s resistance became more exaggerated. Previously, to avoid more severe consequences he verbally acknowledged as he progressed through the drawing. Though the group was specifically instructed to be as detailed as possible, no sexual offense was illustrated in Bob’s drawing. No sexual act was depicted. Bob never drew himself in the drawing. He was always depicted speaking from behind an object or his figure was omitted from the scene. In some of the frames no human figures were drawn, only dialogue was written in. In this, the figure of the victim that was depicted became progressively more regressed, eventually losing human form.

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When Jerry entered treatment he was not in denial. His intelligence allowed him to advance his understanding of treatment issues. His progress was stalled by his apathy and lack of motivation. As time passed this appeared to be only a part of a general emotional detachment. The global nature of this detachment became evident when Jerry was unable to relate a feeling state to his offense cycle. Through further exploration it became apparent that he had difficulty identifying feeling states at any time. Though this became a focus of treatment, and was addressed extensively in verbal therapy, Jerry was unable to describe an emotional connection to past events and present experience. It is notable that Jerry did not appear distraught by his lack of awareness. When this was presented to him he would shrug off questions.

It was decided that Jerry would participate in art therapy. For a period of weeks he participated in art tasks that were designed to explore and evoke an affective response. At first, simple tasks were employed in which Jerry was asked to make a spontaneous art response to feeling states that were called out. In this way his understanding and experience of these feelings could be clarified. It is notable that in the art response he would most often externalize the feelings. That is, he would describe situations that were outside his experience. As an example, for the feeling lonely, Jerry drew a person in prison. He had never been incarcerated. In response to the feeling scared, he drew a police car. He explained that some people were afraid of the police. In this exercise he never depicted a situation from his experience.

In future sessions these feelings were discussed. Jerry was asked to illustrate incidents from his life in which he experienced these feelings. It is notable that Jerry was unable to draw a response for the feelings
hopeful and powerless. At the time he was unable to explain why he had such difficulty with these feelings.

In following sessions Jerry was asked to categorize feelings. The categories were: most pleasant feelings, most unpleasant and most commonly felt feelings. The feelings listed as most common were angry, powerless and bored. To create an affect bridge, Jerry was then instructed to create a drawing that expressed this constellation of feelings. At first he seemed unable to approach this task. It was suggested that he choose a color to relate each feeling. He was then able to proceed. While drawing, he would stop at various times and relate stories about his father, mother and step-parents. This was unsolicited and the first of many discussions regarding his experience growing up. The themes of disappointment, rejection and resentment were always present. The art process appeared to stimulate a bridge to Jerry's past experience. Similar tasks continued to address these issues.

With Jerry now able to identify and connect with feeling states, subsequent sessions addressed feelings associated with his offenses. As related earlier in the text, the focus of J.S.O. treatment is the person's pattern of offending. Although Jerry's experience of victimization was not ignored, it was now necessary to direct the course of therapy to the perpetrator aspect. He was at first asked to identify all the feelings he experienced before, during and after his offenses. The list of feelings he described was extensive. He was then asked to specify when he experienced these feelings. After he had done this, Jerry was given the task of drawing people who experienced the feeling states as he had categorized them. In processing these drawings questions were asked. How does a person who feels this way act? Why? Why did this person choose to offend? This was done to further establish the connection between feeling and behavior.

During this exploration of emotional function, Jerry's journal assignments began to contain more genuine content. With continuing art tasks he became more comfortable and insightful. In this situation the art tasks were used to create an affect bridge. This was then used to help Jerry gain understanding into his patterns of behavior.

As noted, metaphor can be expressed through the art process to address treatment issues. At times themes will appear in clients' artwork. At other times the therapist may be directive in suggesting themes. The next case example illustrates these processes.

Tom

Tom was a 17-year-old youth in residential treatment for the sexual abuse of his younger brother. He was in the later stages of treatment when he began individual art therapy. Though he had progressed well in treatment, Tom was having difficulty with the issues of empathy and his own victimization.

It was soon apparent that Tom was a capable artist. However, all of his work seemed superficial, lacking in emotional content. One day, while pursuing a non-directive art task, the mythological figure Medusa appeared in his work. This would be a notable image in any individual's work. Given that Tom was raised in an impoverished area of the inner city, this image drew particular attention.

Tom related that he was interested in myth and enjoyed stories and movies with mythological themes. He was asked about the figure, what he knew about the image, what qualities he attributed to the Medusa. In following sessions mythological themes were pursued. Tom's gravitation toward the Medusa image remained.

Though verbal processing with Tom remained in the metaphor, as a therapist I could not overlook the symbolic strength of the image. Given the apparent resonance this image held for Tom, relationships between his life and the myth were explored. It seemed notable that this myth revolved around a powerful female figure. The Medusa would turn men to stone by looking at them. Within this image, Tom's relationship with his mother did stand out. Resentment and anger toward his mother were consistent factors in his offenses. He viewed his mother as a powerful figure. He was not willing to acknowledge the full extent of his rage and aggression toward her. He felt impotent to openly act against her. When asked why his anger was acted out against his brother, he quickly replied, "I could never hurt my mom." Tom appeared indignant at the implication.

The Medusa theme did resonate within these dynamics. Though this was never directly stated to him, Tom did begin to more openly speak about his relationship with his mother. This paved a path toward a conscious awareness of the dynamics. In this situation, a theme spontaneously appeared in the artwork that spoke as a metaphor for a relationship in Tom's life.

Metaphor was also used in a more directive manner in therapy with Tom, whose primary therapist...
explained that Tom was resistant to exploring the correlation between his own sexual victimization and his later offenses. As with many other offenders, Tom's offenses mirrored his own victimization in act and motivation. His primary therapist asked if the art process could be used to help Tom understand victim/perpetrator correlation.

Because Tom was drawn to mythic themes, a metaphor was chosen that seemed to parallel the issue being addressed. The vampire motif fit the pattern of the victim/perpetrator phenomena. The vampire’s behavior resembles a sex offender in that both engage in an invasive act, to gain gratification at another's expense. Within the vampire theme the victim becomes like the vampire; the process then continues.

The actual issue was not discussed in the session previous to Tom creating the artwork. He was asked if he was familiar with the vampire theme. He was. Different movies were discussed. He was led through the motif and asked to explore various aspects of the vampire phenomenon, with particular attention to the victim turned perpetrator. He was then asked to draw a sequence of pictures that illustrated this process. As before, Tom had no difficulty with the art materials. He completed a detailed sequence of drawings, yet the transformation process was not illustrated in the drawing. The vampire entered the victim's room and bit the victim. The offense was depicted, but the process of victim becoming perpetrator was not. When asked about his omission, Tom explained that the transformation was depicted and pointed to the vampire. I was puzzled by this response. Either Tom was resistant to pursuing this theme or he was not differentiating victim from perpetrator. To clarify, Tom was asked to continue the drawing and clearly illustrate the transformation process. He continued to have difficulty with this.

The parallel between the vampire's attack and a sexual offense was then discussed. Tom had no trouble seeing this correlation. He was then asked about the phenomenon of the victim becoming a vampire. He did not see the analogy. Through a series of questions the analogy was explored. Tom was asked about the lack of clarity in the drawing. The correlation to his own victimization was further discussed. He was reluctant to acknowledge any connection. It was necessary to consistently refer back to the drawings. Tom was questioned about his resistance, which was illustrated in the drawings. He then did acknowledge the confusion in the drawing regarding perpetrator and victim. He was asked if this was not then a depiction of his own resistance and confusion. In this situation, the art process was instrumental in enabling him to explore and integrate a concept he had resisted. In future therapy sessions Tom's own victimization was further explored. He remained more willing to process his own experience.

Summary

It has been found that deviant patterns develop at an early age. Treatment programs designed to treat young offenders are thought to be effective because they can intercept these deviant patterns and interrupt the reinforcing cycle. A cognitive-behavioral model was employed in these programs. Treatment proceeds by helping clients to understand the emotional, cognitive and behavioral patterns that precipitate an offense. The author has described how art therapy can be utilized at various times in this treatment procedure. Art therapy is effective because it enlists the clients in doing. The internal processes can be externalized. Maladaptive patterns are illustrated in the art work and group transactions. This can be confronted by therapists and peers in the treatment setting. New patterns of thought and behavior can be practiced and reinforced through art tasks.

References


