

Trauma and Healing Through Art: Revealing the Power of Solidarity

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Harsh pencil strokes, broken crayons, dark colors: anger seemed to burn through the page. Adjoa¹ scribbled angrily as I walked by her table.

Entangled limbs and a face underneath her drawn black scrawled lines covered a portrait that spoke of her life. I gently placed my hand on her shoulder; Adjoa jumped. She looked up and offered her picture to me.

I did not want to ask but I knew I had to.

“Adjoa, do you want to tell me about your picture?” I asked, crouching on my knees so as not to leer down at her. In that moment, time froze. I patiently waited. “Kofi,”² she said pointedly, placing her finger on the center of her paper.

My stomach lurched. I did not want to press her for details. I wanted to run. I suspected rape, and though I had worked with rape victims before,³ they had not been 12-year-old Ghanaian girls. In Ghana, I had no resources to provide for her.

Adjoa handed me her journal. It read:

“I do not like it. It pains me. My mother says be quiet. It is quite sad nights for me. I do not like Kofi, inside of me.”⁴

Adjoa’s drawing demonstrated a dark side of Ghanaian culture. Rape and sexual abuse of adolescent girls is prevalent in Ghanaian society today. Among a group of surveyed Ghanaian girls aged 11 to 21, 25 percent reported that they had been raped at least once.⁵ These statistics of abuse in Ghana do not match my hometown, the wealthy, quaint suburb of Concord, Massachusetts, with its manicured lawns and golden retriever dogs. Were I faced with similar issues at home, there would be resources available: crisis centers, support groups, hotlines. But in Ghana, how could

I give a voice to Adjoa and all other girls who faced a similar pain?

This summer, I returned to Ghana for a third time.⁶ I worked to co-found a non-governmental organization (NGO) in Accra dedicated to providing therapeutic art programs to children living in poverty and to victims of abuse. Working with a Ghanaian friend, Serge, we took our joint passion for art and public service to develop the nascent organization: Attukwei Art Foundation (AAF).⁷ Our mission is to use artistic methods of teaching to educate children in Ghana how to find cathartic means of expressing themselves through art. Our educational and social approaches are fostered by the belief that every child should experience art. Working as an art therapist this summer, I spent a significant amount of time working with sexually abused young women. While I was familiar with Ghana, I was admittedly not yet accustomed to working specifically with victims of rape.

In Ghana there is a severe lack of support for victims of rape. With a population of 24 million there are only two psychiatric hospitals and not a single rape crisis center.⁸ There are no governmental appropriations for therapy for survivors to heal. Ghana’s government has done very little to address the rising rate of sexual abuse within its borders. With up to 60 percent of the population in Ghana living on less than two US dollars a day,⁹

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the government has decided to focus on decreasing poverty, rather than increasing support services. This dearth of services has prompted various international NGOs, such as Attukwei Art Foundation, to address a dire need among young girls seeking asylum from their abusers. Without these advocacy relief efforts, the cycle of rape will continue to perpetuate, keeping Ghana, and its female population specifically, in a continuous state of destitution.

To address issues of rape and abuse that I encountered this past summer, I applied art therapy, an effective method to promote healing among victims of abuse.¹⁰ Through my work, I was able to identify signs of amelioration from the children who told their stories through art. This paper presents three portraits of alleviation that elucidate connections between art therapy and the healing of sexually abused Ghanaian girls with whom I worked. There is Christabell, age 14, who exemplifies why safe space and alliances are valuable in healing; Pearl, age 10, who illustrates the significance of solidarity in recovery; and Adjoa, age 12, who demonstrates the importance of breaking the silence.

Their stories will reveal how art therapy may be used, sometimes in groups, sometimes individually, to address the needs of survivors of rape in Ghana. Art may not have the ability to change the prevalence of rape in Ghanaian society. But as the stories of these three Ghanaian girls will show, it has the potential to disrupt the destructive cycle of silence within a corrupt system of violence.

Art as Therapy: Approaching Healing with Group and Individual Art Methods

As art therapy has advanced, its theories and practices have evolved and expanded internationally. Two key approaches to effective therapeutic art have emerged as a result of this process. The first is finding a realm of comfort. Research has shown that a crucial aspect of yielding effective results in a therapeutic art approach is the creation of a safe place.¹¹ This space is one in which each participant can begin to unpack his or her own traumas. For children in particular, studies have suggested a strong correlation with success when they are enabled to first establish a zone of safety, one in which they feel comfortable enough to explore their experiences artistically and verbally.¹²

The second art therapy approach that has yielded successful results is a group art therapy model. Group-based art therapy, as opposed to individual treatment, can facilitate healing through alliances amongst people who have experienced similar traumas.¹³ In particular, several recent in-depth analyses have shown the effectiveness of group art therapy with youth victims of sexual abuse.¹⁴ Art therapy appears to help with the “immediate discharge of tension and simultaneously minimize anxiety levels.”¹⁵ Art therapy paired with group therapy then provides a place for collective identity through tension reduction and an ability to find support.

This leads to a greater understanding and strengthening of a community feel within an art therapy-based approach.

Art therapy is a young therapeutic discipline. The term and method first arose in the 1940s, beginning mostly in English-speaking and European countries.¹⁶ In the United Kingdom, artist Adrian Hill is acknowledged as the first person to use the term ‘art therapy’ in describing therapeutic applications of creating art.¹⁷ Hill, who discovered the therapeutic benefits of drawing and painting while recovering from tuberculosis, felt that the value of art therapy lay in “completely engrossing the mind (as well as the fingers)...[and in] releasing the creative energy of the frequently inhibited patient.”¹⁸ This act then enabled the patient to “build up a strong defense against [his or her] misfortunes.”¹⁹ Hill’s vision soon prompted a proliferation of art therapy associations internationally, as psychologists and artists began to unpack his definition. The American Art Therapy Association describes art therapy as the therapeutic use of making art, with professional guidance, by people who have experienced or are experiencing illness, trauma or other challenges.²⁰ Through the process of creating art and reflecting on the products and processes of the art made, people can then increase internal awareness of themselves and other people. With this awareness comes an opportunity to cope with symptoms of stress and traumatic experiences, enhance cognitive abilities and “enjoy the life-affirming pleasures of making art.”²¹

More than “life-affirming pleasures,” art therapy approaches have been recorded to change the body’s physiology from one adversely affected by stress to one of deep relaxation.²² Creating art can cause a person’s brain wave pattern to change and can positively affect their autonomic nervous system, hormonal balance

and brain neurotransmitters.²³ Both the physiological shift and a development of coping skills that can occur from art therapy methods can lead to an effective process of healing.

As art therapy has grown as a form of therapeutic intervention, national interest and organizations have developed across many Western countries.²⁴ For example, the American Art Therapy Association has developed a database of more than 5,000 people interested in and dedicated to the cause of art therapy.²⁵ In the United Kingdom, there is a British Association of Art Therapists, which developed in the early 1960s, quickly following Adrian Hill's definition of art therapy.²⁶

Although most registered art therapy organizations are in Europe, Canada and the United States, in the past 15 years there has been a push for art therapy in South Africa as well. The Art Therapy Centre of Johannesburg works with victims of the apartheid regime through various artistic workshops.²⁷ Attukwei Art Foundation is one of very few nascent organizations within Ghana that aims to use artistically creative methods for healing.²⁸

While in Ghana I developed different models of art therapy to unpack the emotional associations my students made to their art. I practiced both individual and group art therapy workshops, depending on the needs identified within a particular school. The artwork that my students produced often represented something deeply personal or traumatic in their own life experiences. At one school, I chose an individual therapy method, because the student exhibited signs of distress when interacting with peers, whereas at another school, I chose a group art therapy method, hoping to foster community support. Being a temporary figure in their lives, my goal with a group art method was to show each girl that they had each other

for support, even after I was gone. Even when I chose to establish an individual art therapy model, I still aimed to cultivate supportive bonds in order for the girls to understand they were not alone.

Defiance to Art Therapy: Christabell's Struggle

"What are you? Why you here?" Christabell threw her colored pencil across the empty classroom in frustration, addressing her question to me. It was almost four in the afternoon. With dark circles under her eyes and a shaking hand, Christabell appeared exhausted. She had large rips in her faded blue school uniform. She angrily crumpled up her abstract picture depicting a local marketplace with a dark rectangular figure in the corner of the page. The figure had two chalk-drawn white eyes that could easily be smudged off. Christabell was nine when she was raped on her way home from Kaneshie market, a bustling marketplace in Accra. She is now 14, the oldest in a class of 10 and 11-year-olds.

Upon first meeting Christabell I thought she was a young-looking assistant teacher. Her long scrawny limbs and full-chested body showed she was not the same age as her classmates.

Christabell was often picked on or teased by her peers. In response, she fought back physically. I wondered if it was because her larger size was the only advantage she had over her younger classmates. I never had to stay back a grade, but I have been teased because of my size. Investing myself in my studies in order to excel above my classmates, my belief was that this was the only way to "get back at" those who picked on me. I speculated that Christabell experienced a similar alienation from her peers, but instead of studying harder, she challenged other students with her size.

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Due to Christabell exhibiting impetuous behavioral problems in the classroom, her head teacher gave me permission to work with her in art workshops. However, he would not let me work with Christabell during school hours. He explained this was because her English and math were significantly behind her peers, in a classroom she was already deemed too old for. Christabell's teacher's hope, in allowing her permission to work with me after school, was that it would improve her violent tendencies towards younger students in his classroom.

"Why you here?" Christabell demanded again, challenging me to explain what I aimed to accomplish through art. Between Christabell's broken English and my limited Ga,²⁹ explaining the process seemed nearly impossible.

It was a sweltering mid-June day in my second week at Christabell's school. I realized that not only was I struggling to articulate to Christabell what art therapy was – the purpose of it and why I was there – but perhaps I was even trying to convince myself of its power.

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While facing my toughest hurdles in high school, battling abusive relationships and body image, I found writing to be incredibly cathartic. The act of writing my story on paper, or locating it outside myself through photography and drawing, offered me validation in experiences that overwhelmed me. Now, I envisioned my students, and Christabell, finding affirmation the same way.

Denying therapeutic intervention in first attempts at art therapy is common when working with children and adolescents because they often feel overwhelmed and unsafe.³⁰ Based on her reaction to my art therapy approach, I suspected Christabell was feeling uncomfortable. This most likely caused her to try to defy an art therapy approach to healing, in order to avoid unpacking her experience. However, art therapy work with children and adolescents has proven to yield effective results. Research shows that “youth often find non-verbal expression the only outlet to their intense feelings of fear, isolation, sadness, anger and loss.”³¹ Since creating art does not require verbal expression of emotion,

art therapy offers a unique approach to digesting one’s own trauma. My goal, then, was to establish a rapport with Christabell in which she felt comfortable enough to explore her inner trauma through artistic expression.

Establishing DisComfort

“I like even math better ’dan you,”
Christabell mutters to me.

Today was Christabell’s first time working with me after school. She had already, within a few minutes of our work, questioned my purpose with art therapy in Ghana. After she had thrown her pencil across the room and chucked her picture in the trashcan, my first response was to give up. Christabell’s physical actions portrayed a level of discomfort with me and her artistic depictions of her story. If Christabell did not want to continue working with her trauma through art, pushing her did not seem right. However, knowing that my goal was to allow Christabell space for healing, I carried on with the session.

Christabell watched me with sullen eyes as I took her picture out of the trash and flattened it, placing it on the wobbly plastic desk.

“I’m here to help you tell your story, Christabell,” I responded to her poignant questions about my purpose here, hoping to put her mind at ease. “What happened to you is real and deserves to be heard, if only by me.” She rolled her big brown eyes. I handed her another colored pencil, pleading with her to take another shot at expressing her emotions through an artistic form. I asked her to draw a location where she felt comfortable and safe. Often in art therapy work, when a patient becomes agitated, hyper-reactive or frustrated, the therapist in the situation will ask the patient to draw a safe place and envision him or herself there.³²

“Is not important,” Christabell tells me, taking the pencil and beginning to draw her safe place. “We girls go through this all time here.” She waves her hand in the air, as if dismissing the seriousness of her trauma. I was desperate to find a way to convey to Christabell that her story was important, that I cared, and beyond that, she might find relief in being able to talk about, or visually express, her story.

Christabell created a painting filled with deep blue clouds, red stars and a brown box in the center, with a padlock and chains around the box. About her safe space, she wrote:

*“My space of safe is a place no one is. It is where I can go out late at night, go to the market and no one will hurt me. My space of safe is a place inside me that does not exist...”*³³

Even though Christabell had struggled with me at first, this painting and her description of her safe space were markers in her healing. Although it did not show that she felt safe, she was at least expressing herself, suggesting a higher level of comfort than previously. Her quote seemed to suggest that Christabell held deep anger about the trauma she had endured, and consequently felt nowhere was safe. This is a common theme among sexually abused girls, both feeling anger and feeling unsafe.³⁴

One of the crucial aspects of art therapy in practice is the creation of a place in which participants feel comfortable enough to tell their stories. Research has shown the effectiveness of establishing a “safe space where traumatic feelings can be processed...[Because] sometimes the verbal skill is lacking to describe traumatic experiences and by creating art, the person can feel more confident.”³⁵ Similarly, I found that establishing a sheltered zone in which my students could

artistically unpack their experiences was crucial. With this “safe space” established, my students, particularly Christabell, were then willing to revisit their dark personal histories.

Establishing Comfort

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“Do you want to tell me why you hit me?” My calm words were met with the squinting, puzzled eyes of Christabell, who seemed to disbelieve that I would not hit her back.

It had been a week since my first therapeutic art attempt with her. During that first workshop, when Christabell had questioned my position working with her, she had expressed discomfort and appeared to feel unsafe within our therapeutic art exercises.

Christabell shrugged in response and went back to creating balls out of cheap knock-off Play-Doh. For the rest of the week, she continued to test my boundaries with physical violence. In return, her violent tendencies towards her peers, who would fight back, decreased. Although I was glad that Christabell had decreased the violence in her classroom, my goal was not to be a substitute target for her aggression. However, through my insistence that her story was important, my willingness to listen, and my refusal to fight back, Christabell eventually stopped fighting me – both physically and in her defiance to an art therapy approach.

“Christabell, what is wrong?” She was hunched over her desk, crying. We had now worked together three times, for over an hour at a time, over a period of two weeks. I felt I was establishing a rapport with her.

“Is just I didn’t think I feel good near you. But now I even like you,” Christabell confided in me, wiping her tears on her sleeve.

A safe space can take a long time to create. Art therapists often practice a balance between art-making processes, varying in intensity, because it allows time for reflection and assists in furthering a rapport with the art therapist.³⁶ For Christabell, it took a while before she felt safe with me. Once she did, she still struggled, but she appeared to believe more in the process of creating art. During the school day, Christabell would ask me what project we would be working on in the afternoon. She actively sought out projects and seemed more engaged in the process. My approach with Christabell was to switch between dealing with her trauma through art, and doing lighter artistic activities, in order to give her a balance that aimed to not overwhelm her.

Christabell’s Healing: Revealing How Silent Alliances Can Heal

“You no understand my Ghana!” Christabell spat at me. It was my fifth session working with her. Christabell’s clenched fists, arched back and fidgeting feet caused me to believe she was again emotionally overwhelmed. She appeared to be regressing from the past two weeks in which she had positively reacted to exploring her experiences through art. I wondered if it was my white skin that made Christabell feel I did not understand, or whether it was simply frustration from being asked to unpack her inner trauma.

Christabell pressed her marker roughly against her paper, breaking off the tip. Biting her lip and stomping her foot up and down, she continued to scribble.

It was a particularly cold day, by Ghanaian standards. It had been raining all morning.

I found myself shivering in the 75-degree weather that was like a Boston winter for Ghanaians. For this particular session, Christabell’s assignment was to draw an image of herself. Human Figure Drawing (HFD) is an assessment tool in art therapy that was proposed by Elizabeth Koppitz, a prominent 20th century psychoanalyst, in 1968.³⁷ Since then the cogency of this test has been validated internationally as a measure of self-esteem, depression, anxiety and sexual trauma.³⁸ Analysis of Koppitz’s HFDs has led to developing an understanding of emotional indicators as objective signs reflecting children’s worries or anxieties.³⁹

Christabell’s picture portrayed arrows sticking out of her head, heart, arm and legs. A trail of red crayon was spurting out from her drawn vagina.

By creating this picture, Christabell was drawing deeper connections to traumatic images that may have haunted her mind. Although alarmed by Christabell’s self-portrait, I was relieved that she was finally using art as a way to tell her story. The painful portrayal of arrows sticking out of the body can be suggestive of feeling trapped in compartmentalized pain.⁴⁰ Choosing red in her depiction of her genitals suggests blood and a sense of insecurity in her body.⁴¹ By including

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her vagina in the picture at all, research suggests that this could mean the participant was a victim of sexual abuse.⁴² As I already knew Christabell had been assaulted, this picture did not suggest anything new to me. However, it was an important step in Christabell's healing because it showed that she was able to pictorially confront her sexual trauma, a crucial piece of amelioration through art therapy.⁴³

Unfortunately, after drawing this painful self-portrait, Christabell became visibly distraught, shivering and shaking her leg.

"You in American, don't understand!" Christabell barked before leaving that session, taking her picture and again chucking it in the trashcan. My desire was to understand. After getting out of an abusive relationship in high school, I struggled to heal. My social studies teacher, Ms. Glazer, showed me she cared and wanted to help. She demonstrated that she cared by confirming that I could speak to her, and others, about my experience. As Ms. Glazer had with me, my goal was to show Christabell that I cared, that I understood.

Though this was my third time in Ghana, I felt I would never have a truly insider's perspective of Ghanaian culture. Despite my determination to show Christabell my desire to understand her culture, my mind drew a blank. Instead, I decided to attempt to show her how young girls in the United States had parallel experiences to her own.

A week after Christabell's self-portrait, I showed her a series of pictures that several sexually abused girls in the United States had made in their own art therapy sessions.⁴⁴ The pictures these American girls had drawn revealed images of blood, pain and violence similar to Christabell's own work.

One of the American girls had depicted herself with five heads, each one with a different, but sad, facial expression. There were tears on most of the faces. One head had no face at all, just a small gray oval and a tear. Red watercolor covered the background of the picture. Christabell took interest in this picture in particular. My knowledge of these American girls' stories was limited to reading that they too had been sexually abused. I shared this information with Christabell. Clenching her hands around this picture, Christabell held a puzzled look on her face. She seemed to contemplate what I said, but did not respond to me.

A few days later, during an English lesson in Christabell's academic classroom, she came up to me while I was grading homework assignments. She snatched the notebook out of my hands and squeezed my arm.

"Akua."⁴⁵ Christabell looked at me, releasing her hand from my arm. "Someday, I go to America and tell that girl, we can cry and be no face together."

Solidarity. For Christabell, it took finding solace in someone else's experience that led her to both understand her own pain and understand that she was not alone. I had desperately wanted this for her, and for every girl I worked with this summer who had been hurt. In the end, Christabell was able to subtly show that she did at least accept that she shared an experience with someone else who had been sexually abused. This indicated that her original denial had decreased. Finding alliance in a picture drawn 3,000 miles away from her own country allowed her to relieve anger and feel comforted that she was not going through this alone. Finally, communicating through art had functioned as a healing mechanism for Christabell.

Bringing Group Art Therapy to Ghana: Pearl's House of Fear

"Good morning girls!" I exclaimed, writing the day's agenda on the chalkboard. "Today, we will be drawing three different things. A house, a tree and a person." My selected group of 10 pre-teen and teenage students diligently wrote down the assignment in their small blue notebooks.⁴⁶ Pearl, a 10-year-old student, held up her stapled blue notebook to show us her picture of a house. It was Pearl's first day in my group. I had not read her journals before. Pearl was in a different class than the one I taught. Her head teacher had suggested that she be in my group art therapy sessions because she had been abnormally quiet and had isolated herself from friends. As isolation and withdrawal from normal social interactions are common themes in survivors of sexual abuse,⁴⁷ her teacher suspected an abusive situation and wanted Pearl to work with me.

My logic for our exercise in today's assignment was based on a technique developed by psychologist John Buck.⁴⁸ Using Buck's model, I asked my students to draw a house, a tree and a person

on three separate pieces of paper. The House-Tree-Person (H-T-P) assignment is a common assessment tool in art therapy.⁴⁹ Buck believed that artistic creativity represented a stream of personality characteristics that flowed into artwork.⁵⁰ He argued that through drawings, people unconsciously identified their innermost difficulties by artistically representing their internal self-image and surrounding forms of importance. This H-T-P assignment is followed by a series of leading questions aimed at getting the participant to discuss the picture in greater detail. The discussion is meant to unearth some of the inner feelings the participant has towards his or her life experiences.⁵¹

Buck's model was produced primarily to help children develop step-by-step skills to discuss and move beyond their traumas. Art therapy with children is uniquely suited to promote crisis intervention using cognitive and problem-solving tools. The use of image-based interventions "provides an opportunity for traumatized children to express what they may not yet be able to verbalize."⁵² Through putting their emotions down on paper first, this process allows children to verbalize after an artistic depiction, granting them internal time to process.

The questions I used to verbally explore my student's drawings were slightly adapted from Buck's model. These questions are meant to identify a person's internal state of comfort.⁵³ With regard to the house picture, questions are geared towards understanding how safe the participant feels outside the home, within the home and within his or her self.⁵⁴

I closed the rickety door of our classroom and reminded my students that this was a place in which they did not need to worry about staying silent. After creating a safe space – both physically and verbally – we began our discussions of their drawings.

On a chalkboard I wrote:

*Who lives here?
Are they happy?
What goes on inside?
What is it like at night?
Do people visit here?
Is it safe?
What are the people's favorite places in the house?*

At first glance, it looked as though Pearl's picture of a house was a blank page with a big black circle. When looking closer I identified soft pencil strokes that lightly outlined a small house and more. Inside the lines of the thinly stenciled house were two small stick figure girls, identified by their skirts, standing in the left-hand corner. Behind the two small girls was a taller man, with a completely darkened face: one large black circle. Many of the girls in this group had used color in their drawings, but Pearl had only used pencil.

Using pencil when bolder colors are available can suggest insecurity and a sense of fragility.⁵⁵ The assignment had not asked for people to be drawn into the picture, yet Pearl chose to do so. In other similar projects, the inclusion of people in the house can portray a sense of feeling claustrophobic or overly focused on what occurs in the home.⁵⁶

"Two sisters live here. Is paining them, but they are happy." Pearl glanced from the floor to the chalkboard to try and answer all of my pointed questions. Each girl in the group was looking at Pearl.

In adopting a form of Buck's questions about Pearl's house picture, my hope was to learn about Pearl's story. Art therapy, in practice, usually involves this process of creating art, "followed by a verbal exploration of the image that was created."⁵⁷ Discussing the emotional connections that one makes to the art

piece itself and the experience of making has been shown to be beneficial.⁵⁸ "During [the day sun]⁵⁹ it's okay, but during night...The Man comes." Pearl shifted uncomfortably in her chair. I was intently focused on her soft-whispered words, such that I forgot to breathe. I felt dizzy. Pearl was quiet for a few minutes before she began again. In my nervousness, my concern became whether I was qualified to be performing art therapy.

"Is paining them," Pearl repeated. "Their favorite place in the house is when The Man is not there." Our classroom suddenly became silent. Pearl closed her eyes and clenched her fists. As with Adjoa, I assumed rape. My own experience working with rape victims in the United States had been limited to deskwork and answering the phone on occasion. Although considering myself well read on the subject of trauma victims,⁶⁰ I felt shaky in the moments following Pearl's description of "The Man." No longer behind

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a desk in Massachusetts, I was in Ghana, alone, attempting to analyze both Pearl's artwork and her explanation of her art.

I had suspected rape because of voice intonations Pearl used to describe "The Man." They were softer and squeakier, suggesting she was uncomfortable. Looking at the darkened black circle she had drawn instead of a face caused me to believe she was afraid of him. Often dark colors in a picture, or a lack of details in a face, represent fear or anger.⁶¹

At age 10, with limited English, Pearl was unable to fully verbally articulate to me what was going on in her home with "The Man." Yet through her pictures she was able to visually represent her story. Pearl exhibited signs of amelioration rather quickly. She responded well to the other children in the group. Beginning with her first session, she did not fight the process of verbally and artistically exploring her trauma. Pearl was quiet, but was interactive.

Group Art Therapy as Healing

Pearl, whose teacher had described her as withdrawn and self-isolated over the past few months, was shy in group art sessions and did not speak unless someone spoke to her. During that first session, where Pearl described "The Man," she connected to Naivasha, a 12-year-old girl in the

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group. Naivasha's picture of a house also depicted two girls. Each with a lightly sketched grown man inside her stomach. In a verbal exploration of Naivasha's artwork in session, she told us that she still could feel the pain inside her, even though her uncle had died. Pearl, who did not react much in group, placed her hand over Naivasha's when she was talking and whispered something to her that was inaudible to me. Naivasha smiled.

Cultivating friendships within a group art therapy approach is a common positive externality.⁶² As examined, art therapy with a group of people, rather than one-on-one sessions, offers an alternative and nuanced approach. In a group art therapy study done in South Africa in 2003, one of the assessment tools used measured the participant's post-group ability to connect to other paintings, stories and girls in the group.⁶³ By Pearl placing her hand over Naivasha's, she seemed to be communicating a form of alliance.

Sexually abused children often exhibit an inherent distrust of authority figures, along with isolating and defensive behavior.⁶⁴ Therefore, a group model can allow sexually abused children, who may not be able to verbalize their trauma, an opportunity to comprehend that they are not alone in their experiences. The realization that these children are not alone in their experiences can be a positive source of relief and can decrease symptoms of isolation.⁶⁵

During recess the following day, Pearl, who usually sat alone in a corner of the courtyard, played tag with Naivasha and Naivasha's other friends. It appeared that Pearl found collective identity in Naivasha's story, after they had both shared visually in group. To this effect, Pearl began to interact with more girls as the groups continued.

Group art therapy allows one to form a collective identity with someone who has experienced similar trauma. Pearl's friendship with Naivasha demonstrates her understanding of solidarity. Just as Christabell found unity in an American girl's drawing of herself, Pearl found strength in developing a friendship with Naivasha. While Pearl's development could be attributed to a general adjustment over time, group art therapy models have proven effective in studies with victims of sexual abuse.⁶⁶ According to the research done on group art therapy methods, Pearl's new social connections exhibited a positive sign of healing.⁶⁷

Revealing the Power of Sharing Space

During my final session at Pearl's school I had the children fill out a basic evaluation form. Some drew pictures, or answered "no" to non-yes-or-no questions. Pearl asked if she could be excused for a moment. She returned with an assistant teacher from her regular classroom.⁶⁸ Auntie Mabel explained to me that Pearl wished to speak her answers aloud in her native language. Auntie Mabel would then translate from Twi⁶⁹ and write her answers for me in English.

*"The Man still comes at night sometimes, but I told my sister there were others like us and she cried. But I think she was happy to know we aren't 'kore' [alone]."*⁷⁰

My hope had been for Pearl to see that she was not solitary in her experiences. Without access to formal measures of detecting a decrease in trauma symptoms, it was hard to assess Pearl's clinical recovery. But her words indicated that she was able to visually and emotionally understand that she was not alone, and she shared that knowledge with someone else who was suffering. Pearl appeared to comprehend that sharing this knowledge could bring her and her sister relief. That was more than I had hoped for.

“Not So Alone”

I only worked at Adjoa’s school on Mondays. My role at her school was not one of formal group sessions as with Pearl’s school. It was not a structure of individual art therapy workshops, as with Christabell. At Adjoa’s school, I taught general art and memoir writing classes to a group of 65.

I only knew about Adjoa’s story because of her detailed journal entries, and vivid drawings depicting her rape with entangled limbs and black scribbled lines. Adjoa never drew the image depicting her own sexual assault again, nor did she ever write about it in her journals. Three weeks after the original drawing and journal entry she made, she whispered to me in a crowded courtyard of laughing school children.

“Mrs. Akua?” As she tugged on my dress, I leaned in to listen. “Wanted you to know that telling you made me feel a bit better inside my heart and not so alone.” She then flashed me a huge grin and ran off to play Ghanaian hopscotch with her playmates.

Finding relief in sharing one’s personal trauma can often produce cathartic benefits. For Adjoa, this came in the form of both a written and visual account of the sexual abuse she encountered. In many cases of sexual abuse, an artistic depiction of a traumatic event can help the child unpack the experience.⁷¹ This is done in a supportive environment with an art therapist, which then allows the child to not feel as isolated.⁷² Adjoa’s declaration demonstrated to me that she understood she no longer had to hide her experiences, and that she felt relief in knowing someone else cared about her story.

A Bigger Picture

What Adjoa did not know was that by confiding this to me, I too felt “not so alone.” Not so alone, in my attempt to employ art therapy to remove the veil of silence present in this facet of Ghanaian culture. Throughout my summer internship I struggled with feeling inadequately prepared for the work that I performed. Yet, through these girl’s stories, and their fleeting affirmations that the art therapy work was helping them in some form, my faith in art therapy was renewed.

Adjoa, Christabell and Pearl were only three of the hundreds of students I worked with this summer. Yet their stories represent those of dozens who developed skills to verbalize their personal histories through art therapy and who found strength in hearing their peers’ experiences. These journeys of healing strengthened my belief in the power of art therapy to ameliorate residual trauma in survivors of sexual abuse.

By facilitating individual and group art therapy, I found that the most important lesson I could teach these girls was that they were not alone. There were others in their classrooms, their neighborhoods, and their towns who had experienced traumas similar to their own. All three girls shared an important story and learned a valuable lesson through friendship and in breaking the silence. Christabell developed a sense of solidarity through understanding that Ghanaian girls were not alone in their experiences of rape and suffering. Pearl recovered a sense of community and value in speaking about her experiences. She found relief in sharing her newfound knowledge about the existence of other victims, and in developing more social relationships after she felt less alone in her experiences. Lastly, Adjoa discovered that speaking up and telling her story made her feel

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comforted and no longer isolated in her experience.

I am not a licensed art therapist and did not expect to fully “heal” my students. I did, however, believe in the power of art therapy. My skill set did not allow me to pull these girls from the depths of poverty in Ghana to a life free of rape and abuse, nor was anyone asking me to do so. However, their stories provided me insight into why Attukwei Art Foundation should move forward. Even if we, as an organization, can only assist one person in feeling less isolated in his or her experiences, we have still helped. Going forward, we now have a foundation of insight into how art therapy can truly heal.

On a global level, there is little room for processing and validating our own stories. Within Ghana the space for healing from trauma shrinks further with its severe lack of mental health facilities or enough functional NGOs to make a difference in traumatized victims’ lives. As illustrated by

the portraits I have presented, everyone, both within Ghana and on a global level, could benefit from the creation of more space allowed for healing and sharing stories. Everyone has a story to tell, but not everyone has a place in which they feel safe to adequately verbalize or artistically express their story. One painting at a time, I hope to change that.

Notes

1. Pseudonyms are used in this essay to protect the anonymity of my students.

2. A common male name in Ghana – meaning Friday-born. (Name has been changed to ensure safety).

3. In high school I worked for Domestic Violence Services Network, a non-profit organization in my hometown of Concord, Mass., that covered the surrounding Middlesex voting district.

4. Unless otherwise noted, all quotes from students or journal entry quotes were recorded in my personal journal within 24 hours of its occurrence. I wrote in a daily journal from May 25th until August 4th during the summer of 2011. All quotes from this essay have been recorded in my personal journal.

5. Evam Kofi Glover. et al., “Sexual Health Experiences of Adolescents in Three Ghanaian Towns.” *International Family Planning Perspectives*, 29. (2003): 2-40.

6. I had previously spent six months in Ghana in 2009 and six weeks in the summer of 2010. This past summer in 2011 was my third trip.

7. Accra is the capital of Ghana and by “small NGO” I mean a start-up non-governmental organization with four staff members and no full-time paid staff.

8. “Profile on Ghana – Mental Health.” World Health Organization. 2011. November 9th 2011. <http://www.who.int/mental_health/policy/country/ghana/en/>

9. “Ghana Profile.” Global Distribution of Poverty. 2010. November 3rd 2011. <<http://sedac.ciesin.columbia.edu/povmap/>>

10. I worked with over 700 students this summer. Many suffered the effects of poverty; some were not enrolled in school. This paper will focus on the victims of sexual abuse.

11. Cathy A. Malchiodi and Eliana Gil. *Breaking the Silence: Art Therapy with Children from Violent Homes* (2nd ed.). New York: Brunner-Routledge. (1997).

12. E. A. Breat and R. Ostroff. “Imagery and PTSD: An overview.” *American Journal of Psychiatry*, (1985). 142, 417-424.

13. Kadar Nath Dwivedi. *Group Work with Children and Adolescents: A Handbook*. London: Jessica Kingsley Publishers. (1993).

14. Natascha Pfeifer. “Group Art Therapy with Sexually Abused Girls.” *South African Journal of Psychology*, (2003). 1(40), 63-73.

15. Dwivedi 4.

16. David Edwards. “Art Therapy.” London, England: SAGE Publications, Ltd. (2004). 2-5

17. Edwards 2.

18. Edwards 2.

19. Edwards 3.

20. American Art Therapy Association [Fact Sheet]. (2011). November 13th, 2011. <http://www.americanarttherapyassociation.org/aata-aboutus.html>

21. American Art Therapy Association [Fact Sheet] (2011). N.p.

22. Alex Grey. “How Art Heals: Mind-Body Physiology.” *Art As Healing*. 2010. Retrieved from <http://www.artashealing.org/ahfw3.html>

23. Grey (2010). N.p.

24. “National Proliferation.” *National Coalition of Creative Arts Therapies Associations*. (March 2009). November 11th, 2011. <http://www.nccata.org/>

25. American Art Therapy Association [Fact Sheet]. (2011). N.p.

26. The British Association of Art Therapists. (2011). November 13th, 2011. <http://www.baat.org/aboutbaat.html>

27. Naomi Safran-Hon. "The Art Therapy Centre: A Portrait." *Alone with Five Others: Dispatches from a Changing World*, (December 2006). 50-62.
28. There are two other small NGOs in Ghana that deal with the creative arts.
29. One of 16 (main) tribal languages in Ghana, and the most common language spoken in the Accra area where I worked.
30. Troubled Teens Info. "Troubled Teens and Art Therapy." (2010). November 11th, 2011
http://www.troubledteensinfo.com/Advice_for_Parents/Parenting_Strategies_for_defiant_teens/Troubled_Teenagers_and_Art_Therapy/
31. American Art Therapy Association [Success Stories]. (2011). N.p. November 5th, 2011.
<http://www.americanarttherapyassociation.org/upload/toolkittrauma/traumatoolkit.pdf>
32. American Art Therapy Association [Success Stories] (2011). N.p.
33. This had been originally written in Ga and was translated to English for me by a teacher at Christabell's school.
34. Breat, et al 417.
35. Breat, et al 418.
36. Breat, et al 423.
37. Pfeifer 65.
38. Elizabeth Koppitz. *Psychological evaluation of children's human figure drawings*. New York: Grune and Stratton. (1968). N.p.
39. Koppitz. (1968). N.p.
40. Alberto Vélez van Meerbeke, et al. "Validation Study of Human Figure Drawing Test in a Colombian School Children Population." *The Spanish Journal of Psychology*, (2011). 14, 464-477.
41. Vélez van Meerbeke, et al 465.
42. Vélez van Meerbeke, et al 473.
43. American Art Therapy Association [Success Stories] (2011).
44. Anonymous, 10 yr. old girl [Human Figure Drawing with Sexually Abused Girls] [Watercolor painting]. (2007). Retrieved from: Google Image. November 20th, 2011.
45. Akua is my Ghanaian name, meaning Wednesday-born.
46. I selected eight girls who had written about particularly traumatic events in their journals and I suspected they could benefit from some art therapy work. Staff members at the school suggested the two others to me.
47. Pfeifer 66.
48. Richard Niolon. "House Tree Person Experiment." *Chicago School of Professional Psychology*. (2003). N.p .
49. Niolon (2003) N.p.
50. Niolon (2003) N.p.
51. Niolon (2003) N.p.
52. Terry Pifalo. "Art Therapy with Sexually Abused Children and Adolescents: Extended Research." *Art Therapy: Journal of the American Art Therapy Association*. (2006). 4(23), 182.
53. Niolon (2003) N.p.
54. Niolon (2003) N.p.
55. Cathy A. Malchiodi and Eliana Gil. *Breaking the Silence: Art Therapy with Children from Violent Homes* (2nd ed.). New York: Brunner-Routledge. (1997).
56. Malchiodi, et al, 44.
57. Nalini Iype. Art Therapy Solutions. [FAQ]. (2009). N.p. November 6th, 2011
<http://www.arttherapysolutions.com/faq.html>
58. Iype. (2009). N.p.
59. In my journals I recorded Pearl as actually saying, "during *mma ache ewia*" – "mma ache ewia" translates to "the day sun" in Twi. Twi is the second most common language spoken in Accra, after Ga. Pearl was the only student who spoke Twi in this group study.
60. I have completed several 12-25 page research papers on survivors of sexual abuse, as well as having worked for Domestic Violence Services Network.
61. Niolon (2003) N.p.
62. Pfeifer 70.
63. Pfeifer 70.
64. Beverley Killian and Jonathan Brakarsh. "Therapeutic approaches to sexually abused children" In L. Richter, A. Dawes, & C. Higson-Smith (Eds), *Sexual abuse of young children in Southern Africa* Cape Town: HSRC Press. (2004). p. 367-394.
65. Jennifer J. Freyd. "Memory and dimensions of trauma: Terror may be "all-too well remembered" and betrayal buried." J.R. Conte (Ed.), *Critical issues in child sexual abuse: Historical, legal and psychological perspectives*. Thousand Oaks, CA: SAGE. (2002). N.p.
66. Pfeifer 71.
67. Pfeifer 70.
68. These four sessions were performed after regular school hours at Pearl's school, however, most teachers had not left for the day.
69. Twi is another common language in Ghana.
70. Auntie Mabel wrote "kore" on my evaluation form, which is the Twi word for alone. Additionally, this was *not* something recorded in my daily journals, but is in a folder of evaluation forms that I collected before my departure from Ghana this summer.
71. Malchiodi, et al 45.
72. Malchiodi, et al 66.