

ARTICLE

Play Therapy and Art Therapy for Substance Abuse Clients Who Have a History of Incest Victimization

NOREEN M. GLOVER, RhD

Syracuse University, Counseling and Human Services, Rehabilitation Counseling Program, 260 Huntington Hall, Syracuse, NY

Abstract—*This article discusses the use of play therapy and art therapy treatment techniques for persons in substance abuse treatment who have a history of incest victimization. While substance abuse treatment focuses on substance abuse, neglecting to address issues related to past incest contact may increase the potential for relapse. This population displays unique characteristics that may prevent them from participating in, or benefiting from, traditional treatment modalities (which are highly dependent upon the verbal interactions between clients and therapists). Play therapy and art therapy are discussed in terms of history, rationale, and benefits to clients. © 1999 Elsevier Science Inc. All rights reserved.*

Keywords—art therapy; incest; play therapy; substance abuse.

INTRODUCTION

HIGH RECIDIVISM and relapse rates occur among individuals treated for substance abuse. While the Alcoholics Anonymous (AA) model may attribute this phenomenon to persons not having “hit their bottom,” another possible explanation may be that treatment techniques are effective primarily with persons who have “hit bottom.” Failure to recover before this point may be due, in part, to the failure of treatment to effectively intervene at various stages of deterioration and consider the variability among this population’s treatment needs.

One substantial subpopulation among persons enrolled in substance abuse treatment who may have unique treatment needs are persons who also have a history of childhood incest (Glover, Janikowski, & Benshoff, 1996; Janikowski, Bordieri, & Glover, 1997;

Schaefer & Evans, 1985). National statistics indicate that, in the general population, approximately 19% of females will be sexually abused by a family member or relative by the age of 18 years (Kondora, 1993). In a national survey of substance abuse treatment facilities, Glover, Janikowski, and Benshoff (1996) found that 55% of female clients and 29% of male clients in treatment for substance abuse indicated a history of childhood incest.

It appears that the majority of women who are in substance abuse treatment have a history of sexual abuse (Wadsworth, Spampneto, & Halbhook, 1995). Given the strong and lasting impact that childhood sexual victimization has on adult emotional and social functioning, it is not unreasonable to expect victims of incest to turn to alcohol or other drugs to deal with these negative effects as adults (Rohsenow, Corbett, & Devine, 1988). Addictions are common ways of coping with the emotional distress caused by incest because they serve to numb feelings, suppress memories, and reduce pain (Bass & Davis, 1988). When the effects of sexual traumatization are not treated, other problems in social functioning may emerge. These include addictive behaviors, which often develop into serious problems themselves and increase the potential for relapse (Young, 1990).

The author gratefully acknowledges the editorial contributions of Samuel J. Glover, JD.

Requests for reprints should be addressed to Noreen M. Glover, RhD, Syracuse University, Counseling and Human Services, Rehabilitation Counseling Program, 260 Huntington Hall, Syracuse, NY 13244-2340.

Several authors have suggested that a failure to receive treatment for sexual abuse issues may lead to the premature withdrawal from substance abuse treatment (Nielsen, 1984) and relapse (Barnard, 1989; Evans & Schaefer, 1980; Rohsenow et al., 1988). Relapse rates appear higher among persons in substance abuse treatment who have experienced sexual abuse (Brown, 1991; Kasl, 1989; Rohsenow et al., 1988; Rose, 1991). Data reported in Glover, Janikowski, and Benshoff (1996) indicated that while 40% of the clients surveyed made their counselors aware of their past incest abuse; only 15% were receiving counseling specific to the sexual abuse. However, it may be necessary to resolve past sexual abuse issues in order to reduce the risk of relapse (Brown, 1991; Rohsenow et al., 1988; Rose, 1991) because as memories of past sexual abuse surface or persist untreated, relapse potential increases (Harrison, Hoffman, & Edwall, 1989). Miller (1994) reported that clients in treatment who had a history of sexual abuse used alcohol and drugs for the reduction of emotional pain and tension.

Traditional treatment of alcoholics is confrontational and emphasizes the powerlessness of the individual over substances. This treatment, while effective for some within this population, may be contraindicated for persons in treatment who have childhood incest issues. Koch and Rubin (1997) advise against a "one size fits all" tradition and point out the negative connotation that some clients may associate with a lack of power. Adults who were sexually abused as children may continue to have feelings of powerlessness and helplessness (Courtois, 1988). They are, therefore, more likely to benefit from treatment that focuses on empowerment rather than acquiescence.

Traditional treatment also tends to be a primarily verbal process. Due to the stigmatization and secrecy associated with incest, it is possible that very limited cognitive and verbal processing of the incest has occurred on a conscious, cathartic level. This may make it difficult to begin and sustain treatment using "talk therapy." The challenge then is to provide effective treatment in a non-confrontational, nonthreatening style that allows for emotional and cognitive assimilation of past traumatic events. Such a form of treatment may already exist outside a formal program and yet not be seriously considered for treating this population.

The purpose of this article is to examine the unique problems and characteristics of persons in treatment for substance abuse who also have a history of incest and to consider alternative approaches that are process-focused (emotive-visual to cognitive-verbal) and include play therapy and art therapy techniques. These techniques of essentially nonverbal therapy assist in cognitive and verbal processing of the incest experience, which may be a necessary predicate to lasting substance abuse treatment. Currently play therapy and art therapy are used primarily with children in order to access their feelings and allow those feelings to be worked through and processed in a

nonconfrontational and frequently in a spontaneous, non-directive manner. It is often assumed that adults in treatment have already verbally processed information and need only be willing participants to make progress in treatment. In fact, due to dissociation from the trauma of the incest experience, adult clients may be *unable* to proceed immediately into talk therapy.

LONG-TERM EFFECTS OF INCEST

The long-term effects of incest include a host of negative behaviors, emotional reactions, self-perceptions, interpersonal relations, and social interactions. Emotional reactions consist of pervasive feelings of fear and anxiety, which may manifest as sleep disturbances, anxiety attacks, and phobias (Courtois, 1988). Depression is a widely recognized consequence of incest (Kondora, 1993). Feelings of grief and loss associated with the void of a lost childhood may also be experienced (Courtois, 1988).

Negative self-perceptions include feelings of shame, self-blame, worthlessness, and isolation. Among persons in treatment for substance abuse, Glover et al. (1995) found a significantly lower self-esteem rating among persons who reported histories of incest victimization. Interpersonal and social problems within this group consist of difficulty with intimacy, commitment, and authority figures. These difficulties may burgeon into isolation, rebellion against structured authority, various antisocial behaviors, and difficulty in trusting others and developing interpersonal relationships (Courtois, 1988).

Emotional withdrawal and dissociation are used as coping mechanisms and serve to avoid painful feelings. When the mind cannot accept the pain of a traumatic event it responds by shutting out the experience from consciousness (Miller, 1994). "When that situation is one of child abuse, especially incest, the victim is additionally doomed to silence, sometimes by fiat, always by shame . . . the role of repression is typically one of partial amnesia with occasional flashes of visual, auditory, or somatic memory" (Shapiro, 1988, p. 4). Dissociation ranges from an emotional numbing to complete amnesia of traumatic events. When memories threaten to reduce the "protective barrier," these mechanisms are employed to distance the memories.

The adult survivor, wishing to recreate this experience of escape, searches for other avenues to this state of oblivion. In a strangely paradoxical way, chemical abuse provides pleasurable sensations of excitement and at the same time induces numbness and a sense of being outside one's own mind and body. (Miller, 1994, p. 49).

PLAY AS THERAPY

The differences between adult verbal thinking and a child's thought process probably underlie the development of play therapy. Therapists have long been aware of

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