

ARTICLES

Wounded masculinity: Transformation of aggression for male survivors of childhood abuse

Marijke C.L. Baljon*

Groningen, The Netherlands

(Received 30 June 2010; final version received 27 February 2011)

Little is known about how to treat men who have been abused in their childhood. This paper is based on the scarce literature and on our own clinical experience. I discuss the tension between traditional masculinity and victimization. Especially aggression is problematized. Inspiration for therapy is found in person-centered therapy and the literature on posttraumatic growth and on gender-specific treatment. The concept of posttraumatic growth leads to the existential aspects of therapies that focus on recovery after trauma. Artwork forms represent ways of connecting and relating that run counter to traditional ideas of masculinity and to the effects of sexual abuse. We show how art therapy can contribute to posttraumatic transformation and to a redefinition of masculinity.

Keywords: abused men; meaning creation; art therapy; posttraumatic growth; transformation of aggression

Verwundete Männlichkeit: Transformierte Aggression bei männlichen in der Kindheit ausgebeuteten Überlebenden

Man weiß wenig darüber, wie man Männer, die in ihrer Kindheit sexuell ausgebeutet wurden, behandeln kann. Dieser Artikel basiert auf der wenigen Literatur und auf unserer eigenen klinischen Erfahrung. Wir diskutieren die Spannung zwischen traditioneller Männlichkeit und Zum-Opfer-Werden. Aggression wird besonders problematisiert. Anregungen für die Therapie finden wir in der personenzentrierte Therapie und in der Literatur über posttraumatisches Wachstum und Gender-spezifischer Behandlung. Das Konzept zu posttraumatischem Wachstum führt uns zu den existenziellen Aspekten der Therapien, die sich auf die Erholung vom Traumas konzentrieren. Kunsttherapie bietet Möglichkeiten zu Verbindung und Beziehung, die den traditionellen Vorstellungen von Männlichkeit und den Auswirkungen sexueller Ausbeutung zuwiderlaufen. Wir zeigen, wie Kunsttherapie zu posttraumatischer Transformation und zu einer Neudefinition von Männlichkeit beitragen kann.

Masculinidad herida: Transformación de la agresión en hombres que sufrieron abuso en su infancia

Se sabe muy poco acerca de cómo tratar a hombres que han sido abusados en su niñez. Este escrito se basa en la escasa literatura y en nuestra propia experiencia clínica. Discutimos la tensión entre la masculinidad tradicional y la victimización.

*Email: therapie@marijkebaljon.nl

La agresión es especialmente problemática. Hemos encontrado inspiración para la terapia en la terapia centrada en la persona, literatura centrada en la persona sobre crecimiento postraumático y sobre tratamiento específico de género. El concepto de crecimiento postraumático nos brinda los aspectos existenciales de la terapia que se enfocan en la recuperación después del trauma. El trabajo artístico representa formas de conectar y relacionarse que suelen ir contra la idea tradicional de masculinidad y de los efectos del abuso sexual. Mostramos como la terapia a través del arte puede contribuir a la transformación postraumática y a una redefinición de la masculinidad.

La masculinité blessée: La transformation de l'agression pour les survivants masculins d'abus dans l'enfance

Nos connaissances sur le traitement thérapeutique des hommes abusés pendant l'enfance sont limitées. Cet article est basé sur le peu de textes qui existent et sur l'expérience clinique personnelle. Est examinée dans cet article, la tension entre la "masculinité traditionnelle" et la victimisation. L'agression devient un problème. La thérapie proposée s'inspire de la psychothérapie centrée sur la personne, de la littérature sur la croissance post-traumatique et du traitement spécifique au genre de la personne. Le concept de croissance post-traumatique nous amène aux aspects existentiels des thérapies qui focalisent sur le rétablissement après un trauma. Certaines formes de travail artistique représentent des manières d'être en connexion et en relation qui se confrontent aux idées traditionnelles de la masculinité et aux effets d'abus sexuels. Nous démontrons la manière dont l'art-thérapie peut contribuer à la transformation post-traumatique et à une redéfinition de la masculinité.

Masculinidade ferida: Transformações da agressão em sobreviventes de abuso sexual infantil do sexo masculino

Pouco se sabe acerca de como tratar homens que foram vítimas de abuso sexual na infância. Este artigo baseia-se na escassa literatura e na nossa experiência clínica. Discute-se a tensão entre a masculinidade tradicional e a vitimação. Trata-se em particular o problema da agressão. Encontramos inspiração na terapia centrada na pessoa e na literatura sobre crescimento pós-traumático e tratamento específico de género. O conceito de crescimento pós-traumático conduz-nos aos aspectos existenciais das terapias que se centram na recuperação após o trauma. As formas de trabalho artístico representam modos de relacionar e ligar estes aspectos às concepções tradicionais de masculinidade e de abuso sexual. Mostra-se de que forma a arte terapia pode contribuir para a transformação pós-traumática e para uma redefinição da masculinidade.

傷ついた男性性：幼児虐待を受けた男性の怒りの変容について

幼児期に虐待を受けた男性をどのように援助するべきかについての知見は非常に限られている。本論文では、数少ない論文と筆者自身の臨床経験を通して、伝統的な男性性と虐待被害の間にある葛藤、特に怒りについて考察する。虐待を受けた男性への援助を考える上で、パーソンセンタードセラピー、外傷後成長、そしてジェンダーに配慮したセラピーが非常に参考になる。外傷後成長という概念は、トラウマ後

の回復に焦点を当てるセラピーの実存的な側面について考えさせてくれる。また、芸術療法は、これまでの男性性や性的虐待の影響についての考え方とは全く異なるものとのつながりを可能にしてくれる。従って、本論文では、芸術療法が外傷後の変容および男性性の再定義にどのように貢献しうるのかについて述べることにする。

Verwonde mannelijkheid: Transformatie van agressie bij in hun jeugd misbruikte mannen

Er is relatief weinig bekend over de behandeling van in hun jeugd misbruikte mannen. Deze bijdrage is gebaseerd op de schaarse literatuur en eigen klinische ervaringen met de doelgroep. We bespreken het spanningsveld tussen traditionele mannelijkheidsbeelden en slachtofferschap. Inspiratie voor behandeling wordt gevonden in de cliëntgerichte benadering en in de literatuur over seksespecifieke hulpverlening en die over posttraumatische groei. Dit laatste brengt ons bij existentiële aspecten van therapie gericht op herstel na trauma. Er is een spanningsveld tussen traditionele mannelijkheidsbeelden en slachtofferschap. Beeldende werkvormen vertegenwoordigen in zichzelf wijzen van verhouden en verbinden die haaks staan op traditionele mannelijkheidsbeelden en op de gevolgen van seksueel misbruik. We laten aan de hand van casuïstiek zien hoe beeldende werkvormen binnen een dagbehandelingprogramma kunnen bijdragen aan posttraumatische transformatie en aan een herdefinitie van mannelijkheid.

Introduction

Intuitively, many therapists will confirm that treating a group of traumatized men feels different from treating a group of traumatized women. Anyone trying to formulate the difference runs the risk of reverting to the kind of gender stereotypes we have been trying so hard to do away with over the past decades. This does not make the difference irrelevant however. Recent scientific research indicates that there are countless neurological and hormonal differences between men and women. Moreover, even when popular beliefs are unfounded, they can still have a powerful impact.

Literature shows that trauma can result in far-reaching changes in the way meaning is given to life. These changes are mainly related to the loss of trust and feelings of hopelessness and despair (Herman, 1992). Therefore emotion-focused therapy for complex trauma pays special attention to meaning creation as a task in therapy (Elliott, Watson, Goldman, & Greenberg, 2003; Paivio & Pascual-Leone, 2010). Research shows that a changed philosophy of life is often an intrinsic part of posttraumatic growth. For people who have suffered sexual abuse, redefining gender identity is an important aspect of this re-evaluation of values.

Trauma as such provokes anxiety and aggression. For men who have suffered sexual abuse in their youth, masculinity is at stake by the very nature of the trauma. Their personal confusion is amplified by the social context. Being a victim runs counter to the prevailing image of masculinity (Ganzevoort, 2006). Primary adaptive anger can become confused with destructive aggression. At times the fear and confusion may be so great that these clients are not able to experience empathy and acceptance from their therapists. This means that Rogers' (1959) sixth condition of

therapeutic personality change is at stake, and it is challenging to meet these clients at relational depth (Mearns & Thorne, 2000). Expressive therapies and peer support in a group can help clients to reduce their anxiety, experience respect and empathy from therapists and other clients, and rediscover their male strength. This can help them to transform destructive anger into primary adaptive anger and to give meaning to life autonomously.

This contribution consists of two sections. The section concerning the therapy is preceded by the section about the theory on which treatment is based.

A. Theory

This section is organized as follows: It starts with data on the frequency of abuse among men. Subsequently it gives a short review about differences between men and women. Then the gender-specific effects of sexually abused men are examined. Finally I discuss the importance of changes in values concerning masculinity in order to break the vicious circle of violence, based on the literature on posttraumatic growth.

Abuse among men is frequent

For a long time, sexual abuse of boys and men was under-reported. Nowadays, around 10% of men are estimated to have suffered some kind of sexual abuse, depending the definition and the manner of questioning. In a large survey among 17,337 adults in San Diego, 25% of the women and 16% of the men reported a form of sexual abuse before their eighteenth year, while 24.7% of the male victims reported that penetration had been involved as compared with 16% of the female victims (Dube, et al., 2005). In another large-scale research study of 16,000 Americans, 18% of the women and 3% of the men said they had suffered sexual abuse at some time in their life (Pimlott-Kubiak & Cortina, 2003). Rates of sexual abuse among homosexual men in youth or adulthood run as high as 30% (Balsam, Rothblum, & Beauchaine, 2005).

Men are different

When it comes to gender, the biological differences between men and women are obvious. There are numerous neurological and hormonal differences according to recent scientific research (Brizendine, 2010). For example, the mirror neuron system, which plays an important role in empathy, is larger and more active in female brains than in male brains. In contrast the amygdala, the alarm system for threats, fear and danger, is larger in male brains than in female brains. Hamann (2005) found gender-specific differences in the response of the amygdala during emotion-related activities such as the formation of emotional memory and sexual behavior. Women tend to experience greater enhancement of their memory by emotion. The amygdala and hypothalamus exhibit substantially more activation in men than in women when viewing the same sexually arousing visual stimuli.

Psychological literature on men and masculinity emphasizes traditional images of masculinity. Characteristics of culturally sanctioned masculinity include aggression, rejection of *feminine* characteristics, stoicism, preoccupation with sex, being an

economic provider, sexuality, and being the protector of home and family (O'Neil, 1990; Rasheed & Rasheed, 1999). In a special issue of *PCEP* about gender and PCE therapies, Proctor (2008) argued that part of gender-role socialization could be construed as gendered conditions of worth. Gillon (2008) considered gender from a social-constructionist perspective and viewed men as actively constructing the meanings of their masculinity on a moment-by-moment basis. Both saw gender role socialization as restrictive for both men and women. Gillon suggested that person-centered therapy may be regarded as a political act, a mechanism for creating new masculinities, with men suffering from the oppressive effect of a damaging yet powerful formulation of masculinity.

As Mearns and Thorne (2000, p. 10) wrote: "Finding identity in sexuality is no easy solution in many western societies at the present time... For men the situation is no better, for they no longer have the 'bread-winner-ticket' on which to pin their identity and often have the added task of developing caring and empathic skills to fulfil new family roles and to respond to women who increasingly demand that they exhibit a higher level of 'emotional intelligence.'"

Gender specific consequences of abuse

Kia-Keating, Grossman, Sorsoli, and Epstein (2005) considered the renegotiation of masculinity as an important aspect of recovering from trauma. They gave the following summary of the literature on masculinity and childhood sexual abuse:

The masculine mystique requires that men avoid emotions and vulnerabilities. Traumatic experiences create unbearably intense feelings, and recovery requires learning to acknowledge and disclose them to others. The expectations and restrictions imposed by the Western construction of masculinity (Romano & De Luca, 2001) can make it especially difficult for male survivors to develop integrated and functional identities. (p. 170)

Feminist scientists have shown that sexual abuse of women and children is the ultimate consequence of a patriarchal system (Ganzevoort, 2006; Nicolai, 1997). The consequence for boys is that they fall outside of this system. For girls, the abuse emphasizes that they are women and therefore objects. For boys, it emphasizes that they are objects and therefore not men.

Research into the consequences of sexual abuse among boys often focuses on their potential for perpetration. It turns out that the majority of abused men do not become perpetrators. In a longitudinal study of 224 male adults who had been abused in the past, Salter et al. (2003) found that only 26 of these had abused others since the time of their abuse. Lambie, Seymour, Lee, and Adam (2002) compared a group of abused men who received treatment because they had abused others with a group who received treatment for the consequences of sexual abuse without having become a perpetrator. There were no significant differences between the two groups with respect to the seriousness or the nature of the abuse they had suffered as a child. The group of perpetrators showed more tendencies to fantasize and masturbate while thinking back on the abuse, had derived more pleasure from the abuse, had experienced less support from their environment during childhood, and had had less contact with their peers in adolescence. Caspi et al. (2002) studied a large sample of male children from birth

to adulthood to determine why some children who are maltreated grow up to develop antisocial behavior, whereas others do not. Maltreated boys with a certain genotype were less likely to develop antisocial problems. This finding may partly explain why not all victims of maltreatment grow up to victimize others, and they provide epidemiological evidence that genotypes can moderate children's sensitivity to environmental insults.

In this context we should be aware of the fact that there are also female perpetrators. In a recent Dutch survey male victims of childhood abuse reported a female perpetrator in 42% of the cases (Bakker et al., 2009).

In clinical practice we often see abused men who are inhibited in the expression of aggression. They say they reject aggression because they associate it with perpetration. The initial reason for seeking help can consist of an isolated outbreak of aggression that shocks both the man himself and his environment. We can view this as a result of an inner struggle between configurations within self (Greenberg, Rice, & Elliott, 1993; Mearns & Thorne, 2000) that can be more or less dissociated from each other (Warner, 2000): A part that is very angry wrestles with an anxious part and with a part that wants to be good.

Posttraumatic growth, meaning creation and gender

For the victims of sexual abuse, the consequences are not exclusively negative. The notion that human suffering can result in transformation and growth has existed for centuries. This theme has been developed mainly in philosophy and religion. After World War II, the topic started to gain prominence in psychiatry and psychology. Important pioneers in this field of work are Frankl (1963), Maslow (1954) and Yalom (1980). Rogers (1957) was convinced that human beings, once they felt respected and understood, soon reveal an essentially positive and forward-moving core to their personalities.

In recent years, more and more attention is being paid to the way people cope with traumatic experiences and the way the positive effects can sometimes outweigh the negative ones, often referred to as posttraumatic growth (Calhoun & Tedeschi, 2006). Janoff-Bulman (1992, 2006) sees posttraumatic growth as a change of schemas. Such a change is necessary because traumatization touches on fundamental assumptions that are related to the way we ascribe meaning to our life story (Herman, 1992). The first assumption is the meaningfulness of life, the belief that things do not happen at random, but can be understood within a framework of cause and effect, allowing us the sense that we have a firm footing in life. The second assumption is the benevolence of the other, the belief that the people around us are not willfully trying to damage us, which enables us to confront others with a basic level of trust. The third assumption is the worth of our own person, the belief that we matter. When these assumptions are undermined, an existential re-evaluation becomes necessary. Meaning needs to be created in the light of wanton violence. As Swildens (2002) noted, Rogers tended not to acknowledge the unavoidable limitations of human existence. From a neohumanistic point of view (Elliott, et al., 2003), meaning creation is a dialectical process. This requires both separation and contact between conflicting values. The precise nature of the new meanings that arise is impossible to predict. An example of personal meaning is given by Mearns when he defined *evil* as "a personal construct used to describe someone whom we fear and whom we do not understand. Once our fear diminishes or our

understanding increases, the person is no longer evil” (Mearns & Thorne, 2000, p. 59).

Systematic research into posttraumatic growth started in the 1980s. Several questionnaires have been developed, such as the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996). Factor analysis indicates there are five relevant domains: changes in the perception of self, awareness of new possibilities in life, changes in the perception of others, greater appreciation of life, and spiritual change. First, people can discover they are stronger than they ever thought they were, causing their self-confidence to grow. Second, people can start to see new possibilities in life, enticing them to try out new activities. Third, people can develop increased empathy if they are able to relate their own woundedness to the sufferings of others, resulting in strengthened interhuman relations. Fourth, people can develop a heightened appreciation for life in all its vulnerability; sometimes this very vulnerability acquires a positive meaning. Fifth, posttraumatic growth often includes spiritual change.

In most surveys, women report more posttraumatic growth than men. Posttraumatic growth correlates with emotional expression (Jaarsma, Pool, Sanderman, & Ranchor, 2006; Tedeschi & Calhoun, 1996). Remarkably enough, posttraumatic growth also correlates with intrusions of trauma-related thoughts or images, an important characteristic of posttraumatic stress symptoms, but not with fear and depression. This implies that people can suffer from posttraumatic symptoms while experiencing posttraumatic growth.

Posttraumatic growth is a process that depends partly on values. In the first place, people need to face the impact of abuse and violence on their personal development. Subsequently, attention needs to be paid to the resulting anger, which can develop in either a constructive or a destructive direction. If people acknowledge the situation as it is, they can start to fight *for* things instead of fighting *against* things. If anger continues to prevail, however, people can become harsh and start to behave like perpetrators, with all the feelings that this implies: hate, revenge, and the urge to destroy anything vulnerable. In such cases we can speak of *destructive victims*. An important step in the recovery process is therefore the conscious choice to fight for a better quality of life, and to break the vicious cycle of violence. For this, people need to learn how to handle their emotions differently, being aware of them and sharing them. This allows people to develop relationships that are characterized by intimacy instead of domination. It concerns therefore not only coping with a threatening situation but also transforming the experience into something fertile (Baljon, Hardon, & Kramers, 2004).

Kia-Keating et al. (2005) concluded from a literature research that sexual abuse of boys seriously interferes with their later identity development as men. They conducted in-depth interviews with 16 men who had been abused as children but who functioned well in at least one field of life, such as at work or in a relationship. The men had generally grown up in violent, disorganized families. In 14 out of 16 cases, they had not only suffered sexual abuse, but also bodily harm. Over time, they had found a way of dealing differently with the expectations they had to live up to as men. Kia-Keating et al. differentiated between physical toughness, emotional toughness and sexual prowess (see Table 1).

This implies that connecting with other people and choosing constructive values contributes to recovery.

Table 1. *Renegotiating masculinity facilitates renegotiations of childhood sexual abuse* (Kia-Keating et al., 2005, p. 176).

Conventional Masculinity		Renegotiating Masculinity		Renegotiating Childhood Sexual Abuse
<i>Physical toughness</i>	⇒	<i>Alternatives to violence</i>	⇒	<i>Ending the cycle of abuse (not becoming a perpetrator)</i>
<i>Stoicism (emotional toughness)</i>	⇒	<i>Relating and connecting</i>	⇒	<i>Disclosing one's history, helping other survivors</i>
<i>Sexual prowess</i>	⇒	<i>Intimacy</i>	⇒	<i>Building and maintaining relationships</i>

B. Treatment

This section begins with an overview of treatment principles, as we have developed for the daycare of early traumatized men and women. Then the specific aspects of group therapy for abused men will be examined. This is illustrated by a case study.

Expressive art as a bridge to transformation of meaning

In the GGZ Drenthe, a mental healthcare center in Assen (the Netherlands), we have implemented gender-specific programs for men and women based on theories about dissociation, attachment, autonomy development and gender-specific treatment (Baljon et al., 2004; Hardon & Baljon 2003). They consist of a combination of individual and group therapy, because this offers the possibility to combine the best of two worlds. Every client has his own therapist or mentor. An individual contact offers enough support when group therapy makes the client anxious. At the same time group therapy helps the client when the intensity of contact with the therapist becomes too intense. Contact with peers who have had similar experiences stimulates the acceptance of shameful experiences. To avoid division between the team members, openness about what is discussed in the various therapies is required. Working in a treatment team consisting of therapists of diverse disciplines gives opportunities and challenges. All members have to share the same treatment philosophy. At the same time all members try in their own way to meet clients in relational depth. When team members meet each other in relational depth they can support each other. This helps to prevent compassion fatigue (Figley, 2002).

Psychomotor and expressive art therapies supplement talking therapy. Psychomotor therapy (PMT) integrates elements from physical education and sport with therapeutic approaches, for instance Pessó therapy (Pessó & Crandell, 1991). Expressive arts therapy (AT) uses the expressive arts – movement, art, music, writing, sound, and improvisation – to facilitate growth and healing. Natalie Rogers (2002) described art therapy as a process of discovering ourselves through any art form that comes from an emotional depth. *Expressive art* refers to using the emotional, intuitive aspect of our selves in various media. We express inner feelings

by creating outer forms. It is true, of course, that talking about our feelings is also an important way to express and discover meaning. But in therapeutic practice based on humanistic principles, the words *expressive therapy* have been reserved for nonverbal and/or metaphoric expression. Stories and artwork can play an important role in the process of giving meaning to life. Both storytelling and art therapy have a metaphoric character, creating an intermediary space in which people can express the inexpressible. Fantasy can offer possibilities for making the unbearable bearable. People create images and express feelings by making paintings or drawings. The invisible acquires form and colour. The image is expressive, and is simultaneously protective because of its imaginary nature. Childhood experiences can be shared from the perspective of the child, something that is often reflected in the forms that are employed. The results should not be evaluated as artistic accomplishments but as therapeutic works.

The split between art and psychomotor therapy is in a way artificial. In focusing they meet. Gendlin and Olsen (1970) describe how an image can form a bridge between felt sense and meaning. Clients who obtain images easily are instructed to let an image form from the globally felt body sense of the problem. The individual is then instructed to sense how the image makes him feel. The opening up of the specific feeling usually occurs when words arise from it. Rappaport (2010) integrates art therapy with focusing in the treatment of trauma. She uses art materials to set experiences at a distance and to depict a safe place or a container for unbearable emotions. She makes her clients go back to their felt sense regularly to check whether they remain true to themselves. These work forms can help clients to regulate intense emotions by enabling them to view damaging experiences from a distance.

Tailor-made solutions for men with traumas

A treatment program for men who have been sexually traumatized during their youth should respond to the dynamics described above. At the GGZ Drenthe, we have been working with this target group since 2005. We developed a program of two days a week, lasting one year at most, followed by at most one year of ambulant aftercare. With respect to gender we encountered different challenges with men than in the equivalent program for women. We noticed that these men generally avoided aggression. When they felt triggered, stress levels would increase and for some would become unbearably high. The men would then become extremely restless and often wanted to leave the room immediately.

Taking care of others is a common survival strategy for women. Men often prefer rationalization, control and avoidance of intimacy and emotions as survival strategies. Shame causes the isolation of the men to increase. With them, we therefore focus on the movement from isolation to attachment, while ensuring that they retain their autonomy.

Many women feel safe in talking about themselves, while many men prefer to do things together. Psychomotor therapy is generally chosen as nonverbal therapy in programs specifically designed for men (Baljon & Maliepaard, 1999; Van der Linden, 2002; Scheffers & Schreuder, 2000). We chose to apply both AT and PMT. We noticed in clinical practice that men experienced AT as relatively conflict-free, while PMT evoked much fear and shame. PMT triggers aspects of masculinity that are problematic due to traumatization: physical visibility (both in the gym and in the

changing room) and rivalry in sports. Of course this creates possibilities for corrective experiences too. During PMT we focus on stress and emotion regulation. During AT, the men can work individually and then share the results with others. This can help them to find their own masculine identity. In PMT the movement is from outside to inner world, in AT from the inside to communication with the outside world.

In the program for men, nonverbal therapies are used to entice the clients to focus on the way they personally experience things. We highlight this in the weekly group session, which is led by an art therapist and a psychotherapist. The theme of safety, for instance, is introduced by the task of depicting a safe place, and the theme of power versus powerlessness is introduced by the task of moulding a power symbol from clay. While the men are working on this the therapists are available for individual support. After this, the men come together to speak about their experiences during the working process and the resulting works. The psychotherapist then starts a group discussion. This can help the men to realize that it is possible to develop masculine strength without lapsing into destructive aggression. We found that it appealed to the men to translate the question of finding meaning in life to the question: "What's your passion?".

A symbol of power: Jaap

We illustrate in this case study how imagination and artwork can help transform destructive aggression into constructive strength, using the example of Jaap.

Jaap was about 50 years old when he entered a part-time program for men who had been abused during their youth. Within the terminology of DSM-IV, he was diagnosed with a dissociative disorder not otherwise specified and with an eating disorder not otherwise specified. He was stuck in all fields of life. In his youth, he suffered prolonged and severe sexual abuse. In his puberty and adolescence, much of his anger was translated into destructive behavior, resulting in many brushes with the law. He renounced this behavior 20 years ago but continued to wrestle with his destructive tendencies. Jaap was highly motivated to work for change, but met with great difficulties in the part-time program. During art therapy he had trouble getting started and when he made something he felt an immediate need to destroy it. We gave back to him that we saw a fight within him between his destructive and his constructive side. This gave him the feeling of being seen and understood. One day, he was observed to be wrestling with himself before a blank sheet of paper during a session. He asked to keep the sheet, because the struggle had been valuable. He put his name and the date on it.

This illustrates how we meet clients at relational depth. Our respect and empathy include his destructive tendencies.

Gradually, we saw him make progress, learning more and more to share the things that occupied him. One thing drove him to despair and worried us too: his food intake. He was emaciated and often ill for a few days. Although he could bring himself to cook a few times a week, he often threw it away untouched, because he could not bring himself to eat. This is understandable given a history of oral abuse.

In a personal session, the psychotherapist and treatment coordinator asked Jaap whether he could think of an imaginary support figure, for instance a character from a book or a film such as Batman.

This task could be compared to the idea of depicting the felt sense with respect to a protector (Rappaport, 2010).

Jaap understood the idea and proposed a knight. As a child, he used to like reading books about knights. The psychotherapist then asked him to imagine that there was a knight who supported him in his battle with his destructive side. This gave Jaap a good feeling. A few days later, he told the group that he was happy to have met the knight, because he derived strength from him.

Here we see how individual and group meetings can supplement each other.

In art therapy he succeeded in letting his works be. He moulded a figure from clay to represent his ego. It was a symbol that made him feel strong. Later on Jaap revealed that he found support in the knight for a time, but that the figure was no longer sufficient. Instead he further developed his ego symbol from the clay figure. It kept returning in his works and it kept evolving. After a year of part-time treatment, it acquired colour (Figure 1).

He concluded during this final evaluation in the group that it was very important for him that he was able to let his works be; they no longer needed to be demolished. He

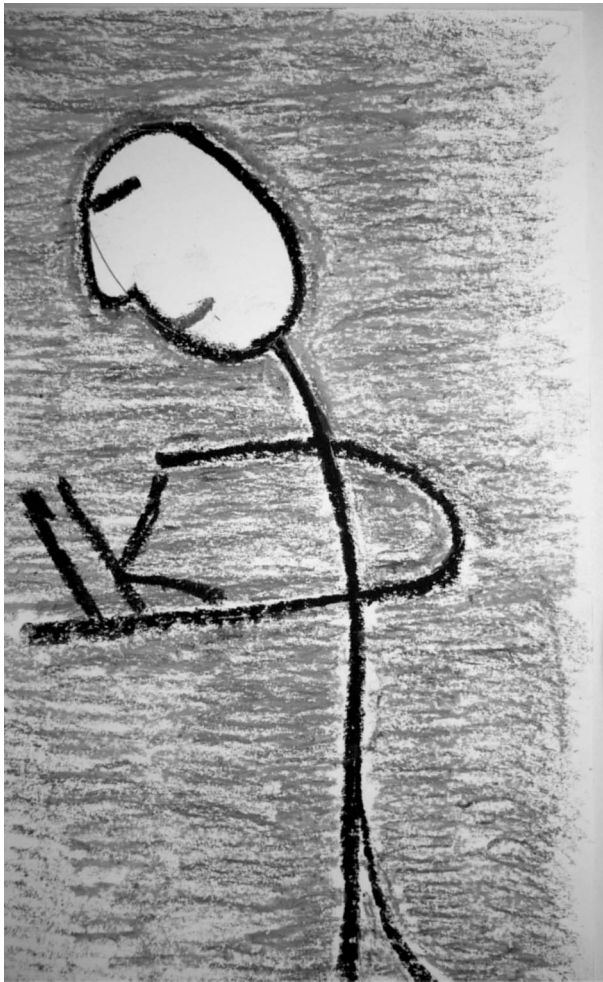


Figure 1. Symbol of power (the Dutch word “ik” means “me”).

kept pieces of papers with responses to his work from his fellows in the group and from the therapists. In the therapy group, he learned to break out of his isolation. In daily life, he gradually started making more contact with the people around him. He also found a solution for his problem with eating. He gave up on the ideal of having three meals a day. Instead, he began to eat small portions of food that he could swallow during the course of the day. He found voluntary work in a local community center, where he does handicraft work with a small group of women. He used the artwork forms with which he first became acquainted in the part-time program. From this work, he derived the sense that he could have a meaningful life.

This example shows the role art therapy in a group can play in the creation of meaning and transforming the images of masculinity. For Jaap, stories played an important part in his fight against his sense of powerlessness early on in therapy. As an adult, he deliberately chose to live with positive values. He could only really succeed in this when he started to face the inner demons that he has carried along with him ever since the abuse. We supported his struggle by validating, accepting, and giving words to what he revealed by his facial expressions, posture, gestures, works of art, and words. His hands found ways to express himself in his personal symbol of power. The witnessing of this process by therapists and group members is an important aspect of relational depth. It facilitates acceptance of the affects that are being revealed (Pesso & Crandell, 1991), which in turn lead to more self-acceptance and posttraumatic growth. Jaap found a way to make a difference for other people in the local community.

Conclusion

In the life of men who have been sexually traumatized, themes like power and isolation play a prominent role. This is intrinsically tied up with gender messages. Meaning, abuse, gender and coping are interrelated in complex ways. Modern views on gender add to the confusion. At the same time these views can help men find new sources of strength, connection, and growth.

The tension between ideas of masculinity and victimhood can be large and paralyzing. Meeting clients at relational depth includes validating the destructive anger that originates from trauma. The confrontation with the corresponding emotion schemes is essential in a treatment which focuses on transformation of destructive anger and finding new meaning in life. Art therapy can help to express inner feelings by creating outer forms. At the same time this form can contain the strong emotions that are connected with trauma. The therapeutic relationship with therapists and fellow clients in a group creates a safe place for the development of new emotion schemes around primary adaptive anger and new ways of connecting with others.

Acknowledgments

The author would like to express thanks to Krijn Peter Hesselink, who translated this paper.

References

- Bakker, F., Graaf, H., de Haas, S., de Kedde, H., Kruijer, H., & Wijzen, C. (2009). *Seksuele gezondheid in Nederland*. Utrecht: Rutgers Nisso Groep.
- Baljon, M.C. L. (2002). Focusing in client-centred psychotherapy supervision: Teaching congruence. In J.C. Watson, R.N. Goldman, & M.S. Warner, (Eds.), *Client-centered and experiential psychotherapy in the 21st century* (pp. 315–324). Ross-on-Wye, UK: PCCS Books.

- Baljon, M.C.L., Hardon, B., & Kramers, M. (2004). Aan “horen, zien en zwijgen” voorbij. Traumaverwerking in een dagbehandelingsprogramma. *Tijdschrift Psychotherapie*, *30*, 414–430.
- Baljon, M.C.L., & Maliepaard, G.A. (1999). Van competitie naar communicatie. Het leren omgaan met gevoelens binnen een psychomotorische groepsbehandeling voor mannen. *Bewegen en Hulpverlening*, *16*, 28–42.
- Balsam, K.F., Rothblum, E.D., & Beauchaine, T.P. (2005). Victimization over the life span. A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, *73*, 477–487.
- Brezendine, L. (2010). *The male brain*. New York: Broadway Books.
- Calhoun, L.G. & Tedeschi, R.G., (Eds.). (2006). *Handbook of posttraumatic growth: Research and practice*. Mahwah, NJ: Lawrence Erlbaum.
- Caspi, A., McClay, J., Moffitt, T.E., Mill, J., Martin, J., Craig, I.W., et al. (2002). Role of genotype in the cycle of violence in maltreated children. *Science*, *297*, 851–854.
- Dube, S.R., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Dong, M., et al. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, *28*, 430–438.
- Elliott, R.J., Watson, J.C., Goldman, R.N., & Greenberg, L.S. (2003). *Learning emotion-focused therapy: The process-experiential approach to change*. Washington, DC: American Psychological Association.
- Figley, C.R., (Ed.). (2002). *Treating compassion fatigue*. New York/London: Brunner Routledge.
- Frankl, V.E. (1963). *Man's search for meaning*. New York: Pocket Books.
- Ganzevoort, R.R. (2006). Masculinity and post-traumatic spirituality. *Paper for the International Workshop on Sexual Abuse*, Montréal, Canada.
- Gendlin, E.T., & Olsen, L. (1970). The use of imagery in experiential focusing. *Psychotherapy, Theory, Research and Practice*, *7*, 221–223.
- Gillon, E. (2008). Men, masculinity and person-centered therapy. *Person-Centered & Experiential Psychotherapies*, *7*, 120–134.
- Greenberg, L.S., Rice, L.N., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process*. New York: Guilford Press.
- Hamann, S. (2005). Sex differences in the responses of the human amygdala. *Neuroscientist*, *11*, 288–293.
- Hardon, B., & Baljon, M.C. L. (2003). Traumatische hechting als focus in therapie. *Tijdschrift voor Cliëntgerichte Psychotherapie*, *41*, 182–194.
- Herman, J.L. (1992). *Trauma and recovery*. New York: Basic Books.
- Jaarsma, T.A., Pool, G., Sanderman, R., & Ranchor, A.V. (2006). Psychometric properties of the Dutch version of the posttraumatic growth inventory among cancer patients. *Psycho-Oncology*, *15*, 911–920.
- Janoff-Bulman, R. (1992). *Shattered assumptions. Towards a new psychology of trauma*, New York: Free Press.
- Janoff-Bulman, R. (2006). Schema-change perspectives on posttraumatic growth. In G.C. Calhoun & R.G. Tedeschi (Eds.), *Handbook of posttraumatic growth* (pp. 81–99). New York/London: Psychology Press.
- Kia-Keating, M., Grossman, F.K., Sorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse. *Psychology of Men and Masculinity*, *6*, 169–185.
- Lambie, I., Seymour, F., Lee, A., & Adam, P. (2002). Resiliency in the victim–offender cycle in male sexual abuse. *Sexual Abuse: A Journal of Research and Treatment*, *14*, 31–48.
- Linden, P. van der (red.). (2002). *Het erkende lichaam. Over lichaamsgerichte therapie voor jongens en mannen die seksueel misbruikt zijn*. Utrecht, Netherlands: Transact.
- Maslow, A.H. (1954). *Motivation and personality*. New York: Harper.
- Mearns, D., & Thorne, B. (2000). *Person-centred therapy today: New frontiers in theory and practice*. London: Sage.
- Nicolai, N.J. (1997). *Vrouwenhulpverlening en psychiatrie (5e herziene druk)*. Amsterdam: Babylon-De Geus.
- O’Neil, J.M. (1990). Assessing men’s gender role conflict. In D. Moore & F. Leafgren (Eds.), *Problem solving strategies and interventions for men in conflict* (pp. 23–38). Alexandria, VA: American Counseling Association.

- Paivio, S.C., & Pascual-Leone, A. (2010). *Emotion-focused therapy for complex trauma: An integrative approach*. Washington, DC: American Psychological Association.
- Pesso, A. & Crandell, J., (Eds.). (1991). *Moving psychotherapy: Theory and applications of the Pessso System/Psychomotor Therapy*. Cambridge, MA: Brookline Books.
- Pimlott-Kubiak, S., & Cortina, L.M. (2003). Gender, victimization, and outcomes: Reconceptualizing risk. *Journal of Consulting and Clinical Psychology, 71*, 528–539.
- Proctor, G. (2008). Gender dynamics in person-centered therapy: Does gender matter? *Person-Centered & Experiential Psychotherapies, 7*, 82–94.
- Rappaport, L. (2010). Focusing-oriented art therapy: Working with trauma. *Person-Centered & Experiential Psychotherapies, 9*, 128–142.
- Rasheed, J.M., & Rasheed, M.N. (1999). *Social work practice with African American men: The invisible presence*. Thousand Oaks, CA: Sage.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95–103.
- Rogers, C.R. (1959). A theory of therapy, personality and personal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology, A study of science. Vol. 3, Formulations of the person and the social context* (pp. 184–256). New York: McGraw-Hill.
- Rogers, N. (2002). Person-centered expressive arts therapy: A path to wholeness. In J.C. Watson, R.N. Goldman, & M.S. Warner (Eds.), *Client-centered & experiential psychotherapy in the 21st century* (pp. 315–324). Ross-on-Wye, UK: PCCS Books.
- Romano, E., & De Luca, R.V. (2001). Male sexual abuse: A review of effects, abuse characteristics, and links with later psychological functioning. *Aggression and Violent Behavior, 6*, 55–78.
- Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovin, A., et al. (2003). Development of sexually abusive behaviour in sexually victimised males: A longitudinal study. *The Lancet, 361*, 471–476.
- Scheffers, W.J., & Schreuder, B.J.N. (2000). Seksespecifieke hulpverlening bij seksueel geweld: De focale mannengroep. *Bewegen en Hulpverlening, 17*, 178–195.
- Swildens, H. (2002). Here did we come from and where are we going? The development of person-centered therapy. *Person-Centered & Experiential Psychotherapies, 1*, 118–132.
- Tedeschi, R., & Calhoun, L. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*, 455–472.
- Warner, M.S. (2000). Person-centred therapy at the difficult edge: A developmentally based model of fragile and dissociated process. In D. Mearns & B. Thorne (Eds.), *Person-centred therapy today: New frontiers in theory and practice* (pp. 144–171). London: Sage.
- Yalom, I.D. (1980). *Existential psychotherapy*. New York: Basic Books.