

The Use of Masks in Counseling: Creating Reflective Space

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Abstract:

Using expressive art techniques in counseling is one way in which to open space for a client to reflect on his or her concerns or problems in therapy. One form of expressive art is the use of masks. Masks have been used throughout history in theatre and counseling. In therapy, masks have been used as projective tools for clients to reflect their experiences onto. This article discusses one client's experience in creating a mask while working on her issues as a survivor of sexual abuse. In addition, recommendations are discussed for using masks with different populations.

KEYWORDS: Masks, expressive arts, sexual abuse, reflective thinking

Article:

Most therapists are trained, and utilize, traditional talk-therapy; however, there are other aspects of therapy that are creative, but tend to be ignored. Creative forms of counseling can include the use of metaphors, music, expressive arts, bibliotherapy, and dance. According to Gladding (1998) "counseling is a creative process that focuses on helping clients make appropriate choices and changes" (p. ix).

Through counseling, therapists have found that one technique or method does not always work for every client, and that sometimes creativity is required. There are times when a therapist may reach an impasse with a client who either does not want to talk or cannot verbalize their experience. In other situations, a therapist may encounter children, adolescents, and even adults who may be at different developmental stages and are unable to didactically discuss their concerns. What could be seen as a crisis, failure, or resistance from the client, can become an opportunity for both the client and the therapist to use creative interventions that creates space for the client to begin working on those experiences. Some traumatic events which may lend themselves through creative interventions include domestic violence, grief, exposure to violence, terminal illness, or clients experiencing symptoms of post-traumatic stress.

Art is one creative way in which a client can experience their situation or the world around them. Expressive art can help clients, and the counselor, gain a unique perspective on problems and possibilities. Creative or expressive art techniques can enable a client to recognize their multiple natures, as well as allow and encourage nonverbal clients to participate meaningfully in counseling relationships (Gladding, 1998). An example would be a client who is unable to identify and verbalize any emotions, but can express them through the use of paints and color. This use of color allows the client to identify his feelings and engage in a conversation about them with the therapist. People who have been victimized or may be unable to verbally convey the events they have experienced (Gladding, 1998) may also benefit from expressive art techniques. Hargrave-Nykaza & Watertown (1994) point out that art is helpful and valuable to rape survivors because victims of psychological trauma have difficulty expressing their experiences directly and effectively through words. Art allows the rape survivor to relive and explore experiences and issues in a nonverbal way that is less threatening than traditional talk therapy (Backos & Pagon, 1999). Creative interventions (i.e., art) allow a client time and space to silently reflect, project, and explore. Allowing time for private exploration of thoughts and feelings before risking disclosure is especially important for survivors of sexual trauma (Backos & Pagon, 1999).

THE USE OF MASKS IN THERAPY

One form of expressive art is the use of masks in therapy and treatment. A mask can be seen as a “psychotherapeutic tool which is ... very ancient and very new” (Janzing, 1998, p. 156). There are obvious implications with masks used in theatre, but masks certainly take on a creative and expressive life of their own when working with clients. Various counselors have sought to use masks in order to assist clients in gaining distance from their problems. Once this distance has been created, clients are given space to be reflective (West, Watts, Trepal, Wester, & Lewis, 2001).

Landy (1986) notes four ways in which a mask can be used in counseling: (a) to represent two sides of a conflict or dilemma, (b) to express one's identity in a group, (c) to explore dreams and imagery, or (d) to express a social role. In therapy, the “mask is an image of the self” (Fryrear & Stephens, 1988). For example, to express one's identity in a group, the therapist can ask a client to design a mask to express his or her perceived role and desired role in the family. This may allow the client to externalize the differences between the role that is currently held versus the role that he or she would like to hold in the family. Thus, removing the conflict from themselves and creating room to change. An example of a second way a mask can be used in counseling is to explore dreams and imagery. If a rape survivor entered therapy discussing a nightmare, the therapist could have the client design a mask representing a conflictual part of their dream. The mask allows the client to externalize the conflictual part of the dream, thus assuming power. Once the mask is complete, the client will be empowered to rewrite the ending to their dream.

The mask allows the client to externalize a concern or part of their self. This part of the self is typically.. a persona of the client that is not overtly expressed. Landy (1985) states,

In therapeutic mask work, then, the mask is used as a projective technique to separate one part of the self from another. The masked part, the persona, being stylized and dramatic, provides a measure of distance from the person. Through the work with the persona, the person comes to see his dilemma more dearly. The therapeutic masquerade or drama of masks aims to unmask the self through masking a part of the self that has been repressed or seen dimly by the client (p. 51).

This projective technique is one that allows space for the client to reflect on the concern or issue they have brought into the session. Having a client create a mask and then asking them to write to, or dialogue with, this mask allows for this opening of space, thus allowing oneself to be removed from the immediate situation and to be put into a reflective position. Masks have been found to be beneficial when used in healing rituals (Fryrear & Stephens, 1988; Hinz & Ragsdell, 1990). They have also been found to be helpful with clients suffering from bulimia (Hinz & Ragsdell, 1990), victims of trauma, or as you will see in this article, survivors of sexual assault or rape.

CLINICAL INTERVENTION VIGNETTE

As a doctoral student in a Counseling and Human Development program I never received much training in using expressive arts and art materials in counseling sessions. When I began a job as a counselor in a rape crisis program I discovered that an art therapist had used my office before I was there and had left an abundant supply of artistic materials. I fumbled through boxes filled with neon colored glue, buttons, masks, bells, acrylic paints, felt, paper materials of various sizes and shapes, and cardboard boxes. My first few days in the office I bundled all of the supplies up and placed them neatly on the shelves replacing them with my books on clinical interventions, feminist theory, trauma, and anxiety. As my caseload began to fill I was inundated with survivors of rape and sexual assault of all ages. These were individuals who had lived through trauma and were still dealing with the scars. I delved into information on dissociation, coping skills of rape survivors, sexual healing, and boundaries.

During one session, a female survivor of childhood sexual abuse related a story in which she expressed feeling as though she were wearing a mask. Her words struck me like a lightning bolt and I felt a rush of excitement as I remembered the paper masks that I had stored away on my shelf. Bravely, I asked my client if she would be

willing to attempt an artistic intervention, although we would not be focusing on artistic skills, but instead on the process involved in the art making. She agreed to try and we set an appointment for the following week.

Realizing that I was not trained as an art therapist, I sought consultation from the center's director (a registered master's level art therapist) on working with clients and the expressive arts. She helped me to capture my creativity and educated me to focus on the process that the client is involved in creating the art. We discussed the use of art medium—various textures and materials might evoke certain reactions from clients who have experienced trauma such as rape or sexual assault. She also instructed me on working through the process with the client rather than observing the client; asking the client what they would like me to be doing while they were working. Most importantly, she empowered me to express my creativity through my work and not to be afraid of the art materials but to let the client guide me as to how they heal. Feeling nervous, I prepared for the session by arranging materials for the client's selection including the blank mask, paints, glitter, glue, buttons, markers, jigsaw puzzle pieces, tape, barbed wire, and a multitude of other supplies. I also put together a host of various sized paint-brushes and sponges.

When the client arrived, I shared with her my novice at this type of intervention and we both agreed that it would be a learning process. She had been in recovery from drug addiction and was in a good place, clinically speaking, to examine coping skills related to her childhood sexual abuse by family members. She discussed her feelings about "masking" her emotions by being "perfect"—she always had makeup on, hair done, laughed and smiled and never let on when she was triggered by some-thing that reminded her of the pain that she was feeling on the inside. Her mask to the world was to appear happy and perfect. Her addiction also masked her emotions, although she had a few moments where feelings slipped out in a state of intoxication.

My instructions to her were to construct (decorate, dress, make) her mask in a way that represented how she felt when she described "putting on a mask." Although simple, these instructions provided her with enough leeway to be creative in the process. I asked her to talk through some of her feelings about the mask she wore for all of those years as she set about working on the paper mask. Her work was purposeful and diligent as she painted bright colors portraying eye shadow, blush, and lipstick. The colors and lines were over—dramatized, reminding me of a clown in a circus. She meticulously placed the colors on the mask as if she were painting her own face in the mirror while getting ready to go out for the evening. Glitter was sprinkled and neon glue was applied. The session flew by in what seemed like a whirlwind of activity. The client actually talked a little to me, but mostly with herself while she worked. My role was primarily that of the observer. When she was done, I gave her a large sheet of bright pink paper and asked her to write to the mask sometime before our next session and to see what she came up with. She was to discuss with the mask (a) who it was, (b) how long it had been around, and (c) what role it played in her life. A letter similar in content to the one she wrote is included in Figure I.

Subsequently, we decided that she would do another mask—one to depict the inside—the feelings and emotions that were being masked by her flamboyant, happy deception. The second mask was grim, with dark, drab colors and cold hard lines. Yet, the client was not as meticulous in her work. She appeared more able to let some of her expressive nature out. When compared with the outside mask the inside mask looked dark and foreboding. The client compared the two and remarked that although the outside was physically more appealing, the "inside mask was real and now her life was all about being real." She was in touch with her feelings and emotions and no longer felt the need to mask them. She described experiences of realizing that she was able to talk about her abuse, that it no longer held the same power over her, as some-thing that had to be covered up did. In treatment, she had shared her abuse story with some of the other women and had newfound courage where only fear and shame existed before. Thus, her masks represent an integrated whole person, one with choices. She was no longer constrained by an apparent lack of choices but was now free.

THERAPIST REFLECTION

A creative moment in counseling, yes certainly, but also a memory that creates humility in, me. I sat in awe of my client's ability to heal. I found renewed strength for my work with survivors and appreciation of their gifts

and their strength. I am no longer afraid of those art materials on the shelf. I use them when inspiration strikes and when clients let me know that they will be useful as tools in their healing. Since this early experience, I have used masks with others and have found them to be particularly useful with adolescent survivors. Some have created poems dedicated to their masks, or have named the mask. One client, after designing her mask, labeled it "shame." When discussing "shame," she realized that it was something she created and carried around, not something others saw. After processing and working through "shame" the client burned her mask in order to destroy her "shame." Another client's mask depicted a "monster" who she identified as her perpetrator.

FIGURE 1. Client's Letter to Her Mask

Dear My Beautiful Self:

As I sit here looking at you I am amazed how calm and still you are! You always come around when I'm nervous, sad (or drunk!) and seem to take over for me. You're bright, al-ways happy, your hair and makeup look like you're in a Ms. America contest You love to be the center of attention—especially from guys—and are always good for a laugh. You like to keep things light for me and you ALWAYS have a good time, no matter how crappy I am feeling inside. You first appeared when I was 8 after the abuse started. It was so easy to put you on and try to forget. So many limes later in my teen years I did not want to dress up and go out to the bar, so many times I just wanted to stay home by myself, and be the secluded freak of nature that I thought I really was. But no, you'd come out and slip on over my shameful face. You were so beautiful that everyone assumed I was beautiful, too. If only they knew what was really going on underneath the surface. I didn't think people would like me for who I really was when you weren't on. I thought people could see the effects of the abuse; they could see how lonely, miserable, and scared that I really was. I never felt like I had a choice. So instead I wore you and it took me 30 years to take you off and be able to look at myself in the mirror without putting you on.

After successfully completing counseling, she left the mask in my office, stating she was done with her "monster."

CONCLUSION

As with any therapeutic intervention, a counselor should be cautious about diagnostic implications. Additional areas of caution involve selecting materials appropriate to client needs as well as process of therapy, appropriateness of the intervention given an assessment of the client's reality testing and ego-strength and the cultural implications of using masks (Janzing, 1998).

Although this example utilized the mask with a survivor of sexual abuse, there are other possibilities here for both group and family therapy venues. For example, clients may make a mask and then ask another in the group to wear it—thus representing someone in their family. Dialogue could then be opened with the mask, perhaps allowing the client to give the mask a voice.

You can order masks with multicultural facial features and various art supplies from art teachers' catalogs, which are also available on the Internet. Registered art therapists can supply recommendations for others who are not trained in art therapy and they may also find information on the website for American Art Therapy Association, Inc. (www.arttherapy.org/).

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