Building community as social action: An art therapy group with adolescent males☆

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A B S T R A C T

One way to facilitate social change as an art therapist is within the context of group art therapy, utilizing the group as a social microcosm for the world at large. The overarching goal is to engage the group in meaningful and prosocial experience that mirrors *community* experiences many clients have lacked. For a group of adolescent males who had suffered the effects of some of our worst social problems—rampant community and domestic violence, racial and ethnic conflict, child abuse and neglect, parental substance abuse and criminality, poverty, and untreated mental illness in families—this task is complex. The impact of disrupted attachment and complex trauma is discussed, and implications are presented for connecting with traumatized youth through witnessing their creative work. The therapeutic relationship and the art media used are discussed in relation to multicultural issues, the specific psycho-social problems experienced by the individual group members, and the capacity of this group to engage in the construction and ultimate articulation of its own community in a visual manner. The product of this group art therapy experience is exhibited in a mixed-construction miniature city that was built over a period of 9 weeks.

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Milbrandt (2010) states that, "Art can be used to reinforce values of the group, raise questions about current social conditions, and construct an image of social change" (p. 9). If art can indeed serve this function, our work as art therapists can be seen as empowering clients in addressing the conditions that inhibit health in communities. I see a direct link between facilitating art making among groups of people who are in need, and in building health in communities.

Since I began working with groups of vulnerable people as a young adult, I have observed the challenge of engaging such groups in pro-social experiences that mirror *community*. This is because many people have actually lacked such experiences in their lives. Even prior to being a trained art therapist, I facilitated groups of people in creating art together—with the goal of creating cohesion and a climate of productive creativity. Early in my working life, I worked with people across the lifespan who struggled with a variety of mental health diagnoses, as well as medical and neurological disorders. My job was to teach a daily arts and crafts program at a summer camp. I observed that at times the group members engaged in art making in a way that seemed meaningful to them. At such times, concerns shifted from symptoms of illness and pain to, say, the discovery of a group member's eye for color or to the perfect stillness of a daisy in a still-life. The color and the daisy were vehicles that allowed these individuals to attain clarity, alertness, and an emotional ease that they could not attain most of the time. Occasionally, these mind states also led to achievement, and when a group member smiled and noted that he or she had created a *beautiful* piece—others concurred. In such circumstances, these individuals were also able to share an experience that *everyone* shared, and a sense of a healthy community was attained.

These moments in the arts and crafts room in this rural Vermont camp were profound. The arts and crafts room provided a space for valuable personal expression—for individuals who rarely expressed their inner worlds. Fromm (1994) writes, "Spontaneous activity is free activity of the self and implies, psychologically, what the Latin root of the word, *sponte*, means literally: of one's free will" (p. 257). He goes on to state:

> In all spontaneous activity the individual embraces the world. Not only does his individual self remain intact; it becomes stronger and more solidified. *For the self is as strong as it is active.* Ours is only that to which we are genuinely related by our creative activity, be it a person or an inanimate object. Only these qualities that result from our spontaneous activity give strength to the self and thereby form the basis of its integrity. (p. 260)

Thriving human activity may lead to creative and productive action, which can build the best communities. Fromm's (1994) *Escape from Freedom*, many other things I studied and observed in my early life, and my own experience spending hours drawing and painting shaped my decision to pursue a career as a clinical art therapist. I saw there are many ways to impact social change, one of which is to assist individuals in finding their potential to thrive. Later, I learned that there is a structured process for this phenomenon: using the therapy group as a social microcosm for the world at large (Yalom, 1983). My early days of working with groups provided a foundation for later work as a socially conscious art therapist with adolescent clients facing significant challenges because of childhood histories of complex trauma. In her Introduction to *Art Therapy and Social Action*, Kaplan (2007) offers to define social action art therapy saying it is a way that art therapists respond to the needs of social ills by "providing services to perpetrators, victims (potential or actual), or people who work with members of these groups," and she concludes for the moment by stating, "*social action art therapy is this and more*" (p. 13). This discussion of a group I facilitated with adolescent males is one example of how I hoped to provide responsive services with these concepts in mind.

Complex trauma as a social problem

The *Merriam-Webster Online Dictionary* defines Community (2011) as "a unified body of individuals" (def. 1) such as "a group linked by a common policy" (def. 1, e). With regard to this definition, it is notable that many young clients encountered in mental health settings across our country today lack some essential aspects of community: specifically, a *unified* body of individuals who are invested in *common* guiding principles for all its members.

The context in which many adolescents clients have navigated their childhoods could scarcely be called a *society* or *community*. The adolescent boys I came to know in treatment had suffered the effects of some of our most prevalent social problems—severe community and domestic violence, ethnic and racial conflict, child abuse and neglect, parental substance abuse and criminality, poverty, and untreated mental illness in their families. They had been born into abusive environments, been hungry, lived without parental care as infants and toddlers, and witnessed violence and/or death, illicit drug use, and behavior that young children have no developmental ability to understand. Many of them lived in neighborhoods with gang activity and evident racial oppression. The traumatic stress field today has described this population of at least 1 million children in the U.S. as survivors of *complex trauma* (van der Kolk, 2005, p. 402).

Van der Kolk characterizes the phenomenon of complex trauma as a series of prolonged and developmentally detrimental traumatic events, particularly of an interpersonal nature. He has noted that chronically traumatized children are unable to achieve secure attachments to parents or caregivers, are unable to develop emotional regulation skills, and may reenact their traumatic experiences in attempts to gain control of their experiences. Reenactments may be perceived as rebellious or even antisocial behavior. What is unlikely, but also true, is that many children in these circumstances can extract strengths from available cultural or familial sources and form some attachments, usually from several sources or systems. One of the inherent difficulties with this as context for one's childhood is that having numerous subcommunities (i.e., churches or spiritual groups, community centers, street gangs, drug or prostitution trafficking operations) means each has its own rules, possibly in opposition to, or even in conflict with, one another. This often results in the formation or exacerbation of a disorganized attachment style. As summarized by Kravits (2008), adolescents with disorganized attachment styles display aggressive behaviors, which result from fragmented self-states that were developed through failed attachments to tenuous familial systems. To be an effective art therapist, it was important for me to understand that the rebellious and posturing behaviors in the adolescent males with whom I worked were expressions of their powerlessness, rage, sadness, and fear.

Social action in group art therapy

A multicultural group

According to Reed (2005), one of the functions of art can be to express the values and ideas of a given cultural group. I felt one of the strengths of having art therapy as a modality available for these youth was that it offered just this—the opportunity for expression of diverse values without judgment. This was a mixed-race group of eight male African American, Caucasian, Hispanic, and Native American adolescents, ages 13–17, who brought intense sub-culture experiences to the therapy group and created a dynamic milieu. At times, the group climate was energetic—genuinely humorous, or playful—and at other times, it was uncomfortable, aggressive, or downright hostile. Most of the clients were in some form of state-monitored guardianship, so even their current living environments were tenuous. The cross-cultural counseling challenges were evident; I am a middle-class adult, Caucasian female. As a result, the task of re-creating community was complex.

These adolescents expected to be judged, controlled, and limited by authority figures. I felt the best approach to working with them was to follow Kramer's (1993) dictum that "the [art] therapist must try to establish the minimum of order and serenity necessary for creative work and at the same time avoid excessively constricting discipline that would stifle expression" (p. 194). This approach communicated an expectation they could control their behavior, that their honest expressions of pain, rage, or wonder would be allowed. It was accomplished by providing clear ground rules and expectations—and by communicating a curious and open stance regarding their experiences. My plan was to focus on group art therapy by using art media to foster genuine, empathic interactions within the group—a new kind of treatment for these youth. I hoped that at some later date, the social and cultural implications of what happened in group would matter to these individuals, and perhaps, would be generalized to their lives outside.

Building community: the city project

At the initial session, I explained to the group they would be constructing a city over the course of 9 weeks, and each group member would build a chosen element to put in the city. I thought back to the likely confusing imagery that constituted the actual memories of these youth, and the constructed narratives of their life stories. I wondered what impact these types of images had had on these boys throughout their young lives.

Singer (2006) writes of the value of imagery as a tool in psychotherapy. He cites mental imagery of all kinds (daydreams, night dreams, memories, created visual art) as one of the uniquely human capacities for organizing experiences in a manner that assists us in our survival. When reflecting on the adolescents' group process and products (six members' creations are discussed below), I concurred with Singer's (2006) observation that, "the sharing of relatively specific imagery between patient and therapist may increase the likelihood that the content of their 'theories of mind' will overlap, a result that is likely to create an increase in empathy" (p. 52). Franklin (2010) has found that empathy within art therapy sessions may have a broader role than previously thought due to

Fig. 1. The city (completed): mixed construction media; 8′ × 4′ table top.

Fig. 2. "No Drugs" sign: cardboard, wood, glue, faux floral material, paint; 6″ W × 8″ H.

the discovery of mirror neurons, and there are particular implications for working with survivors of complex trauma. Art therapists can attune to clients' art processes and emotional states—described as "empathic tracking" in reference to assisting clients with affect regulation (Franklin, 2010, p. 162). I strongly believed that if these clients allowed me and others to view their imagery as they worked, they would experience empathy in the group.

The process. The group proceeded to engage in the creative process, and to create imagery of both their known and ideal worlds (see Fig. 1). Representations of structures, parks, and ideas from reality and from a vision of a safer community blended together in the miniature community that was built. Most art therapists have experienced the sharing of empathy that Singer (2006) describes; the kind of moment in the therapeutic encounter when words are not required and client and therapist both know that spontaneous expression has occurred. Despite the fragmented imagery that had thus far created the memories and narratives of my clients' lives, I felt I witnessed a genuine imagining of social change through their visioning of community as the group created their miniature city.

I chose mixed construction media for this project because these materials required some physical engagement and problem solving. In addition to wood and cardboard scraps, there were tempera and acrylic paints, and several other materials available. Such media elicit kinesthetic and cognitive activity through the creative process. Hinz (2009) notes that focusing kinesthetic energy in such a manner through creative building projects can assist clients in attaining higher levels of developmental functioning, instead of evoking chaotic emotional discharge that could lead to aggression or hostile interactions between group members. Focused art processes have the effect of decreasing behavior problems because physical and mental energy is channeled into art making. With regard to the needs of adolescents with complex trauma histories, van der Kolk (2005) states that the third primary area of treatment (in addition to establishing safety and dealing with traumatic reenactments) should focus on "integration and mastery of the body and mind" (p. 407), and that "mastery is, most of all, a physical experience: the feeling of being in charge, calm, and able to engage in focused efforts to accomplish goals" (p. 408).

In addition to these features of mixed construction, Seiden (2001) states:

> In art therapy the act of construction may symbolize the building and/or rebuilding of personal goals. Construction is a way of expressing growth, strength to support, dependency, unity, commitment, and other values attributed to positive human experience. These characteristics of building are explored in sculptural construction and hopefully are translated into the actual life experience of the client/artist. (p. 46)

It was unanimously agreed that the city was to be a reproduction of the actual city in which we resided. It seemed, at this point at least, that reliance on what was already known as community was safe—or that to create a new vision was too risky. Each member created at least one 12″ × 12″ component, and the city was integrated with streets, sidewalks, parking spaces, a directional sign, small landscaped spaces, and a large sign in the middle that said "No Drugs" (see Fig. 2).

Of the eight individuals who contributed to this project, all had had at least one biological parent with significant substance-use history that resulted in the loss of this parent. Loss came in the form of incarceration, termination of parental rights, disappearance, or death. Jason, the client who boldly stated his ideal that their city was to be "drug free," had been fully supported by his peers when he created the "No Drugs" sign and briefly paused before gluing it in place.

Drugs are a complicated issue for an adolescent with such a history. For the adolescent growing up in a cohesive and thriving community, there is a period of experimentation, rebellion, and testing of boundaries; experimenting with drugs or alcohol is considered part of the process of individuation (Powers & Matano, 1996). For these particular adolescents, there is no such freedom. The topic of drugs often surfaced in our group, and I perceived it as a question: Are we allowed to "talk" about this, or are you (therapist, authority, adult White woman) who surely must know nothing of what it means to live among drug dealers, going to say it is "inappropriate"? In the treatment milieu, drug references may well be used as ways to act out, to stir up trouble, or to stimulate other group members. However, when Jason wrote the words on the sign, he looked at me and I nodded. The implicit understanding in our silent interaction was *I know some of what you have lost, and I know that this topic is important. I trust that you will not misuse this opportunity.* I did not believe that Jason was living a drug free life himself. However, I saw his sign as a way to externalize a significant concern that had impacted his life since before he was born (Jason's mother had used drugs while pregnant with him). By allowing his "No Drugs" sign to be made, and to be made large, he had opportunity to consider the possibility that a neighborhood exists where drugs are not a part of everyday life. Idealized imagery appeared throughout the city, juxtaposed with the traumatic community themes that these youth survived. They were attempting to join the two worlds in their art.

There were indicators of struggle, pessimism, and despair. Some pieces told violent, sad stories, with ambivalence expressed directly and indirectly in the work. One of the original group members terminated from the treatment program unexpectedly, leaving his
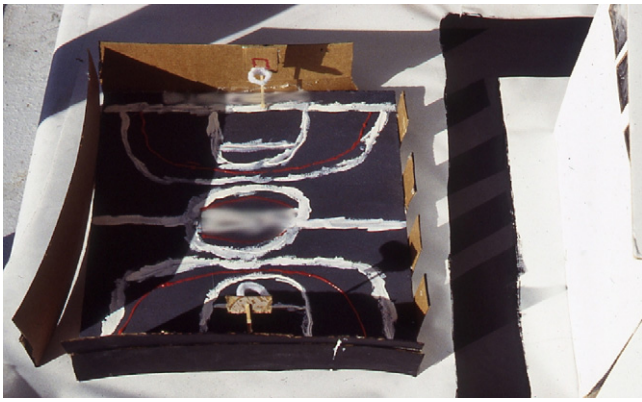
Fig. 3. Basketball stadium: wood base, tempera & acrylic paint, cardboard, glue, wood, pipe cleaners; 12″ × 12″.

Fig. 4. The restaurant: wood, cardboard, tempera paint, glue, faux floral scraps, 2 × 12″ × 12″.

superstore unfinished, and a new, extremely anxious and confused 15-year-old boy joined the group on the seventh week. These changes created some natural disruptions in the cohesion that the group had achieved, especially with regard to racial tension and gang affiliations. Overall, the construction process and symbolic holding of the imagery that ended up becoming the city contained these complexities.

The basketball stadium. Joe held minority status in his community and in this group as a Caucasian boy. He chose to make a basketball stadium (see Fig. 3). I believe his anxiety about race, safety, and family history is shown through the regressed line quality of his painting and the precarious attachment of his stadium walls. Despite having the skills to create a more "polished" stadium, Joe said it was done, and he told this story:

> The reason why the dome is not all together is because there was a [terrorist group] spy who dropped a bomb on the roof and the architects have not got around to putting a new roof on the stadium. During one of the games there was a fight between the players and the crowd started to fight and they tore out most of the seats, so there are not very many seats right now.

But on the brighter side:

> During the off season [the team] picked up some powerful players . . .. they recruited [sic] some amazing playas [sic] out of high school. They are [me, two other group members]. They have went [sic] all state and they won the high school championship also. They decided to go to the NBA instead of college.

This group took place before September 11, 2001, so this was not in response to that specific terrorist attack. For his fantasy story, Joe selected the two most popular, African American, members of the group to be recruited with him; I believe he generally feared people of other races. However, in the smaller day treatment milieu, Joe came to understand he would remain safe. He learned that youth of all races experienced neglect and trauma. Through this group, he gained empathy. Joe's story may have been a way for him to express despair regarding his personal "terrorist spy"—the poverty, alcoholism, methamphetamines, and prostitution that had impacted his mother's ability to be in his life. In this metaphor, the "terrorist spy" bombed the roof that covers the whole arena, not just one part. And we—the architects or the grown-ups of society—have not got around to fixing it yet.

The restaurant. Jack's contribution to the city was a restaurant (see Fig. 4). Jack had survived extreme childhood neglect, so his choice was not surprising. In the milieu, he was often overactive and annoyed others. However, when at work in the group, Jack was cooperative, focused, industrious, resourceful, helpful, and inventive. Throughout group sessions, he always knew what he wanted
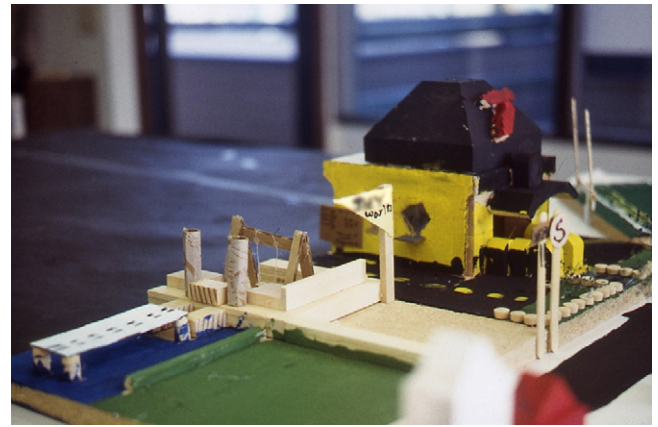
to do, and he worked until he had reached his goal. His older peers were impressed by his clever work. Jack's finished restaurant and adjoining "fun park" was colorful, organized, inviting, and functional (see Fig. 5). He claimed it was a "family restaurant, open 24-hours-a-day, and it has a candlelight room for loved ones." It also had a drive-through window for convenience. In his eyes, Jack had covered every way to make sure children would not go hungry in this city, and did it with flair.

One-stop shopping: A superstore. Jose, the client who left the treatment program midway through the project, chose to include a local superstore. The group enthusiastically applauded this choice over just any grocery store because what could be better than a store where you could buy *anything?* After Jose left the group, a new member joined and took it upon himself to complete the well-constructed store that Jose had left behind. Aside from Jose's name painted on the roof, Ben, the new client, liked it (see Fig. 6). He criticized the name of the store, saying, "That's not the *real* name!" but, interestingly, chose to leave it on the building.

Ben meticulously painted the parking lot, including spaces for handicapped shoppers, spaces to return the shopping carts, and directional arrows so that people would not crash in the parking lot. Ben lived with his grandmother and great-grandmother, both of whom had medical conditions and needed the handicapped parking. The parking lot was lined with street-lights; creating the whole concept of order was vitally important to Ben because of the lack of it in his life. His father was murdered when his mother was pregnant with him and his twin sister. Their mother had struggled with substance-use since then and their paternal grandmother was
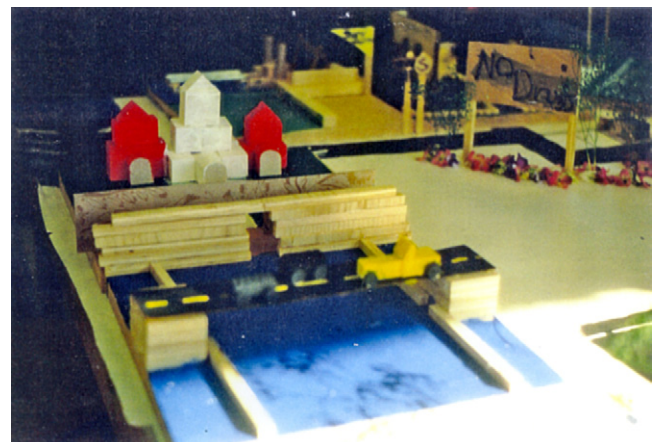

Fig. 5. The fun park (adjoins restaurant): wood, tempera, glue; 12″ × 12″.

Fig. 6. The superstore: cardboard, wood base, wood scraps, tempera paint, glue, faux floral twigs, felt, wire, faux mini seagulls; 2 × 12″ × 12″.

Fig. 8. The park; wood, felt, acrylic & tempera paint, sand, glue, faux foliage, cardboard; 12″ × 12″.

raising them in the same neighborhood where their father had been killed. He often made poor choices in his day-to-day life, and he had been referred to day treatment for high risk behaviors in his community. However, he could create a model of an orderly place that was well lit so that his grandmother could get everything the family needed.

Community center and Park. In the actual city, a community center had been built to provide mentors, a place to do homework after school, and a wide array of extra-curricular activities at no cost to the families in the area. Jason, who erected the "No Drugs" sign, chose to create a replica of this community center for the miniature city (see Fig. 7). He told the following story about this piece:

[The Community Center] was built in 1979 to keep kids off the streets and in school and off drugs. The program was set up for kids to come after school to do their homework, then when it is done, they have activities. The park [adjoining] was open on the weekends so the kids have a safe place to play, but the gangs took over the park for a long time. Then we got the park back in about [5-years-ago].

Jason was raised for the first years of his life by his mother who was addicted to street drugs and was prostituting. Child Protective Services found him wandering the streets when he was 3-years-old; he was later adopted, had severe behavioral problems, and eventually ran away from this home. Jason was a 15-year-old African-American adolescent male, who was rather withdrawn, as a result of an inhibited attachment style (Pearce & Pezzot-Pearce, 2007). He had assessed that these factors made him "difficult to
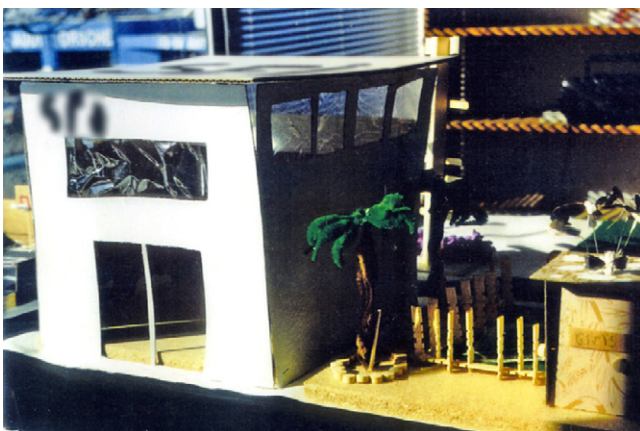
place." He was in foster care, on probation, and questioned whether or not he was salvageable.

From his current foster home he had access to the community center where his foster parent worked. Jason began to thrive as a result of this involvement and the opportunity to lead younger children. He worked diligently on his replica of the building and the adjoining park throughout the nine weeks. Jason used this construction to project his concerns, which included safety in the streets and parks, drugs, and relationships between boys and girls.

This contribution to the project elicited important issues, one of which was drug dealing, which could occur in the restrooms. When Jason posted the name of the park, the giddiness in the group elevated, as did the anxiety. I asked the whole group what they thought about this park. Richard and Jason stated that drugs were a reality in the streets, and that the police should monitor this park more carefully because it was next to the community center. The others agreed, and some more discussion ensued. The group's anxiety did not disappear, but the members seemed to feel that their concerns had been processed. The wooden fencing and bleachers created some sense of protection for the ball field in this park, but everyone agreed that children need more protection than that. The juxtaposition of the community center for minority children right next to a park endangered by drug dealing and gun shootings was clearly evident in the art, and was noted as a concern of this group of young people (Milbrandt, 2010).

The second park. Richard created another park (see Fig. 8), which he explained was for children to "play and frolic" and was created out of a gift of land from "St. Richard." Because the adults failed so miserably, it seemed in his world only the children and the divine were recognized. Richard was struggling with depression and likely marijuana use throughout this time. Some group sessions he merely watched others work. Nonetheless, he created an orderly park with a coherent visual language that tells another story. His construction required engagement with the art and at times with me. The merry-go-round in the center of the park actually turns on a disc, and the seesaw moves up and down. At first, Richard mumbled to himself, "I wish there was a way to get this to *really* turn." I let him know I was willing to help; his affect brightened slightly. He good-naturedly accepted suggestions, and then chose the solution he thought was best. By the time Richard made his sandbox a few weeks later, he turned to ask me, doubtfully, "Do you have any real sand?" I did have sand, and it felt good to have the "right" answer in this case.

The last part of the project was to integrate the individual parts. At the end of nine weeks, we took photographs of the city, and kept it assembled for a few weeks before we had to take it apart (see Fig. 9). This city does not include a school, hospital, or prison

Fig. 7. The community center: cardboard, tempera paint, tape, glue, wood, faux mini gulls, wire, pipe cleaners; 2 × 12″ × 12″.

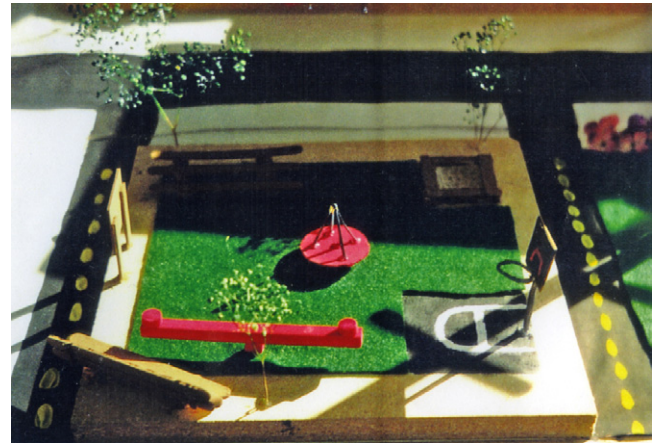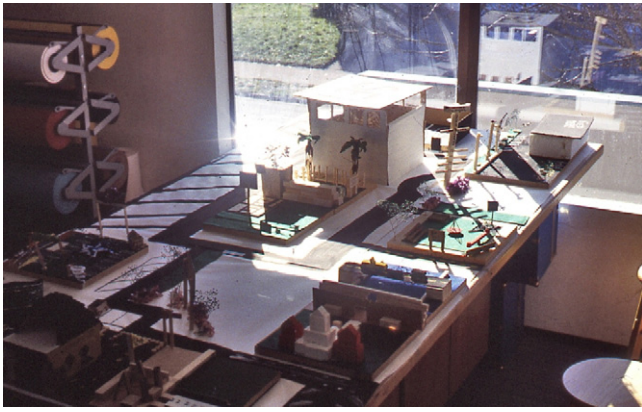**Fig. 9.** Completed city: mixed construction media on white banner paper with tempera painted details, table top is 8′ × 4′.

and some other components of a typical city. Each group member chose what was most important for him. The basic safety and nurturing a child should have in a thriving community are what this group wanted most. Their art processes began from raw materials, and they were able to assemble their community from chaotic unformed states into visually meaningful personal expression (Kramer, 1993).

Discussion

The powerful watching, listening, and *not* having to say anything that goes along with being an art therapist conveys genuine acceptance to the adolescent client. It also allows the art therapist the time and space to genuinely care about what is being watched. My questions about what the adolescents needed (whether supplies, limits, or support) were heard as expressions of care and attention. The group became a mutual exchange of respectful interactions—a community building a community—with the art product as the container for both the said and the unsaid.
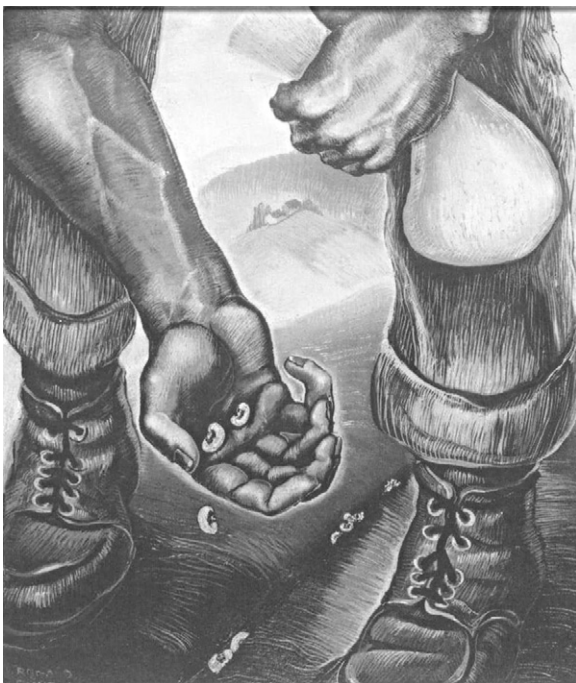

Fig. 10. *The Planter*, 1937; oil on homasote, 24″ × 20″, by Ronald A. Slayton. *Source*: Collection of Billi and Bobby Gosh; reprinted with permission.

The completed city had hallmarks of a level of integration and engagement that may not have been achieved without the use of appropriate art media for this project. Seiden (2001) believes that mixed construction media assists in building goals, connections, commitment, support and coherence through the properties of interacting with the materials and processes. I had observed these phenomena throughout the nine weeks. Further, all three of van der Kolk's (2005) recommended areas of treatment for complex trauma were addressed to some degree: safety and competence, traumatic reenactment, and integration and mastery of body and mind. The adolescents took risks not only within their individual pieces, which sometimes were resolved in fantasy, but also in joining with one another. I can only hope that the metaphor underlying the act of construction has indeed translated into the life experiences of these clients.

Conclusion

As an artist and art therapist, I posit that being creative leads to a better quality of life, and enriches the human experience. Rosal (2010) asserts this in her welcome address in the *Journal of Art for Life*. I am fortunate to have come from a family of people who create art. My great uncle, Ronald A. Slayton (1910–1992) was an American artist who painted in the Social Realist style. In the 1930s, he worked for the Works Progress Administration (WPA) Easel Painters Project. According to some of his own writings (unpublished), he was concerned with social problems, contemplated reforms, and engaged in liberal politics through a local group (Slayton & Cohen, 2010). I have had the opportunity to see many of his paintings and prints, both in public exhibits and in private homes; the subject matter of many of the WPA era paintings are groups of men engaged in manual labor, unemployed individuals staring out at the viewer, and solitary workers. One painting I have always remembered is *The Planter* (Hathaway, Lipke, & Slayton, 1989). I never tire of looking at the very sensitive, capable hand that plants the seeds (see Fig. 10).

To me, *The Planter* represents an image of social action, as imagined and realized by Ronald A. Slayton in 1937. This painting speaks to one style of impacting change. I choose to do so relationship-by-relationship, group-by-group. As wisely stated by Junge (2007), "To change one thing is to change the whole," and "The world has become too complicated for individual thinking and conceptualizing" (p. 41). She suggests a *systems approach* to art therapy is appropriate for the times and is socially responsive (p. 41). Planting seeds—seed-by-seed, row-by-row, and garden-by-garden—is an apt metaphor for how a thriving community begins. I see social action, art, and therapy as a system, and every individual's potential for creativity is the sustaining force of the system.

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