



Reframing art therapy to meet psychosocial and financial needs in homelessness



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ABSTRACT

Psychosocial and financial factors contribute to homelessness. This study investigated the benefit of addressing financial as well as psychosocial needs in art therapy for people experiencing homelessness. Clients at a community resource center participated in an open studio addressing primarily psychosocial needs such as increased coping skills, and an artists' cooperative also meeting financial needs through art sales. Participation in the open studio was correlated with life achievement, but artists also in the cooperative attained higher life achievement on average. Interestingly, each visit to the open studio was correlated with a greater increase in life achievement for non-cooperative members. This suggests that the open studio and cooperative may have served different but overlapping groups. Case vignettes illustrate how different programs can work together to best serve people experiencing homelessness.

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According to the [US National Alliance to End Homelessness \(Alliance, 2014\)](#), 610,042 people were homeless on one night in 2013, and 92,593 were considered chronically homeless. Although the overall number has decreased 3.7% from 2012, perhaps due to economic recovery, people experiencing homelessness still represent 19 in every 10,000 US residents and this figure is estimated to be as high as 106 in some states. They are a heterogeneous group, living in friends' houses, shelters, and tents ([National Alliance to End Homelessness, 2014](#)). The loss of a home could imply a poor support system ([Moxley, Feen-Calligan, Washington, & Garriott, 2011](#)), an inability to work ([National Alliance to End Homelessness, 2014](#)), or a lack of knowledge regarding resources ([Braun, 1997](#)). Ethnic and sexual minorities and older adults are especially vulnerable to becoming homeless ([Moxley et al., 2011](#)). Homes provide shelter, but also identity and socialization through communities. Therefore, financial issues—low and uneven incomes and high costs of living – and psychosocial issues – mental and physical illness, substance abuse, domestic abuse, and disabilities—interact to produce and maintain homelessness ([Braun, 1997](#)). In addition to secure housing, [Patterson and Tweed \(2009\)](#) found that people formerly homeless rated the “realization of their own abilities and potential to offer something to the world” (p. 846) as an important facilitator for escaping homelessness,

which illustrates the value of addressing financial and psychosocial issues.

Art therapists may be able to address both financial and psychosocial needs for some people experiencing homelessness. Art therapy can meet psychosocial needs by increasing coping skills and support networks and treating trauma and mental and physical illness. Simultaneously, for people experiencing homelessness who are emotionally prepared, it can meet financial needs by helping them enhance their aesthetic craft, sell their artwork, and connect with professional networks. However, art therapists are not required to learn how to ethically assist clients in selling their artwork in most Masters-level programs ([American Art Therapy Association \[AATA\], 2007](#)), whereas non-art therapist facilitators in community-based studios may shun the term art therapy as “judgment-free practice that serves to lower expectations” ([Lentz, 2008, p. 13](#)). Due to these differences in training and perception, a tension between the concepts of therapy and aesthetics can form in community-based studios emphasizing psychosocial or financial goals. Art is considered therapeutic in enhancing psychosocial wellbeing or art is aesthetic and can be displayed and sold. Despite this tension, therapy and aesthetics are inextricably connected in the process and products of art making, and many community-based studios can simultaneously help their clients become more psychologically healthy, socially supported, and financially stable ([Vick & Sexton-Radek, 2008](#)).

I served as an art therapist at a community resource center for people experiencing homelessness: The Interactive Resource

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Center (IRC), and my co-authors are the IRC's former executive director and a facilitator of Artifacts Cooperative at the IRC. Besides art programs, the IRC offered a variety of services including showers, laundry, mailboxes, case management, and job skills training. I began Art Corner, an open studio program helping participants develop coping skills and a support system among peers. Artifacts Cooperative, a pre-existing program begun by agency clients and local college students, was a group of artists experiencing homelessness focused on aesthetic development, planning and implementing group sales of artwork and attending artistic trainings and conferences. Whereas my program Art Corner addressed primarily psychosocial needs of participants, I noted that Artifacts addressed psychosocial *and* financial needs of participants. Although Artifacts facilitators did not claim to do "art therapy," much like other facilitators in community-based studios serving people with disabilities (Vick & Sexton-Radek, 2008), I quickly noted positive therapeutic change in cooperative members who were selling their artwork in this supportive context.

As I redefined my role as an art therapist within the IRC, helping facilitate both Art Corner and Artifacts Cooperative meetings and sales, my co-authors and I investigated the relative relationships between these art programs and therapeutic change for artists experiencing homelessness. The purpose of this study was to determine: A. The association of participation in Art Corner with life achievement in people experiencing homelessness and B. The relative association of participating in Art Corner and Artifacts Cooperative, addressing psychosocial *and* financial needs, with life achievement. During the yearlong study, we recorded self-reported changes in the lives of artists. Using the categories of life achievement defined by Prescott, Sekendur, Bailey, and Hoshino (2008), we found that frequency of attendance in Art Corner showed a positive correlation with life achievement. Additionally, the participants in Art Corner who were also members of Artifacts Cooperative showed higher average life achievement. These results suggest that, while addressing psychosocial needs of people experiencing homelessness in art therapy is correlated with higher life achievement, reframing art therapy to address psychosocial *and* financial needs for some clients experiencing homelessness could be more beneficial in helping them acquire and maintain housing.

Literature review

Therapy and aesthetics

Therapy and aesthetics are not mutually exclusive, but a false dichotomy has formed between these concepts among some community-based studios in the US and Europe serving artists with disabilities and other populations. Program mission statements focus on therapy *or* aesthetics, i.e. creative expression vs. artistic development (Vick & Sexton-Radek, 2008). Wadson (2002) attributed label dichotomies in art therapy to our struggle for identity and validation as outsiders in the clinical world. Similarly, staff members of community-based studios are often self-taught and on the outside of the commercial art world (Lentz, 2008). Lentz argued that these non-art therapist facilitators associate art therapy with "softness" and a lack of aesthetic judgment (p. 13). Art therapists are not required to learn "studio, connoisseurship, and curatorial practice" (p.14), and may, therefore, be unequipped to help clients sell artwork within the context of the commercial art world. Henley (2004) found that art therapists he observed rarely commented on formal elements of artwork or technique, and art therapy education "may involve a confusing mix of therapeutic and aesthetic goals" (p. 80).

Despite this false dichotomy, many art therapists have a history of integrating the aesthetics of art products into therapeutic

theory and practice. Seminal art therapist Kramer (1971) asserted that aesthetic "quality" of artwork produced in art therapy was one measure of therapeutic success as a "sign of successful sublimation" (p. 221). According to Moon (2002), the "aesthetic relationship" between therapist and participant in open studios juxtaposes the aesthetic quality of the artwork and the therapist's knowledge of the artist's experiences, relationships, and values. The development of artistic sensibility – appreciation of aesthetics in one's creations, oneself and others – during therapy depends on attention to artistic products as well as process (Thompson, 2009). Also, Henley (2004) described a "meaningful critique" method by which an art therapist could respond to artwork created in clinical and educational contexts. The therapist determines the artist's intentions by asking about formal elements of the artwork, responds with empathy to the artist's struggles, and encourages aesthetic development relevant to the artist's goals and treatment.

Exhibition in art therapy involves the overlap of therapy and aesthetics by bringing artwork into the public eye and commercial art world. Lentz (2008) suggested that denying the aesthetic qualities of artwork could hamper the therapeutic results of exhibition. Exhibition of aesthetically engaging artwork could result in social role valorization of marginalized artists. Wolfensberger (2000) defined social role valorization as the process by which societally devalued people may enhance their roles through a trade or activity. Through this lens, selecting which pieces to exhibit parallels defining aspects of an artist's social identity (Thompson, 2009). According to Potash and Ho (2011), guided exhibits and response art can foster empathy for the artists in viewers. Theories regarding the importance of integrating therapy and aesthetics to enhance the social roles of participants have implications for the value of addressing both psychosocial and financial needs of clients experiencing homelessness.

Art therapy and psychosocial needs in homelessness

Despite these potential benefits of integrating art sales into community-based studios for homelessness, there have been successful art therapy programs and exhibits focusing primarily on psychosocial needs. McLaughlin (1990) used a protocol of directives with women and children experiencing homelessness, including body tracing, personal and group mandalas, and visual goals to increase self-esteem, socialization, and goal-setting, respectively. Davis (1997) described how a woman experiencing homelessness continually rebuilt sculptures that fell apart, developing resiliency and problem-solving skills through her art making process. As a part of the Leaving Homelessness Intervention Research Project (LHIRP), Moxley et al. (2011) asked older African American women leaving homelessness to create quilts, increasing their feelings of self-efficacy, revealing commonalities, and enhancing their social support network.

Art therapy programs also used the aesthetic aspects of artwork to serve the psychosocial needs of clients through exhibits. Artwork from LHIRP was exhibited to promote public awareness of the lived experience of homelessness (Washington & Moxley, 2008). Braun (1997) found that men in her open studio created artistic sensibilities and social roles, including an eagerness to display their names in an exhibit. Miller (2006) found that exhibits of photographs by people experiencing homelessness incorporated an expanded understanding of aesthetic beauty in viewers, as defined by Moon (2002). Both the aesthetic elements of photographs, such as lighting in a garden, and their disclosure of artists' experiences, such as sleeping in a shopping cart, engaged viewers and created empathy. Artists defined their own social identities within the exhibit by selecting important places to photograph and how to describe them.

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