

Relational Contexts and Aesthetics: Achieving Positive Connections with Mandated Clients

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Abstract

This article describes a model for group art therapy using an art-based and relational-aesthetic approach. The group was developed to address the complicated issues presented when working with survivors of abuse who are court-mandated to attend counseling. The concept of "gender entrapment" (Richie, 1996) is offered to explain the survivors' circumstances. The author explores the benefits of utilizing the relational context, clinical training in art psychotherapy with special populations, and an implicit trust in the creative process in illustrating the positive effects of artmaking and group processes with these clients. Feminist frameworks are used to describe the population and address the complexities of healing from abuse within a context of oppression.

Introduction

Art therapists often work with challenging populations in equally challenging environments. We are caught between the clinical and artistic spheres of our lives with clients who are caught in their own webs of chaos. My experience developing a group for women who were mandated to attend domestic violence counseling was no exception. This article is the story of how art transformed us and presents some ideas as to why.

Tasha, mother of one, was first exposed to drugs by the man who battered her. Initially, he gave her drugs to control her mentally, physically, and sexually; as her dependency grew, she used drugs to cope with the effects of the abuse. She was found guilty of neglect because there was drug use in the home. Consequently, her son was placed in foster care so that she could complete a drug recovery program. At the drug program, she disclosed the physical and sexual abuse in her past and was referred for counseling.

Jeannie began using drugs to escape from the escalating physical and emotional pain of the abuse in her home. Her cocaine addiction motivated her to steal money from the cash register at work. She was caught, arrested, and separated from her son before being referred for counseling services to address the domestic violence.

Caren, mother of two, finally succeeded in leaving her husband after he tried to incinerate the car while she was

driving it. After she left, he called the Child Abuse Hotline and reported her for child abuse. Her two daughters were placed in the custody of their paternal grandmother, which increased the chance of contact with the abuser. Because the abuser had threatened to kill her if she ever left the relationship, she attempted to live a concealed life by withholding her name and using a pager to receive phone messages. She said that no one at the catering company where she worked knew anything about her, including her last name. The high point of her week was taking her girls to free cultural activities around the city. Her first statement during the intake was an unrealistic request: "Just tell me what to do to get my girls back."

Caren, Tasha, and Jeannie are unique individuals whose stories share common themes of abuse and oppression. These women, and women like them, are being mandated by juvenile court judges to attend counseling to resolve their issues of abuse and regain custody of their children. While this trend may appear logical, such referrals are not always therapeutic. In fact, they may serve to revictimize the individual by trying to hold her accountable for the abuse.

As clinical coordinator for a sexual assault and domestic violence services program in a large Midwestern city, I felt philosophically and clinically conflicted about serving mandated clients. Forcing victims to talk about their experiences would not be client-centered or effective. However, understanding the context in which I was working and using an art-based group therapy approach helped me to be more open towards mandated referrals.

The Social and Psychological Context

The observations in this article are drawn from three different groups involving a total of approximately 24 women. The same model was used with each group. Two of the groups had one self-referred participant; the rest of the participants were mandated to attend the counseling. They were primarily Caucasian and African-American, although one was Latina. They were either poor or working poor. Some had finished high school; others had not. At least half reported a history of substance abuse. The issues they faced were intense: loss of childhood, shame, separation from children and family, fear, mistrust, desperation, loss of hope, physical pain, and stigmatization. They also felt victimized and confused by the criminal justice and social service systems.

Because the standard intake included some questions about the individual's history of abuse, it soon became clear

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that most of the mandated participants had a history of multiple forms of abuse and oppression, including prostitution in a few cases. Moreover, this group of women did not identify domestic violence as the presenting problem. The forced separation from their children was more distressing to them. A patriarchal psychological lens might interpret this reaction as denial. However, using such an interpretation would serve only to replicate the gender-bias these women were experiencing outside of our agency (Riley, 1997). I had to listen carefully to their stories and to look outside the traditional domestic violence and art therapy literature to understand the women's behavior and viewpoints.

The field of sociology offered such illumination. Feminist and sociologist Beth Richie completed a qualitative study of incarcerated women and described the findings in her book, *Compelled to Crime: the Gender Entrapment of Battered Black Women* (1996). Her analysis of these women and their behavior identifies the role of violence and oppression in a vicious cycle that involves the criminal justice systems. Consequently, Richie characterizes their circumstances as a form of "gender entrapment" wherein "some women are forced or coerced into crime by their culturally expected gender roles, the violence in their intimate relationships, and their social position in broader society" (p. 133).

The narratives in Richie's sociological study depict themes of chronic disconnection from society, community, and family as a result of violence, poverty, and oppression. A relational model of psychology delineates the long-term effects of such disconnection. As Judith Jordan (1995) states:

In a relational model of psychological development, disconnection from others is viewed as one of the primary sources of human suffering. Similarly, disconnection from oneself, from the natural flow of one's responses, needs and yearnings creates distress, inauthenticity, and ultimately a sense of isolation in the world. (p. 1)

Furthermore, Jordan asserts that the remedy for people who experience this level of disconnection is to create a relational context in which people can experience connections safely and relinquish the "strategies for disconnection" they have developed to protect themselves (p. 3). I felt that an art therapy group format at our agency would create such a relational context and begin to address the areas of disconnection in the women's lives.

I reasoned that a group format offers more opportunities for positive connections and could accommodate the numbers of women being referred. Lagorio (1989) found art therapy with battered women to be "an effective educational tool, a vehicle for insight, and a strong impetus towards self-affirmation and improved communication skills" (p. 113). Wadeson (1987) suggests that group art therapy enhances trust and group cohesion. Making art alongside group members can help to diffuse negative transference and to encourage therapeutic alliance (Haeseler, 1989). Finally, I wanted to employ a co-therapist relationship as a tool for modeling mutuality and monitoring countertransference.

The goals of the group were to (a) establish rapport and group cohesion, (b) address common feelings related to domestic violence, (c) identify and express feelings, (d) normalize feelings related to domestic violence and previous abuse as they arose, (e) increase connectedness, and (f) develop a plan to improve circumstances based on things the women could control. Adopting an art-based approach to therapy and a relational approach to the group process were the primary methods used to achieve these goals. Due to the transient nature of this population and natural breaks in the calendar year, a six-session format seemed appropriate.

Creating a Relational Context

The court requested a written report including a recommendation regarding custody and an assessment of each woman's risk for future victimization. I told both clients and caseworkers that I would not provide such recommendations or assessments. I offered a summary of services instead. Although both caseworkers and clients were initially disappointed by these limitations, they ultimately accepted these terms for collaboration.

The sessions took place in the "Group Room": a conference room filled with two old couches, a rocking chair, some metal office chairs, a coffee table, and a large folding table. The coffee-making supplies in the corner and the paint stains on the walls and carpet that accumulated indicated the transformation from meeting room to art studio that occurred throughout the workweek.

Group Format

The sessions were structured around opening exercises such as breathing and relaxation, simple artmaking directives, reviewing the art, and assigning aesthetic homework. These activities were intended to build awareness of sensory and aesthetic experiences that, in turn, strengthen one's relationship to one's surroundings and inherent creative process (McNiff, 1998). We used basic two-dimensional drawing, painting, and collage materials because of the limitations of time and space. The art directives for each session, in order, were as follows: (1) create "introduce yourself" collages; (2) brainstorm a list of feelings related to domestic violence and respond to the list with drawing materials; (3) develop a visual metaphor to externalize one feeling; (4) use drawing and collage materials to create a past-present-future triptych; (5) paint a group mural; and (6) review images and respond through artmaking.

At the end of each session, the group spent time looking at the images and responding to them in writing. This practice followed the "witness" model described by Allen (1995). We also allowed time to discuss reactions to the art-making process, such as participants' feelings before, during, and after the artmaking; difficulties with or preferences for various materials; and what was learned through the experience. It was common for women to make statements that reflected the transformation from negative assumptions to a more positive perspective through the course of each session. For example, several women said that they did not

expect to find things in the collage box that would relate to them, but actually found many things that came together in a meaningful way. It was pointed out that this type of thinking was normal, given their previous disappointments, and the advantages of persevering were emphasized.

Making Connections

Gradually, women began making connections between what they were learning from the art and the group and what had gone wrong in other parts of their lives. When we discussed feelings related to termination in Session 5, Caren disclosed that she felt lonely and wanted friends but didn't know how to judge whether a person could be trusted. She also confided that she had always longed for closeness with her mother but experienced her as distant and critical. Other women echoed these themes. To respond to these concerns, we structured time in group to discuss safe ways to start new relationships.

My training as a clinician and knowledge of the dynamics of abuse made it easy to respond to these types of issues as they arose. Training and knowledge also helped me create and maintain the safety of the group (Wadeson, 1987). Therefore, clinical training and awareness created the foundation for the group while the artmaking and co-therapist relationship provided the avenues for modeling mutuality, responsiveness, respect, and vulnerability. These issues were addressed in practice and metaphor to educate the women about mutual relationships and to create the relational context for exploring feelings and coping mechanisms related to their circumstances.

Mutuality in Relationships

For many of the women in my groups, the domestic violence in their intimate relationships had begun in adolescence. As stated previously, many had experienced physical and sexual abuse in childhood. Many acknowledged issues of loss regarding relationships with their mothers as a result of a conflicted or emotionally distant relationship, childhood abuse, death, relocation, or current situations of abuse. Goldberg's 1995 study shows a "positive relationship between mutuality in (the mother-daughter) relationships and the daughter's social adjustment and self-esteem" (p. 36). Since low self-esteem and social adjustment were issues for the women in these groups, it seemed that establishing a positive connection with a female therapist could be significant. In fact, this connection could serve two functions: provide a corrective emotional experience and provide a vehicle for addressing social isolation and disconnection.

This notion is supported by Jordan (1991). She argues that traditional psychological models value independence and separation as milestones, whereas it is relationships that make us feel either positive or negative about our lives. She notes that therapy "leads to an enhanced ability to engage in relationships" (p. 95). Finally, she summarizes the importance of mutuality as follows: "Mutual relationships in which one feels heard, seen, understood, and known, as well as listening, seeing, understanding, and emotionally avail-

able, are vitally important to most people's psychological well-being" (p. 96).

Adopting an aesthetic approach to the group helped me create mutuality and, in turn, the relational context that fosters positive connections. The first shift I made was in my approach to the co-therapist relationship. Since co-leading with a graduate intern was the typical scenario, I had been viewing the relationship as part of my responsibility as a supervisor. In this model, however, the goal of the co-leader relationship was to inspire a sense of mutuality. To accomplish this, we co-leaders engaged in artmaking and alternated duties during each group session. Haeseler (1989) explores the benefits of making art with clients, including the hastening of building a therapeutic alliance. I found that making art with co-leaders in preparation for and during group strengthened the co-leading relationship as well.

The co-leaders and I spent time before sessions preparing for role-sharing by role-playing, practicing art techniques and directives, and exploring possible scenarios that might arise given the dynamics of each group. Although this approach to co-leading took more time, it brought an element of creativity to the collaboration that energized me. Wadeson (1987) acknowledges that art therapists can trigger a negative transference in group participants that may result in an overidentification with a nonart therapist or student co-leader. I believe that sharing co-leading roles minimized such transference because the group members experienced the relationships as balanced and nonthreatening.

Art and Mutuality

The second shift was in my approach to making art with clients and giving more attention to the art process. In the past, I had often treated my own art as something to do while clients made art. In this model, I chose to engage in the directives with the group and co-leader and use the art directive to mirror group process or convey key ideas to the group (Haeseler, 1989). Since this process occurred within the context and confines of each group, insights I chose to disclose did not challenge the boundary between client and therapist. Rather, using this method maximized the learning opportunities.

For example, in all three group cycles, I created a mural with my co-leader to connect to the group's experience of this directive. Making murals and sharing leadership challenged my own trust issues and communication skills, and reminded me of the demands inherent in forming and maintaining relationships. This awareness created a parallel process wherein I was more empathic to the group process. Conveying this awareness and creating our own images portrayed the co-therapist and myself as dimensional individuals with whom clients might identify (Haeseler, 1989).

Assisting clients in overcoming technical hurdles is another way the art therapist creates mutuality. Facilitating artmaking can be a mutual experience because the process is nonjudgmental and reflective (McNiff, 1988). Frustrations

arise when the artist encounters difficulties with materials or becomes mired in self-criticism and may result in a negative transference. In this scenario, the art therapist can act as the “third hand” (Kramer, 1986), providing information and encouragement to redirect clients from this stalemate without influencing the client’s artistic style or ability. Because the third hand provides the tools needed to work through frustrations, such conflicts actually catalyze the group and individual processes rather than impede them.

I experienced the changes I made in my approach with a mix of excitement and anxiety. While I was offering the groups, I worked on a painting during my private studio time. The painting depicted the emergence of an emaciated female figure I named “Chicken Girl,” a reflection of my vulnerability. Nevertheless, I discovered a new aesthetic and therapeutic voice through allowing myself to experience my vulnerability. This discovery was a lesson in using “artistic sensibility” (Moon, 2002, p. 48) to reframe a professional challenge as a personal opportunity.

In addition, I believe transference and countertransference were minimized as a result of the changes. In fact, the shift in Caren’s transference relationship with me shows how the art process became a metaphor through which to experience mutuality. Caren began the group with a strong transference; she questioned my motives for giving certain directives, doubted my sincerity during processing sessions, and tried to engage me in power struggles by attempting to focus on my personal experiences. By comparison, she gave the co-leader relatively little consideration.

In the past, this transference reaction might have triggered my performance anxiety. As a result, I would have found myself locked in a power struggle trying to prove my competence. However, as I stayed focused on my art, the co-therapist relationship, and the group process, her transference diffused, and she began to focus on herself and the support the group had to offer. A month or so after she completed group, she called me for support and problem-solving. I interpreted this as a sign that she had resolved her transference and experienced some aspect of mutuality.

Taking a strict psychodynamic approach to group therapy would have led me to confront her resistance and explore the transference. I think that would have wasted time in a short-term group and shifted the focus away from her potential to engage in a more positive way. Choosing the alternate path that I did required me to stay out of the center of the conflict and to allow the art process to absorb some of the transference. Thus, I focused on maintaining a “safe, artistic and inspirational environment” (McNiff, 1988, p. 118) wherein Caren could move beyond her vulnerability and connect with the group.

Using the Relational Aesthetic to Inspire Change

Art-based Art Therapy

The emphasis on the art process and product in this group experience reflects an art-based approach (Moon, 2002). More important, this approach worked to overcome

some of the therapeutic challenges that were activated in the referral process. Survivors of abuse typically present issues of trust, secrecy, shame, fear, and powerlessness (Davis & Srinivasan, 1995; Fiene, 1995). Similarly, groups inherently struggle around issues of connection and intimacy (Fedele, 1995). Further, women who are mandated to attend counseling are understandably more concerned about confidentiality than self-referred clients.

However, I believe that although the mandate might have motivated the participants to attend group, it was the art and the context that inspired them to connect to themselves and each other. This belief is based on my experience working with mandated clients individually using other approaches. In these cases, the clients never seemed to relinquish the defenses and mistrust that mandated clients often exhibit at the start of a therapeutic relationship. Incorporating art-based art therapy seems to have affected the group process in three areas.

First, the art-based approach diffused the negative effects of the dynamics and reframed the resistance as “opportunities for engagement” (Moon 2002, p. 164). For example, consistently focusing on the art provided the ground on which clients could explore their trust issues: Would we analyze their art? Would we break our promise and force them to disclose information? Would we respond empathically if they asked for help? Would we remain non-judgmental if they expressed performance anxiety or admitted their mistakes? Would the co-leaders or other group members criticize them?

We maintained our focus on the art, resisted opportunities to confront defenses, and followed through on our promises. In essence, we demonstrated that we were all working toward the same goal in the group—safety. Similarly, the participants learned they could trust each other because they followed the guidelines that were outlined for group sharing (Moon, 2002).

Second, the art process provided a container for the emotions that were triggered during the group. One woman’s metaphor depicted the contrast between the “calmness” she tries to project and the chaos that is “bubbling” inside her. McCullough (1991) discusses this aspect of art therapy in regard to work with survivors of sexual assault and highlights it as a benefit of the modality. In fact, expressing feelings through art and metaphor encourages survivors to process different experiences simultaneously without verbal discussion of each one. Thus, a woman can choose what she wants to disclose about the content of the image and what aspects she wants to explore emotionally. Riley (1997) describes this as art therapy’s ability to “offer both a connection to, and command over, [the woman’s] choices” (p. 102). McNiff (1981) explains this property of art therapy in a more general context: “Art is a problem-solving activity that is fully engaged with the physicality of the person’s environment.... In this way, art intensifies feeling while simultaneously providing a protective and guiding structure” (p. 39).

In the context of our groups, the art provided access to and protection from feelings related to traumatic experiences. Because the women could explore them nonverbal-

ly, they could maintain their control over these experiences as well as their privacy. More specifically, exploring them visually and metaphorically did not give us, the co-leaders, information to document that could be misinterpreted and used against them.

Third, the art process was the path to exploring issues related to domestic violence such as safety, fear, loss, and anger. The introductory collages made during Session 1 depicted themes of wanting to be loved, feeling alone and hurt, and struggling with the social and financial realities of their circumstances. Discussions of relationships, hardships, and betrayals followed from these images, leading group members to offer each other comfort and explore ideas for change. In Caren's group, the women identified the need for socialization and support outside of the social service system. They came up with the idea of joining a women's support group. When no such group could be located, they explored the logistics of starting one.

Overall, I found the art-based approach effective because it afforded the group the flexibility to define the problems from their viewpoint and to survey the possible solutions. Haddon (as cited in Wadson, 2000) discusses how art therapy helps battered women identify personal resources for healing and change. Riley (1997) reveals a similar point of view by giving examples of "how art therapy allows the woman client to tailor the therapy to fit her own view of the problem and discover solutions" (p. 102). From a personal perspective, the art prevented me from getting entangled in the complexities of each case and kept the focus on the major themes of the group.

Art as Metaphor for Life Lessons

The artmaking experience became a metaphor for translating how the group experience—and, in turn, safe relationships—could safely increase awareness of feelings, improve problem-solving skills, and relieve the stress of being disconnected. For example, the women displayed signs of anxiety when asked to engage in artmaking during the first session. Some women verbalized their worries by saying, "I don't know what to draw." Others acted out their anxiety by procrastinating or resisting the invitation to look at the collage boxes. Acting as the third hand, I guided them through the process, and they all completed the activity. They expressed relief and pride during the discussion. I reframed the process as a lesson in tolerating anxiety in order to engage in something enjoyable, connect with self and others, and learn new skills. In other words, the women maintained control of their anxiety in order to allow themselves the vulnerability inherent in new experiences. This type of control issue is common in therapy with trauma survivors (Chu, 1988).

Session 3 provided another teaching metaphor. The group imagined a feeling state related to domestic violence and then externalized the feeling on paper using basic shapes and colors. They participated in a guided visualization to achieve this feeling state. This process served three functions in addition to reinforcing the lessons described above. First, they had to trust the therapist

in order to complete the exercise. Second, it appeared to be a way of experiencing thoughts and feelings related to trauma without becoming overwhelmed. Third, generating and externalizing images related to genuine emotion established a connection to the social phenomenon of creating art (McNiff, 1998). Although it requires education and discipline to be a successful artist and even though some artists exhibit poor behavior, art is a source of hope and inspiration to many. I wanted to use the experience as a means of connecting with these chronically disconnected women to expand their self-image beyond that of victim and failure.

Caren reported that she meditated on her visual metaphor during her next court appearance. She said it helped her stay calm and maintain a sense of hope. Given that the outcome of that court session was not in her favor, I thought this statement was particularly significant. I interpreted it as a sign that the image had provided an alternative to feeling paralyzed by a sense of helplessness and isolation. Taking the group experience with her and reporting back to us reflected the relational context and relational aesthetic in action.

Using the Relational Aesthetic to Assess Connections

Moon (2002) describes a relational aesthetic that values "art based on its ability to foster and deepen relationships to the self, the art object, other people, and the environment" (p. 155). This definition provides a means of evaluating the groups' success by identifying the connections made through the art process and product. Further, evaluation by this means reveals that the groups met the treatment goals. Therefore, the relational aesthetic also lends itself to discussing the efficacy and potential benefits of the groups' relational context.

Connecting to the Art

The women did connect to their art. They overcame their resistance to the process. They took responsibility for hanging their images on the wall during the group sharing and witnessing. They did not abandon their art at the agency; they took it home. Moreover, they seemed to accept their art, and, in turn, began to accept themselves. During the last session of each group, we reviewed the artwork and the women had the chance to revise or embellish their images. One might think that people with low self-esteem (i.e., victims of domestic violence) would project anger onto their work or take a passive role. This was not the case; all but one woman participated in the review process.

Some women chose to engage with their art to achieve a more finished image. Caren chose to embrace her images as reflections of her progress towards accepting the reality of her life experience thus far. "No," she said, "I don't want to change anything; it is just fine the way it is." Instead she made an image of a garden to symbolize her growth.

Connecting to Each Other

As the groups progressed, women who had once approached each other with sideways glances looked at each other straight on while they talked. Informal talk, rather than silence, had to be interrupted to begin group sessions. These changes reflected an increase in connectedness among group members. In addition, Jeannie and Tasha expressed their connection to the group through the art. At the final session of her group, Jeannie brought art supplies for each group member. She found them at the dollar store in her neighborhood. Tasha disclosed that she had expected the group to laugh at her unskilled artmaking; she was used to this treatment in her private life. She thanked the group for not ridiculing her and acknowledged the experience as unique.

Connecting to Self

The art connected the women to themselves by externalizing feelings through visual metaphor. Carol, a woman who had not finished high school and who admitted that she did not “read so good,” made an image of her mother’s grave during the guided visualization exercise in Session 3. She said, “My mother dyin’ is the worst for me. I really miss her.” That activity brought her into the here-and-now by offering her an opportunity to share the feelings of grief that preoccupied her heart and mind. During subsequent groups, she removed her false teeth during group sharing because she felt she could talk more easily. Perhaps she felt more comfortable because she was permitted to acknowledge what was most significant to her.

Jeannie used the visualization exercise to meet a very basic need. She created an image of a safe place. It was a peaceful field next to a forest, an escape from the reality of her daily life. In the past, she would have escaped through drug use. In this situation, she utilized another option to meet the need for stress relief.

Connecting to the Environment

The agency and the co-therapists constituted the environment for the group participants. Artmaking seemed to encourage a positive connection in both of these areas. The group members stopped questioning my sincerity and images—instead they looked and listened, two behaviors I interpreted to mean acceptance and trust. Trusting me created the possibility to trust other service providers to provide the assistance the women needed to improve their lives. In fact, Caren asked how she could continue to increase her support network.

The Relational Aesthetic and the Therapist

The relational aesthetic of the art-based approach helped me to stay connected to the group. Making art with the group helped me to take a less “clinified” role (Allen, 1992), which kept me connected to my feelings and the feelings expressed by the group. Second, focusing on the art and art process protected me from countertransference reac-

tions that might have alienated the group members and undermined the group process. Third, forming co-therapist relationships in short-term groups is a challenge requiring time and energy. Making art with my co-leaders deepened our connection and helped to overcome the challenges.

According to McNiff (1981), “The therapist who is ignited with the emotion of art will not only be useful in projecting this commitment to others but will be that much more attuned to the expressions and inhibitions of clients” (p. 223). Certainly, staying connected to the art, and through it to the group, made it easier to empathize with the vulnerability the women and the co-leaders felt during the sessions. When one maintains empathy, one makes fewer mistakes.

Conclusion

The connections fostered by the relational context and the artmaking in the groups support the idea that art therapy can recreate a person’s sense of autonomy (Riley, 1997). On a macro level, this is important. The context in which violence towards women occurs is so complex, and impacts women in such a variety of ways, clinicians cannot develop one path for everyone to follow towards a violence-free life. In addition, the politics of race, class, gender, and personal history are always present, although not always articulated (Richie, 1996). Art therapy offers an outlet for the “artistic consciousness for those people who have lost or who have never achieved a sense of personal power” (McNiff, 1981, p. 224).

The ideas presented here grew out of my interest in serving women who were mandated clients and my consequent surprise at the high level of participation present in all three groups. This motivated me to explore how and why these outcomes occurred so that they might be replicated. In the future, using objective measures to assess the impact of the relational aesthetic and relational context and conducting follow-up interviews to evaluate the outcomes would be useful in supporting these preliminary observations. In addition, examining ways to make the services more comprehensive would be beneficial. For example, a more comprehensive approach would include offering open studio times, advocacy services, and community-based interventions or assessments.

Making art with clients will never eliminate the inherent power imbalance of the therapeutic relationship. Clinical insight will not right the wrongs that create chaos in the lives of our clients. However, choosing to make art with clients and to utilize a relational aesthetic does allow us to explore socio-political concerns in a clinical context. These choices also encourage us to appreciate the paradox that our clients’ strengths sometimes land them on the wrong side of the law. As art therapists, we have the tools to be respectful of this complexity as long as we are willing to relinquish some control and let the art guide us. An art-based approach keeps us on the healthy side of the vulnerability that is inherent in the creative process. It is at this juncture that we overcome the contextual barriers and truly serve our clients and the community through our art.

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