

## viewpoint

# Minding Our P's Through Q's: Addressing Possibilities and Precautions of Community Work Through New Questions

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### Abstract

*Art therapists increasingly work outside traditional mental health treatment programs and facilitate art-making experiences within community-based settings. Although traditional mental health facilities provide frameworks for meeting ethical principles such as privacy, roles, consent to treatment, and setting therapeutic goals, community-based art therapists may require a different process for ensuring that ethical principles are met. A series of self-reflective questions posed by community-based practitioners at a 2008 gathering sponsored by the Maryland Institute College of Art offers valuable guidance to art therapists working outside traditional therapeutic settings.*

### Introduction

Imagine an art therapist employed at a neighborhood after-school program who is tasked with creating an art therapy group. The youth participating in the program are not there for mental health treatment. More important, clinical therapy services are not part of the established goals of the program. The goals instead relate to offering the youth expressive opportunities that foster a sense of visibility and engagement as members of their community. Although it may be easy to imagine the potential of expressive art activities in such a program, what might be the role of the art therapist if the youth begin to express anxiety, grief, or even traumatic issues through their art? How might art therapists define the purpose and parameters of the expressive activities? Furthermore, what are the responsibilities of an art therapist when working in a program where public sharing of the artwork is the expectation, rather than being a private communication between a client and a therapist? In other words, how do art and therapy go together when the setting isn't therapy?

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### Defining Roles and Responsibilities

The American English idiom that reminds us to “mind our P's and Q's” offers a useful framework for considering the possible thinking process of an art therapist working in such a community setting. Just as the idiom encourages us to be very careful or mindful, an art therapist working in a setting outside of a formal mental health program can be mindful of the historical contract that art therapists form with their clientele, and learn to make this contract with careful consideration and in explicit detail. Kapitan (2008b) wrote about the basis of integrity with which art therapists work as they form relationships with clients. This work includes responsibilities and challenges founded on consent, the rejection of coercion, and the awareness of power dynamics. An art therapist working in a mental health setting, for example, honors this agreement by contracting with the client to consent to treatment. Although many ethical dilemmas do not fit neatly into the American Art Therapy Association's *Ethical Principles for Art Therapists* nor the *Code of Professional Practice* of the Art Therapy Credentials Board, Moon (2006) noted the importance of a verbal discussion of expectations and limitations of the art therapy process when certain ethical principles are not made explicit in community settings. However, how does one follow the principles of informed consent in settings that don't utilize consent contracts? How does one verbally convey the goals of the art therapy process? In addition, do art therapists have a right to engage people in telling their personal stories through art in a relationship where privacy, roles, and responsibilities are not clearly defined?

Systematically asking oneself key questions can engage a community-based art therapist in a process of self-reflection when working in a setting that does not offer policies and procedures for establishing therapeutic goals or for assuring privacy, consent, and other ethical principles. The language used to ask oneself these questions may not sound like the language of “therapy” or “treatment” common to a mental health setting, but the process of articulating answers to key questions allows community-based art ther-

apists to facilitate art-making experiences while ensuring basic ethical principles. To refer back to a slightly changed idiom here, we mind our P's (possibilities and precautions of art therapy work) through our Q's (questions).

## New Settings, New Goals

Before beginning a discussion of the questions and decision-making processes in which a community-based art therapist might engage, a review of some art therapy literature on community-based art therapy is in order. The dialogue on what art therapy is and isn't, and the kinds of appropriate practice settings for art therapists, has been discussed throughout the history of the profession (Wadeson, 1996). Wadeson observed the necessity for the profession to underscore the foundation of art in art therapy. Furthermore, she noted that its practitioners must be conducting therapy. She went on to acknowledge, however, that art therapists work with diverse populations in various kinds of settings and cautioned against making the field so inclusive that it holds meaningless distinctions. Wadeson's vision of the changing definition of art therapy is that, "we are facing a much clearer polarization where those who are moving to the extremes are themselves asking whether their work is something other than art therapy" (p. 208).

Kapitan (2008a) discussed the implications of what "not art therapy" means to the profession and stated that "failure to update and broaden the narrative of the profession beyond its history will hold back important developments coming from different quarters as well as greater access to art therapy among underserved groups" (p. 3). She cited examples of art therapists and community workers using art in a variety of settings, including disaster relief in New Orleans and Sri Lanka, murals with Brazilian street children, and a painting studio in a low income housing project in Chicago. Art therapists are taking their work into diverse communities. As they explore ways to clarify and develop their profession, new narratives are emerging that begin to open the field to a wider vision of its potential. At the same time, legitimate questions are being raised about the responsibilities art therapists have to their clients, themselves, and the profession.

As art therapists raise the question, "What is art therapy today?" the term "community-based art" is often referenced. Golub (2005) described art therapy as being about more than individual psychodynamics; it also can be about community empowerment and "art making as a vehicle by which communities name and understand their realities" (p. 17). Meanwhile, Lentz (2008) articulated art making and public exhibition of the work as "an activity that permits individuals on the margins of society to contribute meaningful work to the very culture that excludes them" (p. 14). Lentz was responding to Vick's analysis of community-based art studios in Europe and the United States wherein exhibition of client work is considered to be part of programs that function outside of clinical settings and traditional "therapy" roles (Vick & Sexton-Radek, 2008). Allen (2008) described a variety of community studios that "vary in terms of which customs and procedures of a men-

tal health program they retain, if any" (p. 11) and she also suggested that artists in her former Open Studio Project were more fully able to participate in life in their community. Unlike a clinical art therapy approach, which tends to involve private art making, the very intention of the work in community-based art studios seems to suggest that the art is to be shared publicly and in this way will effect change in the wider community.

Kaplan (2007) also encouraged discussion of the ways art therapists are expanding the therapeutic role into community-based settings and are working both inside and outside the traditional therapy setting. Although she acknowledged that attempts to define "social action art therapy" give only partial answers, Kaplan did present models for the expansion of the field and encouraged careful thinking on significant questions about "whether we take art therapy into the streets or we remain secluded in our treatment settings" (p. 14).

## Parallel Practices

While art therapists are exploring the possibilities of an expanded focus toward community-based work, there has been a parallel focus in the fine arts world known as *arts-based community building* or informally as *community arts*. Although community-based arts practitioners are diverse, they generally include artists and people trained in fine art academies who are engaged in bringing arts experiences to a variety of people in a community. The use of the term "community" in this regard is, as Goldbard (2006) conveyed, a state of mind; it includes an attempt to connect people in a relationship with one another. Rather than simply thinking of community as a locality or static collection of buildings, or of using the term to reference nontraditional settings outside of mental health facilities, community arts work acknowledges a social aspect and seeks to build social change into the process. Community-based artists are "recognizing and raising up important and otherwise unheard or unseen stories, resources and talents. They mobilize assets and advance social-justice and social-change efforts at the same time" (Borrup, 2006, p. 13). From the start, the art made is viewed not as a private process between therapist and client, as is typical in traditional art therapy, but as a process that will likely be publicly shared, thereby impacting the context of one's living environment.

Speaking to the prevalence of community-based art projects, several universities have major programs in "Arts and Community Building." A review of the Community Arts Network website at <http://www.communityarts.net> will lead readers to a wealth of information, programs, philosophies, and practices, in the United States and abroad. One such program at the Maryland Institute College of Art (MICA) hosts an annual "convening" that brings together faculty, students, and community-based practitioners to discuss and document the current state of community arts, share insights from their experiences in community projects, and establish an action plan to further develop their field (MICA, 2009a). Papers discussed at the annual convening are published on the Community

Arts Network reading room (<http://www.communityarts.net/readingroom>), and information on past and future convenings is available on the Community Arts Convening and Research Project website (MICA, 2009b). A series of questions generated in discussions by community arts facilitators who attended the 2008 Community Arts Convening and Research Project, meanwhile, offers a useful paradigm for art therapists who practice outside of traditional mental health settings and who may share similar goals with community artists. The questions are summarized in Table 1.

## New Language for Old Questions

Every profession has its own vocabulary. Community-based artists are beginning to develop standards of ethical, responsible practice, but they are using terms that may not be familiar to art therapists. However, art therapists may have much to learn from community-based artists as they bring their unique perspective to community-based art. Although the questions generated at the 2008 annual convening do not utilize the language of traditional “treatment,” they offer a helpful description of the ways community-based practitioners can think about communicating and contracting with people with whom they are working. The nonclinical language of these questions indicates that they were formed outside of the parameters of traditional mental health care, yet they still address the concerns for responsibility in art making that form the core of the art therapy ethical practice. Thinking through the questions listed in Table 1 can facilitate a careful and reflective approach to community-based work.

**Table 1**

Questions Raised by the Community Arts Facilitators

What is the change we want to make? What is our intention?
How can we be clear about our intentions and agenda?
How will we set the agenda together?
How can we create safety and routines at the beginning of the experience and what happens if someone transgresses those boundaries?
How can we be aware of how we might harm?
At the end of the experience, what will we be celebrating?
How can we exit with integrity?
What kinds of dialogues do we engage community members in and to what purpose?
How do we become aware of the power relationships at play? What powers both inside and outside of the room are affecting the work?

## New Questions, Careful Answers

An art therapist working in an after-school program likely will not have treatment plans to develop with the youth. Instead, an art therapist can facilitate an open discussion about the art therapy process, including safety procedures and other rules, which will create the safety necessary for a successful art experience. Prior to having this discussion, however, the art therapist may find it useful to think about what change is being sought through art-making experiences and what purpose the art should serve. Rather than identifying and documenting treatment goals, as would be the case in traditional therapy settings, art therapists can ask themselves, “What is my agenda and how can I be clear about my agenda?” For example, art therapists may intend to help facilitate an art product that conveys sustained effort or one that highlights an important feature of the community. The above question, however, encourages self-reflection and fosters accountability on the part of the art therapist.

The profession of art therapy seems to be in a process of continually defining and redefining itself. As narratives describing the process of art therapy evolve, it is time to reframe not just where the work is happening but also how we are thinking about it. A new language, one not embedded within the formal vocabulary of mental health care, may enable art therapists practicing in alternative settings to think more clearly about their responsibilities. Newly worded questions posed by community artists that honor historical ethical principles of client care can address the possibilities and precautions of art therapy work in non-traditional, community settings.

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