Art Therapy and Social Justice:
How a Community Art Studio Can Promote Wellness

A Master’s Project

Presented to
The Faculty of Adler Graduate School

In Partial Fulfillment of the Requirements for
A Degree of Master of Arts in
Mental Health Counseling and Art Therapy

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2018
Abstract

Art therapy and arts programming have been shown to be beneficial for the wellness of a wide variety of populations, promoting relatedness and belonging, competence, and autonomy and empowerment. The field of art therapy could benefit from expanding beyond the clinic into the community and returning to its roots in the art studio. An art studio is a unique environment that can provide safety and containment, a dedicated space for artists and art making, and creative, transformative energy modelled and supported by an art therapist. Community-based art therapy practices that embrace social justice and social action can answer the growing need for inclusive, collaborative, strengths-based mental health care that is empowering and non-pathologizing. By bringing together diverse individuals, community practices can reduce the stigma of social difference and encourage change on individual and community levels. A community art studio can provide a safe creative space for people of all identities to gather, share narratives through self-expression, and transform themselves and their communities.
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Art Therapy and Social Justice: How a Community Art Studio Can Promote Wellness

There has been a call in the art therapy profession for community-based, inclusive, wellness-focused care, to meet the needs of those who are underserved by the medical model of mental health care. In the current delivery system, many people are not getting the care they need, whether due to lack of insurance, lack of access, or the stigma that accompanies a mental health diagnosis (Gee & McGarty, 2013; Ottemiller & Awais, 2016). A social justice model is needed to reduce the stigma of mental illness, promote empowerment and collaboration, and provide strengths-based care outside of the clinic. Art therapy, bridging the worlds of community arts programs and clinical mental health care, is uniquely situated to provide this kind of care.

Art making has been shown to contribute to wellness in a variety of populations and contexts, by supporting needs for relatedness and belonging, competence, and autonomy (Hacking, Secker, Spandler, Kent, & Shenton, 2008; Kelaher et al., 2013; Phinney, Moody, & Small, 2014). While art therapy is gaining efficacy in ameliorating symptoms of mental illness in clinical treatment, community-based practices expand the definition of art therapy and promote wellness on individual and collective levels, contributing to social change (Ottemiller & Awais, 2016). A studio-based art therapy approach retains the focus on art that is essential to the profession, providing containment and creative energy within a unique, strengths-based environment (Moon, 2016).

A community art studio can offer a safe space for diverse individuals to gather, embedded in the community, open to all, and grounded in creative expression (Moon & Shuman, 2013; Timm-Botts & Chainey, 2015). A studio based in principles of social justice, such as inclusion and collaboration, can reduce the stigma of social difference while promoting empowerment and belonging (Morris & Willis-Rauch, 2014; Ottemiller & Awais, 2016).
Defining Wellness

While the standard medical model of mental health care focuses on pathology and diagnosis, there are a variety of psychology models that emphasize wellness over symptoms of illness, including Individual Psychology and Self-Determination Theory (SDT). In Individual Psychology, wellness is based in the holism of the individual and can be expressed through a person’s level of social interest (Ansbacher & Ansbacher, 1956). According to SDT, the three basic psychological needs of autonomy, relatedness, and competence are the hallmarks of wellness (Ryan & Deci, 2017). While there are many definitions of wellness and its sources, those of Individual Psychology and Self-Determination Theory are explained here.

Individual Psychology

In Individual Psychology (IP), wellness is holistic, integrating all aspects of a person’s life, and includes social interest and feelings of belonging (Ansbacher & Ansbacher, 1956; Myers, Sweeney, & Witmer, 2000). Myers et al. (2000) defined wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p. 252). Holistically, a person achieves wellness by integrating and succeeding at the life tasks of work, community, love, self-direction or self-regulation, and spirituality (Myers et al., 2000).

In addition to the life tasks, a person’s level of social interest and feelings of belonging are indicators of mental health and wellness (Ansbacher & Ansbacher, 1956; Curlette & Kern, 2010; Ferguson, 2010). A foundation of Individual Psychology is that human beings are socially embedded creatures: Humans are born into and develop within social systems that they rely on for survival, and as such all have the desire to belong to and be appreciated in their community (Ambrus, 2013; Ansbacher & Ansbacher, 1956). From this, Alfred Adler posited that humans
have developed a biological need for *gemeinschaftsgefühl*, translated as social interest and community feeling, to contribute to the betterment of others, and he theorized that a person’s level of social interest is an indicator of mental health (Ansbacher & Ansbacher, 1956). As discussed in Ansbacher and Ansbacher (1956), Adler believed that a person who approaches the tasks in life with a developed consideration of social interest will have fewer difficulties and a greater sense of wellness.

Social interest, as an innate need, is closely related to the need to feel belonging, to feel oneself as connected to others, a part of a whole, and equal in importance and significance (Curlette & Kern, 2010; Ferguson, 2010). As described by Ambrus (2013), “Community feeling develops according to the individual’s need to belong to a social community and is expressed by his/her capacity to co-operate with other community members” (p. 222). Further, the relationship between community feeling and belonging is reciprocal. “As a person feels a greater sense of belonging, the person is likely to reach out to others more. In turn, the more a person reaches out to others, the more the person is likely to feel belonging” (Ferguson, 2010, p. 5). Thus, acting on social interest contributes to building feelings of belonging, which promotes further development of social interest and community feeling.

Ferguson (2010) also extended the individual’s need for feelings of belonging to larger group dynamics and the human community: “Mental health increases when individuals feel belonging and when *all* individuals in the community feel belonging…. Well-being increases when groups feel equal and when they feel belonging in the larger circle of the human community” (p. 3). When people feel belonging in community, the community is strengthened as well as the individual. Increasing feelings of belonging and activating social interest contributes to well-being (Curlette & Kern, 2010; Dreikurs, 1976).
Self-Determination Theory and Basic Psychological Needs

According to Basic Psychological Needs Theory (BPNT), a sub-theory of SDT, wellness can be attributed to three basic psychological needs: autonomy, competence, and relatedness (Ryan & Deci, 2017). Autonomy is defined as authentic action led by one’s own volition, as opposed to being coerced by others. Competence is feelings of self-efficacy and mastery over one’s environment, and relatedness is feeling connected to and cared for by others (Ryan & Deci, 2017). Of these three basic psychological needs, Ryan and Deci (2017) found that meeting the need for autonomy predicts and facilitates the satisfaction of all three needs because it increases the probability that an individual can choose needs-satisfying actions of his or her own volition. “When there is support for autonomy, people are also more able to seek out and find satisfactions for both competence and relatedness, as well” (Ryan & Deci, 2017, p. 247).

Through empirical research, Ryan and Deci (2017) found that meeting a person’s needs for relatedness, autonomy, and competence contributed to wellness, and that thwarting these needs reduced wellness. Ryan and Deci (2017) also differentiated between values and basic psychological needs, explaining that individuals do not have to value these needs for their satisfaction to be necessary. The three basic psychological needs were found to be valid across contexts and cultures and could be supported by altering the social environment (Ryan & Deci, 2017).

Wellness, as defined by both IP and BPNT, is a holistic concept that involves meeting a person’s basic needs. In IP, wellness is congruent with a person’s ability to meet the tasks of life using social interest, and human beings are recognized as needing to feel they belong and are cared for. In BPNT, the basic psychological needs for wellness are explicitly defined as relatedness, autonomy, and competence. These two theories of wellness can be integrated, as the
definition of relatedness can include belonging and community feeling. Autonomy can be understood as choice, agency, and empowerment, and competence can be defined as self-efficacy, promoted by programs that are skills- and strengths-building. For both theories, the social context is crucial and can be adapted to better contribute to feelings of well-being. In creating an art studio environment that promotes wellness, one needs to consider how to promote feelings of belonging-relatedness, competence, and autonomy through art-making.

**Art Therapy**

Definitions of the art therapy profession vary since the therapeutic use of art-making has a variety of permutations, depending on practitioner and context. The American Art Therapy Association’s (AATA; 2017) definition links the field to mental health and human services: “Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (para. 1). From its beginning, the field has encompassed a spectrum of practical application, from “art in therapy” to “art as therapy,” or more contemporarily, from clinical art therapy to community- or studio-based art therapy (Junge, 2010). This range of application has long affected and confused art therapy’s definition and function, as method or approach depends heavily on the philosophical views of each practitioner, the populations served, and the organizational structure of the workplace. Due to this confusion and its relevance to the scope of this paper, definitions follow.

**Clinical Art Therapy**

The “art in therapy” or clinical art therapy end of the continuum, based in the psychiatric roots of some early practitioners, is reflected in current educational requirements for gaining
credentials in the field as well as the medical model paradigm that includes diagnosis, treatment plans, and other medical insurance reimbursement requirements (Malchiodi, 1995; Wadeson, 2002). Art therapists are often concurrently trained as mental health counselors and attain dual post-graduation licensure and credentials because many go on to work in hospitals and psychiatric clinics, practicing what has historically been called “art psychotherapy” (Junge, 2010). This branch of art therapy is based on the medical model of psychological practice, in which client art-making and its analysis are utilized for assessment, diagnosis, and treatment of pathology (Vick & Sexton-Radek, 2008). Clinical art therapy practice often reflects a verbal psychotherapy framework, taking place in a 50-minute therapeutic “hour,” in a clinic or office space, with art-making commonly directed by the clinician (Allen, 1992). This framework allows for art therapy to fit within the dominant paradigm of psychological practice, but critics have long contended that it lacks the depth and focus on art that is essential to art therapy, limits access to services, and may perpetuate pathology and hegemony in the mental health field (Allen, 1992; McNiff, 1995; Ottemiller & Awais, 2016; Talwar, 2015; Wadeson, 2002; Young, 1995).

**Community-Based Art Therapy**

Studio and community-based art therapy reside on the other end of the continuum of practice and represent growing trends toward preventative, inclusive, arts-focused service (Ottemiller & Awais, 2016). *Studio art therapy*, using “art as therapy,” began with early practitioners such as Mary Huntoon and Bob Ault, who based their work in an art studio setting, allowing the art-making and studio environment to act as healing agents (Junge, 2010; Wix, 2000; Wix, 2010). In studio art therapy, which can be practiced in a range of settings from psychiatric hospitals to community centers, the core values of art and the relationships that arise
between artist, process, and art are emphasized over traditional therapeutic constructs (Allen, 2008; Thompson, 2009). Key differences between studio and clinical work identified by Malchiodi (1995) were time and space: Within the distinct energy of an art studio environment, participants have more time to focus on art-making, allowing more depth and autonomy.

*Community-based art therapy*, which commonly embraces studio work, is situated outside the clinic and medical model, extends the view of client from individual to community, focuses on strengths and empowerment, and often draws from outside the mainstream for its constituents (Kapitan, 2008; Kapitan, Litell, & Torres, 2011). Community-based practices vary greatly depending on location and context, including disaster relief work as well as *open studio art therapy* and the *gallery model*. In open studio art therapy, the signifier *open* is key, identifying an inclusive, wellness-focused, non-directed, informal practice in which all are welcome to freely make art in the studio, regardless of diagnostic or other cultural labels (Allen, 1995; Moon, 2016). This practice, as described by Allen (1995), eschews diagnosis and other therapy constructs, including confidentiality, with art therapists redefining themselves as artists-in-residence and making art alongside participants.

In the gallery model, exhibitions of artwork created by participants are regarded as vital to art therapy, balancing the importance of process and product and promoting empowerment and artistic identity (Nolan, 2013; Thompson, 2009). Many studio and community-based art programs incorporate exhibitions as an extension of programming, some as a permanent physical gallery space and some as temporary exhibitions (Block, Harris, & Laing, 2005; Delucia, 2016; Ho, Potash, Ho, Ho, & Chen, 2017; Howells & Zelnik, 2009; Morris & Willis-Rauch, 2014; Nolan, 2013; Sonn & Quayle, 2014). While art therapy education traditionally imparts the belief that art process is more important than product, advocates of gallery and other studio approaches
contend that the aesthetic value of the art product is essential in increasing feelings of competence and helping to build a successful artist identity (Thompson, 2009). Exhibitions are also beneficial in connecting artists to the community, sharing stories and experiences, and reducing stigma (Delucia, 2016; Ho et al., 2017).

While studio and community approaches have long been in use, arguments for their practice accrue, including the centrality of art, de-pathologizing of participants, and reaching non-patient populations (Allen, 1992; McNiff, 1995; Sajnani, Marxen, & Zarate, 2017; Talwar, 2015; Wadeson, 2002; Young, 1995). Advocates for community- and studio-based art therapy have maintained that clinical art therapy lacks the focus on art and art-making that is vital to the profession (Allen, 1992; McNiff, 1995; Wadeson, 2002; Young, 1995). Other proponents of community- and studio-based practices have contended that clinical art therapy, situated within the dominant discourse of pathology, may perpetuate mental illness through systemic oppression, further stigmatize clients, or limit access to services (Sajnani et al., 2017; Talwar, 2015; Young, 1995). Art therapist Bob Ault argued for situating art therapy outside of the clinic and medical model to reach those who he referred to as “unidentified patients” (p. 195), those who may not qualify for, have access to, or desire therapeutic art services through typical provider means (Young, 1995). Art therapists who follow Ault’s method sometimes drop their professional title and refer to services as community arts, art classes, or art workshops, though arguably such services retain their therapeutic value (Kapitan, 2008; Vick & Sexton-Radek, 2008; Young, 1995).

The Role of the Art Therapist

The title of art therapist conveys a multitude of roles including that of both artist and therapist as well as others not so evident and depending on the philosophical views and context
of practice. The artist identity inherent in the art therapist profession provides the practitioner with a thorough grounding in art methods and materials, which are often passed along to clients or artist-participants through varying roles of educator, facilitator, consultant, or mentor (Ottemiller & Awais, 2016). The art therapist provides a safe creative space and encourages client/artists in art-making, acting as catalyst or guide for the art process (McNiff, 1995; Wix, 2010). Edith Kramer coined the term “Third Hand” to describe the vital role art therapists play in assisting clients with art and materials, such as offering technical information about how water and paint interact in watercolor or using hand-over-hand adaptations for people with physical disabilities, provided such interventions are therapeutic and not intrusive (Henley, 1995). In contexts where the art therapist creates art alongside participants or clients, the artist identity is crucial in being able to model and transmit essential skills of problem solving and emotional regulation in art-making (Henley, 1995).

Clinical training provides the art therapist with valuable knowledge of a range of mental health needs as well as relational dynamics and ethical practices that contribute to his or her ability to apply art therapy to a variety of contexts (Ottemiller & Awais, 2016). Within those contexts, roles may fluctuate, depending on the needs of the people being served; a competent art therapist is adept at balancing multiple identities (Ottemiller & Awais, 2016). Additional roles and responsibilities of the art therapist will be discussed in later sections of this paper.

The creative sensibilities that allow an art therapist to create dynamic art also contribute to an ability to create new paradigms in relationships and community healing (Nolan, 2013; Ottemiller & Awais, 2016). As art therapists balance and create new roles that respond effectively to the needs of the people they serve, the practice of art therapy can be extended.
Expanding Art Therapy Practice

Whereas clinical art therapy and community studio practices have commonly been viewed as a continuum that contains all possible permutations of therapeutic art practice, recommendations for expanding the vision and practice of art therapy beyond this polarization have been put forward (Nolan, 2013; Ottemiller & Awais, 2016; Talwar, 2015; Timm-Bottos, 2017; Wadeson, 2002). Recognizing that divisiveness does little to advance the field and acknowledging that art therapists typically utilize a blending of approaches within their practices depending on the context, organization, and needs of the people being served, Wadeson (2002) encouraged art therapists to adopt “a ‘both/and’ position, rather than ‘either/or’” (p. 77). Nolan (2013) argued for a middle ground that incorporates critical theory into art therapy to address the increasing need for social justice in mental health work asserted by Sajnani et al. (2017), Talwar (2015), Hocoy (2007), and others. Proponents for social justice in art therapy call for a balancing of power dynamics inherent in a pathology-focused paradigm, which can be incorporated into traditional clinical structures as well as community-based businesses (Morris & Willis-Rauch, 2015; Nolan, 2013; Talwar, 2015).

Recommendations for expanding art therapy outside the clinical model often integrate studio, gallery, and community arts approaches and offer new definitions such as social action art therapy and public practice art therapy. Social action art therapy is defined by Golub (2005) as “a participatory, collaborative process by which communities name and understand their realities, identify their needs and strengths, and transform their lives in ways that contribute to individual and collective well-being and social justice” (p. 17). Public practice art therapy was coined by Timm-Bottos (2017) and addresses social and cultural concerns that extend pathology
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beyond individual psychological symptoms by offering inclusive and non-directive “third spaces” where creativity and connection contribute to healing.

This writer acknowledges bias towards community-based and studio practices, having personally experienced and witnessed stigma and oppression sustained by the hegemony described by Sajnani et al. (2017) in the dominant psychology paradigm and the medical model. In compiling this literature review, it has become evident to this writer that, as Wadeson (2002) contended, a compromise between extreme poles can be reached by finding what Nolan (2013) regarded as common ground. Utilizing critical consciousness, art therapists in most any context can interrupt the dominant paradigm of oppression and control of mental health by balancing the relationship between therapist and client through awareness, language, and action, and by creating an inclusive art therapy environment that supports wellness (Nolan, 2013; Sajnani et al., 2017; Talwar, 2015). Applying BPNT as described previously, an art therapy approach that promotes autonomy, competence, and relatedness would be most likely to promote wellness (Ryan & Deci, 2017). A community art studio can reconcile the art therapy polarization by providing a spectrum of art therapy work, from individual and group art therapy sessions to open studio and gallery, as well as community art workshops that are not labelled as art therapy, all within a community-based business that relies on critical consciousness and social justice to promote wellness (Nolan, 2013).

How Art-making Supports Wellness

Art has long been known to promote feelings of well-being in individuals and communities. As a human behavior, art-making has been found to be biologically selected for, meaning that it has evolutionary and intrinsic value (Dissanayake, 1980). McNiff (2004) stated, “The therapeutic use of art… has appeared all over the world and throughout history in diverse
incarnations” (p. 273) and refers to Prinzhorn (1972) as suggesting that “expression is a basic psychic need for all people” (p. 274). Contemporary studies of both art therapy and community arts participation have shown that art-making can promote wellness in a variety of contexts with numerous populations (Brown & Jeanneret, 2015; Hacking et al., 2008; Kelaher et al., 2013; McWhirter, Nelson, & Waldo, 2014; Meeson, 2012; Phinney et al., 2014). A community art studio can promote wellness through offering opportunities for social interactions to increase feelings of relatedness and belonging, opportunities for increasing feelings of competence by actively building skills and strengths, and opportunities for increasing feelings of autonomy by promoting choice and empowerment in a safe setting.

**Art and Relatedness/Belonging**

A community arts studio has the potential to offer a range of opportunities for increasing feelings of relatedness and belonging through group-based arts programming as well as involvement in a community space. Art therapists such as Dreikurs (1976) and Wadeson (1987) have claimed, and studies have shown, that art-making in a group promotes feelings of belonging and relatedness and offers opportunities for growth in psychosocial skills (Lynch & Chosa, 1996; Kelaher et al., 2013; McWhirter et al., 2014). Feelings of belonging and relatedness can be increased through art-making in groups, sharing art with others, and membership in a community.

**Art-making in groups.** The positive social benefits of group art-making have been shown to result from naturally-occurring groups (McWhirter et al., 2014), community-based groups without a mental health focus (Kelaher et al., 2013), and art therapy groups in medical settings (DeVecchi, Kenny, & Kidd, 2015). A community arts studio could offer a range of
opportunities for belonging and relatedness, from naturally-occurring social gatherings to art workshops to closed-membership therapeutic groups.

The therapeutic factors of group cohesiveness, altruism, and socializing techniques were found to be present in naturally-occurring quilting groups, examined in a study by McWhirter et al. (2014). Group cohesiveness is closely related to belonging, while altruism relates to the Adlerian term of social interest, that is, caring for others. Art-making in groups offers the potential for therapeutic group dynamics, even when the group is not intentionally focused on mental health. Participants work together or side-by-side in the here-and-now, allowing for witnessing and feedback of processes that include risk-taking and other behavioral impacts (Wadeson, 1987).

For many populations, including at-risk youth, older adults, and people with disabilities, art programs offer participants opportunities to connect positively with others (Brown & Jeanneret, 2015; Lynch & Chosa, 1996; Phinney et al., 2014). At-risk youth studied by Brown and Jeanneret (2015) had few opportunities outside of the arts groups to engage in positive social interactions. For people with disabilities and a range of mental health issues, arts programming provided a setting for meaningful interaction, building social skills, and relating positively to peers (DeVecchi et al., 2015; Lynch & Chosa, 1996; Meeson, 2012).

Studies show that people with a range of needs can benefit from the social dynamics of arts groups (Hacking et al., 2008; Lynch & Chosa, 1996). In a study of the psychosocial impacts of participation in community arts programming for people with disabilities, Lynch and Chosa (1996) found that a majority of study participants reported positive changes in psychosocial functioning. In follow-up interviews, 90% of participants attributed the positive changes in their social interactions to their involvement in the arts programming (Lynch & Chosa, 1996). Results
from a study that evaluated outcomes of art programs for people with a wide range of mental health needs indicated that participatory arts projects have the potential to positively impact social inclusion (Hacking et al., 2008). A community arts studio that offers group-based programming for people with a variety of abilities and needs can help promote wellness through opportunities for relatedness and belonging.

**Sharing art with others.** Art programs offer opportunities for belonging and relatedness beyond art-making groups, extending feelings of social inclusion to the larger community (Brown & Jeanneret, 2015; Howells & Zelnik, 2009; Phinney et al., 2014). This can be in the form of gallery shows, exhibits, or performances to which families and the community are invited. Results from studies showed that feelings of belonging and connectedness that stemmed from participating in art programming often extended to include families since participants shared their artwork or performance with them (Brown & Jeanneret, 2015; Phinney et al., 2014). As Phinney et al. (2014) described, as participants developed belonging within the group, “their experience of being more socially connected extended beyond the group as well” (p. 341).

**Membership in a community.** Feelings of relatedness and belonging are promoted when an individual feels membership in a larger community group, which can be a distinct community such as an arts organization or a less distinct community of artists. Participating in arts organizations such as the ones studied by Kelaher et al. (2013) can give an individual “greater access to supportive relationships” (p. 398) within the community of the organization. Participants in one arts program saw their involvement as promoting “their status as valued members of society” (Phinney et al., 2013, p. 342). Creating art allows artists to participate in meaningful activity, which is especially important for people with severe or enduring mental health needs (Howells & Zelnik, 2009). For many participants of arts groups, programming
enabled them to build an identity as an artist, helping them feel belonging to the larger community of artists, which in some cases extended to arts classes or exhibits beyond the initial arts program (Lynch & Chosa, 1996; Meeson, 2012; Phinney et al., 2013).

A community art studio can provide opportunities for belonging and relatedness through group art-making activities, exhibitions, and membership in a community organization. As participants build skills and self-efficacy, identity as an artist also promotes membership in the larger community of artists.

**Art and Competence**

Art-making offers many opportunities to build feelings of competence and self-efficacy, through the mastery of tools and techniques, the process of creation, and reflection upon a created product. Numerous studies investigating the impacts of community arts and art therapy programs identified how participating in expressive arts can promote feelings of competence (Brown & Jeanneret, 2015; DeVecchi et al., 2015; Howells & Zelnik, 2009; Lynch & Chosa, 1996; Meeson, 2012; Phinney et al., 2015; Van Lith, 2015). Arts programming that promotes feelings of competence sees participants as capable, offers opportunities for building skills, and allows for a sense of achievement and accomplishment.

**Being seen as capable.** Central to the use of art-making to promote wellness is the idea that participants are recognized as being capable and competent in their ability to participate (Moon, 2016; Ottemiller & Awais, 2016). For many participants in community arts programming, including people with disabilities, this may be one of the few times they have been seen this way (Brown & Jeanneret, 2015; Lynch & Chosa, 1996). Art media and projects can be tailored to meet or challenge the individual’s capabilities at their level of functioning. “Individuals with disabilities receive numerous reminders (e.g. by schools and other agencies) of
all the things they cannot do.” (Lynch & Chosa, 1996, p. 79) while arts programs offer opportunities to build on strengths and discover new skills.

**Building skills.** Traditional therapeutic groups are too often deficit-based or problem-focused, whereas art therapy and arts programs have the capacity to be strengths-based and skills-focused, engaging the participants in active growth. Arts groups offer opportunities for learning new skills that are grounded in hands-on activities, such as watercolor painting or paper mâché. Participants evaluating an Australian community arts program reported the benefit of acquiring technical artistic skills and knowledge (Sonn & Quayle, 2014). Less obvious are the conceptual and other life skills gained during art processes, such as planning, perseverance, self-expression, and concentration (Meeson, 2012; Van Lith, 2015). Arts experiences have been shown to enhance learning in areas other than art, including math skills and working toward a goal (Lynch & Chosa, 1996). Art-making in groups promotes psychosocial skills, such as sharing, turn-taking, awareness of self and others (Lynch & Chosa, 1996). Building skills and increasing feelings of competence often leads to feelings of accomplishment.

**Sense of accomplishment.** Art-making can promote feelings of competence through the sense of achievement and accomplishment of creating a piece of art or taking part in an exhibition or performance (Meeson, 2012). Though the focus of art therapy and many expressive arts programs is on the process of making art and not the product, for many participants, the product is still often seen as important (DeVecchi et al., 2015; Howells & Zelnik, 2009). In Edith Kramer’s view of art as therapy, “the more fully realized and aesthetic the art product is, the more successful the art therapy” (Junge, 2010, p. 256). For people with a range of mental health needs involved in a community art studio project, “The artwork they created and the responses they received, including the purchase of a piece of their work, acted as a validation of the self as
skilled and competent” (Howells & Zelnik, 2009, p. 219). Exhibitions of artwork produced by at-risk youth “fulfilled an identified need young people have to engage in something ‘real’ by generating accomplished and recognized outputs that are subjected to public viewing and criticism” (Brown & Jeanneret, 2015, p. 11).

For many people with mental health difficulties, the perception of the self as capable of meaningful contribution is lacking (Howells & Zelnik, 2009). Making art or being a part of an art group gives them the opportunity to be successful and feel important and worthwhile (Meeson, 2012). The sense of accomplishment of creating a piece of art can mirror that of the growth that occurs within the self. One participant of a recovery-oriented art therapy program “saw his artworks as a notable accomplishment that indicated improvements in his art style and in his progress toward recovery” (Van Lith, 2015, p. 8).

An additional benefit of art-making as promoting feelings of competence and accomplishment is that participants may be inspired to continue attending art groups or therapy when they previously lacked engagement in treatment programs (Brown & Jeanneret, 2015). In a voluntary art therapy program offered at a secure psychiatric unit for people with severe or enduring mental health needs, the experience of success and accomplishment engendered by art-making motivated participants to continue returning to the group (DeVecci et al., 2015).

Art-making promotes increased feelings of competence, through skills-building and the creation of a material object. Arts groups can also set high expectations, be challenging, and offer participants the opportunity to set their own goals and expectations with autonomy.

**Art and Autonomy**

Autonomy is defined in BPNT as “the need to self-regulate one’s experiences and actions” (Ryan & Deci, 2017, p. 10), and occurs when actions are voluntary and in line with
one’s desires, interests, and values. Feelings of empowerment stem from having the power or authority to do something, that is, to make choices and act on one’s autonomy. Making art requires initiative and agency, as a hands-on encounter with art materials and methods. Numerous studies have shown how art-making can promote autonomy and empowerment (Hacking et al., 2008; Kelaher et al., 2013; Lange, Leonhart, Gruber, & Koch, 2018; Scope, Uttley, & Sutton, 2017; Van Lith, 2015).

Art-making allows participants to increase feelings of autonomy through making choices, such as in method, media, design, or concept. In a study of the mechanisms of the creative act that promote feelings of well-being, results suggested that empowerment and agency were among those factors (Lange et al., 2018). Participants in Lange et al.’s (2018) study could choose their creative method, from musical instruments, movement, and art media, which may have contributed to the empowerment and agency outcomes and provides further support to the claim that choice in art-making increases feelings of well-being. Open studio approaches to art therapy are based on the premise that choice in art-making promotes empowerment as well as personal responsibility, safety, and confidence (Block et al., 2005).

In a systematic review of qualitative results in art therapy literature, Scope, Uttley, and Sutton (2017) found that freedom of expression was regarded as an important aspect of art therapy treatment. In that study, “recipients of art therapy expressed that it gave them a sense of empowerment,” fostering control over their emotions and extending that control to real-life circumstances (Scope et al., 2017, p. 33).

Increases in feelings of autonomy and empowerment are common outcomes in therapeutic and community arts programming for people at-risk, in recovery, or with mental health needs because participants are increasingly able to direct their own journey of wellness.
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(Hacking et al., 2008; Kelaher et al., 2013; Van Lith, 2015). In a study of outcomes of recovery-focused art therapy programs, Van Lith (2015) described how the use of self-determined art processes allowed participants to gain control over materials, leading to better self-management.

Outcomes of a study by Kelaher et al. (2013) included significant increases in autonomy and overall wellness for people from primarily disadvantaged backgrounds taking part in community arts programs. One participant of the Kelaher et al. (2013) study shared, “I’ve been making a sculpture and the more it takes shape the more freedom I feel. It has become a material reflection of how I’m creating my own healing” (p. 399).

Likewise, Hacking et al. (2008) found substantial improvements in feelings of empowerment in people with mental health needs who took part in a variety of community art projects. The results of this study also revealed that people with more severe mental health problems showed more improvements in empowerment than those with less clinically-significant mental health needs, indicating that the arts “can benefit people with greater mental health needs as well as those with lower levels of need” (Hacking et al., 2008, p. 646). These results support offering arts programming to a variety of levels of need within one organization, such as a community arts studio.

Empowerment and agency are common goals in both art therapy and community arts, affecting how facilitators structure and lead these programs (Brown & Jeanneret, 2015; Morris & Willis-Rauch, 2014; Sonn & Quayle, 2014). In their work with at-risk youth, leaders of the Evolution program gave participants “freedom to lead their own learning and work at their own pace,” through self-led art processes and individual goal-setting (Brown & Jeanneret, 2015, p. 11). In a study of Australian community arts programs, Sonn and Quayle (2014) highlighted how
empowerment can occur on individual and community levels, from the enjoyment of art-making, to healing through sharing, and by collaborating with others.

Creators of a recovery-oriented art therapy program in an inpatient psychiatric unit developed a model they called Social Empowerment Art Therapy (SEAT) to promote the goals of personal and group empowerment (Morris & Willis-Rauch, 2014). According to Morris and Willis-Rauch (2014), “social empowerment in art therapy emphasizes the role of the participant as the agent of rehabilitation and artistic development” (p. 35). The SEAT model draws heavily on social action art therapy, relying on voluntary participation, democratic principles, collaborative decision-making, and a non-directive facilitation style to reduce stigma and empower participants in their recovery (Morris & Willis-Rauch, 2014). Observations of the SEAT pilot program evidenced that “members were increasingly able to make decisions regarding materials and the artistic process individually and collaboratively” (Morris & Willis-Rauch, 2014, p. 35).

Art-making has been shown to contribute to increased feelings of autonomy and empowerment (Hacking et al., 2008; Kelaher et al., 2013; Lange et al., 2018; Morris & Willis-Rauch, 2014; Scope et al., 2017; Van Lith, 2015). A community art studio can offer an art-making environment that supports autonomy and wellness by providing a variety of choices for voluntary engagement, empowering participants to be in control of their wellness and healing.

**The Art Studio Environment**

Though art therapy has been practiced in settings as diverse as homeless shelters, hospitals, prisons, and schools, since the beginnings of the profession the environment of an art studio has been endorsed as a valuable aspect of art therapy work (Henley, 1995; McNiff, 1995; Wix, 2010). “All the ways of practicing art therapy flow from the studio and return there for
renewal” (McNiff, 2004, p. 273). An art studio environment has unique qualities that contribute to its ability to promote wellness through art-making (Henley, 1995; McNiff, 1995; Wood, 1995). The studio provides a necessary container and sense of safety for the vulnerability that is required to express oneself and do the work of healing (Henley, 1995; Wood, 2000). In the dedicated creative space of an art studio, the act of art-making takes priority, and those working within are invited to take on the identities of artists, contributing to feelings of significance and belonging (Henley, 1995; Moon, 2016; Thompson, 2009; Wood, 2000). The vital creative energy of an art studio contributes to the healing potentials of art therapy and creates intersecting relationships between artists, materials, and studio (Allen, 1992; Malchiodi, 1995; McNiff, 1995; Wix, 2010).

An environment that promotes wellness through supporting the basic psychological needs, according to Ryan and Deci (2017), is called a facilitating environment, which “promotes authentic reflection, integration, empowerment, competence, and choice” (p. 442). Ryan and Deci (2017) described how an environment, such as a studio or community art-making venue, can be designed to increase support for autonomy, which further promotes wellness in all three psychological need areas.

Autonomy-supportive conditions allow people to feel less threatened and more empowered and engaged. Because supporting autonomy is also a form of care and nurturance, it enhances relatedness satisfaction. In turn, these need satisfactions promote further receptivity and interest and the relaxation of defenses. In such a space, people have more willingness to experiment and to learn and grow. (Ryan & Deci, 2017, p. 440)

In examining the literature on art and therapy studio environments, art therapy and studio approaches, and the features of community and therapeutic arts programs that promote wellness,
evidence shows that a community art studio could fit the definition of facilitating environment and promote wellness through art.

**Safety: Studio as Container**

A key factor in any therapy is the provision of safety, and in art therapy, the art studio can act as a container or holding environment (Henley, 1995; Wood, 2000). As a separate place with the purpose of art-making, the studio can engender a feeling of safety in that it is removed from the rest of the world or the therapeutic milieu (Riley, 1999; Wood, 2000). The Art Studio, situated within the MetroHealth Medical Center, was developed by McGraw (1995) to be “intentionally unrelated to pain, loss, or institutionalization” (p. 168). In an adolescent residential treatment setting, the art studio is “a respite from the constant scrutiny and evaluation…, a place where their voice [sic] can be heard through their drawings” (Riley, 1999, p. 176). Within the studio itself, the organization of the physical space, with its diversity of furniture, tools, and materials, can help participants decide where, how, and when they are safe to express themselves (Moon, 2002; Wood, 2000). “An important advantage of the studio environment is that it offers interpersonal opportunities to explore options for safeness at their own volition and pace” (Hass-Cohen, 2016, p. 112). Numerous art therapists also discussed the importance of the role of the art therapist and the use of non-directive approaches within the studio space to support this sense of safety, to be considered later in this paper (Allen, 1992; Malchiodi, 1995; McNiff, 2004; Moon, 2002).

**Dedicated Space for Art and Artists**

Proponents of studio approaches to art therapy have reasoned that an art studio provides a dedicated space where the focus is entirely on art, a focus lacking in some art therapy environments (Allen, 1992; Thompson, 2009; Wix, 2010). An art studio is an exceptional place,
with a defined purpose of art-making that is immediately observable to all who enter. “The studio always has an initial impact on clients, and… ‘the room communicates its purpose’ often with the message, ‘here you can feel’” (Lyle, as cited in Wood, 2000, p.47). Because the focus is on art-making, strengths and self-expression can be emphasized over deficits and pathology (Brown & Jeanneret, 2015; Franklin, Rothaus, & Schpok, 2007). “Central to the success of the Evolution program,” a studio-based arts program for at-risk youth, was having a dedicated studio space (Brown & Jeanneret, 2015, p. 10).

Within an art studio, participants are regarded as artists, which increases feelings of significance and belonging and encourages responsibility and positive identity growth (Brown & Jeanneret, 2015; McNiff, 1995; Moon, 2002; Thompson, 2009). Moon (2002) explained, “An effective art therapy studio fosters a belief in the ubiquitous nature of creative ability and conveys respect for both clients and their artwork” (p. 98). Having a dedicated art studio means that the art created within will be taken seriously, even if the artists are at first unsure of their abilities (Brown & Jeanneret, 2015; Moon, 2002). “In being viewed as artists, participants are viewed as creative beings with opportunities for growth and change” (Brown & Jeanneret, 2015, p. 36).

The studio environment often allows for increased access to time, materials, and the vital creative energy of the studio itself (Malchiodi, 1995). With more time and space comes added depth in the art-making experience, promoting further reflection and insight (Henley, 1995; Malchiodi, 1995; Wood, 2000).

**Creative Energy of the Studio**

Art therapists who promote the studio as essential to art therapy considered how the distinct energy of the studio space conveys its healing capabilities (Henley, 1995; Malchiodi,
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1995; McNiff, 1995; Moon, 2002). “The space in which art is made has long been considered a potent force which impacts the form and content of an artist’s expression” (Henley, 1995, p. 189). The energy of the studio itself, as a dedicated place for the creative process, is built when people interact with art, materials, and each other (McNiff, 1995). As described by Wix (2010), “In art therapy studios, multiple intersecting relationships between makers and materials, among makers themselves, and between makers and products spark creative thinking” (p. 181). McNiff (1995) cited the influences of art therapists Bruce Moon and Pat Allen in suggesting that “the presence of the creative process transforms life” (p. 180). McNiff (2004) explained, “In addition to the shared energy of working, participants give attention to each other” (p. 22), as it is the “process of making art together and then bearing witness… that furthers the healing qualities in a studio environment.” (p. 23). The studio as a place also creates additional potentials of healing and transformation beyond the traditional art therapy transference relationships of client, therapist, and art (McNiff, 1995; Wix 2010).

As the people act on and activate the space, the space in turn acts on the artists and contributes to healing. McNiff (1995) believed that “the essential medicines of the art therapy studio are conveyed by the environment” (p. 180), and that “the treatment will emerge through the process of a person’s interaction with the place” (p. 183). Henley (1995) pronounced the art studio itself as an intervention and likened it to Edith Kramer’s “Third Hand,” as it can be considered, adapted, and utilized for maximum therapeutic effect. Art studios as “locations of possibility” can convey safety, healing, and creative energy to the artists working within, creating connections between artists, art, materials, environment, and the larger community (Wix, 2010). Art therapist Cathy Moon (2002) described how these intersections include the art space as well as the artists: “We may think most often in terms of interactions between therapist
and client, interactions clients have with one another, and interactions between client artists and their art materials, but the client also interacts with and activates the space” (p. 86). Malchiodi (1995) also acknowledged the overlapping interactions between the environment and the artists within it, referring to the “synergistic effect of therapist, people, and space” (p. 3). It is the responsibility of the art therapist to support and care for the healing environment of the studio.

**The Role of the Art Therapist in the Studio**

The art therapist plays a vital role in designing and maintaining a studio environment that promotes wellness. In consideration of the unique attributes of a studio described above, it is the work of an art therapist to promote these qualities, as well as play other essential roles. Within a studio environment, the art therapist has many responsibilities: to arrange it; to fill it with materials and tools; to support, encourage, and inspire others in their art-making; to create safety; and to connect the studio with the rest of the community.

A primary task is the provision of the physical space of the studio. As an artist, the art therapist is familiar with the tools and materials that are necessary for art-making, and additionally, is resourceful in transforming less-than-ideal spaces into what Henley (1995) called “pro-art” spaces that communicate the purpose and energy of the studio. The art therapist works to provide “a welcoming space, where clients experience sense of belonging and an invitation to become a part” (Moon, 2002, p. 87).

Art therapists working in studios must also provide for the people within the space, with specific functions depending on the context. Maintaining a sense of safety is key, as discussed above, and the clinical training of an art therapist supports this function. Ottemiller and Awais (2016) described how this training provides “relational sensitivity, observational skills,
awareness of group dynamics, and proficiency in creating psychological safety” (p. 145) as well as the understanding of trauma, mental illness, and conflict resolution.

As art therapy training is grounded in ethical practice, the art therapist must navigate multiple roles in the studio and clarify expectations regarding these roles (Ottemiller & Awais, 2016). Because confidentiality and privacy cannot be guaranteed in a community studio as they would be in private art therapy sessions, expectations must be openly discussed with all participants (Allen, 1995; Moon, 2016; Ottemiller & Awais, 2016). Some studios may ask participants to verbally agree not to disclose what is shared through art or conversation (Ottemiller & Awais, 2016), while others have “no pretense of confidentiality; the public walks by and sometimes stares intently in the window as people work” (Allen, 1995). It is the responsibility of the art therapist to explore the intentions and effects of these practices for best outcomes (Moon, 2016). Within the studio, the art therapist may play additional roles such as collaborator, mentor, co-participant, or artist-in-residence, requiring the clarification of these roles and communication of expectations, goals, and limitations (Ottemiller & Awais, 2016).

The role of artist-in-residence within the studio has been described by several art therapists seeking to expand the practice of art therapy into the community (Allen, 1992, 1995; Block et al., 2005). The artist-in-residence works alongside participants in the studio, sharing knowledge and artistic energy while modeling not only art processes, but risk-taking, emotional regulation, commitment, confidence, and problem solving (Allen, 1992, 1995; Block et al., 2005). This adaptation of the role of art therapist also changes the dynamics of the power relations within the studio. As described by Block et al. (2005), “The fact that facilitator and client work together as coartist has important repercussions for the authority-neophyte relationships of teacher-student and therapist-client” (p. 34). When everyone within a studio is an
artist, the parity of humanity is emphasized. At a community art studio that welcomed a mix of homeless and housed artists, people with more power and privilege making art alongside others with less “reinforced a sense of personal vulnerability” and reduced power inequalities (Timm-Bottos, 2012, p. 106). While art therapists who utilize this approach have signified that it is not art therapy, as the role and context of this work pushes the boundaries of ethical practice, the benefits of letting go of the role of therapist and expert may outweigh the loss of title (Allen, 1992, 1995, 2008). Those who choose roles such as this maintain their understanding of human dynamics; as Moon (2002) explained, “Co-creating does not mean that the art therapist abdicates all responsibility for providing a therapeutic presence and context” (p. 88).

Similar to the artist-in-residence role, art therapy students working at the Naropa Community Art Studio (NCAS) took on roles of mentors, to adhere to university policy that no therapy take place in the studio, which was located within the university system (Franklin et al., 2007). “Mentoring focuses on skill acquisition and application, and on developing the untested self-concept of the mentee, not on psychodynamic functioning or the healing of trauma” (Franklin et al., 2007, p. 224), though the relationship has commonalities with the therapeutic relationship, including a power differential which tends to be equalized by the creative process. As described in Franklin et al. (2007), “Expertise is shared rather than used to create hierarchies of difference. In practicing pluralism in the studio, we invite this shifting of roles and seek to be taught as much as to teach” (p. 225). Navigating the boundaries of mentorship is similar to the ethical considerations made in therapeutic relationships; serving the role of mentor rather than art therapist does not negate the need for awareness (Franklin et al., 2007).

An additional role the art therapist may serve in the studio is in connecting it with the community. “It is important that art therapy studios maintain a connection with the world rather
than serve as a retreat from the world” (Moon, 2002, p.75). Howells and Zelnik (2009), in a study of the effectiveness of a community art studio, found two key means to build connection with the community: a gallery and collaborative projects. Some studios house a permanent gallery while others host exhibitions or have other community organizations host their exhibitions; the art therapist may take on the roles of gallerist, framer, or curator as well as assisting client/artists in navigating the process (Nolan, 2013). Collaborations with community agencies, commissions of public art, or community events, which allow for meaningful and valued contribution by participant artists, add to the roles the art therapist must balance (Howells & Zelnik, 2009; Ottemiller & Awais, 2016). The art therapist is above all flexible and sensitive to the needs of the people he or she works with and for in the studio.

An art studio conveys unique properties inherent in its environment that can contribute to wellness and healing. The studio as a place offers containment and safety necessary for self-expression, reflection, and growth (Henley, 1995; Wood, 2000). In a space dedicated to art-making, participants are regarded as artists, contributing to social significance, strengths, belonging, and wellness (Henley, 1995; Moon, 2016; Wood, 2000). The creative energy engendered by and created within an art studio adds to its healing potential, as people interact with each other, the art materials, and the space (Henley, 1995; Malchiodi, 1995; McNiff, 1995). Additional considerations can increase this potential by situating the studio within a community-based setting and applying social justice principles that address the growing need for wellness-focused care alternatives.

**Social Justice in Art Therapy**

Numerous authors have brought attention to the increasing need for inclusive, wellness-focused, non-traditional community-based services and spaces that can expand art therapy
practices beyond the limitations of clinical work (Allen, 2008; Howells & Zelnik, 2009; Kapitan et al., 2011; Ottemiller & Awais, 2016; Talwar, 2015; Timm-Bottos, 2016, 2017; Young, 1995). Some art therapists have claimed that cultural competence is not enough to address the larger needs of marginalized people and work to combine social action and other critical approaches into art therapy to promote social justice and contribute to collective well-being (Nolan, 2013; Talwar, 2015). Bell and Desai (2014) defined social justice as using critical thinking to understand oppressive systems and engage in transformative social activities such as the arts in order to create new possibilities for equality and empowerment. From an Individual Psychology perspective, Yee, Stevens, and Schulz (2016) connected social justice to the need for belonging and social interest, as human beings work towards the betterment of all. Applying social justice principles to community art therapy practice, an art therapist can utilize critical perspectives to address oppressive systems, promote community change, create alternative public spaces, encourage social inclusion, and give voice and choice to participants or clients to foster autonomy and empowerment.

**Critical Perspectives in Art Therapy**

Advocates for social justice in art therapy have insisted that art therapists apply critical perspectives to their practice in order to recognize and confront the oppressive influences of power and culture that affect clients (Golub, 2005; Hocoy, 2007; Sajnani et al., 2017; Talwar, 2015). Using critical theories, the medical model is challenged in its ability to adequately address internal and external forms of oppression and the influences of social, cultural, and political systems on the suffering of individuals and communities (Nolan, 2013; Talwar, 2015). Talwar (2015) advocated for applying critical consciousness to assist clients in naming and addressing systemic issues.
Proponents of social justice have asserted that the dominant discourse of psychopathology is limited in its abilities to contribute to wellness because it perpetuates the marginalization of individuals and communities, promotes dependence on practitioners by retaining power over healing, reinforces the stigma of mental illness, and lacks connection with the communities in which clients are located (Hocoy, 2007; Howells & Zelnik, 2009; Kapitan et al., 2011; Morris & Willis-Rauch, 2014; Nolan, 2013; Sajnani et al., 2017). Hocoy (2007) pointed to the connections between symptoms of psychopathology and the social, political, and cultural structures in which clients are embedded. “Dominant culture frameworks for normality and psychopathology such as the *DSM [Diagnostic and Statistical Manual of Mental Disorders]* frequently mask the relationship between symptoms that are expressed by individuals and societal imbalances” (Hocoy, 2007, p. 25). Moon and Shuman (2013) explained, “Traditional psychology and counseling practices often function as instruments of social control, working to mask, modify, or eradicate behaviors that are at odds with dominant social norms and values” (p. 302). Hocoy (2007) claimed that even therapeutic encounters, if not critically examined, can be complicit in normalizing injustice.

Morris and Willis-Rauch (2014) declared, “some facets of the medical model in psychiatric care—such as structured compulsory treatment and an emphasis on pathology in the treatment of mental illness—may be at odds with essential values in art therapy” (p. 28). According to the AATA (2013), core values of the profession include autonomy, nonmaleficence, beneficence, creativity, and justice. When art therapy is embedded within the dominant model of psychopathology, the profession may be unnecessarily limited in its ability to provide culturally competent, inclusive, wellness-focused services (Sajnani et al., 2017).
Advocates for social justice and community-based work have contended that to heal the suffering of individuals, art therapists must attend to the oppressive systems that continue to cause distress (Hocoy, 2007; Nolan, 2013; Sajnani et al., 2017; Timm-Bottos, 2016). Sajnani et al. (2017) advocated for art therapists to take a critical stance against both the dominant discourse of psychopathology and the perception of art-making as an elitist activity. Kapitan et al. (2011) urged for nontraditional art therapy environments that are rooted in the studio and address the needs of the larger community in addition to clinical populations, to confront the imbalance in art therapy towards clinical practices that unconsciously perpetuate marginalization. Talwar (2015) recommended applying critical consciousness to art therapy that extends cultural competence beyond the necessary awareness of bias and intersectional differences and assists clients in naming, understanding, and overcoming their entrapment within systems of oppression.

Therapists must recognize the inherent power and privilege in their positioning within therapeutic relationships and work to understand how their own cultures, identities, and biases may affect the help they seek to offer (Hocoy, 2007; Moon, 2016; Talwar, 2015). Instead of positioning themselves as experts with the power to heal others, culturally competent and critically-engaged art therapists act as witnesses for oppression and empower clients to use art to identify, understand, share, and transform their experiences (Sajnani et al., 2017; Talwar, 2015).

Considering critical perspectives in context with appeals by Sajnani et al. (2017), Kapitan et al. (2011), and others, social justice practices applied in community-based settings may better support the values of the art therapy profession in promoting wellness for individuals and communities (Hocoy, 2007; Junge, 2010). Art therapists practicing social justice must maintain awareness of social, cultural, and political systems, including the mental health care system, that
affect the functioning and symptoms of their clients and work to address community problems as well as individual ones (Hocoy, 2007).

**Community-Level Change**

Social justice, social action, and community-based art therapy as well as community arts practices often have the goal of healing communities in addition to individuals, also referred to as macro-level or second order change (Golub, 2005; Kapitan et al., 2011; Sonn & Quayle, 2014; Timm-Bottos, 2017). Community cultural development and other arts initiatives have acknowledged the power of art to promote needed social change at the macro level (Bell & Desai, 2014; Mulvey & Egan, 2015; Stein & Faigin, 2015). Bell and Desai (2014) stated that “the arts play a vital role in making visible the stories, voices, and experiences of people who are rendered invisible by structures of dominance” (p. 2). Using a community psychology perspective, Mulvey and Egan (2015) explained, “The arts can facilitate dialogue on relatively invisible or volatile issues, discourage negative judgements, and engender understanding. We believe that creative engagement may alter individual and community perceptions and open up possibilities for multi-layered change” (p. 125). Exhibitions and gallery showings have been shown to build community, increasing compassion for diverse narratives and experiences through viewing art, and gathering people who would not ordinarily mix (Ho et al., 2017; Mulvey & Egan, 2015). In the sharing of diverse stories and experiences through art, barriers between people are lessened and compassion and empathy increased (Allen, 1995; Franklin et al., 2007). Change can happen on the community level when diverse people are brought together to explore their narratives through art (Mulvey & Egan, 2015).

Art therapy is inherently linked to social action, in that the image and its creation have the potential to transform makers and viewers, on personal as well as collective levels (Franklin
et al., 2007; Hocoy, 2007). To work towards community change, social justice based art therapy may need to take place outside of traditional treatment centers, in alternative public spaces such as community art studios (Hocoy, 2007; Junge, 2010; Talwar, 2015; Timm-Bottos, 2016, 2017).

**Alternative Public Spaces**

Proponents for social justice in the arts and art therapy have recognized the need for creating alternative public spaces, where diverse people can gather to share their narratives and build community (Bell & Desai, 2014; Hocoy, 2007; Talwar, 2015; Timm-Bottos, 2016, 2017). Outside of a therapeutic context, Bell and Desai (2014) discussed how artists can use social context to generate change by redirecting consumer use of public spaces into arts engagement and democratic exchange of culture and experience. Within art therapy, locating the therapeutic in a participatory social space as opposed to clinic allows for the art to become a democratic, liberating, wellness-focused experience, unconnected to pathology and accessible to the community (Golub, 2005; Nolan, 2013; Talwar, 2015; Timm-Bottos, 2017). Public spaces invite the whole community to gather and engage, as Talwar (2015) described about an arts and empowerment program for girls: “By creating an alternative public space, the program not only empowers girls, but also offers avenues for engaging the larger school community, including teachers, staff, and the male students” (p. 845).

Effective community-based art and therapy practices are embedded in the communities in which they serve, to draw participants from the community and address its unique needs (Block et al., 2005; Golub, 2005; Ottemiller & Awais, 2016). The location of an art studio heavily impacts its culture and ability to promote wellness and social justice, through its accessibility to people who may make use of it and their ability to connect, through their involvement, to the larger community (Allen, 1992; Moon, 2002; Wood, 2000). Clinically-based art therapy studios
in hospital or residential settings may still convey some of the inherent healing properties of the studio environment but may lack other opportunities for healing and be inaccessible to many populations due to their positioning within the medical model (Allen, 1992; Morris & Willis-Rauch, 2014). Howells and Zelnik (2009) clarified the need for community art spaces that are natural rather than contrived, that is, institutional, in being able to bring together authentic communities as opposed to select populations. Community art studios that gather participants from the areas they are situated in are better able to heal the whole person by addressing their unique social, political, cultural, and community needs (Block et al., 2005; Kapitan et al., 2011). Locating an art studio within a community as opposed to a medical environment allows for a focus on strengths and wellness, and the mixing of diverse populations that can share their unique experiences through art and contribute to collective transformation and healing (Timm-Bottos, 2016).

**Social Inclusion**

Social inclusion expands access to art and wellness services to reach people outside the scope of clinical treatment, connect those already in care to their communities, and bring people of all kinds together, increasing belonging and decreasing stigma (Allen, 2008; Howells & Zelnik, 2009; Nolan, 2013; Timm-Bottos & Chainey, 2015; Young, 1995). In a community art studio, all can be made welcome to gather and make art, expanding access to the healing capabilities of art, increasing belonging and relatedness, as well as reducing stigma (Franklin et al., 2007; Howells & Zelnik, 2009). Timm-Bottos (2016) called for art therapists to create welcoming creative spaces in the community that addressed the need for diversity and social inclusion. Sonn and Quayle (2013) described how social inclusion allows participation of diverse or marginalized people, which is necessary for empowerment.
Many community art studios focus on providing services to marginalized people, or those who would not otherwise have access to art experiences or mental health services (Allen, 2008; Franklin et al., 2007; Kapitan, 2008; Timm-Bottos & Chainey, 2015). If no diagnosis is required for access, a community art studio can provide opportunities to increase wellness to people who do not meet qualifications for traditional mental health services such as those at-risk, for prevention or maintenance of recovery, or for those who may not want to identify as needing mental health services (Block et al., 2005; Young, 1995). Providing art-making to all upholds the belief that everyone has a right to creative expression, as an innate human behavior that promotes health and self-actualization (Allen, 2008; Dissanayake, 1980; Timm-Bottos & Chainey, 2015; Young, 1995).

A community arts studio that welcomes all in the name of social inclusion can increase access to art and wellness and lessen the stigma of mental illness (Howells & Zelnik, 2009; Timm-Bottos, 2016). Bringing together diverse people to make art can increase the strength of communities and break down barriers of difference (Allen, 1995; Mulvey & Egan, 2015; Timm-Bottos & Chainey, 2015). “The process of making art in community breaks down walls between professional roles and lived experience and encourages a sense of community among diverse cultural and status groups” (Mulvey & Egan, 2015, p. 126). When people have a shared goal, such as art-making, the stigma of difference is decreased (Gee & McGarty, 2013; Ho et al., 2017; Howells & Zelnik, 2009). Howells and Zelnik (2009) described how bringing together people with and without mental illness in an integrated community art studio reduced the stigma associated with mental health issues since all were artists with a focus on art-making. In reducing stigma, Gee and McGarty (2013) explained that “positive contact with a person with a mental disorder produces the largest and most sustained positive effect” (p. 141). Extending individual
or group art therapy treatment into a community art studio also provides the necessary connection for clients with the larger community, providing a place to build belonging and meaningful contribution (Howells & Zelnik, 2009; Nolan, 2013).

An inclusive community art studio, located outside of the medical model, can act as a community space for gathering outside of work, school, or home, fostering change on multiple levels by drawing members from the community that would not otherwise have access to art or wellness services (Timm-Bottos & Chainey, 2015). To further promote social justice, art therapists encourage autonomy and empowerment in a community studio.

**Empowerment and Autonomy**

Advocates for social justice have stressed the need for collaboration and democratic processes within art therapy and community arts programs, to effectively empower artist participants in naming their unique needs and goals and in working towards meeting them (Hocoy, 2007; Morris & Willis-Rauch, 2014; Ottemiller & Awais, 2016). Outside of a specifically therapeutic context, community cultural development and community arts strive to empower participants through active participation, democratic decision-making, collaboration in goal-setting, and non-hierarchical organizational systems (Brown & Jeanneret, 2005; Howells & Zelnik, 2009; Mulvey & Egan, 2015; Sonn & Quayle, 2014). Community-based art therapy practices including social action art therapy and open studio art therapy utilize similar methods as well as non-directive approaches to promote empowerment and social justice within and beyond therapeutic encounters (Kapitan et al., 2011; Moon, 2016; Morris & Willis-Rauch, 2014; Ottemiller & Awais, 2016; Timm-Bottos, 2017).

Incorporating non-directive approaches, open studio, and exhibitions within a community art studio, art therapists can promote autonomy and empowerment, connect artists to the
community, and reduce the power hierarchy between therapist and client (Morris & Willis-Rauch, 2014; Sajnani et al., 2017; Thompson, 2009). Sajnani et al. (2017) stressed the importance of non-directive approaches in art therapy within a social justice framework: “If we want to create a space for another’s story to unfold, we need to cultivate environments where their artistic expression is truly welcome and not shaped by the needs of the therapist or the public” (p.35). Non-directive approaches consider the autonomy and empowerment of the artist to be primary over the needs of the therapist (Moon, 2016; Sajnani et al., 2017; Thompson, 2009). Through open studios and exhibitions, artists can decide what they make and whether to display or sell it, redefining the traditional power dynamics in art therapy (Nolan, 2013).

In the open studio approach, art-making is central, and participation is voluntary and often self-directed, engendering an informal, strengths- and wellness-focused atmosphere (Moon, 2016). A vital aspect of this model is that, as described by Moon (2016), it is “aligned with health” (p. 162), by being entirely focused on art-making and its ability to promote wellness and moderate social differences. As described by Allen (2008), “There are no efforts to fix, cure, change, or interpret but merely to witness the flow of expression” (p. 11).

In contrast to traditional mental health services where the practitioner guides the care, the open studio gives control to the artists, allowing them to choose whether and how much they will participate and what kind of art they will make (McGraw, 1995; Moon, 2016). An open studio promotes initiative and agency (McGraw, 1995), and when participation is voluntary and art-making is self-led, feelings of empowerment are increased (Morris & Willis-Rauch, 2015). The choice-based structure of the open studio also leads to increases in feelings of confidence, safety, and responsibility (Block et al., 2005). McGraw (1995) described how optional, self-directed art-
making in the Art Studio contributed to feelings of safety: “Control is left in the hands of the person, literally and figuratively, while necessary defenses remain intact” (p. 168).

The informal, voluntary, and self-directed structure of the open studio may increase participation over that of more formal art therapy services (Block et al., 2005; Feldman, Betts, & Blausey, 2014). In evaluating outcomes of a range of art therapy services offered at a community-based organization, Feldman et al. (2014) found that the drop-in open studio was the most utilized program, attributing this success to its voluntary attendance policy and lack of formal enrollment or mental health examination procedures. As Delucia (2016) explained about an art therapy program for veterans, “The drop-in model especially helps to engage veterans who may be reluctant to make a long-term commitment to art therapy” (p. 6). In maintaining the focus on art-making and not pathology, open studios may attract participants who would not otherwise access wellness services (Moon, 2016; Young, 1995).

The amount an open studio approach supports autonomy will depend on the art therapist as well as its organizational structure, as some open studios incorporate topic-focused workshops or are affixed to mental health organizations, which affects the culture of the studio (Moon, 2016). Non-directive, choice-based, autonomy-supportive approaches can be utilized in most art therapy settings in addition to open studios, as decided by the art therapist (Timm-Bottos, 2017).

The incorporation of exhibitions and galleries into community arts programs and studio-and community-based art therapy have been found to increase empowerment as well as promote artistic sensibilities and build community (Morris & Willis-Rauch, 2014; Thompson, 2009). The artist has autonomy in choosing which artwork to display or sell, whether to identify a name or narrative in an artist statement, and how much to interact with the public at an exhibition (Nolan, 2013; Thompson, 2009). As described by Nolan (2013), “Power is negotiated in therapy and
claimed in the choices clients make with respect to how and what they will or will not exhibit, share with the public, or keep private” (p. 179). Artists who choose to display work often gain feelings of competence and significance as well as empowerment, in learning that they have contributed something meaningful to their community (Brown & Jeanneret, 2005; Thompson, 2009). Because galleries and exhibitions typically invite the public for viewings, a sense of social balance is restored when artists who have previously defined themselves as outsiders are recognized in community (Thompson, 2009).

Community-based art practices that employ non-directive approaches can best support the autonomy, and therefore wellness, of participants (Sajnani et al., 2017; Timm-Bottos, 2017). Art therapists can promote social justice and wellness on individual and community levels by providing safe, inclusive, alternative spaces for art-making within the community context where diverse people can gather and share self-expression (Timm-Bottos, 2016, 2017). Embedded within the community and operating as a public space, a community art studio can provide an environment for individuals and communities to name and explore issues through art, affecting change on multiple levels by addressing community concerns in context (Hocoy, 2007; Timm-Bottos, 2016).

**Community Art Studio Models**

Community art studios that share qualities with those described in this paper have been created with various missions and organizational structures, but all share the goal of providing space for people to make art in community. Specific examples of studios demonstrate visions and methods for design and implementation, outcome evaluations, as well as providing further considerations for organizational structure.
ArtWorks, a community art studio with the aim of bringing together socially diverse people, was developed with four primary areas of focus: inclusion, stigma reduction, community building, and emancipatory intent (Moon & Shuman, 2013). Informed by critical psychology, harm reduction theories, and socially-engaged art practices, this studio provided a safe, welcoming space that encouraged the building of new identities beyond that of mentally ill through meaningful contribution. “The emancipatory intent of ArtWorks was enacted through fostering the capacity of participants to materialize personal and collective resources for the purpose of individual and social transformation” (Moon & Shuman, 2013, p. 303). As no referrals, intakes, or criteria were required for access to the studio, it gathered participants with and without mental illness, helping to reduce stigma (Moon & Shuman, 2013). Though organized under a social service non-profit, the art therapists acted as facilitators and co-participants in the space with efforts to minimize the power differential by “doing with rather than for or to others” (Moon & Shuman, 2013, p. 302). Through collaboration with participants and partnership with other arts organizations, ArtWorks offered open studios, a knitting circle, exhibitions and sales of art, performances, and other community events. The core values of ArtWorks as stated by Moon and Shuman (2013) are representative of the perspectives endorsed in this paper:

(1) Democratic negotiation of public space and shared sense of belonging occur when the perspective of every member of the community is valued and represented; (2) everyone has the right to equal representation in the cultural life of the community; (3) diversity is a positive feature of society that requires care, cultivation, and protection; and (4) cultural and creative expression and exchange are catalysts for meaningful and lasting social transformation. (p. 300)
ArtWorks is a primary model for the community art studios promoted by this paper, though other similar studios have been established and studied.

Developers of a clubhouse-inspired art studio integrating people with and without mental illnesses used a participatory approach in designing the project, which offered workshops and classes as well as open studio time to all members of the community (Howells & Zelnik, 2009). A participatory research method was also utilized to study the outcomes of this project, which found that the inclusive community space was essential in promoting belonging and reducing stigma, and that critiques of artwork were crucial in validating participants as contributing artists (Howells & Zelnik, 2009). The participants’ needs for quality materials and honest feedback “were left completely unrecognized and unaddressed in formal mental health treatment programs. Product, not just process, was considered important” (Howells & Zelnik, 2009, p. 220). The outcomes of the study by Howells and Zelnik (2009) are in keeping with suggestions by Thompson (2009) and Brown and Jeanneret (2005), that community art studios that promote meaningful contribution and social significance are needed.

Community art studios have been developed in connection with universities to provide simultaneously for the needs of the community as well as students learning art therapy (Franklin et al., 2007; Timm-Bottos & Reilly, 2014). Naropa Community Art Studio at Naropa University in Colorado was designed to promote social engagement in both students and participants, with a vision of providing access to art-making for marginalized members of the community (Franklin et al., 2007). Working from a social action framework, NCAS sees artists as change agents with the responsibility to “bring together groups of people in an inspiring environment that inherently cultivates freedom, possibility, and imagination” (Franklin et al., 2007, p. 220). Being located within a university, art therapy students at NCAS must work as mentors rather than therapists, a
constraint that may have expanded rather than limited the scope of art therapy practice (Franklin et al., 2007).

La Ruche d’Art is a community art studio affiliated with Concordia University in Montreal, Canada, and located in a nearby neighborhood (Timm-Bottos & Reilly, 2014). The studio serves as a community homeplace, a public third space outside work or home, as well as an educational space for students to learn and practice art therapy within a community context, developing skills that encourage inclusion and collaboration (Timm-Bottos & Reilly, 2014). La Ruche d’Art is also part of the Art Hive movement, a term created by Timm-Bottos to describe a growing network of community spaces that are committed to art-based social inclusion and community building (Timm-Bottos & Chainey, 2015). As a university “classroom,” expenses for the studio are supported by the university, with additional funding garnered through government and private funders, allowing the studio to provide free arts programming for all. The studio offers both open studio times and closed groups requiring committed participation that are developed in partnership with the community and in response to stated needs. Timm-Bottos and Reilly (2014) employed a qualitative case study to evaluate students’ service learning objectives, planned for future evaluations of community members, and recommended participatory action research methodologies to assess outcomes in collaboration with participants. Timm-Bottos (2016, 2017) has called for more Art Hives to be created by art therapists in response to the growing need for community spaces that are inclusive, arts-focused, and collaborative.

Sustainable funding is a primary consideration for the organization of any community art studio, often resulting in connections with universities, mental health agencies, or other social service organizations (Malchiodi, 1995; Moon & Shuman, 2013, Timm-Bottos & Chainey,
Operating within another agency may impose restraints, such as those encountered by the student-mentors at NCAS or the art therapists at ArtWorks who successfully contested their umbrella agency’s requirement for clinical progress notes because it worked against the mission and values of the art studio (Franklin et al., 2007; Moon & Shuman, 2013). Aligning with a mental health care facility may dissuade potential participants who do not wish to identify as needing mental health care or may unnecessarily confine participants within their diagnosed identities (Moon & Shuman, 2013). Noting the parallels between art therapy and community cultural development, Kapitan et al. (2011) recommended collaborations with social advocacy organizations that have comparable missions of community building and social justice. These considerations amplify needs for expansion of art therapy definitions and practices, new paradigms and partnerships with community arts and social justice, as well as validation and further research on the ability of art therapy and community art studios to promote wellness.

**Discussion**

Literature on the benefits of art-making, community art studio practices, and social justice in art therapy has shown how a community art studio can contribute to wellness in a variety of populations. An abundance of literature on art therapy and community arts provided evidence that art-making can promote autonomy, competence, and belonging, three key components of wellness (Brown & Jeanneret, 2015; Hacking et al., 2008; Kelaher et al., 2013; Meeson, 2012; Phinney et al., 2014). Within an arts-focused, strengths-based studio environment, participants can also build identities as artists and increase social interest through meaningful and valued contribution (Howells & Zelnik, 2009). Applying community-based art therapy practices, an open studio, and exhibitions can increase opportunities for autonomy and empowerment and promote social significance and community connections (Block et al., 2005;
A community art studio that values social justice and promotes inclusion, collaboration, and empowerment is best able to encourage wellness in a variety of populations while reducing stigma and building community (Moon & Shuman, 2013).

**Implications for Practice**

As art therapy grows within clinical mental health care, it must also expand into the community to reach marginalized populations and those who do not wish to identify as needing mental health services (Timm-Bottos, 2016, 2017). Community art studios that are located outside the medical model can provide mental health benefits without the label of mental health care and reach additional populations that clinical services do not provide for. Community art studios can address the growing need for social justice in mental health care by providing non-pathologizing, strengths-based, inclusive environments for diverse people to gather, share their experiences, and build community (Timm-Bottos, 2017). A community art studio under the umbrella of a community cultural development organization that promotes social justice may be a viable means to both expand art therapy practice and sustain the business without compromising its mission (Kapitan et al., 2011). Due to the nature of medical insurance to limit reimbursement to evidence-based treatments, it may benefit the field of art therapy to expand practices outside the medical sphere and establish art-making as a universal, wellness-promoting behavior.

**Recommendations for Future Research**

Further research is needed on the efficacy of art-making as a human behavior as well as in the areas of community-based art therapy, social justice and social action art therapy practices, and community art studios. Case studies, participatory action research, and other research methodologies that describe or invite voluntary contribution of study participants may be more
effective in evaluating community-based art therapy practices than traditional empirical research due to the community context (Kapitan et al., 2011; Moon & Shuman, 2013). Longitudinal studies of art-making and art therapy would also be helpful in establishing the benefits of sustained creative practice such as that occurring in community art studios.

Art therapists, as artists, are also agents for social change with the responsibility to promote collective transformation through creative expression. Expanding the field of art therapy with community art studios based in social justice can answer the need for collaborative, inclusive, wellness-focused options to support the mental health of communities and individuals.
References


