

Article 50

Humanitarian Art Therapy and Mental Health Counseling

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The application of art therapy and/or crisis counseling for post-traumatic stress disorder and disaster relief assistance has steadily increased within the last 15 years (Avrahami, 2005; Byers & Gere, 2007; Diamond-Raab, Joshi, Lewin, & Shambaugh, 2007; Haroon & Naim, 2006; Lantz & Raiz, 2003; Lacroix et al., 2007; Nadkarni, 2007; Talwar, 2007; Van der Kolk, 2002). This increase is due in part to the needs resulting from many environmental and ecological disasters, human calamities, and violent civil conflicts within our growing permeable international borders. Awareness and appreciation of using the arts to foster a sense of healing has been documented within the growing professions of both art therapy and counseling (Brown 2007; Gantt, 2007).

In this paper I describe an example of the integration of humanitarian art therapy and mental health counseling principles in an approach that provides culturally sensitive post-disaster community support. As a licensed mental health counselor and board certified art therapist for disaster relief psychosocial support community groups, I have worked in the U.S., Canada, Turkey, Israel, Palestine, and the Philippines. I believe the “continuity principle” (Omer & Alon, 1994) should be central to any form of international crisis intervention, and that health and psychosocial well-being of affected peoples can be maximized through expression with the arts. Humanitarian art therapy and mental health counseling integration focuses on preserving and restoring continuities at the individual, family, organizational, and community levels.

Omer and Alon (1994) describe building of three continuities as integral to this effort. “Functional continuity” implies that people are able to cope despite disturbances. “Historical continuity” concentrates on the development of feelings of coherence and sameness of self, family, and community over time. “Interpersonal continuity”

establishes the sense that past relationships with deceased significant others and lost physical and environmental belongings will continue to be important in the present and future. These conceptual elements within the continuity principle primarily organize a schema for decision making about intervention in the wake of trauma and disaster.

A Collective Healing through Art (C.H.ARTS) humanitarian arts therapy intervention identifies, mobilizes, and strengthens the skills and capacities of individuals, families, communities, and society through interdisciplinary praxis in order to validate resources and build local capacity. The multi-layered support integrates counseling skills with art therapy techniques and forms alliances between various human services and education professionals. The main premise is to enhance the dignity and integrity of all community professional supports for the continuity of care, resilience, and hope (Alfonso & Byers, in press).

Collective Healing Through Art (C.H.ARTS)

Due to the masses of people typically affected, the condensed time for international support aid, and the limited numbers of local professionals, there are often too few trained mental health professionals to address all the needs of a community impacted by an acute disaster. Therefore a C.H.ARTS intervention begins with building a community of local support of educators, psychologists, social workers, nurses, friends, administrators, and other related professionals. These individuals primarily receive humanitarian art therapy and mental health training for vicarious trauma, compassionate fatigue, or burn-out as they themselves are in need of self-care support in the wake of their own experiences. A one- or two-day crisis intervention training serves to educate these individuals in how to build and recognize art-making as a tool for expression and healing. In this way, they become prepared to join lead facilitators in going to disaster sites and offering direct group support to survivors of disasters. This structural model of brief training supports about 50 workers for the initial 2 days, followed by 2 days of site intervention with over 150 survivors in short periods of 3 to 5 intense contact hours, which offers some relief. When follow-up aid and continued support is made available by the local indigenous communities, Red Cross, or psychology centers, the “continuity” of the humanitarian intervention is maintained.

More specifically, the two-day brief training re-creates a sense of safety and introduces the volunteers to a sense of disaster preparedness in what to expect, such as the degree of shock and the functionality of survivors’ PTSD symptoms. First, creative activities focus on specific role playing for learning how to engage with people while acknowledging their unique sensibilities (Carandang, 1996). Next, a series of expressive art activities focus on how to build an immediate sense of community. For instance, one activity is to honor and introduce the origins and meaning of each participant’s name in subgroups, building a sense of safety and camaraderie. The main tool—using artwork and storytelling to explore projections—is explained during the training, as well as how to intervene while causing no psychological harm. The community group training ends with examples of how to provide closure to the experience through song and honoring participants.

We used the C.H.ARTS intervention process during the aftermath of the 2007 mudslide typhoon disaster in the Philippines (Alfonso & Byers, in press). In this

emergency response situation, we trained 51 local interventionists and then, with these briefly trained local facilitators, we went out into disaster sites; of the 4,000 people at risk, 400 had been identified as at high risk. We saw 151 children, elders, and families in the Barangay Punta Tarawal area and another 171 participants in the Naga University campus. Debriefing sessions with the 51 humanitarian emergency interventionists followed each site community engagement. They reported on their subgroup participants' patterns, habits, and responses as seen in the artwork they produced using some of the art therapy techniques (described later in this paper). Through this process, specific clients were identified as needing immediate further follow-up intervention. Also, the newly trained volunteers were able to voice their emotional responses to the experience and gain arts-based stress management techniques they could use as a means to validate their own emotional processing of the work.

“Sealing Over” vs. Expression of the Disaster Event: Implications

As articulated in Byers and Gere (2007):

Clinicians, artists, and human service workers can create holding environments for healing work that strikes a balance between accepting the denial and distortions necessary for coping and the problem-solving work that is required for change and moving toward a future orientation. Denial and dissociation can help people “move on” in the service of survival. Engaging in pleasant activities can cultivate a positive spiral toward enhanced well-being and positive growth. However, unacknowledged dissociated trauma risks being the catalyst for personal or intergenerational reenactments of trauma or the “chain of pain” inflicted from one person to another... Transformation can occur when a person's own interpretation of the good coming from or created in response to negative events is acknowledged. (p. 388)

Counselors working in crisis intervention have become increasingly adept at assessing impaired functioning, such as is evidenced by dissociative episodes, thought disturbances, extreme over-arousal, atypical changes in mood states, or ability or inability to care for personal needs (Vernberg, 1993). Acute risk of harm to self or others, including suicidality, homicidal ideation, extreme substance abuse, inappropriate anger, or abuse of others are frequently assessed within the early and later stages of post-traumatic responses. In addition, often the presence of a pre-existing serious mental health disorder can be exacerbated by a disaster. According to Young, Ford, Ruzek, Friedman, and Gusman (1998), these types of post-traumatic responses often fall into the following phases: the Heroic Phase (0-72 hours after the disaster event), Honeymoon Phase (1-3 months after), Disillusionment Phase (6 months after), and the Restabilization Phase (36 months after), each of which can be embodied through the arts in various ways.

In the first, or Heroic, phase, time may be experienced as frozen or as boundless in this period of acute reactions. The creation of journals, messages, blueprints, maps, and other expressive outpourings of emotions using basic tools of art media can be used to metaphorically “hold the shock” of the time period. This concretization of memories can also make use of artifacts recovered from the event, a process that may be crucial to

helping individuals gain a sense of control in the most vulnerable hours of acute response (Woodall, 2007).

Within the second, or Honeymoon, phase, the optimistic energy of heroism begins to fade, and individuals may experience a sense of drifting in time as well as continued freeze frame memory of tragic events. Narrative expressive art media that allow individuals to “tell” the story of self and others can serve to provide survivors with evidence of close support systems of friends and family. During this time survivors are encouraged to re-establish their bonds with personal and professional friends and significant people, even outsiders, to validate the meaning and worth of their experience.

The Disillusionment Phase is often typified by extreme fatigue and slow energy, and the restoration time as either fleeting or unending. During this time, helping survivors to be creative using found objects, rejoined through bending, crushing, breaking, entwining, and gluing may help them to prioritize their goals in life and give meaning to the relatively abstract value of their daily life activities.

In the Restabilization Phase, individuals may more fully resume their sense of self from before the tragic event. Time becomes viewed within the spectrum of human life experiences. People tend to use visual artifacts to remember and display memories of their loved ones to share with a broader community. These acts help them to feel a sense of advocacy and renewed purpose in the service of personal and collective agency. Exhibiting art responses and artifacts also helps individuals build healthy compassion for each other and provide renewed hope within the community in the resilience of survivors who honor the legacy of those who have died.

Healing Through Art

In my experience as an international humanitarian art therapist and mental health counselor, individuals’ choices and uses of color, form, content, and line may vary upon their pre-existing coping styles and character. However, what remains constant is the need to bind anxiety to build a sense of personal agency, while the meaning and purpose of one’s life becomes clear. As a therapist, I can see evidence of this in their artwork. In the Philippines intervention mentioned above, we were working with villagers 2 months after the disaster. Most were in the Disillusionment phase of recovery and showed a lack of purpose and meaning in their lives.

One young Filipino, named Ramon, quietly began his subgroup community activity by slowly crushing tissue paper into balls. He surrounded himself on the floor with about 20 of them. He continued to mold the paper while listening to the stories of the 20 or so other survivors in his group. Hearing others’ distress, Ramon suddenly grabbed a tattered roll of tape and began haphazardly taping his paper balls together creating a mountain-like sculpture. Still listening, he began to smooth the tape over the various bumps, leaving room for the different contours. He then attempted to use watercolor to paint over the structure, but with minimum success. He tried to use white glue to help the structure to stay together, again with little luck. Upon noticing another member’s use of paint with glue, Ramon applied a mixture in a further attempt to make his artwork stronger. Determinedly, Ramon continued to cover the whole surface. His various applications of red, green, and yellow paint merged into a shade of brown mud.

He then attempted to add some oil-based modeling clay to the already heavily laden sculpture, even though it did not blend into other materials.

Towards the end of the session, Ramon was able to verbalize how his “volcano” represented the power of nature. He told the group how the spirit of the volcano demanded respect from everyone. He decided that his contribution to the group was a projection of his need to centralize everyone’s stories. He placed his creation in the center of the group art piece, sat back, and sighed in relief. Although he worked for several hours, Ramon said he had not intended to create such a large piece, stating, “It just happened.” Yet, it had taken only 8 actual minutes of the mudslide to kill 200 children, of whom his sister was one.

Ramon did not begin the artwork knowing what he wanted to make. Hearing the stories of others deeply impacted him in a non-verbal way. He released some of his burdens through the art experience and made connections within the community to support the processing of his grief. The spontaneous process of combining tissue paper, tape, glue, paint, and modeling clay into a central heap revealed the high level of stress that Ramon was experiencing. The undifferentiated use of materials and the layering demonstrated his acute post traumatic symptoms and unresolved grief. His cognitive ability to complete the work in some semblance of a mountain showed ego strength, but also demonstrated his profound need to be heard. One might also suspect that his diligent attempt to create a stable structure that was the focus of his artwork represented his underlying guilt about not being able to rescue his sister.

Overall, he expressed a high level of responsibility and could barely contain his anxiety. The act of externalizing his feelings to the group helped him to express how heavy he felt and to gain support from others to let him know he was not in fact responsible for his sister’s death. The metaphoric and actual burden of his secret assumption—that he should or could have saved her—was taking a tremendous toll on his coping strategies. Following the continuity principle (Omer & Alon, 1994), others were able to honor his sister in knowing who she was through her brother’s eyes and heart.

Increasing Understanding Through Art Media

In addition to the more typical analysis of art productions in terms of line, color, form, and context, the humanitarian art therapist facilitator investigates the choices of art materials, the specific attachment connectors, and the emblematic representations of significant people and events. The rendering of art tools, such as the pressure of using a crayon or the thickness or broken lines within a drawing, and the verbalized effort of sighs, coughs, and tears while creating an image are also noted.

Strings of various materials, including wool, rope, wire, cotton, plastic, hemp, and rubber bands can serve as attachment connectors in art media. The use of these connectors ultimately communicates to an audience, and, gives, metaphorically speaking, a perspective of a person’s relationship to the event and the people who were significantly important. The facilitator notes the gauge, tension, and strength of the attachment connectors chosen by the artist. Is the connector versatile, portable, strong, or vulnerable? Does the artist seemingly attack the symbolic lines of communication to, by, or around other specific objects? Are significant knots evident? Are the knots tight, loose,

permanent, or easily re-attached? Do the strings cut, measure, overlay, contour, frame, transport, hang, or secure the other elements of the expressive art form? Is the overall effect of making the 3D artwork disorganized, organized, chaotic, or over-compartmentalized?

Glue is another specific connector of which there are numerous types: compounds, paper, wood, flour, food, sap, plastic, fabric, metal, envelope glue, glue in glue guns, water used with other substances (even a paste of a crushed plant), and other chemical products. The amount of glue used (appropriate or excessive), its application (spontaneous or methodical), or overall messiness can be used as diagnostic tools. How long the glue takes to attach (holding time) can reveal a person's sense of frustration or tolerance. The appropriateness in their choice of glue to objects, and the flexibility of the glued objects can be clues to the degree of projected attachment to significant relationships.

Tape can be used as another connector for diagnosis, and may include duct, masking, cellophane, electrical, double-sided, or Velcro types. The degree to which the participant layers the tape or taped object may demonstrate degree of tension and pressure the individual feels in the context of being with others. The appropriateness of the use of tape for any task, the impact of the residue of tape on the overall image, or the choice of transparent, solid, or colored tape are important elements to observe. Other observations may include the distance between objects that are taped together in 2D or 3D constructions and the size or overall amount of tape. Evidence of the need for assistance vs. autonomous behavior can also signify how persons are coping with their grief or anguish.

Finally, the context and emblematic nature of the content of the art image produced can reveal a rigid stance or reaction to the trauma entrenched in a reactive ideology, cause, or viewpoint. These may demonstrate a person's frozen fear of moving forward into healthy restoration. It is common to see people temporarily resort to depicting national flags, shields of family clan or honor, or personal jewelry with historical charms to fix or build a sense of permanency. The overall content of the art production may be severely fragmented, detached, or isolated. The art work may even be crumbled or tossed away. A work may seem devoid of worth or value.

Humanitarian art therapy and mental health counseling provide an integrated approach that complements other interdisciplinary approaches with various professionals and volunteers to maximize local community reconstitution. As an international outsider, my role is not to inform another culture of the right way to intervene, but to validate all the efforts and contributions of volunteers. This is an extremely important issue for cross-cultural awareness and sensitivity.

Humanitarian art therapy and mental health counseling seek to respect the human dignity of all, by building on the proactive resiliency model and applying the C.H.ARTS principles of continuity sustainability. Expanding on the common practice of providing crayons and paper to children and people in a crisis event, the mental health counselor, with an awareness of additional specific media, has more tools to provide and meet the needs of more people. The hope, according to the community continuity principle, is that people will re-gain a sense of interconnectedness that supports all phases of the typical trauma responses. Art media can reflect the need for continued support and continuity beyond the immediate crisis intervention.

The C.H.ARTS approach, using the theoretical constructs of the continuity principles and application of specific art media, encourages training of non-credentialed local community interventionists appropriate to the grassroots needs of people affected by disasters. In times of severe crisis, informed or briefly educated personnel are often more useful than those who have little or no training. When there is little time, economic support, or local availability of professionals, the humanitarian art therapist and mental health counselor can often provide a sense of “action without borders” to those in need.

References

- Alfonso, G., & Byers, J. (in press). Art therapy and disaster relief in the Philippines. In D. Kalamanowitz, I. Fung, & J. Potash, *Art Therapy in Asia*. London, England: Jessica Kinsley.
- Avrahami, D. (2005). Visual art therapy's unique contribution in the treatment of post traumatic stress disorders. *Journal of Trauma and Dissociation*, 6, 5-38.
- Brown, C. (2007). Facilitating therapeutic expression and communication through play. *Medical Principles and Practice*, 16, 27-32.
- Byers, J. G., & Gere, S. H. (2007). Expressions in the service of humanity: Trauma and temporality. *Journal of Humanistic Psychology*, 47, 384-391.
- Carandang, M. L. (1996). *Pakikipagkapwa-damdamin: Accompanying survivors of disasters*. Makati City, Philippines: Bookmark, Inc.
- Diamond-Raab, L., Joshi, P. T., Lewin, S. M., & Shambaugh, S. G. (2007). *Hands-on approaches to helping children heal from traumatic events*. Washington, DC: International Center to Heal Our Children: Building Health Minds and Futures, Children's National Medical Center. Retrieved from <http://www.childrensnational.org/DepartmentsandPrograms/ICHOC/resources.aspx>
- Gantt, L. (2007). Intensive trauma therapy of PTSD and dissociation: An outcome study. *Arts in Psychotherapy*, 34, 69-80.
- Haroon, A. S., & Naim, S. M. (2006). Healing through art therapy in disaster settings. *Lancet. Dec. Supplement*, 368, 28-29.
- Lacroix, L., Rousseau, C., Gauthier, M. F., Singh, A., Giguere, N., & Lemzoudi, Y. (2007). Immigrant and refugee preschooler's sandplay representations of tsunami. *Arts in Psychotherapy*, 34, 99-113.
- Lantz, J., & Raiz, L. (2003). Play and art in Existential Trauma Therapy with children and their parents. *Contemporary Family Therapy: An International Journal*, 25.
- Nadkarni, M. (2007). Immediate psychological support for children after a disaster: A concept. *The Internet Journal of Rescue and Disaster Medicine*, 6, 2.
- Omer, H., & Alon, N. (1994). The Continuity Principle: A unified approach to disaster and trauma. *American Journal of Community Psychology*, 22(2), 273-287.
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *Arts in Psychotherapy*, 34, 22-35.
- Van der Kolk, B. A. (2002). The assessment and treatment of complex PTSD. In R. Yehuda (Ed.), *Treating trauma survivors with PTSD* (pp. 127-156). Washington, DC: American Psychiatric Pub.
- Vernburg, E. M., & Vogel, J. (1993). Task force report 2: Interventions with children after disasters. *Journal of Clinical Child Psychology*, 22, 464-484.

- Woodall, J. (2007). Suffering, art, and healing. *Journal of Pedagogy, Pluralism, and Practice*, 12.
- Young, B. H., Ford, J. D., Ruzek, J. I., Friedman, M., & Gusman, F. D. (1998). *Disaster mental health services: A guide for clinicians and administrators*. Palo Alto, CA: National Center for Post-Traumatic Stress Disorder.

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