Group Art Therapy Clinical Intervention Program for Black Women Who Experienced Sexual Trauma in Early Adulthood

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Abstract

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This theoretical clinical intervention program research paper was designed to fill the gaps between art therapy, drama therapy, sexual trauma therapy groups and black women who have been sexually assaulted in early adulthood. By creating a program specifically catered to a group of marginalized oppressed peoples, I hope to demonstrate that the thought and detail put into ones clients healing and growth process is valuable and essential. The irony of doing research about institutionalized racism in a patriarchal white supremacist society is that although I know my own and countless other black women's' traumas to be true, the system is inherently rigged so as to limit my ability to cite and validate my truth, so to speak, in papers such as this. The following research aims to combine and summarize to the best of my ability, the studies that have been done to date which branch my particular niche of study into one cohesive project. I feel it is important to note that this research is made possible despite reduced accessibility to resources such as the university's library on-campus and a global pandemic or COVID-19. The abrupt end to my almost two year program in March of 2020 and the heavy wave of emotions following the eruption of the Black Lives Matter movement after the murder of innocent black man George Floyd at the hands of two Minneapolis police officers (CBC News, 2020) made for a subsequently painful yet powerful push start to the work I will be dedicating my entire career to. I hope to inspire the next generation to carry the torch until black lives, black mental health, and black futures more than matter.

Keywords: art therapy, drama therapy, psychotherapy, group therapy, women of colour, black women, Africa-American women, people of colour, African diaspora, doll-making, river work, drama core processes, sexual assault, sexual abuse, rape, trauma, healing, black lives matter, covid-19, pandemic

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I would like to thank my mother for igniting my passion in the arts, for investing in my future, and for introducing me to the existence of my field at the age of seventeen. I would like to thank my father for consistently supporting my eccentric life plan despite multiple debates. I would like to thank my eldest sister for playing a huge parental-like role my entire life and for supporting me when I needed a home and help to build my future. I would like to thank all of my professors, my mentors, my supervisors, my family members, my classmates, my friends and my past partners who have helped scaffold my journey along the way. None of this ten-year plan would be possible without my village, and for that I thank all of you from the bottom of my heart.

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Section One: Introduction

Upon completion of my first year in graduate school, I took an elective class in an adjacent discipline titled Introduction to Drama Therapy. My first year in Art Therapy classes gave me the confidence to trust that I could withstand the emotional labour and energy that is required for a graduate level therapy skills course. The second year students, such as myself, were asked to adapt an intervention from drama therapy into our respective modalities for the final assignment that inevitably became a stepping-stone for the following theoretical intervention research. I immediately recalled a class where I felt frozen, sick and angry all at once following an intervention, which was presented to us as "River Work." A seemingly simple instruction from my professor to use my voice when stepping onto the 'river,' a blanket, completely stupefied me. It had occurred to me that this was the first time in my academic career I was being asked and encouraged to highlight my voice and my body's movement impulsively. I felt frustration and mostly shame because I could not get my body to perform such a menial task in front of my peers and professor. The experience made me realize how long it has taken me to find my voice as a black woman in a world built to silence me and erase me; it is still a work in progress everyday. Nearly a decade passed before I was able to speak on my story of sexual assault with anyone due to stigma, shame and fear of the consequences if I had exposed the truth about an acquaintance to our mutual friends. I did not quite have the vocabulary for what happened back then and I certainly did not know I could turn to the police or sexual health centres for legal and medical aid. I held onto the pain, as so many women do, and shoved it deep down into the corner of my soul just as I had been told and taught to do my entire life.

In hindsight, I realize I had spent the better part of my undergrad in fine arts battling my professors' guidance about a unique uniform style of artwork like most of my peers. However, I now know I was and always will use creative expression as a detrimental outlet to scaffold and support my mental health and ultimately my survival. The Creative Arts Therapies Master's program presented me with a range of resources and safe spaces to begin processing my own sexual traumas albeit through a problematic lens muddied with white supremacy and capitalism. The program inspired me to use the

gifts I was given and the tools I was learning to help and to cater to other black women in similar circumstances to find their own strength in their voices through art therapy. This research project allowed me to start the healing process from a nearly 9-year-old trauma, which inspired me to create change and to inspire young black women around me to practice self-love, healing and peace. I no longer want to subscribe to the narrative that black women are somehow inherently stronger and emotionally bulletproof. Our trauma is real and serious, and deserves to be treated as such. The following theoretical clinical intervention program is a potential mental health resource I had no idea could exist and often wish I could have had access to when I needed it all those years ago. What could end up being my life's work was gradually built from this formative academic experience in my elective class and will hopefully become a fruitful mental health option for black women needing support in the near future.

Keyword Definitions

Art Therapy: A clinical mental health service where clients participate in their own treatment through verbal and creative expression with the support of a professional Art Therapist for exploration, goal-setting and healing (Malchiodi, 2007).

Drama Therapy: A clinical mental health service where clients participate in their own treatment through eight therapeutic core processes, with the support of a professional Drama Therapist for exploration, goal-setting and healing (Jones, 2007).

Psychotherapy: A clinical mental health service where the support of a psychotherapist helps clients' to strive for insight, goal-setting and healing.

Intervention: A verbal statement, question or instruction from a facilitator to scaffold a client's treatment, therapeutic goals, and process.

Black People: Individuals who identify themselves as having ancestry within the African diaspora.

African Diaspora: An umbrella term that attempts to encompass and unify people with ancestry from the continent of Africa. A vast range of individuals who may also identify as "black"; as it is fairly common for an individual to be aware of their African ancestry while simultaneously being unaware of which specific region due to the repercussions of the trans-Atlantic slave trade (Evans, 2015).

People of Colour: Individuals who do not identify as Caucasian or of European descent.

Trauma: A physical, psychological and emotional response to an uncontainable event potentially resulting in post-traumatic stress disorder (PTSD)(Shore, 2012).

Sexual Assault: An abuse of power where one person violates another's body physically through unwanted sexual contact causing unsolicited harm and trauma, including but not limited to rape (CCWRC, 2013).

Rape: A type of sexual assault where one person forces sexual intercourse through vaginal, anal or oral penetration by a body part or an object causing unsolicited harm and trauma to another person. (CCWRC, 2013)

Methodology

My research question for the purposes of this paper is how can an art therapy clinical program that aims to create a safe space for black women who have experienced sexual trauma in adulthood affect their healing process? The following three questions are subsidiary; how does art therapy affect clients who have been sexually assaulted? ; Which populations are being helped and included in studies for art therapy groups on the theme of sexual assault? ; What are the experiences of marginalized groups going through the current state of mental healthcare systems and what can be done to improve them? Seeing as this research question is broad and involves several parts such as the creative arts therapies, group therapy for sexual abuse, and cultural competency it would be most appropriate to use a theoretical intervention based type of research. This would allow for a well-developed hypothesis for a potentially successful clinical program based on the current literature available in peer-reviewed journals retrieved from Psycinfo. Theoretical intervention research involves collecting relevant data followed by organizing and analyzing important findings in regards to subsidiary questions that help to formulate a hypothesis and attempt to answer the research question (Fraser & Galinsky, 2010).

Theoretical intervention research does not require any human participants active involvement and therefore does not technically need to evaluate any ethical considerations. However, if the study were to be carried out in the future it would require careful consideration of the rules in the Association of Art Therapy of Quebec (AATQ). Articles 3.2 and 3.5 of the AATQ (2019) outline the importance of acknowledging whether or not the art therapist is appropriately trained to help support a particular

clientele, and to prioritize the art therapists own mental health so as to not become triggered or to trigger their clients with the emotionally challenging content of trauma themed therapy. The AATQ emphasizes that it is important for a therapist to recognize one's limitations and refer their clients out to other professionals if need be. In addition to reviewing the AATQ, the study would also need to follow the Government of Canada's Panel on Research Ethics for the Tri-Council Policy Statement (TCPS) on ethical conduct for research involving humans. The TCPS (2018, 10.2) emphasizes the importance of valid consent and mutual understanding of the experiment between the participants and the researchers. This would mean that the participants for the art therapy group on sexual assault would be fully aware of the theme of the group, the purpose of the group and the goals of the group.

The main forms of data that can be collected for theoretical intervention research are the results of various relevant studies in journals that have been peer reviewed. The clinical intervention program is still in the hypothesis stage and aims to fill a gap in the field through an examination and analysis of existing research that is similar and relevant. For example, one of the main keyword combinations researched for data collection would be "art therapy" and "sexual abuse or assault." Other keyword combinations include "drama therapy" with "sexual abuse or assault," "black women" with "art therapy," and "art therapy" with "women group" and "sexual assault." I am primarily looking for data on the effects of art therapy for black women who have experienced sexual assault to see if it is a valid method of treatment for this particular type of trauma. An additional point to consider would be the affects of group art therapy as opposed to individual therapy for this population. I am also looking for the effects of miscellaneous types of therapy on marginalized populations such as black women to investigate their treatment durations and treatment outcomes. The combination of data that I have collected will give me an idea of how the creative arts therapies has impacted clients with sexual traumas, how the creative arts therapies has adjusted or prepared for the increasingly diverse clientele they are servicing and lastly the effects of the current state of the mental healthcare system in regards to black women in particular.

The researcher needs to establish a research question to begin their theoretical research as the first step. For example, how can an art therapy clinical program that aims

to create a safe space for black women who have experienced sexual trauma in adulthood affect their healing process? Once a hypothesis has been formed, the researcher will move forward to the second step, which is to note any subsidiary questions to help their search for relevant literature on the chosen topic. My current hypothesis is that the clinical program would benefit this population in positive ways that amplify their voices, improves mood, and creates a safe space for collective expression and healing. The third step would be to create a list of key words and establish which databases the researcher will use to conduct their search. Clues and Psycinfo are databases provided by Concordia University wherein the following keywords will be highlighted for this study: women, women of colour, black women, art therapy, drama therapy, group art therapy, sexual assault group, sexual abuse, sexual violence, sexual trauma, sexual assault, and rape. Fourth, through a process of matching and coding relevant themes such: age, ethnicity, group size or results; the researcher will compile a library of articles to critically analyze. So far, over twenty-five articles have been retrieved for analysis. The researcher should be wary of any biases that may skew their process of inquiry so as to not only use articles that confirm their hypothesis, by using a wide range of data from a variety of therapeutic journals across the globe outside the scope of the creative arts therapies. Although I would be pleased to see art therapy groups specifically for black women who have been sexually traumatized, the specifications of such a group has yet to be met. Once the information from the journal articles has been processed, it should be coded into categories and summarized during the fifth step. The categories so far are creative art therapy and sexual abuse, miscellaneous therapy and sexual abuse, female art therapy groups, and therapy for black women.

The data analysis aims to be done with the least amount of bias possible; especially if the researcher identifies heavily with the population they are interested in studying like myself. Personal investment and other risk factors need to be considered while analyzing the data for theoretical intervention research (Rothman & Edwin, 1994). I would need to acknowledge that I identify as a black women who has been sexually assaulted to confront my bias and also my privilege in being able to study this topic in a post-graduate level program. Acknowledging and being aware of my investment in the project will propel me to consider all the relevant information to my study. For this

research in particular, I would rely on the AATQ, the TCPS and Health Canada to make sure I am covering all of my bases in terms of ethical requirements for the clinical intervention program and the hypothetical future study with human participants. Health Canada provides me with relevant statistics and definitions for sexual assault, sexual abuse and rape which helps to keep me up to date so that my research can be as fact based as possible (Conroy & Cotter, 2017). As far as the research is concerned, it would also be important to look at the practicalities of the clinical programs design specifically for trauma in creative arts therapy. Creating safe spaces, being present for the hypothetical clients to process or cope with their emotions, and fostering psychological safety during the sessions would be an example of trauma-informed practice that would be integrated into the program (Edwards, 2017).

Conclusions cannot be drawn at this stage of the research. Theoretical intervention research is simply a theory that is based on the literature that already exists and hypothesizing a solution for the gaps in the research. Based on the research that has already been done, I would hypothesize that an art therapy group specifically for black women could improve their symptoms of depression, anxiety, low self-esteem, rage and other challenges that can result from sexual trauma (Brooke, 1995; Erdur, Rude & Baron, 2003; Pifalo, 2002; Pretorius & Pfeifer, 2010; Visser & du Plessis, 2015). No such group has been specifically formulated to date, so it would be an important milestone for the creative arts therapies community to add diversity to the populations that are currently being studied which are mainly middle-class Caucasian women (Backos & Pagon, 1999; Brooke, 1995; Hebert & Bergeron, 2012).

The validity and reliability of the research will be addressed through the statistical analysis of the studies that have already been conducted for art therapy sexual assault groups. Qualitative research for sexual assault victims in art therapy have used a variety of scales to measure the statistics with pre- and post-therapy interviews, such as the Rosenberg Self-Esteem Scale, the Trauma Symptom Checklist for Children, the Culture-Free Self-Esteem Inventory Survey, (Brooke, 1995; Pifalo, 2002; Pretorius & Pfeifer, 2010; Visser & du Plessis, 2015). The scale that is most used or the most valid has yet to be determined by the researcher and will be assessed further to solidify the clinical program study.

Ethical Considerations

Ethical considerations for the theoretical clinical intervention program include a screening form to ensure the safety of the space for the clients, appropriate resources for emergencies, extra emotional support, and finally transparency of the groups' process and goals with the intention of reducing triggers or surprises. Ensuring a safe space for black women who have been sexually assaulted involves a screening form for background information including but not limited to the clients' ethnicities, traumas and past mental health care records. Ethnically focused support groups often face backlash from the community citing "reverse racism" which is a made up phenomenon used to take attention away from the very real issue of anti-black racism. The purpose of this particular focused therapy group is to process the effects of sexual trauma through the lens of institutionalized racism without having to explain or justify that it exists. The extra time and energy it would take to update Caucasian or non-black minorities on a lifetime of oppression would be incredibly time consuming and deter away from the main purpose of the group which is to process a collective trauma in a safe space.

Lastly, seeing as I am part of the population being served, it is important to be wary of the signs of burnout and emotional exhaustion through frequent supervision and individual therapy as the facilitator-researcher. Details about the process of the themed group therapy sessions and the facilitator-researcher will also be available in the consent form for potential clients. Due to the heavy nature of a sexual assault-themed therapy group and the high potential for triggers, extra resources for emergencies would be provided such as brochures for sexual health centres, access to toll-free phone support, additional support staff, and a secondary space for clients to retreat to if they need a break during sessions.

Section 2: Literature Review

To preface the following literature review, I feel it is necessary to acknowledge that I take a more personal stance due to lack of research and my position as a researcher with personal truths and biases on the given topic. Citing experiences can prove to be difficult when the system that requires citations is the same system that also denies and prevents narrative literature from black researchers. To witness the constant murdering and mistreatment of people who look like myself feels as though the simple act of

breathing is a political act whereas others get to see racism in their periphery. I am proud to drop this paper in the ocean of literature available in a time where the Black Lives Matter movement is making strides towards the equitable treatment of individuals in the African diaspora.

In this section, I primarily cover research found related to sexual assault statistics in Canada, the effects of trauma on the body, creative arts therapy groups for women on the theme of sexual assault, as well as miscellaneous therapy groups on the theme of sexual assault.

The literature review below attempts to summarize research articles for studies tailored to black women on the theme of sexual assault in art therapy. The peer reviewed journal articles cited were found through the online search engine Psycinfo, offered by Concordia University's library. Although an art therapy group catered to sexually traumatized black women specifically does not exist, there are similar groups for sexually traumatized women across a variety of disciplines. The types of groups discussed are primarily for adult women, mostly Caucasian, who were sexually abused or assaulted in their childhood (Backos & Pagon, 1999; Brooke, 1995; Hébert & Bergeron, 2012; Pretorius & Pfeifer, 2010). A variety of group therapy articles come from the *Journal of Child & Adolescent Mental Health, the Journal of Child Sexual Abuse, the Arts in Psychotherapy Journal, the International Journal of Group Psychotherapy, the Journal of the American Art Therapy Association, The South African Journal of Psychology, and the Journal of Poetry Therapy.* The factors of inclusion in my search are primarily combinations of key words: group, art therapy, women, survivor, victim, experienced, sexual trauma, sexual violence, sexual assault, sexual abuse or rape; as well as terms for individuals who fall under the umbrella of the African diaspora: African American, West Indian, Caribbean, Black, Visible Minority and Women or People of Colour. The parameters of inclusion are broad in order to find research that is relevant and includes criteria for therapy groups on the theme of sexual assault at minimum. Parameters of exclusion for the purposes of this study are sexual assault therapy groups for genders other than female for the sake of consistency and also due to the limited research available.

Sexual Assault Statistics

Conroy & Cotter (2017) describe sexual assault, as a highly gendered crime in Canada noting that one in every three women will experience it in their lifetime, compared to one in every six men. Conroy & Cotter (2017) report that it is estimated that over 600,000 assaults occur each year and only approximately six in every 100 assaults are self-reported to the police. Due to stigma and shame, many sexual assault victims spend their lifetimes without receiving the adequate treatment that they desperately need and deserve. The highest rates of sexual assaults happen to young adults between the ages of fifteen and twenty-five years old. Despite the majority of assaults occurring in early adulthood, most therapy groups on the theme of sexual assault cater to and focus solely on individuals who were assaulted in their childhood. The rape culture narrative would have society believe that most assaults are random violent acts by strangers however over half of sexual assault victims know their assailant through family, friends and acquaintances. Black women, indigenous women, women of colour, transgender women and women with disabilities are at a higher risk of being sexually assaulted due to the intersections of societal structures and power imbalances, which increases their vulnerability (Conroy and Cotter, 2017).

Trauma in the Body

Sexual assault is one of many examples of bodily trauma that can trigger negative physical, mental and emotional responses that continue to be felt for months or years after the assault, which can manifest as PTSD. Traumatic events signal parts of the brain responsible for recognizing threats and trigger a release of adrenaline into the body in order to prepare for fight, flight or freeze responses (Schore, 2012). Traumas put the body in survival mode as the rush of emotion and adrenaline compromise the regular cognition of the brain, which affects memory retrieval. The brain's limbic system, responsible for emotions, memories and stimulation simultaneously records the physical effects of the trauma in the body (Talwar, 2007). For example, physical responses such as increased heart rate, increased blood pressure and increased body temperature can be retriggered by flashbacks, interactions or stories throughout ones lifetime (Talwar, 2007). Depending on the severity of the trauma, therapeutic treatment can last up to a decade.

I feel it is important to address the effects of trauma, as it is a universal somatic experience all humans feel at one point or another. Art therapy is just one of the many forms of help available to individuals seeking mental health treatment for trauma or sexual assault. The creative processes involved in a client's treatment in art therapy helps to activate the limbic system and subsequently aids in memory retrieval of non-verbal information (Gant & Tinnin, 2009). In other words, art making can help clients tap into a different part of their brain which allows them to express emotions through creativity as oppose to explaining their emotions solely through verbal methods. By combining various methods from the creative arts therapies, the following theoretical intervention research aims to acknowledge and address that trauma is very rooted in the body and to be mindful of activating and triggering clients through an intervention that is quite embodied itself.

Psychotherapy with Black Clients

A common finding in the literature is that African Americans have predominantly negative attitudes towards seeking mental health services compared to white Americans, especially after negative experiences with mental health professionals (Diala et al., 2000). African Americans were primarily worried about racism, stigma, and judgement in mental health spaces (Gaston, 2016). Generational and environmental factors that contribute to the negative stigmas around mental health and ultimately sway African Americans opinions on whether or not to seek help include their age, years lived in the United States and socialization (Jackson et al., 2007). Ethnic mismatches between therapists and clients are found to be associated with fewer therapy sessions attended by African American clients getting services from therapists with an ethnicity outside of the African diaspora (Erdur, Rude & Baron, 2003).

The ethnic background among black immigrants is an important factor in mental health services use (Jackson et al., 2007). Third generation Caribbean's exceeded the use of mental health services compared to their African American counterparts (Jackson et al., 2007). Cultural factors such as immigration, country of origin and length of time lived in the United States are determinants of mental health service use for black people in America. The literature mainly reflects the lack of use of mental health services for

African Americans and tends to neglect the experiences of black populations who seek or use mental health services in Canada. The African diaspora is so incredibly vast and differs greatly between Canadians and Americans depending on how a family chose to settle or how they were forced to settle around the world. Other ramifications of the transAtlantic slave trade such as systemically raping black women for hundreds of years has caused psychosocial and historical trauma making it imperative to create and access culturally relevant approaches (Evans, 2015). Facilitator's social intersections as far as ethnicity and their education or attitude around cultural competence are important factors when conducting group therapy sessions with marginalized populations.

Sexual Assault-Themed Art Therapy Groups

The current literature available concerning group art therapy on the theme of sexual assault for participants who experienced the trauma in adulthood are limited, and even more so for specific racialized minority populations. The research appears predominantly focused on children and adolescents or adults who experienced sexual trauma in their childhood, with varying but limited cultural diversity. The following review of literature will explore the benefits of group art therapy for sexual abuse survivors by examining the demographics of the facilitators and of the participants in the studies, and the importance of diversity and inclusion in broadening the field of art therapy research.

Facilitators

Studies on art therapy groups for sexual assault victims have been conducted through a variety of therapeutic approaches, types of facilitators and group curation choices. Hébert & Bergeron (2012) conducted a study based on a feminist model for French-Canadian women who experienced sexual assault in their childhood. The feminist approach incorporated the effects of power imbalances due to the socialization of men and other societal factors (Hébert & Bergeron, 2012). Other therapeutic approaches include trauma informed, existential, humanistic, Gestalt, play and client-centered (Klorer, 1995; Pretorius & Pfeifer, 2010). Vandeusen & Carr (2008) conducted a study in which they had two groups of university women running separately, one facilitated by a social worker and the other by a counsellor. Hébert and Bergeron (2012), a sexologist and a social worker respectively, conducted an art therapy group for women sexually abused

in childhood. Other types of facilitators included art therapists as well as play therapists, counselling psychologists, and graduate students in counselling education programs (Brooke, 1995; Klorer, 1995; Pretorius & Pfeifer, 2010). For future research, it would be interesting to compare the study results between sexual assault themed art therapy groups run by art therapists and sexual assault themed art therapy groups run by other kinds of therapists or facilitators in similar mental health fields.

Participants

The art therapy group curation process for sexual assault victims can be based on a variety of factors. Some of the main criteria for assigning a participant is their age, gender, the type of sexual assault and the time passed since the assault occurred. For example, Vandeusen & Carr (2008) conducted a study in which one of their groups was comprised of adult members who had been sexually assaulted by a caregiver in their childhood and the other group was comprised of adult members who had been raped by a stranger or acquaintance in early adulthood. Assigning participants based on their specific needs created a better cohesion and a lower risk for potential harm (Vandeusen & Carr, 2008). The participants for art therapy sexual assault groups are referred through several methods such as student resource centres, clinician referrals, self-referrals, rape crisis centres, child protection services, treatment centres for child victims, mental health community centres and women's centres (Backos & Pagon, 1999; Brooke, 1995; Pifalo, 2002; Vandeusen & Carr, 2003). The demographics for the participants are fairly homogenous populations comprised mostly of the middle-class, female, Caucasian with some participants of colour ranging from zero to approximately twenty percent of the group (Backos & Pagon, 1999; Brooke, 1995; Hébert & Bergeron, 2012; Pretorius & Pfeifer, 2010). Though many similarities exist, group therapy treatment for adolescents with sexual trauma have different needs from adult groups.

Adolescents going through a critical developmental stage whilst also processing a sexual trauma go through an overwhelming sense of mourning due to feelings around their loss of childhood (Backos & Pagon, 1999). Backos & Pagon (1999), conducted a study in which art making allowed teen participants to process their emotions and to support one another through their sudden need to grow up quicker than their peers involuntarily due to stress around sexually transmitted infections, pregnancy and future

abuse. The adolescents in Backos & Pagon's (1999) group were able to process a plethora of themes through the art making which included anger and rage in particular. Other themes that came up frequently were self-blame, shame, lack of support, ridicule, rejection, and criticism from peers in the teens social networks (Backos & Pagon, 1999). Other themes that often come up in sexual assault art therapy groups for children and adolescents are the loss of bodily integrity, inability to trust others, feelings of betrayal, feeling of being worthless, marked or damaged, inability or difficulty accessing and expressing emotion, repression, and sexual acting out (Pifalo, 2002). For younger children especially, it is important to be wary of stifling the child's ability to gain mastery over their sexual impulses (Klorer, 1995). Symptoms of PTSD, dissociation and anxiety were also reduced through various art therapy groups conducted on the theme of sexual assault (Pifalo, 2002; Pretorius & Pfeifer, 2010; Visser & du Plessis, 2015). Klorer (1995) found that the combination of art therapy and play therapy using a transitional object, i.e., an anatomical doll, helped to reduce sexual acting out for a group of sexually abused children.

Post-Therapy Results

Art therapy groups for adult sexual assault victims seem to have overwhelmingly positive results for their participants. The goal of group therapy is to instil a feeling of hope for the participants, to create a shared sense of togetherness, to share information, to socialize, and to create a cathartic environment (Yalom, 1995). The majority of sexual assault art therapy group research has been done qualitatively using pre- and post-therapy interviews, including the Rosenberg Self-Esteem Scale, the Trauma Symptom Checklist for Children, the Culture-Free Self-Esteem Inventory Survey, and the Human Figure Drawing assessment (Brooke, 1995; Pifalo, 2002; Pretorius & Pfeifer, 2010; Visser & du Plessis, 2015). Vandeusen & Carr (2008) conducted a study in which the participants reported behavioural, cognitive and affective benefits upon completion. Participants in Vandeusen & Carr's (2008) study also reported that feeling safe to share their stories and a similar experience was most important to them. Hébert & Bergeron (2012) found that their study helped to reduce feelings of stigma, social isolation, distress and depression as well as an increase in self-esteem and positive interpersonal relationships.

Review of Findings in the Literature

Art therapy is a fairly young and unique discipline in the mental healthcare field. The research that has been completed thus far has been rich and informative; however there is still a long way to go as far as the diversity in the population samples are concerned. People of colour and more specifically people from the African diaspora have not been extensively researched in the field of art therapy in Canada as much as they have been researched in psychotherapy and psychology in the United States. Hiscox's (1995) study "The Art of West Indian Clients: Art Therapy as a Nonverbal Modality" and Gipson's (2015) "Is Cultural Competence Enough? Deepening Social Justice Pedagogy in Art Therapy" are just two examples of the incredibly limited research studies available in the field of art therapy specifically for people in the African diaspora. Mental healthcare in the black community has been a stigmatized topic for ages and is only now becoming more and more acceptable in recent years. It will be interesting to see the research that comes from the creative arts therapy fields as we move toward a more progressive and radical movement to include more and more marginalized populations as practitioners and clients. Creating safe spaces, being actively anti-racism and doing the work to learn about cultural humility and diversity are crucial for clinicians to be able to ethically help their clients healing process. The field of art therapy has birthed fruitful research on its effects concerning the treatment for sexual abuse, trauma and group therapy. In the future, I hope to see an increase in studies with interventions that combine approaches from the creative arts therapies, as well as a broadening of the populations being studied including male and queer victims of sexual assault.

Drama Therapy & River Work

Drama as Therapy is under the umbrella of the creative arts therapy field by which Jones (2007) describes it as using "the potential of drama to reflect and transform life experiences to enable clients to express and work through problems they are encountering or to maintain a client's well-being and health"(p.8). Drama therapy centres its work on the combination of elements identified as the following core processes: dramatic projection, drama-therapeutic empathy and distancing, role-playing and personification, interactive audience and witnessing, embodiment: dramatizing the body, playing, life-drama connection, and transformation. Based on my original art therapy

adaptation of river work in class, described below, I selected four drama therapy core processes that are the most relevant to what is now my research.

Jones (2017) explains dramatic projection as "the process by which clients project aspects of themselves or their experience into theatrical or dramatic materials or into enactment, and thereby externalise inner conflicts" (p.84). For example, requesting that clients introduce themselves through their choice of a finger puppet can ignite dramatic projection where clients describe the puppets with their own personal characteristics unconsciously. Next is personification, which "is the act of representing something or some personal quality or aspect of a person using objects dramatically" (Jones, 2007, p.94). Personification is similar to dramatic projection, however it is more intentional than unconscious regarding a persons dramatic use of an object. Distancing "encourages an involvement which is more orientated towards thought, reflection and perspective" (Jones, 2007, p.95). Creating distance in drama therapy allows clients to view their experience from a different perspective similar to an outside viewer without being completely disengaged or disconnected from the material. Lastly, embodiment invites clients to "discover and express roles, ideas and relationships through face, hands, movement, and voice – the body" (Jones, 2007, p.113). Embodying different aspects of the self through face, hands, movement and voice can reflect how one communicates with themselves and those around them.

The river intervention that I was introduced to in class is comprised of a few simple steps and instructions. To begin the exercise, participants are asked to stand up and to get into a circle around the edges of a blanket placed in the centre of the floor. Next, acting on impulses, participants are invited to take steps individually or together "into the river" or onto the blanket, and to make a sound simultaneously including but not limited to songs, beats, or words (Driver, 2019). Participants can come in and out of the river as many times as they please, until the time allotted to the exercise is over. The intervention can be followed up with a group discussion about how the exercise impacted everyone. My professor and now supervisor, Driver (2019) adapted this intervention from Bogart & Landau's (2005) shape exercise "THE RIVER"(p.58) in *The Viewpoints Book* for improvisation techniques in theatre. The river exercise can be adapted to accommodate a variety of explorations and groups depending on the needs of the

individual participants. The sound river was my experience, however it could easily be transformed into another version like a shape river, a gesture river, a swearing river, or a singing river. The intervention propels the participants to explore the kinaesthetic relationship amongst them as a group while simultaneously responding to their own individual needs, impulses, reactions and tendencies (Driver, 2019).

Section 3: Theoretical Intervention Clinical Program Breakdown

Overview of Proposed Clinical Program

As mentioned, the proposed theoretical clinical intervention program was inspired by an intervention I experienced in an introduction to drama therapy course. My experience of this exercise was challenging because it involved a level of spontaneity that I am not comfortable with in academic settings. Using my body and my voice for selfexpression with a group of people requires a level of trust and acceptance that I rarely feel in spaces where I am often the only person of colour or black person. My lifelong familiarity with being stereotyped and discriminated against, along with being silenced or erased in so many spaces was enough for me to know this exercise was not my particular place to display my authentic self: a silly black girl. I felt like I could hear every voice that has ever told me to be smaller and quiet all at once. The discomfort and apprehension I felt nearly paralyzed me, but also sparked a series of internal questioning: why can I not do this? ; who asks me to be loud and silly?; am I allowed to be myself? Subsequently, the experience and the required final assignment inspired me to create an adapted version of the intervention using art therapy to create distance between the exercise and the participants. The blanket river we were asked to physically step onto became a warm-up exercise using fluid materials to create a small visual of the river. Next, instead of asking participants to physically step onto their small river drawings, distance will be created through personal doll-making with the ultimate goal of fostering a feeling of safety when being witnessed in front of a group and sharing expressively.

For the duration of several weeks, a group of black women who have experienced a form of sexual trauma will be invited to participate in an art therapy clinical program designed specifically for their support and healing. The introductory work involves check-ins using various media such as paint or soft pastels and subsequently a personalised doll-making workshop. The dolls and drawings will be used in combination

for specific therapeutic goals with a different river intervention each week. The main goal of the group is to create a safe space, express emotions, build support and trust using counselling skills methods to gain insight and inspire active growth and healing. Towards the conclusion of the group, the goals are to decrease feelings of anxiety, depression, and PTSD, while improving self-esteem, as well as emotional regulation.

Therapists Role and Goals for Group

The therapists' role as facilitator and researcher is complex because they hold several identities in the space including being part of the population that they are trying to help and provide services for. The therapist needs to hold space for everyone in the room while gently scaffolding participants through the therapeutic processes of exploration, insight and action (Hill, 2014). The therapist aims to build a strong alliance with each client and to foster group cohesion through modelling emotions and self-disclosure. As the facilitator of the group; consent forms and group guidelines must be filled out and made clear to clients at the beginning of the program. A structured outline of the time frame will be established as well as intervention plans for each clients individual therapeutic goals. Once the alliances have been established and there is group cohesion, trust and support builds a solid foundation for deep emotional work and healing.

Theoretical Intervention Plan

Introductions and Warm-ups. The first session of the program will be dedicated to introducing the participants to each other and to the therapist. Once names and seating have been established, the therapist can move on to general guidelines for the space, a timeline for the sessions, consent forms and treatment goals. The frame of the clinical program and its' processes will be clearly outlined and will be followed by an open opportunity to ask any additional questions or concerns. The introductions and formalities are for the first session only.

The following sessions will begin with a short art intervention or warm-up that allows the participants to express how they are feeling in the moment and to get acclimated to one another in order to start the session. The warm-ups will be on the theme of rivers, in which each session the members will be asked to choose a media to work with and create their emotional river for the day. The rivers will be combined together to create one large unified body of water. The body of water will be used as a

starting point, replacing the river or blanket from the original exercise it was adapted from. Warm-ups are short in length, usually lasting approximately ten minutes to ease clients into the art making process that can sometimes be intimidating.

Doll Making & River Work

Following the introductory session and the subsequent river warm-up interventions, the therapist will introduce a doll-making exercise. Dolls and figurines have been used for centuries for a multitude of purposes such as religious ceremonies, life-sustaining functions, popularizing figures in the media, and toys for children (FeenCalligan, Mcintyre, & Sands-Goldstein, 2009). Doll work in art therapy can provide a healthy type of mirroring of ones identity, role playing as well as helping to process grief or connecting with deep rooted issues from the past. The therapist will guide their participants through a step-by-step process on how to build their personal dolls starting with pipe cleaners as a skeletal-like foundation. Participants will be encouraged to then wrap each limb with fabric to solidify the dolls structure, followed by creatively personalizing clothing, accessories, hair and facial expressions. Once the dolls have been completed, the participants will be led through a discussion about their dolls identity, background, important life events, and likeness to their makers. The doll will be used throughout the sessions as a tool for exploring their identities, their voices and their roles inside and outside of the group (Ehrenfeld & Bergman, 1995).

River work is a technique taken from a drama therapy intervention that was mentioned in the introduction. The point of the intervention is to create an open space, in a circle, where the participants are invited to make noises and sounds at free will so long as they are touching the magic river on the ground with their feet. The participants are allowed to make noises alone or together, as they wish. Collaboration and harmonizing are welcome and encouraged to create a sense of synergy (Driver, 2019). The river exercise is adaptable in that the instruction can change depending on the day and the needs of the group. For example, an angry river exercise could allow participants to voice their pain allowed without consequence. Other river exercise examples could be a sad river, a story river, or a cathartic river. The river gives participants an opportunity to speak on their experiences in safety, which may have never been possible with people in their support system previously. Voicing their thoughts and feelings out loud serves as

practice for saying things “with your chest” as my partner would say; in the real world outside of the therapeutic space. To speak with your chest is to say something with complete and utter certainty, keeping your emotions in mind first and foremost, above the emotions of those that we protect over our own. Conversations around sexual assault are exhausting, difficult and sometimes near impossible. Being able to finally have a space to process and cope with a trauma like sexual assault through creative expression in therapy is important and necessary.

The combination of creating a doll to represent the self instead of one’s actual body and using river drawings from the participants themselves to replace the blanket allows for a certain amount of distancing and witnessing to happen in a safe contained way. The aesthetic distance that the dolls and the drawings provide invite participants in a more assessable way creating an opportunity for them to use embodiment without feeling judged or ashamed of their own physical bodies. The dolls also provide an opportunity for the participants to witness themselves at a distance as well as how they witness themselves in relation to the group (Driver, 2019).

Termination & Closure

By the end of the program, the group will have hopefully formed a strong bond and a sense of cohesiveness. The final sessions will involve a review of the original goals and the journey from the beginning of the sessions all the way through to the last group session. The participants will be able to review the artworks they created throughout the program on display together with the group to reflect on any changes, revelations or healing that occurred. The participants will be given a chance to share their experience and receive feedback from their group members to continue their journeys alone. The tools that the participants acquired and the art they created will help guide them and remind them of their journey as a collective body of work to show how far they have come and what they have accomplished. It will allow the participants to have something tangible to show for the very hard work and the courageous step they have taken in their lives for betterment and healing.

It is important to emphasize that participants must do more than bring their body or showing up to therapy. Remaining active in the work is an imperative. Though the therapist strives to create a safe, contained space, provide insight, and opportunities to

explore, the client must also play an active role in their healing. Therapy is work, for the client and the clinician.

Section 4: Discussion

Considerations

There are a few considerations to keep in mind for this theoretical intervention program, concerning the logistical details of the group, the location where the sessions will be held and the resources the facilitator-researcher may need. For one, the amount of participants in one group can significantly impact how the sessions are conducted and how the steps of the program are implemented. In past internships, I have facilitated larger groups of up to ten people on my own and found that it is difficult to provide an adequate and fair amount of attention to each individual participant. I believe a group of six people would be ideal to facilitate this intervention on my own or I would need a co-therapist or cofacilitator to help me with a larger group of up to ten people. If I were fortunate enough to conduct the study as facilitator-researcher with human participants, I would consider how a co-therapist who practices drama therapy balances out my art therapeutic approaches. Another consideration would be the location of the sessions themselves. Ideally I would be able to conduct the study in a mental health centre or a women's sexual health centre, where I have access to a room that locks and has private filing cabinets to protect the participants' artwork between sessions. Although most sexual assaults occur between the ages of fifteen and twenty-four, I would not want to limit the research study to young adults only. Whether the assault was recent or in years passed, the intergenerational piece of having adult participants between the ages of eighteen and fifty-five years old could foster a powerful exchange in the space towards collective healing. For example, the use of self-disclosure from participants could create a safe environment for them to discuss difficult feelings such as the ways in which stigmas around rape have changed over the years. Realistically, to conduct the study I will likely need to be affiliated with an academic institution, which may not be accessible to black women specifically limiting the demographics of the participants available due to the schools geographical location or the socioeconomic status of its students. I would also need to find an academic supervisor that is conducting similar research in the creative

arts therapies or women's studies on the theme of sexual assault. Lastly, being able to provide a workshop or a course on how to conduct this clinical intervention program with other mental health professionals and therapists would be the ultimate goal for this project. The framework and the steps of the program could easily be applied to other marginalized groups, with the intention of creating safe spaces for individuals who have been sexually traumatized and want to heal in a community focused setting.

Limitations

Although my clinical intervention program is specifically and intentionally tailored for black women who have been sexually assaulted in their adulthood, it inevitably creates a long list of exclusions concerning the participants in the group. For one, I would be inclined to include cisgender women and transgender women in the same group, however I believe it would be beneficial to have a co-therapist who is part of the transgender community. I have never and will never experience the severe mistreatment of the transgender community and I think it would be important to have representation from someone who can relate to their specific needs and experiences. In addition to outsourcing a co-therapist, I would continue to do the work of educating myself on the spectrum of human sexuality and queer issues to keep as up to date as possible. The same concept can be applied to other marginalized groups such as men who have been sexually assaulted, people in the LGBTQQIP2SAA community, indigenous communities or other communities who identify themselves as people of colour. The clinical program would create a space for intersectional marginalized communities to help themselves and each other get through personal traumas and collective traumas.

The issue of anonymity and outing ones identity as a sexual assault victim or other personal social locators can be a difficult obstacle to overcome for this particular clinical program. In some mental health centres with a strictly psychodynamic therapy model, participants are not allowed to be in a group with someone that they know or exchange contact information with the other participants in the group. Allowing new relationships to form without previous background knowledge can be beneficial when considering how difficult it is to share personal information with loved ones or family when it comes to sexual assault. On the other hand, it could be also be beneficial to attend the group if you feel safe with someone you already know. It is unrealistic for the

researcher-facilitator to be able to control what participants choose to do outside of the group however, and they will need to address any issues or concerns that come up between participants accordingly. The facilitator-researcher may need to consider the ways in which participants are recruited for the clinical program in order to prioritize the safety of each individual. Application forms could be done online or over the phone for example to avoid participants physically coming into the space before accepting to join the clinical intervention program. The recruitment process for such a specific group of individuals should be a delicate process as these are just a few of likely many limitations I am considering for the future implementation of the program.

Conclusion

I would like to conclude this research paper by noting how incredibly proud I am of myself for being able to cross the finish line and check this feat off of my many neurotic lists of reminders. This project could potentially be a small milestone or stepping stone for a future research study with human participants and myself as a professional art therapist and researcher. The main point of creating a clinical program such as this, which I hope I made clear throughout, is to highlight the specific needs that intersectional marginalized groups have in regards to how healing can occur and with whom. Black women who have been sexually assaulted experience their trauma through the lens of racism and patriarchy simultaneously. Mental health services, which create safe spaces to have their voices heard, acknowledged, validated and cared for should be a basic human right. The mental health field has a lot of work to do in terms of providing services to and from people who have diverse cultural backgrounds and social locators to be more representative of the populations they serve.

At times, I wish I had not chosen such an emotionally taxing topic for my final masters research project but I know I would regret not working on and working through a personal trauma of my own albeit in a very public and academic way. This paper has been the most exhausting end to an exhausting program in an exhausting time of existence. I am tired of reading, I am tired of writing, I am tired of protesting the readings and videos, I am tired of screaming for help from my superiors and my voice falling on deaf ears, I am tired of people reducing me to my physical features as though that isn't an insult to the entire being that I am and will become. I am tired of suffering in silence and

I'm tired of being silent in spaces where I should be the loudest because my people are hurting and dying. I am tired of trying to prove my existence is important in systems that are built against me. So, I will create my own spaces for safety, healing, and connection. I will continue this work until my very last breath because that is what I deserved all those years ago and that is what black women deserve, period. For this reason, resources like my theoretical clinical intervention program need to exist for those who are experiencing oppression and violence for not falling under the umbrella of what capitalist white supremacist societal structures deem worthy of life, success and peace.

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