

An Intergenerational Art Therapy Intervention Using Street Art To Foster Place Attachment

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Abstract

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This intervention research paper aims to fill the gap in intergenerational, adolescent, older adult, art therapy, place attachment, and street art research. By incorporating an analysis and synthesis of this literature, I have developed a new form of art therapy, “street art therapy”. This extensive research culminates in a proposed intergenerational art therapy intervention using street art, with the intention of fostering place attachment, and overall community safety. The first two steps of intervention research according to Fraser, Richman, Galinsky and Day (2009) are used to support this intervention, with the intent that it can be used to complete the remaining three steps of testing the intervention, evaluating and adjusting it based on the pilot and finalizing the intervention to be used at large. Considerations and Limitations are also described in the discussion section of this paper.

Keywords: art therapy, street art, place attachment, intervention research, intergenerational, adolescents, older adults, adolescent place attachment, older adult place attachment, intergenerational place attachment, street art therapy, graffiti, graffiti art therapy, group art therapy, social cohesion, intergenerational solidarity, intergenerational closure

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Chapter One: Introduction

My mom always said to me not to make eye contact with strangers, so I looked at the walls and the streets to connect to instead. I began to research graffiti from a young age, and especially during my adolescent years. I was dedicated to learning more about the history, styles, materials, crews, and individuals who were involved with creating such dynamic visual dialogues with each other and the city after dark. I felt connected to this community of artists who used their neighborhood space to be seen, while people were averting their eyes from the intimacy and possible danger associated with eye contact.

My mother's fear of eye contact stemmed from stories and experiences from my grandparents. Their fear was based on their own experiences, and unresolved traumas. I have always been close to my grandparents, and have thrived on learning from their ample experiences, their perseverance and ways they have learned to adapt and interact with the world. When the time came when my grandmother passed away, her fear had never resolved, and she never was able to express feeling fully safe. This struck me, and I made it my goal to work in a field that could provide a non-threatening form of relief from traumas that may have never been validated or therapeutically processed. When I discovered art therapy, I dedicated my work, and my research, towards creatively engaging communities, especially adolescents and older adults, in the attempt to increase their perceived and actual sense of safety.

Research shows that there is an established need in communities to connect individuals across generational divides in order for people to feel, and be more safe (Bailey, Kearns, & Livingston, 2012; Hobson-Prater, 2011; Kuehne & Melville, 2014). Social cohesion is a vital element of community safety, and is a driving force behind place attachment, which is important to urban planning because it allows for successful engagement and comfort in the use of public spaces (Hobson-Prater, 2011). Place attachment, in itself, is the physical, social, and psychological relationship people develop towards their community. The importance of place attachment increases with age, starting with early interactions of young children playing in public parks, to adolescents seeking a greater sense of autonomy, using their neighborhoods as place to test out unsupervised activities. The way children and then youth observe, interact and relate to their communities can impact their views of themselves and, in turn, the way the community views them.

As people age into later years, social accessibility decreases, and isolative factors come into play. The awareness of declining relationships and autonomy due to death, illness and separation contribute to isolation (Hobson-Prater, 2011; VanderVen, 1999). This increases the tendency for older adults to stay closer to home within their communities, making their attachment to place vital for well-being. As the number of baby boomers approaching older adulthood increases, there are more people aging in urban places compared to previous findings where most older adults aged in rural and suburban places (Hobson-Prater, 2011). Older adults accumulate resources, experiences, skills, and knowledge of the community to share.

While individuals of all ages are affected by a sense of place, this paper focuses on adolescents and older adults, and how street art can be used to foster intergenerational place attachment. Practicing art therapy as a student art therapist with both adolescents and older adults, I have been studying the correlation between street art and individual and collective psychological health. I have worked with adolescents, using the medium of street art and mural work directly in a therapeutic framework and with older adults in a more traditional art therapy setting. The rise of older adults engaging in street art initiatives, led to a desire to involve them in the street art therapy, which, in turn, gave birth to the idea of combining the two populations to support the creation of an intervention supported by extensive research and review.

In my practice, I observed that both older adults and adolescents tend to be populations that seek validation, and may be undervalued. Both generations have an extensive amount of knowledge and need for connection to place. By viewing older adults and adolescents as competent members and contributors of the community, and viewing each other as such, collective community engagement can foster positive place attachment and safety for the community as a whole (Hobson-Prater, 2011). Utilizing an expanded literature review, the main argument in this paper is that, by enhancing the public space through the arts, there can be a reduction in isolation, and the creation of personal connection and engagement within the community (Rossetto, 2012).

While the recommended use of street art has been developing internationally among both youth and older adult groups to expand their views of themselves, each other, and how the community views them, respectively, and partially to reduce the generational gap, none of the street art groups considered an intergenerational art therapy model (Hanna, n.d.; Karlberg, 2012; Off & Douglas, 2015; Rothman, 2002). This paper is an attempt to develop such a model. Based

on a synthesis of literature review and personal experience I will describe the first two steps of intervention research, and create a new intergenerational art therapy model of a street art group.

By working to fill the current gap in the intergenerational street art therapy research, an intervention is suggested with a goal to provide a safe place to engage adolescents and older adults in a validating visual dialogue with each other and their community. This exchange could then foster place attachment, through social cohesion, and intergenerational solidarity, increase the overall health, resilience, and perceived safety of the community.

Definition of Terms

Place attachment: The psychological connection and relationship an individual has to their community (Scannell & Gifford, 2009).

Adolescent: Individuals between the ages of 13-17.

Older Adult: Individuals over the age of 50.

Intergenerational: Defined as “occurring between, or intended for individuals in different generations” (Random House Kernerman Webster’s College Dictionary, n.d).

Art Therapy: The use of visual arts and the creative process, in addition to (or instead of) verbal expression within a therapeutic relationship, facilitated by a credentialed Art Therapist. The use of visual art and/or verbal expression within the therapeutic relationship works towards achieving individual and group goals, by supporting, maintaining, and improving the psychosocial, physical, cognitive and/or spiritual health of individuals of all ages and abilities (Malchiodi, 2013).

Street art: “All and only those artworks whose use of the street is essential to their meaning. The street can be used as a physical part of the work, or it can be the work’s proper context. In using the street, the artist must incur a commitment to the ephemerality of the artwork” (Riggle, 2010, p. 255).

“Street art therapy”: A term that I propose to use to expand the category of art therapy to include street art. It could be defined as a group art therapy approach that provides a contained, non-threatening environment for participants to work together in a visual dialogue with their shared community, by creating art in the streets. The art works can include invited graffiti and mural elements, while expanding the diversity of techniques, materials, and space (e.g. print wheat pastings, yarn bombing, sculpture, installation, projection, moss paint, guerrilla gardening).

Methodology

The research question in this capstone paper is to determine how street art can be used in art therapy to foster intergenerational place attachment. The researcher will begin to address this by developing an art therapy intervention based on the first two steps of Fraser, Richman, Galinsky, and Day's (2009) place-based intervention research model.

There are five steps in Fraser, et al. (2009) process of intervention research, but due to the scope of this paper, only the first two steps are described and developed. The first step is to identify and specify a problem or gap in research that needs to be adapted or filled-in. Then an extensive review of literature is done to find the weak spot in the current methods being used and to establish a foundation for why and how this literature can be expanded. The data, for this research paper, will be collected through extensive exploration via Google, Google Scholar, Concordia Library Database, Concordia CLUES, Social Media, YouTube, films, literature from relevant organizations, and the experience of the researcher. The data will incorporate current and past theoretical documentation of street art, street art in art therapy, adolescent street art initiatives, older adult street art initiatives, intergenerational theory, adolescent art therapy groups, older adult art therapy groups, intergenerational art therapy groups, place attachment, adolescent place attachment, older adult place attachment, intergenerational place attachment, intergenerational intervention research, and intervention design. This will provide a foundation and rationale for the proposed intervention that follows.

The second step occurs after the data has been collected and the problem theory and program theory have been expanded upon to provide a foundation for the intervention. This will include common themes, biases, risk factors, protective and preventative tools, strategies to overcome obstacles, materials to be used, and potential size of the group. These themes will provide the foundation for awareness of obstacles to overcome. This will inform the creation of a program theory to base the intervention on. The literature will also inform the rationale for what materials to use, how to administer the materials, the length and sequence of sessions, and the size of the intervention group. The second phase is the process of utilizing the information collected in step one to "specify program structures and processes" and to design a detailed intervention (Fraser et al., 2009, p. 5).

Place-Based

The intervention will be what Fraser et al. (2009) calls a “place-based intervention,” which is an intervention that is, “focused on a specific group of people who share common space and or who subscribe to common goals or values” (p. 11). A place-based intervention will be the appropriate lens to design the intervention that follows, due to the focus on how individuals affect each other and their shared places in the community, with the goal of social cohesion. Adaptive variations of the intervention will be explored in the literature and provided in the intervention creation as to attend to a diversity of needs. The intervention will also attempt to address multicultural and intersectional adaptations.

The initial two steps of intervention research with a focus on place-based intervention, described by Fraser et al. (2009), are appropriate for exploring an art therapy intervention using street art with an intergenerational population, but will not be able to tell whether or not the intervention can actually foster place attachment as the intervention will not be tested. Since no other interventions were found utilizing all of these elements, there is the hope that the remaining intervention research steps, which include administering a pilot intervention, documenting outcomes, and revising and improving as needed, will be done by future researchers.

Ethical Considerations

Ethical considerations for the theoretical intervention include consideration of the legal processes involved in the creation of art on public and private property, transparency of the process, and bracketing researcher bias in order to separate personal belief from the found research as well as during the intervention creation process. I will establish a bracketing process in order to maintain focus on the positive and negative implications of the work being selected for research. Bracketing and transparency will help avoid projection of personal interests onto the intervention research. This will also help prepare future researchers, including myself, in the reactions of the participants and the community-at-large. As the art will be developed in a therapeutically closed space, and then created in a public space, there is the chance of a negative reaction from the people passing by due to some stereotypes about street art and its perceived connection to vandalism, gangs, or other concerns that is common in the neighborhood. It is imperative for the transition from the closed therapy space to the outside space be openly discussed and preparation is taken in case the work is destroyed, altered, or responded to negatively.

My personal biases include assumptions that the intervention will subvert negative thinking surrounding street art, that street art is used by individuals looking to be heard and validated, and that combining older adult and adolescent street art groups can foster place attachment. Another bias is that there are facilities and participants available and accessible for both generational groups.

In future phases of research, when a pilot test is done, other ethical considerations could include extensive exploration of the legal and zoning implications of using public places for the actual intervention in the particular place it will occur. The intervention may require a risk assessment officer and a local street artist who are from the community where the pilot project is occurring, to assist in the facilitation of prior permission for use of public spaces, and to help with risk assessments. This will allow the researcher to avoid dual-roles, maintain distance, and help to promote a place-centered focus. The risk assessment officer and local street artist can also provide insight into the local knowledge, initiate social cohesion, and maintain the development of place attachment, intergenerational solidarity, and if the project proves successful, advocate for the continuation of street art therapy after the intervention is complete.

Chapter Two: Literature Review

According to Kuehne and Melville (2014), there is a growing disconnect between generations that may be contributing to negative place attachment, limiting the connections to each other and shared community spaces. This literature review explores the use of street art within an intergenerational group art therapy context. This will be used to inform an intervention model where the participants work together in their shared community to foster place attachment and connection to each other.

Place Attachment

Place attachment, in the context of this paper, will be defined as a psychological connection and relationship an individual has to their place (Dallago et al., 2005; Scannell & Gifford, 2009). It is a part of ones' personal and collective identity, and how they assess their sense of stability and continuity (De Dominicis et al., 2015). In this sense, place attachment could manifest as positive or negative. In positive place attachment there is a greater sense of safety, empowerment, respect, and responsibility in one's interactions within his or her community space. In negative place attachment, there can be a sense of isolation, disrespect, lack of responsibility and fear within the community space and of the other people within it. The

nature of place attachment can also be determined by how an individual evaluates their level of risk, and how risk is perceived.

Risk perception depends on the degree of uncertainty an individual experiences in relation to the amount of access one has to information about how to resolve it (De Dominicis et al., 2015). The level of risk can be of cumulative nature. Wilson and Kelling (1982) wrote about the “broken window theory” that assumes that if a broken window is not fixed and is left broken, then soon all other windows will be broken. This is due to a perceived lack of police enforcement in a neighborhood demonstrated by the broken window or other assumptions, such as the length of stay of panhandlers and the amount of graffiti. The authors state that this perceived neglect by police enforcement creates a domino effect where the level of overall crime and risk is increased because the probability that someone who is drawn to commit a crime may feel they have time and permission to do so (Wilson & Kelling, 1982). With a high level of risk factors there is a lower chance that there will be positive place attachment, due to the lack of felt safety and social cohesion.

There are multiple approaches to place attachment theory and its components, but social cohesion was found to be an underlying constant indicator of whether positive or negative place attachment was achieved (Baily, Kearns, & Livingston, 2012; Hobston-Prater, 2011). Social cohesion is developed when active communication and interactions occur between neighbors, providing for familiarity, establishment of community networks, support, trust, and resource exchange. Baily, Kearns, and Livingston (2012) found that when there was a felt sense of social cohesion within a community, there was an increase in collective response to crime and negative behavior, which then improved perceived and actual safety. The perceived positive qualities of a community are vital for increased engagement in physical activities in public spaces, including, walking, playing, and participating in community events, due to the reduction of fear and criminal behavior (Hobston-Prater, 2011). Place attachment also differs depending on the age group, and changes throughout time as a person grows. For the purposes of this paper, the focus will be on place attachment for adolescent, and older adults.

Adolescent place attachment. Adolescents are in the developmental stage in which identity is the primary struggle as they separate from their parents and seek their own path (Erikson, 1982). The primary struggle for identity stems from the amount of rapid change, awareness, and discovery, within their entire bodies. This includes their cognitive abilities,

boundaries and sexuality (Lipps, 2005). Their social environment also becomes of greater influential impact, as they tend to be a part of various “sub-communities”, such as recreational sports, clubs, spiritual centers, community centers, gangs, drug operations, which can conflict with each other and influence their relationship to rules, morals, and boundaries (Slayton, 2012). Adolescents have a newfound responsibility for their actions, but have no political power to change their environment, as they are unable to vote, and tend to be dependent on their family and/or government services, school and/or communities to make final decisions for them (Lind, 2013).

Adolescents, who are looking for a greater sense of autonomy, often utilize their neighborhoods as the place to test their unsupervised activities. The way they observe, interact and relate to their communities can impact their views of themselves and in turn, the way the community views them. The cycle can go in positive or negative directions depending on the feedback of both parties (Dallago et al., 2005; Leffert et al., 1998). Leffert et al. (1998) studied how environmental factors can create feedback loops to adolescents based on whether they have positive or negative experiences. The majority of research surrounding youth tends to focus on the victimization or problematic behavior of adolescence and ways to “fix” them (Checkoway et al., 2003). Checkoway et al. (2003) found that, by maintaining a negative cycle of conditioned victimization and villainization, there is an increased helplessness, feelings of incompetency, uselessness, disengagement, a decline in use of services, and a disproportionate negative view of those considered in a minority (race/class/orientation) status. Checkoway et al. suggested to focus on empowering youth instead and to engage them in their civic capacity, potential, responsibility to each other, themselves, and their community. When adolescents have peers, adults, and community members who are providing positive feedback, then they were more likely to respond positively, and feel empowered and respected in their environment. Adolescents want to be seen as valuable and competent while engaging in supported activities that they enjoy doing (Silverman, 2004). Through the experiences of positive feedback adolescents were found to be able to integrate the skills and perceptions of themselves, and avoid the negative cycle. Thus, these supportive experiences may help to facilitate a positive place attachment.

Older adult place attachment. The importance of place attachment increases with age as social accessibility decreases and isolative factors come into play. According to VanderVen (1999), at around the age of 50 years, older adults have an increased drive for connection and

belonging that reaches beyond the scope of their nuclear family to their community environment. The author found this might be a response to the children of older adults having grown and left the home, and they now have a desire to redirect their energy outside of the home. The awareness of declining relationships and autonomy due to death, illness and separation also contributes to a negative cycle of place attachment, especially in the form of isolation (Hobson-Prater, 2011; VanderVen, 1999). Isolation may increase when older adults retire due to less consistent interaction with work peers, as well as a reduced income. These factors can be paired with an increase in the risk of health problems, which can make activity outside the home harder to maintain. This, in turn, increases the tendency for older adults to stay within their own homes and communities, making their attachment to place vital for their well-being.

According to Gilleard, Hyde, and Higgs (2007), older adults tend to find comfort in aging in a familiar place. *Aging in place* is a term used to describe the longevity one lives in their community and place. When individuals' age to a point of reduced autonomy, and are in need of advancing care, living in a rural community may prove to be a dilemma. Burholt (2012) found that many designated facilities and/or assisted living opportunities for older adults tend to be located outside their communities, thus may provoke separation anxiety and grief due to the loss of familiarity, constancy and "severance of attachment to place" (p. 2903) that formed and had been maintained. The separation anxiety that Burholt describes can also occur if the new living situation is within their community, as home can hold many of the qualities that secure place attachment.

Similarly, Smith (2009) refers to Rowles concept of *physical insidedness*, where being in an environment that is familiar enables individuals to maintain functioning despite decline in health due to routine and ability to be independent in a space that is known and comfortable. This comfort, Smith found, can also foster control, which can decrease the potential for environmental stressors and perceived psychological and physical safety within the space. Smith also writes about *autobiographical insidedness*, which pertains to the individuals' personal connections and relationships developed over time to place. This form of insidedness provides for a level of sentimentality, attachment, associations, and resistance to change. The author argues that while older adult's bodies are changing, just as with adolescents, this form of comfort can prolong the process of maintaining mastery and autonomy (Lipps, 2005; Smith, 2009). Older adults accumulated insidedness, and experiences can benefit all generations within the community, and

their level of place attachment, especially when recognizing the need for intergenerational closure and intergenerational solidarity (Hobson-Prater, 2011).

Intergenerational place attachment. Intergenerational closure and intergenerational solidarity are key elements in obtaining sustainable place attachment. Intergenerational closure refers to closing the gap between generations. It is the idea that when parents of children's friends are also friends, there is an increase in number of caring adults in the children's and parent's lives, and familial social experiences, and opportunities for collective modeling (Hobson-Prater, 2011). Hobson-Prater wrote that when older adults within the community fill this gap and provide positive adult support to the youth of single parents, or families in need of social/financial time and support, it increased the potential wellbeing and quality of life of all three generations. The older adults and youth share in social and physical engagement, support, and modeling. Intergenerational solidarity recognizes that all generations have their own set of experiences and resources to contribute to collective knowledge. It is a knowledge and cultural experience exchange across generations. By viewing older adults and adolescents as competent members and contributors of the community, and viewing each other as such, collective community engagement can foster positive place attachment and safety for the community as a whole.

The cumulative knowledge of community members also contributes to their place identity, which contributes to their personal narrative. Neighborhoods hold their own character, charm, and memories. Urban revitalization and gentrification occurring within urban and suburban communities can disrupt both autobiographical and physical insidedness (Smith, 2009). For those who live in the community, this disruption can be devastating, as they are confronted by change from what they know. The changes that "fix" the "broken" neighborhood give it a new meaning, erasing some resident's histories in the places that they are attached. When people feel that their place is threatened, especially in a way that affects its "continuity" and "distinctiveness", the level of place attachment is much higher, and the probability of the community reacting socially and/or politically also increases (Anton & Laurence, 2016, p. 145). In this way, the community joins together to defend themselves from a common threat. However, this response is not sustainable, nor long lasting, and is not the only way to strengthen place attachment. Another way that has been used to promote and foster place attachment is through the use of street art.

Street Art

Street art, as it is viewed today, stems from graffiti, an element of the hip hop movement, which evolved from the need for non-violent forms of expression for the youth of New York City. Street art has been, and continues to be, used as political and social protest to feelings that the continuity and distinctiveness of one's place and safety are in jeopardy (Maddox, 2016). It can also draw attention to and re-purpose public spaces, while altering and/or enhancing the meaning of the space (Bengtsen, 2013). Some community members have used street art as a form of resistance to gentrification, using the defacement of businesses they feel are contributing to the change in their community to be a suitable protest to their cause. For example, in 2016, in the Montreal, Quebec neighborhood of St. Henri, a historically working class neighborhood had an increase in the number of mid to high end businesses and condominium housing developments. In response to this, a neighborhood "anti-gentrification" crew spray-painted, looted, and threatened some of the new businesses (Montpetit, 2016; Wheeland, 2016). The governance was forced to respond to the events and the community has been in the public eye, putting pressure to find new ways to accommodate all parties.

There are many examples that provide a negative view of graffiti and street art. The first is that is an illegal art form that can be seen as defacing public and, at times, private property. Some graffiti and street art crews also have affiliations with gangs, and have been known to use violence in addition to the art form as retaliation for citizen and/or opposing gang member responses to their work. The placement of gang related graffiti and street art can also be used for intimidation and marking of territory. The intimidation can extend beyond the graffiti and gang community and lends to the concept of the broken window theory, described above (Wilson & Kelling, 1982). However, this does not represent the origins of street art or graffiti, nor does it represent a full view of it as an art form and international movement.

Humans have always been drawing on walls to communicate a sense of place, tell their stories, and prove their existence. Enhancing public space through art forms a personal connection to the space and creates dialogue in the community, just as cave dwellers communicated their ritual and daily life (Rossetto, 2010). Graffiti has grown to be a widely known art form across the world, as a creative non-violent outlet for people of all ages seeking validation, empowerment, and control over their existence (Rothman, 2002). Graffiti primarily uses spray paint, rollers and markers, to create 2D images of text, some with characters, on walls,

trains, or wherever there is a surface to paint. Street art can incorporate graffiti elements, but has expanded to also include any medium and dimension imaginable. This includes, but is not limited to: sculptural, interactive, projection, wheat pasting, moss paint, stickers, yarn bombing, and stencils. The essential goal of graffiti is to paint your name in as many places as possible to be noticed by other graffiti “writers” or artists. Street art maintains an element of being noticed within the street art community, but works to invite the public into the dialogue as well. The street and the community can become essential participants in the creation process as the art can reflect the community as a whole, and the street can dictate the direction of the art structurally and historically (Riggle, 2010). Due to the variety of materials, and the nature of unsolicited art works, street art is an ephemeral art form. If street art is ephemeral, it can also be viewed as perpetually unfinished and when viewed as such, can lead to an openness and inviting atmosphere around citizen art responses. With this mindset, if and/or when other artists create works around or on an existing street artwork, it can foster an entirely new meaning thus continuing the visual dialogue within the community.

Street art differs from public art due to public art requiring financial incentive and a curation process, according to Bergsten, (2013); and Riggles, (2010). Riggles argued that professional artists primarily create public art, and the content is voted on and funded by an art institution. The street artists and/or street art crews (groups) curate their own work based on the visual/political/creative intention of the piece, and the dialogue they wish to have with the community space. It is a direct display of their intent without aesthetic judgment, requires little funding, censorship or separation from the viewer.

Everything surrounding the street art then can become important socially and politically and can spark a “curiosity to (at least mentally) explore public space” (Bengtsen, 2013, p. 76). Bengston expanded on this curiosity when he wrote, “once a process of discovery is initiated, the interested spectator may come to see the street as a space which holds potential for serendipitous encounters and profound aesthetic experiences,” (p. 76) and social experiences with others who view and contemplate the work. Through the use of images in the public space, community members who are unable to go to museums or have access to “high” art, are able to experience it in their daily commute. Street art can create an equal playing field for community members to participate, witness, and be affected by art (Duncum, 2011; Moss, 2010; Riggle, 2010). It also promotes dialogue between neighbors, as does the process of making community murals.

Community murals. Community mural arts projects are a format that lies in between public art and street art, which tends to include the community in the aesthetic process. Many cities have used community mural projects in an attempt to reduce illegal street art and graffiti (Moss, 2010). Community mural projects are well researched and implemented because it merges the desire of community members to create art in public spaces, and the governments desire to reduce illegal activity. Community mural projects provide education on the legal process, and regulate the type of imagery and who is involved.

The Mural Arts Program (MAP), in Philadelphia, was created to beautify the public space and to connect the community in a legal visual dialogue (Moss, 2010). Moss found through interviews with community members that they had developed connections to their neighbors through viewing the works together, discussing its impact, and researching the images in order to gain a better understanding of the message being conveyed by the artist(s).

The literature shows how community murals work very well in their use of public space and capacity for community involvement, but that they are limited in the use of art media. Lily Yeh is an artist, whose natural ability to provide a therapeutic experience has enriched communities through community murals around the world (Yeh, 2016). Yeh, along with her organization Barefoot Artist, has done many projects, most notably her work in Rwanda, Philadelphia, China and Palestine. She has a TED talk, full length and short film about her work and process (Holsten & Traub, 2014). In Philadelphia, Yeh's earliest work, incorporated community members of North Philadelphia in an arts project to beautify an abandoned lot offered to her by a local dancer and community activist. The project evolved from a mosaic wall, to a garden, to a "safari" of mosaic animal sculptures, spread across the park, and finally became a multidisciplinary art center, called the Village of Arts and Humanities. The art brought community members together for the creation of the project, created jobs, skills, connections, and brought new life and purpose to the neighborhood.

For the Rwanda Healing Project, Yeh, along with other community and health activists, went to Rugerero Survivors' Village, where the people who had survived the genocide lived near their loved ones' mass grave. She initiated community members to create artwork surrounding their experiences, and then collaborated with them to create a memorial grave site that acknowledged and cared for the bones of their lost relatives. The process was documented and the responses of the community members were a range of emotions, including overwhelming joy

in being able to properly mourn and honor their loved ones collectively and alone in the presence of the artwork they had created (Yeh, 2016).

Street art as catharsis. Street art and graffiti have also been used in spontaneous, uncurated ways in response to collective and personal trauma, and as a means of political and cathartic expression. Klingman, Shalev, and Pearlman (2000) researched adolescents in Tel Aviv's reaction to the assassination of Israel's Prime Minister Yitzhak Rabin. They state that Rabin represented strength and hope for a peaceful future and his murder exposed a sense of fear and vulnerability, and even a "macro-level collective trauma" (p. 299). The adolescents of Tel Aviv responded by gathering at the site of the assassination and formed a visual dialogue of their mourning directly on the walls of the city square. The researchers viewed the art as an innate cathartic response to trauma by forming a community to anonymously express and contain their feelings of grief, anger, shame, isolation, and helplessness. Klingman et al. (2000) documented the work and their photographs showed an evolution of the healing process through the symbols used, size of the writing and images, and color. The intimacy of the graffiti in size, and the need to be very close to read, resembled diary entries and the artists, from afar, looked as though they were at the Wailing Wall, placing their notes to God. There was also no overlap of imagery, no intrusion from fellow artists into their visual space. They showed respect for each other's need for expression, and boundary, which they felt helped to facilitate validation and empowerment.

Ten months later, Klingman et al.'s (2000) photographs showed a shift in the expressive needs and direction. The images were double in size, brightly colored, bold, and now competed for space. They had begun writing over each other's work in an extroverted cathartic expression of the anger stage of mourning. The imagery continued to be mainly words, and if there were symbols, words were included as emphasis. They found the repetition of symbols and words helped the adolescents to "gain a retrospective sense of mastery over the inhumane event they had witnessed/endured by re-thinking or cognitively reworking the traumatic event" (p. 302).

Expanding on the innate desire to express oneself, to process and communicate on the walls, both legally and illegally, street art has been used in therapeutic and community based formats in initiatives with adolescents and more recently with older adults.

Adolescent street art initiatives. Rothman (2002), who coined the term "Graffiti Art Therapy" in his art therapy thesis, asserted that adolescents use the street as their canvas to seek validation and release their innate rebellious energy into a more positive creative outlet, than

gangs or drugs. He explained that, “it is unrealistic to expect teenagers to stop taking risks or challenging authority. It is realistic, however, for youth to learn how to channel their efforts through legitimate and productive means” (Rothman, 2002, p. 12). By using legal walls and an art therapy model, Rothman was able to empathize, listen and understand the source of the adolescent’s experiences. He found this to be much more productive than penalizing them, or trying to modify their behavior, which only perpetuated the cycle of invalidation and aggression. In the use of community mural making, Rossetto (2012) also found that by working with the competitive nature of adolescence in their search for identity and confrontation with authority figures, their negative contributions in their environment was reduced by the collaborative enhancement of the public space.

Some other examples of using street art/graffiti with adolescents are the Theresa Group and ArtEsteem. The Theresa Group’s Leading the Way group therapy program in Toronto, Ontario provides youth who have been affected by HIV/AIDS to participate in a “graffiti” mural to express their experiences. They bring in an established graffiti artist to teach them how to use the spray paint and they found it helped to bridge the gap for the adult facilitators into the trust and emotive capacity of the youth (The Theresa Group, n.d). The Oakland Super Heroes Mural Project (a project of ArtEsteem) in Oakland, California, states that their goal is, “to cultivate, educate and engage youth in community issues and solutions through the power of public art”(Harris, 2016).

Older adult street art initiatives. Initiatives with older adults have been gaining international attention, primarily in Portugal, Germany, Finland, and the United States of America. (Hanna, n.d; Jalava, 2013; Jones, 2016). Jalava (2013) found that the older adults joined the street art groups “to question, investigate and reclaim the changing world around them ... fight prejudices, develop... [the] ability to read the urban environment and to provide them with new opportunities to participate in society” (para. 3). This is very similar to the adolescents’ desire to fight prejudice and reclaim agency over their environments.

There are a few established older adult groups utilizing street art and graffiti, which have been documented by local and international news outlets and social media, but none have been written about in published journals. K65 Crew is a group from Finland, where the “K” stands for the *kielletty*, which in Finnish means forbidden, and the 65 entails that membership is forbidden for all below the age of 65 (Karlberg, 2012). K65 was started by the “unruly art educator” Veera

Jalava, who had been working at an art museum in Espoo. Another older adult group is called “Senior Street Art” which was started by Stephanie Hannah in Berlin, Germany for older adults aged 50 - 85 (Hanna, n.d). The most documented and shared group on the Internet (at this time) is the LATA65 crew from Lisbon, Portugal created by Lara Rodrigues with an age range of 74-92 (Off & Douglas, 2015). Off and Douglas (2015) reported that LATA65 was generated due to interest from local older adults who had attended street art festivals and were interested in learning more about it.

In Denver, Colorado, the Colorado Alzheimer’s Association’s SPARK! program and the Very Special Arts Colorado Access Gallery (VSA) created an initiative called *Granny Does Graffiti* to break down stereotypes surrounding people living with Alzheimer’s disease and of graffiti artists (Jones, 2016). The graffiti artists run workshops to introduce the participants and their caregivers to the art form of graffiti, give demonstrations of color, line, shapes and stencils, and then invite participants to create their own tag (artist signature) that can include words and/or symbol that represent their own character and/or personality. The participants then practice their skills and collaborate on a mural, with the most recent one being shown at the VSA Gallery in Colorado (Jones, 2016).

The older adult and adolescent groups were created to increase their agency, competency, creativity and connection to their environments. Both generations used street art to express themselves possibly in order to reduce the generational gap between the local older adults and youth and to expand their views of each other, and to expand how the community viewed them, respectively. Interestingly, none of the mentioned groups have utilized an intergenerational model.

Intergenerational Theory and Practice

Intergenerational groups can be difficult to achieve, but intergenerational theory has been widely researched and documented due to the positive impact it seems to have on participants and workers. Not all intergenerational programming has had positive results, but the desire to perfect it stems from the inherent learning that comes from integrating different generations. There are different generational groups that are commonly combined, such as children and older adults, and young adults and older adults. However, less research has gone into adolescents and older adults. Many theories depend on mentorships, which is one way to facilitate such a group, but for the purpose of this paper, and the proposed intervention, an equal status approach was

found to be the most conducive. Hanfling (2016) stated in the Manchester Intergenerational Tool Kit:

Intergenerational practice is based on the principle that older and younger people work together in an equal power relationship, for their benefit and the benefit of their local community... By giving people a time, place and structure to do this, it helps different generations share their past, present and hopes for the future (Hanfling, pg. 5).

Kuehne and Melville (2014) conducted a study on theories used in intergenerational programming between 2003-2014. They found that the most used theory was “contact theory”, and it was found to be the most relevant for this paper, as it maintains equal status for all participants and has an emphasis on positive growth. Contact theory is based on programs supporting meaningful contact between younger and older people to foster “positive attitudinal changes between the generations” (p. 321). They refer to Allport (1954) and Pettigrew (1998) who established contact theory as being a recognized way of reducing prejudice and discrimination, given the proper context. When working with intergenerational groups, Allport (1954) found that there were four key “conditions” required to optimize the contact: (1) to establish that all members are of equal status within the group; (2) establish common goals; (3) “intergroup cooperation” (in Kuehne & Melville, 2014, p. 322); and (4) “the support of authorities, law, or custom” (p. 322).

When there is a common goal within the group to enhance the capacity of their shared community, there can be more drive to work together, and have trust in each other to do so (Kuehne & Melville, 2014). This common goal provides a fruitful environment for gains in wellbeing of the individual participants, the group, and the community as a beneficiary of the their collaboration (Kuehne & Melville, 2014). In the study done by Kuehne and Melville (2014) they found that this was seen to be in part due to the shared level of responsibility felt by the members, given that they were already being treated as equal contributors to the group process. The researchers also remind the reader of the importance of friendship building in the intergenerational programming, thus implicating that longevity could be essential to establish and maintain friendships between generations, thus fostering social cohesion.

Kuehne and Melville discuss Pettigrew’s Intergroup Contact Theory (1998), that stemmed from the work of Allport, mentioned above, which also has four processes needed to

facilitate a group that utilizes contact theory: “learning about the out-group; changing behavior; generating affective ties and in-group reappraisal; and highlighting that individual differences and societal norms can shape intergroup contact effects” (in Kuehne & Melville, 2014, p. 322). The Manchester toolkit asserts a similar message, as it reminds facilitators to not expect a smooth beginning, as ageist stereotypes are very present amongst all generations, especially those who have minimal contact (Hanfling, 2016). Hanfling found that when working with older adults and youth it is imperative to account for the influence that the media can have on misconceptions. Hanfling also provides a Top 12 common mistakes list accumulated by researchers in the UK that stresses the preparedness of the facilitators. Some examples of mistakes were the lack of in depth knowledge of the developmental psychology and engagement threshold of the participating generations, favoring the contributions of one individuals/ generational groups, and not considering the long term affects of, “parachuting younger and older people together and then separating them, never to meet again” (2016, p 17).

When developing an intergenerational group, of any kind, Hanfling (2016) suggests initially meeting each generation separately. This provides the opportunity for each group to meet their peers and voice concerns. It also allows for the creation of two lists of needs, fears, and expectations that are not influenced by the other generation’s presence. According to the author, before integrating the groups, it is essential for the facilitators to review the information generated by the individual groups and use it to form a common starting point. Then when the groups meet together for the first time, Hanfling (2016) suggests that a way to form a more equal power dynamic between the groups is for the introduction meeting to occur in a neutral space that is accessible for all participants.

Hanfling (2016) asserts that the facilitators be as prepared as possible by knowing where all of the facilities are, equipment, supplies, the fire exits, transportation has been arranged, a back up plan is established in case of cancellation, and contact information for appropriate services are available in case of conflict. Next, Hanfling suggests being clear about the purpose of meeting together, what the project will entail, and how long it will go for. This information can also be included in a packet created and given to each participant at the beginning of the merged groups, or during the initial intergenerational group, for their reference. Before beginning the closed group art therapy sessions, make sure that consent forms are prepared and signed.

Art Therapy

Art therapy can be an effective tool in providing a non-threatening environment for practicing and facilitating social skill building, creative expression, repetition, social empathy, and a sense of community and containment. A trained art therapist can help to create a safe space to validate the participants experiences verbally and non verbally. The artwork acts as an externalized container for the process and can be reviewed, observed, altered, or destroyed if needed (Slayton, 2012). Kapitan, Litell, and Torres (2011) described group art therapy to be “an emancipatory process for strengthening the development of the whole person—psychoeducational, spiritual, relational, and political—that in turn exerts a positive transformational impact on a person’s family, community, and oppressive societal structures” (p. 71). Art therapy, both in an individual and group format, can be applied to innumerable populations, but for the context of this paper, adolescent, older adult and intergenerational art therapy will be briefly expanded upon.

Adolescent art therapy. Stanley and Miller (1993) found the adolescents in their art therapy session were reluctant to be vulnerable and express concerns to authoritative figures. Trust is essential, and both obtaining and maintaining it is key to a positive therapeutic space. Showing up to sessions is a great achievement in adolescent groups, given the many possible internal and external variables that may block their arrival. For some, it’s the physical journey to the group space, others it may be peer or family pressure and/or disapproval, or their own sense of shame in relying on another adult for their emotional support. Riley (1999), found in her practice with adolescents, that working within an art therapy group, the participants were able to open up more freely given they could discuss with their peers, and not directly with an adult. The art materials provides an additional bridge where they could express themselves, while maintaining control over how they used the materials, and what they wanted to share (Riley, 1999; Stanley & Miller, 2003).

Older adult art therapy. Stephenson (2013) wrote about her experience working with older adults in the New York University Creative Aging Therapeutic Services (CATS) program, and its success of promoting well-being and “gerotranscendence”. Gerotranscendence was proposed by Tornstam (2005) to explore the developmental shifts older adults may experience, including the capacity to “transcend the challenges of illness and social realities, or the fear of death” (as cited in Stephenson, 2013, p.157), and, “new connections between the past and present, both to their childhoods and to members of younger generations” (p. 152). The

multisensory experience of the creative process and group environment stimulated the members to maintain motivation to participate and socialize. Through Stephenson's research, it was found that as individuals reach older adulthood, they become more selective about the people they want in their lives, and the art therapy group encouraged them to invite their neighbors and friends to join in the process. They were able to also meet and be inspired by other older adults with similar interests and experiences. CATS utilized a community studio and a structured routine to maintain clarity and to have enough time to discuss and reflect together on their creative endeavors and experiences. All of the objectives focused on "sense of purpose, social connectivity, and self esteem" (Stephenson, 2013, p. 153).

Similar to what was mentioned with the adolescent group, in Stephenson's work, the act of showing up to session and enduring the travel to the location was half of the battle. Despite the various obstacles, physically, emotionally and otherwise, the group drew them from their apartments with the lure of connection to peers and the joy of creating. Another similarity to the adolescent groups (and within all therapeutic relationships) was the need to establish trust, and how the group environment enabled the participants to be able to relate and discuss more freely with peers. It was found by Stephenson, and in the author's experience, that the participants reflected on the freedom they felt when creating art, and from receiving empathy, encouragement, and genuine support during their process.

Intergenerational art therapy. There are many different intergenerational programs, and ways in which they are administered, and that serve diverse populations and purposes. Due to the scope of this paper, only a few relevant examples will follow. The Providence Mount Saint Vincent (PMSV) in Seattle, Washington offers intergenerational programming in a "co-located" environment (Heydon, 2007). Heydon defines "co-located" as a facility that houses both child-care and elder-care services and conducted a study on the effectiveness of the PMSV's intergenerational arts program. The structure of the intergenerational art classes was maintained to allow for ritual to form, which would foster memory retention. The seating was arranged so the children and older adults were between each other to promote socializing. Each class began with a welcome where every participant greeted the room and said their names. Heydon found this helped to create the frame, orient the group, and reminded that group "that their work was not independent but rather grounded in community" (p. 42). They learned to form associations with the names in order to remember them and provide for integrating meaning and depth to the

co-members of the group. After the welcome, the group leader introduced a theme in the form of a question, and then the art project that would be used to creatively respond. Examples of the project and the steps were shown to model the process, generate ideas, and evoke “inter-textual discussions” (p. 45). The theme and art project provided a context to initiate dialogue between the participants, showed the product as being possible within the timeframe of the group, and stimulated memory retrieval and associations to the various examples. As Heydon (2007) eloquently writes, “they knew that there would be a product to share, thus enhancing the engagement even more; there was something to communicate and a reason for communicating it” (p.48).

In addition to the socialization elements of all three above stated art therapy groups, Jones, Herrik, and York (2004) found that the adolescent and older adult intergenerational group they worked with benefited cognitively, physically, and emotionally. The groups also fostered a greater understanding of their own grandparents/grandchildren, and of youth/aging process, respectively (Jones, Herrik, & York, 2004).

Additionally, Graffiti Art Therapy and community murals have been documented as therapeutic processes (Duncum, 2011; Moss, 2010; Rossetto, 2012; Rothman, 2002). As also stated above, street art can be innately cathartic in and of itself, and has been used as a means of expression of collective and individual trauma, and proof of existence since the beginning of humankind. Many of the creative community programs have been administered and researched by art educators, but some have utilized art therapy and social action in their approach to enrich the experience. Rossetto (2012) focused her research on traditional art therapy, social action art therapy and community mural making. She found that by enhancing the public space through mural making, there was a reduction in isolation through the creation of a personal connection and engagement within the community. Engaging in a public setting through creative means can utilize the empowerment tools gained in an art therapy group to promote a democratic dialogue with the community and a process of collaborative decision-making, creation, and product.

Street art, and the collective nature of community mural projects are powerful tools, and by utilizing the therapeutic safety and facilitation provided by an art therapist, a community street art therapy project could expand the diversity of media, add new approaches to the use of outdoor space, and promote individual and collective needs. An intergenerational street art therapy group could provide a safe place to engage adolescents and older adults in a validating

visual dialogue with each other, their families, and their community. This exchange could then potentially foster place attachment, through social cohesion and intergenerational solidarity to increase the overall health, resilience and safety of the community.

Chapter Three: Intergenerational Street Art Therapy Intervention

Proposed Intervention Overview

This intervention has been designed to take place over a three and a half month period, spanning up to 14 weeks, meeting twice a week, for three hours, for a total of 28 sessions. The participants would be recruited via community centers, community arts studios and mental health associations, through fliers, newsletters, and any other form of promotion that suits the location. After the participants have responded, the facilitators (art therapist, local street artist), would contact the interested members and set up an initial interview, preferably in person, but an interview via skype/phone would also work. After the final list of participants has been selected, each generational group will have initial separate sessions. The adolescent group and the older adult group, will merge into the intergenerational group for the following session, and continue for the duration of the intervention. The activities will be based on the interests of the group members, their shared skills, and experiences within their community. The end project will be presented in an outdoor location agreed upon by the group members, approved by the governance, and accessible to the public-at-large. It may be where the group has taken place, or in another location that provides for more visibility. The context of the placement depends on the themes the group would like to express in regards to their connection to place, either historically, or due to current political and/or social concerns. Having the final project in the public space allows the group to interact with the streets of their community, and evoke dialogue that expands outside of the group, both during the creation process, and after it is completed. There will then be a final event at a central location where the project will be projected onto a wall where the public-at-large can engage with the group members of the project. This intervention has the potential to be initiated at multiple locations within a city simultaneously, and have the final projects projected together to show the diversity of needs and resources throughout different areas of the city/town.

Therapist's Role

The art therapist's role is to hold the safety of the group in the various spaces the group will meet and work. The art therapist will facilitate questions, provide resources, validate

emotions, as well as, witness, affirm, and empower the art making process for the individuals and group as a whole. Using the resources gathered from the creation and the relationships formed, the participants will bring their needs, ideas and skills to a public awareness. The therapist can contain the space by maintaining consistency in relation to time and, structure of each group. The structure could include starting with a ritual to provide a familiar frame for the sessions, and provide the comfort of repetition and consistency. The art therapist facilitates the flow of the conversation, maintaining equal participation from all members, in whatever form they are most comfortable, so they can express themselves and maintain equal power in the group. The art therapist also advocates and maintains a non-judgmental stance, cares for and validates, and works to remain neutral and calm in times of conflict between participants. Part of the art therapists' role would involve working with the co-facilitator(s) to model behavior between each other and towards group members. This modeling allows for a demonstration of appropriate boundaries and multiple styles of interaction, both verbally and creatively. The final role of the therapist is to facilitate the transition from creating and processing artwork and group experience in the closed group sessions, towards the outdoor public sessions. When the larger public sees the artwork during the creation process and at the final showing, there is the risk of judgment, which has been protected within the therapeutic closed space. Judgment may be positive or negative, but it is imperative that the integrity of the participants and their artwork is cared for and protected by preparing the participants for the various reactions. Of equal importance is the facilitation of the ending of the sessions. This will be important for all members of the group, as the therapist demonstrates care in the endings by welcoming the wide range of different emotions this process will inspire. A prepared large print calendar of the meeting dates and session themes can be visible in the closed group space, and a countdown of sessions remaining should be initiated midway through sessions as to prepare participants. A copy of the calendar can also be given to each participant at the beginning of sessions for reference.

For the duration of the intervention, the therapist should seek supervision from another mental health worker, or superior therapist, regularly to maintain self-reflexivity. Team meetings with the co-facilitator(s) is recommended after each group to gain perspective, reflection, review and assure adjustments are made.

Treatment Goals

The goal is to foster positive place attachment for both generations and allow for improved felt and actual safety within the community. The treatment objectives for this intervention will be to increase personal and communal agency, social cohesion, and intergenerational solidarity. This will be measured through short evaluation forms administered at the end of each session, and from family and community members' feedback in response to the final artwork and experience of viewing the groups in process.

Street Art Therapy Intervention Frame

Groups. The groups will initially be comprised of two groups: 5 adolescents, and 5 independent older adults (if older adults or youth need assistance, an identified assistant will also be welcomed). After an initial session with the separate adolescent group and older adult group, the two groups will merge into an intergenerational street art therapy group.

Place. Ideally, the groups would meet at a community center or community arts studio where there is a private space for the group to meet and create art in without interruption or intrusion from people outside the group. The room would also need to be equipped with a sink, shelving (for materials), and a lockable cabinet for confidential art portfolios. Ideally, the place would also have access to an outdoor public space that is accessible to the group and the community to view and engage with. This place could either be outside the community center, or in a location that the group and governance agree would be more accessible and impactful for the visual creation and dialogue to occur.

Time and duration. The group would meet for 3 hours with snacks provided, twice a week, over the course of 14 weeks. This would give time for a check-in from each member, an opening ritual, discussion of salient themes, a demonstration of different street art and creative hobby methods, art creation, and final reflections on the creative process from each member of the group.

Materials.

Drawing materials: pencils, erasers, pens, markers, charcoal, chalk, and pastels. Paint: watercolor, gouache, spray paint (in bulk), paint pens, acrylics, printing ink, outdoor house paint.

Paint materials: An assortment of brushes, water jars, rollers, roller trays, spray paint caps (small to large), palettes, easels/drawing boards.

Sculptural materials: chicken wire, plaster of Paris, resin, clay, wood, yarn, furniture, fabric. Also, any donated recycled materials and/or materials that relate to participant interests.

Surfaces: multi purpose paper, sketchbooks, canvas, large Masonite boards, cardboard, transparency paper, linoleum, public space to create street art instillation.

Tools: Utility knives, scissors, ladder, screw driver, hammer, nails, clamps, carving tools, adhesives (glue, tape, spray), rulers, multipurpose respirators, reusable gloves.

Cleaning: baby wipes, pumice soap, sponges, dish soap, and rags.

Resources: Books, magazines, movies (available as reference and collage materials)

Street Art Therapy Intervention

Phase 1: Introduction (Session 1)

Session overview: In order to prepare each group to work with a different age group, generational groups will meet separately.

Rationale: This will help to build the therapeutic relationship within their age group before merging the two groups together (Hanfling, 2016). This also helps give each of the generations a chance to voice their anxieties, develop trust, and feel more confident within the more intimate and familiar group. Each group has an opportunity to address their preconceptions, and expectations (positive and negative) about the other group, and establish their own collective support system. All necessary paperwork will be distributed and discussed in preparation of signing prior to starting sessions.

Suggested discussion topics: (for the initial groups)

1. Guidelines and Consent Forms

Respect: of each other, the art creations, materials, and the space;

Boundaries: physical space, touching, language;

Confidentiality: no personal material that is shared within the closed group will be discussed outside of group sessions, even with other group members. No cell phone use, photographs or recording done by group members within sessions. The limits of confidentiality include mandated reporting to youth protection or elder protection when the threat of imminent danger to or by participants when expressed in the group, and the appropriate steps will be taken if that were to occur. Absolute confidentiality will be less possible when the group enters the public space. Sensitive information discussed in the closed group space will not be brought to the public space without individual consent of the concerning party, and it is relative to the art work. Otherwise, appropriate themes will revolve around the creation and intention of the artwork.

Documentation: will include note taking of creative and therapeutic process and photography and videography done by the researchers as to document the artistic works for the individual and group's clinical files. The participants have the right to refuse and revoke their permission for photography and/or video at any time without repercussion or removal from the intervention.

Data collection: disclose how the data will be collected via evaluation forms or survey, and it will be used to evaluate and enhance the intervention for a programmatic evaluation, where no confidential information will be disclosed nor published. If the facilitators decide they would like to include any of this information in publication, they will need to distribute additional consent forms to the participants indicating exactly how the information will be used, have their research proposal and SPF approved by the appropriate ethics board.

2. Expectations, fears, relationship to street art/what brought them to the group.

Phase 2: Integration (Session 2)

Session overview: Meet the groups together for the first time in a neutral space that is accessible for all participants (Hanfling, 2016). Make sure the consent forms are prepared and signed, and that transportation has been arranged. Review information already stated by the individual groups and use it to generate a common starting point. Highlight similar concerns. Develop a creative hobbies list with the group to determine a skill share base. Initiate structure of the group, including clean up of materials and space at the end of session.

Possible art directive: Invite all of the participants to create their name using any material they choose.

Phase 3: Street Art Workshop (Session 3)

Phase overview: What is a tag? How are they made? What is your tag? Demonstrate different forms of lettering, characters, and media used by street artists.

Rationale: This allows for everyone to learn the foundation of street art, and create their own personalized name or symbol tag that represents themselves. It can also inspire what materials to look for, sites to scout, and examples to show. Examples may include styles they have seen, or used before, pictures of their own work, or from magazines, and the Internet. Each participant will be given a sketchbook to use as a visual journal to store and document collected inspirations, ideas, and tags.

Possible art directives: Create 3 different ideas for your tag, share with intergenerational partner. Choose 1 idea, use 3 different materials to create it, help each other. Write about process in sketchbook. Introduce each other's tag to the group and how they made it.

Phase 4: Skill Share (Session 4-9)

Phase overview: Each session 1 adolescent and 1 older adult will share their creative hobby, and use it to create one experience in the community when they felt connected, and one where they did not. By session 9, begin the countdown to end of sessions and discussion must include preparation for transition to outside space, in terms of confidentiality, structure, and physicality.

Rationale: Group opportunity to learn a craft and create tag using it. This will also help to facilitate intergenerational solidarity, creative capacity, creative insights, and media exploration. Discussion will include the differences between creating artwork within the private space and explore anticipatory feelings about creating in public. Beginning the transition to the public and countdown of sessions before entering the public space can help to promote and contain concerns within the confidential closed space.

Phase 5: Take it to the Street! (Session 10-12)

Phase overview: The group will begin to meet outside in a place near the sessions, where primed Masonite boards will be set up, and spray paint, with a variety of caps, markers, and stencils will be available. The art therapist and/or community street artist will demonstrate spray paints, variety of caps, stencils, etc. on the Masonite boards. Any other forms of street art, such as stenciling materials, moss graffiti mixture, sculpture supplies, etc. will be prepared and provided as needed. New clean up system and ritual will be introduced for the public space.

Directive: Using media(s) of choice, create work outside.

Rationale: Going outside will promote physical activity, due to the large scale of the work and practicing with the spray paint, caps, stencils, etc. on the Masonite board. It also gives opportunity for the group to support each other outside of the groups' room environment. This would not only provide a different perspective for the group to experience, but also give the community surrounding the location to witness the intergenerational artwork being made, and hopefully draw attention and interest. They would also learn how to work within the context of the outdoor space, and how to utilize the street in their creation process. A safety discussion will be vital before the spray paint can be used. The safety discussion includes the toxicity of spray

paint and aerosol, and why each participant needs to wear a mask/respirator, with a demonstration of how to wear them. Gloves will also be demonstrated as to reduce paint on hands, and techniques will be shown to avoid dripping. Also awareness of how wind can affect the aesthetics of the art form as well as direction of the paint, possibly, into participants' own and neighbor's eyes.

Phase 6: Installation Preparation (Session 13-14)

Phase overview: Choose space to develop larger project. Define theme to design installation according to context of the space, using tags, characters, and/or media expression of choice. Next, prepare the space (clean, prime, gain permit), and materials that will be needed to suit the context of the space and the theme(s) the group would like to express.

Phase 7: Art making: Create Installation (Session 15-22)

Phase overview: Create the installation; promote community showcase and expanded showcase.

Suggested Directive: Create fliers for community showcase and expanded showcase. Give specific jobs to group members that suit their abilities. This includes (but is not limited to): design, distribution, and promotion of the fliers, food, and support. Invite community, plan party to view and discuss product and process. Discuss possible feedback from the community and how it may be received, how they want it to be received, and how the group feels most comfortable representing themselves. The showcase can facilitate recognition of the accomplishments of the art, and the overall process of exploration, creation and completion. The themes shown in the work, can promote discussion with the community at large.

Phase 8: Expanded Showcase. (Session 23)

Phase overview: Project image of installation in a different part of city to expand dialogue. The final event at a central accessible location will have the art work(s) projected onto a building.

Rationale: A central location to invite participants, collaborators and facilitators to be able to view and acknowledge the work and recognize diverse partners' contributions. It will also help to foster dialogue between the group members, and the community to recognize the participants' needs in regards to place attachment and safety within their city.

Phase 9: Closure. (Session 23-24)

Phase overview: Discuss the overall experience; decide as a group how they want to end their time together. Assert that further engagement will be of a different nature, as the importance of the ending of the initiative and the therapeutic frame are vital for the modeling of positive endings, and new beginnings. Highlight the evolutionary process of the group, and the goals that were achieved, and the ones that were not. If therapeutically beneficial, discuss and advocate for ways to continue engagement after the intervention has ended as to maintain community relationships, and friendship.

Proposed documentation process. Evaluations could be distributed to the participants, facilitators, collaborators, and be available to community members to record their responses, needs, and experiences engaging with the process and the art. The data can be used to foster the development of the intervention, as to improve its benefits to the community and participants.

Chapter Four: Discussion

Considerations regarding this Intervention

The use of intervention research has provided rationale and a creative therapeutic tool for fostering place attachment through an increase in social cohesion and intergenerational solidarity. By utilizing this intergenerational street art therapy intervention, there is the hope that over the course of the 28 sessions, using the phases provided, there can be a real impact on the community, and an increase in positive intergenerational place attachment.

The proposed street art therapy intervention assumes that there is a community space or a public space that will be approved for use and that interested individuals, both adolescents and older adults, as well as qualified facilitators, will be willing and able to participate. If numerous participants and facilitators can be recruited, and multiple sites are available, this intervention could be conducted in multiple sites throughout an urban/or rural area. This would add to the expanded showcase, to project the images of all of the participating groups, and could facilitate a wider scope of community discussion. An unintended consideration is that this project could also provide a model to help expand the paid work potential beyond the scope of the clinical realm for art therapists.

Limitations

This paper was limited by time that only permitted the first two steps of intervention research, therefore future researchers would need to complete steps three, four and five: pilot testing, refinement, review, and advanced testing (Fraser et al., 2009). The pilot test would help

to verify if the intervention is effective, and what would need to be changed in order to create a more beneficial experience for the participants, facilitators, and the community.

Another limitation may be with the cooperation of local officials to help negotiate public space for use. Additionally, the physical capabilities of the participants may limit the range of activity, however most of the materials could be adapted or partners could assist each other, depending on individual strengths and needs. It may be helpful to have either a range of abilities in both generational groups, or have different intergenerational groups that are determined by level of capacity, in order to maintain the felt equality and connection within the group. The sites and getting to the location could also be limiting in the level of danger, either physically, due to terrain or other safety issues, or emotionally due to the community's potential reactions to the personal yet public works. Encouragingly, as the work of Lily Yeh demonstrates, even in historically dangerous spaces, the power of art can help communities work through the effects of collective trauma, and bring some joy to hardened minds (Yeh, 2016).

Conclusion

Active communication and interactions between older adults and adolescents were explored in my paper, showing an increase in perceived safety through participation in community networks, shared support systems through building trust, and resource exchange. A group street art therapy intervention can provide a contained, non-threatening environment for participants to work together in a visual dialogue with their shared community, by organizing to create art in the streets. My proposed intergenerational street art intervention provides an opportunity for both generations to meet peers who share their interests, to engage therapeutically, creatively, and intergenerationally by using street art therapy. This process can foster new relationships and/or new experiences of working together to enhance emotional, physical, social, and collective well-being. In this intervention all participants' cumulative knowledge is shared as equal contributors, providing an enhanced capacity for trust, intergenerational solidarity and closure. The effects among the participants can lead to an increase in the level of actual safety in the community.

Through a process of intervention research with a place based focus, this paper has researched and assimilated theoretical support for an intergenerational street art therapy intervention, and also provided rationale as to how this intervention could foster place attachment and community safety. No absolute conclusion can be made, but the potential is there

for future researchers to pilot the intervention and test the proposed street art therapy intervention.

My research has looked at the impact of how street art, graffiti, and murals can utilize the cathartic and public elements of the art form to bring awareness, and purpose to the respective generational initiatives, and the communities at large. Street art initiatives have been used by adolescents and older adults to fight prejudices surrounding their age, and reclaim their sense of purpose and agency within their communities. In this intervention, I have proposed to include an art therapist as a facilitator, to provide additional elements of empathy, empowerment, and containment for the emotions expressed in the creative process. By expanding the existing street art/mural/graffiti initiatives and by combining it with the methods of “graffiti art therapy” (Rothman, 2002) to include street art and an intergenerational model, this paper has proposed the creation of street art therapy. More specifically it proposes that intergenerational street art therapy can foster intergenerational place attachment for the participating members and for the community that witnesses and views their art, thus turning the fear of eye contact between strangers into safe creative connections between neighbors.

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