

ATOL: Art Therapy OnLine

Out of the Darkness: A Community led Art Psychotherapy Response to the Grenfell Tower Fire

Susan Rudnik

“Hope” is the thing with feathers –
That perches in the soul –
And sings the tune without the words –
And never stops – at all –

Emily Dickinson No.254 (1861)

This short report is an attempt to bring into light the art therapy response following the Grenfell Tower fire on the 14th June 2017. This terrible tragedy was the worst fire in London’s history with a reported 72 deaths (one of whom died 6 months after the fire having never left hospital), 18 of the victims were children. The fire began on the 4th floor of the tower and spread ferociously through the building, aided by the exterior cladding that has now been identified as well below the necessary fire safety standards. There remains an on-going, complex inquiry into the causes and events that led to the fire, with major failings being uncovered in the building as well as the fire access to the block. While this stream of seemingly new evidence emerges to the outrage of the public, the community have known about these failings for years. The Grenfell Action Group¹ actively complaining about the shoddy workmanship and the unsafe refurbishment since 2012. They were not only ignored but also bullied and threatened with eviction by authorities. Ten months after the

¹ <https://grenfellaactiongroup.wordpress.com/>

tragedy this disregard continues as many families remain in hotels and temporary accommodation as the painful fight for Justice continues.

The horrific night of June the 14th is forever etched in the minds of many, none more so than those in the North Kensington community surrounding Grenfell Tower. This is an area of London in the wealthy borough of Kensington and Chelsea, with mansions, Royal Palaces and foreign Embassy's to the South of the borough and deprived social housing to the North. The North is constantly under threat of redevelopment and gentrification, large chunks of housing turned into ludicrously expensive 'affordable homes' under the guise of a consultation. This is also the community that I am part of, having lived in social housing on a neighbouring estate close to the tower for over two decades. With our many battles to save our homes, libraries, nurseries and community spaces ours is a close-knit community; most have links to the tower in some way or another. They have either lived in it, know someone that does, used the Grenfell nursery, or simply hold fond memories of the football pitches from before the fateful redevelopment. Many more bore witness to the fire that tore through the block, looking up from the street with horror and helplessness.

Strozier (2002) speaks of the uselessness felt after the world trade centre disaster in 2001, 'In general even therapists felt stymied and deeply frustrated by their uselessness' (Strozier 2002; 372). It is this that I found most difficult to bear, the desperately sad and painful feeling that there was nothing I or anyone else could do. That this catastrophic failure to keep people safe was overlooked by the borough for reasons of profit. We were powerless to stop this living in 'an economic system that essentially transfers wealth from the poor to the rich, its victims are essentially the poor' (Blackwell and Dizadji, 2016; 8).

The morning after the fire, with very little sleep I went into work in my role on the Paediatric ward at one of the hospitals in the area. This further compounded the unbearable helplessness as only three survivors came onto the wards. The team, along with myself, were devastated by this, knowing

then that there would be many more deaths than first thought. I also knew then that the work was equally needed in the community.

Three days after the fire I set up an art therapy space in the community centre on the estate that I live on. This was to be the first of many art therapy spaces that developed. The manic organising of both the work and the therapists, giving a sense of control in the midst of the chaos. Assuming a familiar role became something of a comfort. Garland (1998) in quoting Freud (1926) states 'Taking an active part in understanding and perhaps alleviating another's distress acts to restore an individual's sense of control after a period of acute and sometimes prolonged helplessness, which is the essence of a traumatising situation' (Garland 1998; 187).

Concurrently art therapists held spaces on the streets, these familiar streets felt nothing like home, unusually hot weather adding to this alien feeling. Mourners were everywhere, press and well-meaning volunteers flooding the area. It was amongst this that some bereaved children from the local secondary school, where 5 children were killed in the fire, spontaneously made a memorial.



Fig. 1 – Memorial, Walmer Road

We supported them to gather materials from the community centre as they organised themselves and allocated jobs to the group². One young lady painstakingly drawing out the letters of Grenfell with precise detail. She sat for hours and when her work was finished, she said 'I feel like I have done something'. This resonated with my own process and drive. I too wanted to ensure that I 'done something' for my community. Within 2 weeks art therapists had been placed in 9 local primary schools and 2 further community spaces. One month after the fire art therapy was being provided in a further 3 community spaces, and a 'safe space' model developed for the children at all the public and resident's meetings.

These early community spaces were chaotic and mirrored the chaos all around, adults and children trying desperately to make sense of the events. At this stage many of the victims were reported as 'missing' adding further confusion, particularly for the children, struggling to understand that if their friend was missing why couldn't they just be found. The ordinary boundaries we hold so dear in therapy seemed useless, as the art therapy group spaces spilled over with children. The doors of the therapy room held open at all times, with 3 or 4 therapists working together in the group. Therapists held spontaneous groups as they formed, people spoke and cried together trying to make sense of what had happened all the while sorting and managing endless donations with volunteers no-one knew. The young children played games of trapping each other and escaping, some jumping out of the windows reliving what they had seen and heard over and over again. At times the work seemed impossible, but vital all at the same time, echoing the thoughts of a therapist following Hurricane Katrina 'For me as a therapist in New Orleans after Katrina. It was the hardest thing and the only thing possible, a journey into the unknown' (Nathan 2013; 26).

² originally documented by David Berrie (LCAT Art Psychotherapist)
<https://peopleandnature.wordpress.com/2017/06/19/collective-rage-collective-care/>

Strozier, in recounting his experience of The World Trade Centre disaster points out that 'ordinarily therapists encounter trauma long after the event' (Strozier, 2002; 371). He continues to discuss trauma as being 'frozen in time, encapsulated and static'. This is in contrast to trauma in the moment; 'up close, however, trauma is a constantly changing process...it is intense, hot, confusing, evolving, unintegrated into the self' (2002; 371). This is the trauma following Grenfell, a moving, visceral, lived experience felt in the body, something indigestible and unthinkable and utter, utter chaos all around. The importance of the art materials with their availability for fluidity and movement offer an experience to process the trauma as it was being felt. Art psychotherapy unlike other 'psychological first aid' interventions and psychoeducation had no agenda and was not providing information about a feeling. Art psychotherapy was providing a space, a thinking space, a processing space *for* a feeling. As Tipple (2017) states 'art making, the use of hands in interaction with materials, brings fresh subjective experiences into being, and this activity itself constitutes thinking' (2017; 20). In the midst of a traumatic disaster such as Grenfell where thinking is disintegrated, such availability to bring shape to the experience through the materials enabled and continues to enable thinking through the 'generation of experiences' (Tipple 2017; 18).

The early art work that emerged was of dark and black moon shapes echoing the images from the night where everything was covered in thick black smoke and it felt as if that was all you could see, smell and taste. Slimy, gooey mixtures appeared in every site, these pungent messy mixtures would spread all over the therapy spaces symbolic of the 'mess' all around. The 'safe spaces' would mirror that of the larger adult meetings as rage burned in the community, anger erupting at the continued government failings with the recovery. Of course, towers, constantly towers would be in the art work; some deliberate as a way to process and mourn, some attempting to remember Grenfell as it was, others would appear unconsciously and spontaneously in the image like an unwanted intrusion that was then quickly cast to one side. No one wanted to put their names on their artwork as if in solidarity with the 'missing' yet to be named victims of the fire. Folders were refused, no one

wanted a home for their artwork, it just didn't feel right to have a safe place when so many had violently and painfully lost theirs.

As the weeks and months wore on the work shifted, the large chaotic groups became ordinary sized groups and routines and time boundaries negotiated. The first art therapy space opened remains a well-used space for groups and individuals. Everyone has folders and boxes inside lockable cupboards; the door is ok to be closed as the containment, so lost, is gradually able to be restored. In amongst the chaos and trauma an organisation was born: Latimer Community Art Therapy. A rather premature and unexpected birth and like all traumatic premature births it takes time to recover, and the baby is very fragile indeed. Born in an emergency situation of grave danger, where thinking is impeded, the baby organisation needs much care and support. The crisis critical mode of operation has settled and systems are in place to ensure its survival.

Despite these traumatic beginnings, Latimer Community Art Therapy (LCAT) continues and has on the whole been well received by the community. I feel this was due to several factors. The ability of the many art psychotherapists working for LCAT to work in uncertain circumstances and unusual settings. It is well known that the profession is regarded as somewhat marginalised from mainstream interventions. It is this marginalisation that has allowed us to develop in non-traditional locations. Often with marginalised client groups that no one else has been able to engage, the alcoholics, the violent children, the dying, the wounded, the traumatised. This is the strength of the profession and the strength that enabled LCAT to form and continue to grow. Another very important factor in the success of LCAT was that this was wholly community led. I was not just another professional coming to help, I am a resident just like them, I was there just like them, I understood the issues from the inside and I fought for what I believed to be best practice alongside my comrades. 'Outsiders, could not and should not be expected to provide the continuity of care that is imperative in a community struck by disaster' (Boulanger et. al, 2013; 17). As the hordes of volunteers and pop up therapy services have all but disappeared this has become abundantly clear.

The tower is now in the process of being scaffolded and covered with white tarpaulin. The open wound that has stood in the midst of the community for 10 months will be wrapped. As if carefully dressing the wound in bandages, protecting the painful open sore, trying to allow for some healing. The scaffolding all around symbolic of the holding structure that is needed not just for the fragile tower but for the fragile community too. I don't know what it will feel like to not look at the burnt-out carcass of the tower every day, but I do know that this is forever etched in history whether it is under wraps or pulled to the ground.

I will return to the poem that I began with and the importance of the tune without the words that it feels like we have all been singing together in the community through the darkest of times. Never more so than on the 14th of each month as we silently walk³, holding hope that one day there will be justice and we will get through this loss and devastation to sing again. After all we are the ones that will never stop at all.

Latimer Community Art Therapy (LCAT) is now a community interest company with 25 Art Psychotherapists delivering therapy to over 300 children, adolescents and adults a month. LCAT continues in all 5 community spaces, 9 primary schools and 1 nursery with an increase in referrals across the board. LCAT now deliver a therapy service at the V&A museum and were invited to provide a service for Grenfell United the main organisation for the survivors. We are also working with Public Health to ensure the art therapy response is documented. More information can be found at www.lcat.org.uk

With thanks to the Latimer Community Art Therapy team and my community comrades Lucy and Andrea, without whom I would not have that thing with feathers in my soul. A more detailed account of the clinical work will be published as a chapter in a forthcoming book to be published by Routledge.

³ more information on the Grenfell silent walk can be found at <https://www.facebook.com/events/2081434492102699/>

Biography

Susan Rudnik is the founder of Latimer Community Art Therapy. Since qualifying from Goldsmiths in 2006 Susan has specialised in working with hospitalised children with physical and/or mental health problems on paediatric wards in London. She currently works at Chelsea and Westminster Hospital, as well as working in private practice and supervision. She is an editor for ATOL and currently teaches on the MA art psychotherapy course at Goldsmiths.

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