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Art Therapy with Institutionalized Adult Mental Patients: A Four-Week Study

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ART THERAPY WITH INSTITUTIONALIZED ADULT MENTAL PATIENTS:
A FOUR-WEEK STUDY

I. REVIEW OF THE LITERATURE

Introduction: Why Conduct Research

Parameters of the Study

Summary

The Hypothesis A Thesis

II. METHODS

Presented to

Introduction the Faculty of Lindenwood 4

Subjects

Group Art Activity

Attendance and Production in Making Observations

The Daily Schedule

The Session Rounds

In Partial Fulfillment

Independent Variables

of the Requirements for the Degree

Summary

Master of Art in Art Therapy

III. THE RESULTS

Introduction

The Attendance Results

The Production Results

Summary

by

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CONTENTS

	Page
LIST OF TABLES	iv
LIST OF FIGURES	v
Chapter	
1. REVIEW OF THE LITERATURE	1
Introduction: Why Conduct Research	1
Parameters of the Study	3
Summary	8
The Hypothesis	8
2. METHODS	9
Introduction	9
Subjects	9
Group Art Activity	11
Attendance and Production: Measuring Observations	15
The Daily Schedule	16
The Session Routines	18
Independent Variables	21
Summary	23
3. THE RESULTS	25
Introduction	25
The Attendance Results	31
The Production Results	36
Summary	45

LIST OF TABLES

Chapter	Page
4. DISCUSSION AND CONCLUSIONS	49
Discussion of the Results	49
Conclusions	53
Future Research	55
Summary	58
5. SUMMARY	60
APPENDIX	62
REFERENCES	81

LIST OF TABLES

Table	Page
1.2 Characteristics of the Subjects by Group	12
2.2 Characteristics of the Groups	13
3.2 Daily Schedules for Presenting Group Art Activity	17
4.2 Variations in the Session Routines	19
5.2 Environmental Variations During One or More Sessions	22
1.3 Description of the Subject Groups	26
2.3 Attendance by Session	27
3.3 Production by Session	28
4.3 Number of Subjects Attending a Given Number of Sessions	29
5.3 Average Production of Subjects Attending a Given Number of Sessions	30
6.3 Chi Square Results for Proportion of Ward Populations Involved in the Study	34
7.3 Chi Square Results for Proportion of Subject Groups Who Were Productive During the Study	39
8.3 Chi Square Results for Differences between the Most and the Least Productive Sessions	42
9.3 Average Production of the Productive Subjects in each Group	46

LIST OF FIGURES

Figure	Page
1.2 Four-Group Experimental Design Used in the Study	10
1.3 Percent of Ward Populations Involved in the Study	32
2.3 Percent of Ward Populations Attending Each Session in Each Group	35
3.3 Percent of Each Subject Group Who Attended Sessions Regularly During the Study	37
4.3 Production by Session	40
5.3 Percent of Attendance and Production Totals Occurring in a Given Session	43
6.3 Average Production per Subjects Attending a Given Number of Sessions	44

Chapter 1

REVIEW OF THE LITERATURE

Introduction: Why Conduct Research?

The idea for studying the effects of structure on response to art therapy came from the personal philosophy that regularity and consistency provide the framework for releasing energy to constructive behavior. In working with institutionalized mental patients, I have found ambiguous support to this philosophy. At times, disturbances in the daily schedule or session routines were followed by increases in bizarre behavior, confusion, hostility, or resistance. At other times they were followed by constructive, socially adequate behavior. The literature also gave ambiguous support. Most writers dealing with constructs for therapy made only implicit references to the importance of regularity and consistency, and little research had been devoted to the subject.

The impetus to research these components of therapy came from Kerlinger (1965), and Campbell and Stanley (1963). Kerlinger provided foundations for clinical research methodology; Campbell and Stanley provided the experimental design. Procedures and methods for controlling variables, and dealing with data, were found in Guilford (1954). Other writers gave rationale for clinical research; Meehl (1956) stated it most clearly in his insistence that clinical predictions must be backed up with objective data if they are to be useful.

Haywood (1976) stated this in stronger terms. He believed that it is unethical to fail to conduct research in areas "so characterized by ignorance that the systematic acquisition of new knowledge is especially critical" (p. 311); and points out a confusion among psychologists which has resulted in research conclusions based on politics rather than scientific methodology. Sillman (1976) touched on a need for objective research when he stated that theories have had nothing to do with introduction of treatment procedures; nor have they been

validated by new insights into underlying dynamics of mental functioning. This generalization is supported in the literature.

We find Naumberg (1966), a pioneer art therapist, more interested in the theoretical than in the practical connections between diagnoses and art work. She dwelt on certain theoretical meanings found in the symbolic content of her clients' art work, but the guidelines she gave for therapy were limited to insight therapy, with insufficient supporting rationale. Machover (1949) and Bender (1938) did not follow through with guidelines for clinical application of their findings concerning the projective elements in art work. Zierer (1976) inadequately described the theory and research upon which she based her clinical practice. Hammer (1958) presented a confusion of poetic explanations, total bewilderment, and bemused interest in patients' art work in Part VI, "Projective drawing in a psychotherapy setting" (pp. 509-595). Naumberg's poetic explanations seemed to me to be incongruent with the case presented (pp. 510-556). Bender and Schilder were unable to connect projective theory with either their patients' art work or post-treatment recoveries (pp. 584-595). Hammer suggested that the client's doodles had interesting projective aspects, but he did not make clear how this related to psychotherapy (pp. 562-582).

The conclusion is that often in the literature insights were fit to theory rather than theory being altered by insight; treatments were used to serve theory rather than clients; and communication between psychological disciplines was irrelevant or confusing. As long ago as 1961 (Stein) and as recently as 1976 (Carlson, Goldman, Lorion) mental health professionals have been crying for personal flexibility, communication, and co-operation between the various disciplines. Stein (1961) implied that techniques are jealously defended, rather than picked and chosen to fit clients and situations. Carlson (1976) emphasized the need for matching treatment in a flexible manner to problems,

symptoms, and needs of the client. Lorion (1976) pointed out that, in its present state, the profession places responsibility for matching need to treatment on the consumer, rather than the supplier (p. 20). Goldman (1976) stated that we must break away from research methods which have served other sciences so well, and find methods that produce findings which can be communicated to the therapist and applied in the clinic. Although he wrote for the educator, Kerlinger (1965) gave guidelines for practical research, unthreatened by findings running counter to the hypothesis. His basic contention was that research doesn't prove - it examines hypotheses, and discovers relationships.

Because little research has been devoted to hypothetical constructs for the use of art as therapy, the art therapist must often base practice on intuitive hunches and unsupported assumptions. Therefore, research is crucial to the professional growth of the discipline. The present study was concerned with defining the parameters of a particular kind of art therapy for a specific population: Group art therapy with institutionalized mental patients. The question was: What relationships exist between regularity of therapy, session routines, and the attendance and production of the institutionalized mental patient?

Parameters of the Study

The population. The population sample for this study represented many diagnostic categories of mental disorders including mental retardation and organic brain syndrome, personality disorders, and some of the major psychoses. However, the most useful diagnostic term for these people is "institutionalized". In the course of lengthy hospitalizations for maladaptive behavior, these people have lost what skills they may have had for independent living. This lack has added to problems originally identified as the focus for treatment. Although they remain unique individuals, the behavior of institutionalized mental patients tends toward apathy, inertia and dependency on hospital staff. Personal

hygiene is generally poor, and social skills are often limited to surviving the depersonalizing hospital routines. Coleman (1976) describes this as the "hospitalization, or social breakdown syndrome" (p. 709). Young (1975) gave a description of interactions between this population and their environment (p. 102). Todd, Bennie, and Carlisle (1976) concluded that it is unrealistic to expect them to adjust to community living, a conclusion supported by Miller and Wilder's (1976) findings. Tuckman and Lipton (1976) implicitly supported this conclusion in their report on a project to teach these people skills for coping with independent living.

The therapist. The special needs of the population call for specialized treatment. But some overarching principles for psychotherapy can be found. One of Patterson's (1973) unifying themes was that the successful therapist knows himself and behaves in a purposeful way within the therapeutic relationship. This implies that the therapist is an active agent in the processes of therapy. Even Karpman (see Harper, 1959, Chapter 5), who conducted therapy from the printed page, did not succeed in removing himself from the therapy. Indeed it is impossible to imagine removing the therapist's personality, behavior, and theoretical orientation from a client-counselor relationship. Jansma (1973) carried this aspect of therapy to its logical conclusion by questioning whether psychotherapy, as a professional practice, involves science, philosophy, or moral value systems. Because this question can be asked, and has not been satisfactorily answered, the therapist's role is often overlooked in clinical research. As Goldman (1976) suggests, the examiner should be seen as a vital research variable, rather than as a neutral or non-existent influence. Both Jansma's question and Goldman's statement echoes Kerlinger (1965), Stein (1961), and Guilford (1954). The latter author devoted much attention to control aspects of the researcher's response sets.

The first principle for conducting either therapy, or clinical research, is to have adequately recognized and controlled the therapist's influence. The literature implies a consciously directed, structured course of action for the therapist, but there is no general agreement about the specifics for that course of action. Dreikurs (1954), Stein (1961), and Patterson (1973) all mentioned the power of the helping-person's demonstrations of support. Even an occasional nod or grunt provides powerful reinforcement of behaviors. Coleman (1976), discussing behavior theory and research, noted that learning appears to be especially persistent when reinforcement does not always follow the response (p. 62), again emphasizing the power of discriminating support. In this study, the therapist's behavior was directed to stimulating response to art activity and material in such a way as to promote growth and positive behavioral change in individual patients. The study questioned which course of action would best serve these purposes - a predictable one, or an unpredictable one. The specific behaviors for the therapist were primarily directed by operational definitions for on-ward group art activity and for the session routines, and secondarily by the structural content of each activity.

The session structure. The second principle concerns structuring the therapy. Because many mental disorders are characterized by an inability to organize perception and thought processes (see Diagnostic and Statistical Manual - II, 1968), it might be assumed that a population of mental patients would be particularly vulnerable to external structure. The literature gives implicit support to that assumption.

Gardner (1976) found distinct differences in the responses of brain damaged adults to differently structured art tasks. Helmick and Berg (1976) found differences in responses to similar tasks between the brain damaged, mentally ill, and normal subjects. The implication is that the structural content of an

art activity is important in therapy with the brain damaged adult. Bellack, Hersen, and Turner (1976) found that regularity and session structure were of crucial importance in therapy with the chronic schizophrenic. Levy (1976) found responses of mental patients varying with diagnoses, and either therapist behavior or session routines, and interpreted her findings as a need for structured routine and consistent therapist behavior in therapy with chronic mental patients. Gonick-Barris (1973) searched for and found a practical session routine and activity content for providing successful art experiences for children with brain dysfunction. Art, combined with group discussion, was the structure Moriarity (1976) found most productive in psychotherapy with chronic female schizophrenics.

While these authors were not all studying the importance of structure, all did make explicit mention of finding certain kinds of structure important in the responses of their subjects. Two found that the structural content of the art activity made a difference in the responses of brain damaged adults; two found that predictable conditions were of crucial importance in therapy with chronically mentally ill subjects; and two found that the session content and routines were the critical factors in work with their mentally disordered subjects.

There is not, however, unanimous agreement about the need for predictable and specifically structured activity. Moustakas (1972) claimed that "as long as habit and routine dictate the pattern of living, new dimensions of the self will not emerge; new interests will not develop" (p. 39). This can be interpreted in two ways; either regularity in schedules and session routines will dampen therapeutic progress, or routinely reinforced habits will intensify maladaptive behaviors. Either interpretation is relevant to this study since two control groups were seen randomly, two had unpredictable session routines, and processes were not duplicated in any of the seven sessions for any group.

Rationale for group art therapy. The study was based on a theoretical rationale for art therapy with the institutionalized adult that combined three concepts: a) Szasz (1974) spoke for the existentialists in defining mental illness as maladaptive social communication; b) Harper (1959) defined psychotherapy as the process of helping people reduce or remove psychic disturbances; and c) Hammer (1976) defined art as a positive, consciously directed social accomplishment. Activities used in the present study offered patients opportunity for positive, consciously directed, adaptive social communication with art material.

A theoretical framework for group therapy was provided by readings in Kadis (1963), Harper (1959), Stein (1931), and Patterson (1973). There was general agreement that for optimal therapeutic benefit the therapist must exert neutral but controlled leadership, and processes must be logical and tailored to the needs and purposes of the group. Satir (1967) emphasized the need for giving support to each individual at whatever level he might be involved. Dreikurs (1976) stressed the importance of keeping the group informed of underlying purposes for the procedures, and she outlined her methods for doing so. Methods for stimulating creative responses to art material were provided by Lask (1975), and Rubin and Levy (1975). These concepts were integrated to develop the approach to group art therapy used in this study.

The seven activities had many sources, but each was selected to be congruent with the above parameters for on-ward group art activity with a population of institutionalized adult mental patients. Particular issues for each activity were clarified in various readings as an aid in selection; and, during the study, observations were made of the differing response of the differing diagnostic categories. Because these issues were not a direct research concern, discussion is limited to that given in the Appendix.

Summary

The research concern was to examine the relationships between structure for therapy and the responses of an institutionalized mental patient population to group art activity. Various aspects of such therapy were examined in the literature: The influence exerted by the therapist; predictability versus unpredictability of scheduling and session routine; group dynamics; and the structural content of the art activity.

The Hypothesis

The literature led to the conclusion that research is crucial to the professional growth of art therapy, but gave ambiguous information about the importance to and specifics of structure in therapy with the institutionalized mental patient. Only one study (Bellack et al, 1976) examined the importance of regular daily schedule; and there was some disagreement about the need for regular routines. Several studies of the structural content of therapy for various populations show no unifying principles to cover psychotherapy routines. There is general agreement about the importance of consistent therapist behavior, but this variable has often been overlooked in research.

The following hypothesis was studied:

In an on-ward group art activity, designed for voluntary participation by institutionalized adult mental patients, the average attendance for, and the mean number of pieces of work produced will be higher if sessions are regularly scheduled, and each session follows the same routine as all previous sessions, than if sessions are scheduled at random times, and routine for any given session is varied from previous sessions in an unpredictable way.

Chapter 2

METHODS

Introduction

The study was conducted at a midwestern state government psychiatric facility in a unit for adult chronic patients. Originally designed as an eight-week, 16-session project, administrative shifts permitted collection of data for only a three-and-a-half week period. This chapter is a description of research methodology.

Using the four-group experimental design shown in Figure 1, the hypothesis was tested over a four-week period with each group receiving two treatments per week for a total of 27 treatments. Group A was designated as the group to receive predictable conditions; Groups B, C, and D received a combination of predictable and unpredictable conditions. Since Session 6 for Group B fell on a state Holiday, Group B received six, rather than seven sessions. Because wards had been reorganized, the eighth sessions, scheduled for the latter half of the fourth week, were not presented, and the study was terminated.

Subjects

The sample was from a population of adults, 18 to 62 years old, whose histories reflected maladaptive behavior, and whose primary residence was the in-patient unit of a state mental hospital. A majority of the subjects were receiving, as their primary treatment, routine drug therapy including a wide range of phenothiazines and the major tranquilizers.

Four of five possible adult chronic wards were selected and assigned to the four research groups by random drawing. It had been the policy of this hospital to assign adult patients to these five wards without respect to age, sex, diagnosis, social or psychiatric history. Shortly after selection, and

because the hierarchy of the study was changed causing the shift in each group to be less random than was intended for statistical purposes. The characteristics of the subjects are shown in Table 1. Table 2 shows characteristics of each group.

During the study, average length of stay for the four wards. The patient turnover was reported with 24 or 26 percent of the 98 subjects residing on the same ward for all seven sessions. Subjects had prior experience with group art activity; 28 had a

Groups	Regular Schedule	Regular Session Routine	Random Schedule	Unpredictable Session Routine
A	X	X		
B	X			X
C		X	X	
D			X	X

Figure 1.2. Four-group Experimental Design Used in the Study.

Group Art Activity

Rationale. Group art activity was operationally defined as an optional activity designed to be held on randomly assigned wards by groups of patients, to provide therapeutic experiences and interaction with art materials. The group art activities used in this study were art oriented and shared experience in decision making, self-expression, and success. It was not for each activity focused on specific issues. One session, with simple materials like, shape, color, and value, was offered. A poster of the art topic was displayed and patients were challenged to examine their feelings, thoughts, or experiences to provide content for their art work. They were encouraged to participate

before the beginning of the study, this policy was changed causing the make-up of each group to be less random than when selected for research. Characteristics of the subjects are shown in Table 1; Table 2 shows characteristics of each group.

During the study, average census was 107 for the four wards. Population turnover was minimal with 64 or 94 percent of the 68 subjects residing on the same ward for all seven sessions. Forty-six had prior experience with group art activity; 22 had none. Eighteen had been restricted to the ward for close supervision; 50 were free to come and go. Twenty-one were under 32; 22 between 33 and 47; 19 over 48 years old. There was a total of 38 male, and 30 female subjects; 23 black, and 45 white. Eighteen had physical disabilities which interfered with communication, motor functioning, or physical activity. Fifty were free of physical disability. Only seven had been hospitalized for less than one year; 14 less than three years. The majority of 47 had been hospitalized for over three years. Twenty-three were diagnosed chronic schizophrenic; 11 paranoid state; 21 personality disorder; seven organic brain syndrome; and six mentally retarded, both with and without psychosis.

Group Art Activity

Rationale. On-ward group art activity was operationally defined as an optional activity designed to be held on residential hospital wards for groups of patients, to provide therapeutic experience and interaction with art material. The group art activities used in this study were process oriented and offered experience in decision making, self-expression, and success. Processes for each activity focused on specific issues. One medium, with simple choices of size, shape, and color, was offered. A general theme or topic was suggested, and patients were challenged to examine their feelings, thoughts, or perception to provide content for their art work. They were shown how to communicate

Table 1.2

Characteristics of the Subjects by Group

12.

Characteristic	Group				Sums
	A	B	C	D	
1. Total subjects	16	16	15	21	68
2. Age: 18-32	4	10	2	11	27
33-47	5	5	4	8	22
48-62	7	1	9	2	19
3. Sex: Male	16	9	4	9	38
Female	0	7	11	12	30
4. Race: Black	4	9	2	8	23
White	12	7	13	13	45
5. Length of hospitalization: 1 month to 1 year	0	5	1	1	7
13 months to 3 years	3	5	1	5	14
Over 3 years	13	6	13	15	47
6. Diagnosis: Schizophrenic C.U.T. ^a	3	5	8	7	23
Paranoid State	3	3	2	3	11
Personality Disorder	4	7	1	9	21
Organic Brain Syndrome	5	0	1	1	7
Mental Retardation ^b	1	1	3	1	6
7. Physical disability: Yes	2	2	14	0	18
No	14	14	1	21	50

^aSchizophrenic Reaction Chronic Undifferentiated Type^bBoth With and Without Psychosis

Table 2.2
 Characteristics of the Groups

Characteristic	Group				Sums	
	A	B	C	D		
1. Average ward census during the study	27	23	28	29	107	
2. Total subjects involved in the study	16	16	15	21	68	
3. Subjects resided on the ward for the entire study:						
	Yes	15	15	14	20	64
	No	1	1	1	1	4
4. Subjects were ward management problems:	Yes ^a	1	2	3	12	18
	No	15	14	12	9	50
5. Subjects had prior experience with group art activity:	Yes ^b	14	3	8	21	46
	No	2	13	7	0	22

^aPatients were restricted to the ward by need of close supervision of acting-out behavior, tendency to wander away from hospital grounds, inappropriate behavior when off-ward, or by court order.

^bSubjects who had resided on wards where group art activity was part of the ongoing activity therapy program.

what they found with concrete art material. In these activities, a successful product was whatever resulted from the thinking-deciding-doing processes, with esthetics playing a minor part. Hence, beginning with the choice to become involved, or to not become involved, patients expressed themselves by making decisions. It is at this point that the therapeutic importance of providing optional treatment comes into focus. Institutionalization is marked by apathy and inertia, and often this is because the patient is given no real choices to make. Decisions to not become involved were acknowledged and supported as energetically as decisions to become involved in the activity. Choosing involvement, the patient was guided and supported in successful communication of his own ideas at his own level. At times, this meant allowing him to ignore the art material while encouraging his involvement in group processes or social interactions.

The activities used had either developed naturally in the attempt to meet the needs of the population or had been adapted from art therapy literature. Each treatment was simple enough to be explained, engaged in, and brought to a close within one hour. Processes were simple, and yet held some stimulating complexities. The media was portable, non-threatening, and yet had enough sophistication to be challenging. With these conditions met, optimal success experience was possible for the patient. Detailed process notes for each session appear in the Appendix.

Selection and arrangement of the activities. Plans were made for 23 art activities drawn from a card file developed over several years of practice, and from the art therapy literature. Criteria for selection were: a) the exercise had to be congruent with the operational definitions of this study; b) some form of the exercise had to have been successfully used with chronic mental patients; c) in the 3 months prior to the study, it could not have been used for treatment

of the research subjects. In order to clarify which therapeutic components each exercise held, they were classified in terms of 30 components. This classification appears in Table 1 of the Appendix.

To minimize the effects of response to activity content or media, each group received the sessions in the same sequence. This sequence was randomized by drawing cards. When the random arrangement was completed, the sequence appeared congruent. It was seen that activities designated as Sessions 1 through 3 made a unit of focus on social perception. In these activities attention was focused on perception of other people, how people fit into the environment, and on perception of self in the environment. The remaining four activities used in this study had a common focus on organizing and integrating perception. The basic tasks involved in these four exercises were selection and arrangement of ambiguous shapes or concepts into meaningful relationships. There was a comfortable variation in media and processes with opportunity for carry-over of experience from one session to a later one. Crayons, chalk, paint, paper and glue were the basic media for the seven exercises used in this study. Processes were either varied or built on the previous uses of a given medium.

Attendance and Production: Measuring Observations

Treatment was offered impartially to all patients on each ward designated for the study, as an optional activity. Only patients participating in 1 or more sessions were counted as research subjects. Attendance was measured as voluntary physical presence in the activity area, accompanied by verbal, or motor response to either the art material, the activity, or the therapist. Patients merely sitting in the area, and showing no overt response to the activity were not counted.

During each session on each ward, participant's names were written on an

attendance sheet either by themselves or by the therapist; and the therapist noted each participant's production on the same sheet.

Work produced was measured by evidence of interaction with the art material or processes, rather than by finished pieces of art. According to the exercise, a piece of work was defined as either a specific piece of the art material which had been treated by the patient in a specific way or a concrete contribution the patient made to the processes. In the Appendix detailed definitions for production measurement are given.

Daily census sheets were obtained, and ward census, attendance, and number of pieces of work produced were recorded immediately following each activity on each ward.

The Daily Schedule

The daily schedule is shown in Table 3. Each group was scheduled for two sessions per week. By random drawing, Groups A and B were assigned to the two established schedules for on-ward art activity. To allow for equal exposure to both morning and afternoon hours, and to different days of the week, Groups A and B were to switch schedules at the end of the first half of the study. This switch did not occur. Instead A was seen on the same two mornings each week; B on the same two afternoons. For Groups C and D, it was necessary to establish what times were available on an on-going weekly basis. These times were numbered, and cards were drawn to establish schedules for these two groups.

Ward personnel were informed that an art activity would be held on the ward for one hour twice a week, and that it would be open to all patients. Schedules for Groups A and B were posted in the nursing offices, as well as being verbally communicated to staff and patients. Personnel on wards C and D were told that they could not be given a firm schedule, but were assured that the activity was

Table 3.2

Daily Schedules for Presenting Group Art Activity

Group	Week and Session Number						
	1	2	3	4	5	6	7
A Day	Mon.	Thurs.	Mon.	Thurs.	Mon.	Thurs.	Mon.
Time	10:30am	10:30am	10:30am	10:30am	10:30am	10:30am	10:30am
B Day	Tues.	Fri.	Tues.	Fri.	Tues.	Fri.	Tues.
Time	2:15pm	2:15pm	2:15pm	2:15pm	2:15pm	^a	2:15pm
C Day	Mon.	Wed.	Mon.	Tues.	Wed.	Thurs.	Tues.
Time	1:30pm	8:30am	9: am	1: pm	2:15pm	1:45pm	1:15pm
D Day	Wed.	Thurs.	Mon.	Wed.	Mon.	Wed.	Mon.
Time	10:30am	1:15pm	1:30pm	2:15pm	1:45pm	8:30am	9: am

^aSession 6, scheduled on a state holiday, was not presented to Group B.

part of the on-going activity therapy program.

The Session Routines

Certain therapist behaviors were implicit in structural content of each activity and in methods for collecting data. Each activity called for a different combination of methods, explicitness of verbal and non-verbal directions, and different ways of stimulating patients to participate. Noting the whereabouts and preoccupations of each patient during each session was necessary to the data collection. But the course of action for the therapist in this study was primarily determined by formats for session routines. In planning each exercise, details such as opening and closing remarks, and placement of materials were standardized and followed during each session for each group. For the two groups designated to receive predictable routines, A and C, sessions took the following format:

1. Each session started and closed on time, and lasted for one hour.
2. Each subject was asked to sign an attendance sheet during each session.
3. Explicit directions with demonstrations were given for the activity.
4. Each subject was given a minimum of three minutes of individual attention, during which he was asked to discuss his work, or, if not working with art material, his feeling about art activity.
5. Work was disposed of in the manner specified when purposes were given with the directions for the activity. This was variously: a) allowing the therapist to retain the work for a later session; b) displaying work on the ward; c) using the work for personal purposes.
6. Subjects were asked to assist in the clean-up.
7. Subjects were prepared for the next session.

Variations affecting Groups B and D are shown in Table 4. In Group B, four sessions started on time, and two did not. One session lasted for an hour;

Table 4.2

Variations in the Session Routines

19.

Variation	Group:	Sessions			
		A	B	C	D
1. Session started at the scheduled time.....	1-7		1,3 4,5	a	a
Session did not start at the scheduled time.....			2,7		
2. Session lasted for one hour.....	1-7		5	1-7	3,5
Length of session varied from one hour.....			1,2,3 4,7		1,2,4 6,7
3. Patients were asked to sign an attendance sheet.....	1-7		5	1-7	3,5,6
Patients were not asked to sign an attendance sheet....			1,2,3 4,7		1,2 4,7
4. Directions were explicit, verbal, and demonstrated.....	1-7		1,3 4,7	1-7	1,2,5
Directions were ambiguous, demonstrated only, or not given.....			2,5		3,4 6,7
5. Attention was given to all subjects.....	1-7		1,2,4	1-7	1,2,3 5,7
Attention was given only to certain subjects.....			3,5,7		4,6
6. Purpose of work was specified at beginning of session..	1-7		2,7	1-7	3,6,7
Purpose of work was given at end of session or not given			1,3 4,5		1,2 4,5
7. Work disposed of as planned and specified to patients..	1-7		2	1-7	6
Work disposed of without comment, or not as specified..			1,3,4 5,7		1,2,3 4,5,7
8. Patients were asked to assist in the clean-up.....	1-7		2,4,5	1-7	1,3,7
Patients were not asked, or were discouraged from assisting in the clean-up.....			1,3,7		2,4 5,6
9. Patients were prepared for the next session.....	1-7		1	1-7	1,2,3,5
Patients were partially prepared, or not at all prepared for the next session.....			2-7		4,6,7

^aVariable does not apply to Groups C and D as neither patients nor staff were informed of the daily schedule.

Session 3 was more than an hour, and the other four were five minutes less. Patients were asked to sign an attendance sheet in one session; it was displayed without comment in the other five. Explicit directions were given in four sessions; ambiguous directions were given in one; and no directions were given in the other. Every patient was given attention in three sessions; in two of the other three, only patients working with art material were given attention; in one, only those not working with art material were given attention. Purpose of the work was specified at the beginning of two sessions, but disposed of according to the stated purpose in only one of these. In the other four sessions, no purpose for the work was given before disposing of it as planned for the given activity. Patients were asked to assist in clean-up after three sessions; discouraged from helping after two; and the therapist left the ward before clean-up after the other session. The group was prepared for the second session at the end of Session 1; either partial, or no preparation was given for the other five sessions.

Because of the random schedule, no two sessions for Group D started at the same time; two lasted for one hour, with the remaining five being five minutes less than an hour. Patients were asked to sign an attendance sheet during three sessions; the attendance sheet was not taken to the ward for the other four. Directions were complete and explicit for three sessions; ambiguous or incomplete for the other four. Individual attention was given to every patient in five sessions; only to patients working with art material in the other two. Patients were told the purpose of the work at the beginning of three sessions, but work was disposed of as specified in only one session. In the other six sessions, work was disposed of as planned for the exercise. Patients were asked to assist in the clean-up after three sessions; nothing was said about clean-up after two sessions; assistance was refused after two sessions. Patients

were prepared for the next session at the end of four sessions; partially prepared, or not at all after the other three.

Independent Variables

Environmental conditions having an effect on the group art activity are shown in Table 5. Control for conflicts with, or advantages to ward and personal routines (lines 1, 2, and 3 in the Table) were built into the research design, but could not be put into effect during the present study. The remaining variables describe a government psychiatric facility, rather than illustrating a confounding of the dependent variables.

Session 2 conflicted with ward routines for Group C; and all seven sessions for Group A conflicted with the patients' morning routines. In Groups B and D, there were no conflicts with either ward or personal routines - most patients were on-ward during the activity for Group B. Involvement of patients in the upkeep and enhancement of the environment promoted activity on ward D during all seven sessions; and on ward B during all but the last session. During this session, ward reorganization was underway - furniture was disarranged and new staff and patients were wandering in and out of the activity area. Ward C was also affected by this condition during the last session. During Sessions 1, 4, and 5 available tables were being used for another purpose on ward C. The solarium which was larger and more convenient for art activities, was not available on ward A; both furniture and housekeeping were inadequate in the room that was used.

Staff on ward D conducted regular group psychotherapy and ward government meetings. Patients, conditioned to attending on-ward activity to which they were expected to contribute, willingly attended and produced in the group art activity. The lack of regular, non-medical treatment found in the other groups is not unusual in a state mental hospital.

Table 5.2

Environmental Variations During One or More Sessions

Variation	Group:	Sessions ^a			
		A	B	C	D
1. Session conflicted with ward routines.....				2	
2. Session conflicted with patients' personal routines..	1-7				
3. Session held when most patients were on-ward.....			1-7		
4. Physical condition of ward conducive to activity.....			1-5		1-7
5. Physical condition of ward discouraged activity.....	1-7		7	1,4,5,7	
6. Team treatment approach encouraged group activity....					1-7
7. Ward staff encouraged group art activity.....			1-7		
8. Ward staff discouraged group art activity	1-7			1-7	
9. Ward staff-patient interactions interfered with the group art activity.....	1			2	6

^a Only those sessions are noted during which the environmental variable occurred.

Group B had ward staff who viewed the art activity as a welcome change of pace for the patients. Most of them gave the activity enthusiastic support in all seven sessions; one became an artist herself during Session 3. On ward A, staff were engaged in table games with the patients during all seven sessions; during Session 1, an impromptu outing for several patients, a regular volunteer, and staff member, interfered with the activity.

The physically disabled, and those patients diagnosed as chronic schizophrenic or mentally retarded on ward C, relied heavily on staff for support in all their undertakings. Understandably, full support for participation in the art activity could not be given by staff to every patient. In Session 2 eight student nurses were in the activity area, confusing these dependent patients about the leadership. In their confusion, they tended to lose interest in the art activity. In Group D, a similar situation existed during Session 6 when ten student nurses were in the activity area. These patients, although less dependent and confused than C patients, were just as distracted by the division of their attention.

An environmental factor implied, but not listed, in Table 5, was the ward reorganization which was underway during the third and fourth weeks of this study, generating tension in both staff and patients. Physical reorganization took place on the days wards B and C received Session 7. The entire ward population, staffs and much of the wards' furniture were being moved to new locations.

Summary

Using a 4-group experimental design, 27 group art activities were presented over a three-and-a-half week period to study the effects of regularity and consistency on the attendance and productivity of institutionalized mental patients.

For Group A, neither daily schedule, nor session routine varied. Daily schedule did not change for Group B, but session routine varied in each of the six treatments this group received. Group C was randomly scheduled, but session routine was consistent throughout the seven sessions. Group D was both randomly scheduled, and had an unpredictable session routine.

Controls for response to day-of-week, and time-of-day, and for conflicts with ward or personal routines were built into the research design. But these controls could not be put into effect during the present study.

A specific course of action for the therapist was implied in the dependent variables. Response sets of the therapist, patients, and ward staff were utilized by choosing familiar art activities for the study, and integrating the study with the on-going activity therapy program.

Rather than confounding variables, the environmental conditions were noted to illustrate facts to be reckoned with in conducting group art therapy in a government psychiatric facility.

Chapter 3

THE RESULTS

Introduction

During the study, daily census was recorded from the computer print-out for each ward designated for the study. During each session on each ward, participant's names were written on an attendance sheet either by themselves or by the therapist; and the therapist noted each participant's production on the same sheet. Immediately following each session, these data were recorded on a separate record sheet for each ward, and process notes were written. Besides names of each resident of the given ward, attendance and production for each session, each record sheet had space for recording each subject's demographic data including admission or discharge if it occurred during the experimental period.

At the end of the three-and-a-half week experimental period, data were summed for each attending subject, each session, and each group. Raw data are shown by group in Tables 1 through 5. For purposes of analyses, each group consisted of only those patients who attended one or more sessions. Productive subjects were those whose interactions with the art material and processes fit the operational definition for productive work. Non-productive subjects were those who were present during the activity, responsive to the therapist or the activity, but whose responses did not fit the operational definition for productive work. The number of subjects in each group is shown on line 3, Table 1. Numbers of productive and non-productive subjects are shown on line 4.

Tables 2 and 3 contain group data. Table 2 shows attendance, and Table 3 shows production by session. Tables 4 and 5 contain subject data. Table 4 shows the number of sessions each subject attended; and Table 5 shows the

Table 1.3
Description of the Subject Groups

Description	Groups				Sums
	PSS	USR	RS	USR/RS	
1. Average ward census.....	27	23	28	29	107
2. Number of ward census with prior experience ^a in group art activity.....	24	3	11	28	66
Number of ward census with no prior experience in group art activity.....	3	20	17	1	41
3. Total subjects involved in the study.....	16	16	15	21	68
4. Total subjects who were productive ^b	7	13	13	15	48
Total subjects who were not productive ^c	9	3	2	6	20
5. Total number of subjects with prior experience in group art activity.....	14	3	8	21	46
Total number of subjects with no prior exper- ience in group art activity.....	2	13	7	0	22

^aPatients who had resided on wards where group art activity was part of the on-going activity therapy program.

^bSubjects whose interactions with the art material and processes fit the operational definitions for productive work.

^cSubjects who were present during the activities, but whose interactions with the therapist or processes did not fit the operational definitions for productive work.

Table 2.3
Attendance by Session

Group	Session Number							Sums
	1	2	3	4	5	6	7	
PSS	8	9	10	6	8	8	7	56
USR	8	5	7	8	4	^a	5	37
RS	5	7	7	6	5	7	9	46
USR/RS	10	8	15	9	10	6	8	66
Sums	31	29	39	29	27	21	29	205

^aThe USR group, B, did not receive Session 6.

Table 3.3

Production by Session

Group	Session Number							Sums
	1	2	3	4	5	6	7	
PSS	7	9	4	10	4	6	3	43
USR	11	16	6	10	2	a	3	48
RS	10	11	3	7	8	12	4	55
USR/RS	10	5	18	7	9	4	4	57
Sums	38	41	31	34	23	22	14	203

^aThe USR group, B, did not receive Session 6.

Table 4.3

Number of Subjects Attending a Given Number of Sessions

Group	Number of Sessions Attended							Sums
	1	2	3	4	5	6	7	
PSS	2	2	6	1	3	1	1	16
USR	5	5	3	2	1	0	^a	16
RS	3	3	3	3	2	1	0	15
USR/RS	6	3	3	4	3	0	2	21
Sums	16	13	15	10	9	2	3	68

^aThe USR group, B, did not receive seven sessions.

Table 5.3

Average Production of Subjects Attending a Given Number of Sessions

Group	Number of Sessions Attended							7 Session Average
	1	2	3	4	5	6	7	
PSS	0	0	.6	.3	.7	2.	1.1	.8
USR	.8	1.2	1.1	.4	3.8	a	b	1.3
RS	.7	.5	.8	1.2	1.8	1.8	a	1.2
USR/RS	.5	1.2	.7	1.4	.7	a	.6	.9
4 Group Average	.6	.9	.8	1.	1.3	1.9	.7	1.0

^aNo subjects attended this number of sessions in the designated group.

^bThe USR group, B, did not receive seven sessions.

average production of each subject according to the number of sessions attended.

Data were examined according to the hypothesis that attendance and production would be higher in the group having a regular schedule and predictable session routine, than in the groups having either random schedule, unpredictable session routines, or both. Graphs and chi square analyses were used for this examination. The group with the predictable conditions served as the control group for the chi square analyses; groups with unpredictable conditions were not compared with each other. There were insufficient data for analyses of variances in either subjects, environments, or therapist behavior as determined by session routines.

Group A was the group with the predictable conditions; B was the group with the unpredictable session routines; C was randomly scheduled; D had both unpredictable session routines, and random schedule. In describing the results, the groups are designated according to their dependent variables. These are abbreviated as follows:

PSS = Group A; both predictable schedule and session routines.

USR = Group B; predictable schedule, unpredictable session routines.

RS = Group C; random schedule; predictable session routines.

USR/RS = Group D; both unpredictable session routine and random schedule.

The Attendance Results

Percentage of each ward involved in the study. Table 2 shows that total attendance ranged from a low of 37 in the USR group to a high of 66 in the USR/RS group. Since neither ward population nor subject groups were the same number in all four groups, nor did all four groups receive the same number of sessions, data were examined by proportion of ward populations involved in the study. For Figure 1, data from Table 1 were converted to percentages of each ward population involved in the study. Raw data were submitted to chi square

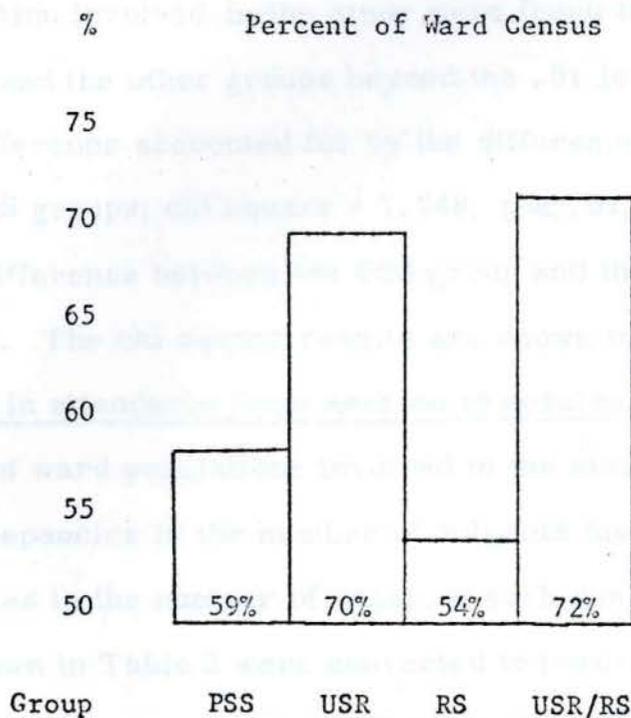


Figure 1.3. Percent of Ward Populations Involved in the Study.

Figure 1.3 shows the proportions of ward populations attending each session and also the overall average attendance for each group. These graphs show that the proportion of the ward population attending varied from session to session; the lowest of any group is the PSS group and the highest is the USR/RS group. Of the three groups with independent sessions, the RS group showed the least variation in proportion of ward population attending from session to session. This is consistent with the differences found between the PSS group and the other groups in terms of average attendance in the study.

analysis.

Figure 1 shows that percentages ranged from a high of 72 percent, to a low of 54 percent. The USR/RS group had the highest percentage of the ward population involved in the study; the RS group had the lowest. Involvement of the PSS group was only 5 percent higher than the RS group; the USR group was only 2 percent lower than the USR/RS group. These differences in proportion of ward population involved in the study were found to be significant between the PSS group and the other groups beyond the .01 level of probability, with most of the difference accounted for by the difference between the PSS group and the USR/RS groups; chi square = 7.748, $p < .01$. The RS group accounted for the least difference between the PSS group and the other groups (chi square = 1.069, n. s.). The chi square results are shown in Table 6.

Variations in attendance from session to session. The differences found in proportion of ward populations involved in the study could have been produced by discrepancies in the number of subjects involved in each session, or by discrepancies in the number of sessions each subject attended. Raw attendance data shown in Table 2 were converted to percentages of ward populations who were involved in each session. Table 4 shows the number of subjects who attended a given number of sessions in each group.

Figure 2 shows the proportions of ward populations attending each session and also the overall average attendance for each group. These graphs show that the proportion of the ward population attending varied from session to session the least of any group in the PSS group; and the most in the USR/RS group. Of the three groups with unpredictable conditions, the RS group showed the least variation in proportion of ward population attending from session to session. This is congruent with the differences found between the PSS group and the other groups in proportion of ward populations involved in the study.

Chi Square Results for Proportion of Ward Populations Involved in the Study^a

	Involved	Not Involved	Sums	
PSS Group	16	11	27	df = 1
USR,RS,USR/RS Grps.	52	28	80	$\chi^2 = 7.205$
Sums	68	39	107	$p < .01$

	Involved	Not Involved	Sums	
PSS Group	16	11	27	df = 1
USR Group	16	7	23	$\chi^2 = 3.375$
Sums	32	18	50	n.s.

	Involved	Not Involved	Sums	
PSS Group	16	11	27	df = 1
RS Group	15	13	28	$\chi^2 = 1.069$
Sums	31	24	55	n.s.

	Involved	Not Involved	Sums	
PSS Group	16	11	27	df = 1
USR/RS Group	21	8	29	$\chi^2 = 7.748$
Sums	37	24	55	$p < .01$

^aWith Yate's correction.

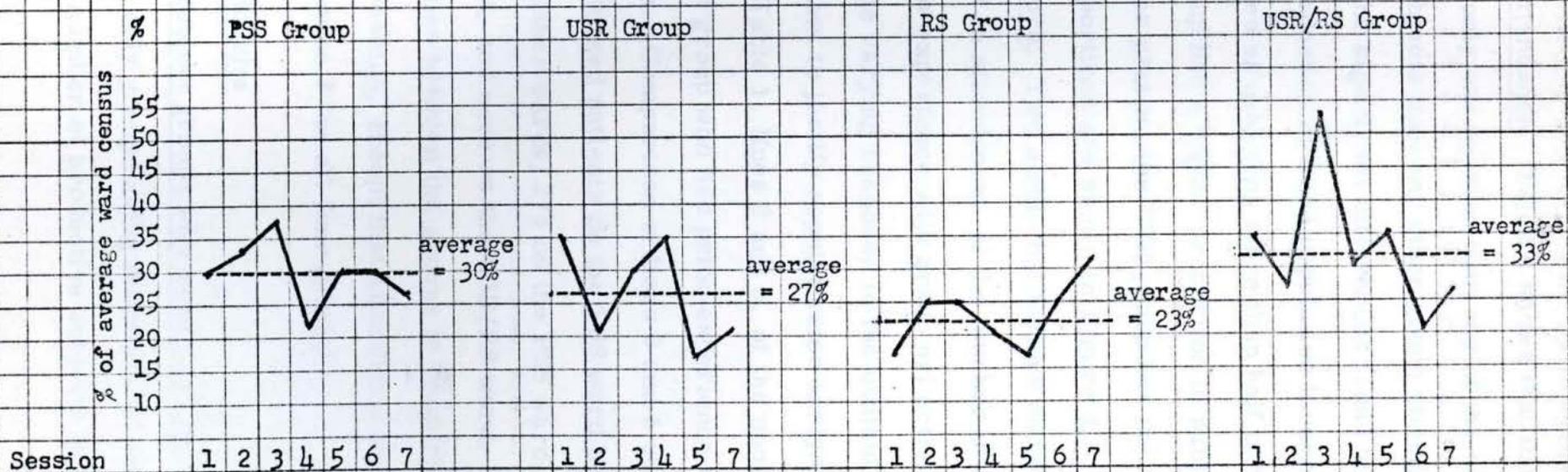


Figure 2.3. Percent of Ward Population Attending Each Session in Each Group

Regularity of attendance. Table 4 shows that the PSS group had fewer subjects attending only one session than any of the other groups; the USR/RS group had more subjects than any other group attending only once. This also is congruent with the significant differences found between the PSS and the other groups in proportion of ward population involved in the study. If regular attendance is defined as attending more than half of the sessions during the study, the PSS group had a higher proportion of subjects attending regularly than any of the other groups; the USR group had the lowest proportion of any group. These proportions are shown in Figure 3.

Additional factors. Two additional factors could account for differences between the groups in attendance: a) the number of subjects involved in the study who had prior experience with group art activity, compared to those who had none; b) the varying response to the content of each activity. Although data were insufficient to justify sophisticated analyses of either of these factors, note was made on Table 1, lines 2 and 5, of the number of patients on each ward, and in each subject group who had prior experience with group art activity, and those who had none. Comparison of lines 2 and 5 shows that a larger proportion of the inexperienced patients on the PSS ward became involved in the study than on any of the other wards; 2/3 on the PSS ward, 3/5 on the USR ward, 2/5 on the RS ward, and none on the USR/RS ward. Examination of Figure 2 shows no similarities between the groups in proportion of ward populations attending a given session, except that attendance was higher than the group average during Session 3 for all four groups.

The Production Results

Proportion of subject groups who were productive. Table 1 shows that the PSS group was the only group having more non-productive than productive subjects; and that the number of productive subjects in a given group ranged from

7 in the PSS group) 14 in the USR/RS group; the number of non-productive subjects ranged from 5 in the PSS group to 4 in the RS group. The difference between the PSS group and the other groups in proportion of productive subjects was significant beyond the .001 level, chi square = 14.117, $p < .01$. Most of the difference was accounted for between the PSS group and the RS group, who had the lowest non-productive subjects of any group, chi square = 6.739, $p < .01$. Chi square results are shown in Table 3.

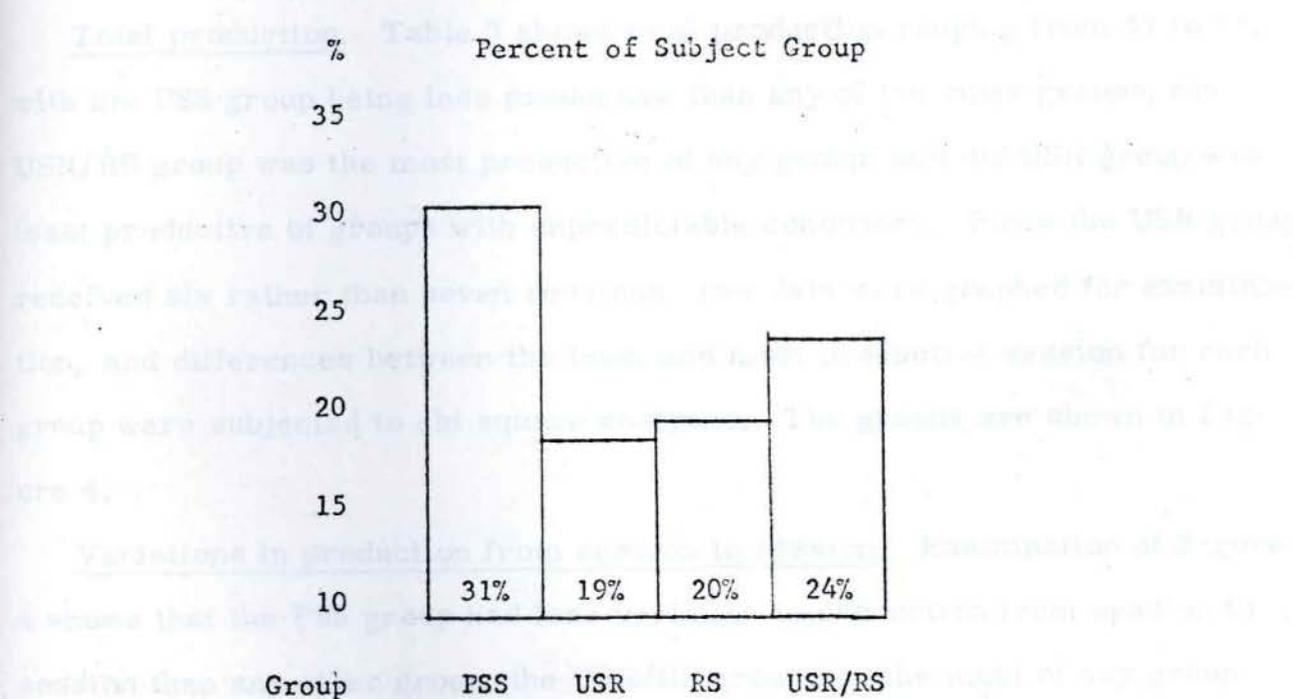


Figure 3.3. Percent of Each Subject Group Who Attended Sessions Regularly During the Study.

7 in the PSS group to 15 in the USR/RS group; the number of non-productive subjects ranged from 9 in the PSS group to 2 in the RS group. The differences between the PSS group and the other groups in proportion of productive subject was significant beyond the .001 level; chi square = 16.313, $p < .001$. Most of the difference was accounted for between the PSS group and the RS group, who had the fewest non-productive subjects of any group; chi square = 6.729, $p < .01$. Chi square results are shown in Table 7.

Total production. Table 3 shows total production ranging from 43 to 57, with the PSS group being less productive than any of the other groups; the USR/RS group was the most productive of any group; and the USR group was least productive of groups with unpredictable conditions. Since the USR group received six rather than seven sessions, raw data were graphed for examination, and differences between the least and most productive session for each group were subjected to chi square analyses. The graphs are shown in Figure 4.

Variations in production from session to session. Examination of Figure 4 shows that the PSS group had less variation in production from session to session than any other group; the USR/RS group had the most of any group; and that the differences between the most and the least productive session for each group ranged from 7 to 15. The PSS group had the least difference; the USR/RS group had the most. In the USR group the difference was 14; in the RS group it was 9.

The differences between the PSS group and the other groups in variation of production from session to session were found to be significant beyond the .001 level; chi square = 23.958. Most of the difference was accounted for in the two control groups with the USR. Chi squares for the PSS group and the USR group = 12.158, $p < .001$; for the PSS group and the USR/RS group =

Table 7.3

Chi Square Results for Proportion of Subject Groups Who Were Productive During the Study^a

	Productive Subjects	Non-productive Subjects	Sums	
PSS Group	7	9	16	df = 1
USR,RS,USR/RS Grps.	41	11	52	$\chi^2 = 16.313$
Sums	48	20	68	$p < .001$
	Productive Subjects	Non-productive Subjects	Sums	
PSS Group	7	9	16	df = 1
USR Group	13	3	16	$\chi^2 = 5.135$
Sums	20	12	32	$p < .05$
	Productive Subjects	Non-productive Subjects	Sums	
PSS Group	7	9	16	df = 1
RS Group	13	2	15	$\chi^2 = 6.729$
Sums	20	11	31	$p < .01$
	Productive Subjects	Non-productive Subjects	Sums	
PSS Group	7	9	16	df = 1
USR/RS Group	15	6	21	$\chi^2 = 3.110$
Sums	22	15	37	n.s.

^aWith Yate's correction.

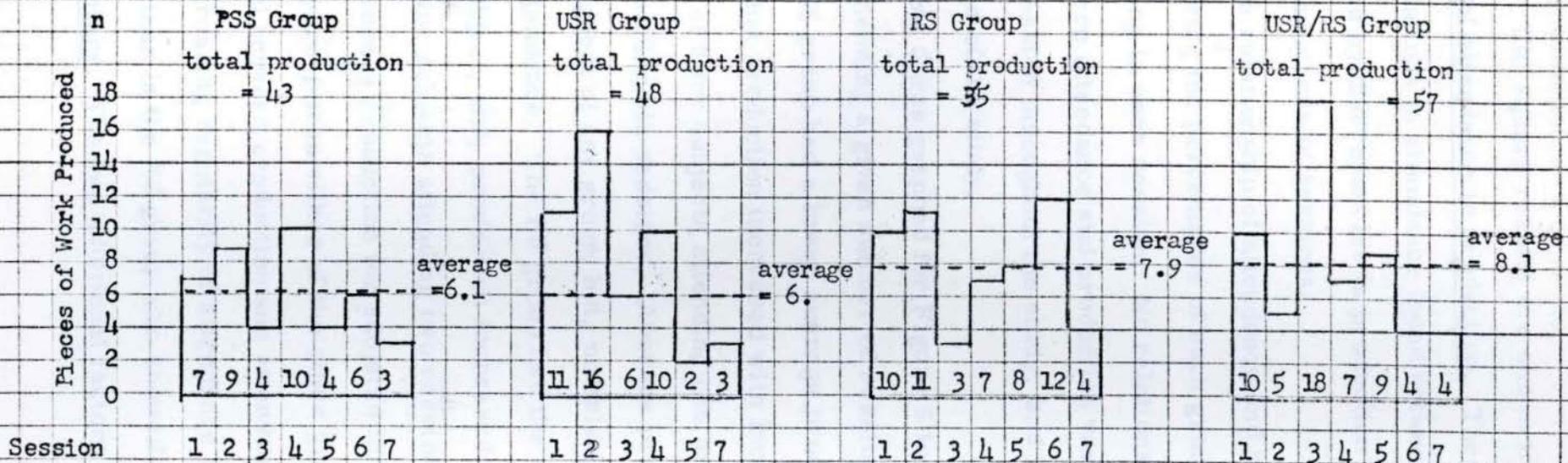


Figure 4.A. Production by Session

10.451, $p < .001$. Chi square results are shown in Table 8.

Relationships of attendance to production. These results could have been related to the variations in attendance found between groups; or they could have been produced by discrepancies in production between subjects who attended different numbers of sessions.

To examine the relationship of attendance and production results, Figure 5 was prepared showing the percentages of each group's attendance and production totals occurring in each session. No relationship was found except in the USR/RS group where attendance and production varied in the same direction from session to session throughout the study, and in the USR group for the last three sessions of the study.

Data from Table 5 was graphed for Figure 6 to show the average production of subjects attending a given number of sessions. The graphs show that subjects in the PSS group had a lower average production than subjects in any other group; but that production increased with increasing regularity of attendance from a low of 0 for subjects attending one or two sessions to a high of 2 for subjects attending six sessions. Average production for subjects in the USR group was highest of any group; but, no relationship was found between production and attendance. The RS group had the second highest average production per subject; and, production increased with regularity of attendance from a low of .5 for subjects attending two sessions to a high of 1.8 for those attending six. Average production for subjects in the USR/RS group was closer to the PSS group than either of the other groups; but, there was no relationship found between production and attendance. The increase in productivity with increasing regularity of attendance was found to be .7 greater in the PSS group than in the RS group who showed a similar trend.

Additional factors. The two additional factors noted to account for varia-

Table 8.3

Chi Square Results for Differences in the Most and the Least Productive Sessions^a

	Total production in a Given Session			
	Most	Least	Sums	
PSS Group	10	3	13	df = 1
USR,RS,USR/RS Grps.	46	9	55	$\chi^2 = 23.958$
Sums	56	12	68	$p < .001$
	Most	Least	Sums	
PSS Group	10	3	13	df = 1
USR Group	16	2	18	$\chi^2 = 12.158$
Sums	26	5	31	$p < .001$
	Most	Least	Sums	
PSS Group	10	3	13	df = 1
RS Group	12	3	15	$\chi^2 = 7.0359$
Sums	22	6	28	$p < .01$
	Most	Least	Sums	
PSS Group	10	3	13	df = 1
USR/RS Group	18	4	22	$\chi^2 = 10.451$
Sums	28	7	35	$p < .001$

^aWith Yate's correction

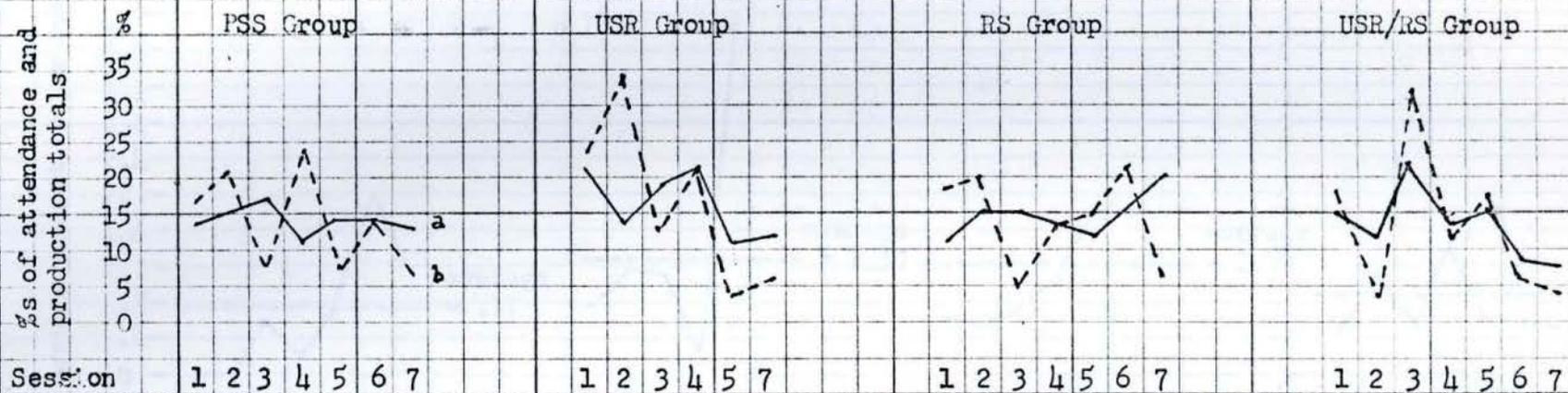


Figure 5.3. Percent of Attendance and Production Totals Occuring in a Given Session.

a Percent of group total attendance = _____

b Percent of group total production = _____

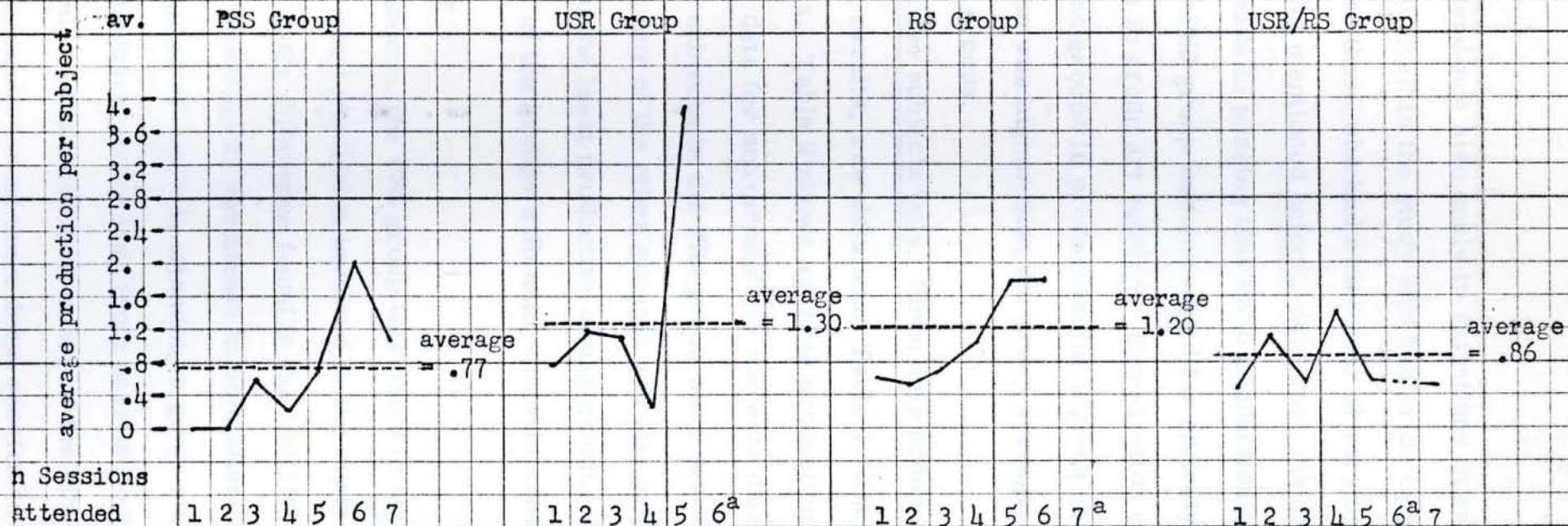


Figure 6.3. Average Production per Subject Attending a Given Number of Sessions.

^a There were no subjects attending this number of sessions in the designated group.

tions in attendance also apply to variations in production; a) the number of subjects involved in the study who had prior experience with group art activity compared to those who had none; and, b) varying response to content of each activity. As mentioned before, data were insufficient to justify analyses, but note was made in passing that the 0 production of subjects attending one session in the PSS group was accounted for entirely by subjects with no prior experience in group art activity. Examination of Figure 4 shows no similarities between groups in production for a given session, except that in Session 1 production was higher than the group average and in Session 7 it was lower in all four groups.

Productive subjects only. Since only productive subjects accounted for the production results, raw data from Table 1, line 4, and Table 3 were converted to averages. Table 9 shows average production per subject per session with attendance data for non-productive subjects disregarded. It is shown that the productive subjects in the PSS group were more productive than the productive subjects in any of the other groups; and that productive subjects in the USR/RS group were the least productive of any group. The RS group was the most productive of the groups with unpredictable conditions.

Summary

In summary, the PSS group was found to have significantly lower proportion of the ward population involved in the study than the other groups had, with most of the difference found in the USR/RS group. These results could have been produced by variations in both attendance from session to session, and the number of subjects attending a given number of sessions. In the PSS group, attendance varied less from session to session, and fewer subjects attended only one session than in any of the other groups. In the USR/RS group, attendance varied more from session to session, and a larger number

Table 9.3

Average Production of the Productive Subjects in Each Group

Group	Total Productive Subjects	Group Total Production	Average Production Per Subject Per Session
PSS	7	43	.87
USR	13	48	.48
RS	13	55	.60
USR/RS	15	57	.54
Sums and 4 Group Average	48	203	.60

of subjects attended only one session than in any other group. Defining regular attendance as having attended more than half of the sessions during the study, subjects on the PSS ward were found to have attended more regularly than on any of the other groups. Subjects in the USR group attended less regularly than in any group. Note was made that a larger proportion of subjects on the PSS ward who had no prior experience with group art activity became involved in the study than on any other ward, and that there were no similarities between groups in attendance except in Session 3.

The PSS group had a lower proportion of productive subjects, and both a lower total and lower average production per subject than any of the other groups. The USR/RS control group had the highest total production of any group, but the USR group had the highest average production per subject. The RS group had the highest proportion of productive subjects involved in the study. In the PSS group, variation in production from session to session was significantly less than in any of the other groups. Relationship between attendance and production variations from session to session were found in the USR/RS group throughout the study, and in the USR group for the last three sessions. A relationship between regular attendance and increased productivity was found in the PSS and RS groups, with the increase being more in the PSS group. No such relationship was found in either group with the USR. Similarities in productivity between groups were found in Sessions 1 and 7. Disregarding data for non-productive subjects, it was found that subjects in the PSS group had higher average production than subjects in any other group; subjects in the RS group had higher average production than in either of the other groups with unpredictable conditions; and average production was lowest in the USR/RS group.

In overall results, there were less differences found between the PSS

DISCUSSION AND CONCLUSIONS

Discussion of the Results

Since neither attendance nor production were higher in the group with predictable conditions, the null hypothesis cannot be rejected. The evidence clearly shows that the two groups with the unpredictable session routines had both higher attendance and higher average production than the group with both predictable session routines and regular schedule. But several trends found in this group with the predictable conditions are supportive of the hypothesis: a) attendance and production varied less from session to session than in the other groups; b) subjects attended more regularly than in any group; c) production increased with increasingly regular attendance more than in the randomly scheduled group - the only group showing a similar increase; d) of patients who were not familiar with group art activities, a larger proportion from this ward chose involvement than from any ward with unpredictable conditions; and e) with data for non-productive subjects disregarded, this group was found to be more productive than any of the groups with unpredictable conditions. Since the randomly scheduled group was closest to the group with predictable conditions in overall results, the critical dependent variable appears to have been the predictability of the therapist's behavior as determined by session routines.

These trends suggest that regularity and consistency provided a framework for persistent and increasingly productive behavior for some members of the group receiving that framework, and thus support the hypothesis and the original theory from which it was drawn. This framework appears to have had little or no effect on other subjects in the group with predictable conditions. But trends to regular attendance and increasing productivity in this group

suggest that non-productive subjects were more effected by the predictable conditions than the data indicates.

There are two reasons for believing this. One is based on an observation, recorded but not shown in the data. In the group with the predictable conditions, subjects who had no prior experience with group art activity became involved late in the study. In contrast, the inexperienced subjects in groups with unpredictable conditions tended to get involved early in the study, but for only one or two sessions. It is reasonable to suppose that, had the study gone for the full sixteen sessions, these contrasting trends would have prevailed and yielded more decisive data for the hypothesis.

The other reason is found in Figure 5.3 showing that in the groups with predictable session routines, variations from session to session in production and attendance were not related. In groups with unpredictable session routines, variations in attendance and production tended to be in the same direction. The logical inference is that subjects who were provided an explicit structure for the therapeutic relationship responded to that structure. Those subjects provided with an ambiguous structure were responding to something outside of that structure.

Important variables effecting the data. Session content can be discounted as a variable since the similarities found between groups from session to session were to be expected. Work during Session 3 was larger than life-size, and, thus, captured the interest of the patients as well as that of ward personnel. It was presented three times on the same day, and the session lasted longer than any other session for groups with unpredictable session routines. Given these conditions, higher than average attendance was predictable. Higher than average production during a first session is never surprising. And lower than average production was expected when the wards

were undergoing reorganization during the final session. Although the hospital reorganization obviously effected results, all subjects and every group was effected.

Table 1.2 shows that most of the characteristics of the subjects, as they were distributed among the four groups, went against the hypothesis. The groups with the predictable session routines, A and C, had larger proportions of subjects over age 48, hospitalized more than three years, and with more severe degrees of mental impairment than did the other two groups. It is not surprising that fewer of the old chronics became involved in the study than did the younger patients. What is important, and a little surprising, is that the older patients showed a trend toward growth related productivity while the younger patients did not. However, this is congruent with Bellack's et al (1976) and Levy's (1976) findings discussed in Chapter 1. What is more surprising is that the randomly scheduled group, C, although composed largely of patients with physical disability as well as being older and hospitalized longer, nevertheless showed a trend to growth related productivity not found in the other two groups with unpredictable conditions. This finding underscores the importance of predictable therapist behavior for therapy with the institutionalized mental patient.

The fact that all subjects on the ward with predictable conditions were male effected the results for the attendance and against the production hypotheses. These subjects tended to interact with the female therapist on a social level, but to view art as something kids and women do. This factor resulted in this group having both more non-productive subjects than any group, and fewer productive than non-productive subjects.

Further evidence of the importance of the therapist's behavior is found in Table 4.3 showing that the two groups with unpredictable session routines

B and D, were unable to determine if the therapist cared if they attended, nor what she expected of them if they did attend. That these groups had higher attendance and production than the two groups who could consistently determine these things, lends support to behavior theory that intermittent reinforcement promotes learning. But, this unpredictable therapist behavior also appears to have promoted sporadic attendance in individuals, and a tendency to circumlocution, i. e., a great deal of activity going nowhere. In contrast, the attendance of subjects in the groups with predictable session routines, A and C, tended to be regular and accompanied by a positive change in performance level. Thus, Moustakas' (1972) theory discussed in Chapter 1 was not supported by results of this study. Habit and routine, rather than discouraging, appear to have encouraged goal directed behavior in some members of this population of institutionalized mental patients. The lack of these factors appears to have encouraged retention of current behaviors, and to have discouraged development of goal directed behavior.

Environmental conditions shown in Table 5.2 all went against the hypothesis. On the wards with predictable session routines, A and C, environmental conditions conflicted with or discouraged involvement in the art activity in every session during the study. Since environmental conditions were supportive of, encouraging to, or neutral to the art activity throughout the study on the two wards with unpredictable session routines, B and D, it is not surprising that these groups were more productive than the other two groups. But it is remarkable that, in spite of having the most discouraging environment of any group, productive subjects in the group with predictable conditions, Group A, were the most productive of all subjects in the study.

Summary comments. From the start of the study, independent variables were almost all against the hypothesis. Subjects in the group with the pre-

dictable conditions were all male, older on the average than other subjects in the study, and had long histories of hospitalization for severe degrees of mental impairment. Their environment discouraged involvement in the study. Subjects in the groups with unpredictable session routines were younger on the average than other subjects in the study, and had relatively shorter histories of hospitalization for less severe degrees of mental impairment. And their environments were supportive of involvement in the study. In spite of all this, the results clearly show that the predictable conditions stimulated therapeutic change in some patients. But, because of all this, the null hypothesis was predestined, and not surprising, especially in view of the abrupt termination of the study at mid-point.

Finding the critical dependent variable to be the therapist's behavior as determined by session routines was surprising. It was expected that regularity of the daily schedules would be equally important.

Conclusions

Implications for clinical practice. There is no question that research is crucial to the professional growth of art therapy, nor that the relationships between daily schedules, session routines, and therapeutic progress in institutionalized mental patients has seldom been a research concern. The question is whether relationships between daily schedules, session routines, and attendance and production are relevant concerns for art therapy with this population. The trends found in the results of the present study suggest that they are. In the group with predictable conditions, the tendency in some subjects to persistent attendance accompanied by increasing productivity clearly demonstrates growth and change. Results found in the two groups who could neither predict nor depend on consistent interest and support from the therapist, strongly suggest that the art activities may have only provided

diversion while reinforcing current behaviors.

As discussed in Chapter 1, this study examined an hypothesis to discover relationships which could be communicated and applied in the clinic. A definite relationship was found between therapist behavior and responses of institutionalized mental patients to art activity. Of the many variables having a bearing on results, none seems to have had as much influence as did predictable therapist behavior on promoting growth related productivity. It appears that unpredictable therapist behavior promoted sheer productivity. But since subjects who could not predict the therapist's behavior were relatively younger and more active than the other subjects, it might be argued that the unpredictable conditions were therapeutic in that they reinforced an adaptive aspect of the patients' behavior, i. e., constructive interest in the environment. In this there are two implications - one for clinical research, and the other for practice.

The implication for future research is to focus on relationships between growth related versus sheer productivity, particularly on how the therapist's behavior influences various clinical categories of patients to respond to art activity. The research question might be whether variations in the therapist's behavior influence all clinical categories in the same direction. Although results of this study support an assumption about the critical importance of the therapist's behavior, they do not justify firm assumptions about the exact influence variations in therapist behavior may have on different clinical categories.

They do, however, carry an implication for clinical practice. As discussed in Chapter 1, approaches to therapy need to be tailored to the individual needs and problems of the client. Results of this study imply that this is true even in a group art activity for a population seemingly as homogeneous as the

chronic unit of a state mental hospital. It seems that the more severe the patient's problems of institutionalization, the greater the need for explicitly predictable therapist behavior if those problems are to be solved. Consistently unpredictable therapist behavior seems to have discouraged dependency on hospital routines and personnel while encouraging a healthy interest in, and independent interactions with the environment. This might well be the greatest therapeutic need of patients with less severe problems of institutionalization. And, thus, this study adds support to the general agreement found in the literature concerning group therapy which was discussed in Chapter 1. For optimal therapeutic benefit, the therapist must consciously direct his own course of action to provide support for each individual group member at the patient's own level.

Future Research

This study questioned the importance of two aspects of structure for group art activity with a population of institutionalized mental patients - daily schedules and session routines. Daily schedules did not appear to be particularly important, but session routines which determined the therapist's behavior were found to have crucial importance. The major differences found between the groups were in the kind of productivity stimulated by variations in the therapist's behavior. Predictable behavior stimulated growth related productivity, and unpredictable behavior stimulated sheer productivity. Future study of the parameters for art therapy with this population could be based on these findings. Focus would be examination of relationships between therapist behavior, kind of productivity stimulated, and differing clinical categories of patients.

If the relationships between therapist behavior and responses of the patients are the major focus of the examination, then it is essential that the

design provide adequate definitions of and control for variations in therapist behavior. In the present study, these variations did not occur in the same sequence for groups receiving unpredictable session routines, but these groups did receive the seven activities in the same sequence. In a future study, each activity should be accompanied by the same variations in therapist behavior if the effects of the variations are to be separated from the effects of the activity content.

Research groups for the present study were randomly selected and assigned from wards which had been randomly composed. Changes in hospital policy, causing each ward to be more homogeneous than random, were beyond research control. The hospital reorganization, coming when it did, was also beyond control. The problems these two conditions caused are obvious and need no elaboration, but might be circumvented in the future in two ways. a) The number of sessions per week for each group could be expanded so that both halves of the study could be implemented in a shorter time, thus yielding more data; and b) the greater amount of data would make possible fuller analyses of subject variables in spite of less-than-random composition of groups.

Besides allowing both halves of the study to be completed, and thus for more sufficient data, it is likely that more subjects would become involved in a daily activity than were involved in the present study adding to the possibility for fuller analyses of subject variables. A disadvantage to daily presentation of an art activity on-ward would be the threat to internal validity of the study. Because a daily activity would very clearly be something special to both ward staff and patients, involvement might reflect response to this specialness as much or more than to the dependent variables. However, this would be true for all groups. But on the wards having the regular schedules,

both the therapist and the activity would much more quickly become part of the regular hospital routines on a daily schedule than on a bi-weekly one. This would not necessarily happen on wards having the random schedules because neither the same staff nor the same patients would always be on-ward during the activity. Involvement of patients who were seen on a regular basis might more likely be response to habit than to the activity, while this could not happen with patients in the randomly scheduled groups. This threat would be minimized when the regular schedules were switched at the end of the first half - or the second week - of the study. Besides minimizing the effects of habit response, switching the regular schedules would also minimize the effects of response to time-of-day and day-of-week.

Practical aspects of presenting twenty on-ward art activities per week, half of them randomly scheduled, would be another disadvantage to this recommended change in procedures. There would be very little difference in time required for planning and organizing the project, and the experimental period would be half as long. But personnel requirements would be more than double those of the present study.

In a state mental hospital, policies and routines realistically permit presentation of an on-ward art activity for only about six hours during any given day. For each one-hour session presented in this study, at least one additional hour was required for preparations and records. The mechanics of planning and maintaining two random and two regular on-ward group art activities per day for four weeks would require at least two personnel, and perhaps a third one unless the two could be freed of other duties for those four weeks. Having more than one therapist involved in conducting the activities would require much more stringent control of the therapist's behavior than occurred in the present study. There would be an additional

problem of the possibility of data reflecting response to the therapist rather than to the dependent variables. This problem could be overcome by having therapists conduct the activity for each group on alternate days and including a comparison of data collected by each therapist in the analyses.

A final recommendation for future research concerns data analyses. It would be more congruent with the research concern - examining conditions for therapy - if, for purposes of analyses, each group would consist of only subjects who attended three or more sessions, and who were productive in at least one session. This was not done in the present study because it would have eliminated more than half of the data. As it turned out, it would have also worked for the hypothesis. This latter possibility should be kept in mind if the procedure is used in future analyses.

Summary

Because the results clearly showed that the groups with the unpredictable conditions had higher attendance and were more productive than the group with the predictable conditions, the null hypothesis cannot be rejected. Support for the hypothesis was found in trends within the groups. In the group with predictable conditions, productivity appeared to be growth related. Since the randomly scheduled group was closest to this group in overall results, the therapist's behavior as determined by session routines was found to be the critical dependent variable. The productivity of the two groups with unpredictable session routines suggested that subjects in these groups were responding, or were stimulated to produce, by factors other than the dependent variables. Variations in the environment and subject characteristics effected the results against the hypothesis.

The implications for clinical practice found in the results of this study were discussed. Recommendations were made for further study, based on

findings of this examination of the importance of structure in therapy with the institutionalized adult mental patient. The focus for future examination would shift to relationships between the therapist's behavior, kind of productivity stimulated, and differing clinical categories of patients. Recommended changes in procedures included increasing the number of sessions presented per week to each group, and criteria for analyses of the data. The advantages and disadvantages of the recommendations were discussed, with the advantages outweighing disadvantages.

Although distinct differences were found between the groups, there were insufficient data to fully analyze the relative importance of factors contributing to the results. Overall results indicated support for the null hypothesis, but trends noted within the groups supported the hypothesis. Extraneous and subject variables, although totally against the hypothesis, made the growth and change found in the group with greater structure quite remarkable. The typical dependent variable was the stability of session routines, with greater structure expected to result in a decrease in the patient's response. Predictable session routines appeared to promote growth related productivity in the group. Unpredictable session routines appeared to produce lower productivity, although structure and reinforcement of session routines in the group receiving that condition. It is logical to suppose that had more data been completed, trends favoring the group with greater structure and predictability would have been noted in support of the hypothesis.

Implications for the treatment of this study, for future studies of this nature, and research were discussed. It was recommended that future studies include

Chapter 5

SUMMARY

This study concerned the importance of structure in art therapy with an institutionalized adult mental patient population. Relationships between scheduling, therapist behavior as determined by session routines, and the attendance and production of patients were examined. It was expected that predictable conditions would promote higher attendance and production in this population than would unpredictable conditions for optional, on-ward art activity. A four-group experimental design was used to collect data on 68 subjects over a three-and-a-half week period. Changes in hospital policies and organization caused termination of the study at mid-point.

Although distinct differences were found between the groups, there were insufficient data to fully analyze the relative importance of factors contributing to the results. Overall results indicated support for the null hypothesis. But trends found within the groups supported the hypothesis. Environmental and subject variables, almost totally against the hypothesis, made the growth and change found in the group with predictable conditions quite remarkable. The critical dependent variable was predictability of session routines, with regular schedules appearing to make little difference in the patients' responses. Predictable session routines appeared to promote growth related productivity in some subjects. Unpredictable session routines appeared to promote sheer productivity, sporadic attendance, and reinforcement of current behaviors in the group receiving that condition. It is logical to suppose that, had the study been completed, trends found in the groups would have continued and yielded more decisive data in support of the hypothesis.

Implications, found in the results of this study, for future clinical practice and research were discussed. It was recommended that future examination

APPENDIX

THE SEVEN GROUP ART ACTIVITY SESSIONS

Setting and Methods

During the present study, the group art activity was held in the solariums on four chronic wards which had been designated for the study; Young (1975) mentions that the chronic units in a government mental hospital, although gloomy and lacking in privacy, do represent to the patients a comfort and security which they have not found elsewhere.

As the therapist entered the ward for each activity, patients were greeted by name and invited to participate. Those who hesitated were given appropriate reassurance; outright refusals were confronted with a request for reasons; irrational reasons were probed. A group had formed by the time patients and therapist had reached the solarium.

These large, sunny rooms were furnished with a variety of small tables, casual chairs, and a T.V. Some also had a ping-pong table, pool table, or piano. Once in the room, the T.V. was turned down, and patients were invited to help prepare the materials, and to arrange themselves for the activity. Unless a game was in progress, ping-pong tables were used to hold supplies, as well as for a work surface. At times, the small tables made for scattered groups, and cramped work space; the solarium was open to everyone during sessions. But these were not entirely negative factors. Desirable feelings of informality, safety and self-responsibility were promoted; no one had to work, nor had to place himself in an undesirable spot, and there was freedom to change one's mind about participating. The opening procedure usually consumed about five minutes of the hour session.

The topic for the activity was announced and discussed; processes explained and demonstrated; and choices offered. When necessary, this was repeated at

every table, or with every patient. For a patient unable to make a simple choice, or confused by directions and alternatives, the decisions were tied to something other than the materials; a choice of paper size might be tied to feeling "big, small, or so-so today".

When everyone had received materials and instructions, the therapist circulated to give individual attention to all in the solarium whether or not they were working with the art material. As a result, resistive, hostile, shy, or withdrawn patients were sometimes drawn into the activity. Some patients studiously avoided the art material, but joined into the discussions. Others circulated, giving advice and encouragement to the artists, and often gained courage to try out the art material themselves. This therapeutic support patients gave to one another was acknowledged and encouraged. Patients choosing to create a disturbance were asked, in a matter of fact way, to postpone the acting-out, or to go elsewhere with it. The patient whose initial response to the activity was negative was not counted as attending, unless this response was followed by involvement in the discussions or interactions with the artists. During the session, each patient was asked to sign an attendance sheet; each artist was asked to talk about his work; each non-artist was engaged in a discussion of his feelings about the activity; and some mention was made about the next session with emphasis on the expected carry-over.

The session was brought to a close when all the artists had completed the activity exercise. Patients were engaged in cleaning up the area; and in disposing of their work by collecting it for the therapist, arranging a ward display, or retaining it for personal use. Closure varied according to the activity content, but the final procedure was to mention time and content of the next session. Closure took five to ten minutes, and, thus, work time was 45 to 50 minutes of the hour.

Activity 1. Portrait Lesson.

Source: Standard art activity.

Product measured: Any piece of paper upon which the patient made any mark.

- Presented: 1. Ward A. Monday, 10:30 a. m. Attendance 8; production 7.
 2. Ward C. Monday, 1:30 p. m. Attendance 5; production 10.
 3. Ward B. Tuesday, 2:15 p. m. Attendance 8; production 11.
 4. Ward D. Wednesday, 10:30 a. m. Attendance 10; production 10.

Processes. Chalk and crayons in flesh tones, and white drawing paper in 3 sizes from 4"x6" to 12"x18", were offered for a simple lesson in drawing the human head. A wide range of flesh tones were offered, and the directions were to chose a color matching the skin of the person being drawn. Purposes of the work were specified as: 1) a portrait lesson; 2) drawings to be used for a group mural project for the next session. Patients were asked to allow the therapist to retain the drawings.

Comments. Six of the seven black patients who participated as artists, were observed to use crayon colors closely matching their own skin tones. This was consistent with projective theory concerning human figure drawing (see Bender, 1938; Machover, 1949; Anderson and Anderson, 1951; Hammer, 1958). It also suggested a method for tapping skin color preferences - a variable Banks (1976) mentioned as being largely overlooked in research.

Given secure limits, clear expectations for performance, and support for personal choices, individuals were able to surpass previous performances, and to do so in a highly personal way. Original work was produced by some patients who had previously either refused to draw the human figure, or had produced stereotypy. This observation is consistent with Dreikurs' (1964) learning theory, as well as Hocevar's (1976) theory that creativity is a bi-polar, rather than a neither-or trait. Portraits done by Group C are shown

in Figure 1.

Activity 2. People Mural.

Source: Robbins and Sibley (1976), pp. 221-222; Anderson and Anderson (1951). Chapter 18.

Product measured: Any addition patient made to the mural, either in decision about placement, placement, an addition to background material, or a choice of title.

Presented: 1. Ward C. Wednesday, 8:30 a.m. Attendance 7; production 11.
2. Ward A. Thursday, 10:30 a.m. Attendance 9; production 9.
3. Ward D. Thursday, 1:30 p.m. Attendance 8; production 5.
4. Ward B. Friday, 2:15 p.m. Attendance 5; production 16.

Processes. Using the drawings from Session 1, and clippings from magazines, a 2'x3' mural was assembled around the theme, "People". Patients chose a title, and a place for display. Purpose of the work was specified as a group project to make a mural for ward display.

Comments. Observed responses to the exercise gave support to Levy's (1976) findings that explicit structure and congruent therapist behavior promoted adequate behavior in chronic mental patients; several chronic schizophrenics performed throughout the exercise in a purposeful, organized way. Moriarty's (1976) findings that a group art activity promoted verbalization and group interaction in chronic schizophrenics were not supported in observations during this session; little group interaction occurred in any of the groups. The mural assembled by Group C is shown in Figure 1. Figure 2 shows a drawing done during this session by a patient on this ward who chose to ignore the mural project.

Figure 1.A. Mural Made by Group C during Session 2. The variety of drawings other than portraits done during Session 1 are shown. The one black patient who participated in this session did the portrait in the upper left corner, and the brown house, lower center. Assembling and displaying the work in Session 2 was done almost entirely by the chronic schizophrenic who produced the two drawings in the center and lower center which resemble chicken tracks.

Activity 2. Full-length Self-Portrait

Source: Robbins and Sillig (1973), p. 27.

Product intended: Any courtship patient drawn up the window, for either assisting in hand-drawn paper and wall work. Drawing of self to be outlined in a drawing and a drawing of self.

- Planned:
1. Ward C. Monday, 10:30 AM - 11:30 AM
 2. Ward A. Monday, 11:30 AM - 12:30 PM
 3. Ward D. Monday, 1:30 PM - 2:30 PM
 4. Ward B. Tuesday, 10:30 AM - 11:30 AM

Procedure: Six-foot lengths of paper were pinned to the wall. The being outlined, patients filled in their drawings with pencil and colored details. Work was proposed as a wall mural, and a left hand and right hand. The therapist did the outlining of the patient's drawing. The therapist had not allowed themselves to be refused with identification to a mural. To help the artists. Artists were asked to explain if their picture was of themselves as they were, as they should be as they would like to be. Drawing was allowed when all artists had had opportunity to comment on their work; not all completed their pictures before the time ran out.

Figure 2.A. The Drawing of One Patient in Group C during Session 2. This mentally retarded patient did not become involved in the mural processes; instead she drew this house and tree and then pinned the drawing to the ward bulletin board.

Activity 3. Full-length Self-Portrait.

Source: Robbins and Sibley (1976), p. 239.

Product measured: Any contribution patient made to the exercise, by either assisting in hanging the paper and outlining figures, allowing self to be outlined, or marking any outlined figure in any way.

Presented: 1. Ward C. Monday, 9 a.m. Attendance 7; production 3.
2. Ward A. Monday, 10:30 a.m. Attendance 10; production 4.
3. Ward D. Monday, 1:45 p.m. Attendance 15; production 18.
4. Ward B. Tuesday, 2:15 p.m. Attendance 7; production 6.

Processes. Six-foot lengths of paper were taped to the ward wall. After being outlined, patients filled in their own outlines with facial and clothing details. Work was proposed as a wall mural, and was left taped to the wall. The therapist did the outlining unless a patient asked to do so. Patients who had not allowed themselves to be outlined were encouraged to comment on, or to help the artists. Artists were asked to explain if their portrait was of themselves as they were, as they are, or as they would like to be. Session was closed when all artists had had opportunity to comment on their work; not all completed their portraits before the hour was up.

Comments. This exercise too, provided a means for tapping skin color preferences (see Banks, 1976). Black patients were observed to use either the brown wrapping paper color, or a crayon closely matching their own skin tones for the exposed areas of skin in the portraits. The drawings were congruent with draw-a-person projective theory; and indicated a profound need for continued work on body-concept. This indication is congruent with diagnostic descriptions found in DSM-II (1968). In this highly individual activity, much more group interaction, on both verbal and motor levels, were observed

than in the activity designed for that purpose. Thus support was found for Moriarty's (1976) theory that art activity facilitates verbal psychotherapy with chronic schizophrenes. One of the full-length portraits done by a black patient in Group D is shown in Figure 3.

Activity 4. Blotto.

Source: Standard art activity.

Product measured: Either any paper the patient marked in any way, or any contribution the patient made to the group discussion.

Presented: 1. Ward C. Tuesday, 1 p.m. Attendance 6; production 7.
 2. Ward D. Wednesday, 2:15 p.m. Attendance 9; production 7.
 3. Ward A. Thursday, 10:30 a.m. Attendance 6; production 10.
 4. Ward B. Friday, 2:15 p.m. Attendance 8; production 10.

Processes. One size drawing paper, and four colors of poster paint were used to produce abstract paintings for display on the ward bulletin board. Paint was applied to wet paper and allowed to run and blend automatically; the paper was folded to produce mirror images. When the paintings had dried sufficiently, they were displayed and examined by the group for realistic images; these were outlined and discussed.

Comments. In this activity, patients were again given secure limits, clear expectations for performance, and support for personal choice of color and placement of the paint. The work was highly individual; and patients were observed to not only overcome previous reluctance to use paint, but also to surpass previous performances with paint. This supports the theory that creativity is a basic human function (see Ault, 1974; Barron, 1965; and Guilford, 1959); and the theory that environmental conditions profoundly affect creativity (see Maslow, 1971; and Moustakas, 1972). Responses to the perceiving-organizing discussions were consistent with the DSM-II (1969) differentiation between

mental disorders. Patients diagnosed as having disorders characterized by disturbances in perception or thought processes were asked to follow the right with examination and discussion of various paintings by the artist. The efforts were:

Response to the entire activity similar with McFarland's (1976), and Leifer's and Magarino's (1976) theory that creativity is a product of, or directly related to, psychosis. Within the framework of the painting activity, there were no observable differences between the performances of the psychotic and non-psychotic patients. Creative responses to the examination and discussion of the paintings were not limited to psychotic activity, but were observed in the non-psychotic. Response of one of the psychotic patients reported by Taira and Beagle (1971) to the painting activity was similar to that of the brain damaged individual. This patient worked on a self-portrait which was interrupted by the therapist. Figure 3 shows a self-portrait of a patient in Group 6.

Activity 5. Paper Mosaic.

Source: Anderson and Anderson (1973), Chapter 10.

Product measured: Any "carvings" or collection of cut-out shapes chosen.

Figure 3.A. Full-length Self-portrait Done by a Patient in Group D. The artist, a young, black schizophrenic, seldom talks above a whisper. While working on his portrait, he had much help and encouragement from others in the group who were not working on self-portraits. He responded on a motor, rather than a verbal level.

Word C. Wednesday, 2:15 p.m. Attendance 8; present 8.

Procedure: The "carvings" was used as a background for drawing of a picture with various contrasting colors. Patients were given 1/2 hour to draw different geometric shapes, traced, cut out, and pasted on a background.

mental disorders. Patients diagnosed as having disorders characterized by disturbances in perception or thought processes were unable to follow through with examination and discussion of the abstract forms in their paintings; the others were.

Response to the entire activity conflict with Neiderland's (1976), and Hasenfus' and Magaro's (1976) theory that creativity is a product of, or closely related to psychosis. Within the framework of the painting activity, there were no observable differences between the performances of the psychotic and non-psychotic patients. Creative response to the examination and discussion of the paintings were not observed in psychotic patients, but were observed in the non-psychotic. Response of one brain damaged patient supported Helm and Berg's (1976) finding that perseveration always occurs in the brain damaged individual. This man continued each step of the processes until interrupted by the therapist. Figure 4 shows a "Blotto" produced by a patient in Group A.

Activity 5. Paper Mosaic.

Source: Anderson and Anderson (1951), Chapter 18.

Product measured: Any "canvas", or collection of cut-out shapes chosen by the patient, whether or not arranged, assembled, or glued into a picture.

Presented: 1. Ward A. Monday, 10:30 a. m. Attendance 8; production 4.
 2. Ward D. Monday, 1:30 p. m. Attendance 10; production 9.
 3. Ward B. Tuesday, 2:15 p. m. Attendance 4; production 2.
 4. Ward C. Wednesday, 2:15 p. m. Attendance 5; production 8.

Processes. Paper "canvas" was used as a background for construction of pictures with cut-outs of contrasting color paper. Patterns were selected from eight different geometric shapes, traced, cut out, and arranged to represent

...patient had decided for his own picture. The activity was specified as another way of painting finished work was observed as the work ...

Comments. This activity was similar to the previous one in that all art forms were produced by the patient, and were used to challenge perceptual and integrative abilities and skills. Observed responses were similar to those diagnosed as having disturbances in perception or thought. Some patients produced meaningless designs, while others attached rational meanings to their work. Brain damaged patients displayed perseveration; regardless of magnitude, some patients produced original work. With this structured medium, some patients produced, some patients reproduced previous performances with little or no modification. Figure 4 shows mosaics produced during this session by patients from several groups.

Activity 3. Turn into the Sea (in Patients' Language)

Objective. Standard art activity.

Product measured. Art work - each by patient produced or out in any way.

Figure 4.A. Blot to Produced by a Patient in Group A during Session 4. A "bird" was perceived in the upper left corner, enclosed rather than outlined. A "bug" was likewise enclosed in the center. Scallops around the enclosures were to indicate perception of flower forms. Painting was produced by a chronic schizophrenic; discussion and outlining was done by a patient diagnosed Personality Disorder - the artist did not participate.

Comments. Patients were given a choice of how they would dispose of the work. Simple techniques were used to help them and patients for their use. One patient formulated for purposes of work for his own work.

Comments. Given the freedom to make choices, and similar to the previous one, a certain amount of stereotyping was expected for the

whatever topic each patient had decided for his own picture. The activity was specified as another way of painting; finished work was displayed on the ward bulletin board.

Comments. This activity was similar to the previous one in that ambiguous forms were produced by the patient, and were used to challenge perceptual and integrative abilities and skills. Observed responses were similar: patients diagnosed as having disturbances in perception or thought processes produced meaningless designs, while others attached rational meanings to their pictures; brain damaged patients displayed perseveration; regardless of diagnoses, most patients produced original work. With this structured medium, and concrete processes, some patients surpassed previous performances with fluid media and abstract processes. Figure 5 shows mosaics produced during this session by patients from several groups.

Activity 6. Tune into the Season - Valentine's Day.

Source: Standard art activity.

Product measured: Any piece of paper the patient marked or cut in any way.

Presented: 1. Ward D. Wednesday, 9:30 a.m. Attendance 6; production 4.
 2. Ward A. Thursday, 10:30 a.m. Attendance 8; production 6.
 3. Ward C. Thursday, 1:15 p.m. Attendance 7; production 12.
 4. Ward B. Scheduled for a State Holiday - not presented.

Processes. Red and white paper, chalk, crayons, and magic markers were used to design and assemble various Valentine greeting cards and decorations. Patients were given a choice of how they would dispose of their work. Simple techniques were demonstrated with suggestions for their use. Each patient formulated the purpose and content for his own work.

Comments. Given the familiar topic, limited choices, and similarity of processes to the previous session, more stereotypy was expected than had

occurred during other sessions. This didn't happen. Patients presented original work, some overcame their tendencies to perform better and differently observed in previous sessions, and some, especially in the case of the seasonal topic and social focus of this exercise, gained creative ideas for the art material for the first time during the present study.

Some of the patients diagnosed Organic Brain Syndrome had difficulty to follow directions during previous sessions, or to make other verbal or motor associations. During this session their non-verbal attention and performance was observed to be adequate to the tasks. This observation gives support to the study's findings that the location of the lesion in brain damaged some specific functions in ability to perform certain tasks.

Three small projects were to use their Valentines as greeting cards. The only work documented for this session were the paper maze designs which patients used for word characters. Some of them are shown in Figure 5.

Activity 7. Self-Portrait Collage.

Source: Hodges and Marder (1977), p. 218.

Project designed: Any production or collection of pictures which the patient chose, or chose by making, cutting, tearing, or using any of the parts of it.

Produced by: Ward D. Mosley, 1st grade Attendance 1; production 1.
 2. Ward A. Mosley, 1st grade Attendance 1; production 1.
 3. Ward C. Tuerday, 1st grade Attendance 1; production 1.

Figure 5.A. Three Paper Mosaics Produced during Session 5: a) "Doll" produced by patient diagnosed Paranoid State; b) "House and tree" produced by patient diagnosed Schizophrenic C. U. T.; c) "Toy train" produced by a patient diagnosed Personality Disorder.

occurred during other sessions. This didn't happen. Patients produced original work; some overcame their tendencies to perseveration and stereotypy observed in previous sessions; and some, reinforced by the familiar seasonal topic and social focus of this exercise, gained courage to work with the art material for the first time during the present study.

Some of the patients diagnosed Organic Brain Syndrome had been unable to follow directions during previous sessions, or to make either verbal or motor associations. During this session their non-verbal associations and performance was observed to be adequate to the tasks. This observation gives support to Gardner's (1976) findings that the location of the lesion in brain damaged adults caused variations in ability to perform certain tasks.

Since most patients chose to use their Valentines as greeting cards, the only work documented for this session were the paper lace designs which patients used for ward decorations. Some of these are shown in Figure 6.

Activity 7. Self-Portrait Collage.

Source: Robbins and Sibley (1976) p. 214.

Product measured: Any posterboard or collection of pictures which the patient chose, or treated by marking, cutting, tearing, or assembling on the posterboard.

- Presented:
1. Ward D. Monday, 9 a. m. Attendance 8; production 4.
 2. Ward A. Monday, 10:30 a. m. Attendance 7; production 3.
 3. Ward C. Tuesday, 1:15 p. m. Attendance 9; production 4.
 4. Ward B. Tuesday, 2:15 p. m. Attendance 5; production 3.

Processes. One of two sizes of posterboard was chosen along with pictures from magazines to make a personal collage. The instructions were to choose pictures of objects, people or places that were personally meaningful; that this collage was another way to make a self-portrait.

... That many patients were unable to verbalize personal meanings of their collage is consistent with Saxe's (1974) definition of chronic illness as a maladaptive system of communication. Work of most of the chronic schizophrenics, characterized by a four-square format and lack of picture, was congruent with the definition of schizophrenia found in the DSM-III manual. Chronic schizophrenics responded with substantially complete collages, but no verbalization; the paranoics reacted in either a hostile or to complete their collage, and by attempting to control the content of their collage. Responses were similar to the different reactions of the acute schizophrenics to their personal disclosure letters. (Saxe, 1974, p. 100)

Figure 6.A. Paper Lace Valentines Produced in Session 6. Both designs were produced by a patient diagnosed Personality Disorder; and were placed on display on the ward bulletin board.

... and the other with in each one was illustrated in Table 1. A summary of each of the seven activities randomly selected for this study is given in Table 2. The descriptions have been categorized as to media, content, format, and institutional issues involved in each activity.

Comments. That many patients were unable to verbalize personal meanings of their collages is consistent with Szasz's (1974) definition of mental illness as a maladaptive system of communication. Work of most of the chronic schizophrenics, characterized by a four-square format and lack of people, was congruent with the definition of Schizophrenia found in the DSM-II (1969). Chronic schizophrenics responded with adequately complete collages, but no verbalization; the paranoids reacted by refusing to do, or to complete their collages, and by attempting to conceal the meanings. These different responses were similar to the different reactions found by Levy (1976) to demands for personal disclosure between chronic schizophrenics and paranoids. Figure 7 shows 3 collages done by patients from three groups during Session 7.

The Therapeutic Issues.

The congruency between the sessions, and the issues dealt with in each one are illustrated in Table 1. Components of each of the seven activities randomly selected for this study are indicated. The components have been categorized as to media, content, processes, and experiential issues involved in each activity.

Participant	Activity Index						
	1	2	3	4	5	6	7
Group							
Positive, readily, irregularly available	X						X
Formal, without clear, special		X	X	X	X		
Structurally very in order	X		X				X
Fluidly difficult to control				X	X		
Organic: natural; "hand objects"							
Handmade: conventional	X	X				X	
Individual							
Formal; highly ordered	X	X	X	X	X	X	X
Organic; irregular; loose				X	X	X	X
Personal			X	X	X	X	X
Handmade	X	X					
Organic, objective face	X	X		X	X	X	X
Personal, subjective face							
Group							
Handmade			X	X			
Organic					X		

Figure 7.A. Personal Collages Produced in Session 7: a) The typical four-square format used by most chronic schizophrenics; the people content is atypical. b) After scribbling on the board, this patient diagnosed Organic Brain Syndrome, cut out the picture and glued it on top of the scribbles without comment.

Table 1.A

Components of the Group Art Activities Used in the Study

79.

Component	Activity Number						
	1	2	3	4	5	6	7
MEDIA							
Routine, familiar, regularly available....	x					x	x
Novel, unfamiliar, special.....		x	x	x	x		
Structured; easy to use.....	x		x			x	x
Fluid; difficult to control.....		x		x	x		
Organic; natural; "found objects" ^a							
Man-made; conventional.....	x	x	x	x	x	x	x
CONTENT							
Concrete; tangible; realistic.....	x	x	x		x	x	
Abstract; intangible; imaginative.....		x	x	x	x		x
Personal.....			x	x	x		x
Environmental.....	x	x				x	
External, objective focus.....	x	x		x	x	x	
Internal, subjective focus.....			x				x
PROCESSES							
Simple.....	x		x	x		x	
Complex.....		x			x		x
Automatic; process oriented.....				x			
Product oriented.....	x	x	x		x	x	x
Fluid; ambiguous.....		x		x	x		x
Structured; direct.....	x		x			x	
Intuitive; imaginative.....		x	x	x	x		x
Cognitive; intellectual.....	x		x	x	x	x	
Individual dynamics.....	x		x	x	x	x	x
Group dynamics.....		x	x	x		x	

Component	Activity Number						
	1	2	3	4	5	6	7
EXPERIENTIAL							
Self-concepts and perception.....			x				x
Perception of environment.....	x	x		x	x	x	
Self-expression.....			x		x	x	x
External reality testing.....	x	x		x	x		
Organizing/integrating perception.....	x	x	x	x	x	x	x
Loosening up.....			x	x			
Communication skills.....	x			x	x	x	x
Social skills.....		x				x	

^aAlthough none of the activities used during the present study involved organic materials, several planned for the original 16-session project did. Examples of organic material are wood, clay, plants, or rocks and so forth.

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