The Arts in Psychotherapy 66 (2019) 101575

Contents lists available at ScienceDirect

The Arts in Psychotherapy

journal homepage: www.elsevier.com/locate/artspsycho

Research article

Finding clarity in chaos: Art therapy lessons from a psychiatric Hospital

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ARTICLE INFO

Keywords:
Adult inpatient art therapy
Psychiatric hospitalization
Group art

ABSTRACT

Art therapy methods and approach are explored through an overview of inpatient psychiatric art therapy and a series of practice-oriented lessons. Case vignettes describe a range of highly symptomatic patients in short term treatment and illustrate art therapy interventions that take place within the inherent challenges of the workplace. Patient symptoms (such as poor reality testing, emotional distress, and lack of stimulus barrier) necessitate structured methods and extremely modest goals that focus on heightened organization, reality-orientation, self-soothing, increased attention span, and distress tolerance. The internal chaos of patients and the overstimulating hospital environment demands adaptations, and an intentional approach that accesses individuals' strengths. The following lessons offer a structure for managing and supporting patients: 1. Focus on Under-stimulation; 2. Build Individual Strengths through Accessing Creativity When Possible; 3. Re-examine Definitions of Group Cohesion; 4. Help Patients to Gain a Sense of Control; 5. Consider the Continuum of Relational Tolerance; and 6. Encourage Reality Orientation through Art-Based Form and Content.

Art therapists who work in psychiatric hospitals are often faced with chaos. Many patients display perplexing behaviors and experience devastating life circumstances, while the workplace is comprised of ever-changing procedures, such as demanding schedules, high staff turnover and limited space. Both patients and staff struggle within the stimulating and fast-paced setting. At best, the goal is to provide short-term stabilization for a diverse range of severely symptomatic patients. Effectiveness of treatment and ethical standards are inevitably compromised by short hospital stays, demanding workloads, and a climate in which thorough assessment of patient needs is not possible. These conditions defy commonly held clinical assumptions, and demand that art therapists provide crisis management and symptom reduction in the here-and-now. Further, both traditional and contemporary art therapy approaches that offer opportunities for creative growth, problem-solving, and self-reflection are often not effective with those patients who are unable to focus or maintain connection to reality. The perplexing experience of providing art therapy for unstable patients within a chaotic system calls for revised definitions of treatment success.

We are two art therapists who have practiced within the healthcare system in the Northeast and Pacific Northwest, United States, during the past three decades. We (consulting supervisor, [Annette Shore] and, art therapist [Sarah Rush]) recently embarked a upon an informal study of experiences with patients and treatment methods, in an effort to conceptualize a framework for providing art therapy in short-term inpatient settings. The following exploration focuses on the lessons that we derived from examining successes and challenges of working within in a severely compromised psychiatric healthcare system. Although our focus is clinical, the difficulties result from political and economic matters that impact the well-being of patients and staff.

In facing the increasingly chaotic and inhumane conditions for the most vulnerable patients, we had to re-examine the question, "What is the point of doing this work?" We found ourselves feeling disenfranchised, which made it difficult to find meaning in our interactions with patients. The challenge was to formulate an ethical and clinical approach that would prevent re-enactment of the despair and internal chaos of the patients. During monthly consultations, we viewed and discussed a wide range of patient artworks and group therapy experiences. Our informal study sought to identify treatment examples in which patients experienced alleviation of disconnection and dysregulation. We continue to reframe and return to our belief in the power of creative work to foster dignity, meaning and organization, even for the most fragile patients. Although the resources are scarce, and that there is no easy cure for severe mental illness, art therapy offers an effective means of helping patients to stabilize.

The hospital atmosphere is shaped by the patients' states of extreme distress and highly varied diagnoses. The wide range of symptoms include delusions, complex trauma, mania, cognitive deficits, suicidality,

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https://doi.org/10.1016/j.aip.2019.101575
Received 3 June 2018; Received in revised form 17 May 2019; Accepted 9 June 2019
Available online 18 June 2019

severe depression, and chemical dependency (Lothstein et al., 2014). The fact that many patients present as high risk for harming self or others, creates a constant sense of danger (for both patients and staff). In addition, many patients experience poverty, homelessness, involvement with law enforcement agencies, health insurance difficulties, and low trust for providers. In short, the psychiatric hospital is an intense environment in which extremes of human experience are demonstrated. Art therapists strive for clarity within this chaos.

It is a challenge to think clearly or to apply a theoretical orientation within a setting that embodies disorder and fragmentation. In formulating lessons for art therapists, we examined the moments in which patients demonstrated improvement of symptoms, and applied a theory base that emphasizes the organizing properties of art forms (Crespo, 2003; Gantt, 1979; Kramer, 2000). Art therapists' fluency in the language of art media and form uniquely qualifies them to foster organization and growth in patients. Studio art therapy approaches, exemplified by Adamson (1984) and Allen (1995), further support the notion of art expression as a catalyst for helping patients to achieve meaningful aesthetic expression. Further, emphasis on organization and clarity of expression (whether behavioral, affective, cognitive, or relational) is central to our framework. In this vein, authors such as Yalom (1985); Fonagy, Gergely, Jurist, and Target (2002); Sprayregan (1989), and Dick (2001) offer models that provide anchors for navigating the chaotic and unpredictable setting. MClean (2005) who described his creative art work and struggle to recover from psychosis, and Adamson's (1984) records of a psychiatric hospital art studio, offer powerful firsthand accounts by patients. Such visual and narrative expression provides clinicians with inspiration and a deep understanding of the artistic struggle to find meaning and beauty within the context of human suffering.

Historical and theoretical perspective

Historically, art therapy emphasized the use of free art expression in long term work with patients experiencing psychotic disorders. (Naumberg, 1987; Cohen, 1981; Wadeson, 2010). Subsequently, art therapists such as Gantt (1979); Honig (1977); Honig and Haynes (1982), questioned the efficacy of encouraging free expression activities, such as scribble or free associative art, for those experiencing psychosis. Crespo (2003) built upon Kramer's (2000) "Art as Therapy" approach, with an emphasis on the role of drawing skill in fostering frustration tolerance, reality connection, and heightened organizational experiences.

Edward Adamson was a hospital artist whose work took place from 1946 through 1981 in a British National Health Service psychiatric asylum. At the time, psychiatric hospital stays were lengthy and pharmaceutical treatment was minimal (Adamson, 1984; Hogan, 2001). Although, Adamson worked with heterogeneous groups of up to 40 (including those who were disruptive, aggressive, withdrawn, or easily triggered), he was strongly committed to providing a sanctuary in which patients could have "art come to their rescue" (Adamson, 1984, p. 1). Regardless of whether patients recovered, the approach fostered patients' creative growth and dignity. Although Adamson did not consider himself a therapist, his approach consisted of intent focus on each patient's needs and a clinically astute, non-interfering presence. He advocated for conditions that allowed patients to work peacefully. Although an artist, he did not display or produce his own artwork within the hospital. His wisdom regarding patients' capacity for self-containment provides inspiration and practicality for art therapists, who may struggle with pressures to superimpose generic goals that may or may not be helpful for patients' individual cultural orientation or clinical needs. Adamson's accounts document the artworks produced by those who remained institutionalized, due to life-long psychosis, as well as the few who recovered from debilitating mental illnesses.

The powerful and universally meaningful artworks collected by Adamson (1984), and others, such as Prinzhorn (Prinzhorn, Foy, & von Brockdorff, 1995) and Kris (1999), are indicators of both the tenacity of the human spirit and the fine line between creativity and psychosis. The intersection of creative work and mental illness continues to provide inspiration for the art viewing public as well as for art therapists. At times, the striking artistic expression of our patients is reminiscent of outsider artworks described by authors such as Fróis (2017) and Wojcik (2016), while other artworks are concrete, fragmented and not well developed. Sadly, even the most talented patients do not have enough stability in their lives to work as practicing artists. Regardless, their artistic expression often deeply moves us and demonstrates the power of art itself.

Although the trend towards deinstitutionalization that took place in the United States during 1980's and 1990's, was proposed as a means of improving quality of life, it served to increase homelessness and the interface of the criminal justice system for mentally ill individuals (Unite for Sight, Inc Sight, 2015). Within the context of very short-term hospitalization, unfortunately, sound models for group art therapy, such as those described by Montag et al. (2014); Sprayregan (1989); Brooker et al. (2007); Gajic (2013); and Greenwood (2012) are minimally applicable due to the lack of treatment continuity. Within the U.S., the goals of inpatient psychiatric hospitals have transitioned from a treatment orientation to a focus on stabilization of acute symptoms, which necessitates a significant shift in attitude and approach to therapy. There is an urgent need for improvement regarding development of collaborative practice within psychiatric treatment settings. (Lothstein et al., 2014). As Attard and Larkin (2016); Dick (2001) and Gonzalez-Dolginko (2016) aptly note, due to the need for further research and scarcity of relevant literature, art therapists working in brief treatment settings must re-evaluate and reinvent methods for meeting treatment goals. Although personality change is not a realistic focus in crisis settings (due to both the short-term nature of treatment and the severity of patients' symptoms), promoting wellness, safety, reduction of acute symptoms, and periods of heightened connection to reality through creative expression, *are* achievable goals within short-term care. This approach is congruent with findings in support of focusing on mental health and identity strengths, as opposed to mental illness (Haeyen, van Hooren, van der Veld, & Hutschemaekers, 2018; Hine, Maybery, & Goodyear, 2018)).

Treatment often takes place within chaos

Psychiatric hospital conditions at the facility are unpredictable and challenging in the following ways: Group treatment is the expectation, regardless of patients' ability to benefit or to participate constructively in this modality. Due to the demands for rapid and economical treatment, most of the art therapy vignettes here took place within group sessions. Heterogeneous groups of unpredictable sizes are the norm; with little opportunity for individual assessment and treatment. Groups are often conducted in lounges, gardens, gyms and dining halls. Despite attempts to limit access, disruptions can occur by patients not being well enough to gain benefit from attendance, or patients wander into groups causing other art therapy participants to decompensate or leave. Well-intentioned staff attend or interrupt groups to remove patients or to offer comments that inadvertently thwart the therapeutic process.

Brief hospital stays, and high levels of chaos necessitate lower expectations than were previously appropriate. Presently, Yalom's (1985) view that the entire life of the group is comprised of a single session wherein momentary reduction of symptoms, and constructive expression are hallmarks of therapeutic success, is applicable. On a regular basis, even compromised patients momentarily use the creative process with dignity and clarity. In cases where patients are readmitted several times, thorough assessment, continuity of care, and progress is sometimes possible.

The lessons

For the past three years we have met regularly to evaluate effective strategies for promoting stabilization of highly acute patients who received art therapy in a psychiatric hospital setting. The lessons that follow describe benefits and challenges of maintaining focus on symptom reduction, individualized approaches and structured art experiences. Our motivation for this study was to identify how to be most helpful in the context of a constant level of chaos that makes it difficult to think clearly about the work and to maintain hope about patient progress. As mentioned above, we felt an obligation to surmount the potentially muddling influences, and to strive to think clearly about what we offer that helps patients to emerge from states of distress and disconnection.

Lesson 1- focus on under-stimulation

The following anonymised vignette exemplifies a typical group. A young patient, Melody, worked on an art project for 10-minute intervals, between which she jumped up and either ran in circles or laid down on the floor. She wore her hair in a long braid, which she said was used to connect with God. The red chalk that was stored in her pocket, covered her face and hands. As she arranged a complicated array of evocative pre-cut magazine images of animals, people, teeth and a fantasy scene (Fig. 1), her attention span and ability to focus worsened. She cried out in response to the apparently triggering images. Although her artwork, a magazine image-based collage (Fig. 1), is interesting and colorful, the content was overstimulating for this patient. She was attracted to images that were, not only upsetting to her, but brought her further from reality. This was a reminder that collage images of animals and humans can be too evocative for *some* patients. As Melody worked quietly on a collage that consisted of fabrics and paper, with subtle colors and patterns (Fig. 2), there were fewer outbursts, although she continued to get up periodically and flail herself on the floor. Restriction of stimuli assisted this patient and helped to protect the other group participants from her upsetting disruptions.

Fig. 1. Magazine collage by Melody.

Fig. 2. Fabric collage by Melody.

Fig. 3. Magazine collage by Rod.

When another patient who experienced psychosis, Rod, was offered a variety of magazine images, he completed Fig. 3, a skillfully designed collage, including a fox with partial reflection in water, a gorilla, zebras and a toucan. As he worked, he responded to other patients, as well as to internal stimuli. At one point, he got up and wrote, "Tupac and Biggie were killed by (government)" on the whiteboard. Although his artwork was creative and interesting, it was apparent that the animal images escalated his disconnection from reality, preventing stabilization. The need for a treatment approach that emphasized under-stimulation was apparent in this case. Images of animals, human bodies, faces, and fantasy material caused an increase in observable behavioral psychotic and aggressive symptoms. Subsequent work with this patient consisted of neutral landscape photographs that were affixed to a portion of a blank page. Fig. 4 is a sensitively rendered drawing that was completed from a collaged partial landscape image. Completing a partial image assisted in stabilizing behavioral difficulties and provided a more structured creative outlet with a reality-based focus. Art therapy authors such as Gantt (1979) and Dick (2001) emphasized the importance of provision of a stimulus barrier, during the acute phase of psychosis. Additionally, Van Lith (2016) found that art therapy experiences can provide containment of psychosis related aggression, while fostering development of coping skills and decreasing anxiety.

We observed that geometric shapes, textured surfaces, and benign landscape photos fostered increased attention span and ability to work

Fig. 4. Magazine collage drawing by Rod.

quietly on organizing and completing original artwork. Robbins (2000) noted that art-based containment of psychosis includes a "restriction on stimulation levels" for patients "whose boundaries are already too fluid" (p. 113). In each of the above examples, the behavioral escalation was followed by a restriction of images. Due to the rapid pace of treatment and patient turnover, the therapist was not able to individually assess or even read patient charts prior to the art therapy group. The disorganized responses underscored the need to respond by providing a barrier. Assessment and treatment planning took place within a single group session. The therapist quickly identified symptoms, creative strengths and problems, and implemented a structure focused on symptom reduction. This involved lending a stimulus barrier to patients who were unable to provide this for themselves.

The artworks that help stabilize disruptive symptoms sometimes appear less creative. Although it may be counter-intuitive for art therapists to encourage bland artwork, patients who experience delusions benefit from restrictions on their highly fluid associations, while neutral input helps to steady them. The above examples illustrate the impact of animal images in triggering heightened delusions and distressing behaviors. Neutral geometric and landscape images helped to foster behavioral goals of decreasing outbursts, increasing attention span and reality-based verbalization.

Lesson 2: build individual strengths through accessing creativity

The following vignette exemplifies the notion that creativity, and artistic skill offer an inroad to clinically effective and economical treatment. Chuck was an older patient who was admitted for alcohol detoxification, and recent depressed mood. He experienced short term memory problems, and spoke repetitively; a result of numerous head traumas. His turbulent life included many previous hospital admissions, and rejection by his family. Shortly after his admission he produced Fig. 5, an image that conveyed the morbid and disturbing experience of his current state of alcohol withdrawal, as well fear and grief caused by the addiction-related death of a close friend. Upon admission, he appeared sickly and disheveled as he spoke incoherently about this artwork. During his two-week hospitalization, he completed increasingly well-developed artworks. Fig. 6 is an acrylic portrait of himself as a "wild-west" figure. He produced several similar portraits that reflected increased attention span and ability to concentrate. The drawing completed shortly after admission (Fig. 5) expresses a state of distress, while the subsequent "wild west" portrait reveals creativity and positive identification. In contrast to his socially alienating behavior, his art expression earned respect from patients and staff, to whom he often presented his artworks as gifts. It was helpful for him to produce concrete images that involved emotionally based use of color, subject matter and form. In the following section, discussion of this patient's use of cognitive-behavioral and abstract-feeling art therapy directives provides a contrast to the above description.

Fig. 5. Portrait drawing by Chuck.

Fig. 6. "Wild West" acrylic painting on paper by Chuck.

Lesson 3: Re-examine definitions of group cohesion

This section examines a variety of considerations about the notion of group cohesion. The varied needs and assumptions of both patients and staff often interfere with establishing a unified approach to group

activities and themes. As is further explored below, these factors raise questions about how to best structure highly varied interventions that contribute to both patient stabilization and a spirit of professional collaboration. Although art therapy is now more widely accepted within the hospital setting, all therapies are fragmented and compromised by extreme pressures and time constraints.

Unrealistic goals are not only damaging to patients, but also produce a sense of futility for therapists. The transient, diverse patient population necessitates an adjustment of formerly held notions about group therapy goals such as interpersonal learning, collaboration and altruism (Lothstein et al., 2014). Yalom's (1985) focus on the "here and now" (p. 28) is useful in emphasizing the value of observable moments of behavioral or interpersonal improvement that take place within the context of groups. Sprayregan's (1989) approach to psychiatric inpatient art therapy, built upon Yalom's (1985) framework, and encompassed goals, such as stabilization of psychosis, self-expression, and insight regarding the impact of hospitalization. Authors, such as Deco (1998); Brooker et al. (2007); Greenwood (2012); and Crawford et al. (2012), have emphasized that administrative support and maintaining control over group selection, treatment locations and interdisciplinary decisions are crucial to maintaining therapist morale and programmatic success. The pressures, resulting from rapid patient turnover and scarce resources, interfere with possibilities for interdisciplinary collaboration. Flexibility and compromise are increasingly necessary when it comes to both addressing patient needs and building alliances with staff. The continuum of individualized versus collaborative art projects, holiday themes, and the interface with hospital staff are explored in the following subsections

Individualize the treatment approach within groups

Within a given group session, it is necessary to quickly assess and design individualized interventions for patients who present with highly varied treatment needs. Psychotic expression from patients who have poor connection to reality is often disturbing, both to themselves, and to other group members. With individuals who experience intrusive delusions, it is helpful to incorporate reality-based interventions which support a "sealing over, rather than an opening up" (Yalom, 1985, p.32). In heterogeneous groups, we have found it helpful to use controllable media and to assign activities such as a drawing or a collage of things you like, or a geometric shape collage within a provided outline (e.g. Fig. 2). Patients with a wide range of presenting problems can benefit from such individualization of activities. A flexible structure regarding participation expectations (Allen, 1995) and assigning activities to highly disorganized patients, is an effective model. For example, higher functioning chemical dependency patients, are encouraged to work on challenging themes that relate to the twelve steps (such as "depict your road to recovery"), goals, or regulating moods and emotions. When Chuck, the patient mentioned previously, participated in a heterogeneous group in which the focus was on learning self-regulation, and the directive was to depict a mood, he appeared lost. His response was a mess of colors that were meaningless to himself and other group members (Fig. 7). While the patients, who experienced chemical dependency, benefited from portraying a mood, other participants became confused. The abstract directive and fluid media were overwhelming for those experiencing cognitive deficits and delusions. This supports the notion that fluid media and abstract themes diminish capacity to feel a sense of control (Hinz, 2000; Kramer, 2000; Lusebrink, 1990; Robbins, 2000). In-keeping with the findings of Mato (2002), the patients who were hospitalized for chemical dependency treatment, benefitted from depicting states that help to clarify goals through discerning the difference between needs and wants, while this activity did not support patients with cognitive deficits or psychosis in meeting treatment goals.

Controllable media and a cognitive directives were more grounding for Chuck than mood painting. In response to the group directive to draw a picture of what you would like to be doing after discharge, he quickly drew floating isolated images that referenced a small bible, weight lifting and mountain climbing (See Fig. 8). Due his lack of affiliation or interest in religion, low community supports and limited physical mobility, the activities represented in the drawing were not personally meaningful for Chuck. While participation was socially engaging, the compliant, superficial responses lacked the strength of his well-developed portrait paintings, through which he achieved a sense of continuity, a disciplined approach to tasks, and personally meaningful connections to others. We have found that in heterogeneous groups, individualized media and assignments often foster more effective treatment. Redirecting fragile patients to focus on structured art-tasks, such as arranging geometric patterns, can help to maintain a more peaceful atmosphere for all participants. When a patient with psychosis demonstrates awareness of reality, a distressed patient participates in a self-soothing activity, and a patient with chemical dependency tolerates a difficult art process, individualized goals have been achieved. Frequently, the notion of group cohesion must be set aside, as patients' extreme fragility essentially requires the leader to conduct individual

Fig. 7. Mood painting by Chuck.

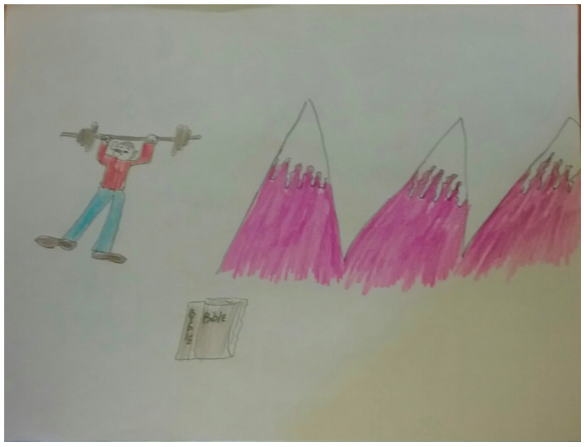

Fig. 8. Chuck's drawing of "What you would like to be doing after discharge".

sessions within the group setting. Soothing, creative or cognitive themes and art media are individualized to patients' sensory, tactile, symbolic and cognitive capacity (Hinz, 2000; Lusebrink, 1990; Robbins, 1999). On occasion, the experience of universality and reduced isolation (Yalom, 1985) is achieved, as patients connect and support each other in sharing their artworks. Often, the leader must tolerate and accept high levels of disconnection (Sarra, 1998). Any interpersonal connection is a hallmark of success for patients who experience extreme instability.

Group projects, staff involvement, and holidays

Holidays further exacerbate existing challenges, due to pressures and expectations for celebration. While all staff believe that it is important to establish climate of normalcy for hospitalized patients, not all agree about the need for reduced stimuli. Well-intentioned staff may assume that art therapists should encourage patients to decorate and celebrate during holidays. While some patients are stabilized by voluntarily creating holiday decorations, it is not therapeutic for many. The lack of clinical or culturally-sensitive institutional guidelines about how to respectfully support patient needs, regarding acknowledgment and celebration of holidays, contributes to inconsistencies and misunderstandings amongst staff.

The following vignette illustrates some holiday related challenges. The U.S. Independence Day holiday weekend resulted in reduced staff, and a decrease in patient admissions. Due to low census, patients were consolidated onto one unit. There were no high functioning patients (such as those admitted for chemical dependency treatment), who often delay admission until after holiday celebrations have concluded. Many patients refused groups, retreated to their rooms, and expressed despair about being hospitalized during a holiday, while a few attended activities offered by the recreational therapy department, such as eating candy, watching movies and hanging decorations. Five patients agreed to attend the art therapy group, although many refused, stating that it was childish or useless. Fig. 9, a 30 X 36 inch collaborative "quilt," was completed during a 45-minute group session consisting of 3 patients experiencing acute psychosis and 2 with suicidal depression. The project was designed in part to satisfy hospital staff's request for holiday decorations. The patients were informed of the plan for a collaboration, and were provided with liquid glue as well as red, white and blue (traditional Independence Day colors) patterned fabric. They were encouraged and assisted in completing individual squares of uniform sizes. During the session, several patients spoke in a disconnected and delusional manner. One patient, who arrived late to the session, opened the lid of the glue bottle and poured it on his quilt square. He smeared the glue on the table and then on the window, where he affixed his portion of the quilt.

Fig. 9. Fourth of July collaborative "quilt".

After the group, the therapist questioned the clinical value of the activity as she cleaned up the room and then assembled the disjointed quilt pieces (including 2 of her own). Given that the participants were incoherent, could not define the most basic boundaries of self, and were incapable of collaboration, simple structured individual art tasks might have proven more successful. A silver lining was that the well-organized artwork, which was displayed behind the nurse's station, facilitated recognition for the patients' creative strengths and the art therapy program. This example illustrates the difficult balance involved in working positively with hospital staff, while remaining sensitive to patient needs and overall treatment goals. Dick's (2001) observation that groups support patients to have influence over their environment had to be re-examined within the context of a group project that necessitated significant art-making from the therapist.

Art therapy interventions related to holidays should be carefully considered due to the loaded nature of holiday themes. Although institutions within the U.S. have made progress regarding culturally sensitive practices, many hospital staff members continue to assume that holidays such as Easter and Christmas are universally celebrated. Additionally, the widely celebrated holidays such as Christmas, Independence Day, Easter, and Halloween have the potential to evoke associations to frightening, fantasy-based, childish or highly-charged familial experiences. For example, the U.S. Independence Day holiday suggests historical references to bombs exploding and associations to family parties, both of which are triggering for some patients who experience delusions or trauma-based symptoms. We have observed that seasonal, as opposed to holiday themes, provide more containment and reality orientation. A still life arrangement, using seasonal objects such as pumpkins and gourds, provides orientation to the here-and-now and fosters additional treatment goals such as stress reduction. Some patients benefit from blind contour drawing, while others complete collage arrangements with pre-cut shapes of the still-life objects. Group projects can prove discouraging when most participants lack interpersonal cohesion. The goals that Case and Dalley (1992) associate with group projects (decreasing isolation and increasing the individual's sense of control over the environment) are virtually impossible to achieve with highly unstable patients. Deco (1998) aptly noted that the insufficient ego strength of the group members and the external parameters set by the hospital, often result in unfinished and abandoned group art projects.

The following vignette further illustrates the dilemma regarding benefits of a group project, in this case, an evolving "quilt" display comprised of small uniform collaged squares, that patients could contribute over time. The display was intended to foster a sense of belonging. by encouraging patients to contribute to a collective whole. Patients were informed that they had the option of contributing a square to an ongoing mural display, and signed an art display consent form, if they were interested in doing so. Fig. 10 was produced by five fragile patients who experienced psychotic symptoms and was completed within a structured art therapy group over the course of three consecutive days. The fact that the same 5 patients attended for 3 days was an unusual occurrence that allowed for a more cohesive experience and art product. Considerable support from the art therapist was required. Some participants were offered a highly-structured template (see Fig. 11), patterned paper, magazine cut-outs and glue sticks, while those who found the template restrictive, completed individualized creative work that incorporated a wider range of materials including fabric, and liquid glue. Although the project was very challenging, all engaged with some degree of satisfaction. Difficulties for patients included organizing and fitting pieces together and maintaining focus while experiencing intrusive delusions. Active structuring and

Fig. 10. Evolving "quilt" display.

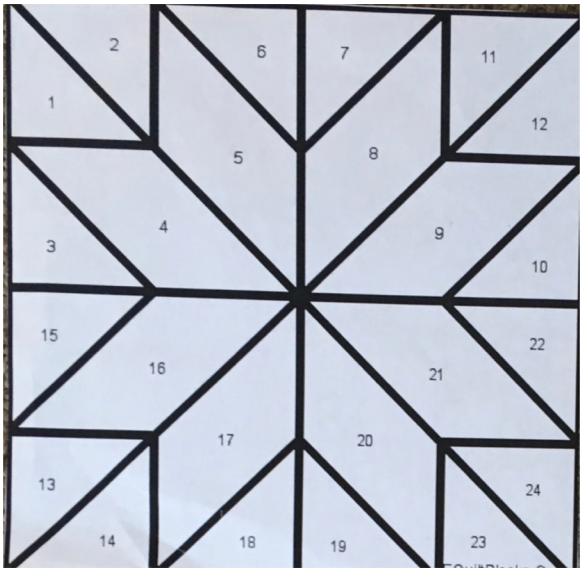

Fig. 11. Quilt square template.

assistance was necessary, including demonstrating techniques and restricting use of fluid medium, cutting, organizing, sequencing, and assisting with lay-out. When patients became frustrated, angry and hopeless, it was necessary to provide considerable support and encouragement. The amount of effort required to keep the activity from falling apart was significant. All patients were encouraged to find their unique artistic voice in contributing to the bigger project. Some patients responded well to being part of an evolving community project, while for others, this proved overwhelming. In addition, it was a struggle to get approval and assistance from the maintenance department for a permanent display. This further illustrates the complex and transient nature of the setting.

Lesson 4: consider the continuum of relational tolerance

Deco (1998) observed that the relationship to the art therapist, a real person, who is an active and engaged representative of reality, is crucial to patient stabilization. Art is a relational process that allows for connection to others and the real world. Psychotic states that interfere with the perception of reality can influence patients' perceptions of others to be dangerously mistaken (Fonagy et al., 2002). Depending on the needs of individual patients, the stance of the therapist shifts within a continuum of remaining firm, gentle, directive, and highly engaged, or maintaining a subtle, low-key presence when this is needed. The goal is to protect patients from feeling overwhelmed.

In the following case, the art therapist served as a grounding presence for a patient who was readmitted the day after he had been discharged from a ten-day hospitalization. Jonah was brought in by police due to unsafe behaviors, disorganized thoughts and mood consistent with his diagnosis of Schizoaffective Disorder Bi-Polar type. Recent experiences of physical and sexual assault, financial problems and substance abuse had resulted in overwhelming legal problems. He was well known to the hospital staff, having had previous hospitalizations. As he awaited a longer-term placement, he was hospitalized for a total of seven weeks.

Initially, during art therapy groups, his disorganized and fragile state was apparent. He sneered and booed at other patients, while invasively touching their artworks. His drawings contained tangential writing. Although his verbalizations had little bearing on reality, he fondly remembered the art therapist, and inquired about whether she had kept his previous artworks. He repeated words and phrases from other patients, gave them his disorganized artworks, and made a play on words, pronouncing the word, "therapist," as "the rapist." Fig. 12 is Jonah's completion of a coloring sheet, provided by staff on the unit, an activity that further exacerbated his state of overstimulation. In contrast, Fig. 13 demonstrates his reality-based response to a collaged partial tree image that was provided by the therapist. This patient had notable trust for the therapist. He not only accepted her reality-based stimulus images, but he also artistically portrayed both the therapist (Fig. 14) and the art therapy group (Fig. 15), which further helped to ground him. While carefully observing, and drawing the art therapist's face, he narrated the facial features, "eyes, eyebrow, hair, nose, —they're always the hardest, dimple, smile." Initially, upon completion of these artworks, he made incoherent noises and comments, such as "By Katrina," followed by a barking noise, and laughter. Due to his creativity, artistic ability and trust for the therapist, her face became an

Fig. 12. Coloring sheet by Jonah.

Fig. 13. Tree collage pastel drawing by Jonah.

Fig. 14. Jonah's portrait of the art therapist.

Fig. 15. The art therapy group by Jonah.

anchor of reality; this would not occur for patients who find interpersonal interaction threatening.

While the previous example illustrates the importance of maintaining an active therapeutic relationship, in contrast, the following vignette describes a situation in which it was helpful for the art therapist to assume a low level of engagement. Glen, who was diagnosed with schizophrenia and had a history of poly-substance abuse, was hospitalized due to auditory hallucinations and delusions, that he described as a "radio in my head," and as "the government transmitting signals." He wore a paper bag on his head to block radio waves. During art therapy groups, his creative, but fragmented, drawings indicated disorganization. Fig. 16, a mandala, flooded with shapes, lines and incoherent language, includes a barrage of random thoughts and images. His spontaneous portrait of the art therapist (Fig. 17), was described as "Mi Amor," and was accompanied by flirtatious, tangential comments. The therapist found it helpful to remain as "invisible" as

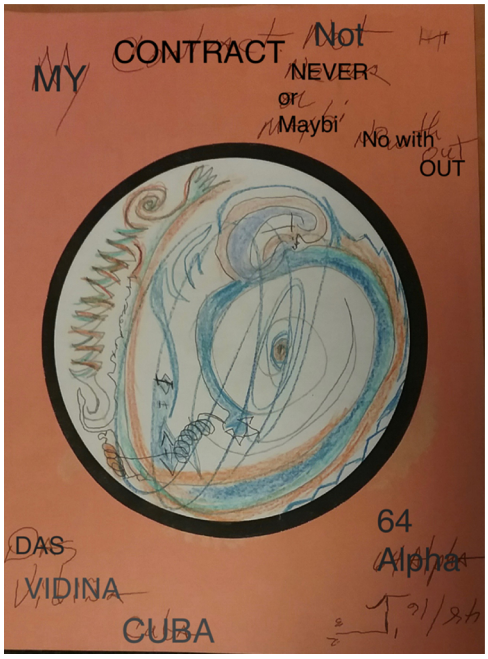

Fig. 16. Mandala by Glen.

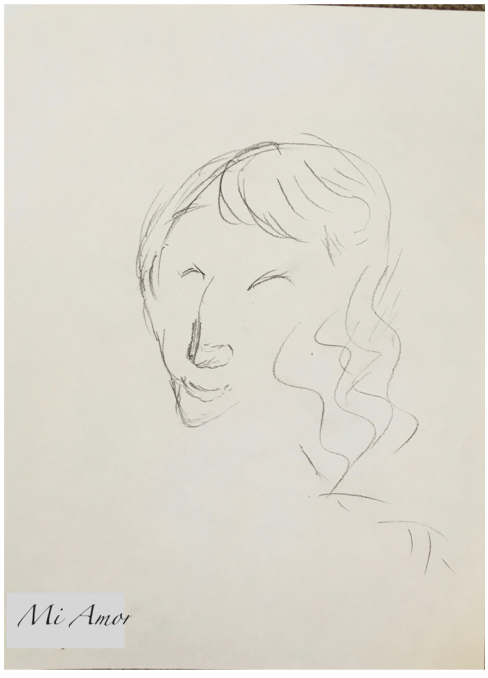

Fig. 17. Glen's portrait of the Therapist.

Fig. 18. Glen's still life drawing.

Fig. 19. Oil pastel landscape by Glen.

possible with Glen, because any stimulation triggered disorganized responses. She sat slightly behind him and quietly directed him to complete a still life drawing (Fig. 18), at which time he worked quietly for a longer period, and completed a reality based (although floating) artwork. Glen's ability to focus and participate improved when he was given structured tasks, such as copying landscape images or still life items. As he became more stable, his attention span continued to improve. Fig. 19, a landscape copied from a photograph, demonstrates the work completed just before discharge from his 2-week hospitalization. At this time, he was notably quiet and subdued, perhaps due to a medication change or mood shift. Glen's tendency to become overstimulated was handled sensitively by the art therapist who kept a low profile, while offering redirection through creative and structured art tasks.

The following example illustrates the impact of a self-portrait that was completed by Mary, a volunteer, who was observing a heterogeneous group that included Kate and Susie, 2 young patients, with chemical dependency, self-harming and suicidal symptoms. The group included 3 other patients. all of whom experienced chemical dependency, psychosis and homelessness. Kate and Susie, who had formed a friendship, insisted that the Mary draw their portraits as well as one of herself. Mary completed skillfully-rendered, attractive portraits of both patients and herself. Subsequently all of the participants refused to complete any of their own artwork and became critical of the art therapist's suggestion of a collage activity. One of the patients began to sing loudly, while another got up and left. When the art therapist gently encouraged Kate and Susie to work on their own art, they made derisive comments and left angrily. At this point it was not possible to regain the group's attention, although one participant remained and completed a self-soothing artwork. This example underscores that the chaotic internal experience and behaviors of patients necessitates a measured approach from therapists and staff. Gratifying requests can thwart patients' already tenuous investment in their own treatment. The volunteer observer's contribution of her own portraits had a negative pull on the entire group, and served to thwart the potentially powerful use of art therapy to foster distress tolerance. Self-agency and self-soothing are important treatment goals for chemical dependency patients whose cravings are overwhelming. Although it can be helpful to offer art examples at times, gratifying patient requests often fosters acuity of symptoms. In this case it served to reinforce the inability to engage in treatment constructively. The well-intentioned desire to satisfy the patients' cravings backfired, while encouraging participation may have encouraged the focus on self-agency. As mentioned previously, Adamson (1984), a pioneer of studio-based art therapy and a highly accomplished artist, refrained from joining the patients in art making or displaying his own art. This protective approach continues to be highly applicable.

In research described by Patterson, Waller, Killaspy, and Crawford (2015), art therapists concurred that remaining art-focused helped to reduce interpersonal anxiety for patients diagnosed with schizophrenia, while the degree to which therapists believed interpersonal connection could be tolerated by individuals with schizophrenia, varied. We have found that even patients with identical diagnoses, vary greatly in their tolerance for interpersonal connection. Although portraiture can be used therapeutically at times, relational experiences, portraiture and focusing on self is often threatening and taxing for unstable patients (Alter-Muri, 2007). While Jonah's relational images of the therapist had a stabilizing effect, Glen's portrait of the therapist was accompanied by heightened confusion. The gratifying contribution of portraits from a well-intentioned volunteer served to reinforce two patients' addictive cravings and interfered with the capacity for self-agency. The above examples underscore the importance of carefully considering the potentially powerful impact of relational engagement with fragile patients.

Lesson 5: help patients to gain a sense of control

Most patients experience states of distress that involve loss of control. For many chronic psychiatric patients, each hospitalization is a tiny blip on the screen, within the long-term recovery process, that involves gaining support systems, adjusting medications and developing realistic expectations (MClean, 2005). During brief hospitalizations, very modest goals that foster gaining a sense of safety and control in the here-and-now are achievable.

Patients who lack grounding and are cognitively disorganized, benefit from simple structured experiences. In the following examples, the approach emphasized reducing chaos through offering simple directives and media. Jan, a patient on the crisis unit, was very delusional. He referred to himself and others with fictitious names; and very little of his art or verbal expression had a reality basis. When asked about the art therapy group by a nurse, Jan responded, "Brussels sprouts were lovely." In completing Fig. 20, a graph paper mandala that was pre-affixed to a decorative background, he demonstrated organized expression, as is evident in ordered use of the grid and circle outline. The patient then completed Fig. 21, a geometric design, entitled, "Operation Delta Machine." Although delusional coded messages (such as "K.I.T.E." and "Pedro Gonzales, Ethician") were included below the image, the art process enhanced focus and organization, and was followed by a reality-based conversation about daily activities.

During the same group, a patient with severe suicidal depression, also worked on a graph paper mandala that was affixed to patterned paper (See Fig. 22). She verbalized extreme hopelessness, and barely managed to complete this project. Her artwork includes carefully written words such as "pain," "empty," "dead" and "let me die." This

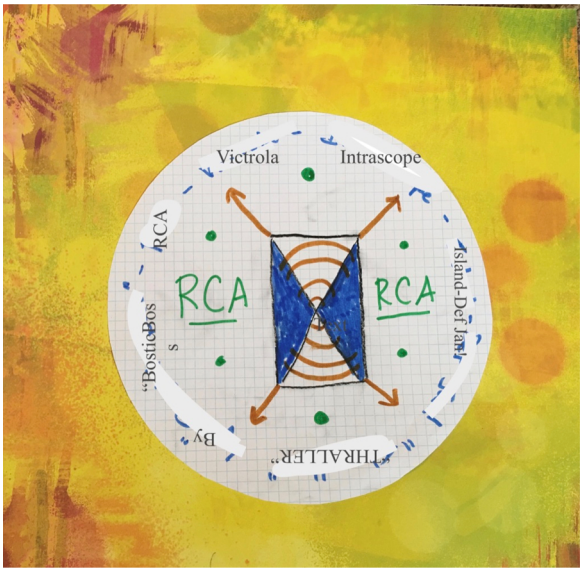

Fig. 20. Graph paper mandala by Jan.

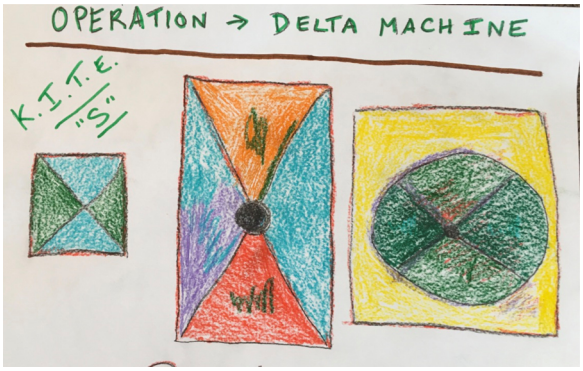

Fig. 21. Operation Delta Machine. Oil pastel drawing by Jan.

Fig. 22. Graph paper mandala by an actively suicidal patient.

patient used art expression to graphically discharge overwhelming emotions that had previously been expressed through self-harm and suicide attempts. During the following art therapy sessions, over a 3-day period, she described that the mandala activity had been helpful,

Fig. 23. Watercolor painting by Theresa.

and she subsequently completed self-soothing artworks, that included collaged images of flowers. Art therapy group participation built upon the overall treatment that also included an emphasis on safety and medication.

As mentioned previously, sometimes patients are attracted to art materials that lead to decompensation. It is challenging to find the balance that encourages autonomy and creative interests, while guiding patients towards materials that enhance internal control (Hinz, 2000). This was exemplified in art therapy with Theresa, a young woman diagnosed with pervasive developmental disorder, who experienced worsening symptoms of depression, psychosis, and a recent attempt to hang herself. She identified as an artist, described a love of painting and clay, and requested a watercolor palette, which the therapist provided. Initially, Theresa engaged in a self-soothing, somewhat messy landscape painting of flowers and blue sky (Fig. 23). She verbalized that she was very upset because she would not be discharging from the hospital that day. As her distress mounted, she quickly produced another painting (Fig. 24), described as an "angry explosion," and became increasingly confused and upset about her hospitalization and delayed discharge plan. In this example, the patient did not benefit from the media of her choice, as it led to further decompensation. During the following group session, Theresa was offered pencils, oil pastels and still life objects, including cactus plants, a bell, and maracas (Fig. 25). Although still impulsive, Theresa's drawings during this session demonstrated a higher level of graphic development and greater attention to detail. She then drew pictures of other patients, and the art therapist (Fig. 26), while writing and verbalizing appreciation for the help she had received. Support and encouragement from the therapist, who provided reality-based objects and controllable media, had helped Theresa to reduce impulsive behaviors and to experience a greater sense of control. This example illustrates that although a patient may have an interest in fluid art materials, it is important to assess and encourage the use of media that will best aide in helping the individual to meet treatment goals. The next section describes related matters, including the use of patterns, still life objects and copying pictures, which serve as

Fig. 24. Explosion painting by Theresa.

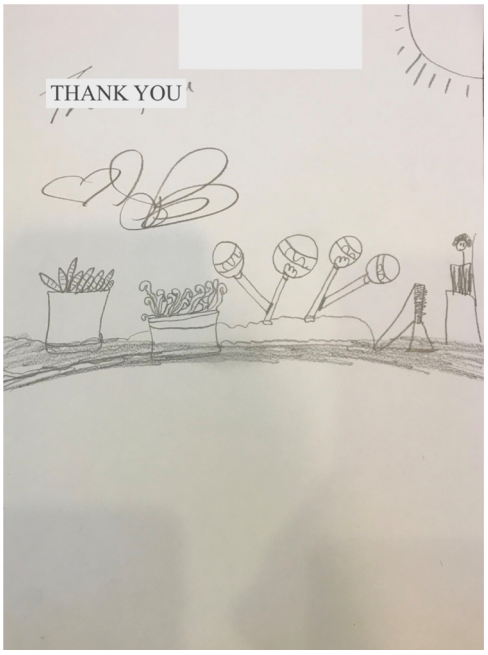

Fig. 25. Still life by Theresa.

anchors for patients who experience psychosis.

Lesson 6: encourage reality orientation through art-based form

Patterns and copying provide a reality-based anchor that harnesses individual creative vision. The therapist's sensitivity to art-based form and content serves as an agent of both reality and creativity. Art therapy can be experienced as a threatening procedure by vulnerable patients, who do not benefit from unstructured, uncontrolled and

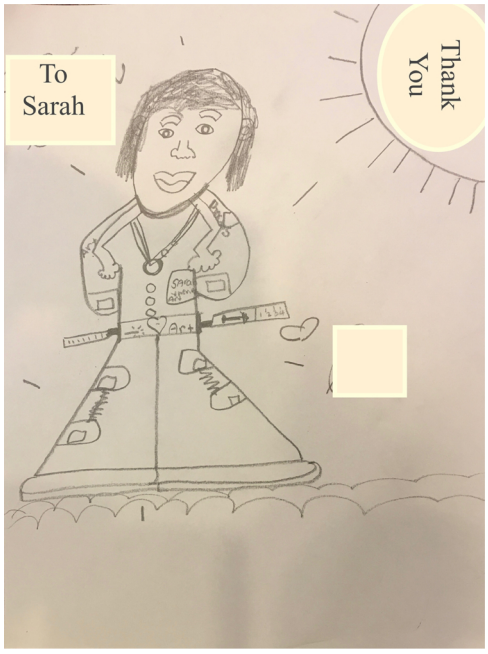

Fig. 26. Portrait of the Art Therapist by Theresa.

Fig. 27. Still life drawing by Todd.

evocative directives such as free-association, abstractions, scribble techniques, and depth-oriented self-reflection (Honig, 1977). We continue to remind ourselves that our patients need simplicity, as opposed to novelty.

The following case elaborates on both reality-based themes, and drawing patterns. Todd, a 44-year-old, sturdy, bearded man, had experienced numerous hospitalizations due to psychotic symptoms and mood instability, since age 19. He stated that he was clairvoyant, although tired of reading minds, and that he had raised his father from the dead. During his brief hospital stay, Todd attended two group art therapy sessions, during which he became upset and befuddled when included in conversations. For example, when asked if he had a plan for his drawing, he initially assumed this inquiry referred to a suicide plan. When the meaning of the question was clarified, he stated, "I'm right

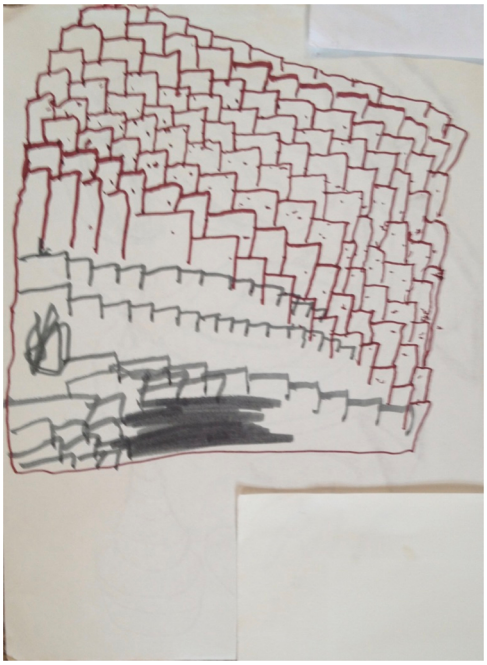

Fig. 28. Pyramid by Todd.

Fig. 30. Forest scene by Edward.

brain," and "My art is about God." As Todd focused on observing and drawing from a display of furniture and squash, his concentration and reality connection improved. The first image he produced, in brown and green marker, was based on still life objects. (See Fig. 27). The objects are recognizable, but swirling and disorganized, similar to his verbalizations in which reality was scrambled. As was referred to in an earlier case example, the therapist found it helpful to keep a very low-profile, while focusing on organizing properties of concrete art processes. Todd also completed a step pyramid (See Fig. 28) after asking the art therapist, "Do you know anything about the Aztecs or Mayans?" The image may have evolved from a delusion, but the pattern required counting the pyramid steps, which provided a structure for sustained attention and cognitive organization. At the end of the session, Todd demonstrated reality orientation by signing and dating his artwork. This calls to mind Crespo's (2003) observation that the art therapist's empathic understanding of symptoms such as fragmentation, loss of reality boundaries, distractibility, and loose associations informs art therapy intervention. Failure to grasp the fragile and permeable sense of reality for patients with schizophrenia, may lead to treatment interventions that exacerbate psychotic symptoms. Limiting media and evocative themes is necessary, although art therapists may question the notion of restricting creativity or discouraging adults from making their own choices. We often struggle to find the balance between respecting dignity and creativity, while protecting fragile patients from overwhelming media, images and themes.

Edward was an actively suicidal, homeless 38-year old man, who was diagnosed with schizoaffective disorder with auditory command hallucinations. Upon admission, he independently produced pirate-themed drawings of maps on deconstructed brown paper bags, and refused to leave his room. His artwork included confusing subject matter that was obliterated with paint or chalk (as exemplified in Fig. 29, an image of a world map that was coated with smeared chalk). Edward embellished coloring sheets that were supplied by hospital staff, with names, directional signs and words that referenced his delusional thoughts. In response to the art therapist's kindness and interest in his artwork, he cautiously agreed to attend a group, and produced an image based on a photograph. As he worked on Fig. 30, a dark forest scene, his artistic ability flourished, in response to small amounts of fluid media and encouragement to refrain from obliterating the delicate forms. During this encounter, the art therapist worked closely

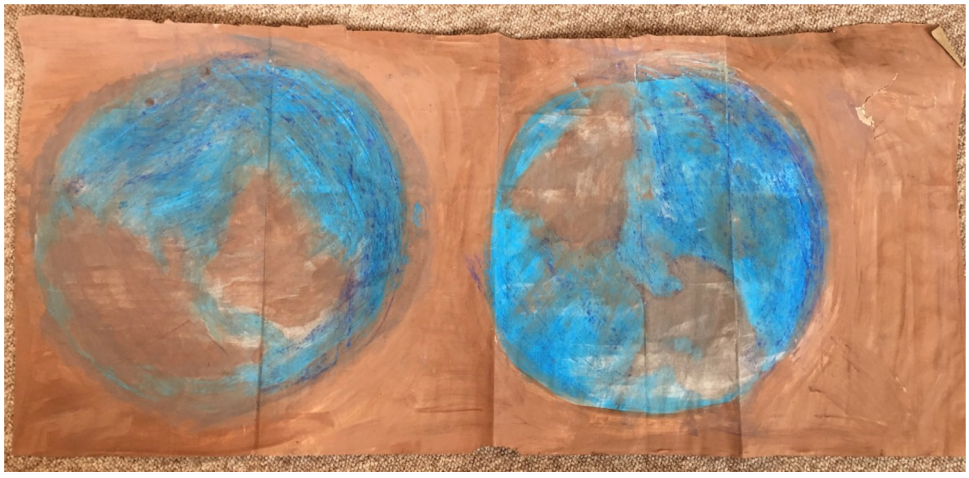

Fig. 29. World map by Edward.

Fig. 31. Idyllic scene by Edward.

Fig. 32. Fireplace.

with Edward to help him to feel less alone as they rescued the forms from obliteration. Although this was momentarily effective, upon release from the hospital the following day, Edward made a serious suicide attempt, and was immediately readmitted. He appeared slightly less overwhelmed than during his previous hospitalization (likely due to the cumulative level of safety he felt within the hospital and a more effective anti-psychotic medication), and was more anchored within the group while copying images with more distinctive color and increased control. Edward attended groups, produced art independently, and confided in the art therapist that working on art was very helpful to him. His artwork and was more clear and colorful, as is evident in a pastel drawing of an idyllic scene, based on a photograph, that includes fish and a large frog (Fig. 31). On the back of this artwork, he wrote a poem about aloneness, fears, death and fate, including the phrase, "To ponder, to myself, I hope for the day of eternal health."

Prior to his second discharge, Edward requested a photograph of a "fireplace with a roaring fire." While completing an image of a blazing fire (see Fig. 32), he appeared anxious, and was comforted when offered a seat that was separate from the group. He quietly told the art therapist that it helped him to have "art to work on, and a picture to copy." The structure and safety provided by the hospital, medication, and art therapy allowed this very vulnerable patient to experience relief from crisis. Edward's artistic talent was an asset to treatment, that enhanced his ability to experience reality-based organization and interpersonal connection. While his poignant disconnection from the world and his visionary art calls to mind examples of outsider art, sadly, the level of support that would be needed to sustain this pursuit was unlikely to be available upon discharge.

For Todd and Edward, art therapy emphasized protecting the forms and fostering connection to concrete reality-based images. The art therapist's attunement to patient symptoms, as well as formal elements and media, fostered clarity and reduction of internal chaos. In-keeping with findings of Chiu, Hancock, and Waddell (2015), the fusion of patients' creativity, connection to real objects and structured experiences fostered stabilization and a decrease in negative mood states.

Conclusion

The lessons described above explore guidelines for art therapists who work in short-term psychiatric hospital settings, where the inherent chaos brings uniquely challenging conditions. The unpredictable climate demands that practitioners assume a variety of roles, such as that of stimulus barriers, first-responders, organizers, and agents of reality. Utilizing art expression to foster organization and meaning, while providing empathy and containment are basic tools that maximize the benefits of hospitalization for patients. Within a political and economic climate that often deprives vulnerable patients of individualized therapies, it is helpful to maintain a seemingly simple and obvious approach that emphasizes supporting stabilization of acute symptoms, providing controllable experiences, individualized methods and modest short-term goals.

Authors' note

Patients have provided written consent that authorizes disclosure of case information and artwork for this article. Identifying information and names and have been altered to protect confidentiality. Identifying handwritten text on artworks has been cropped, covered or replaced by digital text.

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