Mr. Stone began art psychotherapy practice in 1966 under the supervision of Pedro Corrons, M.D., and Curt Boenheim, M.D., of the Columbus State Hospital, Columbus, Ohio. Stone directed the Art Psychotherapy Department at Columbus State Hospital from 1967 - 1970; the Cambridge State Hospital from 1970 - 1971; the Good Samaritan Medical Center of Zanesville, Ohio, from 1971 - 1975; and, is presently Director of Art Psychotherapy at Bethesda Hospital of Zanesville. Stone was co-founder of the Buckeye Art Therapy Association of Ohio, and its first elected president; and, elected to the Pioneer Executive Board as Membership Chairman of the American Art Therapy Association in 1969. Stone has been active as a Clinical Art Psychotherapy Educator and author of scientific papers published in proceedings of the American Society of Psychopathology of Expression, and The American Journal of Art Therapy. The National Joint Commission of Accreditation of Rehabilitation Centers approved Mr. Stone’s department at Good Samaritan Medical Center and he is presently employed in approved psychiatric service at the Bethesda Hospital.

BASIC ART PSYCHOTHERAPY DEPARTMENTAL STANDARDS

It is essential that the Art Therapy Department qualifying for third party payment covering Art Psychotherapy service charges be directed by a state or nationally registered Art Therapist. The referrals for such services must be prescribed by a physician or psychiatrist on a standardized, hospital approved, Art Psychotherapy referral form in the clients official ward and medical records.

In order for the services to be designated as "Art Psychotherapy Services" the Art Therapist must have acquired a minimum of 1200 hours of A.T.R. supervised training or instruction under the direction of medical staff in an approved, state accredited, psychiatric service facility. It is only in a psychiatric facility that a physician's referral may properly be entitled "Art Psychotherapy". The psychiatrists direct referral to the Art Psychotherapist in private practice or employed as an associate remains a professional exception, but one that does not guarantee third party benefits.
The basic conditions of Art Psychotherapy professionalism require of Art Therapists - registration, sound knowledge of art therapy techniques and theory, basic knowledge of psychiatry, abnormal psychology, childhood and development theories of personality, group and individual psychotherapy interviews and leadership skills. It is a general practice that 50 minute painting and/or drawing sessions be preceded by a 50 minute dynamic group discussion or individual discussion session with the Art Psychotherapist and/or co-therapists. Supportive Art Therapy sessions do not necessitate formal discussion periods.

Progress reports must be written following each prescribed session and officially filed in the clients medical records for review by physicians, the psychiatric treatment team. All notes are to be signed by the Art Psychotherapists and reviewed by the physician. Official treatment plans are encouraged to be developed and modified after the initial referral as a result of staffing reports reflecting changes or progress in the patients condition. Concerted staff treatment plans typically involve the physician, art therapist, psychiatric nurse, aides, mental health technicians, social workers, activity therapists, and occupational therapists. Team staffing reports should be filed in either Medical Records, the Art Therapy Department, or ward files. Weekly written summaries and discharge summaries are also to be recorded in the clients art psychotherapy progress reports. These reports are required by all medical joint commission inspectors. These pertinent conditions have not, to date, been officially reflected in A.A.T.A. Standards, but I would recommend through review and consideration of these pre-existing medical standards.
In the event of routine psychiatric accreditation and insurance company inspections, the properly managed Art Psychotherapy Department will be able to provide all data describing treatment, plan, department policies & procedures, job descriptions, daily census, and Art Psychotherapy service charge descriptions. If these conditions are not fulfilled, an entire rehabilitation or psychiatric center could fail inspection involving other professional departments and services.

The Art Psychotherapist ought to be an active member of the state and American Art Therapy Association which encourages education and registration standards, provides annual professional conferences, and recommends mal-practice insurance for the active practitioner. Ph.D.'s and M.D.'s that practice Art Psychotherapy typically favor membership in other well established associations that encourage tradition and high standards of practice.

It is highly advisable that the Art Psychotherapy Department maintain a professional library of Art Therapy Journals, reprints and books. The Art Psychotherapist should display registrations to provide professional identity for inspectors, administrators, and community visitors.

Accredited rehabilitation centers or psychiatric services of which the Art Psychotherapy Department may be integrated, should maintain for inspection and review an official yearly updated department policies & procedures manual describing the Art Psychotherapy Department standards. Manuals should reflect the conditions of sound management, which have been, so far, stated and proven beneficial over a ten year period in the State of Ohio to clients, physicians, art psychotherapists, insurance companies, hospital administrators, and Art Therapy Associations.
Standardized Art Psychotherapy Forms

The Art Psychotherapy Referral Form should include the hospital title, address and department title. Secondly, there should be spaces for the patient's name, hospital number, age, admitting diagnosis, physician, and date.

I have found it useful to keep all forms brief as possible and in this respect a space for Treatment Plans and Goals may be next combined on the referral form. In this space, the physician may indicate the number of treatments per week and order services such as Individual Art Psychotherapy, Group Art Psychotherapy, Family Art Psychotherapy, Childrens Art Psychotherapy, and Supportive Art Therapy. It is advisable that a separate service and progress note be written for an initial Art Psychotherapy Interview. A space for the registered Art Therapist's signature should also be included on the form acknowledging the assigned service interview, schedule, and date.

Over the years I have found it convenient to include a check list for the weekly summary. In the following categories:

Verbalization in Group: (A) patient participates in all phases; (B) discusses only personal problems and paintings; (C) discusses mainly problems of others; (D) verbalized spontaneously; (E) verbalized only when questioned by therapist; (F) verbalized when questioned by group.

A space for a check mark or words such as more, less, improved sometimes, etc., help clarify behavior for staff members and physicians.

A second section of the weekly report is designated for the clients Attitude in the following sequence: (A) disruptive; (B) helpful; (C) thoughtful; (D) withdrawn; (E) resistive; (F) anxious; (G) preoccupied; (H) manipulative; (I) seeking reassurance; (J) other.
The third section Affect may include: (A) inappropriate; (B) superficially cheerful; (C) cheerful; (D) flat; (E) hostile; (F) appropriate; (G) depressed; (H) tearful; (I) other. Each section may include more than one check or added adjectives such as facial expression, gestures, passive, etc., which may prove beneficial.

The fourth section for Activity helps define client's general behavior pattern: (A) hyper; (B) agitated; (C) stable; (D) tense; (E) lethargic; (F) other.

The fifth section Reality Testing clarifies the changes or consistency of behavior and symptoms: (A) able to define reality limits; (B) unable to set reality limits; (C) unable to define reality; (D) unable to accept reality; (E) distorts reality; (F) other.

In the sixth section a space for (A) insight; (B) self concept; and (C) judgement may be included and appraised as - good, fair, poor, or fair to poor, etc.
Main Concept of Art Work and Discussion

This important section must be allotted enough space for daily dates and progress notes. A brief description of the content of the paintings, manifest and latent, may be indicated. A brief indication of the clients interpretation of his or her own art work, as well as the main topics of discussion and concern are useful. These dated verbal notes are intended to correspond with the clients chronological painting file. All of this material may be included on one form to save space in the medical records, and be useful for quick reliable review by the physician. Daily progress notes and a Discharge Summary may be included on the flip side of the form so that the writing occurs correctly at the top of the reverse side for easy reading. Physicians and psychiatric nurses must do a lot of charting, reviewing of charts, and signing of signatures. Keeping records neat, informative and concise (void of confusing details) is a mark of professional excellence.

Art Psychotherapists should avoid interpretations in progress notes. Words such as, "it appears", "the client", etc. alert the physicians that the Art Therapists attitude is not prejudiced. Whenever I have felt it advisable to include an interpretation, I include it in brackets and state the therapists interpretation is as follows, etc. This helps to separate a subjective impression from factual behavior and symptoms.

The Discharge Summary should include a brief account of the clients progress or condition upon discharge especially as it relates to the observations of the Art Therapists, pertaining to changes in clients behavior and art work. The discharge summary may include recommendations from staff meetings for out patient follow-up
treatment in Art Psychotherapy. Third party payment is usually available for these supportive measures when prescribed by the physician. It is advisable to form separate out patient groups or schedule the out patient for private visitation rather than including them in groups of acute hospitalized patients.

A copy of out patient progress notes should be xeroxed and mailed to the physicians office and the original taken to Medical Records. Most modern hospitals utilize an addressograph stamping machine with patients numbers which can be stamped on the heading of all referral forms including the patient's number, name, address, and physician. The clients service charge number for out patient services usually remains the same as the in-patient number. Charges and services may be itemized by a computer number. In such instances accurate census of Art Psychotherapy services may be accounted for on a monthly and yearly basis and aid the Art Therapist and administration in understanding the status of varied services and departmental productivity.

Daily Charge Slips and census records kept in the Art Psychotherapy Department help to back up, prove, and itemize services in the event computer statistics are not readily available. This is a sound practice irregardless of administrative computer records.

Monthly and Yearly Departmental Reports — It is a standard procedure in progressive hospital management that all departments such as Physical Therapy, Nursing Service, Art Psychotherapy directors write up a monthly report. This report should include weekly census of unit services, including both in and out patient status.
A unit in Art Therapy may be divided into one hour or two hour sessions, and charges per unit need to be consistent with the time the Therapist spends in treatment. The report should also include educational census of the number of persons involved in hospital orientation, in-service lectures, university field trips, and community lectures.

The monthly report should include budgeted materials, supplies ordered and received, all new proposals, conventions attended, problems that need administrative attention, etc. This report is filed in the Art Psychotherapy Department, the Art Therapists supervisors office, Medical Records, and a copy forwarded to the office of the hospital administrator.

The yearly report may be based on a departmental review of monthly reports and include goals and monthly changes for the forthcoming year that may involve new services, equipment, and policy changes. All reports should be kept brief and be signed by the Art Psychotherapy Director. The Joint Commission typically checks hospital files for these reports.
INTRODUCTION TO ART PSYCHOTHERAPY SERVICES

In both state and private psychiatric hospitals it may prove helpful to develop modified groups of client and art therapy services depending upon client population, sex, age, and diagnosis. For instance, it may prove beneficial to clients to schedule specialized groups for drug abusers, adolescents, children, or hyperactive clients. Individual Art Psychotherapy sessions may be arranged for persons with problems too personal and sensitive for group confrontation. A suitable number for a group Art Psychotherapy session is less than eight members, especially if a group discussion is to be scheduled following the painting session. Approximately 80% of the clients in a modern hospital psychiatric service are responsive to dynamically oriented Art Psychotherapy services. This percentage drops considerably in state institutions where chronically regressed clients may be hard to involve in activities. Supportive groups and specialized groups for non-verbal clients or chronic patients may be developed to assist many of the severely regressed population. All such modified services depend upon a physicians referral and critical evaluation of client populations and group and individual treatment needs and institutional goals.

Initial Art Psychotherapy Interview

The initial interview is a standard procedure following the physicians referral for Art Psychotherapy services. During this preferably private session, the therapist may conduct a verbal and/or verbal and graphic interview gaining valuable information which will aid the Art Therapist in consultation with the physician.
and staff concerning the treatment plan. Supportive, dynamic group or private sessions may be scheduled. The physician may order a particular treatment plan in advance, but the Art Therapist may request a change if the client is unable to function in a particular Art Psychotherapy session. The client's verbalization, socialization and insight level are critical factors in determining which service the patient is to be assigned. It has been my experience that Individual Art Psychotherapy and Family Art Psychotherapy are two services the physician most often initially prescribes without staffing consultations. Group Art Psychotherapy is the most utilized service accounting for approximately 75% of modern hospital Art Psychotherapy practice. This has been the pattern in the four hospitals in which I have worked and in the Art Therapy Departments my students direct.

I believe the choice of whether a treatment plan may be supportive or dynamic to be the most critical decision that must be made concerning the overall treatment plan. Physician consultation is indicated in critical instances where clear choice is not apparent during psychiatric team staffing meetings.

Supportive Art Therapy

This group allows for alternative individual attention in generally small groups of less than eight clients that need extra supervision because of withdrawal, acting out behavior, hyperactivity, etc. These groups generally offer service to clients that would disrupt a dynamic group discussion and are used to prepare some clients to enter Group Art Psychotherapy at a later date following improvement. Rehabilitative clients with physical handicaps may be referred for supportive
Art Therapy where uncovering of unconscious material is not generally indicated. The alleviation of boredom, tension reduction, raising of self-esteem, developing creative interests, and a friendly attitude of empathy and concern for the client's welfare are productive attitudes in supportive groups. Difficult to manage clients may be thus grouped and given essential attention during creative sessions where extra supervision and security are provided. It is possible, on occasion, to move from client to client giving support and gaining some insight about the content and meaning of the client's art production. This material may be reported in progress notes without confronting the client about anxiety producing topics.

**Individual Art Psychotherapy**

In this group the client is given maximum support and benefit of dynamic Art Psychotherapy techniques. Graphic topics may be assigned to accelerate therapy and deal with conflicts too private and sensitive for group discussion. Once confidence has been gained, it may be more beneficial to advance the client to a group.

Many outpatients are assigned for Individual Art Psychotherapy as follow-up treatment especially if trust and rapport have been established during hospitalization. Many insurance policies have provisions for follow-up treatment which will allow for quicker discharge. It is a general consensus of psychiatric staff and physicians that a sound Activity Therapy Program lessens the period of hospitalization for the acute psychiatric client, especially if there has not been a record of previous hospitalization. These groups may be divided into two periods - one for drawing, painting, or 3-dimensional work, and another period for private discussion. Discussion may, however, take place as the client works at spontaneous or assigned creative, projective projects and speaks at intervals with the Art Psychotherapist.
Group Art Psychotherapy

Clients referred for this service receive the benefit of group interaction and sharing creative efforts and client interpretations. The first part of this session is devoted to drawing or painting. Certain clients may be assigned projective graphics. Socialization skills, verbal skills, and adequate insight are required for group interaction. The sharing of metaphoric, poetic, and pictorial meanings often assist the group to share emotional and intellectual meanings, and assist in appreciation of another's unique, existential conflicts and life situations. The more experienced groups may interact quite freely. However, groups in which there is a rapid turnover of clients, such as in the general hospital, may need more direction from the Art Psychotherapist. Any unusual behavior should be reported to the ward immediately, either by phone or memo.

The content and meaning of pictures, gained in the discussion part of the one to two hour session, are to be recorded in the daily progress reports. If an assistant writes the progress notes, they must be reviewed and signed by the registered Art Psychotherapist.

At critical impasses in Group Art Psychotherapy, the client may need a supportive individual session before entering the group again.

Family Art Psychotherapy

It is a sound practice that physicians will be requested to review, approve, or disapprove of treatment plans following staffing sessions including Nursing Service, Art Therapy, Social Service, and Occupational Therapy when the team agrees that Family Art Psychotherapy may be beneficial to the client. The physician may, however, in advance, assign this service and be a leader of the staffing meeting.
The Art Therapist and Psychiatric Social Worker may meet with family members for a one hour session by appointment. The Social Worker's prior knowledge gained in family interviews is considered beneficial as a co-therapist in Family Art Psychotherapy. The goal of developing appropriate coping devices, reality testing and solving of interpersonal conflicts will be explored and documented in progress notes for physician review following each session.

Family Art Psychotherapy may be used as an effective crisis intervention technique assigned for one or two sessions, or perhaps prescribed on a continuing weekly or bi-weekly regular basis for in or out patients.
The cost of constructing a modern hospital is very high. The square footage allotted to Art Psychotherapy Service is, as all other available space, provided on a critically budgeted basis. The average expense of covering the salary of an Art Psychotherapy Director, art materials, secretarial services, utilities, maintenance, fringe benefits, etc. for a moderately sized department (about 550 sq. ft.) with space for office, supply storage, picture files, painting area, and discussion area, costs approximately $12.00 per hour to maintain. A psychiatric ward averaging approximately twenty clients and eight to fifteen referrals a day, will keep a single Art Therapy employee very busy with client treatments and department head management duties.

The Art Psychotherapy Department is, however, financially feasible and the service should, if twenty beds are filled and psychiatrists utilize the service, allow the department to break even financially or earn a moderate profit. The well-trained clinical intern should be well aware of management skills and realities, and be able to offer his or her valuable services to hospital administrators who have never had an Art Psychotherapy Department, on the basis of a non-additional expense to the overall hospital yearly budget.

The Art Psychotherapy Department may function well as the most moderately equipped, supplied, and salaried department in the hospital while the benefits to clients are maintained at a high professional level. It has been my experience that Art Psychotherapy departments, education, client services, and art exhibits contribute greatly to the hospital's public information success in the community. The unit charges should exceed the Art Psychotherapists yearly salary by 50% if the department is to function in the black, on a yearly basis.
The psychiatric clients deserve the best of dynamic milieu therapy as opposed to custodial psychiatric care if the hospitalization is expected to be terminated at the earliest possible date. The average hospital stay in the last two psychiatric services I have worked for was approximately eleven days. Art Psychotherapy services assist in these relatively brief periods of hospitalization and in the main, lessen the dollar expenditure of third party insurance payments. This fact is worthy of emphasis and should be stated in letters requesting explanation of third party payments for Art Psychotherapy services.

The hospital Business Office and Art Psychotherapy Director should mutually consult in drafting explanatory service letters describing the particular Art Psychotherapy services of each individual client for whom a third party request for information has been received.

It is typical that departments in the general hospital, such as maternity wards, usually operate in the red. This definitely need not be the case for Art Psychotherapy Departments averaging ten to fifty visitations during a 40-hour work week.

The highest general salary range for experienced Art Psychotherapists with 1,200 hours or more of clinical experience, state registration with B.A.T.A., or national registration with A.A.T.A., is slightly less than $10,000 per year, when employed by the Ohio Department of Mental Hygiene. B.A.T.A.'s clinical art education programs are recognized by the Ohio Activity Therapy Association and the state as the official training program for Art Therapists. A.T.R. registration should qualify the Art Psychotherapy directors for state civil service classifications at the A.T. 5 or A.T. 6
level because A.T.R. registration is accepted as the equivalent of a Master's Degree in professional education. The new graduate Psychotherapy Clinical Interns with a B.A.T.A. registration and 12,000 hours of A.T.R. supervision have been immediately employed in private psychiatric hospitals at gross salaries starting at a range of $10,000 to $11,000 per year.

As directors of Adjunctive, Art Psychotherapy and Activity Therapy Departments, the management skills and facts acquired through daily experience during clinical art psychotherapy internship under my supervision and hospital in-service training and orientation have lead to a 90% effective job location record.

Hospital administrators are generally impressed by the significant fact that a valuable, new client service may be added to hospital programs at no additional expense.

Experienced Art Psychotherapy Directors in Ohio, with four to ten or more years of full time psychiatric experience, typically earn salaries from $12,500 to $18,000 per year.

Art Supplies

Inexpensive art materials such as water base tempera paints, pencils, soft and oil pastels, charcoal, brushes, and paper will cost about $1,200 per every 3,000 visitations. Oil paints, canvas, acrylic paints and other more expensive items will rapidly increase the supplies budget which is not necessary for effective Art Psychotherapy practice in one and two hour sessions. It has been a useful practice for most client work to be executed on paper 18 x 24 inches or less, so that it may be conveniently filed in chronological monthly portfolios at a savings of both space and money.
SUMMARY

The Director of the Art Psychotherapy Department's job description should reflect many of the conditions so far described in this paper and the ethical standards of practice and education stated by the American Art Therapy Association in its by-laws and constitution. The clinically trained Art Psychotherapist should be in a position to offer valuable services to state and/or private modern general hospital administrators where psychiatric adjunctive services are indicated as a means of extending and improving health care to various client populations.

The conditions described in this paper are not invented by the author, but gained through eight years of hard earned psychiatric art psychotherapy practice in which my departments were critically inspected by national and state accreditation inspectors. Approximately 80% of art therapy practice is medically oriented and directly related to the practice of psychiatry. It is necessary, in this light, that the Art Therapist be able to maintain a friendly, professional communication with physicians, inspection team members, and administrators.

Very few Art Therapy referrals are received without the physicians approval and these occur in social service agencies such as the Bureau of Vocational Rehabilitation, Goodwill Industries, and Childrens Services, and even then psychologists or M.D.'s are often consulted in these instances and are responsible for recommending Art Psychotherapy treatment.
It is hard for me to visualize the effective future growth of Art Therapy as a field without a professional working alliance with the physician and general medical profession. In the spirit of this experience and reality, I have written this paper in the hope that new Art Psychotherapy students may gain successful employment and achieve success in their endeavors, in part due to such information as provided in this paper. I owe a special debt of gratitude to the psychiatrists I have worked for and been associated with, namely, Irene Jakab, M.D., Ph.D., Pedro Corrons, M.D., Curt Boenheim, M.D., Tomas Isa, M.D., and Eugene Capocasale, M.D.; Art Therapists, Mary Huntoon, Don L. Jones, A.T.R., and Robert Ault, A.T.R.; and the many members of B.A.T.A. and A.A.T.A. that have helped me grow in my professional knowledge and competency in our new and vital pioneer profession.

Graduate Art Psychotherapy students that have obtained the necessary clinical and management skills to immediately upon employment begin to contribute as worthy members of the psychiatric treatment team and function as department directors, in my experience as an educator, emerges as the best of all possible recommendations for our rapidly growing profession.
Clinical Impression: Anxiety Reaction

Please indicate below with a check mark (✓) precautions, attitude to be taken toward the patient, and treatment objectives/type of treatment.

Precautions:

(✓) Wint of detention
(✓) Suicidal
(✓) Escape
(✓) Combative
(✓) Convulsive
(✓) Diabetic
(✓) Cardiac or pulmonary condition
(✓) Other - please specify

Therapeutic Approach:

(✓) Approval
(✓) Reassurance
(✓) Firmness
(✓) Matter-of-fact
(✓) Active friendliness
(✓) Passive friendliness
(✓) Non-demanding
(✓) Other - please specify

ACTIVITIES THERAPY DEPARTMENT

Treatment Objectives:

(✓) Alleviate anxiety
(✓) Provide outlets for hostility and aggression
(✓) Build self-esteem & self confidence
(✓) Encourage socialization
(✓) Enhance awareness of self and others in interpersonal relationships
(✓) Provide media for self expression
(✓) Relieve guilt
(✓) Enhance reality orientation
(✓) Set limits on inappropriate behavior
(✓) Guide in constructive use of leisure time
(✓) Aid in adjustment to personal crisis
(✓) Exercise / recreation
(✓) Other - please specify

COMMENTS:

ART PSYCHOTHERAPY DEPARTMENT

Type of Treatment:

(✓) Group art psychotherapy
(✓) Individual art psychotherapy
(✓) Family art psychotherapy
(✓) Supportive art therapy
(✓) Adolescent art therapy
(✓) Children's art therapy
(✓) Other - please specify

COMMENTS:

Physician's Signature M.D.
<table>
<thead>
<tr>
<th>TREATMENT PLANS AND GOALS:</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ASSIGNED SERVICE</th>
<th>THERAPIST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1) VERBALIZATION IN GROUP:</th>
<th>3) AFFECT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Participation in all phases</td>
<td>A. Inappropriate</td>
</tr>
<tr>
<td>B. Discusses his own problems &amp; paintings only</td>
<td>B. Superficially cheerful</td>
</tr>
<tr>
<td>C. Discussed mainly problems of others</td>
<td>C. Cheerful</td>
</tr>
<tr>
<td>D. Verbalized spontaneously</td>
<td>D. Flat</td>
</tr>
<tr>
<td>E. Verbalized only when questioned by therapist</td>
<td>E. Hostile</td>
</tr>
<tr>
<td>F. Verbalized only when questioned by group</td>
<td>F. Appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2) ATTITUDE:</th>
<th>4) ACTIVITY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Disruptive</td>
<td>A. Hyper</td>
</tr>
<tr>
<td>B. Helpful</td>
<td>B. Agitated</td>
</tr>
<tr>
<td>C. Thoughtful</td>
<td>C. Stable</td>
</tr>
<tr>
<td>D. Withdrawn</td>
<td>D. Tense</td>
</tr>
<tr>
<td>E. Resitive</td>
<td>E. Lethargic</td>
</tr>
<tr>
<td>F. Anxious</td>
<td>F. Other</td>
</tr>
<tr>
<td>G. Preoccupied</td>
<td>I. Seeking reassurance</td>
</tr>
<tr>
<td>H. Manipulative</td>
<td>J. Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REALITY TESTING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Able to define reality limits</td>
<td>4. Distorts reality</td>
</tr>
<tr>
<td>2. Unable to define reality</td>
<td>5. Other</td>
</tr>
<tr>
<td>3. Unable to accept reality</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. Insight</th>
<th>B. Self-Concept</th>
<th>C. Judgment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATES</th>
<th>MAIN CONTENT OF ART WORK/ACTIVITIES AND DISCUSSION:</th>
</tr>
</thead>
</table>

MARY
<table>
<thead>
<tr>
<th>ROOM WARD</th>
<th>NAME</th>
<th>ITEM</th>
<th>QUAN.</th>
<th>UNIT COST</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>John - D</td>
<td>Group Art Psychotherapy</td>
<td>P</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual Art PsychoT.</td>
<td>T</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Addressograph</td>
<td>Family Art Therapy</td>
<td>T</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supportive Art Ther.</td>
<td>M</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initial Art Ther. Interview</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Doctor: [Signature]

Signature: [Signature] Before Act Jr.

DATE: [Fill in date]

IN PATIENT tx. (indicate in blue ink)

OUT PATIENT tx. (Indicate in red ink or O.P.)

ActIR
The over five hundred state hospitals in our nation house large populations of mentally disturbed persons. The personnel of these and other large institutions often believe it is their duty to "entertain" inpatients during the holiday seasons. A few privileged patients are permitted to return to their families, but the majority remain during Thanksgiving, Christmas and Easter. Dances, gifts, entertainment programs, festivals and ward parties are often planned during these times for large masses of patients.

These special activities sound charitable and humane unless you happen to be a witness to one of these events. A veteran observer sensitive to non-verbal or grossly obvious forms of communication may, as I have done, come to identify, "staff pathology."

It is my opinion that many of these events serve the emotional needs of the staff more than they do the needs of the clients. They are usually planned by the staff, and the clients are either surprised by them or forced to attend. Such affairs serve the purpose of relieving anxiety, guilt, escape from responsibilities or provide a timely excuse for the collective acting out of unconscious sadistic impulses. This sounds harshly put, but examples will illustrate a characteristic pattern which are apt to depress, anger, humiliate and infantalize patients.

Art therapists are often requested to participate in the planning and decoration of special "seasonal events." Their creative ideas and artistic
abilities may suddenly be held in high esteem. An aware, outspoken art
therapist may be influential enough to stem the tide of a demoralizing
catastrophe and point out the emotional consequences which may be created
by the dramatic impact of a crudely symbolic program.

EASTER

Every part or program that involves artistic decorations, costumes, music,
dance, games or entertainment may eventually express itself as a psycho-
drama interaction between staff and patients. For instance, during Easter
I observed someone wearing a bunny mask and a hat with floppy ears. He was
toting a sack of hard boiled colored eggs. He had been distributing them
in the wards. He approached an elderly angular faced male in a lonely
corridor and offered him an egg.

Staff: "It's Easter time. How about an egg?"

Patient: (Silence)

Staff: "What's the matter, don't you want to have any fun?"

Patient: (Gives him an annoyed "get lost" gesture and walks away.)

Staff: (Anxiously) "They're good. I ate some myself."

Many staff-planned "treats" tend to infantalize the patients and treat them
as though they were children. Why degrade adults by having an "Easter Bunny"
offer them colored eggs. There were no children in this hospital of 1,700
patients.

SPRING FESTIVAL

At another hospital, the "Spring Festival" is an annual event sponsored by
the activities therapy department. During the spring of 1971, the staff
agreed upon the theme, "A Salute to Disney."

I refused to paint giant cardboard cutouts of Mickey Mouse, Donald Duck, Pluto, and the rest of his prosaic creations. Disney, to my mind, masks by means of animalistic personifications, human retardation, irrationality, deformity, speech impediments, etc. The various Disney inspired "Looney Tunes" of our age have taught and permitted adults and children to laugh anxiously—at the tragic misfortune of others. Disney rates high on my list as one of the world's most successful and creative hypocrites. His sadistic cartoons indicate he had little compassion for reality, human tragedy or mental illness. He wasted a lifetime and talent making fun of human misfortune by means of his "cute" animals.

It further reflects on the staff that they should consider Disney worthy of a symbolic salute in a mental hospital. The fact that the community often refers to their hospital as the "Funny Farm" follows the same pattern of animal personification. Perhaps the association "funny animals for funny people" (tragic people) was just too much for the staff to objectively censure, so the collective unconscious reigned supreme.

During festival preparation time, activity therapies staff neglected the patients for two weeks while rolls of expensive crepe paper were hung across the ceiling of a large gymnasium. The staff traced and painted giant figures of Disney's characters on cardboard with the aid of a slide projector. Booths to hold games of chance and refreshments were arranged. The staff worked diligently, drank refreshments and joked, while avoiding the clients; meanwhile, back on the ward ... much human vegetation. Many of these affairs are contrived for the convenience and enjoyment of the personnel more than they are planned to benefit the welfare of the patient population.
During the entertainment program, the seats were arranged facing the stage. The worst of all possible amateur singing talent was invited to entertain. The lyrics of many of the songs were about lost love and loneliness.

One of the most insensitive events I have ever witnessed occurred on this stage. A man stripped above the belt put on a giant black top hat. It covered his head, shoulders, and hung over his torso. His belly was fat and hairy and he had painted large bizarre female lips with lipstick around his navel to form a mouth. Seductive eyes were also painted on his stomach. Yarn like hair hung from inside the hat. His pants were stuffed to make it appear his legs were stumped. To the monotonous beat of a drum, this man attempted to "entertain" an audience of over a thousand deformed and mentally disturbed people by erotically rolling and pulsating his ugly hairy belly like some macabre face. I watched the tearful expression of a woman who had been disfigured by burns. The front row was reserved only for wheelchair patients. They were acutely deformed or amputated. They sat silently and uncomfortably as the insensitive fool gyrated before them. It is beyond belief how an act so credulous could be scheduled. The faces of some staff members, by contrast, shown gleefully. At that moment— their own superior mental and physical powers had, in their unconscious minds, been clearly established. All prejudice is rooted in the irrational need to feel superior to someone else. The less self esteem, the more unfortunate the target.
Halloween

During the Halloween program chronic patients clad in unironed, misfitting second-hand clothing were encouraged to dance around a hay-stuffed scarecrow located at the center of the gym floor. The scarecrow was covered with similar state clothing. The country and western band was grossly amateur. The staff did most of the dancing. They helped to costume some of the patients as Halloween tramps, male and/or female, fat or pregnant by means of ward pillows.

Dr. Pedro Corrons once interpreted a scarecrow painted by a mute catatonic man as representing the man's loneliness and catatonic condition. Who wants to be a scarecrow? Even in the Wizard of Oz the scarecrow wants to become a mobile, free and expressive man.

The game of blindfolding adult patients, further limiting their perception, so they could unsuccessfully "Pin the Tail on the Donkey" did not go over well.

After special events, I would explore in art therapy, patients' feelings concerning the planned activities. Patients usually reported that they found the programs "dull," "dumb," and a "waste of time." Some resentful mask-like portraits of staff members were painted spontaneously for a few days following the Halloween dance.

My single compulsory contribution to the Halloween decoration was to angrily paint two large masks of tragedy and comedy. At this dance,
the ultimate meaning of the mask symbols became apparent to the patients and the scarecrow was immediately and sadly interpreted by the cliques. "They dressed him in State clothing, too, didn't they."  

CHRISTMAS  

Shortly before Christmas, Santa Claus was requested to visit the State Hospital patients. He arrived by air and patients were escorted outdoors on a cold, windy, wet day. A helicopter landed in front of the administration building in the center of a large circular group clad in winter coats. The strong wind from the chopper's rotating blades splattered wet leaves and dirt over peoples' faces and clothing. A clown-like Santa jumped from the helicopter and presented each member of the adult group a single striped candy cane. Then off he flew into the overcast sky ... The patients trudged back to their respective wards.  

At still another Christmas celebration the patients were serenaded by a local church choir. The hymns were better than usual; voices harmonious, and the choir robes brightly colored. Following the singing of Silent Night, Santa Claus appeared. (I had sternly refused the role.) He was typically stuffed with pillows. He carried a bag of Christmas wrapped packages. I will never forget the hopeless, pained expressions of the men as slowly they unwrapped, each in turn, a piece of cloth for blowing their nose and the lonely women, sitting mostly on the opposite side of the drab auditorium, a single bar of cheap soap. Some of these dehumanizing gifts were left in the occupants' seats.
The staff's guilt had been partially eased. All patients in the hospital had been visited by "Santa Claus."

Christ may gladly receive a crust of bread from a poor man, but when the donors of gifts represent the power and authority of the State, a poverty stricken gesture such as this proves only to patients that they are being perceived as peasants. There is simply no excuse for providing less than the best at a special seasonal event. Even chronic patients who's sensibilities have been dulled by years of institutionalization can express or feel the difference between the ascetically excellent and ascetically barren.

I think something rather negative is expressed about our culture when Disney-type fantasy characters are so popular. Perhaps the occurrence of this ludicrous art form will in history rank somewhere near the atomic bomb as a weak link in the humanitarian evolution of mankind. It is high time people start asking uncomfortable questions and start "telling it like it is" instead of confusing minds and polluting landscapes with larger more credulous Disneylands. The seasonal syndrome has its roots in something larger than the State Hospital environment and the State systems are ultimately not the blame.
The over five hundred state hospitals in our nation house large populations of mentally disturbed persons. The personnel of these and other large institutions often believe it is their duty to "entertain" inpatients during the holiday seasons. A few privileged patients are permitted to return to their families, but the majority remain during Thanksgiving, Christmas and Easter. Dances, gifts, entertainment programs, festivals and ward parties are often planned during these times for large masses of patients.

These special activities sound charitable and humane unless you happen to be a witness to one of these events. A veteran observer sensitive to non-verbal or grossly obvious forms of communication may, as I have done, come to identify, "staff pathology."

It is my opinion that many of these events serve the emotional needs of the staff more than they do the needs of the clients. They are usually planned by the staff, and the clients are either surprised by them or forced to attend. Such affairs serve the purpose of relieving anxiety, guilt, escape from responsibilities or provide a timely excuse for the collective acting out of unconscious sadistic impulses. This sounds harshly put, but examples will illustrate a characteristic pattern which are apt to depress, anger, humiliate and infantilize patients.

Art therapists are often requested to participate in the planning and decoration of special "seasonal events." Their creative ideas and artistic
abilities may suddenly be held in high esteem. An aware, outspoken art therapist may be influential enough to stem the tide of a demoralizing catastrophe and point out the emotional consequences which may be created by the dramatic impact of a crudely symbolic program.

EASTER

Every part or program that involves artistic decorations, costumes, music, dance, games or entertainment may eventually express itself as a psycho-drama interaction between staff and patients. For instance, during Easter I observed someone wearing a bunny mask and a hat with floppy ears. He was toting a sack of hard boiled colored eggs. He had been distributing them in the wards. He approached an elderly angular faced male in a lonely corridor and offered him an egg.

   Staff: "It's Easter time. How about an egg?"

   Patient: (Silence)

   Staff: "What's the matter, don't you want to have any fun?"

   Patient: (Gives him an annoyed "get lost" gesture and walks away.)

   Staff: (Anxiously) "They're good. I ate some myself."

Many staff-planned "treats" tend to infantalize the patients and treat them as though they were children. Why degrade adults by having an "Easter Bunny" offer them colored eggs. There were no children in this hospital of 1,700 patients.

SPRING FESTIVAL

At another hospital, the "Spring Festival" is an annual event sponsored by the activities therapy department. During the spring of 1971, the staff...
agreed upon the them, "A Salute to Disney."

I refused to paint giant cardboard cutouts of Mickey Mouse, Donald Duck, Pluto, and the rest of his prosaic creations. Disney, to my mind, masks by means of animalistic personifications, human retardation, irrationality, deformity, speech impediments, etc. The various Disney inspired "Looney Tunes" of our age have taught and permitted adults and children to laugh anxiously at the tragic misfortune of others. Disney rates high on my list as one of the world's most successful and creative hypocrites. His sadistic cartoons indicate he had little compassion for reality, human tragedy or mental illness. He wasted a lifetime and talent making fun of human misfortune by means of his "cute" animals.

It further reflects on the staff that they should consider Disney worthy of a symbolic salute in a mental hospital. The fact that the community often refers to their hospital as the "Funny Farm" follows the same pattern of animal personification. Perhaps the association "funny animals for funny people" (tragic people) was just too much for the staff to objectively censure, so the collective unconscious reigned supreme.

During festival preparation time, activity therapies staff neglected the patients for two weeks while rolls of expensive crepe paper were hung across the ceiling of a large gymnasium. The staff traced and painted giant figures of Disney's characters on cardboard with the aid of a slide projector. Booths to hold games of chance and refreshments were arranged. The staff worked diligently, drank refreshments and joked, while avoiding the clients; meanwhile, back on the ward ... much human vegetation. Many of these affairs are contrived for the convenience and enjoyment of the personnel more than they are planned to benefit the welfare of the patient population.
During the entertainment program, the seats were arranged facing the stage. The worst of all possible amateur singing talent was invited to entertain. The lyrics of many of the songs were about lost love and loneliness.

One of the most insensitive events I have ever witnessed occurred on this stage. A man stripped above the belt put on a giant black top hat. It covered his head, shoulders, and hung over his torso. His belly was fat and hairy and he had painted large bizarre female lips with lipstick around his navel to form a mouth. Seductive eyes were also painted on his stomach. Yarn like hair hung from inside the hat. His pants were stuffed to make it appear his legs were stumped. To the monotonous beat of a drum, this man attempted to "entertain" an audience of over a thousand deformed and mentally disturbed people by erotically rolling and pulsating his ugly hairy belly like some macabre face. I watched the tearful expression of a woman face who had been disfigured by burns. The front row was reserved only for wheelchair patients. They were acutely deformed or amputated. They sat silently and uncomfortably as the insensitive fool gyrated before them.

It is beyond belief how an act so credulous could be scheduled. The faces of some staff members, by contrast, shown gleefully. At that moment their own superior mental and physical powers had, in their unconscious minds, been clearly established. All prejudice is rooted in the irrational need to feel superior to someone else. The less self esteem, the more unfortunate the target.
HALLOWEEN

During the Halloween program chronic patients clad in unironed, misfitting second-hand clothing were encouraged to dance around a hay stuffed scarecrow located at the center of the gym floor. The scarecrow was covered with similar state clothing. The country and western band was grossly amateur. The staff did most of the dancing. They helped to costume some of the patients as Halloween tramps, male and/or female, fat or pregnant by means of ward pillows.

Dr. Pedro Corrons once interpreted a scarecrow painted by a mute catatonic man as representing the man's loneliness and catatonic condition. Who wants to be a scarecrow? Even in the Wizard of Oz the scarecrow wants to become a mobile, free and expressive man.

The game of blindfolding adult patients, further limiting their perception, so they could unsuccessfully "Pin the Tail on the Donkey" did not go over well.

After special events, I would explore in art therapy, patients' feelings concerning the planned activities. Patients usually reported that they found the programs "dull," "dumb," and a "waste of time."

Some resentful mask-like portraits of staff members were painted spontaneously for a few days following the Halloween dance.

My single compulsory contribution to the Halloween decoration was to angrily paint two large masks of tragedy and comedy. At this dance,
the ultimate meaning of the mask symbols became apparent to the patients and the scarecrow was immediately and sadly interpreted by the clowns. "They dressed him in State clothing, too, didn't they." ....

CHRISTMAS

Shortly before Christmas, Santa Claus was requested to visit the State Hospital patients. He arrived by air and patients were escorted outdoors on a cold, windy, wet day. A helicopter landed in front of the administration building in the center of a large circular group clad in winter coats. The strong wind from the chopper's rotating blades splattered wet leaves and dirt over peoples' faces and clothing. A clown-like Santa jumped from the helicopter and presented each member of the adult group a single striped candy cane. Then off he flew into the overcast sky ... The patients trudged back to their respective wards.

At still another Christmas celebration the patients were serenaded by a local church choir. The hymns were better than usual; voices harmonious, and the choir robes brightly colored. Following the singing of Silent Night, Santa Claus appeared. (I had sternly refused the role.) He was typically stuffed with pillows. He carried a bag of Christmas wrapped packages. I will never forget the hopeless, pained expressions of the men as slowly they unwrapped, each in turn, a piece of cloth for blowing their nose and the lonely women, sitting mostly on the opposite side of the drab auditorium, a single bar of cheap soap. Some of these dehumanizing gifts were left in the occupants' seats.
The staff's guilt had been partially eased. All patients in the hospital had been visited by "Santa Claus."

Christ may gladly receive a crust of bread from a poor man, but when the donors of gifts represent the power and authority of the State, a poverty stricken gesture such as this proves only to patients that they are being perceived as peasants. There is simply no excuse for providing less than the best at a special seasonal event. Even chronic patients who's sensibilities have been dulled by years of institutionalization can express or feel the difference between the ascetically excellent and ascetically barren.

I think something rather negative is expressed about our culture when Disney-type fantasy characters are so popular. Perhaps the occurrence of this ludicrous art form will in history rank somewhere near the atomic bomb as a weak link in the humanitarian evolution of mankind. It is high time people start asking uncomfortable questions and start "telling it like it is" instead of confusing minds and polluting landscapes with larger more credulous Disneylands. The seasonal syndrome has its roots in something larger than the State Hospital environment and the State systems are ultimately not the blame.