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Canadian Journal of Art Therapy
Research, Practice, and Issues

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/ucat21

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To cite this article: George Andrews & Donna Kaiser (2023) Crushed Paper Ball and Interactive Chalkboard Murals: Their Therapeutic Use for Adult Psychiatric Inpatients (Boule de papier écrasée et murales interactives au tableau noir : leur utilisation thérapeutique pour les patients adultes hospitalisés en psychiatrie), Canadian Journal of Art Therapy, 36:2, 120-132, DOI: 10.1080/26907240.2023.2274631

To link to this article: https://doi.org/10.1080/26907240.2023.2274631

CANADIAN JOURNAL OF ART THERAPY
2023, VOL. 36, NO. 2, 120–132
https://doi.org/10.1080/26907240.2023.2274631

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ART THERAPY IN PRACTICE

Crushed Paper Ball and Interactive Chalkboard Murals: Their Therapeutic Use for Adult Psychiatric Inpatients (Boule de papier écrasée et murales interactives au tableau noir : leur utilisation thérapeutique pour les patients adultes hospitalisés en psychiatrie)

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ABSTRACT

In this multiple case study, we describe the development of and theoretical orientation to two innovative procedures in the Recovery Model Art Project at the University of Virginia Medical Center, the Crushed Paper Ball (CPB) and Interactive Chalkboard Murals (ICM). The theoretical frameworks that underpin the interventions are narrative counseling, bilateral art making, and Ecological Systems Theory; in using these frameworks, the therapeutic relationship is an important point of focus. We relate these to the experiences of four adult psychiatric inpatients who used these procedures as a part of treatment and highlight how they may enrich the field of art therapy practice with these patients.

RÉSUMÉ

Dans cette étude de cas multiples, nous décrivons le développement et l'orientation théorique de deux procédures innovantes dans le cadre du Projet modèle d'art pour le rétablissement (*Recovery Model Art Project*) du centre médical de l'Université de Virginie : la boule de papier écrasée (*Crushed Paper Ball*, CPB) et les peintures murales interactives au tableau noir (*Interactive Chalkboard Murals*, ICM). Les cadres théoriques qui sous-tendent les interventions sont ceux de la thérapie narrative, de la création artistique bilatérale et la théorie des systèmes écologiques ; dans l'utilisation de ces cadres, la relation thérapeutique est un point d'intérêt important. Nous les associons aux expériences de quatre patients adultes hospitalisés en psychiatrie qui ont utilisé ces procédures en cours de traitement et soulignons comment ils peuvent enrichir le champ de la pratique de l'art-thérapie avec ces patients.

There is a humanitarian imperative to reduce suffering in the large number of people who need scalable mental health interventions in hospital settings (Charlson et al., 2019). While pharmacological treatment is the first choice to alleviate the major symptoms of mental health conditions, many medications contribute to poor quality of life and have debilitating adverse effects (Hu et al., 2021). Thus, clinicians have turned toward complementary and creative treatments, such as therapeutic art making. In this paper we describe two interventions developed by the first author, the Crushed Paper Ball (CPB) technique and Interactive Chalkboard Murals (ICM) as specific methods of therapeutic art making designed to facilitate healing in hospital settings.

First, we describe the Recovery Model Art Project that serves as the context for the interventions. Next, we outline the protocols for the interventions before delineating the theoretical frameworks underlying them. Finally, we provide four examples of their use with patients. We highlight the applicability to the field of art therapy and for art therapists.

Recovery Model Art Project

The Recovery Model Art Project, an initiative grounded in the Recovery Model of Mental Illness, emphasizes and supports a person's potential for recovery that involves the development of new meaning and purpose in one's life as one grows

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beyond the catastrophic effects of mental illness (Bejerholm & Roe, 2018). The focus is on patients' capacity for resilience and argues against merely treating and managing symptoms (Jacob, 2015). Therapeutic art fits into the recovery model of care as a change mechanism and coping strategy that encourages the development of flexible and adaptable approaches toward overcoming barriers in the recovery model of care process (Van Lith, 2015). One of the major strengths of the recovery model is that it focuses on individual strengths and abilities rather than on deficits and pathologies (Xie, 2013). The goal is not to return to premorbid functioning, rather it is to regain a meaningful life (Jacob, 2015).

The use of these therapeutic art interventions takes place in the inpatient psychiatry unit at the University of Virginia Medical Center, where the length of stay ranges from three days to one year. The four patients described are from diverse cultural backgrounds and gender identities. Their ages range from 18 to geriatric. Some participants experience co-occurring substance use disorders and mental illness that interfere with a person's life and ability to function, referred to as (SMI) serious mental illness (U.S. Department of Health & Human Services Administration, 2022).

In our inpatient psychiatry setting, various therapeutic groups are offered throughout the day; I designed the Recovery Model Art Project groups where I introduce patients to the CPB and ICM and teach them to use a limited number of materials and techniques to promote mastery of materials aimed at communication and the stimulation of creativity.

The practice we describe has been approved by the office of The University Counsel at the University of Virginia. The involvement of human subjects and the use of all images is for research and education purposes designed to improve practices and protects the confidentiality of participants. Upon admission, patients are provided with and sign a form providing permission for healthcare professionals to use their health information for which all identifying data has been removed.

The Crushed Paper Ball and Interactive Chalkboard Murals

This section describes the two interventions. While engaged in the Recovery Model Art Project, I (first author) developed and implemented two interventions: CPB and ICM. They evolved independently of one another and can be utilized separately, or together. This article examines their use together.

The first intervention is introduced in the Recovery Model Art group; the therapist begins by describing the protocol. The CPB begins with giving patients a single sheet of 8.5" × 11" copy paper. I ask them to crumple or "ball" it up and carefully flatten it out, trying not to tear it. A plane of shapes is revealed. I ask them to then choose shapes from the paper's wrinkles and trace them with a crayon, which is simple to use and safe, until the chosen shapes are connected, covering the entire page (Figures 1–3). I ask them to do this using their nondominant hand. I then ask them to use their dominant hand to fill in the selected shapes, using up to four colors of crayons. Once the page is completely covered with colored shapes, I introduce unifying principles of design: balance, economy, emphasis, repetition, rhythm, and variety, offering no instruction on their use.

The second intervention is also introduced in the art group following the making of the CPB image. The ICM is introduced as a feature of

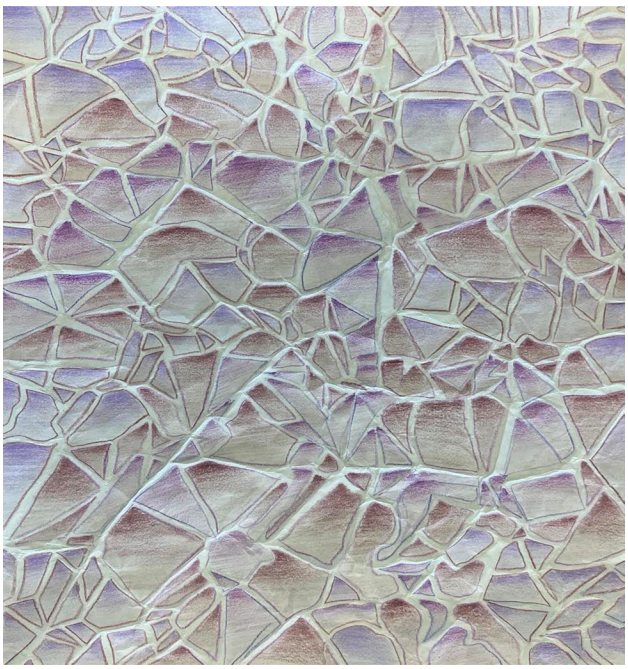

Figure 1. The University of Virginia Medical Center, Inpatient Psychiatry. Completed patient artwork utilizing the crushed paper ball in recovery model art group.

Figure 2. The University of Virginia Medical Center, Inpatient Psychiatry. Completed patient artwork utilizing the crushed paper ball in recovery model art group.

Figure 3. The University of Virginia Medical Center, Inpatient Psychiatry. Completed patient artwork utilizing the crushed paper ball in recovery model art group.

patient rooms that they can utilize independently outside of the group. They are encouraged to transfer the images they created with their CPB onto the chalk mural already painted on their walls. They can transfer anything related to their image as well; they are invited to be as free as possible in how they approach the transfer. At the end of the group, they are given chalks to make their murals. I then check in with them on the progress during individual sessions.

Two observations led me to create the concept of the ICM. The first involves how rounds are conducted in patients' rooms. Each patient, every day, is "rounded on" by a team of attending physicians, residents, and other healthcare team members. The group, sometimes quite large, enters the patient's room, surrounds the person, and presents their assessments. Patients, often already feeling vulnerable, expressed feeling diminished by this procedure. I wondered if there was a way to balance the patient's presence with the overbearing impact of the medical team during the rounding process. A wall-sized mural came to mind.

The second observation involved the implementation of a new hospital safety policy that mandated the removal of artwork from patients' rooms (for safety reasons). I then envisioned the stark walls in patients' rooms as canvases for patients' creative expression in the form of large murals. Based on these two observations, the concept of the ICM came to fruition through collaboration with a local artist, Bolanle Adeboye who had experience in creating interactive community artwork.

In discussions with Bolanle we decided to select a wall in every patient room and paint a very simple mural of mountains, inspired by the local landscape, painted in blue, green, or purple, colors selected for their therapeutic qualities by the hospital art committee (see Figure 4). (The two blank spaces are where the treatment team writes their observations during rounds on whiteboards.) Bolanle used chalkboard paint to create these murals in 17 patient rooms to serve as permanent backgrounds for their chalk drawings. Aware that patients may be hesitant to express themselves graphically, Bolanle wanted the murals to be as inviting to interaction as possible. She decided to provide starting points for engaging patients to add to the mural by placing a flower in one corner and in another area dots of paint that invited connecting the dots to form an image. It is interesting that ultimately the

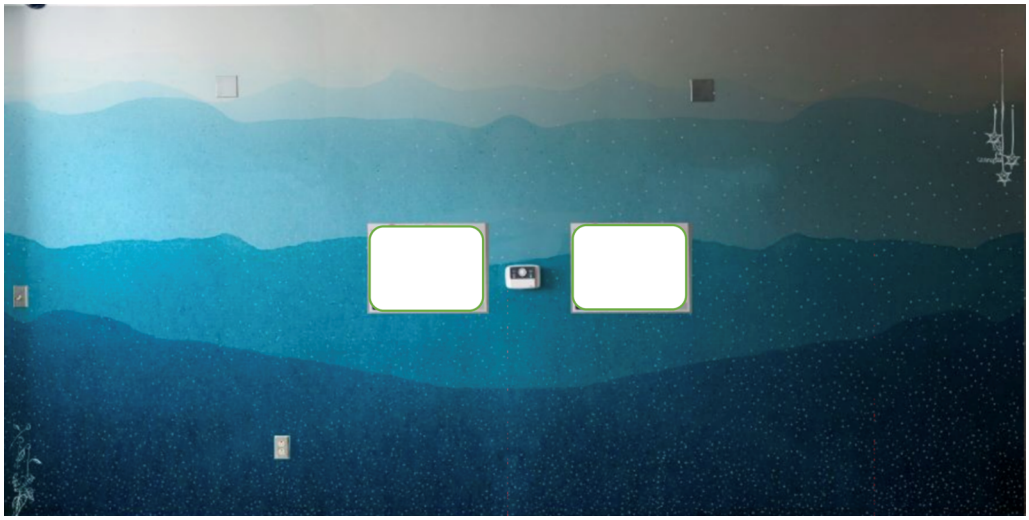

Figure 4. The University of Virginia Medical Center, Inpatient Psychiatry. A completed example of an interactive chalkboard mural in one of the patients' rooms, created by Bolanle Adeboye.

treatment team whiteboards took up a small part of the mural space. Next, we describe the theoretical orientation informing these interventions.

Narrative counseling using therapeutic art making

Narrative counseling and therapy encourage the patient to externalize problems to examine them as separate from the self (White & Epston, 1990). The client is seen as the expert on their situation as they are helped to reveal their story through art expression, then deconstruct its elements, through discussion and possibly elaborated imagery making. Lastly, they are encouraged to reconstruct their story, thereby constructing new meaning of their experiences.

Art expression can become a pathway to transform feelings and perceptions into a new life story (Malchiodi, 2012). Examples of incorporating narrative counseling interventions within art therapy include re-storying alternate versions of one's life story, the deconstruction technique of reducing the problems a patient is experiencing and making it easier to understand the "whole picture," and the externalization technique where patients move toward viewing their problems or behaviors as external, instead of an unchangeable part of themselves (White & Epston, 1990).

In examining the impact and implications of integrating therapeutic art making and narrative therapy, multicultural concerns can be addressed through images instead of words. Within culturally competent counseling, Padilla (2022), points out that within various cultures, art is a medium for expression, embedded in tradition, rituals, and healing practices. Art making provides the opportunity for creative expression "as an alternative language" to patients "who experience themselves as marginalized and misrepresented by the language of the dominant culture" (Moon, 2008, p. 241). As a licensed resident in counseling, an art and art history professor, and a member of the National Organization for Arts in Health (NOAH), I am working under the title and scope of mental health technician level 4 at University of Virginia inpatient psychiatry, where I am a practitioner of therapeutic art for patients with serious mental illness (SMI).

The treatment begins with the CPB and aligns with the work of Jill Sonke-Henderson and Rusti Brandman, cofounders of the University of Florida's Center for Arts in Medicine (in Rainey & Mullen, 2018). They noted that when artists work with patients, there is a natural process that tends to occur in four phases they call "four bridges." This is related to the externalization of narrative counseling. The first bridge is "Moving into relationship," which involves the essential step of establishing trust and communication. The second bridge, "Moving into creativity," is where patients engage in actively making art,

usually guided by the artist helper. "Moving into the patient's creative process" occurs when the patient initiates the creative activity, and the artist helper may respond. Finally, during "Closure," the patient moves from absorption in creativity back to the state of everyday life.

Here are the steps of the CPB linked to these four phases:

1. *The first bridge* (Moving into relationship): After they have crumpled up their ball and flattened it out, the shapes emerge. This is the beginning of the relationship, a symbolic handshake, and an opening.
2. *The second bridge* (Moving into creativity): I introduce elements of design, such as line, shape, form, value, texture, and color with a visual diagram, drawing a cube illustrating the elements while offering no instruction on their use. After they have chosen the shapes and traced them with their nondominant hand, the shapes cover the entire page. It is the patient's choice which shapes to produce, therefore not every wrinkle gets traced, and the move is made into creativity.
3. *Third bridge* (Moving into the patient's creative process): As the shapes are filled in with their dominant hand, we have entered the patient's creative process. As they do this, they are forcing distinctions. Positive and negative spaces automatically appear.
4. *Fourth bridge* (Closure): Closure occurs when the page is completely covered with colored shapes. I introduce unifying principles of design, offering no instruction on their use. Patients draw on these principles to create a narrative by finding things in the picture, much like finding a figurative picture in clouds or interpreting inkblots in a Rorschach test. I ask them to look at the paper from every angle until they "see something" or decide which orientation they prefer and examine why. During this phase, I never engage in any judgment of the patient's artwork. This process is influenced by D. W. Winnicott's use of his 'squiggle game' technique to support the artist in becoming involved in the overall composition of a drawing (Kramer, 2001).

Practicing the CPB is intended to strengthen patients' ability and confidence to create fresh narratives using art. With that confidence, they can transfer their abstract images onto the much larger scale murals in their rooms. The only material necessary is thick sticks of colored chalk, often sold as "sidewalk chalk." The ICM becomes a place for patients to practice externalizing parts of themselves and putting the parts back together in new ways in their hospital room, their "home" in this healing environment. Verbal expressions can constitute limitations for psychiatric patients who are often unable to express themselves orally, and narrative art making can provide the opportunity to externalize the dominant problem visually, rewrite the history through imagery, and in addition it can be witnessed and understood visually.

Based on patients' creations, the ICM offers many opportunities to reintroduce and meet on the "four bridges," which can be used in any order given the flexibility and adaptability of the process. When a patient moves into a previously occupied room, they can choose to clear the mural and start fresh or continue with what is already there. Sometimes patients collaborate using a round-robin approach where one patient starts a drawing and then it is passed to another patient who then adds to the original drawing creating a sense of community among the patients past and present.

Bilateral art making

Bilateral art making is an effective therapeutic intervention that utilizes both sides of the brain to achieve behavioral and emotional self-regulation (McNamee, 2006). Bilateral drawing is often referenced as drawing with both hands at the same time but has also been utilized by alternating hands focusing on the dominant and nondominant hands intentionally one at a time. Using both hands in art making may stimulate memories and experiences that exist in both brain hemispheres, allowing for emotional self-regulation, while offering an alternative to verbal

communication (Malik, 2022). Patients may also access both conscious and unconscious experiences while participating in bilateral art while not being confined to using only verbal communication.

Symbolic and abstract thinking is the hallmark of human cognition (Zaidel, 2015). By studying the brain's response to esthetic stimuli, we can learn more about the interactive conscious and unconscious systems, which gets us steps closer to validating with science what is referred to as symbolic and nonverbal communication. Imaging research has shown how the conscious and unconscious cognitive systems cooperate in the perception of artwork at a neural level by giving rise to an esthetic response (Zaidel, 2015). It was intended that patients might benefit from the calming effects produced by generating an esthetic response through bilateral art making (Nielsen & Mullins, 2017).

Ecological systems theory

Ecological systems theory, developed by psychologist Urie Bronfenbrenner, views human development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate settings such as family to broad cultural values, laws, and customs (Bronfenbrenner, 2009). Bronfenbrenner (2009) states:

> There is a striking phenomenon pertaining to settings of the ecological environment within any culture or subculture, settings of a given kind—such as homes, streets, or offices—tend to be very much alike, whereas between cultures they are distinctly different. It is as if within each society or subculture their existed a blueprint for the organization for every type of setting. Furthermore, the blueprint can be changed, with the result that the structure in the settings of a society can become markedly altered and produce corresponding changes in behavior and development. (p. 4)

Tying ecological systems theory to the presentation of art in adult inpatient psychiatric hospital settings involves an approach that focuses on both population-level and individual-level determinants of health and interventions. It considers issues that are community-based and not just individually focused. This aligns well with the recovery model of care which provides a holistic view of people with mental illness. The recovery model of care is a process that calls for optimism and commitment from people with mental illness, their families, mental health professionals, and the community. It also requires the mental health system to embrace new and innovative ways of working (Jacob, 2015).

Therapeutic alliance

When studying the role of therapeutic art making in hospitals, the therapeutic alliance becomes an important point of focus (Heynen et al., 2017). Art materials contribute to the dyadic therapist–client relationship and form what is known as the triangular relationship between the therapist, the patient, and the artwork (Gazit et al., 2021). In art psychotherapy, the therapeutic relationship would be the figure and the pictures the ground. Here the axis of patient–therapist is the main focus (Schaverien, 2000). Engaging the artwork as part of a triangular model of the alliance, much like externalizing is used in narrative counseling theory, allows the artwork to catalyze the therapeutic alliance, emphasizing the importance of measuring specific artistic interventions and their effect on the therapeutic alliance (Gazit et al., 2021). Externalizing experiences through art making becomes a narrative theoretical process that guides individuals in personifying what they are experiencing, where "neither the person nor the relationship between persons is the problem" (White & Epston, 1990, p. 40). Engaging in therapeutic art making can be beneficial in an inpatient psychiatric setting by strengthening the therapeutic alliance through the addition of an external point of focus and procedure (Sonke et al., 2015).

The benefits of therapeutic art making for short-term inpatient psychiatry patients provide exceptional quality of psychological safety to challenge the high-risk and extreme distress of patients with a sense of control (Ryu, 2018). It is important to deliver the interventions and the ensuing therapeutic dialogue in a collaborative, nonjudgmental manner to promote feelings of

safety, trust, and acceptance (Heynen et al., 2017). Four participants (patient names have been changed) provide a cross-section of the patients with whom I have worked while also allowing room for in-depth inquiry (Vasileiou et al., 2018).

Case 1: Gustavo

Gustavo, a 23-year-old who identifies as a Hispanic male, is diagnosed with schizophrenia and experiences auditory hallucinations. He had done a CPB in a group and transferred most of that image to his mural. He spent several hours drawing all over his entire chalkboard wall (Figure 5). I remember being in the next room, hearing him scratching out his images on the wall, rustling from one side to the other. I went into his room and asked him about his drawing. He explained to me that it was a horse, and he was delighted with it. I could not see it at first, as it was abstract and based entirely on the positive and negative shapes as if they were transcribed directly from the "crushed paper ball," but I could feel its presence as he described his drawing to me. The image was unfolding for him through the shapes.

He would create several different drawings on his wall over the next three weeks erasing his previous murals. He used the shapes from the CPB to depict a landscape of his home community in another country, another with a demon, and one with an angel. We met and discussed each one. In looking at his creations, we always referenced the CPB and would discuss what he saw in the shapes of his drawings and what he was experiencing while he was drawing them. I would point out a shape, and he would point out another shape and tell me how they related to one another. This experience was reminiscent of Winnicott's (2017) squiggle game, where the role of the counselor is to carry out an emphatic, collaborative, interactive psychotherapy focused on the patient's problems. The counselor is guided by the content and structure of the patient's drawings and stories to help the patient express thoughts, feelings, and concerns in a displaced, thematic form.

Gustavo would say that sometimes "the voices" directed the drawing, and sometimes they would have nothing to do with it. His experience allowed him to reflect and distinguish between the drawings influenced by auditory hallucinations and those that were not. This sort of distinction can reduce the felt influence of auditory hallucinations by taking account of the tactics and strategies of power employed by the auditory hallucinations, with the effect of reducing their power (White, 2007). This patient had some success using this technique to manage the voices. In moving toward closure, we went over CPB and how he could continue to use this intervention as a daily practice to help him separate from the voices after he left the hospital.

Figure 5. The University of Virginia Medical Center, Inpatient Psychiatry. Case 1. Patient artwork on interactive chalkboard mural in the patient's room.

Case 2: Katie

Katie, a 23-year-old who identifies as a white female, is diagnosed with major depressive disorder with suicidal ideation and borderline personality disorder. She made numerous CPBs both in and out of the group setting. She constructed a series of large-scale images on her chalkboard wall. In creating her first drawing (Figure 6), she traced her temporary detaining order (TDO) paperwork as a form of protest, embellishing each rectangle with a colorful pattern.

She then made several more CPBs and she would erase each large-scale creation and begin another. She explained that she incorporated CPB in the same way one would walk a labyrinth to contemplate a problem meditatively. This patient created 10 entire walls, more than any other

Figure 6. The University of Virginia Medical Center, Inpatient Psychiatry. Case 2. Patient artwork on interactive chalkboard mural in the patient's room.

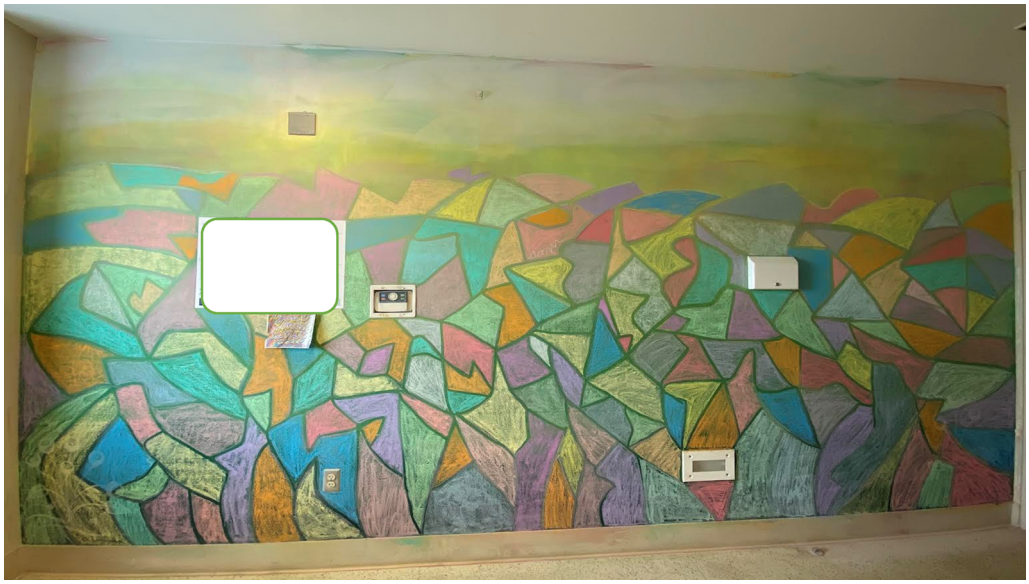

Figure 7. The University of Virginia Medical Center, Inpatient Psychiatry. Case 2. Patient artwork on interactive chalkboard mural in the patient's room.

patient to date as a continual ritual over a few short stays and one of more than three months (Figures 6 and 7).

The repeated use of the walls allowed her to use the ICM to replace self-harming behaviors as a new consistent activity. She says it was helpful to give her something new to do consistently. Completing several murals had deepened the experience, and ultimately, she started to gain confidence in her ability to self-control. By having individuals engage in therapeutic art making, self-harming behavior can be replaced.

Katie, during this process narrowed her focus on her career goals and decided to enroll at a community college upon discharge to pursue a career in one of the health professions. She said she found CPB very therapeutic and wanted to paint a wall in her kitchen with chalkboard paint and work on a large scale at home. However, her fiancé did not like the idea of chalk dust in the kitchen. In exploring alternatives, outside the hospital, we developed a healing routine of keeping a journal of page covers to collect her completed CPB creations. She has agreed to work on

it a little every day and create one a week as a form of visual journaling, which has been identified as both an important and accessible approach in expressive art making, counseling, and education. It is not only an effective method for stress reduction but also is considered a creative way to express personal narratives and life stories as well as make meaning through images (Malchiodi et al., 2012)

Case 3: Nate

Nate, a 72-year-old who identifies as a white male, is diagnosed with bipolar 1 disorder. He is an experienced artist who enjoyed the freedom to use the CPB to find images; it was a freeing process for him. Using bilateral hand movements, he interpreted the shapes as words. He drew and wrote voraciously on his ICM several hours a day. He designed fonts for a living and acknowledged words were essential to him. He explained all the fonts that he had designed and how a word's appearance affects how one reads it. He illustrated this repeatedly through quotes on his chalkboard wall. We developed a repartee discussing philosophy and developed heightened mutual respect from the deep, and humorous conversations around the meaning of life. Then we were able to sit in silence and contemplate. The arts foster a meditative state, while the parts of your brain responsible for judgment "are quieted in your prefrontal cortex, and you can assess a more generous, perspective-taking point of view" (Magsamen & Ross, 2023, p. 67). This patient incorporated the positive and negative shapes of the CPB to explain the creation of his various fonts and the effect they produced on the reader. The visual form of the font was quite important to him.

The ICM encourage patients to narrate their experiences. Narration can occur with just images, just text, or both. We explored which parts of his mural were the most important to him and why. We would check in daily and discuss his new illustrations. We talked about the CPB, and which parts of his mural were no longer as important, that he could erase to create negative space allowing for silence or calm. He said he felt more grounded and present after reflecting on the erased space.

During our last meeting, I walked into this patient's room, where he sat in silence waiting for me to notice his newest creation. In the upper left corner (Figure 8), he had created my portrait, using positive and negative space with both image and text, with the caption "-G- The Lunatic Whisperer." We looked at each other and burst into laughter knowing it was our last laugh before his discharge. He said he used his nondominant hand in creating the image as it helped him to relax. This case illustrates the therapeutic power of narration and humor, through images and words, a form of "meaning making" that can be ultimately helpful in an individual's adjustment and acceptance of having a serious condition (Malchiodi, 2012).

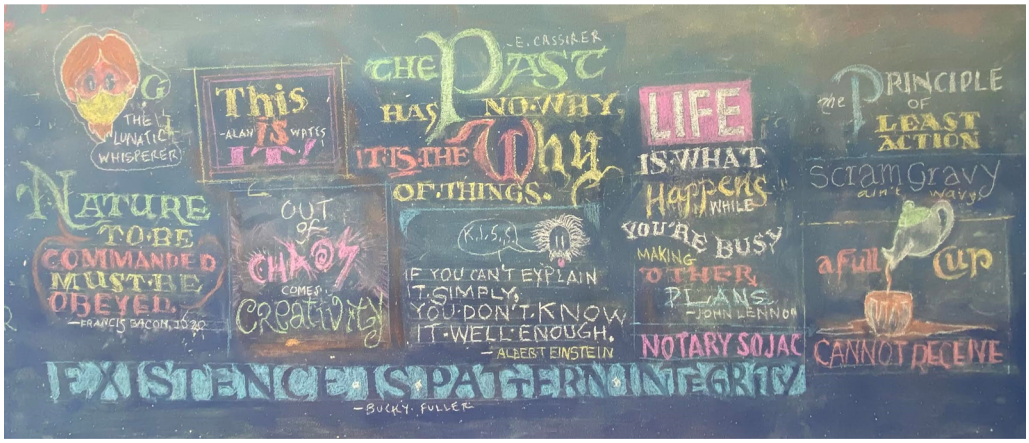

Figure 8. The University of Virginia Medical Center, Inpatient Psychiatry. Case 3. Patient artwork on interactive chalkboard mural in the patient's room.

Case 4: Keith

Keith, a 52-year-old who identifies as an African American male, and is diagnosed with schizophrenia, attended the recovery model art group for 10 sessions. He was an accomplished artist and other patients would often compliment him on his creations. He was very reserved and would simply nod and continue to work on his drawings, which were very detailed, representational, and life-like compositions. In between these life-like drawings, he would often take a break and utilize the CPB to experience making art abstractly. This would generate discussions between him and me about graffiti and the benefits of filling the entire page regardless of whether a work of art was abstract or representational. By reducing figuration, artists can perceive an essential component of a work in isolation, which stimulates our imagination in ways that a complex image might not (Kandel, 2016). Keith enjoyed the CPB process and referred to it as "making art backwards," not knowing what you were setting out to create and then finding something in your creation only after it was completed.

Keith described how he began to experience an unsettling feeling alongside the onset of visual hallucinations. He explained that this unsettling feeling was like his experience when beginning the process of the CPB, that there is a sense of ungroundedness. Yet, he was always able to use a completed artwork, the materiality of it, as a grounding marker for reality. After each recovery model art group, I offered this patient chalk for his ICM in his room, however, he always declined. He never gave a reason, but I assumed it was because he did not like the impermanence of drawing on a chalkboard. On a Monday I returned to work to find that this patient had been discharged. I walked down to his room and saw that it was empty, except for his ICM, covered with an elaborate merging of graffiti and imagery (Figure 9). It was weeks before anyone erased it. I wonder what the message to me was, making the mural when I was not there, and knowing I would see it when I came back. It was like he was talking to me through the imagery.

Discussion

To date, I have had the opportunity to engage with more than 100 patients who have utilized the CPB and the ICM. Several outcomes are possible from providing patients with a permanent way to participate in their healing environments by having an entire wall in their rooms dedicated to their freedom of expression. The use of these interventions can be helpful to psychiatric inpatients receiving art therapy. They promote creativity, the development of the therapeutic relationship, communication, and connection

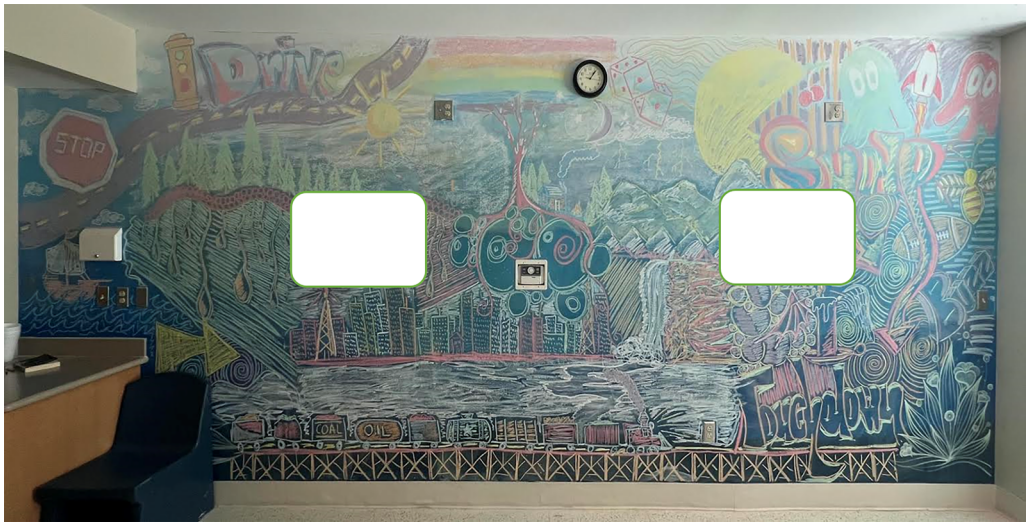

Figure 9. The University of Virginia Medical Center, Inpatient Psychiatry. Case 4. Patient artwork on interactive chalkboard mural in the patient's room.

with others, including other patients and hospital staff.

The patients speak about feeling more comfortable interacting with the clinicians and team members who come to their room for rounds and therapeutic interventions. Perhaps the ICM wall frames the patient's therapeutic space in such a way that it shifts the power dynamic, allowing patients to gain some sense of ownership, control, or belonging that outweighs negative feelings experienced during daily rounds by allowing the artwork to catalyze the therapeutic alliance and incorporating the patient's creative expressions into the conversation (Gazit et al., 2021). This is consistent with Sonke and colleagues' (2015) conclusion that art making in clinical environments offers patients an enhanced sense of control, elevated self-awareness, reduced anxiety, diminished psychological and physical symptoms, while promoting social relationships. This has implications for the practice of art therapy with psychiatric inpatients using these innovative techniques. Therapeutic art making provides the opportunity for creative expression as an alternative language to clients who experience themselves as marginalized (Padilla, 2022). We hope that art therapists will use these interventions with their patients.

Patients may be better "known" or more clearly "seen" by caregivers through their artistic expressions. When providers examine patients' creative output, both the process and the product, the information can extend their understanding of patients. When writing progress notes in patients' medical records, I include objective descriptions and photos of their ICM and CPB artwork. This documentation is accessible to any member of a patient's interdisciplinary treatment team. Our medical director describes the ICM as, "one of the best things we have ever done on 5 East (Inpatient Psychology). For the patients, it is a good way to express themselves. For me, almost a diagnostic tool to assess thought processes and thought content" (personal communication, January 19, 2022). The ICM offers an alternative through which to consider the strengths and capacity of patients for resilience and can inform caregiving decisions and bolster the benefits of the Recovery Model. For art therapists, the ICM may provide a way for clinical staff to better understand their patients.

The case studies presented were selected in part because they illustrate the patients' interaction with therapeutic arts staff. The intimacy of these activities—from cocreating to conversing—seems to support and strengthen the therapeutic alliance. Perhaps more importantly, it may encourage and support some relationships between patients and others outside the professional alliance. At a minimum, experiences with the CPB and ICM foster interaction rich in content and connection.

This work has important limitations in that it focuses on the patient experience, however the outcomes are interpreted and presented by the author who created these interventions. There is bias toward identifying outcome experiences that are positive in nature and beneficial to recovery. Future work should examine more closely those instances in which patients were not inclined to use the CPB or the ICM or who seemed to benefit less. The interventions would also benefit from being incorporated into the practice of licensed art therapists and subjected to rigorous inquiry to determine effectiveness.

When a patient creates artwork, the energy can be contagious in a way that often brings about growth, new ideas, and shared experiences. Art making as a change mechanism and means of coping encourages the development of flexible and adaptive approaches toward overcoming barriers in the recovery process (Van Lith, 2015). The CPB and ICM have resulted in both independent expressions and collaborative efforts to interact within the macrosystem (the values, traditions, and sociocultural characteristics of the broad cultural components that influence a person's development, identity, values, and perceptions) of Bronfenbrenner's Ecological System theory of human development (Wong et al., 2020). It is the hope that the use of these interventions offer promise to enrich the practice of art therapy with adult psychiatric inpatients by providing art making as an extended form of health care in hospitals that can contribute to outcomes by improving patient satisfaction (Nielsen & Mullins, 2017). The CPB and the ICM have promising potential given their capacity to support individual growth and

exploration, create community among the patients, and with the mental health system.

Acknowledgments

This research article has been approved by the Office of the University Counsel at the University of Virginia. The involvement of human subjects in this study and the use of all images is for research and education and constitutes fair use and fair dealing for which no permission is necessary, authorship has been attributed as the law allows, given the need for patient confidentiality.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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References

Bejerholm, U., & Roe, D. (2018). Personal recovery within positive psychiatry. *Nordic Journal of Psychiatry*, *72*(6), 420–430. https://doi.org/10.1080/08039488.2018.1492015

Bronfenbrenner, U. (2009). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New who prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. *Lancet (London, England)*, *394*(10194), 240–248. https://doi.org/10.1016/s0140-6736(19)30934-1

Gazit, I., Snir, S., Regev, D., & Bat Or, M. (2021). Relationships between the therapeutic alliance and reactions to artistic experience with art materials in an art therapy simulation. *Frontiers in Psychology*, *12*, 560957. https://doi.org/10.3389/fpsyg.2021.560957

Heynen, E., Roest, J., Willemars, G., & van Hooren, S. (2017). Therapeutic alliance is a factor of change in arts therapies and psychomotor therapy with adults who have mental health problems. *The Arts in Psychotherapy*, *55*, 111–115. https://doi.org/10.1016/j.aip.2017.05.006

Hu, J., Zhang, J., Hu, L., Yu, H., & Xu, J. (2021). Art therapy: A complementary treatment for mental disorders. *Frontiers in Psychology*, *12*, 686005. https://doi.org/10.3389/fpsyg.2021.686005

Jacob, K. S. (2015). Recovery model of mental illness: A complementary approach to psychiatric care. *Indian Journal of Psychological Medicine*, *37*(2), 117–119. https://doi.org/10.4103/0253-7176.155605

Kandel, E. (2016). *Reductionism in art and brain science: Bridging the two cultures* (Illustrated ed.). Columbia University Press.

Kramer, E. (2001). *Art as therapy: Planning and setting up groups: Collected papers (arts therapies)* (1st ed.). Jessica Kingsley Publishers.

Magsamen, S., & Ross, I. (2023). *Your brain on art: How the arts transform us*. Random House.

Malchiodi, C. A. (2012). Introduction to art therapy in health care settings. In *Art therapy and health care* (2nd ed., pp. 1–12). Guilford Publications, Inc.

Malchiodi, C. A., Warson, E., & Lorance, J. (2012). Physiological measures in evidence-based art therapy research. In *Art therapy and health care* (2nd ed., pp. 363–375). Guilford Publications, Inc.

Malik, S. (2022). Using neuroscience to explore creative media in art therapy: A systematic narrative review. *International Journal of Art Therapy*, *27*(2), 48–60. https://doi.org/10.1080/17454832.2021.1998165

McNamee, C. M. (2006). Experiences with bilateral art: A retrospective study. *Art Therapy*, *23*(1), 7–13. https://doi.org/10.1080/07421656.2006.10129526

Moon, C. H. (2008). *Studio art therapy: Cultivating the artist identity in the art therapist* (1st ed.). Jessica Kingsley.

Nielsen, S. L., & Mullins, M. F. (2017). *Beyond the dichotomy of figurative and abstract art in hospitals: The potential of visual art as a generator of well-being*. Aalborg University's Research Portal. https://vbn.aau.dk/en/publications/beyond-the-dichotomy-of-figurative-and-abstract-art-in-hospitals-

Padilla, V. (2022, May 21). *Integrating art therapy and narrative therapy through a multicultural lens*. Digital Commons@Lesley. https://digitalcommons.lesley.edu/expressive_theses/612

Rainey, R., & Mullen, C. (2018). Creativity and compassion: The influence of the arts and design on the healthcare environment. In T. Beatly (Ed.), *Healthy environments, healing spaces: Practices and directions in health, planning, and design* (1st ed.). University Press of Virginia.

Ryu, S. (2018). A literature review on current uses of art therapy in short-term adult inpatient setting. *DigitalCommons@Lesley*. https://digitalcommons.lesley.edu/expressive_theses/26

Schaverien, J. (2000). The changing shape of art therapy: New developments in theory and practice (arts therapies). In A. Gilroy & G. McNeilly (Eds.), *The changing shape of art therapy: New developments in theory and practice (arts therapies)* (1st ed., pp. 55–83). Jessica Kingsley.

Sonke, J., Pesata, V., Arce, L., Carytsas, F. P., Zemina, K., & Jokisch, C. (2015). The effects of arts-in-medicine programming on the medical-surgical work environment. *Arts & Health*, *7*(1), 27–41. https://doi.org/10.1080/17533015.2014.966313

U.S. Department of Health and Human Services Administration. (2022). *SAMHSA - substance abuse and mental health services administration*. SAMHSA - The Substance Abuse Mental Health Services Administration. https://www.samhsa.gov

Van Lith, T. (2015). Art making as a mental health recovery tool for change and coping. *Art Therapy*, *32*(1), 5–12. https://doi.org/10.1080/07421656.2015.992826

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, *18*(1), 2–4. https://doi.org/10.1186/s12874-018-0594-7

White, M. (2007). *Maps of narrative practice (Norton professional books (hardcover))*. (Illustrated ed.). W. W. Norton & Company.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends* (1st ed.). W. W. Norton & Company.

Winnicott, D. W. (2017). The squiggle game. In *The collected works of d. W. Winnicott* (pp. 413–440). Oxford University Press. https://doi.org/10.1093/med:Psych/9780190271404.003.0085

Wong, D. W., Hall, K. R., & Lucy, W. H. (2020). *Counseling individuals through the lifespan (counseling and professional identity* (2nd ed.). SAGE Publications, Inc.

Xie, H. (2013). Strengths-based approach for mental health recovery. *Iranian Journal of Psychiatry and Behavioral Sciences*, *7*(2), 5–10.

Zaidel, D. W. (2015). *Neuropsychology of art: Neurological, cognitive and evolutionary perspectives (brain, behaviour and cognition)* (1st ed.). Psychology Press.