This is to certify that the

thesis entitled

AN ARTS PROGRAM FOR THE SATISFACTORY
USE OF FREE TIME FOR DEINSTITUTIONALIZED
MENTAL PATIENTS RESIDING IN THE COMMUNITY

presented by

Suzanne Sheskin Ihilevich

has been accepted towards fulfillment
of the requirements for

_M A_ degree in _ART Ed._

_____
Major professor

Date _11/6/79_

O-7639

AN ARTS PROGRAM FOR THE SATISFACTORY

USE OF FREE TIME FOR DEINSTITUTIONALIZED

MENTAL PATIENTS RESIDING IN THE COMMUNITY

By

Suzanne Sheskin Ihilevich

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF ARTS

Department of Art Education

1979

ABSTRACT

AN ARTS PROGRAM FOR THE SATISFACTORY USE OF FREE TIME FOR DEINSTITUTIONALIZED MENTAL PATIENTS RESIDING IN THE COMMUNITY

By

Suzanne Sheskin Ihilevich

Recent studies indicate one of the greatest defecits of mental patients returning from institutions to their home communities is their lack of the personal and social resources with which to satisfactorily use their "free time." To compensate for this, an extensive recreational arts program is proposed, consisting of visual arts such as painting, sculpture, ceramics and printmaking, as well as poetry, music and drama. A pilot study is proposed, consisting of an experimental and two control groups, which will examine the potential usefulness of such a program. A new evaluation system developed by the Shiawassee County Community Mental Health Center will be utilized. It assesses changes in life style (Program Evaluation Scales), changes in specific problems and symptoms (Problem Area Checklist), and level of satisfaction with the program of both participants and their significant-others (Consumer Satisfaction Questionnaire). The results of this study should help determine whether an arts program such as the one described here, can significantly contribute towards the rehabilitation efforts made on behalf of deinstitutionalized mental patients.

ACKNOWLEDGMENTS

TABLE OF CONTENTS

Table of Contents continued..

Table of Contents continued..

LIST OF FIGURES

LIST OF TABLES

I. PROBLEM

Mental Health professionals report that they have always found it difficult to cope with the issue of "use of free time" by deinstitutionalized mental patients. This problem is acute especially when patients do not hold jobs or participate in day programs. However, it is also a problem for those who do participate in Day Treatment, Sheltered Workshops and other rehabilitation programs. It has been observed that many of the difficulties these patients experience in their community occur in the evening, on weekends and on holidays, that is during their "free time." The problem is magnified by the fact that most deinstitutionalized mental patients lack the personal, economic and social resources necessary to function on their own in the community. The range of interests of these patients is usually narrow: most lack hobbies; the large majority do not read books, go out to places of public entertainment or participate in recreational activities organized by community groups. Since institutionalization besides being dehumanizing to the patient, is prohibitively expensive for society (see Figure 1, page 2), special programs to help mental patients develop the personal resources which will enable them to make more satisfactory use of their "free time" are urgently needed.

A recently completed survey conducted under the auspices of the Mental Health Association in Michigan, has

1

Figure 1   Cost for Institutionalizing One Person for a Full
Year in 1978 in a Michigan State Hospital*
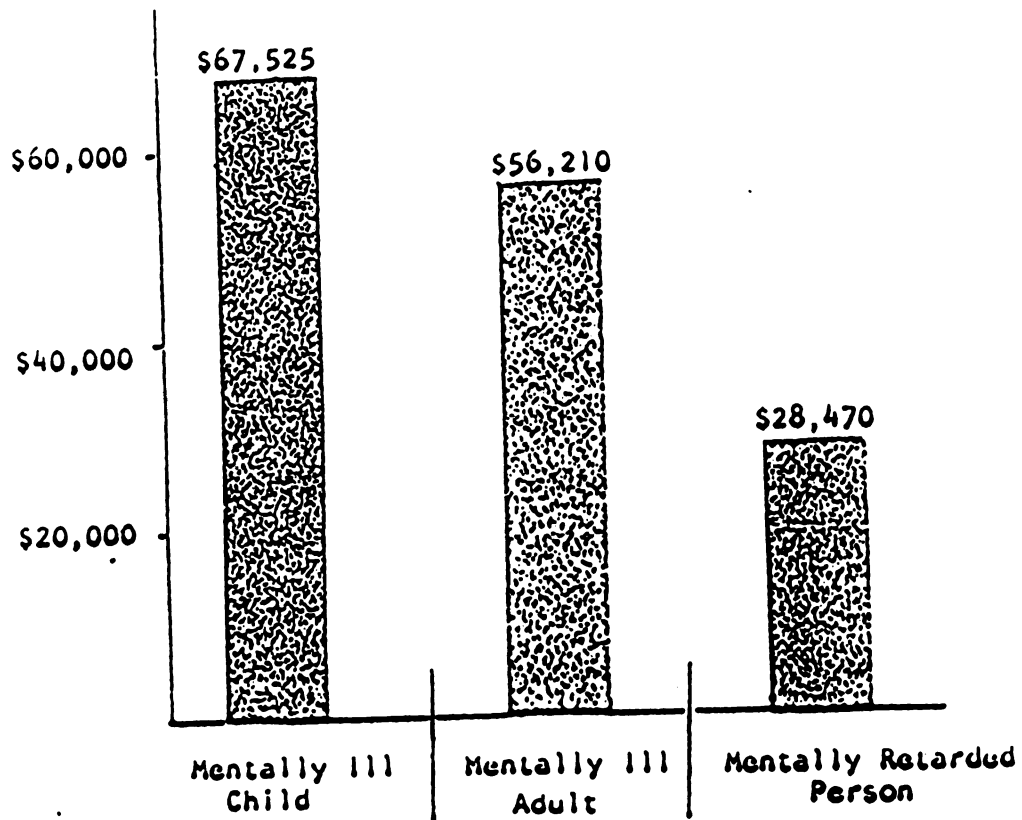
*From report issued by Michigan's Department of Mental
Health.

bearing on this issue. In this survey, the 54 Chairmen and
54 Directors of Community Mental Health Services in Michigan,
the 26 Superintendents of Michigan's State institutions,
the 11 members of the Legislative Committee on Mental Health
of the State House of Representatives, the 72 Council Mem-
bers of the Mental Health Association in Michigan, as well
as the 6 Regional Mental Health Directors in the State,
were asked if , in view of the fact that 60% of admissions to
State Institutions are made up of previously deinstitutiona-
lized clients, whether, on the basis of their experience and
knowledge of this population, an extensive recreation pro-
gram for satisfactory use of free time by deinstitutionali-
zed clients, developed through contracting available com-
munity resources, would make a difference in the rate of
rehospitalization. The frequency distribution of responses
recieved was as follows:

		YES	NO	OTHER
No. of respondents				
47	CMH Chairmen & Council Members	85%	6%	9%
4	Superintendents	75%	--	25%
2	Legislators	50%	--	50%
31	CMH Directors	61.%	23%	16%
5	Regional Directors	100%	--	--

Table 1
Mental Health Association Survey

It is clear from this study that both front line
workers, policy makers and the public-at-large concur with

the need to do "something" about the issue of use of free
time by deinstitutionalized patients. From the economic
standpoint it has been established that the cost of out-
patient programs is significantly lower when compared with
the cost of inpatient services. It appears, therefore, to
be fiscally advantageous to shore up outpatient programs in
all possible ways in order to help patients adjust better in
the community in which they live. A cost analysis of com-
prehensive community services in 1978, with comparable ele-
ments to services provided in institutions, indicates the
following: Residential expenses for an individual in the
community come to about $4,000.00 per year; Day Activity
programs cost about $3,000.00 per individual; other services
such as case-management, counseling and transportation costs
come to another $3,000.00 per year, for a total of about
$10,000.00 per year. Money, of course, has never been
the only consideration for or against deciding whether
patients should be institutionalized or deinstitutionalized.
Safety, availability of local programs and community atti-
tudes, have played a major role. Recently, however, the
Courts have ruled that treatment must be rendered in the
"least restrictive environment" in which patients can func-
tion properly. Looking at the problem strictly from an
economic standpoint, however, makes it clear that the cur-
rent level of expenditure for deinstitutionalized patients
living in the community is about one fifth of comparable
institutional services.

To enhance stabilization in deinstitutionalized
clients in the community, pilot studies are urgently needed
to guide the planning of additional services designed to
help stablize deinstitutionalized patients and maintain
them at the highest levels of functioning possible in the
community. Extensive studies in Shiawassee County have
indicated that the unsatisfactory use of "free time,"
the lack of proper residential facilities, and the lack of
suitable day activities, are the most important problems
among deinstitutionalized clients trying to adjust to
community life. As indicated in Table 2 below, and dis-
played in Figure 2 (page 6), 96% of deinstitutionalized
clients cannot cope satisfactorily with their free time,
with another 4% making only a marginal adjustment in this
area of functioning. Compared to community norms, as
shown in Figure 2, Use of Free Time is the area in which
deinstitutionalized clients function the lowest.

Table 2
Level of Functioning for Deinstitutionalized Clients(N=26)
Rated by Shiawassee County Mental Health Center Psychothera-
pists on the 7 Parameters of the Progress Evaluation Scales.

Areas of Functioning	Level of Functioning *				
	1	2	3	4	5
Occupation (OCC)	62%	4%	8%	15%	11%
Getting Along (GOA)	0%	15%	27%	46%	12%
Feelings & Moods (F&M)	0%	12%	31%	42%	15%
Use of Free Time (UFT)	38%	58%	4%	0%	0%
Problems (PROB)	0%	4%	46%	38%	12%
Attitude to Self (ATS)	4%	8%	27%	31%	31%
Family Interaction (FAM)	4%	50%	19%	23%	4%

* Level 1 is indicative of lowest functioning and 5 of
highest functioning on the dimension rated.

Figure 2   Status and Goals for Clients Residing in Hart Pines
            Residential Facility.   Community Mental Health
            Ratings   (N=26)

Normative Males (N=90)

Normative Females (N=171)

Current Status Hart Pines

12 Months Goals Hart Pines
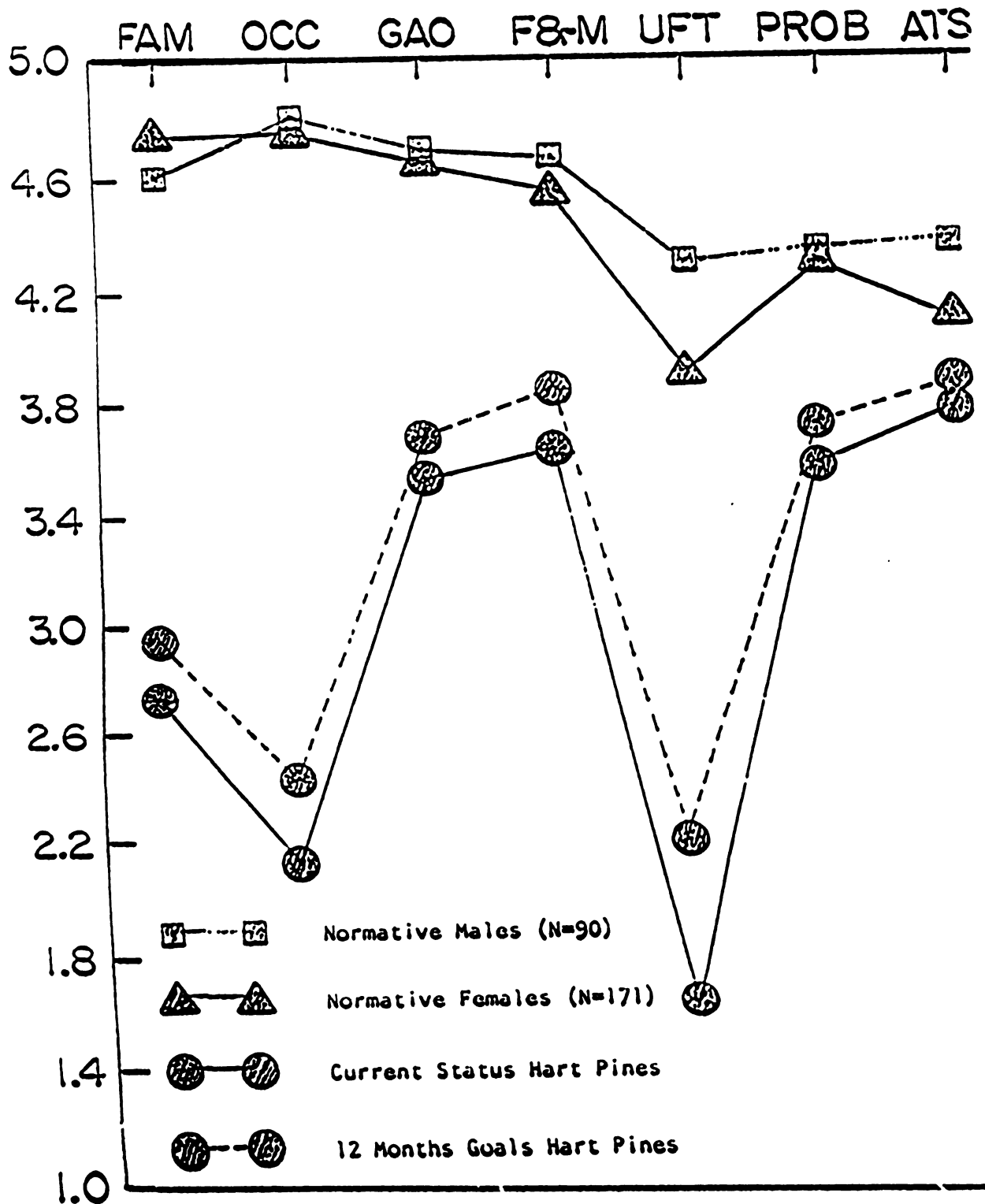
While the availability of treatment and rehabilitation
services in the community is essential for serving deinsti-
tutionalized clients (properly staffed Residential Facili-
ties, Sheltered Workshops, Day Activity Programs, Case
Management Services, etc.), for the proper integration of
the discharged mentally ill in the community, much more than
treatment and rehabilitation services are needed. These
people need to feel involved in activities which bring both
enjoyment and increased self-esteem. The idea that ex-
hospitalized patients can be rehabilitated merely by being
returned to the "community" and provided whatever local
services are available, is a hope that has not been ful-
filled. It is now realized that mere "placement" in a
home and "enrollment" in a Day Program does not accomplish
"normalization" or "reintegration" into the community.
The lack of attention to what happens during clients'
"free time" is one example where continuity of care has
broken down. The consequences of this are by and large
still unknown, except for the 60% rehospitalization rate.

This project will attempt to study the differen-
tial effects of an arts program on the level of adjust-
ment of deinstitutionalized clients in the community.
The program is designed for implimentation after the
clients have completed their participation in regular day
programs such as gainful employment, sheltered workshops,

day treatment or educational activities.

In order to impliment any program with deinstitu-
tionalized clients, it is first necessary to understand the
historical background of community attitudes toward the
mentally ill. The next section therefore, will describe the
evolution of the still commonly shared attitudes towards the
mentally ill in our society.

II. MENTAL ILLNESS: A HISTORICAL REVIEW

With the advent of secularism in Europe, in the 17th
and 18th centuries, the view that disturbed behavior was a
symptom of demonological possession, to be dealt with by
exorcism or execution, began to loosen its grip on society.
In its place came the belief that deviance was a reflection
of moral turpitude, best managed by disciplinary measures
and segregation from society. While institutionalization
replaced witch hunting, the basic objective continued to
be the protection of society, rather than the care for the
individual. It was not until the ascendancy of "moral
treatment," formostly advocated by Phillipe Pinel (Pinel,
1806) at the Bicetre Hospital in Paris, early in the 19th
century, that concern for the welfare of the institutiona-
lized person began competing with concern for the protec-
tion of society. As inhuman living conditions in institu-
tions coupled with harsh punishment, began to give way to
a more humane approach, a growing interest developed in
understanding the nature and causes of disturbed behavior
from a scientific perspective. Thus, society's attitude
underwent a dramatic shift, gradually replacing the con-
cept of social deviance with that of mental illness.

While medical treatment became the new "rationale"
for institutionalization, research confirms the existence of
a strong residue deep in the public's mind, of earlier belief

systems (i.e., demonological possession, moral turpitude and/or social deviance), which continue to influence social attitudes, perceptions and practices towards the mentally ill (e.g., Nunnally, 1961; Lamy, 1966; Sarbin and Mancuso, 1970).

In the United States, in the second half of the 19th century, there occurred a dramatic change in the care of the mentally ill as a result of a unique convergence of social, economic and medical developments. Public attention was drawn to the plight of the mentally ill by the reform movements led by Dorothea Dix (Marshal, 1937). This coincided with the development of new concepts designed to explain mental illness as resulting from undesirable environmental conditions and/or organic deficiencies. The mentally ill, residing in squalid conditions in local jails and "homes," began to be transferred to small, local "institutions." It became rapidly apparent, however, that larger, state-run facilities would more economically meet the demands of the reform movement. By 1900, more than 100 such state institutions, designated as "asylums," were built in the country.

In time, however, the large "cost-effective" mental institutions came to absorb a wide range of socially troublesome individuals, who were labelled "mentally ill." As the proportion of chronic patients increased, the hospitals

became over-crowded and patient-care deteriorated. The
prejudice, fear and rejection of the mentally ill, coupled
with the lack of suitable local follow-up services, preclu-
ded the return of many to their communities once they were
hospitalized. By early in this century, the network of
state   mental hospitals, once a proud tribute to an
era of reform and humanism, had largely turned into a
bureaucratic morass within which patients were interned,
often neglected and sometimes abused. The "out of sight,
out of mind "principle prevailed, to almost everyone's
convenience (e.g. families of the mentally ill who couldn't
cope with them at home; community neighborhoods who were
concerned about safety and property values; state and local
governments who found the arrangement cheap and convenient).
Only scattered voices were heard in the defense of these
neglected, warehoused people, whose number in 1950, in
state and county hospitals, reached over half a million.
Over half of the admitted patients were psychotic and schizo-
phrenic, while another 20 to 25% were patients with neuro-
logical complications (see Figure 3). The prognosis for
cure, or significant improvement,for about 75% of admissions
was, and still is, guarded at best. The reason for this pes-
simism is the admittedly limited success of mental health
professionals in treating psychotic and organic-brain-synd-
rome disorders; at most their goals are maintenance and

Figure 3   Diagnosis of Resident Patients in State and County Mental Hospitals in the United States: 1955 & 1975.
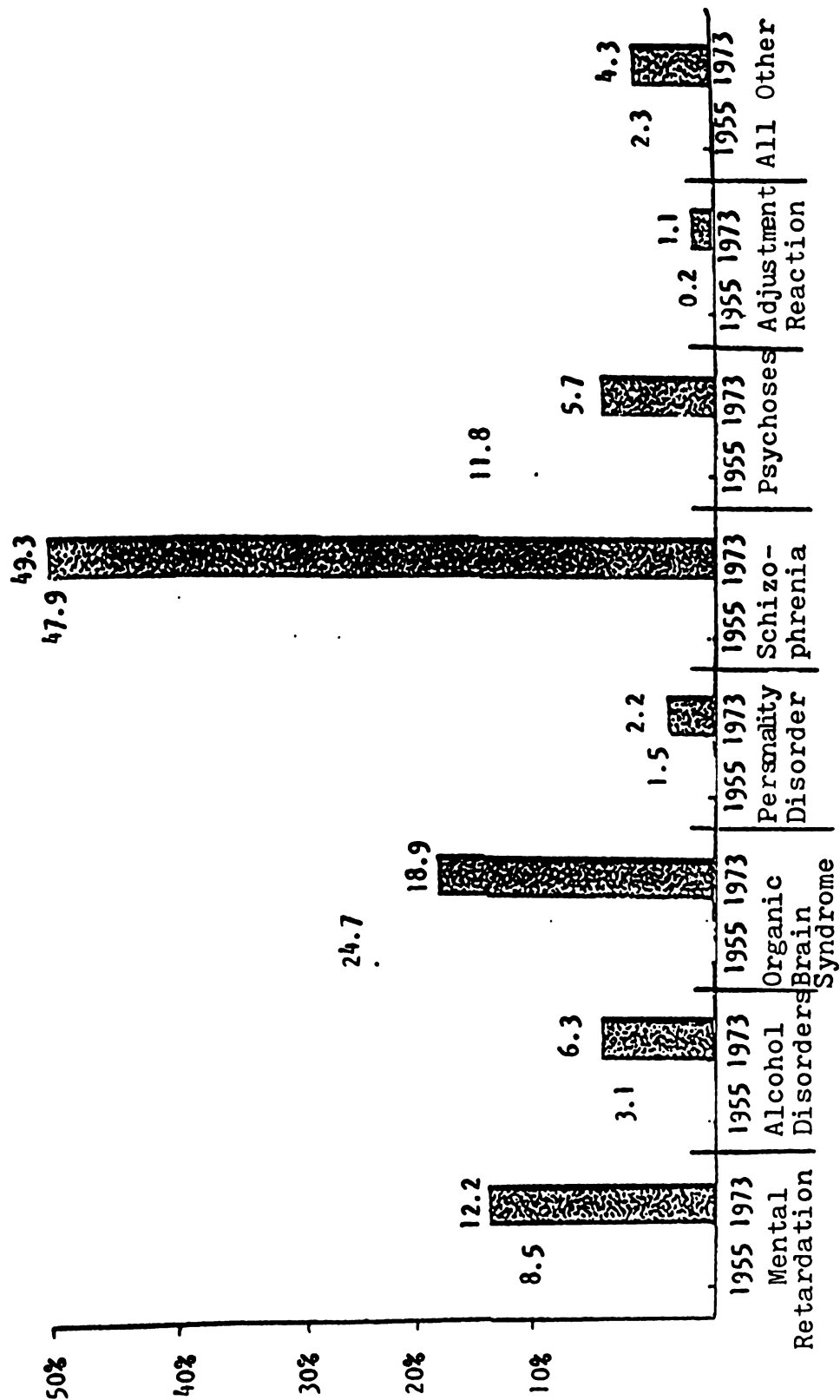
and stabilization at relatively low and moderate levels of functioning.

It was rejection of large numbers of young men from military service, on the ground of diagnosed psychiatric disturbance during World War II, that stunned the country and made the government and general public aware, for the first time, of the prevalence of various kinds and degrees of mental disorders and of the lack of attention that had been paid to this problem. This dramatic exposure, probably more than any other single event, led to a new era of public concern which resulted in funding of research, new services and training programs for the treatment and prevention of mental disorders.

In the early 1950's, there came a major medical development: the effective introduction of antipsychotic drugs. The result of this development was that thousands of patients, previously considered manageable only within the confines of an institution, could now be treated in out-patient clinics. That development led to the establishment of a network of community based treatment programs. However, before these programs were properly funded, staffed and adjusted to the clientele they were intended to serve, they were overwhelmed with institution-released clients. One result was that the number of patients in institutions decreased dramatically within a few years, as indicated in Figure 4. The population of mental hospitals has been reduced

Figure 4 Change in Population of State and County Mental
Hospitals from 1900 to 1975
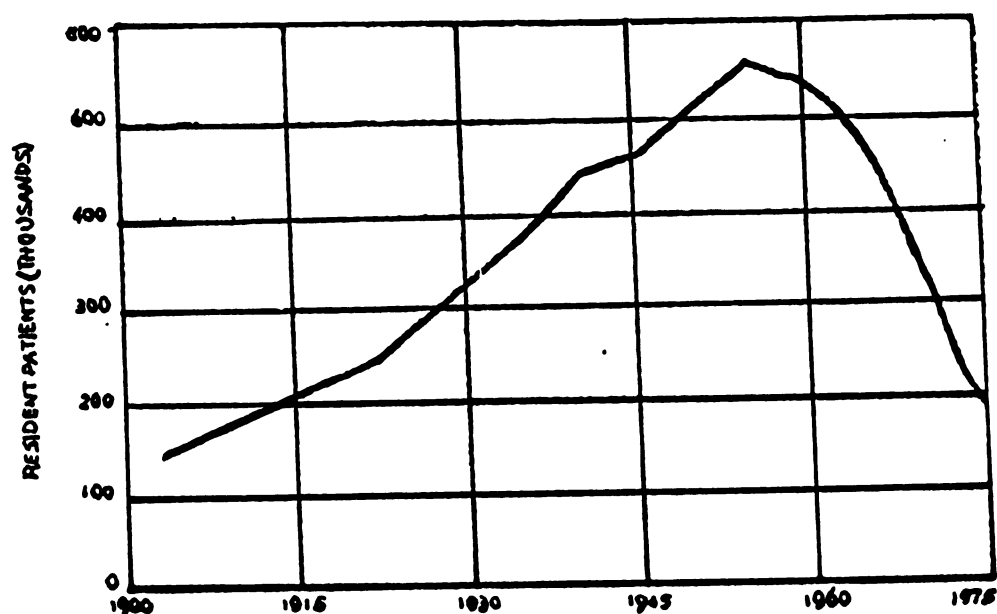
* From: <u>Scientific American</u>, February, 1978, Vol. 238, No.2

by two-thirds, from 559,000 in 1955 to 193,000 in 1975.
This achievement, however, has been offset by huge increases
in the rate of admissions to these hospitals (from 178,000
in 1955 to 375,000 in 1974). The shift in locale of service
increases dramatically the total number of episodes (initi-
ation of treatment), from 1.7 million episodes in 1955 to
6.4 million episodes in 1975. While in 1955 the state and
county hospitals served 49% of the episodes, in 1975 they
served only 9%. Outpatient services, on the other hand,
increased three-fold during that period; from 23% to 76%
(from "The President's Commission on Mental Health, Vol.II,
1978).

In 1955, Congress established the Joint Commission
on Mental Illness and Health to evaluate existing services
and to formulate a national mental health program. The
commission's recommendations, reported in 1960, provided
the groundwork for a landmark address to Congress by Presi- •
dent Kennedy, which led in turn to the passage of the
Mental Retardation Facilities and Community Mental Health
Center Construction Act of 1963. The new concept of
Community Mental Health implied the promise of treatment
and rehabilitation of the mentally ill within the community,
as well as early intervention and the promotion of sound
mental health principles in the community at large.

As massive deinstitutionalization was taking place,
there was only vague anticipation of the strains this

process would place on communities, families, the released
patients themselves, as well as the mental health profes-
sionals staffing the newly founded Community Mental Health
Centers. The conditions that developed in communities,
where patients were frequently exploited, assaulted or
neglected, led to the recognition that far more was in-
volved than assuring that deinstitutionalized patients came
to Community Mental Health Centers for "help" after they
were released from institutions. For the professional
staff to "stablilize" these clients' functioning in the
community, a broad and expensive, and for all practical
purposes, permanent set-up of follow-up services was neces-
sary (Day Activity programs, Sheltered Workshops, Medica-
tion Review clinics, etc.). In addition, properly super-
vised residential facilities were required, since many of
these patients had nowhere to go but squalid hotel rooms
in run-down neighborhoods.

As the cycle of exit from institutions continued and
rehospitalization rates increased, it became apparent that
in addition to a lack of suitable local services, many
patients were either single and without a home, or had
families who were unable or unwilling to cope with their
erratic and at times frightening behavior. An analysis of
the familial status of adults admitted to state institutions
in the last decade in the United States is displayed in

Table 3 (page 18). It is clear from this data that married
adults (who usually have a home to return to) constitute a
minority of all hospital admissions.

The original expectation, that by keeping patients
out of the hospital they would be kept in the "community,"
and that this tenure in the community would have a curative
effect, proved naive by all accounts. This expectation,
which is still widely held, is based on a rather vague
notion of what constitutes a "community," how it functions,
as well as on a misinformed view of a mentally ill patient's
"life in the community." The concept of "community" has been
defined by federal guidlines in terms of a geographical
"catchment area," which may or may not bear any relation -
ship to ethnic, religious, racial or cultural boundaries.
In reality, many released mental patients, having no family
wishing to accept them or no home of their own, have been
frequently relocated into the poorer and more deteriorated
areas where cheap boarding rooms were available and no
organized community existed to protest the influx. Even in
these areas, the former patients experienced rejection and
discrimination, not only because of prevalent stereotypes
associated with mental illness (i.e., unpredictability,
moral turpitude, dangerousness), but also because of the
negative social attributes they represented, such as poverty,

Table 3

Admission Rates per 100,000 Population to Public or Private Psychiatric Hospitals in the United States by Year, Marital Status and Sex*

Year	Type of hospital	Sex	Marital Status			
			Never married	Married	Separated/ divorced	Widowed
1969 (Taube,1970)	public	M	757.6	169.8	2012.6	1046.9
		F	398.8	119.4	712.3	359.7
1970 (Redwick & Johnson,1974)	public	M	438.8	132.6	2975.9/2167.6	629.6
		F	242.1	124.8	1065.5/758.6	249.2
1970-71 (Bachrach,1973)	private	M	927.4	271.8	1904.9	416.1
		F	524.6	300.8	907.6	543.1
1975 (Bachrach,1977)	public	M	501.1	122.1	1712.4	355.6
		F	216.8	81.7	595.1	152.6

* From "Psychological Bulletin," Vol.85, No.4, 1978.

single status, elderly, dependent on public agencies, and
the like. The more-well-to-do, organized communities dis-
played their real attitudes toward deinstitutionalization
by putting up barriers to patient residential facilities in
the form of city ordinances and restrictive zoning regula-
tions. They sanctioned police harrassment, job discrimi-
nation and a broad series of more subtle exclusionary
practices (e.g., minimal personal communication, failing
to extend invitations to community activities, exclusion
from social clubs, etc.).

Another difficulty in reintegrating the deinsti-
tutionalized client in the community stemmed from the
fact that the staff of the Community Mental Health Center
was prepared by training to work with mildly disturbed,
out-patient clients who could benefit from insight or
short-term therapy, and whose prognosis was reasonably
good. Rarely had this staff recieved training with psycho-
tics and/or brain-damaged patients, who constitute 75% of
deinstitutionalized clients. The typical outpatient client,
in contrast to deinstitutionalized patients, functioned in
a job, belonged to a family, and was part of the
community's social network, belonging to church, clubs,
professional organizations, etc. The demographic variables
of outpatients, for both men and women, varied considerably
from those of deinstitutionalized patients. The latter

scored lower on personal, health and social adjustment indicators (such as employment and marital status), in practically all the categories where comparisons were made.

Deinstitutionalized patients, lacking family, integrating social networks and the habits and traditions of the "work ethic," were unable to fit into the available model of outpatient Community Mental Health services. Medications, which were supposed to function as adjuncts to treatment and rehabilitation services, in practice ended up substituting for them. Hardly any supportive services necessary to stabilize deinstitutionalized patients were developed (e.g. Sheltered Workshops, Day Activity programs, Recreational activities, Case Management services and proper Residential facilities, supervised by trained staff). Living in the "community" became for many deinstitutionalized patients a disabling, frightening, dehumanizing and isolating experience. Quite frequently, deinstitutionalization turned out to be more harmful than the more restricting institution, where at least patients had a social support system, staff protection, recreational activities and basic care provisions. The result of the poorly planned deinstitutionalization was a massive return of clients to state facilities after only a brief and demoralizing stay in communities. Those patients who did not

want to go back to institutions were forced to do so by
their families, neighbors and the police via "commitment"
provisions, which used the club of alleged imminent or
potential "dangerousness." In Michigan, for example, about
60% of commitments to mental hospitals in 1978 were made
under involuntary provisions initiated by police, family or
relatives. Despite its extensive use, the concept of
"dangerousness" has no scientific underpinning, according
to most authorities. The American Psychiatric Assooiation
(APA, 1974), has formally adopted the position that at the
present time there is no reliable and valid way to determine
potential dangerousness. Social pressures dictate the reli-
ance on the concept of dangerousness to achieve objectives
extraneous to the issue of dangerousness per se. The evi-
dence usually required to deprive a person of his freedom
is not required when he is labelled as mentally ill.

A large number of investigators have found that the
public holds two powerful stereotypes about the mentally
ill: that they are dangerous and that they are unpredictable.
It is these stereotypes that create community distance in
relation to the mentally ill and erect barriers and dis-
criminating practices against them (e.g. Nunnally and
Kahn, 1960). The background of these attitudes is important
to understand.

The unknown has always aroused fear and anxiety.
The stereotype of dangerousness attached to the mentally

ill (the unknown), served to "explain" and justify that
fear. Unfortunately, that stereotype has been reinforced
by the influx of large numbers of clients from the correc-
tional system into the mental health system. The tendency
to describe illegal behavior as sick behavior (thus im-
proving our image of our fellow men), has done a great
injustice to the mentally ill. Studies consistently indi-
cate that mentally ill patients, without prior arrest re-
cords, are not more dangerous than non-patients. While
the prevalence of first arrests among the general public
is about 4 to 5%, the average arrest rate among discharged
mental patients is 1% to 4% (see Table 4, page 23). It is
the patients with previous arrest records, who have usually
been transferred from the correction to the mental health
system, that perpetuate the myth of the dangerousness of
the mentally ill. Actually, as a group, mental patients
are more insecure, more withdrawn and less violent when
compared to the general, "healthy," public.

Sociologists believe that prejudices against the
mentally ill serve as powerful defense mechanisms enabling
the general public to hold, if not to practice, positive
views of its own attributes. By projecting antisocial
qualities on those who are different (i.e., mentally ill),
the self-image of peaceful, loving, brotherly neighborhoods
can be maintained in the face of extensive evidence of white

Table 4

Postdischarge Arrest Rates of Mental Patients With and Without Prior Arrest Records*

Authors	Years of discharge	No. of patients with prior records	Follow-up period	Percentage arrested with prior records	Percentage arrested without prior records
Cohen & Freeman (1945)	1940 to 1945	314 (18% of sample)	M = 2 years	26%	<1%
Brill & Malzberg (1962)	1947	803 males	5½ years	34%	2%
Zitrin, Hardesty, Burcock & Drossman (1976)	1969 to 1971	64 (only those arrested for violent crime)	2 yrs.	56%	--
Steadman, Melick, & Cocozza	1968	343 males	19 months	31%	2%
Steadman, Melick & Cocozza	1975	435 males	19 months	29%	4%
Durbin, Pasewark & Albers (1977)	1969	43	5 years	19%	3%

* From "Psychological Bulletin," Vol.86, No. 1 , 1979

collar crime, daily newspaper, TV and radio reports of
breaking and entering, drunken driving, car theft, rape,
child abuse and other forms of domestic violence. It is
indeed soothing to think that there are no criminals among
us, only "sick people" who can be identified by mental
health professionals as "dangerous" and put away before
they commit a crime. Unfortunately this tranquilizing
effect generates more problems than it solves. It is now
realized that there is no substitute for a realistic
appraisal of our practices or for designing the best
possible programs to help the mentally ill in their reha-
bilitation and stabilization efforts in the community.

The next section will describe a rationale for an
arts program designed to help patients rejoin the community
in which they live.

III. RATIONALE FOR AN ARTS PROGRAM

A. The Arts As A Humanizing Experience

The effectiveness of commercial culture, which employs the tools of the arts (music, drama, visual imagery, rhythm, rhyme, etc.) to sell soap and instant gratification, suggests that there are responsive chords waiting to be struck in all people by authentic aesthetic experience. Unlike commercial culture which tends to encourage passivity and gullability, authentic art should involve the whole person in an enlarging and enriching experience, which will engender feelings of enjoyment, accomplishment, self-awareness and growth, as well as a sense of belonging to the community of men and women, rather than feelings of having wasted one's time . Participating in a form of artistic expression such as music, poetry, drama or painting, is likely to develop new interests, provide emotional enrichment and refine intuitive understanding.

What is important to develop today is the ability to "play," to enjoy the arts as part of one's life style and to have a sense of community with others of similar tastes and interests.   While play and recreation are therapeutic, they are not therapy in the traditional sense, that is, a context wherein past and present painful experiences are examined for the purpose of resolving conflict or modifying destructive attitudes and habits. The value of the

arts lies in the individual exploration of creative experi-
ence, in the recapturing of a sense of individuality, in
the heightened awareness of one's environment, and in a
deeper appreciation of life. The usefulness of the arts lies
not in their possible (though questionable) value as diag-
nostic tools or prescriptions for the working out of
specific psychodynamic conflicts, but in their seminal
importance as normal human activities which restore for
people, a sense of appreciation of both the inner world as
well as the world around them.

People do not enjoy play because it is "easy," but
because it presents a challenge to one's imagination or to
certain skills one possesses. One must stretch oneself to
meet the challenge and in the process possibly be changed
by the experience (e.g., in chess as in football one seeks
an opponent of roughly equivalent standing in order to
set up a satisfying competitive game whose outcome is un-
certain). Play creates a universe of its own, with structure,
regulations and standards that are clearly separated and
distinguished from the world of work. Play enriches the
spirit and defines the individual in a different way than
the world of work does, although professional artists,
athletes and other players transcend this difference. They
occupy a unique and recognizably symbolic place in our
culture; they are the "stars," who embody our ideals and
give reality to our fantasies and dreams.

In a society such as ours, in the face of increasing automation, people are finding it less and less possible to define themselves in terms of what they do at work. It is particularly important for those who cannot be in the work force to develop the ability to become involved in activities which will give them a sense of contact with the world around them, and through this, a sense of self-definition, of self-esteem, and a feeling of belonging.

Exposing individuals to a variety of art content areas, should ensure that they will be able to discover those modes of expression which are best suited to their temperament, their ways of thinking and feeling, and their style of living. Such involvement should provide an opportunity to participants to grow and develop personally and socially in new directions, beyond those available to them through structured, work-oriented or purely therapeutic, problem solving programs. Exposure to the arts fosters an ability to empathize with meaningful cultural symbols such as myths, rituals, customs and traditions, all of which form the connections which allow us to feel that we belong to a culture, a people and a tradition. Such involvement is likely to have a humanizing effect, not only because it involves the participant in uniquely human pursuits, which have engaged man since pre-history, but also in

that it enhances a sense of belonging to the community of
men by imparting a historical perspective to the partici-
pants. For example, sketching a tree or landscape and
studying master drawings dealing with similar subject
matter by great artists of various periods and styles,
establishes a connection across time and culture. In a
similar vein, reading a poem, no matter how sad, is an
exhilerating experience for every person who finds that
expression to be a true representation of their own
feelings. Likewise, studying a play that explores the
influence of vanity, ambition or jealousy in human affairs,
illuminates the human condition in a manner that is both
engaging and cathartic at the same time. It matters not
whether this encounter is with a contemporary poem or drama
(i.e. Robert Frost's "Stopping By The Woods On A Snowy
Evening," or Miller's "Death of a Salesman), or if it is
one from a distant time or culture, such as Sophocles'
"Oedipus Rex" or Japanese Haiku poetry.

It is important to emphasize, at this point, that
the arts frequently speak, as it were, in a different
language which involves the senses with an immediacy that
words rarely achieve. The feeling expressed and invoked by
music, for example, cannot be translated into poetry,
painting or any other medium. Nor, for that matter, can
the feelings expressed through painting or poetry be
effectively translated into another form. Indeed, it may

be said that each particular art form offers those able to respond to it a unique world of expanded feeling and imagination. It is by intimate contact with various art forms that a person learns to experience and express thoughts, fantasies and feelings which are unique to that particular realm, be it poetry, music, scupture or drama. Through exposure and active participation, as audience and/or performer, new emotions are experienced, ideas, insights and imagination are expanded.

Apart from the emotional and mental enrichment, exposure to a multi-faceted program of aesthetic activities should offer some of the more deprived and isolated members of our society an opportunity to participate in humanistic activities, to develop skills in aesthetic expression, as well as an ability to relate better to other people, both within their own residential community and in the community at large. How this is to be accomplished is described in the next section.

B. <u>Psychosocial Effects: Process and Experience</u> *

It is important to conduct the arts program in foster homes or Group Homes, where residents live and naturally

---

*Material for this section was obtained from personal communications with Dr. Robert Patterson, Chief Psychiatrist,Shiawassee County Mental Health Center; Ms. Lenore Kroman,Professor of Social Work, University of Michigan; and Dr. David Ihilevich, Director of the Shiawassee County Mental Health Center.

congregate. This locale has a number of advantages over
attempting to enroll mental patients in existing community
recreational programs before they are well prepared for
such branching out. For one thing, community programs are
usually operated at a higher level than that at which dein-
stitutionalized patients can comfortably function. This is
bound to inhibit their participation, increase their feel-
ings of inadequacy and, most likely, lead to their with-
drawal from these programs. On the other hand, operating
a recreation program, which is especially tailored to the
deinstitutionalized person, in a home where they live,
that is, on their own "turf," is more likely to keep them
at ease and sustain their participation. To implement an
arts program with mental patients, much more is necessary
than instruction. It is important that the following ele-
ments be continuously emphasized in every aspect of each art
program component.

a. Acknowledgment

As group members participate in discussions, express
opinions, create art objects,etc., there is ample opportun-
ity for the facilitator to set the tone and establish the
pattern of interaction whereby the individual's views are
summarized, discussed and clearly acknowledged by the group.
This process of acknowledgment, to be beneficial, must be
conducted in a supportive and dignified manner; it is impor-
tant to assure by word and practice, that all contributions

are welcome and worthwhile to the group. The facilitator
needs to continuously clarify what the matter under dis-
cussion means to individuals in the group. The emphasis
should always be on finding ways to enhance the individual's
standing as a worthwhile person and as an accepted member
of the group. Sarcastic, rejecting, cynical statements or
gestures are to be avoided. If members resort to such
behaviors from time to time, it is incumbant upon the faci-
litator to request that they restate their remarks in non-
offensive terms or, where suitable, provide an example of
another way the point could have been made (e.g. suggesting
to a group member that it would be more helpful to the dis-
cussion if he said, "I am not sure what Mark's remark means,"
instead of "Mark is stupid and he doesn't know what he is
talking about." Acknowledgment of individual contributions
helps strengthen their sense of identity, uniqueness and
worthwhileness as individuals and as group members.

    b. <u>Emotional Support</u>

      To have one's views taken seriously by group mem-
bers and the facilitator, irrespective of whether they agree
with the views expressed, serves to build a sense of posi-
tive self regard. Feelings of inferiority and rejection
and tendencies towards withdrawal from human interaction
can be successfully counteracted by conducting the workshops

in a manner which places high priority on unconditional acceptance of opinions, safeguarding the dignity and self-esteem of participants and giving abundant emotional support for their efforts. The result of such support enhances the feeling of well being in the program participants.

c. <u>Reality Testing</u>

The group needs to differentiate in its discussions between subjective opinions which are not contradicted by observable reality (e.g. "This music makes me feel happy"), and between responses which violate reality standards (i.e., since there is a general concensus that we call a particular musical instrument a "guitar," the group will not adopt a private term·used by one of its members). The groups will continuously differentiate between "subjective," yet real experiences in the domain of feelings, wishes, taste and opinions and the "realistic," which concerns socially accepted and agreed upon symbols, responses and behavior (e.g., one can have "real" feelings of fear of crossing a street, but these feelings are not "realistic" when one ascertains that no cars are coming from either direction before crossing). Since the arts program entails discussions of events in nature and in world affairs as well as the meaning of words and phrases, while continuously differentiating between the subjective, personal and intuitive on the one hand, and the "realistic" world on the other, a sharper

differentiation between the subjective world of fantasies
and the real world of shared concepts and validated modes
of proper behavior, is likely to improve judgment and real-
ity testing among the group participants. After all, it is
only because of group concensus that we call a certain fruit
a "banana".

d. Value Clarification

In the process of examining poems, the positions of
protagonists in plays, operatic plots and the like, a broad
range of human yearnings would become the focus of attention
for the group's consideration. The exploration of such con-
cepts as "ambition," "loyalty," "greed," "friendship,"
"generousity," "vanity," and so forth, are all bound to
clarify and deepen the understanding of the choices people
have always had to face. It is the realization that one
must make an active choice of the values one wishes to live
by that contributes towards a deepened sense of self-aware-
ness as well as a keener recognition of one's indentifica-
tion with cherished values of society at large. Such an
identification can both contribute towards one's own sense
of belonging and worthwhileness, as well as towards the
establishment of a clearer philosophy of life, one that
is endowed with purpose, meaning and goals.

e. Sharing

Contributing to the group discussion, sharing one's
opinions about a poem or a painting or a melody, is tantamount

to giving of one's own self to others. This process of
sharing one's experience (i.e., thoughts, observations,
feelings) leads to deeper trust, enhances both psycholo-
gical intimacy and a feeling of belonging to the group.
Thus a sense of "community," the only community this group
realy lives in, becomes more meaningful. As long as sub-
stantial respect is established and maintained within the
group for individual differences, a sense of acceptance
and feelings of belonging to the group will naturally
follow. Such feelings towards one's group, particularly if
they are shared and reciprocated, are well known to be
among the most stabilizing social forces operating on an
individual.

    f. <u>Humor</u>

Encouraging members to take the group experience in
good spirit, recognizing the role of laughter and humor as
valuable contributions to the group's psychological climate,
are important elements of this program. It is important to
balance a somber outlook often encountered in poetry, drama
and the visual arts, with humor, irony, paradox and wit
which may frequently make life not only more endurable,
but also more deeply experienced, deeply felt and ulti-
mately more enjoyable.

g. <u>New Vistas</u>

Broadening one's exposure to new areas of potential interest (e.g., tragedy and comedy, poetry and music, sculpture and painting), will add a unique humanizing dimension to the life of a participant in the program. The aesthetic sense evoked by the diversity and richness of the arts can be both immediately exhilerating and spiritually enriching long after the original experience has occured.

IV. <u>METHODOLOGY</u>

   A. <u>Procedures for Implimenting an Arts Program</u>

      a. <u>Selection of Subjects</u>

Subjects in this study will be assigned to one of
three groups, each group consisting of all clients residing
in four homes selected at random from twelve homes that
provide residential services to deinstitutionalized clients.
Because of Michigan's new legislation authorizing the estab-
lishment of homes housing 6 residents each, which cannot be
restricted by local zoning ordinances, it is expected that
residents of the four homes will make up about 24 subjects
(for a total of about 96 subjects). The three groups will
consist of an Experimental Group and two Control Groups.
The proposed Arts Program would be implimented with the
Experimental Group; Control Group #1 would be exposed to
ongoing contacts with community volunteers with as similar
a frequency as possible to that of the Experimental Group;
Control Group #2 would continue during the life of the
project (three years), as other deinstitutionalized clients
living in the community. The selection of the nine homes
to participate in the project will be carried out on the
basis of the following criteria:

   1. Over 75% of residents have been hospitalized at
      least once for a psychiatric reason, in either
      a state hospital, a federally operated facility
      or a private psychiatric hospital.

2. Subjects will be adults over the age of 18, with males and females about equally divided. They will be living in either supervised group homes, foster homes, or in independent group living arrangements.

3. There will be no exclusion on the basis of race, religion, national origin or socio-economic status.

4. To optimize participation in the program and assure generalizability of results, the following categories of clients will be excluded from this pilot project: subjects diagnosed as severely mentally retarded or senile. An effort will be made to include all other residents in the selected homes.

5. Functional illiteracy, physical handicap, diagnosis, enrollment in day programming, occupation, marital status and other demographic variables regularly collected by County Mental Health Agencies will be analysed for the purpose of describing the composition of the three groups, but will not be used as the basis for inclusion or exclusion from the project.

b. <u>Resource People</u>

One of the central criteria for selecting resource people, in addition to mastery of the subject matter, should be the presence of enthusiasm about the subject they are to teach. It is vital that they radiate a joy for life, a sense of dynamism and vitality which is contagious. While these qualities are important in every teacher, in a program such as is proposed here, they are indispensable.

In addition to being endowed with a zest for life, resource people should possess compassion and sensitivity, be willing to get involved in ongoing in-service training (geared towards the understanding of mental illness and the acquisition of constructive management techniques for handling disruptive behaviors such as withdrawal, ureasonable demands, anger and projection). In addition, the facilitators should be willing to make a commitment to stay with the project for at least one full year. Preferably, they would be either teachers, practicing artists or graduate students, specializing in various arts and educational programs.

c. <u>In-service Training</u>

The in-service training should be conducted by a specially assigned liason person from Community Mental Health. Additional expertise could be drawn upon as needed, such as teachers who have had previous experience in working with mental patients.

An intensive workshop, extending over two days for all staff, prior to initiation of the program, should be planned. At this workshop, the program needs to be presented in detail so that everybody understands both the individual art components as well as the overall design of the program. Especially prepared reading material for each area will be distributed, ways to initiate a program will be discussed, extensive "question and answer" periods after each presentation will be held.

Since it is anticipated that many of the facilitators hired for the program will have only limited knowledge pertaining to mental illness, an extensive discussion of mental illness, its roots, causes, prognosis and especially its segregating effects on those afflicted, should be conducted. Special emphasis should be placed on the fact that most mentally ill have lost their self-confidence and sense of self-esteem. Most have no close friends and are only minimally involved in the community in which they live. More than anything else they need acceptance, friendship and understanding.

B. Program Components

a. Visual Arts

    1. Rationale

An effective way of making an expressive experience available to adults of limited art background is to offer them the opportunity to take part in the basic processes through which visual art forms are created. The satisfaction and delight inherent in making something with one's own hands, stems in part from the feeling of accomplishment gained through the acquisition of skill and competence. The hand-made object is a material witness to this accomplishment. These feelings are augmented by the exhileration felt when that object is one's own unique expression, embodying one's own feelings, ideas and personal perseverance.

When the expressive element enters in, at however modest a level, we are talking about art. Practicing the skills involved in making visual art forms (e.g. painting, drawing, printmaking, sculpture, ceramics, weaving, photography) creates opportunities for, and encourages the development of artistic expression. Some degree of artistic expression is potentially available within every individual. In addition, while it may stimulate the development of these capacities, expression in the visual arts does not require verbal communication, social interaction or literacy as prerequisites, but only a minimum of manual facility

and the exercise of the creative imagination.

Through practice of visual "arts," one organizes the
percieved world around oneself and begins to look at things
more closely and observe them more clearly, as well as ex-
perience them more sensually in terms of color, texture,
line, form and rhythm. New relationships, similarities
and subtle differences are absorbed and translated into an
image which embodies vitality, space, feeling and movement
to some degree. Participating in this process of organi-
zing elements from one's visual experience to create a
visual image, on paper, canvas , or in clay, at however
crude a level, should help one recognize and respond to
this same process as it occurs in works of art. This res-
ponsiveness can not only open up new and ever expanding
worlds of aesthetic experience and satisfaction, it also
can alter one's visual perception of reality. Who, for
example, having seen Monet's "Waterlilies" or a stormy sky
in a painting by Turner can ever see either of these pheno-
mena in nature without referring back in their own minds to
the painter's image of these things and thereby enriching
their perception of reality? In more procsaic terms, this
relationship between art and life is reflected in the
phrase "As pretty as a picture," which is intended to indi-
cate that the object elicits the heightened response evoked
by art rather than that which is evoked by reality.

2. Implimentation

It is rarely enough to offer a group of artistically inexperienced people materials and techniques and encourage them to take off from there. Most people, particularly the withdrawn and lacking in self-confidence need to be exposed to "visually poetic ideas"(to paraphrase Kenneth Koch, 1970), which will serve to trigger their own visual imagination and set them off on experiments of their own. Group discussion and examples both from their peer level and from great art (which offers a diverse range of possible resolutions of the visual motif, be it portrait, landscape, geometric abstraction or pottery form), are essential to give the novice some idea of the range of possibilities and inspire and ignite his or her own creative expression. One way to do this is through individual and group observation and discussion, both in terms of the process by which the work of art is constructed and in terms of the expressive illusion it projects and the feelings it elicits (e.g., a Sung dynasty porcelain may encourage contemplation and reflection on eternal values such as serenity, order and perfection; while an earlier Han dynasty vessel may radiate strength, confidence and vitality; the first being the result of highly refined craftsmanship, wherein each element is the outcome of careful consideration, whereas the latter reveals a more spontaneous and direct approach on the part

of the potter; a 5th century B.C. Greek sculpture might reveal the impact of concern with ideal relationships in its sense of proportion, while an African sculpture might use distortion and exaggeration to express the power and mystery of natural forces.

Visual ideas are garnered from a multitude of sources in nature and and in art, as well as from one's own inner feelings and imagination. Imitation and assimilation of other's art, particularly great art, into one's own work can be an advance on the road to more personal exploration and development. Every artist has taken whatever suited him from his predecessors and integrated it into his own mode of expression. Perhaps with great artists the integration becomes a new and more unique expressive form. Often the original source is diminished by comparison. Who cares, for example, that the story of " Romeo and Juliet" was in existence long before Shakespeare made it his own? Just as often we delight in detecting compositional or stylistic forms which have descended from teacher to pupil (i.e., from Titian, to Tintoretto, to El Greco) without in any way diminishing our perceptions of the unique achievements of either, if not in fact enhancing it. While the process of assimilating and transforming the work of others may be less complete in people of more modest capabilities, the process itself may very well open up as yet untread avenues of feeling and learning.

The artist-facilitator may wish to augment his or her
own demonstrations with presentations by other artists in
the community or visits to their studios. If the artist-
facilitator can share examples of his or her own work with
the group, he or she will better serve as a role model for
the group and foster the attitude that together they are
engaged in a meaningful and creative activity which is
purposeful absorbing and personally expressive. This
attitude will be further reinforced if reproductions or
slides of great art, from across a wide range of historical
periods and different cultures, which relate to the parti-
cular forms (i.e., landscape, portrait, abstract fiber wall
hanging, vase or bowl) which group members are working with,
are displayed and discussed by the group. Regular trips
to libraries, particularly those with extensive collections
of art books, to browse and borrow relevant material, should
also be an integral part of each program unit. Every oppor-
tunity to see and respond to original works of art should
be taken advantage of. In addition to exhibits of local
artists, excursions should be planned to larger museums,
galleries and art fairs. Of particular personal signifi-
cance are visits to exhibits in which the work bears a
relationship to something that one or more of the group
members is doing, or is concerned with an artist with whom
the group is familiar . When presenting reproductions of

great art for discussion, it might be wise to follow a
version of the teaching principle which John Ciardi (1959)
developed for poetry: Always presenting at least two com-
parable works, direct attention to specific likenesses and
differences so that one may be discussed and understood in
terms of the other.

The work of participants should be properly mounted
and displayed. Some instruction in simple matting and
framing is an essential part of the process of producing
a two dimensional art form. Without this step the work can-
not be viewed or valued properly. It may also be easily
lost, damaged or forgotten. Proper mounting gives the work
dignity and acts to emphasize its separateness from the
common reality: an object deserving of study and contem-
plation which may reveal something as yet unexperienced
to the viewer.

A set of reversable display-frames might be acquired
or constructed so that those who wished could exhibit
their work on the residence walls. Similarly shelves
should be constructed to display sculpture and pottery.
An area should be set up in a communal area of the residence,
and sheltered workshop facility, for the display of work
done by group members. As the level of skill rises it
may become more feasible to exhibit work in available
community settings and at art fairs.

Exhibition is the way in which visual art is shared both within the group and with the community at large. The interaction which takes place between the artist, his work and his audience generates acknowledgement and a sense of self-worth which contributes to the group's pride in its accomplishment.

i. Drawing

Drawing from life is the prime source of visual arts ideas, be they two or three dimensional. Drawing trains the practitioner to look more closely and see more clearly. It trains the hand to put down what the eye sees, or what the eye wishes to see. Many people, unsophisticated in the arts, have an image of drawing which is limited to highly realistic rendering, the more precise and detailed, the better. Several instructors have suggested that as a first step this kind of drawing, with its accent on accurate recording of reality, should be taught. At the same time, master drawings from Altamira, through Rembrant, Matisse and Oldenberg, can be brought out to show how different and varied the guiding idea of a drawing can be. Whereas many of the distortions and exaggerations to be found in master drawings are to be regarded as deliberate or purposeful, the novice may be brought to feel the power of a spontaneous, swiftly laid down line, which while less exact may reveal movement and feeling more convincingly. Thus in his own

work he may discover that a strong "mistake" is more satis-
fying and expressive than a patched up correction. He may
begin to see how so-called "errors" or accidents can be used
imaginitively to create expressive forms. This is not to
say that meticulous and/or accurate drawing is not to be
equally appreciated and encouraged if that is the inclina-
tion of the participant.

The artist-facilitator will want to introduce a
variety of drawing media (i.e., pen and ink, charcoal,
pencil, chalk, etc.) as well as approaches (i.e. naturalistic,
impressionistic, abstract, expressionistic) and subject matter
(i.e., portrait, landscape, still life, non-figurative).

ii. Painting

Painting today is a generic term covering a variety
of color media (pastel,watercolor, oils, acrylics, cut paper,
etc.). There is a great area of overlap between drawing and
painting, but by and large, painting deals with a surface
quality resulting from the way color is applied, whereas
drawing is primarily concerned with line. Nevertheless,
there are paintings which are principally linear (i.e.,
Toulouse-Lautrec, Mondrian) and drawings in which the surface
texture is highly developed (Durer, Wyeth).

For the purposes of introducing the art of painting
in this project, the artist-facilitator should encourage
the group to work directly with various painting media such
as water color, oils, acrylics and collage. Based on the level

of interest and facility of the participants, choices should
be offered which would allow working directly from nature,
from imagination and from other resources such as photographs,
slides or drawings.

iii. Sculpture and Pottery

The simplest and most versatile media for the intro-
duction of the sculptural dimension into a program such as
this is clay. Its plasticity and mallability lend itself
to an infinite variety of treatments. Purely sculptural,
as well as extremely functional work can be produced. The
physical involvement one has with clay brings a unique sat-
isfaction with it, as does the fact that one is actually
creating "something" which is not an illusion of an image,
as on the flat surface of paper or canvas, but a three
dimensional object that occupies its own space. It is
perhaps for this reason that most of the art of pre-literate
people is three rather than two-dimensional. They were
creating objects invested with a high degree of emotional,
religious and social significance and instinctively have
chosen the most materially and physically realistic medium
of expression. Similarly it has been noted that adolescents,
who may be painfully self-conscious and inhibited when
dealing with a two-dimensional medium, are freer and more
inventive when modeling in clay.

The artist-facilitator will want to introduce various methods for building with clay: pinch, slab, and coil, as well as thrown pottery. The pleasure and sense of competence elicited from the successful throwing of a bowl or jar, amply justifies making a wheel available. The intricacies of glazing offer an added dimension which should not be neglected although it may have to be limited in a program of this nature. A kiln must also be made available.

Modeled sculpture might be cast in plaster (waste mold). Other sculptural materials such as wood and metal may also be introduced at a later date. Jewelry fabrication techniques such as sawing, filing, forging, sodering and pewter casting, might engage the interest of some participants in order to construct both pieces of jewelry and small metal sculpture.

iv. <u>Fiber Arts</u>

The fiber arts offer the uniquely satisfying tactile experience of the materials themselves as well as in combination with color and texture and line, shape and pattern, in a relatively disciplined format. The endless varieties of possible results can be highly functional or purely aesthetic in value. They can take the form of a simple weaving on a stretcher bar frame or cardboard loom as well as an intricate batik or complex tapestry. As in most

visual arts, the prerequisite skills are minimal, they increase in complexity as the aspiration of the maker rises.

v. Printmaking

Printmaking can be embarked upon with or without a press. Since a press is rarely available for a program such as this, it would probably be most useful to focus on the facinating things that a group can do without one. The media that can be employed in relief printing include cardboard (i.e., cardboard shapes, cut out, inked, assembled in a design and printed) inner tube (i.e., shapes cut out of inner tube, glued to baseboard, inked and printed as in the above), and found objects (i.e., material such as leaves, shells bark, feathers, wire mesh, gears, keys, etc., inked and printed). These materials, because they can be quickly and easily assembled,allow the novice to experiment with the printing process itself from the beginning, without being detoured into carving a wood or linoleum block first (although these are rewarding in themselves and should be introduced at a later stage). They also lend themselves to creative experimentation, using design elements such as repetition, overlapping, color overprinting, mirror repeats, and the like, to form new shapes, colors and relationships.

Simple silk screens are easily constructed and can be used to introduce the use of stencils in torn and cut

paper as well as tusche and glue resist stencils. By work-
ing directly on the screen initially, the novice can acquire
a feeling for the advantages and limitations of the medium
which will help him in more realistic planning, should
he desire to make initial sketches before embarking on
subsequent prints.

vi. Photography

Advances in photography have made it possible to
acquire inexpensive cameras, enlargers, chemicals and
paper to permit the implimentation of a black and white
photography workshop at a most reasonable cost. Further-
more, with minimal training one can produce richly satis-
fying pictures. The availability of community workshops,
clubs and shows provide an excellent opportunity for transi-
tion from group practice and personal development of skills,
toward broader community involvement.

Reviewing library books on photography and collections
of great photography, could provide an added dimension to
appreciation. Setting up a bulletin board in the residence
where each participant is invited to place some of his work
and share it with other members of the group, could be a
most satisfying experience.

b. <u>Music</u>

1. <u>Rationale</u>

Even though various groups may be most responsive to different kinds of music, based on their cultural and ethnic background and the musicality of the particular individuals involved, it is commonly observed that most people find . music of some kind or another evocative and pleasurable. While the reasons for this are not completely understood, it appears that a sense of satisfaction is experienced with great immediacy when one hears the kind of music one enjoys. A number of surveys have indicated that when people were asked to rank-order the ten most enjoyable experiences in their lives, music was usually ranked in the first or second place. Perhaps music has an impact on the senses equivalent to that of psychotropic drugs, in that both affect mood without first going through a process of conscious deliberation. It is the circumvention of the rational dimension in our experience that explains the immediacy of our reaction to music . There appears to be a close emotional correspondence between melody, rhythm, volume, tone and feeling. The interplay between these elements of music and our emotional response to them is not consciously regulated. As a matter of fact, the temperament of one individual or of an individual at a particular moment, may be such that he finds jazz most evocative and pleasurable,

while another individual may find Baroque music the most evocative and pleasurable. Some people respond most to vocal music, while others prefer the tone of a particular musical instrument such as the violin, flute or piano. Whatever the mode of expression, most individuals find some music that they feel deeply in tune with.

The purpose of the music workshop would be to build on existing innate responses and predilections by both highlighting and expanding the repertoire of great music available to the group, which they may find appealing and enjoyable, as well as placing the music a participant enjoys already in a broader context, thus showing how it relates to other forms of musical expression. Thus, for example, many people who respond well to Jazz will find Vivaldi or Telemann as gratifying, once they are properly introduced to them. In the process they will broaden and diversify their musical interests and expand their vistas and comprehension of this mode of artistic expression.

2. Implimentation

A music recreation program could include several distinct units: listening to records, a choral group and an instrumental group, as well as a program of excursions to hear and see live concerts, operas, and dance.

i. <u>Listening</u>

The nature of the recordings employed would of course depend on the preferences of the participants, as well as on the interests and enthusiasms of the facilitator. As a matter of fact, any arts program, to be truly inspiring, requires an enthusiastic and charismatic facilitator who encourages participants to experiment with unfamiliar modes. The facilitator must have the rich musical background necessary to discuss the diverse responses of participants as well as to give them enough information about what they are hearing to enable them to listen in a new and more meaningful way. An added dimension would be given to this program by the addition of videotaped concerts, operas and ballets. Seeing and hearing a performed opera, for example offers a richer range of material for discussion (i.e., costume, acting, scenic effects, choreography). The ability to return and replay a particularly beautiful section would be an invaluable aid to learning and appreciation, it can reinforce perceptions vividly, as well as clarify dim recollections. Musical experience of this kind can be enjoyed by all members of the group no matter what their level of previous musical knowledge.

In contradistinction to the schools, where there is always the pressure of limited time and a large amount of material which needs to be covered in order to meet curricular demand, or time-limited workshops which concentrate intensively, but for a short time, on a particular play or novel. The approach suggested here more closely parallels the attitude advanced by the poet, John Ciardi. He discusses the lasting advantages to be gained from an in-depth familiarity with a poem. His analysis of "Stopping by the Woods on a Snowy Evening" (1966) illustrates that approach.

Adapting that approach to the study of an opera, for example, would entail first getting acquainted with a few of the most striking melodies in that opera, in order to evoke an interest and a strong bond to the work. Next one would familiarize the group with the outlines of the story as portrayed in the opera. From here one could go back to the libretto of the first melodies listened to, in order to discover what they mean, who wrote them, on whose story they were based, what prompted the composer to write music, how the characters are represented through the various melodies, and the history of some of the great performances of that opera. Hearing on records, some of the great singers who have performed these major songs and getting

acquainted with books, films and plays on the same theme, should allow the facilitator to slowly expand the repertoire to include other songs and melodies in that opera.

When the group is thoroughly familiar with the libretto, the individual melodies, and the dynamics of the composition, it is time to expose it to the whole opera which may be a three to four hour ordeal on records, or videotape and, if possible, in live performance. It is through such a gradual exposure that one's emotions, interests and enthusiasm for the work of art is evoked and sustained. There is a risk in placing a group in the position of listening and watching a three to four hour opera without the investment described above preceding it. Like many people going through such an experience, they may come out of it feeling bored, confused and numbed, and refuse ever again to sit through an operatic performance. In this way a form of great art, one that can provide deep and lasting pleasure, can be lost from their lives forever.

The same can be said about a Shakespearian play. Many people feel adverse toward Elizabethan drama because of superficial exposure, difficulty in following the dialogue and a lack of opportunity available to develop an in-depth familiarity with one play and all its ramifications in terms of character portrayal, intuitive understanding,

tragic flaw and resolution.

It is intended that this arts program will not have curriculum requirements to meet or a time frame for the study of a particular play, opera, poem or symphony. The guiding principles should be the development of deeply felt pleasure and interest in the creative expressions of the human spirit.

ii. Choral Group

A choral group, with or without a performance objective, can provide a community feeling and a pleasurable aesthetic experience. The songs selected can range from simple folk tunes to part-songs, melodies with descants and songs for solo and chorus, depending upon the capabilities of the participants. Once songs have been learned, group singing can provide opportunities for those who otherwise have little to offer, to create a shared sense of enjoyment in all the participants.

iii. Instrumental Group

An instrumental group could develop in a number of different directions: a small improvisation group could be formed for those willing to attempt individually created sound patterns; a band could be formed out of instruments made by hand, often from found objects; or the participants could learn to play simple instruments

such as the recorder or guitar. A tape recorder, for recording and playing back the group's music,could open up further possibilities for learning and sharing among the participants.

c. Drama

1. Rationale

The experience of drama as an art form, adapted for use with mental patients, has gone through extensive development in the past ten years, by the Imagination Workshop at Mount Sinai Hospital in New York City and New York Hospital, Cornell Medical Center. The facilitators used the same techniques they would use with any amateur actors. In their work with mentally ill patients of various diagnostic groups (e.g. schizophrenic, manic, neurotic, depressed) , they strove to produce authentic dramatic portrayals of vitality and relevance to the patients' lives. The drama exercises, improvisations and skits, while explicitly not therapy, appear to have had curative effects, according to a number of psychiatrists. The dramatic experience appears to have helped patients emerge from isolation and express repressed fears and fantasies, while using the legitimizing medium of drama. What is unique to drama is that it provides an opportunity to explore elements of character that patients may have repressed or have never developed,such as acting assertively, caring or being openly angry. In

the non-threatening context of the drama workshop, where the expression of such emotions is standard fare, patients have an opportunity to securely experiment with new tones of voice, expression of a wide range of emotion and changes in appearance by means of make-up, costumes and the like.

While unequivocal proof of the value of a drama workshop for mental patients is unavailable thus far (mainly due to the fact that an evaluation system with proper experimental and control groups, has not been implimented as yet), it has been noted by a number of psychiatrists familiar with drama programs, that many noncommunicative patients who participated in the workshops became more accessible to conventional psychotherapy, showing improvement in self-concept, a better relationship to their surroundings, improved personal appearance and more positive attitudes. As one patient put it,"It let me know that I can be in touch with people again....something I thought I had lost." (Quoted in the radio program "All Things Considered," NPR, July 2,1979).

2. Implimentation

The drama program is envisaged with several kinds of activities which can be used selectively, depending on the nature of the population one works with.

i. Drama Workshop

At the individual, participatory level, drama exercises, improvisations and skits, are used in the context of the drama

workshop. This entails asking the participants to play any-
one but themselves (unlike psychodrama, in which patients
play themselves and act out their own feelings and conflicts).
If a participant in a drama workshop is asked to say or do
something indicative of the feeling of "ANGER," and protests
that he cannot do it, the workshop facilitator might en-
courage him by saying, "It is not you I am asking to be
angry, I want you to show me how the character you portray
would express it." The function of the facilitator is to
coax artistic expression from fledgling actors, not to
function as therapist looking for hidden meanings and inter-
preting behavior to patients. The workshop itself is
neither explicitly labelled nor implicitly regarded as
therapy. It is considered by staff and participants as a
time for recreation, a time for taking part in a uniquely
human activity, which gives the participant an opportunity
for experimenting with emotional expression and working
with others in a non-threatening encounter. Such parti-
cipation can give one a deep sense of satisfaction and
unique accomplishment. As one participant related after
taking part in a play, "I feel very good about how I grew...
and I wasn't doing it alone" (New York Times, June 19, 1979).

     ii. <u>Play Reading Discussion Group</u>

     In this format of drama experience the group reads a
play and analyzes its images, metaphors, style and

characterizations. Great plays, such as Shakespeare's "Macbeth" or Oscar Wilde's "The Importance of Being Earnest," provide ample opportunities for an enriching analysis. The group can study a play in detail by reading and discussing it for an hour or two each week. The readings may be accompanied by the viewing of the performances of prominent actors on videotaped sections of the play under discussion, or listening to great recorded performances. This approach is particularly useful as a preparation before going to see a live performance of an important play. Prior reading and discussion can assure understanding and involvement with what is happening on the stage. While some plays are easy to understand, so that a summary discussion of its content, motif, protagonists and a description of the role of the more minor characters, would suffice as preparation for attendance at a performance (e.g. Arthur Miller's "The Crucible" or "Death of a Salesman"), for other plays, such as "Macbeth," or "Oedipus Rex, an indepth reading could prove invaluable.

d. <u>Poetry</u>

    1. <u>Rationale</u>

        Studying poetry in a group context not only evokes a diversity of images, it also brings forth ideas that enrich each individual participant. Sharing opinions with other

members in the group and having these opinions listened to, acknowledged and discussed, enhances individuality and contributes to the participant's sense of self-worth and self-esteem. The sharing of feelings and thoughts brings the group members closer to each other, thus building group cohesiveness, which is a precondition for tolerance and respect for individual differences. Soliciting, encouraging and supporting the expression of a diversity of views and emotional reactions, reinforces the legitimacy of individual differences in thoughts and feelings. Poetry reading is particularly conducive to that kind of experience because feelings can be discussed in terms of what the poem expresses or what the poet means, rather than as intimate personal revelations. Consequently, alienated, insecure and isolated individuals may feel able to allow themselves to respond to the poetic image.

Of all literary forms, poetry places the strongest emphasis on the expression of emotional experience. The focus in poetry is not so much in describing a situation or event as in one's reaction and relationship to that event or condition. In reading a good poem, where one gets at the essence of an experience (be it "unrequited love," exhileration," or "despair"), one learns new ways of looking at human experience, both in terms of its' potentially agonizing pain and ecstatic pleasures.

Of particular importance to people with a history of mental illness is the non-threatening atmosphere which enables them to share vulnerable aspects of their personality. The presence of the facilitator should engender a sense of security in the participants. They should have the sense of assurance that the facilitator will protect them if they find themselves in difficulty, by serving both as a buffer and as a reconciliator among group members. The opportunity provided to each member of the group to speak indirectly through the poet or the poem is an important safety valve that should not be underestimated. This medium enables the discussant to venture out and take risks, safely expressing views and emotions, with the knowledge that when he needs to, he may retreat "behind the poem" and more safely explore its content and affect. Thus, the individual discussant is able to set his own pace for self-expression, attributing as necessary, the feelings and thoughts expressed in a poem, to the poet, rather than to himself.

The gradual sharing of feelings and thoughts with other group members increases empathy among them. The preoccupation with one's own feelings, thoughts and fantasies gives way to the recognition that others feel and think differently and that this is not necessarily wrong. One of the most exciting experiences for participants is the sense of "recognition" one acquires. Poets frequently

express the very thoughts, feelings images and fantasies
that their readers experience (but are unable to articulate
with the same intensity and clarity). In recognizing their
own feelings or thoughts in a poem, participants are able
to become more themselves, since in so doing they have
vicariously experienced and validated the legitimacy of
their own emotions and ideas. The ability to put into
words one's own feelings and thoughts, expressing such
basic human emotions as anger, love, frustration or joy,
leads to both better self-acceptance and better understan-
ding of others. It enables people to re-examine their
values, perceptions, needs and expectations and determine
their assets and drawbacks. This should allow them to
come to better terms with life as it is actually lived and
experienced by them.

Poetry should make a person more honest with him-
self. The exploration of feelings and ideas should bring
one into closer touch with one's own experience. The use
of metaphoric language, symbol and rhyme, have the effect
of powerfully registering their significance. Discussing
the symbols, metaphors and allusions in a poem helps
readers articulate their own imagery and emotions, while
at the same time providing a socially sanctioned avenue for
the expression of these private experiences. This expression
is of vital importance for the integration into conscious

life of dim and fragmented sensations. The result is a
richer inner life, better empathy and a more wholesome
recognition of one's own needs, as well as the needs of
others. In this respect, the study of poetry is a humanizing
process which enhances relationships and respect among people.

2. Implimentation

There are a number of different approaches that could
be used to impliment a poetry workshop. While this discus-
sion will focus on three such approaches, others may be found
which are as effective methods of teaching and experiencing
poetry. Parenthetically, it should be said that these
three approaches presented below do overlap to some degree
and are in no way mutually exclusive. Nevertheless, each
approach is sufficiently distinctive to give it an identity
and character of its own.

   i. "What Does A Poem Mean?"

In this approach the group reads a poem, paraphrases
its content or meaning, discusses their personal reactions
to it, and then move on to another poem.

In his book, "Familiar Poems Annotated" (1977), Isaac
Asimov, the science writer, takes a pragmatic look at
poetry. He makes no attempt to discuss the poem's structure
or the deeper issues the poet may be concerned with; instead
he restricts himself to explanations of background, history,
and the meaning of words and phrases. He deals with questions

of fact rather than an examination of the poem as an organic
whole. For example, in his analysis of Shelly's poem,
"Ozymandias," he offers an extended discussion of the
historical personage represented therein, as well as an
account of the state of the art of Archeology at the time
of the poem's writing. Unlike the other methods discussed,
he does not treat it as a multidimensional,symbolic and
ultimately intangible creation about time, power and vanity,
which cannot be truly understood via a reduction to
historical or vocabulary analysis, without losing its essen-
tial insights.

ii. "How Does A Poem Mean?"

John Ciardi (Ciardi & Williams, 1978), on the other
hand, stresses not what the poem means so much as how it
says what it does. He feels that aesthetic excitement is
bound to follow from specific discussion of diction, meta-
phor, rhythm, counter-rhythm and form, because these basic
elements of poetry deal with exciting human ways of reacting
to stimuli. Ciardi dismisses free association and analysis
of words as dull and pointless. The words, images, rhythms,
forms and dramatic situations in a poem are haloed by their
own auras, conotations, suggestions and overtones, which
are the basic source of poetic power. Ciardi prefers
that we concentrate on how these forces operate within the
poem rather than on private or extraneous associations. He
feels that if one learns how these forces operate, one will

have identified the poem in action, experienced it as
performance, and earn the same feeling of exhileration a
fine actor has after having successfully performed a deman-
ding role. His analysis of Robert Frost's "Stopping by the
Woods on a Snowy Evening" (1966) , serves as a
good example of his approach to the study of poetry.

iii. Poetry Writing Workshop

The practices of poet Kenneth Koch (Koch, 1970,1973).
in his poetry writing and reading with school children,
could easily be adapted to an adult population. Koch first
developed his students' interest and enthusiams for writing
poetry with a series of word games and collaborative poems.
He actively discouraged rhyming, which he found inhibi-
ting; instead he encouraged the development of poetic
images and ideas which the group first jointly and later
individually assembled as poems. Koch and others have
found that poems written by peers were initially more in-
timately meaningful and useful to the group than great
poetry of which they stood in awe of and tended to regard
as remote from their own experience and expression. He
overcame this by first using peer poems as illustrations
of "poetry ideas" the group would use to write their own
poetry, and only subsequently introducing great poems to
further illustrate the "poetry idea." Thus, for example,
the group was asked to write a poem in which they asked

questions of a mysterious and/or beautiful animal, and was
offered examples done in the past by peers, as well as
William Blake's "The Tyger" ("What immortal hand or eye/
Could frame thy fearful symmetry?") and "The Lamb" ("Little
Lamb, who made thee?"). The students felt close to poetry
because it was something they had created themselves.
They had experience using poetic images based on comparisons,
noises, colors, dream material, wishes, lies (exaggerations),
and the like, which gave them an opportunity to create some-
thing original, even in comparison with great poems.

This method can, with some modifications, be adapted
to the age, educational background and level of disturbance
of the people one works with. To succeed in implimenting
this method, it is important to be highly supportive of the
participants' efforts. Furthermore, it is also necessary
to size up the climate of the group and move flexibly back
and forth between writing poetry and reading the poetry of
poets.

C. <u>Program Evaluation</u>

    a. <u>Progress Evaluation Scales</u>

        The Progress Evaluation Scales (PES) are made up of seven scales, each consisting of five levels, with characteristics of each level described (Ihilevich & Gleser, 1979). The seven scales of the PES tap the areas of <u>Family Interaction</u>, <u>Occupation</u> (school-job-homemaking), <u>Getting Along With Others</u>, <u>Feelings and Mood</u>, <u>Use of Free Time</u>, <u>Problems</u> and <u>Attitude Toward Self</u> (for a sample copy of the Adult Form, see Appendix A). The scales can be used to indicate both current status functioning and goals and can be filled out by patient, therapist and significant-other. For data analysis purposes the five levels of each scale are assigned the numerical value of 1 to 5, from the most pathological to the healthiest levels of functioning observed in the community.

        Results of extensive studies over an eight-year period indicate that the PES is a sensitive measuring devise for assessment of current status and change over time in personal, social and community adjustment. The chief attributes of the scales are as follows:

        (1) Interviewers experienced in using the form can complete the scales in one to two minutes following a routine diagnostic interview. This factor is of considerable importance for using the scales on a continuous basis

and for maintaining high quality of data gathered.

(2) The one page format, the clear language of the scales and the simple procedures of administration make it possible for most mental health clients and their significant-others to fill out the scales within five to eight minutes.

(3) Comparisons of clients' ratings to those of their therapists and significant-others, as well as comparisons of ratings over time, yield important on-going information on the feelings, attitudes and expectations of the principal people who affect the outcome of the services rendered.

(4) Reliability of PES ratings was examined from the standpoint of generalizability theory, both in terms of inter-rater agreement as well as stability over time. The results indicated that 95% of the time therapists' ratings lie within 1.1 units from that obtainable were a large number of therapists to make every rating, and within 1.4 units from that obtainable were a large number of therapists to make the rating on the same individual on different occasions over a two week interval. A difference of ratings of two points between the ratings of two clients on any one scale represents a real difference at the 95% level of confidence. Since the resolving power of the scale is one unit, the authors interpret these results as supportive of

the reliability of the PES scales.

(5) Construct validity studies reveal that the scales (a) differentiate between normal and patient groups; (b) differentiate among groups of various degrees of psychopathology; (c) are by-and-large independent of demographic variables; (d) relate, in the expected direction to psychological constructs measured by other established inventories; (e) meet criteria for convergent and discriminant validity on the basis of correlations between independent ratings of client or significant-other and therapist; (f) measure different domains of behavior and experience as indicated by the low intercorrelations among them; and (g) are sensitive to changes in level of personal, social and community adjustment as indicated by the independent ratings of the therapists, patients and significant-others at the beginning, re-evaluation and termination of therapy.

The application of this evaluation instrument to the present program should enable one to explore in a substantive fashion, changes in life-style of patients who have been extensively exposed to an arts program as contrasted to patients who recieve only traditional mental health services. The PES would be administered every 6 months, in accordance with the instructions in the manual.

b. The Problem Area Checklist (PACL)

The Problem Area Checklist (PACL) consists of thirteen

(13) problem areas, with one section reserved for "other," where each problem is rated as <u>None</u>, <u>Mild</u>, <u>Moderate</u> or <u>Severe</u>. For each problem area, four subproblems can be recorded (e.g., for the Psychosomatic problem area, one can record "headaches," "ulcer," "asthma" and "hypertension). It has been found that the PACL can encompass in its current format 99% of the problems and symptoms presented by mental health clients (a copy of the PACL can be found in Appendix A).

Using this instrument can aid both in a descriptive sense, i.e., indicating the clinical nature of the population one works with, as well as in an evaluation sense, i.e., gauging changes in severity and in kind of problem that have occurred from initiation to completion of the program.

The PACL will be filled out by therapists on a six month basis, at the time they fill out the PES.

    c. <u>Consumer Satisfaction Questionnaire</u> (CSQ)

The CSQ will be filled out at the end of each program year by clients or guardians and home operators. A copy of a specially devised CSQ for this study can be found in Appendix A.

D. Hypotheses

While it is recommended that this program be
implimented as an exploratory study, designed both to
refine the methodology and discover the optimal fit
among various patient groups and particular arts programs,
ascertain actual costs and the like, it is nevertheless
desirable to examine the following preliminary hypotheses:

1. The vocabulary of the Experimental Group will
improve relative to that of the two Control Groups, as
measured by the verbal subscale of the Wechsler Adult
Intelligence Scale.

2. The relationships in the house and outside of
of the home will improve in the Experimental Group rela-
tive to both Control Groups, as measured by the PES
scales of Family Interaction and Getting Along With Others.

3. Mood and affect will improve in the Experi-
mental Group relative to the two Control Groups, as
measured by the "Affect Disturbance" area on the PACL
and the Feeling & Mood scale on the PES.

4. The Self-esteem of the Experimental Group
patients will improve more relative to the two Control
Group patients, as measured by the Attitude Towards Self
scale of the PES.

5. The Satisfactory use of free time will improve
for the Experimental Group relative to the two Control

Groups as measured by the Use of Free Time scale on the PES and the responses of the home managers on the CSQ.

6. The rates of readmission to State Facilities of patients from the Experimental Group will be lower than that of the two Control Groups.

APPENDICES

Appendix A

Samples of Evaluation Material
  a. Progress Evaluation Scales
  b. Problem Area Check List
  c. Consumer Satisfaction Questionnaire

To Whom It May Concern:

    This is to acknowledge that permission is granted
to Suzanne Sheskin Ihilevich to reproduce the copyrighted
Adult Form of the Progress Evaluation Scales, the Problem
Area Checklist and the Consumer Satisfaction Questionnaire.
This reproduction right is granted for the sole purpose of
presenting this material in the appendix of her Master's
Thesis.

Sincerely,

David Ihilevich, Ph.D.
Director

Initial No. ___
Reeval. No. ___
Closing ___

Client ___ CR TD DX UA OT
Sig. Other ___ CR TD DX UA OT
Therapist ___

PROGRESS EVALUATION SCALES
(ADULT FORM)

Name _____

Date _____

Case # _____

INSTRUCTIONS:
Please check the statement in each column that describes best how you were in the last two weeks.

FAMILY INTERACTION	OCCUPATION (SCHOOL, JOB, HOUSEWORK)	GETTING ALONG WITH OTHERS	FEELINGS AND MOOD	USE OF FREE TIME	PROBLEMS	ATTITUDE TOWARD SELF
Often must have help with basic needs (eating, dressing).	Does not hold job, or care for home, or go to school.	Always fighting or destructive; or always alone.	Almost always feels nervous, or depressed, or angry and bitter, or no emotions at all.	Almost no recreational activities or hobbies.	Severe problems most of the time.	Negative attitude toward self most of the time.
Takes care of own basic needs but must have help with everyday plans and activities.	Seldom holds job, or attends classes, or cares for home.	Seldom able to get along with others without quarreling or being destructive; or is often alone.	Often feels nervous, or depressed, or angry and bitter, or hardly shows any emotion for weeks at a time.	Only occasional recreational activities, or repeats the same activity over and over again.	Severe problems some of the time or moderate problems continuously.	Negative attitude toward self much of time.
Makes own plans but without considering the needs of other family members.	Sometimes holds job, or attends some classes, or does limited housework.	Sometimes quarreling, but seldom destructive in difficulties in making friends.	Frequently in a good mood but occasionally feels nervous, or depressed, or angry at times.	Participates in some recreational activities or hobbies.	Moderate problems most of time, or mild problems almost continuously.	Almost equal in positive and negative attitude toward self.
Tries to consider everyone's needs but sometimes decides and actions do not work well for everybody in the family.	Holds regular job, or classes, or does housework (or does some schoolwork) but with difficulty.	Gets along with others most of the time; has occasional friends.	Usually in a good mood, but occasionally feels nervous, or unhappy, or angry all day.	Often participates in recreational activities and hobbies.	Occasional moderate problems.	Positive attitude toward self much of the time.
Usually plans and acts so that own needs as well as needs of others in the family are considered.	Holds regular job, or attends classes, or does housework (or does combination of these) with little or no difficulty.	Gets along with others most of the time; has regular close friends.	In a good mood most of the time, and able to be as happy, or sad, or angry as the situation calls for.	Participates in, as well as creates, variety of own recreational activities and hobbies for self and others.	Occasional mild problems.	Positive attitude toward self most of the time.

COMMENTS: _____

Rev. 4/78   SC-1104

PROBLEM AREA CHECKLIST (PACL)

Initial ___
Reeval. No. ___
Closing ___

DATE ___

(Instructions: mark "problem" if it has been experienced in the last two weeks or if there has been a recurrent pattern in the last 12 months; guidelines and definitions for problem areas are on the back of this page.)

NAME ___   CASE # ___

A. Psychosomatic: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
B. Marital/Dating: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
C. Substance Abuse: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
D. Antisocial: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
E. Cognitive Disorder: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
F. Affect Disturbance: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
G. Suicidal: N-Mi-Mo-S	N-Mi-Mo-S	(Motive) N-Mi-Mo-S	(Method) N-Mi-Mo-S	
H. Parenting: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
I. Parent: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
J. Siblings: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
K. Physical Health: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
L. Financial: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
M. Transportation: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S
N. Other: N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S	N-Mi-Mo-S

HOSPITALIZATION: (State Hospital/Other Psychiatric Hospital/General Hospital Psychiatric Unit/Regular General Hospital/Other)

• Forensic: (Ordered/Voluntary) ___

P - Cj - Sp   P - Cj - Sp   P - Cj - Sp   P - Cj - Sp   P - Cj - Sp

Treatment Since Last Eval: Ind: ___ Grp: ___ Conj: ___ Family: ___ Inpt: ___ Chemo: ___ MBC ___ Other ___ Day Act: ___
Work Act: ___ Sheltered Workshop: ___ Walk-In Clinic: ___ Other: ___

SC-1107

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

<u>CONSUMER SATISFACTION QUESTIONNAIRE</u>

Name_____ Date_____.

Please check <u>one</u> answer after each of the following questions:

1. Overall, how much did you benefit
    from the arts program?

    _____ Not at all
    _____ Very little
    _____ To some extent
    _____ A fair amount
    _____ A great deal

2. To what extent has participation in
    the arts program affected the way in
    which you enjoy your free time?

    _____ Enjoy it much less
    _____ Enjoy it somewhat less
    _____ Unchanged
    _____ Somewhat more enjoyable
    _____ Considerably more enjoyable

3. On the whole, how well do you feel you
    are getting along now?

    _____ Very well
    _____ Fairly well
    _____ Neither well nor poorly
    _____ Fairly poorly
    _____ Very poorly

4. How much do you feel your outlook has
    changed as a result of the arts program?

    _____ A great deal
    _____ A fair amount
    _____ Somewhat
    _____ Very little
    _____ Not at all

5. Did your art facilitator really under-
    stand your interests?

    _____ Completely
    _____ Quite well
    _____ Very little
    _____ Not at all

6. Did you get as many art sessions as you
    wanted?

    _____ Too many
    _____ Just what I needed
    _____ Somewhat too few
    _____ Much too few

7. How many more art sessions do you feel
    you want to have?

    _____ None at all
    _____ A few
    _____ Could use more
    _____ Considerably more
    _____ Very great deal more
    _____ Continuous program

8. Everything considered, how satisfied are
    you with the arts program?

    _____ Very dissatisfied
    _____ Moderately dissatisfied
    _____ Fairly satisfied
    _____ Moderately satisfied
    _____ Very satisfied

9. Would you recommend a similar arts pro-
    gram to a close friend with emotional
    problems?

    _____ Would advise against it
    _____ Would not recommend it
    _____ Would recommend it but with
          some reservations
    _____ Would mildly recommend it
    _____ Would strongly recommend it

We would appreciate receiving any additional comments you may have regarding our
services. Please use more paper if needed. Thank you for your cooperation.

10/26/79

Appendix B

<u>Proposed Initial Outline for a Two-Day Inservice Training</u>

<u>Program for Arts Resource People</u>

Proposed Initial Outline for a Two-Day Inservice Training
Program for Arts Resource People

This proposed two-day inservice training program
should serve as a general overview designed to give the
resource people some insight into the nature of mental
illness, of the specific problem they are called upon to
help resolve (satisfactory use of "free time") and some of
the principles they will need to follow in implimenting
the various art program components. The subsequent bi-
weekly inservice training sessions should address them-
selves more specifically to methods of implimentation,
problem solving in client management, and unique approaches
to be used for increasing client involvement and partici-
pation in the program.

The purpose of the first day, of the two-day in-
service training program, would be to acquaint the art
resource people with key concepts used in the mental health
field; the major diagnostic categories of clients they are
likely to work with; the causes of mental illness as they
are understood today: the historical evolvement of changes
in attitude and management of the mentally ill and finally
the essential psychological approaches that should be
adapted in all program components. Time for a 15 minute

question and answer session should be allowed following
each presentation.

Day I

9 - 11 a.m. <u>An Historical Overview</u>

In this time slot, a mental health professional should
be invited to address the group and outline for them the
ways in which society has understood mental illness in
various historical periods. The discussion should focus
on the transition society has made from viewing disturbed
behavior as the result of demonological possession to be
treated by exorcism, to the belief that deviance from
social convention was an indication of sinfulness, to the
modern efforts, which are still underway, to understand
disturbed behavior as an "illness" requiring scientific
explanation and medical-psychological treatment. The
central contributions of key people (e.g. Pinel, Freud,
Dix) should be highlighted. Lingering stereotypes of the
mentally ill as dangerous and unpredictable should be dis-
pelled by evidence, such as that in Table 3, page 23 of
this thesis, which indicates that the mentally ill are
usually less dangerous than the general population. Two
sections of this paper, entitled, "Mental Health: An
Historical Review" (pages 9 -24) and the section entitled
"Problem" (pages 1 - 8), could be distributed for use as a

reference by the arts resource people.

11 - 12 p.m.   <u>Diagnostic Classification of Mental Illness</u>

   A psychiatrist or a clinical psychologist should be invited to review the major diagnostic categories as described in the "Diagnostic and Statistical Manual of Mental Disorders" published by the American Psychiatric Association (1968). Emphasis should be placed on the characteristics of the psychotic individual and the brain-damaged individual, the two categories which constitute about 75% of deinstitutionalized clients residing in supervised group homes in the community. These should be contrasted with milder forms of mental disorder, such as the neuroses and personality disorders. Photostatic copies of relevant sections from an introductory text in abnormal psychology describing the essential characteristics of these diagnostic categories should be distributed to the arts resource people for reference.

1 - 2 p.m.   <u>Key Concepts</u>

   Some of the key concepts used by mental health professionals should be discussed in this time slot by a mental health professional from a different discipline, so that the arts resource people have the opportunity to become acquainted with another member of the various

professions in the mental health field. Among the concepts
to be discussed should be included: Anxiety (state anxiety
and trait anxiety), Defense Mechanisms (e.g. projection,
repression, identification with the aggressor, displacement,
regression), Psychosomatic Symptoms (e.g. ulcers, headaches,
hyperventilation), Delusions, Hallucinations, the Conscious,
Preconscious and Unconscious, Id-Ego-Superego, and a variety
of Psychological Tests commonly used with mental patients
(e.g. Rorschach, TAT, Wexler, Bender-Gestalt).

2 - 4 p.m.   Treatment Modalities

The various treatment modalities that are employed in
helping mental health clients should be described by a
psychiatric social worker in this session. The basic ele-
ments of individual therapy, group therapy, family coun-
seling, milieu therapy, as well as criteria used for
chemotherapy and for hospitalization, should be presented
with a number of case histories illustrating these services.
The section on treatment modalities from an introductory
text in clinical or abnormal psychology can be distributed
to participants for reference.

Day II

9 - 10:30 <u>Psychosocial Ingredients</u>

The coordinator for the overall program, a person knowledgable and experienced in working with mental patients, should review the major psychological ingredients which should be present in all of the art programs. The discussion should focus on the importance of listening skills, the use of acknowledgment as a way to stimulate interest and develop motivation in clients, the importance of providing emotional support through reflection and the "mirroring" of clients' feelings and ideas. Summarizing what clients say or do is an excellent way of developing a budding relationship. Each of these techniques should be presented with some illustrative material. The section on "Psychosocial Effects: Process and Experience," from this thesis (pages 29 - 35), can be distributed to the group for general reference.

10:30 - 12:00 <u>Roleplaying</u>

A mental health professional and a teacher in an arts field with experience in working with mental patients should present some of the typical problems which are encountered in working with mental patients and demonstrate how they are resolved in practice. Of particular importance would be

illustrations of how to develop a cooperative, working rela-
tionship with apathetic clients (e.g. through exhibition of
their work in their homes, rewarding all work done with
acknowledgment, discussing what they have produced with the
group, encouraging them to try new things, being friendly
and supportive even when they are unproductive, as a way of
inviting future cooperation and eventual involvement in the
program).

1 - 2 p.m. Implementing a Visual Arts Program

In this hour a presentation should be made on imple-
mentation of a visual arts program with deinstitutionalized
mental patients. The speaker should be a person with direct
experience in the field. The section on Visual Arts in this
thesis (pages 40 - 51) could be distributed to the group for
reference.

2 - 3 p.m. Implementing a Music Program

An individual with experience in the field should make
a presentation of the implementation of the music program in
this time slot. The section on Music in this thesis (pages
52 - 57) might be used for reference.

3 - 4 p.m. <u>Implementing a Drama Program</u>

In this time slot, a person with experience in the field will make a presentation on implementation of the drama program. The section on Drama in this thesis (pages 58 - 60) might be used for reference.

4 - 5 p.m. <u>Implementing a Poetry Program</u>

In this time slot, a person with experience in the field will make a presentation on the implementation of the poetry program. The section on poetry in this thesis (pages 61 - 68) could be used for reference.

These brief reviews of the different program elements should give the arts resource people an overall picture of the nature of the program and how it is designed to help clients find new interests, and develop a feeling of involvement and participation in their immediate community, thus counteracting their deep sense of isolation, boredom and rejection.

REFERENCES

American Psychiatric Association: Clinical Aspects of the Violent Individual. Task Force Reort 8. Washington, D.C., APA, 1974

Asimov, Isaac   Familiar Poems Annotated, Doubleday, New York, 1977

Bachrach,L.L. Personal communication to Bernard Bloom in Bloom et al., Marital Disruption as a Stressor: A Review and Analysis, Psychological Bulletin,Vol.85, No.4, 1978

Bachrach, L.L. Marital Status and Mental Disorder: An Analytical Revew, DHEW Pub. No. (ADM) 75-217. Washington,D.C., U.S. Government Printing Office,1975

Bachrach, L.L. Marital Status of Discharges from Psychiatric Inpatient Units of General Hospitals, United States 1970-71: I. Analysis by age, color and sex (Statistical Note 82, NIMH). Washington, D.C.:U.S. Government Printing Office, 1973.

Bassuk,E.L. & Gerson, S. Deinstitutionalization and Mental Health Services. Scientific American, Vol.238, No.2, February, 1978.

Brill, H, & Malzberg, B. Statistical Report on the Arrest Record of Male Ex-patients Released from New York State Mental Hospitals During the Period 1946-8. In Criminal Acts of Ex-Mental Hospital Patients (Supplement No.153) Washington, D.C.: American Psychiatric Association Mental Hospital Service, August, 1962.

Ciardi, John & Williams, Miller How Does A Poem Mean? (2nd Ed.), Houghton Mifflin, Boston, 1975 (1959)

Ciardi, John Robert Frost: The Way to a Poem. In Edge of Awareness, Hoopes,N.E. & Peck, R. (Eds.), Dell, New York, 1966.

Cohen, L. & Freeman, H. How Dangerous to the Community are State Hospital Patients? Connecticut State Medical Journal, 1945, 9,697-700.

Durbin, J., Pasewark, R., & Albers, D. Criminality and Mental Illness: A Study of Arrest Rates in a Rural State. American Journal of Psychiatry, 1977,134, 80-83.

References continued

Ihilevich, D. & Gleser, G.   The Progress Evaluation Scales.
    Shiawassee County Community Mental Health Services
    Board, 1979.

Koch, Kenneth Rose Where Did You Get That Red? Teaching
    Great Poetry to Children.   Vintage, New York, 1973

Lamy, R.E.   Social Consequences of Mental Illness, Journal
    of Consulting Psychology, 30, 450-55, 1966

Marshal, H.E.   Dorothea Dix, Forgotten Samaritan. Chapel
    Hill: University of North Carolina Press, 1937

Nunnaly, J.C.   Popular Conceptions of Mental Health, Their
    Development and Change, Holt, Reinhart & Winston,
    New York, 1961

Pinel,P.   A Treatise on Insanity. Sheffield, England, 1984   .

President's Commission on Mental Health Task Panel Reports
    Vol.III, U.S. Government Printing Office, 1978

Rabkin, J.G.   Criminal Behavior of Discharged Mental Patients:
    A Critical Appraisal of the Research, Psychological
    Bulletin, Vol.86, No.1, January, 1979.

Redwick, R.W. & Johnson, C.   Marital status, Living Arrange-
    ments and Family Characteristics of Admissions to
    State and County Mental Hospitals and Outpatient
    Psychiatric Clinics, United States, 1970. (Statisti-
    cal Note 100, NIMH). Washington D.C.: U.S. Govern-
    ment Printing Office, 1974.

Sarbin, T.S. & Mancuso   Failure of a Moral Enterprise:
    Attitudes of the Public Toward Mental Illness,
    Journal of Consulting and Clinical Psychology, 35,1970.

Steadman, H., Melick, M., & Cocozza, J.   Arrest Rates of
    Persons Released from New York State Department of
    Mental Health Hygiene Psyciatric Centers. Report to
    the New York State Commissioner of Mental Hygiene,1977.

Taube, C.A.   Admission Rates By Age, Sex and Maritial Status:
    State and County Mental Hospitals, 1969(Statistical
    Note 32) Washington, D.C.: NIMH, 1970

Zitrin, A., Hardesty, A., Burdock, E. & Drossman,A.· Crime
    and Violence Among Mental Patients. American Journal
    of Psychiatry, 1976