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FILMMAKING AS ARTISTIC INQUIRY: AN EXAMINATION OF CERAMIC ART
THERAPY IN A MAXIMUM-SECURITY FORENSIC PSYCHIATRIC FACILITY

A DISSERTATION
(submitted by)

SERENA DUCKROW

In partial fulfillment of the requirements
for the degree
Doctor of Philosophy in Expressive Therapy

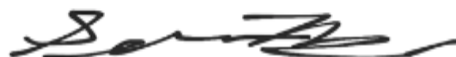
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January 2017

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SIGNED:

Serena Duckrow

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FILM LINKs

<https://www.youtube.com/watch?v=PytlFZVvlig>

[Conversations in Clay: Creativity, Collaboration, and Community](https://www.youtube.com/watch?v=PytlFZVvlig)

ABSTRACT

This Art-Based Research (ABR) illuminates the power of creativity to inspire and heal people living in a maximum-security forensic psychiatric hospital. The study comprises: the individual and group artwork from the Collaborative Ceramic Art Therapy Studio with thirteen participants; a culminating thirteen-minute film found at <https://www.youtube.com/watch?v=PytlFZVvlig>, *[Conversations in Clay: Creativity, Collaboration, and Community](#)*; an artistic inquiry and examination of the project footage; and a discussion of how the therapeutic filmmaking process helped capture the essential therapeutic elements of clay, filmmaking, and the art therapy studio environment.

CHAPTER 1

Introduction

Research in the field of art therapy has continuously explored applications to broad sectors of society. However, little attention has been given to the work of art therapists who provide ceramic art therapy studios to enhance the well-being of mentally ill offender patients.

Background. Studies have shown that the arts help a person's social and psychological wellbeing and success (Crawford et al., 2010). In recent years, several research studies have supported art therapies for offenders with severe and persistent mental illness (Gussak, 2006, 2007; Smeijsters & Cleven, 2006). Current research on offenders experiencing mental illness and living in locked correctional facilities illustrates the need for enhanced mental health services. For example, incarceration can cause anxiety, depression, agitation, and aggressive acts and increase symptoms of psychosis, requiring rehabilitation therapy (Snyder, Clark, & Jones, 2012).

There has been very limited research on offenders with mental illness living in forensic psychiatric hospitals and even less about ceramic art therapy treatment with this group. There is no mention in the art therapy literature documenting the existence of collaborative ceramic art therapy studio in forensic psychiatric state hospitals. This study explores how the use of clay in an art therapy studio environment, *the Collaborative Ceramic Art Therapy Studio Group*, provides treatment for mentally ill offenders living in locked psychiatric facilities.

Setting. The facility now known as the California Department of State Hospitals (DSH)-Patton was founded in 1893 as the Southern California State Hospital for the Insane

and Inebriates, part of the Department of Developmental Services, to care for people with mental and medical needs (Clinical Operations, 2012). Constructed on a large acreage at the base of the San Bernardino National Forest, it was considered a respite for people with intellectual disabilities, syphilis, tuberculosis, pervasive developmental disorders, and dementia. However, in the early 1980s when the facility became part of the Department of Mental Health, it exclusively accepted patients who had both a mental illness and a penal code commitment. Currently, DSH-Patton is the largest and oldest forensic psychiatric facility in the United States. The California Department of Corrections and Rehabilitation is responsible for maintaining the security of the facility perimeters and the safety of the outside community. Executive Director H. Oreol (personal communication, July 18, 2014) explained that the setting's responsibility is to protect individual patients as well as those with whom the patients interact.

Participants. DSH-Patton houses approximately 1,500 civilly and forensically committed patients with a variety of mental illnesses, cognitive and physical capabilities, and penal code commitments (California Department of State Hospitals, 2015). As modern American facilities move towards providing patients with best-practice medical, dental, and mental health care, increasingly more studies have explored patients' quality of life. People with severe mental illness often face years of neglect and trauma before they find treatment. Gamble, Abate, Seibold, Wenzel, and Ducharme (2011) believed that people exposed to treatment can change, even when they seem "stuck" (p. 136) in their therapy because of their fear or comfort levels. In many ways, patients need to experience and live in such a way that a rehabilitative sentence does no further harm.

Pilot Study Results. The pilot study for this research performed qualitative analysis of interviews with 13 ceramic art therapy studio participants at DHS-Patton from October 2013 to March 2014. The pilot research found that improved self-esteem and learning a new skill were important to the participants (Duckrow, 2014). However, the way in which clay might specifically contribute to these benefits was still unclear in the pilot.

The results showed that participant experiences varied but were, for the most part, positive and met participants' expectations. Surveys used in the study revealed:

- Benefits at Week 7 included participants: (a) learning about the ceramic arts processes and how to use their hands to work with clay for self-expression, (b) increasing self-esteem, (c) learning coping skills, (d) improving mood, and (e) increasing decision-making skills. Further, participants stated they enjoyed working with clay.
- Benefits at Week 12 included participants: (a) feeling relaxation, (b) obtaining staff help, (c) learning about coping skills, (d) listening to and sharing with others, (e) learning about ceramic arts, (f) improving mood, (g) increasing creative expression, and (h) heightening self-image.

Research Questions (RQ)

This doctoral dissertation examined the following research questions:

- What are the essential therapeutic properties of the clay medium?
- What are the benefits of working with clay in a group studio context?
- Will creating a film documenting the studio work help further understanding of the benefits of ceramic art therapy?

- How will individual participants describe their experiences participating in the Collaborative Ceramic Art Therapy Studio Group and the filming of their artwork? Will there be commonalities and differences in the individual statements?
- Will the researcher's use of the clay medium as a mode of inquiry and response assist in answering, "What is therapeutic about the use of clay in the studio setting"?

CHAPTER 2

Literature Review

This chapter provides a brief review of the literature on the following areas: art-based research, clay and film in art therapy, art therapy studios, art therapy in state facilities, rehabilitation and recovery, art therapy, the art therapist, and art therapy groups in state hospitals.

Art-Based Research (ABR)

Artistic response. At the core of art therapy, artistic inquiry, and ABR, people learn through creative artmaking. Kossak (2013) described ABR as “the heart” (p. 20) of art-based therapy. The ABR literature in North America originated with books by McNiff (1998), Wadsworth Hervey (2000), and Knowles and Cole (2008). Current literature on the topic is growing from the foundation by art therapists such as Wadeson (1980) and J. Rubin (1987), who opened the doors for creative discoveries of the human experience. In ABR, the researcher’s position is that of learner, explorer, and creator. The art as evidence is provided to exhibit understanding. Artistic response is an important part of the art therapist’s learning (McNiff, 2013a; B. Moon, 2013). The connection between art, artist, and art-based researcher is indivisible. McNiff (1998) saw ABR as coming from trusting in the creative process and wishing to relate with the images that emerge from it. There is a need for attunement with the components of the artistic inquiry, the people and parts of the process. When two or more people are attuned, harmonious, and connected “in a kind of collective synchronized whole” (Kossak, 2015, p. 14).

Clay. Clay as an art medium often involves special considerations for the studio space. Ventilation, light, water, and supplies are foremost and, as Kramer (2000) suggested,

items such as smocks, newspaper, and sponges are also integral to the process. The person using the ceramic art room has many needs in order to work productively. Often, previous works sit around the room in various stages of development. Clay dust may coat the floor, tabletops, and chairs. Clay in various stages fills the room. Slip—excessively wet clay used to attach pieces together—is contained in jars scattered among underglazes and glazes, bags of clay, water bottles, paper towels, and other essential items.

Working with clay offers the artist a unique set of possibilities. Archaeologists have found pottery from civilizations that existed thousands of years ago. This can be an interesting concept today for people consumed by their day-to-day, moment-to-moment concerns. The history of ceramic art and its use for generations can help put the work in this research into perspective. Merriam-Webster described “plastic clay suitable for making pottery—called also *potter’s earth*” (Clay, n.d.). Just as clay offers possibilities, and potter’s clay allows for ceramic artworks (Malchiodi, 2007), a specific set of challenges may arise when working with clay. It comprises several minerals including alumina, water, and silica. However, when fired to an extreme temperature, the water leaves the clay body and the minerals may harden to stone.

There is something very grounding about working with the earth. Fleck (2002) pointed out that we share the special features of working with clay with others throughout the history of human experience. The use of clay can bring insight to the person creating and building. While forming the medium, the person may make discoveries about themselves or the clay-building process. Echeta (2011) supported that the value in working with clay can be applied in other areas. When people are in touch with clay, they are the masters. It bends how they want it to bend. The individuals are in charge, in control; and with mastery of the

material, they can create or express themselves with little fear of failure. As Seiden (2001) stated, “Clay always says, ‘yes’” (p. 44).

Henley (2002) described working with clay as a balanced process in which one has to understand, let go, and hope. As an artistic medium, clay is a unique experience. It is a loose, fluid substance when wet. As it dries, it hardens to a three-dimensional piece. Seiden (2001) described clay’s pliability, diversity, and availability as particularly suited to art therapy. However, because clay is not as easily controlled as a pencil or marker, it is possibly a more emotionally provocative medium. Fleck (2002) believed there may be a strong emotional connection with the creation as the art takes on its own presence and the artist may face many moments of struggle using a more fluid medium.

Metaphor and relationship are often targeted areas where art therapists use artmaking and its process to point out interesting observations to the participant. Toward this end, working with clay brings new objects into existence and observations into focus. One may choose to form the clay into a new shape. For example, J. Rubin (2001) described the basic building techniques: brick, slab, coil, and pinch. The relationship between the creator and the object can be profound. The phenomenon of making art with clay leaves a final product to enjoy, destroy, work later, or accept as it is. The metaphorical parallel to one’s life is not a far reach. Sherwood (2004) described, “Once the client has so intimately and penetratingly expressed his or her inner life, held it in his or her own hands, and brought it into the light of his or her consciousness, healing has already begun. The clay pieces remain as graphic monuments to the inner work that calls to be done and to the inner work that has been accomplished” (p. 27).

Tamar (2007) wrote that each session with clay is art-based exploration and an articulation of how the creator describes and interprets the process. Clay metaphorically requests the creator's full attention throughout the building process. Franklin (2010) and Kapitan (2003) described the intimacy involved with their work with clay, demonstrating that a relationship in which the *creator* and *created* work together is crucial.

As Richards (1989) described, clay comes from the earth and therefore has a very organic quality that can be grounding for some patients. People in the studio use clay to sculpt hand-built pieces and learn important skills such as attaching and gauging moisture levels and how much pressure a piece can withstand. Working with clay involves touching, moving with, and maneuvering a substance that lies somewhere between liquid and solid. Participants can form and destroy their creations or use the wheel to help form symmetrical and often functional pottery pieces. However, the survival of the piece relies on communication and care.

In the book, *Centering*, Richards (1989) discussed working with clay as, in a way, a conversation. Artists may transfer their relationships with the clay and the instructor to relationships with themselves and others. Artists who work with clay learn about fragility and metaphorical breaking points. There is a dialogue between clay and artist. Some remember using play dough as children or recall high-school ceramic art classes, but many have not experienced clay as ceramic art.

Film. This art-based project uses the filmmaking process to study the artistic process of working with clay. The creative filmmaking process, along with rigorous inquiry into the process of working with clay, lends itself to systematic and creative research projects.

Franklin (2012) discussed the power of digital media, stating that “the masses” (p. 94) have

become prolific with the creative modality. Regarding the future use of the medium, Johnson (2013) cited Margaret Mead's [1973] analogy of introducing video media into ethnography as the equivalent of telescopes in astronomy.

There is a distinct need for art therapists to write about their use of film. Art therapists have used film in art therapy since the early 1970s (Carlton, 2014; Fryrear & Corbit, 1992; Malchiodi, 2000; McLeod, 1999; McNiff, 1981; McNiff & Cook, 1975; Muller & Bader, 1972). Rubin and Katz (1946) showed the use of film and its positive properties as early as 1946. They played Auroratone films, abstract films with music, meant to soothe and treat psychosis and depression, in a U.S. Army general hospital. Hanhardt (1985) reported that Sony Corporation's early portable video recorder became a means for artists to create images.

Many researchers and art therapists such as Furman (1990), Chin et al. (1980), and Gardano (1994) demonstrated the power of digital media in art therapy in the 1980s and 1990s. However, Johnson (2013) described the current trend in filmmaking in art therapy as more of a method discovery than of documentation because of its engagement with the participants as well as the researcher and audiences. Filmmaking in art therapy lends itself to the creative expressions of both clients and art therapists and suggests many future possibilities for both expanding the range of media and possibilities for therapeutic outcomes emerging from a cooperative process of creation.

Film and video expands the lens of how art therapists relate to and connect with clients, and the qualities of film provide art therapists "distinct sensory and interactive experiences" (Carlton, 2014, p. 17). Kapitan (2011) discussed the art therapy ethos regarding new technologies. The increasing appeal and accessibility of digital media in art therapy has

generated discussion of ethical considerations (Orr, 2016). Orr wrote about the importance of art therapy's standards, particularly ethical and confidentiality implications.

Art therapists' skills and appreciation of the value of using film have developed considerably over the past decades in relation to the increasing quality and accessibility of digital media and there has been a corresponding growth of the literature on film in art therapy. In her book, *Materials and Media*, C. Moon (2010) provided the chapter, "Video Art and Activism, Applications in Art Therapy," by Barbara (Basia) Mosinski, who discussed video as a way to see oneself.

Pink and Mackley (2014) wrote about the use of film to promote understanding of oneself. They explored the relationship between arts practice and ethnography and examined how video is used to study people and reflect on their lives and information that might otherwise be inaccessible. They believed that, in creating an open-ended documentary, the use of film relies on spontaneous actions that occur on set. Art therapists may create short films to capture events, play them back, freeze them in time, or give value to the moments. From a person-centered approach, video may provide an opportunity for learning and self-empowerment.

Digital media and filmmaking impart a visual, moving story created by the moviemaker. With a digital camera, location, and participating subjects, one is able to create an "uncontrolled documentary" (Block, 2008, p. 266) or "unscripted documentary" (Fadiman & Levelle, 2008, p. 45) in which the people in the frame, their voices, and their environment are captured on film. Unscripted documentary fits well into the art therapy world because the processes are similar in technique.

Rehabilitation and Recovery in State Hospitals

Creative activity in state hospitals has been used in various forms as treatment for patients with mental illness since the 19th century (Gladding, 2005; Mee & Sumsion, 2001; Reynolds, 2000; Spandler, Secker, Kent, Hacking, & Shenton, 2007; Tubbs & Drake 2007). Over the past two decades, several court decisions and federal investigations have driven growing emphasis on providing psychosocial treatment to patients in state psychiatric hospitals (Cruz & Feder, 2013). Today, the federal government keenly observes America's state psychiatric hospitals to ensure they provide adequate treatment.

A substantial body of literature promoted artmaking for people with mental health issues (Caddy, Crawford, & Page, 2012). However, the *specific* therapeutic elements and benefits of creative expression have only recently been recognized and catalogued. Patterson, Debate, Anju, Waller, and Crawford (2011) reiterated that different creative activities were long recognized as contributing to wellbeing, but only recently conceived of as distinct therapeutic interventions that draw on nonverbal communication. The expression and sharing that comes with artmaking allow a therapeutic alliance to develop between someone experiencing mental health issues and staff. Jones (1982) considered self-awareness as an avenue to bypass the rational world for one of spirituality, intuition, and mystery. As Kottler (2010) stressed the therapist's role in helping others to learn their limitations and abilities and to discover and apply their coping skills by practicing with controlled risks. Being aware of one's self, may lend to profound spiritual questioning, with art being a place to explore strengths and weaknesses.

Sitvast, Widdershoven, and Abma (2011) described that many patients were able to repurpose their lives, stating that although recovery from severe mental illness is difficult to

recover, patients can rediscover the purpose and dignity of life. Thus, they can rise above the stigma of being a psychiatric patient. Often, patients had not had an opportunity to take an art class, play musical instruments, or experiment with pursuits that would deter them from criminal activity.

Current therapeutic practices in general focus on *mental wellbeing*: not just as the absence of illness, but as connected, interdependent *whole-body wellness* (Stuckey & Nobel, 2010). This recovery model treatment of individuals with mental illness has been a slow but constant process dependent upon cultural, financial, legal, and environmental factors (Cruz & Feder, 2013). Confidence in the recovery model, with research to support the methods, has led to positive changes in the treatment of mental illness (Tsai and Salyers, 2010). Tsai and Salyers advocate recovery as both possible and likely.

Art Therapy in State Hospitals

Clinicians in the state hospital system offer treatment from a biopsychosocial perspective with a combination of educational groups, medication, and psychological sessions (H. Oreol, personal communication, July 18, 2014). Symptomology of the mentally ill offender is complicated. Negative symptoms of mental illnesses such as schizophrenia may cause the person not to engage actively in traditional talk-therapy groups. The National Collaborating Centre for Mental Health (2010) described the art therapies as the only interventions that consistently reduce negative symptoms. During treatment, art therapists review their patients' backgrounds, stories, perspectives, and goals (Liebmann, 1994). Although patients might not have had access to treatment, expressive therapy and art therapy can help them make sense of the world.

Typical occurrences within a facility, such as sleep disturbance, upsetting interactions with others, and anxiety can exacerbate symptoms in vulnerable people (Hek, 2006).

According to Dvoskin et al. (2002), offenders with mental illnesses in state hospital settings experience increased stressors, of which constant noise is one of the most important.

Therefore, institutions can resonate with loud and often unknown noises and yelling, and anxiety is a common symptom when living in the forensic setting (Snyder et al., 2012).

Often, patients within forensic mental health settings resist traditional forms of therapy but are interested in the expressive therapies. Erickson and Young (2010) asserted that creativity emerges organically in forensic settings, for example in the form of tattoos, carvings, and sketches. New programs, creative outlets, and current technology have also been introduced in institutions with therapeutic results. For example, McNiff and Cook (1975) created a Video Art Therapy program after introducing a video camera into groups. Their filming focused on patient-made art at Danvers State Hospital, Massachusetts. The researchers wanted to capture the artists in the action of making their art. Thus, they integrated filmmaking into the art therapy programs, and one client eventually used videography as his artistic mode.

Malchiodi (2013) stated that creating and enjoying the activity without perceiving right and wrong is crucial to promoting artmaking. Knill, Levine, and Levine (2005) explained that playfulness is key to exploration and discovery. With new skills and new outlooks, patients may recognize they are people capable of renaissance. When patients develop relationships with their artmaking, an appreciation for the mysticism of creativity can occur. According to Knill et al., the ideas, urges, and processes of designing a new and unique thing are powerful moments therapists can discuss with patients.

Art therapy. Artmaking is one way to see how the patient views the world.

Reviewing art assessments and art created over months equips the art therapist with adequate information to engage in meaningful discussions with the patient. Riley (2001) wrote that the combined experiences—the physical artmaking, the visual recording, and the verbal explanations of the art—help patients learn and retain problem solving skills. This process should allow the art therapist to see progression, regression, and a direct creation of the person’s status at that moment.

Art therapy may be well suited to discovering these new developments and characteristics. Consalvo (2011) explained that art improves self-esteem and focus, expression helps patients feel normal and express anger in healthy ways, and art therapy can help the patient improve coping skills in many ways. The most effective way is not by providing a place to “vent,” but by providing a safe place to rebuild positive experiences (Dalebroux, Goldstein, & Winner, 2008). Smeijsters and Cleven (2006) explored using art therapies to decrease aggression in forensic settings. Their study included 31 experienced arts therapists working in 12 facilities across Germany and the Netherlands, in which the expressive therapists presented their treatments for destructive aggression. They concluded that it was possible to reduce tension and aggression, improve impulse control, structure behavior, and develop interpersonal competencies through art therapy.

Art therapy fits well into the work of clinicians and the lives of patients in state hospital forensic facilities. Brewster (2012) described artists who participated in *Paths of Discovery*, a pictorial book of California prisoners and their art, as struggling in the artistic process to create a new sense of a stronger self. Brewster found that participants were more likely to abide by prison rules and to prepare for productive lives upon release from prison.

The participants in Brewster's book gained a solid respect for themselves and others and used their time "constructively and meaningfully" (p. 21). According to the participants, art allowed them to relate on emotional levels to parts within themselves, the work they created, and the world around them. Art met the patients where they were and with what they need to heal. The participants stated they felt that artmaking was a powerful tool to promote recovery. McNiff (1992) wrote that creating art leads to a change of the psyche. The relationship between a creative person and their art is a potent adhesive to fragmentation and confusion. According to McNiff, artmaking leads the artists to better understand their selves.

Art therapist. Art therapists have recognized the creative modes for improving life for people struggling with recidivism and institutionalization. Gussak (2007) studied the field of art in correctional facilities for over a decade. He believed that artmaking and participating in an art therapy group positively affected the development and growth of a person in prison. Gussak and Ploumis-Devick (2004) promoted the creative arts as a transformative means toward self-awareness. In Gussak's (2006) follow-up to the 2004 pilot study, he looked at the effects of art therapy on offenders and confirmed his conclusion that participants' moods increased positively when working with an art therapist. In 2007, he found that incarcerated men who participated in art therapy improved their decision-making and individuality, leading to successful final products.

Clinicians working in the forensic hospital setting struggle to provide therapy in this often-nontherapeutic environment. Although Smeijsters and Cleven (2006) stated that offenders being treated in psychiatric hospitals are part of a psychiatric—and not a prison—culture, building rapport with a patient can be difficult when correctional officers, nursing staff, and administrative staff may not view the therapeutic process as beneficial or as a

priority (Gussak, 2007). Tsai and Salyers (2010) researched staff attitudes in state hospitals and ascertained the staff did not have optimistic or positive views. They found working as a clinician was one of the most difficult positions in the state hospital system due to the inherent negativity.

The art therapist in a forensic mental health setting works within policy constraints for safety reasons similar to those at a prison. For example, possible requirements may include that brushes and pencils must be no longer than four inches, or that clay and plaster are not allowed at all because they could be used to make copies of keys or disable locks. Flammable materials also may be restricted. Thus, most forensic settings' contraband policies pare down the art therapist's materials (Gussak & Cohen-Liebman, 2001). However, creative therapists may find these limitations merely hurdles to overcome and opportunities to explore atypical materials.

With the introduction of an art therapist—introducing something novel in the environment—there may be a new engagement and understanding. Darley and Heath (2008) cautioned, however, that the therapist must accept the patient's creation as “the patient presents it. It is the patient's time, the patient's art piece, the patient's life that is on the table” (p. 22). People helping those with mental illness benefit from encouraging the importance of the artwork created. The artwork shifts in creativity, and processing are meaningful occurrences in art therapy sessions. Van Lith, Fenner, and Shofield (2011) expounded that art therapy may lead to relationships, connections, and new perspectives. Furthermore, patients can playfully explore new ideas, thoughts, and identities.

Art therapy groups. The group therapy process evolves as the services they provide change (Riley, 2001). The group itself is the determining factor in how group therapy can

help change someone (Vinogradov & Yalom, 1989). People often claim to lose time when enjoying what they are doing. Csikszentmihalyi (1990) described that natural outpouring of concentration and attention as the sensation of *flow* one may feel.

According to Gussak (2006), the many factors of concern for both the art therapist and the patient entering into exploratory and creative work together include: providing safety, engaging participation, forming rapport, and building a creative atmosphere. He noted that making art with peers in a group can intimidate those who tend not to disclose personal information. However, the group provider should consistently highlight the therapeutic process.

Malchiodi (2007) discussed how psychiatric facilities most commonly provide art therapy in either the art psychotherapy group or the open studio group. She believed the open studio group can take away some of this pressure because less is shared verbally about each person. She further stated that communication is important to create and maintain positive, therapeutic group dynamics. For example, in a group art therapy setting, peers may comment on others' processes—the way they used the paint, the colors they chose, or the ideas they expressed. Recovery and healing from mental illness are promoted through creativity, with the art therapist as a caring, supportive witness (Ellingson, 1991).

The group leader's intention for the group guides the process. Riley (2001) believed that if group leaders understand the wonder of what making art in a group provides for its participants, then they would affirm that energy and enter the groups with increased motivation. Cheney (1993) cautioned that therapists must not stand apart from the creative activities, because such aloofness adds patients feeling to the isolated, particularly those who already feel rejected or abandoned by society. Cheney noted that the art therapist focuses on

staying with the client and group while acknowledging their reactions, and becomes an essential part of the group functioning. In group therapy, the leader should ideally ensure each member receives care and support.

Guiding the group to be positive and to learn from each other and from the creative process benefits the individual patients and encourages the group to explore new ideas openly. According to C. Moon (2010), acting as a witness in the collaborative ceramic studio, one sees group members at highs and lows of the creative process. Further, collaborating with the patient turns the therapy into a positive partnership. Seeing others' art may benefit the witness and the creator. This partnership is a professional relationship founded on the tenets of a humanistic therapeutic connection (Riley, 2001). Emotions may vary from day to day, group to group, and person to person. Riley also stated that the therapist uses art in the group setting to help generate teaching moments and "opportunities for change" (p. 4). Focus is on the individual in terms of parts of a whole.

B. Moon (2010) stated, providers focus on the idea that joy, wellbeing, and enthusiasm for creative self-expression happen when making art in a group. He also believed a genuine interest in others' wellbeing is one of the group provider's main qualities. Further, he noted that the art therapist in an art studio consistently brings the group's focus back to their work, to what they are creating, and to the internal processes occurring during creativity. He placed responsibility for the therapeutic outcome on the group leader, who requires serious self-reflection, observation of experienced leaders, and supervision to be effective. He discussed feelings that members may experience as a direct result of the group leader's enthusiasm. Groups are comprised of individuals, each on their own path. Some individuals may focus on building artmaking skills or on changing their behavior; others may

be escaping reality through diversion; still more may be searching for creative outlets to help them express themselves and find wellness.

When members work through their processes in an art studio, they become artists together, joined in a larger process of enlightening. Within the group, technical skills in making the product may be discussed, and reflections on the group process may provide further understanding of the participants' internal experiences. Material mastery opens the door for mastery of other aspects. Crespo (2003) promoted mastery of art techniques as means to improve self-worth and mend "the schizophrenic's shattered ego" (p. 187).

Sharing created artwork at the end of the group is a common way to connect individuals with their surroundings. Individuals may develop interest in what others are doing when curious about what more they themselves can do. Art therapy groups can meet the needs of a variety of patients through the skilled interchange of group work and person-centered treatment. At the end of the group, a processing time often leads to sharing (McNiff, 1981, 1993; C. Moon, 2010; Riley, 2001).

CHAPTER 3

Method

This research project examined the Collaborative Ceramic Art Therapy Studio Group at DSH-Patton through art-based methods of inquiry involving film and clay. In addition, methodology was informed by the emergent “grounded theory” approach (Glaser & Straus, 1967).

The intent and design of the project set out to answer the following research questions:

1. What are the essential therapeutic properties of the clay medium?
2. What are the benefits of working with clay in a group studio context?
3. Will creating a film documenting the studio work help further understanding of the benefits of ceramic art therapy?
4. How will individual participants describe their experiences participating in the Collaborative Ceramic Art Therapy Studio Group and the filming of their artwork?
Will there be commonalities and differences in the individual statements?
5. Will the researcher’s use of the clay medium as a mode of inquiry and response assist in answering, “What is therapeutic about the use of clay in the studio setting”?

The study involved nine phases from preparation through conclusion.

Phase 1: Preparing and Investigating

In the doctoral proposal (Appendix A), the filmmaking process is described as the way to systematically answer the research questions.

Approval, informed consent, and confidentiality. The Executive Director of the Hospital and attendees of the Collaborative Ceramic Art Therapy Studio Group accepted the

ABR project before passing it to the group members' clinical teams for approval (Appendix B). The DSH Research Committee, the California Board for the Protection of Human Subjects (CPHS), and the Lesley University Internal Review Board (IRB) approved the study (Appendices C, E, and E, respectively). Each group affirmed the methods' minimal prospects to harm participants. Further, approval was then obtained for participants to keep DVDs of the film in their lockers.

During filmmaking, two departments within the hospital, Video Productions and the Multi-Media Team, collaborated in collecting and storing the data. Over three months, as approved by the State of California DSH-Patton, interviews were conducted in the ceramic art studio, common areas, and conference rooms on the unit and on the grounds. The people were met where they chose, *where they were* (Rogers, 1956).

Informed consent (Appendices F and G) was provided to and collected from the 13 participants and their clinical teams in accordance with the approved protocol. It included appropriate forms for photography and film. The research project was described in detail to the participants, their treatment teams, and the hospital administration before any data collection.

All conceivable ethical considerations were cogitated to reduce any possible harm to participants through involvement in the study. Because research materials would be stored on computers, procedures for safeguarding electronic files were reviewed. Computers and devices were rigorously examined for security, software, and transmission of personal information. In addition, all participants were given the option to choose a pseudonym for this study, and their faces were edited out of the final video footage.

Participants. The research participants were attendees of the Collaborative Ceramic Art Therapy Studio Group as well as the MultiMedia Productions Group at DSH-Patton. Led by Psychiatric Technician Vinson Wilson, the MultiMedia and Video Productions Groups (which included patients) assisted filming and editing. Each participant was excited to be part of the filmmaking—a novel process in DSH facilities, which strictly regulated video and cameras. Further, the MultiMedia Team focused on an entirely separate project called “patient postcards,” in which participants could film themselves and send the videos to family members. This postcards program was allowed only for specific patients approved to be in the group and to be filmed. In general, the participants were individuals whose families were unable to visit. Although “patient postcards” were not specifically part of the study, the prospect of sending one home helped increase participant enthusiasm for filmmaking overall.

The patients who participated in the pilot project research remained in the Group and signed the informed consent paperwork. The 12 males and one female’s ($N = 13$) participation in the Collaborative Ceramic Art Therapy Studio Group had already ranged from a few months to several years. The rapport and relationships among the participants began when the ceramics program in 2010 was initiated. The group was restricted to a smaller number than other groups held on hospital grounds or in units (which can range up to 50 patients) because the ceramics studio was tucked within the older, less secure Central Treatment Services Area. Patients invited into the groups and film project were required to have six months of violence-free behavior and treatment team approval to be around sharp tools.

Members of the Collaborative Ceramic Art Therapy Studio Group who did not want to participate in the research or sign the consent form due to paranoia or other concerns

remained in the group but were not interviewed or filmed. For some patients, filming and recording their voices was a frightening idea. A clear explanation that study participation was completely their choice, that they could still participate in the group even if they did not wish to be in the film, was offered. Some patients and clinical teams chose this option. The 13 participants and clinical teams who signed the informed consent forms—and therefore were interviewed, filmed, and photographed for this doctoral research—each chose their own pseudonym: Bam Bam, Bradley, Bubba, The Creator, Hobbit, Look, Old West, Radar, Rico, SixSixSix, Spider, Youngster, and Wise One.

Phase 2: Filming and Focusing

Process. Study participants worked together to film evidence that visually represented their experiences. From GoPro footage worn on one participant's head, to a coworker holding the video camera, to shooting digital film on an iPhone and iPad, the various perspectives were crucial to help explain the group art therapy studio experience. Participants were asked to make artwork during the interviews and filming in order to capture their hands working with the clay. Three group projects were created during the January-to-March 2015 period. The participants worked with the clay while the film was being taken, from a participant wearing a camera on her head to members of the MultiMedia team filming.

Interviews. Meeting with the collaborative group once a week for two-hour sessions, the participants had access to clay, on-going projects, group facilitators, and their continuing group and individual ceramic art projects. Some participants chose not to work while being interviewed because they felt it might be too distracting. They had the option to answer

questions however and whenever they wanted—for example, while making art in the studio, or focused in a conference room on their unit, or outside of the studio in a courtyard.

Participant artwork (individual and group) and participant interviews were collected throughout the process of inquiry and each interview was documented through both voice recordings and videography. The interviews were based upon a prescribed series of questions (Appendix H) and each interview was concluded with an open-ended offering wherein participants could talk openly without having to answer a specific question. The interviews were recorded, transcribed, and examined in relation to the research questions.

Cameras. GoPro video cameras, iPads, iPhones, state video cameras, and computers were used to film, record, and save visual footage and audio recordings.

Phase 3: Logging and Transcribing

Logging footage. The comprehensive film footage included many facets of the studio group process and products. After transferring each day's film to *Final Cut Pro* software on the hospital's multimedia Mac computers, footage from the cameras was deleted. On days when the MultiMedia Productions patient team filmed footage, the team captured the group working with patients and created shots that were more professional (e.g., they used a tripod and did not walk around with an iPad filming while leading the group).

Transcribing interviews. Each interview was transferred to the internal hospital medical records department (HIMD) digital transcription system. Following hospital protocol, recordings were played into the telephone for HIMD personnel to type up (transcribe) and return for review. The original recordings were played aloud while reading and correcting their transcripts, and then final corrected edits sent back to HIMD. This

ensured that the interviews and data were protected by hospital technology, and not saved on any other devices.

Phase 4: Editing and Creating

Organizing visual moments. Organizing the recurring themes found in the interviews stemmed from a desire to portray the sentiments and importance of patient artwork. The footage and their thoughts were categorized under their pseudonyms.

Telling the story. In creating the film, the editing process created a story that integrated the various bits and pieces of information shared by the participants. This dissection and then reconstruction allowed for a heightened artistic process.

Phase 5: Screening and Evaluating

Presentation. The final edited film was presented to the Chief of Rehabilitation, supervisors, the participants, and guests. After a brief introduction, the film was shown and participants were available for a question-and-answer period.

Participant feedback. Each person who attended the screening was given a questionnaire (Appendix I) to collect feedback and suggestions for final edits. Questionnaires were distributed to attendees (staff, participants, and other patients) who watched the film and incorporated their suggestions in the film's final edit.

Phase 6: Considering and Completing

Final edits and finishing touches. After reviewing each questionnaire, final edits were completed, the title was changed, and an opening was added in a professional DVD format. The members of the MultiMedia team were instrumental in this process.

Copies. Each participant, the DSH Executive Director, and the Chief of Rehabilitation received a copy of the final DVD, [*Conversations in Clay: Creativity, Collaboration, and Community*](#).

Phase 7: Closing the Film Process

Creative evaluation. After completing the project, the researcher took a three-month education leave to step away from the worksite and began considering how to create a written manuscript showcasing the artistic work. Watching the film several times and showing it to people who did not attend the screening, many positive emotions were experienced and discussed. Some viewers suggested that the film be uploaded onto the internet and entered into film contests. To protect the work, a watermark was created to float in the bottom right-hand corner of the film. Because the dissertation required a hyperlink for readers to access the film for educational purposes, [*Conversations in Clay: Creativity, Collaboration, and Community*](#) was uploaded onto the internet on February 16, 2016 and created the hyperlink via YouTube with public settings.

Reflection and presentation. After developing the film idea, working through the production, and then having created a short film, the filmmaking process was the primary focus. Over the three-month time and space away from the state hospital, the clients, and the other staff, the written document was composed. From a theoretic perspective, a grounded theory approach was used to build a story of strengths. Focus was on the film, the process, and issues involving creativity, inquiry, and research methods.

Committee involvement. After months of writing and several passes back and forth to editors and committee chair, the film decidedly needed artistic reaction. Presenting the research and the film at the 23rd Forensic Conference at Patton State Hospital on February

24, 2016, more feedback was received, which then went into finalizing the dissertation. The editor was involved throughout the process of manuscript passes, each draft was sent from committee to researcher to editor to researcher and back to the committee. The committee was kept apprised of issues and problems that occurred during the completion of the manuscript.

Phase 8: Researcher's Artistic Inquiry

In addition to the film, its evaluation, and the responses to the initial research questions, the process still seemed to lack a solid description of a crucial element, the first research question: What is therapeutic about clay?

Systematic observation. It was difficult to discuss what the film highlighted—the technical and minute breakdown of movement—because the focus had been on the film's overall concept. Deciding to watch the film with no sound, observing and listing words that were observed, the ways the participants used the clay to experience therapeutic benefits were noted and identified. After talking with dance movement therapist Dr. Sharon Davis Brown about the movements observed in the film, the film was viewed shot by shot, and a more essential perspective on the activity involved in ceramic art therapy was developed. Watching the participants' hands and fingers intently, furthered an understanding of the relationship between the clients, their hands, the clay, and their work processes and identified specific moments that helped foster appreciation of how the clay and the participants interacted.

Creative investigation. A list of words that described what occurred in the film emerged through qualitative inquiry methods. The lists of words each expressed the essential qualities of each participant's interaction with the clay. These words were a way to respond

artfully to the participants' hand movements, and the titles came from the clients' expressions during the group.

Researcher's artistic response. Reflecting on the words and how the participants used the clay, something from clay was created in artistic response—hence, the medium of interest reappeared and became involved again. Although the lists of words and sculptures were not initially part of the research plan, they became important in helping to understand the participants' experiences and offered a way to reflect and investigate the clay medium more completely.

Phase 9: Completing and Concluding

To complete and conclude, a reevaluation of the entire process occurred over a period of six months between June and November of 2016. The initial questions were discussed and summarized. This allowed for a determination of the final integration of the research's findings and impact to be discussed with the doctoral committee and other institutional members.

CHAPTER 4

Results

The purpose of this study was to examine the benefits of using clay in an art therapy group in a forensic psychiatric hospital setting and to capture the essence of how the ceramics studio helped the participants. The specifics of the influence on participants' wellbeing determined important meaning to the short film documenting the studio work from January to March 2015, [*Conversations in Clay: Creativity, Collaboration, and Community*](#). This research project presented the Collaborative Ceramic Art Therapy Group Studio through the filmmaking processes: hands in the clay, molding, working, caring, building, and creating. The filmmaking helped capture each participant-artist's work as well as allowing the work to be observed and explored when responding to the research questions. This chapter addresses results from participant interview and post-viewing questionnaires, as well as observations, discoveries, and artistic responses.

RQ 1: ABR and Clay—Essential Elements in Art Therapy

- What are the essential therapeutic properties of the clay medium?

The use of film and artistic response gave the clay a fresh focus and space. In a new context with 13 co-researchers (participants), they experienced, explored, and inquired together into the benefits of clay. The sessions provided an open, nonintrusive, and profoundly creative framework to explore the clay medium. This allowed for an understanding of the parallels between hand building with clay and using filmmaking in art therapy.

The ABR permitted distillation of the essential elements both of clay—Touch, Work, Space, Process, and Product—and of film—Idea, Preparation, Framing, Evidence, and Production—in art therapy and an understanding of the parallels between them.

In the following section, selected stills from [*Conversations in Clay: Creativity, Collaboration, and Community*](#) exemplify how film helped capture the essence of the work with clay, and thus, how ABR assisted the exploration of the media.

Touch: Sensation and malleability

Holding and glazing. Film stills from 2:53-3:18: The participant with the pseudonym “Look” is holding the piece with attention, returning the brush to the glaze (Figure 1). Ensuring the overall appearance was balanced, he holds the teapot in order to look at it from different angles while he glazes (Figure 2).

Smoothing and balancing. Film stills from 8:44-9:47: Spider is smoothing the clay lightly but directly. He uses the tools to smooth and prepare the surface (Figure 3). His hand movements are precise as he presses the piece to the table, using pressure to balance it (Figure 4).



Figure 1. Holding



Figure 2. Glazing



Figure 3. Smoothing



Figure 4. Balancing

Work: Manipulation and building

Covering and wrapping. Film stills from 2:08-2:15: Radar is finishing the day's work. He is covering and wrapping the large piece in order to ensure it retains moisture for next group (Figures 5 and 6).



Figure 5. Covering



Figure 6. Wrapping

Layering and flattening. Film stills from 9:52-10:30: Youngster is slicing off sections of the clay to make layers (Figure 7). He is pounding the merged clay bodies with increasing strength that is direct, and then rolling the clay mechanically in order to work with a flattened slab (Figure 8).



Figure 7. Layering



Figure 8. Flattening

Space: Three-dimensional object

Cutting and arranging. Film stills from 3:32-3:52: SixSixSix is cutting the clay firmly from a thin slab that he measured to be the project's walls (Figure 9). He is making a clean edge using a cutting tool. This action is direct. Each rectangular piece is then arranged into the whole (Figure 10).



Figure 9. Cutting



Figure 10. Arranging

Forming and squeezing. Film stills from 2:23-2:40: Old West is shaping the clay to give it a correct form (Figure 11). The term *shaping* describes movement with a three-dimensional quality that includes vertical (length), horizontal (width), and sagittal (depth). He is using his hands to squeeze it into the barrel shape (Figure 12).



Figure 11. Forming



Figure 12. Squeezing

Tracing and copying. Film stills from 7:51-8:36: Drawing on the clay with a cutting instrument, Hobbit uses increasing firmness and directness to trace an outlined design in the clay (Figure 13). The outline is completed with a sense of stability. Hobbit has created a second copy of his original (now-dried) dragonhead (Figure 14).



Figure 13. Tracing



Figure 14. Copying

Process: Metaphor and connection

Adjusting and shaping. Film stills from 6:45-7:44: Bam Bam dabs the clay giraffe's chin lightly but with intention, adjusting (Figure 15) to achieve the correct shape (Figure 16) while maintaining the strength of the giraffe's neck. The GoPro camera attached to her head is seen in the film frame.



Figure 15. Adjusting



Figure 16. Shaping

Assembling and operating. Film stills from 5:57-6:45: Bradley is assembling the face. He is attaching the ear to the face with lightness and directness (Figure 17), giving the qualities of stability and attachment. He forms the mask as a process, operating on the ear and side of the face (Figure 18).



Figure 17. Assembling



Figure 18. Operating

Comparing and perfecting. Film stills from 0:50-1:40: Rico is comparing in order to decide and perfect (Figures 19 and 20) placement of the fish. Would the bear have it in his hand or mouth? Because the picture he used did not include the fish, he is on his own to work this detail into the final piece.



Figure 19. Comparing



Figure 20. Perfecting

Product: Fragile gift

Dabbing and repeating Film stills from 4:28-5:46: Dabbing the clay (Figure 21) with a paintbrush in a light, direct manner, Bubba repetitiously paints on white glaze (Figure 22). There is a neutral relationship with the action—neither too quick nor too sustained.



Figure 21. Dabbing



Figure 22. Repeating

Focusing and shaving. Film stills from 10:37-11:45: Wise One is focused on whittling and shaving the small clay object (Figures 23 and 24). He turns and smooths the dry piece of clay. The piece is a dove companion for his archangel.



Figure 23. Focusing



Figure 24. Shaving

Trimming and pressing. Film stills from 3:30-3:52: The Creator is trimming and discarding in order to use a press mold (Figure 25). He pressed the clay into the press mold and worked on cutting off the edges of the project before he affixed it to the bread bowl (Figure 26).



Figure 25. Trimming



Figure 26. Pressing

RQ 2: Group Art Project Benefits

- What are the benefits of working with clay in a group studio context?

Working in a collaborative ceramic art therapy studio group, participants could touch, work, build, perform, and share their art process among a peer group. The participants' dialogue around the group art projects and observations captured in the film indicated three primary benefits of working with clay in a group context: creativity, collaboration, and community.

In creating the first group art project they worked to reduce feelings of insecurity. The participants were self-conscious about how people watching the film might perceive their work, saying they did not want virtual guests to judge them. It was important to start with something that would encourage them to work openly and reassure them of their self-worth.

Inspired by what was going on in the studio, the first group piece was a hand-built sculpture arising from conversations in the room. Often, when one member was “stuck” and had a hard time coming up with a new project idea, other members would offer suggestions. Randomly, people would shout out, “How about a giraffe?” Someone would offer, “Do you think you could make a monkey?” Thus, for the first group piece, the group's dialogue led creation. They proposed to build something together with their individual input on how it should look. The piece represented multiple ideas working together to create a unique and unusual creature. Throughout the building stages, it transformed from cylinder to vase to alien to fish to fish-bird (Figure 27).



Figure 27. Creativity

Creativity. In interviews and random dialogue during the group, each participant discussed feeling elevated self-worth and dignity, partially due to the way the group was conducted and the ideas providers stressed, but mostly because their self-esteem grew in a creative environment. They talked about how they felt better about themselves and how the free-group sculpture (Figure 27) allowed participants to let go of preconceived limitations of perfection. Perhaps the sculpture was not the most attractive piece in the room, but it was

theirs. One patient, SixSixSix, said that because the group members did not make the piece independently, they worried less about justifying its correctness.

SixSixSix participated minimally in the group projects as he feverishly worked on his own independent creative “magic.” Some patients such as Rico and Radar wondered if it were too weird, bright, or manic and joked about it being analyzed by outsiders. Eventually the fish-bird was claimed by the researcher to alleviate anxiety in the room. When asked what it was she would say, “It’s art! It is what you want it to be. Don’t you like the colors?” Eventually, when visitors or others asked what it was, the participants began to respond in the modeled way: “What do you see? It’s art!” They had the insight to know that they were creative people but, after institutionalization, they needed reinforcement that they were still valued and worthy. The participants reported that this reconnection with the good within them, and the defense of their art, made them feel better about themselves.

After the fish-bird project, it was decided as a group to move on to creating a larger sculpture that had each of our unique “fingerprints.” The participants wanted to make something that expressed who they were together and individually. However, when asked to each make something representative of him or herself, the idea was pushed too far, too fast and the group grimaced from the pressure. The group was offered containment, support, and structure while pushing for the participants’ artistic independence. A large organic base and landscape on which participants could each make something that represented him or herself—perhaps a small animal, tree, or person was created. The landscape grew taller and stranger in some spots, and one group member placed a pinched head on the area. Immediately, the landscape turned into a group body. Each participant then made a face for the “body,” and each crafted some sort of an emotion or expression. As a thank you for the

Executive Director's involvement and support of the project, the participants placed this piece in his office.

Collaboration. For the final group piece, the participants proposed that they build another sculpture that would allow them to have something they all made integrated into the final arrangement. They wanted to explore who they were in the context of the group, but not have the sculpture turn out as “weird” as the others. On top of an organic, nebulous base, each client added their own face—with this project the participants created a piece that represented individuality yet commonality (Figure 28).



Figure 28. Collaboration

Community. A hand-built base pressed on the slabroller, like the other pieces, supported the final group piece. Youngster molded the landscape with mixed clay while the other participants each glazed, carved, or decorated a house from the basic house shape. They made the environments and designed each house with their specific details. For example, Hobbit created details such as trees and people. Staff, nursing students, and everyone in the room added their own touches. The participants worked on this piece, when and if they wanted, to create personal representations within the group. This final piece (Figure 29) represented the group, and the individual 13 little houses they created, carved, and decorated represented the members.



Figure 29. Community

Participants reported in interviews and group dialogue that the community aspect of the group allowed them to feel a sense of safety and explore the world around them with less fear of manipulation from exposed faults. For example, Spider explained, “I feel like I can be me here. You’re helping us, not judging us.” The participants were observed to be more open and honest in the studio than on the hospital unit, and several of them verbalized that they felt safer in the studio than outside of it.

The participants demonstrated their sense of community by building the group sculpture of a small town. Each client who participated was represented by a small house (Figure 29). The work allowed and fostered positive community relationships wherein patients built each other up, helped each other out, and experienced the beautiful processes and products that came from brown boxes of earth, which was relatively simple.

RQ 3: Filmmaking—Essential Elements in Art Therapy

- Will creating a film documenting the studio work help further understanding of the benefits of ceramic art therapy?

Creating the film, *Conversations in Clay: Creativity, Collaboration, and Community* helped enhance understanding of the benefits of clay and filmmaking in art therapy groups. The participants benefited through the filming process and developed fresh intent through both the clay and the filmmaking. Filmmaking seemed to assist the participants in developing a more careful thought process, considering, for example, what about the clay was so important, and how filming the process allowed for an exploration of it.

The process of shooting the film affected the clients. The participants involved themselves more profoundly in their clay work. Each seemed more focused and more intent

on analyzing what they were actually doing while they created from the clay. Relationships grew between *creator* and *created*. Participants become more in tune with what they were doing. Their creativity and artistry developed as they worked with each other within the group. As discussed in the last section, the group was creative, collaborative, and part of an artist community working together towards a goal.

The filming encouraged a detailed review of the process and permitted distillation of the essential elements of filmmaking: Idea, Preparation, Framing, Evidence, and Production. In addition, viewing the film footage allowed the identification of movements and gave them meanings that also helped answer the research question about the nature of ceramic art therapy.

The process, which participant Youngster described as creating “something from nothing,” led to multiple ideas that expanded the other participants’ relationships with the clay and studio. The filmmaking empowered participants and noticeably increased their interest in exploring the clay. In interviews, they discussed how organizing the chaos and forming a new piece from the mass allowed them to experience feelings of success.

The clay and the person often reflected each other, illustrating skill and ability while also presenting the struggle to survive the process. For example, at one time or another, all participants experienced conflict working with the clay—struggling in design, building, or achieving a final product (several projects blew up in the kiln or were tossed away before firing). However, the participants’ dedication, investment, constancy, and commitment seemed to develop as they proceeded working the clay—over the three-month research period, their struggles became less frequent and less intense.

Each participant was offered clay from the state of a pug—bagged and boxed. Each day, during the conclusion of the group, when they would wrap up their pieces, the participants discussed how they had worked, created, struggled, enjoyed, learned, and appreciated the process. For example, Bubba stated, “This is hard work, but when I’ve made something, it was all worth it.” In the end, the participants were rewarded with a physical, tangible, and breakable creation of their own.

Clay uniquely presented the participants with opportunities to experience artistic qualities such as *holding, smoothing, balancing, forming, adjusting, shaping, perfecting, and focusing*, which became clear in the review of the film. The following sections, based on observations of participants working with the clay and supported by film stills, incorporated these actions into the film’s essential elements of Idea, Preparation, Framing, Evidence, and Production.

Film allowed for the slowing down and freezing of moments of artistic process, separating sound from image and focusing on the visual events. Examination of the film furthered a deep study of each participant’s process and helped distill the essential elements of clay to: Touch, Work, Space, Process, and Produce.

Idea: Affirming support and advocacy. The idea of the film’s perspective to affirm the participant’s artmaking allowed the filmmaking to be part of the therapeutic process of the Collaborative Ceramic Art Therapy Studio Group for the three-month research period.

Because Look was a newer member of the group, he remained independent from his peers, executing his skills masterfully. He demonstrated his talent by carefully painting underglaze on the unfired clay; he created pieces that exemplified technique and patience.

He knew that in creating a film, his skills would be captured and shared with others.

Although Look's peers, as well as outsiders to the group, noticed his talent, creating the film offered him additional support for his abilities. The film captured his methods, his patience, the time he allowed himself, and his intent. Look focused carefully on each piece, allowing a relationship to form between himself and the piece. He invested his talents into the pieces, working on them delicately rather than rushing to send his work prematurely into the next firing.

Look independently devised his own projects, saying, "Without [the group], this place [the institution] would be a little tougher to bear." He perfectly formed his hand-built vessels; if not, he would file or smooth them down until they were fully worn and ready for the glaze.

Spider worked on his project during the filming of the collaborative Ceramic Art Therapy Studio Group, dedicating weeks to working on and smoothing out his piece. The film's intent was to capture the care that he put into the work he did in the room. The filmmaking displayed that hard work, supporting and affirming his caution and thoughtfulness. Throughout the filming, Spider was concerned with the quality and outcome of his art. He held his project as he discussed his process to the camera. He wanted the person receiving his art to appreciate and enjoy it as he did. Spider understood what it meant to gift something, to put his heart into the ceramic projects. "You start to open up a little bit," he said.

The use of film with Bubba was a way for him to show how far he had come, maturing out of a violent youth and becoming a gentle and mild adult. The film supported him in his current place, a world of trying new things, learning, and giving back. Bubba took

his time with most of his projects to create a variety of pieces he sent home to his family, and the film showed the method and consistency he had grown to accept as his own qualities. He explained, “It [the group] improves my emotional feelings.”

Preparation: Quality enhancing dignity. Filmmaking in art therapy can also enhance a person’s dignity through careful camera use and quality shots.

Bradley participated on and off with the Collaborative Ceramic Art Therapy Studio and was interested in helping with the project. As a co-participant, Bradley was mainly interested in making something wonderful and then showing the camera that he could. “I’m really connected to the clay,” he stated. The film shows Bradley’s enjoyment as he attached the parts together with the sculpting tools, scratching and smoothing details into the heavy piece. He worked standing up, looking down on his piece, face-to-face with a mask that reminded him of a Greek god. Bradley deserved quality camera attention and someone to listen and capture the details with the same intensity he invested in his artwork.

Bam Bam was the only female in the group, other than the co-therapists, and the only participant to film footage. She is seen in the film wearing a GoPro on her head, with the camera focused on her hands and art in front of her. The audience could see the art-making process as though it was the viewer making the art. Although Bam Bam made several friends in the group, she worked intently on her pieces. Looking through magazines, she would find something she liked and thought attractive, and then would ask if the piece was something she could recreate. “Work with me, work with me please. Yeah!” she would say. Bam Bam had the ability to make things she wanted. She was willing to learn and capable of following through with instructions. Although she seemed to struggle to come up with original ideas, she worked and created pieces that received much admiration. She also

struggled outside of the group because she lived in an all-female unit, but when she came into group, she focused on her work and seemed to enjoy leaving her unit's drama behind.

Framing: “Zooming in” on the art. With the film focused on the participants' hands and art, their humanity translated onto the film. As Wise One whittled and worried his piece, his progress over two years was captured. He using dry clay as something to carve. The filming, focused intently on his hands, brought the idea to mind that perhaps if he had such an outside and close recorder on him, he would change. The filming allowed him to focus on the positive parts of what he had accomplished. “There's so much to do and so much you can create,” he described.

With the film zoomed in on Youngster's hands, the visuals bring the film's potential viewers into the room with him, up close, an arm's length away, perhaps working with him or even touching what he is touching. Although Youngster was not willing to share much in front of the camera or even after filming ended, the focus on the hands still brings the viewer close in the room. Youngster did not seem to have the passion for working with the clay that the others had, but the ceramics studio was something different for him. Youngster needed encouragement with ideas, but after receiving direction, he could stay focused and follow through with large-scale projects. “You kinda make something out of nothing,” he said. The filmmaking allowed Youngster a space to explore what he was doing in the group and to question himself as to why he was coming, attending, and working. He was given focus with the camera, the camera was following him around the room, but sometimes the camera's intrusion seemed to be an issue. Youngster wanted to avoid the focus, attention, intensity, and ultimately others' appreciation.

Rico described his participation in the ceramics studio as an exploration and discovery of something new. Not only did Rico understand that relationships among the group participants were important, he also expressed that in the end, they were *most* important. The film captures Rico intently and patiently giving his work the time it needed to succeed. As the camera zooms in on the clay, extreme close-ups bring in the audience. Filming clay with a zoom on the hands and the process lends itself to the tactile necessity of the medium itself. As Rico stated, “You can always do something new,” the film captures him forming a black bear from a photograph. This experience is unlike any other opportunity given to the people living in DSH facilities. His peers recognized and appreciated Rico’s ability to create something realistic and he received many compliments from his peers and co-therapists who came into the group. Rico appreciated that he could work on projects independently with access to technical help on the areas of a piece towards the end of creating the project. The filming captured his personality and depth while it also zoomed in on his insecurity. His segment of the film showed the beauty of the process and the clay’s, as well as the artist’s, capability. The film seems to say, “See? This is fantastic. The clay is holding all the details of his process.”

Evidence: Illuminating uniqueness. Although focused on participants’ hands, the filming process led to a greater understanding of the individual. Through focused shots, a collection of framed art was created. While the participants made art with clay, an art of their expressions were highlighted by the film.

Radar’s experience in the ceramic studio was important to his identity, feelings of productivity, and daily structure living in a state hospital. A consistent group member for years, Radar led his peers. He had not necessarily mastered the material, but he was a

powerful presence, always working on a large piece that consumed half the group table. The film shows that Radar could get the others to work as well. “Everyone had their own ideas,” he said.

Filming enabled SixSixSix’s experience with the clay to be portrayed and shared with others. Nick-named “Wizard” by his peers, SixSixSix had the ability to whip up creative sculptures prolifically. SixSixSix enjoyed working on a large scale—building and assembling fantastical pieces such as video game sets and little characters to go with them. SixSixSix worked quickly with little regard for the clay’s sensibility. His pieces would blow up in the kiln and then he would claim he expected that. He tended not to rectify the structural regulations that would have solved his problem. “You are working with the earth,” he stated.

The respect for individuality and uniqueness carried over to Old West, another individual who continuously added to existing projects or designed new ones. Working on a large model of his “Old West Town,” he created everything from a buggy, gallows, and a riverbed to a school, store, and hotel buildings. Details completed with pickle barrels, abandoned wagon wheels, rogue tumbleweeds and a rattlesnake hiding under the shade of a wagon. Old West worked with clay to create a setting other than the one he would be restricted to for the rest of his life. “It [the group] helps out,” he said.

Production: A part in the final film. Having a part of the final film is another filmmaking consideration. The participants were ongoing members of the group even before the research project; thus, they had not joined the group intending to be part of a film. The

idea of being seen in a film was different for each client. In putting the pieces together, the individual parts made up much more than the whole.

The Creator was independent in his work and passive and withdrawn in the group, but always attentive and listening. The idea of being in a film intimidated him as he prepared meticulously for his interview. He shared that he was interested in being a part of the Collaborative Ceramic Art Therapy Studio because, he said, “I get to express myself creatively.” Being a part of the film meant sharing the studio space with audio-video equipment for three months, and the Creator shrugged off the annoyance as the camera and recorder came up to him.

Hobbit was more receptive to the idea of the film and did not seem nervous or at all reluctant to be a part of the final film. He enjoyed talking into the audio recorder, the camera, and the GoPro camera positioned on Bam Bam’s head. Hobbit laughed loudly, and his voice found a way onto much of the film. He had a philosophical appreciation of the arts, although his process was methodical and controlled. He seemed to move from idea to idea and was confident in his ability to complete the pieces to his satisfaction. Seeing himself on the big screen and receiving a copy of the film were important to him. Hobbit was proud of his part in the production and in the Arts in Mental Health Program at DSH-Patton, and proud to have worked with the elite group of artists who were in the final film. “It’s like you’re in your own world,” he said, describing his experience with clay.

RQ 4: Participant Experiences

- How will individual participants describe their experiences participating in the Collaborative Ceramic Art Therapy Studio Group and the filming of their

artwork? Will there be commonalities and differences in the individual statements?

Each participant shared their impressions of the ABR project in an interview and illuminated their personal reflections about working with clay. The content of the 13 interviews revealed three consistent outcomes. Specifically, participants stated that they felt the group improved their self-worth and quality of life and fostered a safe and dignified community apart from the institution.

The interviews ranged from six to 43 minutes, and four participants requested to be interviewed outside of the studio. Although no question specifically asked about what they were working on in the group, most conversations ended up discussing current projects. However, the interviews were directed more towards how the participants felt about making art and being in the studio and the benefits they experienced. The interviews consistently revealed that artmaking in the collaborative ceramic art therapy studio led to self-expression and creativity, which then led to increased self-worth, quality of life, and sense of community.

Participants reflected these interview commonalities also in the art they made throughout the research period. However, since most of the interviews were conducted in the studio while the participants worked, it was not surprising that their art and their ideas were not far apart thematically. These themes are discussed in detail in the following sections.

Self-worth. The interviews, film, and art captured the idea of increased self-worth. The group gave many participants a sense of dignity they had not experienced before at the state hospital. For example, Wise One stated, “It’s helped me though this time I’ve been here....I’ve been able to adjust my mind. It builds your esteem.” Wise One worked on his

archangel piece for over two years. The results were well worth his patience. He created his angel with techniques learned in childhood, whittling the solid clay and shearing off dust. He had never worked in ceramics before the group experience but indicated he intended to continue with the art form in the future.

Wise One and Old West were close friends who had lived on the same unit for years. They patiently waited for each group meeting and requested more hours of ceramics until they eventually enrolled in three of the four offered days. Old West concentrated on creating a model of an Old West ghost town (hence his pseudonym). After he completed the town, he wanted to make a neighboring teepee village for the “Indians.” He invested heavily in his project. His sense of purpose—a daily reminder that he had something to do—gave him positive momentum towards increased self-worth. He stated, “Satisfaction that I created something...it helps out.”

Bam Bam already was slated for discharge to the community when the research project started. Her peers looked up to her as a strong member of the group who usually offered profound statements at the opening and closing of group. She stated her pieces were creations for others but the process was hers. Bam Bam found it challenging to make something she was proud of and ensure the work represented what she had in mind, saying, “It’s a visual take on what I see.” She was patient with the process and flexible when her ideas needed to bend to the clay’s possibilities. Her peers and the staff praised her heartily. She bloomed in her last year at DSH-Patton. She came into her own and was proud of her accomplishments, having achieved a great deal that many other patients could not.

Rico firmly believed in self-esteem and developing personal strengths. Although his anxiety limited his attendance, Rico had technical sculpting talents. Over six years, he

created roughly 20 pieces. When he was learning how to sculpt, many of his pieces broke in the firing process. However, in the last couple of years, he became wildly successful. Rico challenged himself every day he came to group. He believed, “If you don’t take steps forward in life, you begin to settle into doing nothing....I’m doing something I’ve never done before....You can always do something new.” Despite his feelings of anxiety and hopelessness, he came to group because his improved self-esteem was worth the agony of being out of his comfort zone.

Bradley’s connection to his clay work improved his self-esteem. Being invested in something he created made him feel complete, and he noted that his works impressed him: “At the beginning, it’s feeling what it’s about....I get more connected and get away from the daily routine and program. It’s really satisfying.” He discussed how his work helped him feel satisfaction because he connected with something he could do right. He did not incorporate others’ feedback into his pieces to improve his techniques. Bradley considered himself an artist and enjoyed developing his own style. He received compliments on his pieces and felt they provided him with major breakthroughs in treatment.

Quality of life. The interviews revealed that participants found improved quality of life through the Collaborative Ceramic Art Therapy Studio Group.

Youngster, the youngest group member, seemed the most unsure during his interview. He verbalized the benefit of coming and working in the studio as keeping him out of trouble, staying busy, and improving his quality of life while in treatment. “You get to make something out of nothing...It’s really calming,” he stated.

Hobbit, a patient who had lived in locked institutions for over 30 years, worked on the details of the final group project as well as many of his own projects. He enrolled in at

least one art therapy or arts-and-crafts group a day to enjoy greater quality of life. His favorite group was the Arts in Mental Health Group, which featured guest artists teaching different techniques. He recalled the variety of artists, painters, sculptors, ceramicists, and Tae-Ko drummers brought in since the 1970s. He explained why he liked the ceramic group so much: “You take all the stress around you and you’re in your own world...drifts off.” Hobbit appreciated being able to work with others, see what people were doing, and chat about the various goings-on.

Spider, a group member for about two years, expressed that he profoundly enjoyed his studio experiences, saying, “Remember how you think about your triggers...when you get here, you’re able to forget all these different things.” He was less community oriented than the other participants were, but more interested in learning how to make pieces he could eventually sell. He wanted to learn the necessary skills to profit financially from something he enjoyed. Spider worked intently on each step of the process, he was never told to slow down, focus, or concentrate on the process. There was no need. He would get an idea and tackle it. His investment of time and concentration paid off—several pieces he created were sent out of the facility.

Community. The importance of a safe and special community where participants can go, work, and be themselves with trusted peers is important in a prison-like institution where weakness is usually exploited. The Creator benefited from the group of patients and the passionate staff around him, stating, “I get to express myself creatively and mingle with other people.”

A connection with “home” extended the sense of community. For example, the Creator made Catholic- and Hispanic-themed items for his mother, such as brightly colored

serving bowls and cookware with biblical references handwritten on them. Bubba also benefited from being able to send his art home. Giving someone a piece he made helped him feel good about himself. “It improves my emotional feelings...something for my family to remember me by.” According to coworkers, Bubba had once been a talented athlete and later a problem on the unit due to violence. Now in his sixties, and after decades of living in an institution, he was working to be released into the outside community.

One of the most talented participants was Look, an Asian-American man in his fifties who almost did not participate despite how important the group and the community it provided were for him. He stated, “[The group] brings a lot of meaning to my life....I look forward to it every day.” His paranoia and distrust of the system kept him from signing the necessary paperwork until the day of filming.

Radar was a natural leader in the group due to his boisterousness, passion, and need for structure and technical assistance from staff. He was not afraid to try something new and ask for help when needed. He created several large projects over a period of four years and often pushed the limits of what anyone in the group had done before. Discharged to an outside program just a few weeks after the project ended, his was a success story. Not only did he attend the Collaborative Ceramic Art Therapy Studio Group instead of choosing to spend his time on the grounds with his friends and girlfriend, he was able to convince peers to participate by showing them what they could do and how much fun it could be. Radar worked on the first group project (before the research period), *The Castle*, and was a strong supporter of the three group projects created from January to March 2015. His leadership helped pull the group into a community. He explained, “It was fun working with everybody... just putting it together was really nice.”

SixSixSix also enjoyed working in the studio group, although he limited his participation in the group projects. He hoped to inspire others with his talent and creations. He worked quickly, haphazardly, and with complete trust in his process—working with clay developed in him a sense of authority with which no other art media could compare. He stated, “When you’re working with clay, you’re working with the earth....[It] has a form of impact on everyone.”

Evaluation of the film. After collecting the interviews, working creatively in the ceramics studio, and documenting the participants’ processes in their individual and group projects, film acted as a visual documentation of the experiences within the interviews.

At a formal film showing in May 2015, within DSH-Patton’s Performing Arts Room, participants clapped, cheered, and slapped each other on the back when they saw themselves on the screen. The audience applauded and laughed, and a couple times someone stood up to bow. It is not possible to articulate how happy the participants were, to see themselves on film working hard, being appreciated, being helpful, and in a general light.

Twenty people attended the formal viewing, including supervisors and coworkers, the Chief of Rehabilitation, the Video Productions Team, and the research project participants. During a question-and-answer period, the staff asked participants what they liked and learned, and the participants answered questions and shared their thoughts.

The audience anonymously completed the brief questionnaire on the film (Appendix I). Twelve (60%) of 20 questionnaires were completed and returned. Although asked specific questions, respondents freely included additional feedback.

The results were positive. The music, rhythm of shots, closing scene with Patton’s signature fist-bump, and Bam Bam’s shot where she points to her dish and says, “Yeah!”

were the favorite parts. The least favorite part was the closing scene where the researcher walked towards the camera unlocking the door (they had hoped she would introduce the film) and that many scenes were cut. The movie received an A grade from 11 (92%) of the 12 respondents, while one (8%) graded it a B. When asked if anything was left out, a couple of respondents wanted a “bloopers” section. Open feedback ranged from the compliment “groovy” to the film being inspiring. For example, one anonymous respondent wrote, “I knew this would be an incredible project/message but WOW I was blown away. I can’t even put into words how inspired I am after seeing the film. Thank you to everyone who contributed to this amazing creation.”

RQ 5: Researcher’s Artistic Response Discoveries

- Will the researcher’s use of the clay medium as a mode of inquiry and response assist in answering, “What is therapeutic about the use of clay in the studio setting”?

A concluding artistic exploration of the clay helped re-engage with the material and discover parallels among the essential therapeutic elements of clay and filmmaking. Touch, work, space, process, and product were ideas that emerged from the inquiry.

In addition to artistic exploration with clay as a mode of inquiry, personal exploration and artistic response helped hone in on the therapeutic properties of clay. Re-watching the film, observing the participants’ hands, what they were creating, and how this process “felt”, lists of words was created from observations of each participant. Then, listening to the words while sculpting each participant’s primary project, the culminating arrangement of the pieces was titled, *The Collaborative Ceramic Art Therapy Group* (Figure 30).



Figure 30. The Collaborative Ceramic Art Therapy Group

Studying the group's pieces arranged together and presented as a community, the participants' creative struggles and humanity within their development as artists was appreciated. For example, after opening the studio the participants would grab and inspect their projects to see what had happened since the last session. This moment was always a phenomenon, and it was captured on film to watch repeatedly and examine. In a flash, their unwrapped pieces would exist newly presented, and the participants would react: sometimes happy if the piece looked the way they hoped, sometimes sad if it had cracked, and sometimes disappointed if it were just how they remembered it to be. This was an unspoken conversation every studio morning that went something like this:

A conversation between client and clay

Clay: What did you need today?

Client 1: I would like some understanding. Meet me where I am without expectation.

Clay: Okay, I can give you that. How about you?

Client 2: What do I need to work on today? I just want to feel like I can do something right. Can you turn into a masterpiece?

Clay: I won't give you that, sorry. You can't just *have* that, it's not that easy. You're still learning. I'll give you about 15 minutes of excitement and then 45 minutes of frustration while you continue to learn the skills needed to make a masterpiece. The challenge is yours.

In the artistic responses, the intense focus that the camera provided helped to focus the art-making and inquiry. Filling up the frame of the shot and zooming in on each client and their work, exploration of processes began. What is so special about clay? What are they doing that is so beneficial? What are they learning? Here is an example inner dialogue developed by watching the film.

A conversation between the film and the researcher

Film: Hey! Do you hear the music?

Self: Yeah, look at that pinch pot. She's working on smoothing out the bumpy parts. I like how she's using both hands together and really getting the pot to look right.

Film: Black bear! Look at the black bear's fur! Where should he put that fish? He finished the nostril and poked holes where the eyes should go.

Self: He is really trying to get it right; he wants it to look like that picture. Wow! He did a great job. He has really been learning a lot about how to manipulate the clay, about its

limits, and how to create surface texture. His technical skill and ability combined with his interest in creating clay figures has given him special experiences over the last few years.

Artistic responses: Words and sculptures

Look. First, a list of words was created expressing what was experienced as significant qualities emerging from review of Look's creations and interactions with the clay. A small teapot like the one Look worked on week after week was created (Figure 32). It became apparent that he took time to think about and nurture his pieces—a benefit it seems that clay ultimately provided him. He said he enjoyed the feeling of the clay body in his hands. Further, he used clay to illustrate that he had a skill in craft, a trait usually unseen in the hospital environment. He appeared able to care for a creation, another event he missed in his day-to-day life. In the studio working with clay, Look had the opportunity to nurture and master a craft. The touching and malleability aspects of the clay provided him something he was not able to do in any of his other groups or art classes.

I Have Skill

Rotating
Turning
Observing
Focusing
Detailing
Glazing
Twisting
Holding
Noting
Discerning
Decorating



Figure 31. Teapot

Spider. After watching the video footage of Spider, a list of words from observed the film became the list, *I Am Careful*. Much care in the way Spider held and touched the skull was observed. He worked with the clay in a very methodical way. When creating a skull reminiscent of his (Figure 33), how he used the mold, popped out the pieces, and then attached them together was carefully followed. The process was important to Spider because he thoughtfully made choices to personalize the piece. He cared about what he was doing and what he wanted to achieve, and he knew that if he were caring, the piece would show his sentiment. He touched the clay, smoothed it, controlled it, and formed his pieces to the way he wanted them.

I Am Careful

Shaving
Scooping
Constructing
Sculpting
Smoothing
Deciding
Explaining



Figure 33. Skull

Bubba. *I Am Giving* was written about Bubba who is shown in the glazing stages of his project, applying wet white glaze to his bisque-fired piece. Creating the slab box, formed and cut the pieces, and then attached the parts, the cube was assembled. Bubba's project was a gift—it was to be a present, a jewelry box, something useful to hold and contain (Figure 34). Clay and hand building allowed for a product—one that could be purchased or sold as art. It could also be a sentimental gift, a placeholder for someone behind a fence. Clay is one way to lower the fence, to remind those who may forget the people locked behind the gates.

I Am Giving

Dipping
Dabbing
Coating
Applying
Brushing
Minding



Figure 34. Jewelry Box

Bradley. While Bradley worked in the film, a maquette was created. A sculptor's small model of Bradley's Greek mask (Figure 35) and the list of words entitled, *I Am Someone's Son*, were a connection to Bradley, his Greek heritage, and the distance from his elderly parents and family. The face was formed flat on the table—with the eyes, ears, and mouth looking up: ears as Bradley had attached them in the film, and lips formed liked Bradley worked his lip's outline. The clay offered a way to reflect on a person with kind regard. Like Bradley, the clay was worked over until good enough to send to mother.

I Am Someone's Son

Operating
Attaching
Tweaking
Squeezing
Nudging
Poking
Fingering
Developing



Figure 35. Mask

Bam Bam. Bam Bam's list of words, *I Got This* began while creating a piece with confidence. Watching Bam Bam work in the film, the giraffe's shape was formed (Figure 36) with its long legs, neck, and nose after pulling clay directly from the pug. Working like Bam Bam did; the clay was wedged it and slowly started to pull out the features, making the intended form. Struggling a little, it was all part of working with the material: the relationship with each step in the process encouraged confidence and self-assuredness—She was capable! Clay helped the artist achieve, overcome, and feel good about herself.

I Got This

Cutting
Splitting
Dividing
Apportioning
Stroking
Supporting
Patting
Appreciating



Figure 36. Giraffe

Wise One. As Wise One worked in the film, the little dove that was the archangel's companion was similarly created (Figure 37). The clay quickly formed to the rough shape of the bird. Reflecting on the words heard in the film, *I Am Who I Am* was composed. Since each person has their unique experience with clay; watching Wise One and creating the bird as he did, helped embody, process, and realize varying speeds at which people work. The clay dries and defines its boundaries based on how it is nurtured. Letting clay dry and then whittling a detailed form from it reveals what is within the piece. Although Wise One was the only participant who used this carving technique, he remained focused on what he wanted to make and how to make it. He desperately wanted to make something for his mother's mantle. The clay allowed him to whittle and carve. It predictably deteriorated in his hands. Clay meets resistance with resistance.

I Am Who I Am

Focusing
Pinching
Whittling
Carving
Skimming
Admiring
Fashioning
Shaping
Repeating



Figure 37. Dove

Youngster. Creating *I Am Working* while watching Youngster's video footage, it became clear that he benefited from the clay work as a provider of something. The sculpture created was a miniature of Youngster's *Landscape* (Figure 38), a foundation for the group project that represented the American Southwest's sloping clay hills. Attempting to make the landscape look like his, with undulating valleys and mesas, the clay was folded and posed the slab so it could create an interesting foundation. On this land, the community of homes that would eventually be built there sat useful and open. Although Youngster did not explain this in the film, he benefited from the studio because he could be a part of an experience and provide something unifying for the artists.

I Am Working

Building
Heaping
Slicing
Stacking
Amassing
Rolling
Flattening
Hitting
Merging
Wedging



Figure 38. Landscape

Rico. In *I Am Good*, the words surfaced while watching Rico work on the final steps of his black bear. In the reflective sculpture (Figure 39), a bear with similar scratch marks, surface techniques, and proportions was created. Although the small press-mold salmon or the bear's arms and paws were not as intently focused on as Rico had, much of his process was missed. In the details, through the artistic process, Rico gave much of himself to his projects. Rico's use of the clay made him feel good about himself. The clay allowed him to not only learn and master, but also use the clay to help, share compassion with, and love others. Although they were all in the studio to work, what could be created from the clay inspired each of us and renewed our spirits and energy.

I Am Good

Looking
Thinking
Placing
Comparing
Pausing
Detailing
Arranging
Finalizing



Figure 39. Black Bear

Radar. Radar's work in the studio was less about his projects and the clay than about who he was becoming as a leader. Watching his video, the words of *I Am a Leader* came to the surface. Radar used minimal time working with the clay. Making his fountain piece (Figure 40), the clay project ended up feeling neglected, rough, and unfinished. Working along with Radar's video footage, little time was spent considering whether his idea of moving water through the piece would succeed. The point of the project was to create something large and unmistakably present. The studio days gave three dimensions to Radar and his ideas.

I Am a Leader

Talking
Patting
Waiting
Finishing
Draping
Wrapping
Dampening
Covering



Figure 40. Water Fountain

SixSixSix. Creating a video game set was an engaging project. Imagining an avatar moving through the tunnels and passages of what was created, the words for *I Am a Wizard* were written. While watching the footage and reflecting how SixSixSix worked with the clay, a product for him to use and manipulate, the maquette was produced. He was *planning*, *confusing*, *wetting*, *organizing*, and *assembling*. Therefore, similarly, a small base and then the walls of the project for his videogame set were built (Figure 41). Unplanned but precisely shaped, the walls were added to form the environment. The piece begged for play and imagination while being created. It requested its maker to join the fun. Songs from video games, echoed to another place. Clay gives the opportunity to escape.

I Am a Wizard

Planning
Confusing
Wetting
Organizing
Assembling



Figure 41. Video Game Set

Old West. *I Am Here* was written while watching the footage of Old West work. Showing his latest detail for the Old West town he was creating, this barrel detail was created (Figure 42). Forming the slabs for the barrel, cutting the barrel to look like separate wood slats, and then using a long thin piece to wrap its top and bottom, the process was replicated. The clay felt easily manipulated at this size. It fit in one hand and did not provoke much anxiety. It was understandable how Old West would wonder, “What’s next?” as he continually added to his village. The clay and hand building in the ceramic art studio allowed him a creative process. The clay was there for him and, if he were there, he might as well use it. Clay is abundant.

I Am Here

Forming
Pushing
Fitting
Forcing
Toying
Fidgeting
Playing
Pinching
Wrapping



Figure 32. Barrel

The Creator. The Creator was another participant who would gift his pieces. As a newer member of the group, his experience weighed on his ability and skill to make a successful piece. *I Am Learning* was written while watching him work in the video. He followed the steps as though it were a recipe. The replicated small bread bowl (Figure 43), shared his process and how he learned from the instructors, co-therapists, and the clay. Imagining the steps he took to make a large, handled, baking dish for his mother, the project was pieced together; forming the slab bottom, slab walls, and slab handles, the process was followed step by step. The clay could be cut into manageable parts that could flow with a clear progression of actions. Clay can be tailored to beginning students. Working with clay is not always tiring or a foreboding struggle, sometimes it is a simple progression.

I Am Learning

Clasping
Cutting
Discarding
Adjusting
Disposing
Copying



Figure 43. Bread Bowl

Hobbit. *I Can Show You* was written while watching Hobbit’s video and studying his process. Two miniature slabs were pinched to resemble his dragon cane handles off the pug of clay. Flattened out quickly, with thumbs and not the “proper” tools, a pen tip was used to draw in the designs (like he would do when the toolbox was not opened due to staffing shortages). The drying clay burred while drawing in the dragon-profile design—two matching faces to be cut out and fired (Figure 44). His project was accomplished quickly and without challenge.

I Can Show You

Comparing
Defining
Designing
Duplicating
Aligning
Producing



Figure 44. Cane Handle

Summary

The ABR process provided an encompassing understanding of the power of creativity, specifically helping to determine the essential therapeutic elements of both clay and film and to identify parallels among them. The benefits of working with clay in a group context included enhanced creativity, collaboration, and community. Working with a second creative mode—filmmaking—enhanced understanding of these benefits for the researcher and the participants. The participant interviews identified the common themes of improved self-worth, quality of life, and community among group members; whereas the artistic explorations and responses to the work with others—including select words and recreating participant sculptures—provided crucial understanding of the therapeutic elements of clay in an art therapy setting.

Chapter 5

Discussion

Synthesis

The ABR methodology of this research assisted an exploration of the clay medium in expected and unexpected ways and made possible a distillation of the essential elements of both clay and film in art therapy:

- Clay
 - Touch: Sensation and malleability
 - Work: Manipulation and building
 - Space: Three-dimensional object
 - Process: Metaphor and connection
 - Product: Fragile gift
- Film
 - Idea: Affirming support and advocacy
 - Preparation: Quality enhancing dignity
 - Framing: Zooming in on the art
 - Evidence: Illuminating uniqueness
 - Production: A part in the final film

Applying these materials and methods in a group studio context, participants expressed increased creativity, collaboration, and sense of community. The addition of filmmaking to the exploration enhanced understanding of those benefits and highlighted parallels between the essential elements of clay and those of the film medium. Participant interviews demonstrated that the clay work in art therapy, enhanced by the filmmaking,

helped improve their self-worth, quality of life, and community. Finally, artistic exploration of the media provided a fuller, richer understanding of the participants and research results, and helped answer the research questions.

ABR. The ABR process allowed a synergetic synthesis of the clay and film processes, in which new ideas and ways of thinking about the art and artists surfaced. As expected in a qualitative research project involving interviews and questionnaires, common themes emerged. However, the addition of filmmaking and artistic responses to the process and results provided a fuller, richer understanding. As McNiff (2011) noted, the ABR enlightens and inspires.

Further, involving participants of the ceramic group in the filmmaking process sends the message that they are artists and contributors rather than just test subjects. The filming changes them, helping them focus more on the clay work and perhaps catalyzing the evolution of the group (C. Moon, 2010).

Finally, the resultant film allows to slow or freeze-frame the participants' work as captured by the camera—to think about it and see it from new and varying perspectives. Nuances highlighted results that might remain unrevealed in a different research process. Pink and Mackley (2014) discussed film as an avenue to enhance one's understanding of oneself. In this study, the concept was expanded to enhance understanding others—in this case, the participants. This process is at the same time creative and systematic (McNiff, 2011). When viewing *film* of the *clay*, the participants' actions disclose key therapeutic aspects of the arts and distill the essential elements of both media.

Group benefits. Results of observations, interviews, and sharing at the end of each group meeting (McNiff, 1981, 1993; C. Moon, 2010; Riley, 2001) identify three predominant

benefits to the participants working with clay in a group studio context—creativity, collaboration, and community—as expected based on previous research. The ABR methods reveal other additional benefits of the collaborative group described below.

Creativity. The majority of the research participants volunteered to attend the studio group long before this project began; several participants more than five years earlier. They requested this group because of the creative benefits they feel when working with clay. Malchiodi (2007) wrote about playfulness and B. Moon (2010) about enhanced pleasure in self-expression—both components of creativity—within a group. For many participants, the Collaborative Ceramic Art Therapy Studio became their favorite group. It not only facilitated their engagement, but also motivated them to remove barriers in order to attend (Roberts & Bailey, 2011).

Collaboration. The introduction of film adds a new medium of art as well as collaboration (C. Moon, 2002) because the filmmaking process leads to new group discussions and ideas—for both the film and the clay. To illustrate, the film in this study captures participants calling out to other group members, questioning, suggesting, commenting, and supporting in a way described by Ellingson (1991). Richards (1989) discussed communication as essential to the survival of a clay piece; such discourse is crucial also for the group art projects and, metaphorically, the group itself.

Community. Clearly demonstrated in this study's results, the group's creative, accepting, and inviting environment (McNiff, 2004) facilitates such communication and collaboration, which in turn enhances the participants' sense of community—a connection Kossak (2008) described as “a kind of collective synchronized whole” (p. 14). Fleck (2002) addressed the artist's struggles with the medium and the emotional connection with the piece

it evokes. Foreseeably, that connection may extend to other group members and the group as a whole—hence, forming a “community”—when the participants collaborate on projects.

Other. The ABR methods help develop perspectives of the group both as a whole and as the sum of its members. For example, similarities emerge from the arrangement of recreated participant sculptures (Figure 30)—in color, texture, and size—representing the group synergistically. However, each piece is also distinct—in subject, skill, and meaning—reflecting each group member and their journey to personal awareness and development (Gussak & Ploumis-Devick, 2004). Passionate and revitalized therapists inspire participants to connect to their therapy on a deeper level, bringing “unique gifts to the fore” (Allen, 2011, p. 49)

Film. The same ABR methodology used for the clay work also allowed distillation of the essential elements of filmmaking in art therapy. Art therapists need to focus more on areas such as the use of photography, digital video, and other technological media (B. Moon, 2010).

Creating the film *Conversations in Clay: Creativity, Collaboration, and Community* enhanced understanding of the benefits of clay and filmmaking in art therapy groups through its process and resultant film. Johnson (2013) described film as serving more as a method of discovery than as documentation, but in the case of this research, it provides both.

Filming permeates the group, not just in creating daily footage but also in participants’ discussions—for example, how the film should begin and end, and how to narrate it. It would be unrealistic to expect something observed to remain unchanged (Heisenberg, 1930/1949), and the art studio group is no exception. With the addition of filmmaking, members focus more on their clay art and develop fresh intent. They draw

together into a collaborative, synergistic whole. Their participation in the film as artists and experts heightens their self-esteem—indicative of McNiff's (2004) assertion that new programs and technology can be therapeutic. For the participants and researcher, the filming provides a “distinct sensory and interactive experience” (Carlton, 2014, p. 17).

The process of digital video and photography can have a major creative influence on participants, studios, therapists, and the world around us. Continued study of the filmmaking process as applied in art therapy settings will strengthen understanding of the creative process.

Participant experiences. Interview responses indicated that participants experienced heightened self-worth, quality of life, and community through this ABR project, the filmmaking, and their work in the collaborative group.

Self-worth. Art (Consalvo, 2011) and, in particular, mastery of techniques (Crespo, 2003) improve self-esteem. This research, especially the filmmaking, identifies the participants as artists and experts, regardless of their skill with clay. Each member brings mastery of some aspect to the group—generating ideas, encouragement, leadership, perseverance, socialization, or actual artistic capacity. In return, the group values and acknowledges the others' contributions. In terms of the essential elements of filmmaking, they affirm support and advocacy. When participants internalize this positive and ever-building sustenance, their self-worth increases.

The results illustrate that art therapy helps people with mental illnesses who struggle for positive self-image. According to Sitvast, Abma, and Widdershoven (2011), mentally ill patients may develop self-images with functional deficits. Several participants stated that

working in the group, creating with clay, and participating in the research improved their ideas about themselves.

Quality of life. Attendance of the ceramic studio represented improved quality of life, especially for patients confined in a state institution. It may represent a healthy outlet, a way to stay busy, or an escape from ward drama. Nevertheless, the subtle interactions with other benefits of clay and of the group—self-worth, collaboration, and sense of community—may incrementally enhance the quality-of-life benefit. Kottler (2010) explained that art therapy teaches people about their limits and capabilities. As such, the relative safety of the ceramic studio may invite participants to take controlled risks toward further improving the quality of their lives—risks they may not take otherwise.

Community. A sense of community emerges as a benefit of both the group and the clay, which may be inseparable in a collaborative studio setting. Participants develop relationships, connections, and new perspectives (Van Lith, Fenner, & Schofield, 2011). They share, discuss, collaborate, and importantly develop coping abilities as they struggle with group dynamics as well as the art medium—important skills for rehabilitation.

Art helps the participants learn to solve problems and prioritize in order to stay members of the group. Further, they prioritize the group above other activities such as being outside on the grounds. That is, the artmaking, ceramics, studio, providers, and each other have become more important to them than other leisure activities. This prioritization furthers their problem-solving skills and willingness. For example, they might choose to walk away rather than engage in an altercation that would cause them to miss group for six months.

No participant interview mentions feeling fear, unsafe, or danger. Instead, the participants focus on work, play, socialization, and creating with trust and rapport among

themselves. The community, the space, and the group feel comfortable to them as individuals—a place of freedom where they feel at ease being messy and leaving out unfinished works (Malchiodi, 2007).

In this research, the ABR methods help identify more nuanced factors that contribute to the sense of community. For example, at least two participants create clay art to send to family; another with the intent to sell it; still another, a mask reminiscent of his heritage. These intentions indicate participants not only hold a sense of community as a unique art group within the institution, but also identify with a family or community outside the locked gates of the state hospital.

Researcher’s artistic response. The artistic responses provide a richer understanding of the participants and research results. The responses (e.g., in filmmaking, descriptive words, and clay responses to participants’ clay projects) allow exploration of the simplified question, “What is it about the clay?” and discover subtle ways in which the clay work benefitted participants.

Creative artmaking is crucial in this ABR (B. Moon, 2013), providing technological and personal learning experiences (Kramer, 2000; Riley, 2001) that in turn benefit the participants (E. Levine, 1995; McNiff, 2013a). For example, the artistic responses continue the intense focus captured by the video camera but without equipment entering the participants’ space. This process is particularly important with participants (e.g., Youngster) who want to avoid attention and scrutiny.

Artistic inquiry allows another mode to interpret, understand, and reflect on the overall process. Creating artwork and deeply reflecting on the process and products from the participants’ points of view deepened understanding and discussion of the research. That is,

the responses to the research questions could not fully develop without artistic exploration. Until then, participants had worked with the clay, and the researcher had worked with the film. Together, however, clay and film provided integrated answers and, more importantly, new questions: What exactly is therapeutic about the clay? How did film help explore the clay? What are the essential elements to each and why are they so suitable together?

As the participants worked with the clay—struggling, creating, and achieving— film preserved their actions. New ideas and ways of thinking about clay’s artistic process surfaced through the filmmaking. Conversely, working with clay helped identify the essential elements of the film process. Working with the two media together, their basic structures could be aligned. Refining concepts into their fundamental properties led to crystallizing the ideas.

The artistic response gave rise to a distillation of clay’s essential therapeutic elements: touch, work, space, process, and product. All parts of the clay process require a sense of touch—using fingers, hands, and other tools to create art from a lump of clay. Forming the clay as the projects move from stage to stage provides a sense of work—productivity. The artwork develops in space, shape, and size. The art piece and the artist transform themselves together through a process, and in the end, the final piece becomes a product. The product is a part of the process to hold, show in a variety of places, or give as a gift. The ceramic art is fragile, breakable, and treasured as a lasting representation of care and investment in touch, space, work, process, and product.

Exploration of filmmaking also led to filtering the film process into the essential elements of an idea, preparation, framing, evidence, and production. Questions, thoughts, and ideas begin any artistic process and, in the case of this study, began the filmmaking

process. With an idea, the thought process begins to take shape and hone in on an area of interest. The film preparation initiates focus on specific areas needed for the project to become more than an idea. Framing shots, taking moving pictures, and collecting information on subjects catalyze the evidence-gathering process. Such evidence, art, and people comprise art with the intent of creative exploration. Thus, film production brings the art to a broader world—one beyond the filmmaker or the film's subject.

Artistic response captured and expanded the creative processes of clay and film, as well as the two synergistically. The five concepts developed in relation to each artistic technique in this dissertation play together in a way that encourages and exemplifies the beauty within each characteristic. The stages of each process highlight strengths within the other.

What the clay provided the participants was not clear until there was a creative exploration of the process. Film as methodology allowed creation of artistic responses. The relationships between the participant, the film, and the clay, and the culminating artistic responses soon became the most important parts of the process. The artistic inquiry and response allowed attunement to the research questions in more depth.

Discovering creative processes that enhance other creative processes spins the art therapist into a deep realm of possibilities. Using artistic exploration as a mode of research inquiry and response enhances the discovery process and leads to new areas of interest. In learning and stepping forward to enhance the creative process of art therapy, the film and clay established a synergistic partnership.

Personal Statement

As an art therapist and researcher utilizing the ABR approach, the researcher faced many challenges. Conducting a study of this kind, she faced prejudice and risked damaging the professional relationships she had made over the course of employment with DSH-Patton. Through the process of proposing the study, breaking ground in the DSH system, and moving forward to new areas of interest, a precedent has hopefully been established for future rehabilitation therapists. Hopes are that more art, music, dance, and occupational therapists will creatively explore the worlds of the California DSH system. Although they are protected and shut off from the rest of humanity, the staff and clients continue their hard work together to encourage growth and recovery.

Presenting this dissertation project at the 23rd Annual DSH-Patton Forensic Mental Health Conference, therapists were encouraged to carry their treatment further by thinking creatively and exploring additional ways of experiencing momentum. The project helped break through feelings of suppression and institutionalization; despite the many restrictions on clinicians, offenders, and sites responsible for providing treatment, art therapy research with mentally ill offenders continues to be conducted and published in peer-reviewed journals (e.g., Gussak, 2006, 2007; Gussak & Ploumis-Devick, 2004). As the research base grows, art therapists may integrate new findings into their work, administrators may incorporate more expressive arts therapies into treatment facilities, and mental health professionals will see empirical evidence supporting the usefulness of their patients' artmaking.

Limitations and Recommendations

Throughout this study, remaining objective was a priority. Inevitably, however, as an art therapist-practitioner-researcher, a bias towards art therapy is undeniable.

A primary project limitation was the small sample size of 13 participants, representing patients who were current attendees of the group. Given the small sample, the findings may be strengthened by repeated studies. Due to the use of creative inquiry and personal reflection as an additional mode of inquiry and response, reproducing this exact project is not possible because the participants were specific to the timeframe and moments in the past. It is important to remember, though, that it was not the intention to make something generalizable and reproducible because there is no way to take the art therapist-researcher out of the project.

The time the DSH and CPHS allowed to collect information and art from the participants was limited to a three-month term, which was quite short. A longer evaluation period may have revealed additional results.

Future inquiry should continue to encourage creativity in the research process because it enhances therapy, personal and professional growth, and art's role in the world around us. Recommended future research could provide and substantiate understanding of the benefits and limitations of other art media for people living in forensic psychiatric facilities. Clay is a contraband item in most correctional facilities, as are most art media. However, supervised use is often appropriate and acceptable. With such noted patient benefits, ceramic art therapy programs may be recommended for preliminary trials and eventually integrated into patient treatment.

The ways people benefit from art is evident through this ABR project—they continue to pursue their work and enjoy the process—but to what level did the participants truly accept and understand the therapeutic properties of artmaking? In addition, due to the therapeutic possibilities, it is recommended art therapists participate in some form of ABR in their groups. In the future, she would like to see an increased interest in promoting research with ABR methodology. Despite multiple institutional limitations on research in state hospitals and correctional facilities, the expressive therapists and their clients could strongly benefit from formally conducting research projects.

Conclusions

The Collaborative Ceramic Art Therapy Studio encourages, supports, and provides participants with explorations of the clay material. The clay, the group, and the studio powerfully combine to allow participants something exciting, creative, and different in their daily lives within State Hospital fences. Improving their quality of their life and enhancing their creativity into the realm of artistry, working with art therapists, and each other, allows them to be creative, to collaborate, and to form a community. Through understanding, making sense of the world around us, and trusting the process, ABR may lead art therapists, artists, and researchers to astounding moments of clarity.

This project broke ground within the Department of State Hospitals, allowing for new ways of questioning, exploring, and moving forward in art therapy. Creating a climate where people are engaged in questioning and studying was crucial to this study. As an art therapist, someone who saw themselves as a curious outsider, to both the residents and administration, it was important to highlight the creative potential within the facility. Acting as an agent for social action, in the future, coordinating and organizing a research team may include various

disciplines, members of administration, the patients, and a team of art therapists. Creating change together and co-researching with others as a way to improve quality of treatment could be incorporated into the already existing forces at DSH—Patton.

This project led to discoveries, which included further questions, and a determination within the art therapist, researcher, and artist to confidently continue researching the relationships within art therapy. New questions include: What skills do art therapists need to best navigate their relatively young field? What are the important key elements for art therapists to understand about their profession? and How does one's passion for art therapy impart an importance to strengthen community, influencing social action, and co-creating change within other art therapists? Although initial hopes were to educate people to the possibilities of art and art-based research, the researcher's understanding was expanded. Developing trust and building relationships was found to be the key to success; because nothing is achieved alone. Solidified revelations included the importance of relationships, how people are more important than theory, and the joining of like-minded and passionate individuals can have long-lasting, life-altering results.

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APPENDIX A

PROJECT PROPOSAL

<p>STATE OF CALIFORNIA — DEPARTMENT OF STATE HOSPITALS</p> <p>Department of State Hospitals - Patton 3102 East Highland Ave Patton, CA 92369</p>	<p>EDMUND G. BROWN JR., GOVERNOR</p> 
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August 25, 2014
Serena Duckrow, MA, ATR-BC
Department of State Hospitals—Patton
Rehabilitation Therapy Department

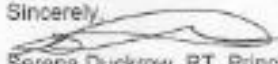
To Whom It May Concern:

Enclosed please find the work order and project abstract for the study "Clay and a Collaborative Ceramic Art Therapy Studio in a Forensic Psychiatric Hospital". This proposed research will be a continuation of the 2013 Quality Improvement Project which was an initial program evaluation of the Collaborative Ceramic Art Therapy Studio group. As part of the requirements for my Expressive Therapy doctoral dissertation with Lesley University, I would like to more deeply explore the ceramic arts and how the expressive therapies may benefit this population.

I propose to conduct a qualitative study of ten to fifteen participants who access rehabilitation therapy (RT) groups in the ceramic art studio. Participants have been attending groups in this studio for the last four years and have become experts in the ceramic arts and rehabilitation. Patients are forensically committed, male and female, ranging from 25-65 years of age, and experience a variety of symptoms of mental illnesses. Their diagnoses, ethnicities, religious affiliations, sexual orientations, and penal code commitments are varied.

While providing the RT department with valuable information, the study will also provide the Collaborative Ceramic Art Therapy Studio group members with insight into how the arts act as a therapeutic intervention. In addition, this research will enhance DSH—Patton as it is the first formal research exploring RT methods. Findings will be presented at the Annual Forensic Conference in February of 2016 as well as with Lesley University in partial requirements of the doctoral dissertation.

I have met with supervisors in the RT and Psychology departments as well as the Executive Director (A), Harry Oreal. If you have any questions or concerns, please contact me at (909) 425-7926.

Sincerely,

 Serena Duckrow, RT, Principal Investigator

Clay and a Collaborative Ceramic Art Therapy Studio in a Forensic Psychiatric Hospital

PI: Serena Duckrow, MA, ATR-BC

Background: In 2013, the *Quality Improvement Project: Exploring the Benefits and Limitations of a Collaborative Ceramic Art Therapy Studio* looked at how participating in a collaborative ceramic art therapy group effected patient mood, rehabilitation, and quality of life. Three surveys, photographs of artwork, and daily self-reported pre- and post- mood scales were collected from 12 participants over the course of 12 weeks. Discoveries included that the group was a benefit, of value, and enhanced mood. Participants were able to improve the treatment provided to them through anonymous survey results leading to improvements in the program. Through continuing to explore the rehabilitation therapy that is provided at DSH—Patton, we may continue to improve the service to an often underserved and marginalized population.

Research design: This project design, qualitative in nature, will further explore the experiences of the participants in the Collaborative Ceramics Art Therapy Studio group. Incorporation of the findings from the Quality Improvement Project, with the data collected from this research, this project will utilize a mixed-method design. Qualitative and art-based data will be collected in order to answer the primary research question: How does participating in the collaborative ceramic art therapy studio group benefit the patients at DSH- Patton?

Participants: The patients voluntarily attending the Collaborative Ceramic Art Therapy Studio range from ages 25-70. All patients participating in the studio will be asked if they would like to participate in the research project and it will be explained that it is not a requirement. There are between 5-15 possible patients who will participate. They are forensically committed men and women who have been deemed Not Guilty by Reason of Insanity or Incompetent to Stand Trial. Ethnicity, religion, and sexual orientation are varied.

Methodology: The winter group cycle will meet January 2015 through March 2015 once a week for 120 minutes each session. Collaborative ceramic art therapy studio begins with a *check-in* where the members will each state what they are working on and what they will need from the group members and facilitators. The patients will then have art studio time for 90 minutes. Qualitative data will be generated through therapeutic interviews and videography of the patients' art processes over the twelve-week cycle. Groups close with another *checkout* where each member shares what they worked on, how group went, and what they want to work on next session. At week twelve, the patients will view the compiled art and interviews, edited into a brief 10-15 minute video while enjoying a party for those who participated.

Anticipated risks: The primary risks to participating in this research project are possible loss of confidentiality and anxiety due to the interviews and being filmed. The groups are facilitated by a registered, board-certified art therapist and are held to the standards currently ethical by the American Art Therapy Association. These groups have been conducted by the lead researcher for the last five years at DSH-Patton. Collaborative ceramic art studio groups are currently being provided to approved, voluntary participants. This research project will go through both the IRB process in place for Lesley University and

the California Health and Human Services Agency. Patient art, patient feedback, and documentation of patient art will be kept secured and confidential. References to individual patients will be through pseudonym.

Anticipated benefits: There is no significant benefit from study participation, although being in this study may allow patients further explore the treatment they participate in, which may have a potential for therapeutic benefit. This enhanced study of rehabilitation therapy at DSH-Patton may help improve the treatment of patients, as well as the Rehabilitation Therapy department.

Impact on the Department of State Hospitals-- Patton: This research project will explore the experiences of the participants in the Collaborative Ceramics Art Therapy Studio. This will be the first formal evaluation of rehabilitation therapy and it will provide a foundation for research of this discipline. The research project will require continued approval for the use of a digital camera and video camera during the 12-week group cycle and a budget of approximately \$60 for the pizza party event at Week 12.


APPENDIX B

PERMISSION TO FILM

12/10/2014 10:00 FAX 0461

STATE OF CALIFORNIA — DEPARTMENT OF STATE HOSPITALS EDWARD G. BROWN JR., GOVERNOR

Department of State Hospitals - Patton
3102 East Highland Ave.
Patton, CA 92389



Memorandum

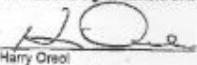
Date: December 10, 2014

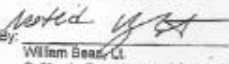
To: William Bean, Lt.
California Department of Corrections
& Rehabilitation

From: Harry Orosi
(A) Executive Director

Subject: Permission to Bring iPad and Digital Camera Equipment into the Secured Compound

The Executive Director has given approval for the Sosna Duckrow, M.A., ATR-BC, Rehabilitation Therapist, to bring an iPad and digital camera into the West Compound beginning Monday, January 6 through Tuesday, March 31, 2015 for the purpose of a research project involving play and ceramic art therapy for Patton patients. Film editing will be done by Video Productions under the direction of Vinnie Wilson. All patients will be required to sign a consent form allowing hands to be video taped during the art therapy sessions. Photographs will be taken of patients' hands "only." There will be no photographs taken of patient-occupied areas, other than the art therapy studio area. No photographs will be taken of perimeter fencing or Corrections' staff. Ms. Duckrow will be responsible for the iPad and digital camera at all times.

Approved By:  Date: 12/10/14
Harry Orosi
Executive Director

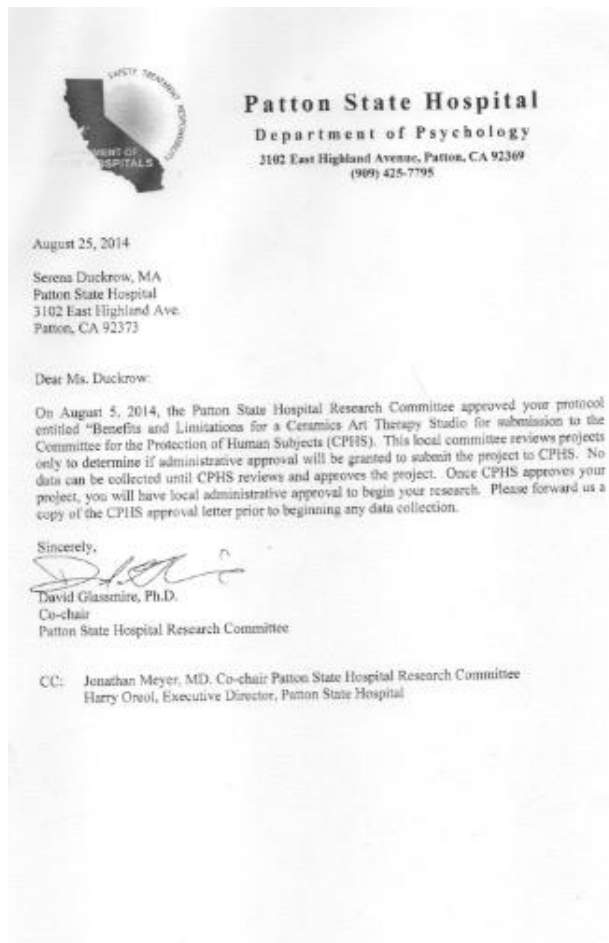
Approved By:  Date: 12/10/14
William Bean, Lt.
California Department of Corrections
& Rehabilitation

cc: Marry Moon
(A) Hospital Administrator

John Chenchariok, (A) Chief
Hospital Police Department


APPENDIX C

DSH RESEARCH COMMITTEE APPROVAL



APPENDIX D

CPHS IRB APPROVAL

 California Health and Human Services Agency Committee for the Protection of Human Subjects AUTHORIZATION AGREEMENT with Another Institutional Review Board			
A. INSTITUTIONAL REVIEW BOARD (IRB) REVIEW INFORMATION			
Name of Research Project or class of projects	Benefits and Limitations of a Ceramic Art Therapy Studio		
Principal Investigator (PI)	Serena Duckrow		
Sponsoring Organization or Agency	DSH—Patton		
Award number, if any	N/A		
B. INSTITUTIONAL INFORMATION	<table border="1"> <tr> <td> IRB Providing IRB Review CPHS attests to: <ul style="list-style-type: none"> • being under a Federalwide Assurance (FWA) • being a registered IRB • having been asked to review this class of projects • meeting human subject protection requirements of relying IRB • ensuring that researchers send any unanticipated problems and adverse event reports to CPHS at the same time they are submitted to Lesley University • making relevant IRB meeting minutes, membership roster changes and other reports and actions available to relying institution or its agent, according to agreements between the IRBs </td> <td> IRB Relying On Designated IRB for Review The Lesley University IRB attests to: <ul style="list-style-type: none"> • having an FWA • retaining responsibility for subject protection • accepting the decision of another IRB in order to avoid duplication of effort • conducting a "facilitated review" of application approved by IRB being relied on • assuming full review of project/class of projects at any time • the Lesley University PI keeping current on all IRB correspondence </td> </tr> </table>	IRB Providing IRB Review CPHS attests to: <ul style="list-style-type: none"> • being under a Federalwide Assurance (FWA) • being a registered IRB • having been asked to review this class of projects • meeting human subject protection requirements of relying IRB • ensuring that researchers send any unanticipated problems and adverse event reports to CPHS at the same time they are submitted to Lesley University • making relevant IRB meeting minutes, membership roster changes and other reports and actions available to relying institution or its agent, according to agreements between the IRBs 	IRB Relying On Designated IRB for Review The Lesley University IRB attests to: <ul style="list-style-type: none"> • having an FWA • retaining responsibility for subject protection • accepting the decision of another IRB in order to avoid duplication of effort • conducting a "facilitated review" of application approved by IRB being relied on • assuming full review of project/class of projects at any time • the Lesley University PI keeping current on all IRB correspondence
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Institutional Name	CPHS		
FWA #	Lesley University		
IRB #	14-05-1681		
Specify one of the following:	<input checked="" type="checkbox"/> IRB Project #: 14-05-1681 <input type="checkbox"/> All human subject research		
IRB Renewal Date	<input type="checkbox"/> Class of Projects: <input type="checkbox"/> Other:		
Institutional Officer (IO) Name and Title	Robyn Flaum Cruz, Co-Chair		
Institutional Official (IO) Phone			
IO Fax	rcruz@lesley.edu		
IO E-mail			
Human Subject Administrator (HSA) Name and Title			
HSA Phone			
HSA FAX			
HSA E-mail			

12/05/2014
Duckrow, Serena
Patton State Hospital
3102 E Highland Ave.
Patton, CA 92369

Project Title: Clay and a Ceramic Art Therapy Studio in a Forensic Psychiatric State Hospital
Project Number: 14-08-1681

Dear Ms. Duckrow,

The Committee for the Protection of Human Subjects (CPHS) has reviewed and approved the above new project.

Included with the approval are the following item(s), beginning with project type:

Common Rule, Minimal Risk, Consent Form, Reliance Agreement Relying on CPHS, Reliance Agreement with Another IRB

This approval is issued under the California Health and Human Services Agency's Federalwide Assurance

#00000681.

Pursuant to 45 CFR 46.109(e), CPHS cannot approve a project for more than one year at a time. Therefore, a project must be renewed yearly. To continue your research or data analysis, submit a Continuing Review request by your project's deadline date, **September 4, 2015**. If your project is not approved again (renewed), it will expire on October 2, 2015. Once a project is expired, all research, including data analysis, must cease (unless discontinuance will have an adverse impact on research subjects).

You will receive courtesy email reminders from CPHS to renew your project. It is the Principal Investigator's responsibility to submit their Continuing Review request on time and to notify CPHS of any changes in contact information.

If a project has been completed or is no longer active, it must be submitted to CPHS for completion approval or withdrawal approval. Instructions for these processes can be found in our Instructions for Researchers located on the CPHS Homepage.

Any unanticipated problems, adverse events, protocol deviations, and breaches in data security must be reported to CPHS via a Report Form within 48 hours of the event. File a report by logging into CalProtects and clicking on the protocol's "Protocol ID" number. A pop-up window will appear, select the "Start Report Form" option. Upon completion of the form, click the "Submit Form" button on the left side of the screen. You must call CPHS staff at (916)326-3660 to notify them of the report submission.

If you have any questions, you may call our office at (916) 326-3660 or email us at cphs-mail@oshpd.ca.gov

APPENDIX E
LESLEY UNIVERSITY IRB APPROVAL



DATE: October 15, 2014

To: Serena Duckrow

From: Robyn Cruz and Terrence Keeney, Co-chairs, Lesley IRB

RE: **IRB Number: 14-016**

The application for the research project, “Clay and a Collaborative Art Therapy Studio in a Forensic Psychiatric Hospital” has been reviewed. Appropriate measures are described to ensure the anonymity of the participants and the confidentiality of the data. The protections described to ensure informed consent are appropriate and aligned with the special circumstances of the participants. The added layer of protection provided by the State of California Committee for the Protection of Human Subjects ensures the protection of and process of redress for these participants as does the requirement that the treating psychiatrist for each participant also agrees to the individual’s participation.

The application is approved.

This application is approved for one calendar year from the date of approval.

Date of approval of application: 10/15/14

APPENDIX F

CONSENT FOR FILMING

State of California – Health and Welfare Agency Department of Mental Health **INSTRUCTIONS: Other than for in-house identification, permission is required before any individual who resides at a DMH state hospital may be photographed, filmed, or audio recorded. Permission is also required before the individual's name is disclosed to any unauthorized person or entity. If the individual is a conservatee, obtain the signature of the conservator and of the individual. If the individual is a minor, obtain the signature of the individual or guardian. If the adult individual is not a conservatee, permission must be obtained from the individual together with a witness's signature. THIS CONSENT MAY NOT BE USED AS A GENERAL CONSENT BUT SHALL BE SPECIFIC TO EACH REQUEST FROM ANY UNAUTHORIZED PERSON OR ENTITY.**

I, _____ do hereby give my consent to the:
(check all that apply) ☐ Filming/Video Taping ☐ Photographing ☐ Recording ☐ Using Name

(Individual)
for the specific purpose of: _____

I understand that I may revoke this consent at any time by writing a letter to the Executive Director expressing my desire to withdraw my consent.

Also, I understand that no permission is granted for any other purpose than those specified above and that I have the right to refuse to be photographed or recorded.

Individual (Check one, if applicable: conservatee / minor) Date

I concur with the above consent.

Psychiatrist/ Conservator/ Parent/ Guardian (Check if applicable) Date

This individual is not capable of giving informed consent, therefore this consent is not valid.

Psychiatrist/ Conservator/ Parent / Guardian (Check as applicable) Date

This individual refuses to sign this form. However, this individual expressed to me that he/she wanted to be photographed or recorded.

Witness Date

CONSENT FOR

PHOTOGRAPHS OR FILMING

Confidential Patient Information

See W & I Code Section 5328

MH 5650 (REVISED 10/2007)

APPENDIX G

CONSENT FOR RESEARCH

STATE OF CALIFORNIA — DEPARTMENT OF STATE HOSPITALS

EDMUND G. BROWN JR., GOVERNOR

Department of State Hospitals - Patton
 3102 East Highland Ave
 Patton, CA 92369

Protocol Duckrow (14-08-1681)

CONSENT TO ACT AS A RESEARCH SUBJECT

Project: Clay and a Collaborative Ceramic Art Therapy Studio in a Forensic Psychiatric Hospital

Primary Investigator:

Rehabilitation Therapist Serena Duckrow, MA, ATR-BC

Co-Primary Investigator:

Dr. Shaun McNiff, PhD

PURPOSE: Serena Duckrow is conducting a research study to examine the process of working with clay in the Collaborative Ceramic Art Therapy Studio group. She would like to create a video that will show how clay benefits you. You have been asked to take part because you are currently an enrolled voluntary participant in the group. If you do not want to be a part of the research, that is fine. You can still participate in the ceramic art therapy group but will not be interviewed and will not be filmed.

I would **not** like to be recorded/participate.

Subject's Signature _____

Date _____

The purposes of this project include:

a. Gathering and publishing data based on the video, interviews, and artwork. The published data will be anonymous aggregate data; you will not be identified in the published results.

b. Based on the results of this survey, design interventions to improve Rehabilitation Therapy groups at the Department of State Hospitals—Patton.

c. Creating a film to share at art therapy presentations, with Lesley University, and the Department of State Hospitals—Patton.

PARTICIPATION: Participation involves consenting to the photography of your art and a videotaped interview (your face will not be included). Your treating psychiatrists and clinical team are not members of the research team. Your participation in this research project will have no bearing on medication changes or changes in discharge from the hospital.

PROCEDURES: If you agree to be in this study, the following will happen:

- a. Serena Duckrow will meet with you and your doctor to sign the informed consents and review any questions you may have. This will require only 5-10 minutes.
- b. You will attend 12 sessions of the studio (January 2015- March 2015).
- c. You will be filmed working with clay and sharing what you are working on.
- d. You will be interviewed while I am taking a video of you working with the clay.
- e. You will be invited to a pizza party on the last day of group as a small token of our appreciation for study participation.
- f. You will receive a copy of the film on DVD.

2. RISKS *reasonably* to be expected:

Participation in this study may involve some added risks or discomforts. These are:

a) Loss of confidentiality

b) Although brief, completing the interview may make you anxious.

c) You may experience some anxiety during the filming.

3. CONFIDENTIALITY: Your records will be protected in this study by keeping all paper records double-locked, and secured in the ceramics studio. There will be no images of your face in the film and your real name will not be used in the film. You will be able to choose a pseudonym in order to protect your identity.

Despite these measures, there is always a risk that such information might be disclosed.

4. BENEFITS *reasonably to be expected.*

There may be no direct benefit to you from this study, but the information obtained will be helpful for understanding attitudes towards the ceramic art therapy studio.

Your participation will have no impact on your discharge or release from the hospital.

Participants will be invited to a pizza party on week 12.

You will receive a DVD of the film created.

5. ALTERNATIVES: The alternative to being in this study is to decide not to participate.

6. COMPENSATION: After signing the informed consent and completing all 12 weeks, as a small token of our appreciation for study participation you will be invited to a pizza/coffee party in the ceramics studio.

7. TREATMENT FOR INJURY: If you are injured as a direct result of being in this study, the State of California will provide any medical care needed to treat those injuries. The State of California will not provide any other form of compensation if you are injured. You may call the Committee for the Protection of Human Subjects at (916) 326-3660 or e-mail them at: cphs-mail@oshpd.ca.gov for more information about this protocol, to inquire about your rights as a research subject or to report research-related problems.

There is also a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairperson at irb@lesley.edu.

8. VOLUNTARY PARTICIPATION: Participation in research is your choice. You may choose to withdraw at any time.

9. PARTICIPANT'S BILL OF RIGHTS FOR NON-MEDICAL RESEARCH

You have been asked to participate in a research study. You have the right to:

- a) Be told the nature and purpose of the study.
- b) Be given an explanation of what will happen during the study and of how the research participant is expected to participate.
- c) Be given an explanation of any risks or discomforts that may be experienced as a result of participating in the study.
- d) Be given an explanation of any benefits that may be expected from participation in the study.
- e) Be told of other appropriate choices that may be better or worse than being in the study, and be told of the risks and benefits of those other choices.
- f) Have the opportunity to ask questions about the study or about your participation in it, both before agreeing to participate in the study and during the course of the study.
- g) Be told that you may withdraw your consent and participation in the study at any time, and that your withdrawal will not affect your services.
- h) Be told that you may refuse to answer any question.
- i) Be given a copy of the signed and dated consent form.
- j) Be free of pressure when considering whether to consent to, and participate in, the study.
- k) Be informed, upon request, about the results of the study.

Research records will be kept confidential to the extent provided by law. The results of this study may be published; however, you will not be identified in the published results.

12. CONSENT STATEMENT: *I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.*

Subject's Signature _____
 Chosen Pseudonym _____
 Date _____

Treating Psychiatrist/Psychologist's Signature _____
 Date _____

Signature of Investigator _____
 Date _____

APPENDIX H

INTERVIEW QUESTIONS

What are your past experiences with art therapy?

How long have you been attending this group?

What would you like from this 12-week group cycle?

How does attending the ceramics studio help you?

Do you feel that this group improves your quality of life?

How do you feel when working with clay?

What has been a meaningful moment you have had while working with clay?

What is your favorite part of the Collaborative Ceramic Art Therapy Studio?

What benefits to your quality of life do you experience in working with clay?

How does attending the collaborative open art therapy studio affect your rehabilitation?

How does attending the collaborative open art therapy studio affect your mood?

What makes this group different from other groups?

Why do you attend the collaborative ceramics art therapy studio group?

Do you feel connected with your artwork?

How does working in an art studio feel?

What benefits did you find as a participant in the collaborative open art therapy studio?

Would you recommend this group to others? Why/ why not?

What would you like to improve about the collaborative ceramic art therapy studio?

What else would you like to add to this interview?

Do you have any additional personal reflections to share?

APPENDIX I
POST-VIEWING QUESTIONNAIRE

Conversations with Clay
Performing Arts Center
THURSDAY APRIL 23rd AM
Film's opening screening!!

Film Premiere
Feedback Form

1. What was your favorite part?
2. What was your least favorite part?
3. Would you give the movie an A B C D or F
(circle one)
4. Did we leave anything out?
5. Any other feedback?