



Transforming a Community:

A Collaborative Group Art Therapy Mural

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Abstract

This article describes the process of designing and creating a collaborative group art therapy mural with four separate art therapy groups in a geriatric inpatient psychiatric hospital setting. Murals have multiple therapeutic benefits such as opening opportunities for discussion, building a sense of unity, enhancing the atmosphere of a facility or environment, and increasing self-esteem. The therapeutic benefits of murals, description of the individuals, development of the concept, goals, and safety concerns will be addressed as they pertain to the geriatric population. The reasoning behind the mural, the thought processes throughout the creation of the mural, and commentary will be discussed.

The creation of murals in the field of art therapy has been used to develop a sense of community and identity within a group of individuals (Testa & McCarthy, 2004). The creative process of designing and painting a mural brings individuals together while accomplishing a common goal and allowing individuals to feel connected to others and their community. This can be especially important for those dealing with severe and persistent mental illness. These individuals often isolate and withdrawal themselves from their community (Drapeau & Kronish, 2007). This is the primary reason I involved the individuals at an inpatient psychiatric hospital in a collaborative group art therapy mural as part of their group art therapy treatment program. The desired outcome was for the mural experience to lead to a sense of unity and community, enhance an understanding of one another, and assist in developing social and communication skills. It was necessary to direct these individuals to think beyond themselves to envision the bigger picture of belonging to a community, even if that community was the inpatient hospital setting.

Therapeutic Benefits of Creating Murals

An important aspect or goal of art therapy can be social connectedness to one's community (Rossetto, 2012). "The enhancement of public space and the environment, a personal connection to community..." is a primary goal for an art therapist that decides to embark on creating a mural within their community (Rossetto, 2012, p. 24). There are numerous reasons why murals are beneficial for those that create them as well as for those that admire them. The purpose of a mural is to create opportunities for change, discussion, and even

reflection. Murals can be used as a means to enhance an environment and to bring light to political, social, or cultural issues, or to inspire a community. Murals have multiple purposes or goals that do not end with the final product. Their creation is about the process that brings about change in not only the individuals that paint the mural but to those that view and admire the work of art. They are not just pictures on a wall. "We create art to transform places, individuals, communities, and institutions" (City of Philadelphia Mural Arts Program, 2015, September).

Murals have the ability to create opportunities for open discussion, which can lead to social change because they are openly displayed throughout communities. Potash & Ho stated "...exhibition art was encountered rather a person, it appears that an intermediary space was created

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to sustain the empathy a viewer might not have had if confronted with an individual. Art may have served as an introduction...” (p. 80). This aspect of murals in art therapy can aid in fostering communication between individuals with and without mental illness. For individuals living with severe and persistent mental illness, murals can be a form of art therapy that assists them in reentering society. “An art therapy group devoted to mural making provides a safe and supportive environment for resolving conflicts...” (Testa & McCarthy, 2004, p. 40). In the art therapy group, the individuals learn and practice social and life skills that will help them in daily living situations. Individuals learn to be an active participant in their group, which translates into playing an active role in their community and in society. Their development of crucial social skills is enhanced by creating murals through dynamic group collaboration. Individuals discuss the mural’s purpose which leads to deeper understanding of different cultures. Murals focus on the “patient’s ability to address feelings of displacement, abandonment, and insecurity” by allowing them to feel a part of their community through artistic contribution (Drapeau & Kronish, 2007, p. 76). Through art therapy and murals, individuals can learn to view themselves as part of their community and not isolated from society (Rossetto, 2012).

Description of Facility Program and Population

The individuals involved in the development of this collaborative group art therapy mural were voluntarily and involuntarily admitted patients in a geriatric unit at a state hospital. The mission of the state hospital was to stabilize the individuals and to provide mental health treatment for re-entry into the community. The average length of stay for the individuals admitted into the state hospital could range from six months to several years. For those individuals that were involuntarily admitted and were court mandated, duration of stay was contingent on a judge’s decision and recommendations from the individual’s treatment team. For those voluntarily admitted into the state hospital, duration was contingent on the individual and the treatment team decision and recommendations. Treatment teams met monthly to discuss individual treatment and developed and/or modified treatment plans for the next month. Treatment teams consisted of the individual, treatment team coordinator, psychiatrist, medical doctor, social worker, rehabilitation therapist/art therapist, unit staff, behavioral specialist, and family members when necessary. A typical treatment team meeting would review an individual’s status and data from each team member. Discussion topics could include medical issues, group attendance, medication alterations, behavioral issues, and possible discharge options. After discussion, goals and expectations for the next month would be addressed and clarified. Primary goals developed during treatment team for individuals could be to attend at least three group sessions a week, to present themselves with a stable mood, to communicate appropriately with peers and staff, to engage in an activity for at least 15 minutes per group, and to be positive and encouraging to their peers.

Each participant was sixty years of age or older with diagnoses which included schizophrenia, schizoaffective disorder, bipolar disorder, and dementia. Individuals with schizophrenia or schizoaffective disorder experience hallucinations and delusions (Khamker & Obst, 2012). Their hallucinations can be auditory, visual, tactile, or olfactory. Their delusions can be considered bizarre or non-bizarre and can express paranoid, grandiose, or religious ideation. They also experience cognitive deficits and disorganized speech and behavior. Individuals with schizophrenia have difficulties with attention span, memory, and substance abuse and display a lack of appropriate social skills. They also experience feelings of depression, hopelessness, suicide ideation, anxiety, and aggression. Individuals with bipolar disorder experience episodes of mood changes such as depression, mania, or mixed emotions (Rodseth, 2011). Individuals with bipolar disorder may exhibit symptoms of depression, euphoria, and cognitive impairments. They can also experience rapid or slowed speech, insomnia, suicide ideation, feelings of hopelessness, excessive cheerfulness, substance abuse, lack of appropriate social skills, and difficulty with reasoning or concentration. Individuals with dementia demonstrate marked impairments in cognitive functioning and memory (Stewart, 2004). "Further, these impairments are severe enough to interfere with social or occupational functioning and worsen over time" (p. 148). Individuals demonstrate signs of confusion, inability to concentrate, and experience difficulties learning new tasks. They also become withdrawn from their environments, can show signs of aggression or violence, and eventually shows signs of losing the ability to care for oneself. With these diagnoses, the individuals at the hospital needed a therapeutic directive that encouraged them to actively participate with their peers, develop appropriate social skills, increase their self-esteem, and promote a sense of understanding, awareness, and community. They also needed a therapeutic directive that addressed their cognitive impairments, attention span, and inability to concentrate. The collaborative group art therapy mural was designed to address these objectives and the individuals' symptoms and diagnoses in a creative and artistic manner as well as to enhance the aesthetic atmosphere of the building through creative placemaking.

Before the collaborative group art therapy mural, the individuals were already encouraged to attend therapeutic groups daily which included art therapy, music therapy, life skills, recreation skills, and leisure education groups. The individuals were given the choice to decide which therapeutic groups they wanted to attend with some guidance from their psychiatrists, social workers, and rehabilitation therapists. There were four separate art therapy groups, each forty-five minutes long that met daily. Each group roster consisted of four to ten individuals of mixed sexes, depending upon new admissions and discharges, and contained at least one dominant personality that facilitated decision making, one passive individual, and one that was reluctant to participate.

Goals Addressed

The development of therapeutic goals that would benefit these individuals in an inpatient psychiatric setting and to prepare them for experiences outside the hospital was an essential part in the development of this collaborative group art therapy mural. This mural project was chosen to address the treatment team goals as well as to address symptoms and impairments that are associated with schizophrenia, depression, dementia, and bipolar disorder. Self-esteem issues and isolation tendencies were just as important to address during the creation of the mural as were the treatment team goals. The process was intended to assist these individuals in developing social and communication skills, promote active participation, improve abstract thinking skills, and encourage a sense of unity and community. Another goal was to encourage participation as an individual as well as a unit to promote a sense of belonging. “Belonging plays a highly significant role in the contexts of community mural making and art therapy” (Rossetto, 2012, p. 24). This mural opportunity brought the arts to the center of the hospital community by changing the physical space with creative placemaking.

The collaborative group art therapy mural would consist of four different sections that combined one large mural, symbolizing each group as one part of the whole geriatric unit. The mural process did not allow the individuals to sit at a table and individually work on projects; they were required to work as a group. The mural naturally encouraged the individuals to interact with their environment and their peers. Each individual, even if they identified as “non-artistic”, would be able to participate in the creation of the mural. Participation in group art therapy has been shown to assist individuals in developing appropriate social skills and to increase one’s self-esteem (Drapeau & Kronish, 2007). Since the mural was created and displayed on a wall in the hospital, the individuals gain a sense of pride, accomplishment, and increased sense of self that comes with public exhibition (Rossetto, 2012). “Art making and art viewing can stimulate empathy by activating the imagination and fostering genuine relationships” (Potash & Ho, 2011, p. 74). The mural making process and viewing encouraged open communication between the individuals and the staff at the hospital, which leads to a deeper understanding and personal connection between all members of the community.

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Overview of the Mural Process

This mural, from the development of the idea to the last brush stroke, took approximately three weeks to complete. Two weeks of preliminary planning by the rehabilitation/art therapist included researching an artist inspiration, developing an appropriate concept, and locating a wall space prior to introducing the mural project to the individuals. Addressing the limitations and abilities of the individuals as well as safety concerns were also a part of the preliminary process. Prior to painting, the individuals created individual colored construction paper designs, which led to one group design. Once the image was finalized, the rehabilitation/art therapist planned the painting process in steps to facilitate direction for each group. One week was spent painting the mural. The following sections will discuss in detail the entire process of the creation of the mural.

Development of the Idea

When developing the idea for the collaborative group art therapy mural, the cognitive functioning levels of each individual was a major consideration. Some individuals had difficulty following directions, others worked independently, and some had marked cognitive impairments and confusion due to dementia. A concept needed to be developed that would be challenging for the higher cognitively functioning yet straightforward for the lower cognitively functioning individuals. In addition, the mural needed to meet the physical needs and the artistic abilities of each individual.

Collaborating with art therapy supervisor Ronnie Burak, Ph. D, ATR, an appropriate concept for the level of complexity that was necessary to meet the differing needs of the individuals was developed. Through discussion several artists for possible style and influence were proposed. The abstract artist, Henri Matisse, was the artist of choice for several reasons. First, Matisse was known for his cut paper designs to represent blueprints for large scale paintings or prints (Elderfield, 1978). Matisse's paper cut outs were in many ways viewed as "designs for stencils prints" (p. 8). This concept/design would easily translate verbally and visually to the individuals. An example of Matisse's works of art, *The Codomas, Jazz, Plate II*, would be used to demonstrate the concept is represented in Figure 1 (p. 52).

Second, the flatness of the cut shapes and color of the paper made for simple transition from paper to paint. Third, Matisse's designs had a decorative quality that focused on shape, form, and composition that allowed for large scale production. A "Matisse like" mural would allow the lower functioning individuals to grasp the concept of "paint by numbers" but also allow for more detail and complex composition and color mixing for the higher functioning individuals. It seemed like the perfect fit as the individuals would not be intimidated by

shading, depth, perspective, or naturalism and could focus on shape, composition, and the decorative qualities that would enhance the aesthetic qualities of their environment.

Additional concerns before proceeding included wall space and location, physical limitations of the individuals, and safety concerns within the treatment facility art room. A large wall in the treatment facilities break room was deemed to be the ideal location to enhance the atmosphere in that area of the facility. By choosing this wall location, the collaborative group art therapy mural would be located in a socially proactive location increasing the awareness



Figure 1. The Codomas, Jazz, Plate 11 (Early 1944)

of our physical space through creative placemaking. Once the design and location were finalized, safety concerns needed to be addressed. Many individuals were in wheelchairs and/or unable to stand for long periods of time. Additionally, the use of step ladders was prohibited due to safety concerns with the unsteady gait of the majority of the individuals. Coincidentally, during the production of his paper cut out designs and large scale paintings, Matisse was wheelchair bound due to illness (Elderfield, 1978). This aspect of Matisse furthered the connection between the artist of inspiration and the mural participants. Keeping wheelchair mobility in mind, appropriate considerations needed to be made to insure that all individuals could participate safely. Adaptions included the addition of a border along the top and bottom of the mural. The bottom border measured to the height of a wheelchair, therefore, participation could be completed in a seated position. A border along the top of the mural was included so the individuals could freely paint standing without step ladders. The border measured 1'6" on the bottom and a 1' on the top. A 1' border on both sides of the wall was added for aesthetic appeal. In addition, for logistical reasons with group scheduling, the decision was made to divide the mural into four sections, one for each art therapy group. The end result would connect each section into one large mural. Each group mural measured approximately 5'5" tall by 4' wide with approximately 2" borders between each group section. Including all sections and borders, the entire mural wall measured 18'6"L x 8'H.

The Creation of the Mural

As in any art making process, media and supplies needed to be organized, made available, and quantities estimated. For this collaborative group art therapy mural, the individuals needed access to colored construction paper, scissors, glue, acrylic paints in various colors, paintbrushes in various sizes, aprons, drop cloths, assorted containers for paint and water, paper towels, painter's tape, and a wet paint sign. Fortunately, these supplies were within the hospital's budget. The initial steps to implementing the production of the collaborative group art therapy mural included an individual and group aspect. The preliminary steps in designing the mural involved colored construction cut paper designs, individually and as a group, and planning and organizing the painting process. The colored construction paper design stages were completed in two group sessions and painting the mural was completed in five to six group sessions.

First Mural Therapy Session.

As stated, the artist of inspiration and central theme for the collaborative group art therapy mural was the twentieth century abstract painter, Henri Matisse. A book illustrating Matisse's style was utilized to visually demonstrate the directive. A discussion of color, composition, form, and layering preceded the introductory activity. The group members were directed to individually create their own colored construction cut paper design, either abstract or representational. This directive was designed to ease them into the process. By the end of this group session, each individual created their own cut paper collage. It was observed that the lower functioning individuals participated without hesitation while the higher functioning individuals needed further explanation and struggled with the abstract idea of cutting shapes. They wanted their image to be representational. Even at this early stage, the project addressed the goal of developing abstract thinking skills. The individuals also needed to learn to be flexible and creative in how they approached the directive and needed to begin to conceptualize the entire project. In this session, it was observed that the individuals were quiet and kept to themselves with minimal interaction with their peers. They worked individually and within their own personal space boundaries.



Figure 2. Group one finished paper design

Second Mural Therapy Session.

The next step in the collaborative group art therapy mural process was to create one collaborative design for each group by combining the individual colored construction cut paper designs. To achieve this goal, each individual was directed to incorporate one section from their piece into each group's final design. They were given the choice to either cut their piece or recreate a section. It was observed that some individuals had invested so much time and energy into their piece that they did not want to destroy it. This option allowed them to preserve their artwork and to participate without cutting their original image. In this stage of the collaborative group art therapy mural, the individuals worked on collaboration, active communication, social skills, and mediation skills. It was crucial to work together as a group in order to finalize the design. Some groups required more direction and prompting while others arranged sections and discussed placement options openly with one another. It was observed that the higher functioning individuals led conversation and the lower functioning individuals provided "yes" or "no" responses to placement of the paper pieces. It should be noted that the individuals with dementia required constant prompting and provided a "yes" or "no" response. By the end of this group



Figure 3. Group two finished paper design

session, each group created one finalized design that would become their section of the mural, seen in Figures 2, 3, 4, and 5.

In order to utilize group time effectively and to make each step clear and concise for the individuals, the mural painting process was planned in layers. The individuals would start painting the background color and then each day add one layer, etc., as represented in Figures 6, 7, 8, and 9.

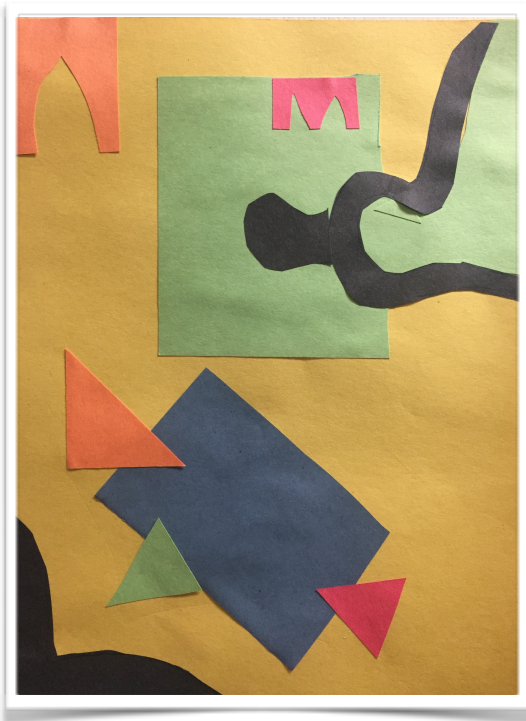


Figure 4. Group three finished paper design



Figure 5. Group four finished paper design

Layering streamlined the process and outlined each session so the individuals could visualize and comprehend what needed to be accomplished. This planning also provided the individuals with the needed structure for group dynamics. The borders were then planned and outlined on the wall and the different group sections were taped. This was necessary to save valuable group time and to keep the process moving smoothly. An image of the original blank wall and taped out sections is represented in Figure 10.

Third Mural Therapy Session.

Day three of the mural project was the first day of painting for each group. Overall, the groups mixed colors and applied paint without hesitation. It was observed that some group members were reluctant to get involved unless paint was handed to them. However, each

member eventually participated with encouragement. The groups worked collaboratively to complete the day's task and were eager to begin the painting process. Discussion was facilitated and some groups were prompted to make group decisions regarding color choices. This stage of the project addressed the development of social and communication skills. The individuals were required to openly converse and problem solve color choices. In

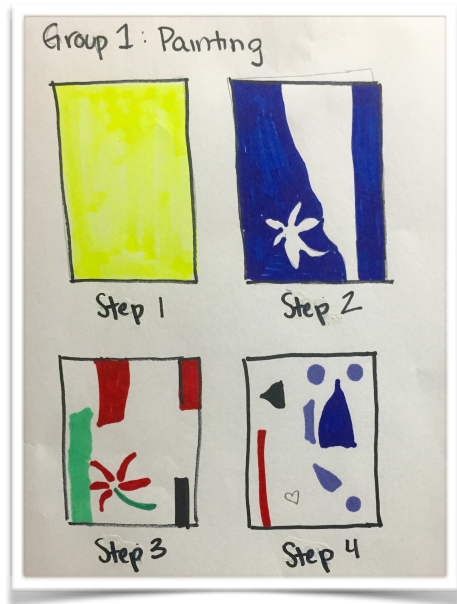


Figure 6. Group one painting plan

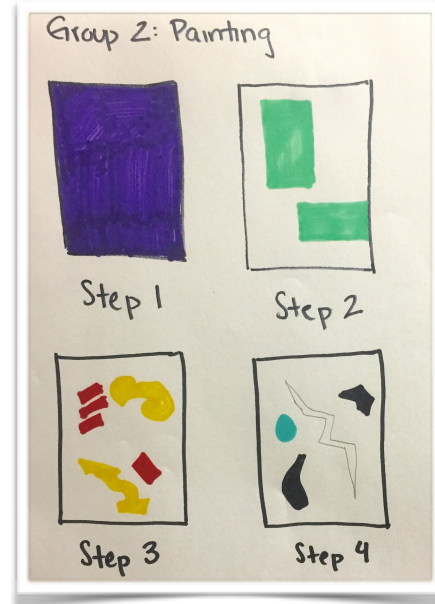


Figure 7. Group two painting plan

addition, it was essential to communicate and allocate the responsibilities of painting the mural, as not one person could or should paint the entire wall.

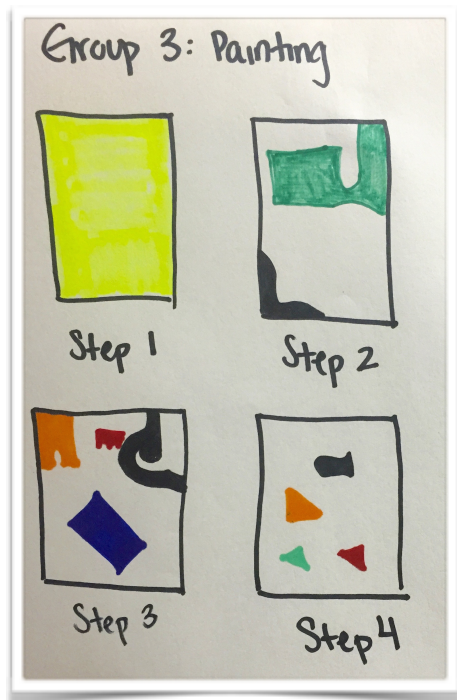


Figure 8. Group three painting plan

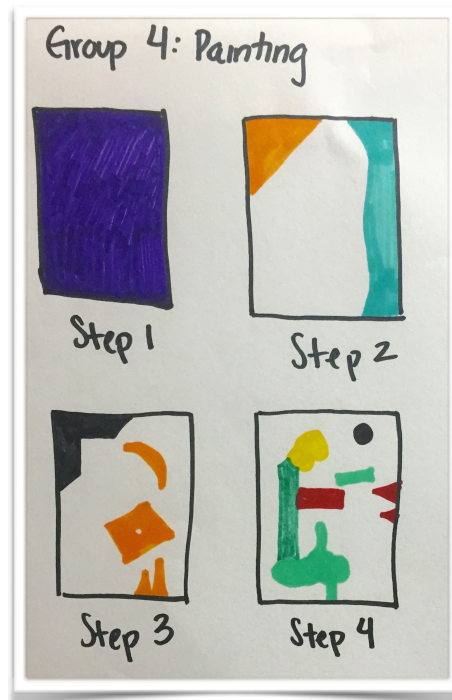


Figure 9. Group four painting plan

During this session, I observed hesitation from the individuals that usually focus on only their projects during normal group sessions. One individual, Joseph (pseudonym), hardly, if ever, looked up from his paper during groups, experienced anxiety and major depression, and maybe spoke only one sentence during group, had difficulty with engaging in this step in the project. He often times had difficulty responding to compliments or responding to peer questions during groups. It was observed that during this stage, he was very hesitant and



Figure 10. Original blank wall and taped out sections
anxious about painting the wall. He required encouragement from the therapist and his peers. It was only after a few of his peers painted that he felt comfortable painting as well. He did not speak during this session but he at least painted a small section.

After each group session, it was noted that individuals would make statements such as “that was fun” or they gave others positive support. It was noticed that even if individuals were not familiar or very comfortable with one another, they still provided positive feedback or encouragement. It was also observed that not one person painted, each individual was aware of their role and the groups divided the responsibilities equally among all group members. These are essential life and social skills that will benefit these individuals in and outside the hospital setting. The third mural therapy session is represented in Figure 11.

After each painting day, the next day’s layer was taped out to utilize group time effectively and for safety concerns as mentioned in the previous sections. This preparatory work created more time to mix colors, paint, and to discuss any possible alterations with the group. Taping sections also alleviated the pressure of painting in between the lines and

allowed for clear paint boundaries. However, some groups did spontaneously make group decisions to adjust design elements and assisted with taping.

Fourth Mural Therapy Session.

On the second day of painting, each group participated, however some needed encouragement and some were hesitant and reluctant. Prompting and guidance helped the individuals become comfortable with the directive. The groups worked together to mix paint colors and openly communicated what colors would work best for their image. While some painted on the wall, others mixed colors for the next day. Groups would also mix different color hues and place color samples on the wall in order to make aesthetic decisions. They constantly communicated with each other on what color they desired to paint and what hue would be aesthetically pleasing. Even with active participation on this second day, there were some defiant behaviors. One individual thought that the groups were defacing the building and no longer wanted to participate. This initiated a conversation



Figure 11. Third mural therapy session where he was reminded that he did not need to paint and would not be forced, but after peer encouragement he was persuaded to participate. This kind of communication continued to encourage collaboration and compromise. The fourth mural therapy session is represented in Figure 12.

Fifth Mural Therapy Session.

As painting continued, the groups required less direction and participated more enthusiastically. Some members continued to require prompting or demonstration but

overall, the group members proceeded without difficulties. The groups began to compliment the other group's sections and stated how "beautiful" the wall appeared. At this stage in the process, the groups began to plan for the next day by arranging sections and color choices. In addition, the groups demonstrated an interest in the visual appeal of all four sections of the mural. The groups became concerned with color flow throughout the mural. They initiated conversations with the other groups and referenced the different sections to determine and finalize their color choices. The groups also displayed concern for the border and discussed possible color options and solutions. These comments demonstrated that these individuals were utilizing their abstract thinking skills to visualize the final outcome. They also demonstrated a sense of unity in that they felt connected to the other groups and wanted the aesthetics to flow throughout the mural. They did not want to be seen as a separate group; they wanted to be seen as part of the entire unit/community. This behavior validated the major objectives, goals, and purposes behind the creation of this mural. The fifth mural therapy session is represented in Figure 13.



Figure 12. Fourth mural therapy session

It was observed during this session, that Joseph, as mentioned in a previous section, no longer required prompting to engage. He still only spoke few words but he was the first one to initiate painting by this session. By the time, the therapist had the materials all set up, he was jumping up from his seat to begin. He was the first one to grab a paint brush and being painting. In addition, another individual, Ben (pseudonym), who rarely sat with the group because he had severe difficulty with social interaction, had sensory integration issues, and had difficulty concentrating due to hearing voices, finally participated in the project. Before this group session, he was encouraged to participate but each time would decline to engage and stated "I have to work on my song." He would sit with the group and work on his own

projects as everyone else painted. On this day, he painted a section after encouragement from the therapist and even direct care staff. This encouragement from direct care staff strengthened the importance of this project for this hospital community and helped to unite everyone involved.

Sixth Mural Therapy Session.

At this point, each group moved at different paces due to functioning levels and complication of the design and the majority of the individuals could visualize the final piece. The groups



Figure 13. Fifth mural therapy session

complimented each other and provided positive feedback. Although, some groups had disagreements when individuals made mistakes, it was an opportunity to address the development of appropriate social skills to establish that encouraging peers is more productive than discouraging. They also learned that mistakes happen and can be fixed. By this stage in the process, it was observed that one individual, Mary (pseudonym), who frequently responded to internal stimuli during groups and had difficulty with remaining on topic, did not discuss any fixed delusions while she was painting. This mural was able to keep her mind occupied on the present moment. She was able to focus on mixing colors and making sure she painted within the tape boundaries. She also demonstrated a concern for the border and what color it should be. She would provide the group and the therapist with her recommendations and did not discuss anything off topic during these painting sessions. She was a talkative member during groups; while painting, however, she was quiet and extremely focused. The sixth mural therapy session is represented in Figure 14.

Seventh Mural Therapy Session.

On the seventh mural therapy session, each group completed their section by finishing touch ups and reflecting on the process. The border color was a collaborative decision agreed upon by all four groups. Not all sections reflected their original cut paper designs exactly, however, this demonstrated a positive sign of spontaneity and creative problem solving. Individuals made comments such as, “I really enjoyed this”, “It looks remarkable”, and “I’m sure we all have something to be proud of.” Hospital staff, nurses, direct care, social workers, and psychiatrists, also provided feedback and stated “It really gives them a sense of accomplishment.” These comments embody the entire mural project and demonstrate how powerful murals and creative placemaking can be for a community. This mural transformed the physical space of the building by adding color to what was once a beige wall. The addition, this mural in the building became an attraction for the individuals to openly discuss and admire. Not only did the individuals develop and practice abstract thinking skills and social and communication skills, they gained a sense of accomplishment, unity, and



Figure 14. Sixth mural therapy session
pride that will transcend the walls of the hospital. The seventh mural therapy session is represented by Figure 15 and 16.

Transformative Effect of this Mural

During and after the completion of this collaborative group art therapy mural, I noticed a change in the individuals that participated. In the beginning of the process, the individuals were hesitant, less social, and reluctant to communicate with their peers. As the

collaborative group art therapy mural developed, it was necessary for the individuals to actively engage with one another verbally in order to make decisions, collaborate, and problem solve. By the completion of the mural, the individuals willingly engaged with one another and assisted with set up and clean up each day. The individuals were no longer hesitant to engage in group activities and showed more initiative to begin the art therapy process. This willingness to participate demonstrated progress in developing appropriate social skills and their ability to interact with their peers on a daily basis. Many of these individuals lacked the ability to ask for assistance, to problem solve with peers, and to express themselves verbally and non-verbally. This mural provided them with social opportunities as simple as asking someone to pass a paint jar, helping to clean brushes, or even asking someone to move slightly over so two people could paint at once. The mural



Figure 15. Seventh mural therapy view one



Figure 16. Seventh mural therapy session view two

provided these individuals with multiple opportunities to develop these social skills that did translate into their success in following group art therapy sessions. I observed an increase in communication among individuals and the groups required less direction from myself to facilitate conversation after the group art therapy mural. It was for these reasons that this mural project was developed as part of the group art therapy program.

In addition, there was a sense of pride that these individuals felt and experienced since they truly cared about the visual appeal and aesthetics and aimed for the mural to be professional. The mural was a permanent display of their therapeutic work and the individuals wanted to proudly discuss and illustrate their progress throughout the project. There was a strong sense of accomplishment and ownership when staff psychiatrists, psychologists, direct care staff, and hospital administration offered them positive compliments. In addition, the mural aided in changing staff perceptions of the individuals. The mural united the hospital on common ground through the creative process. The staff were able to view these individuals as productive and active participants in a large scale project. It generated opportunities for open discussion between all staff and the individuals. The staff were able to see an individual that usually sleeps during group, actively participate in painting. They were also able to witness how engaged the individuals were that they did not display any disruptive or behavioral issues during group. The individuals were able to engage so much so that they did not mention any delusions or hallucinations, whereas they might have prior to this mural. Since the mural was a permanent display, the individuals were actively engaged in each group instead of being withdrawn or isolated. Witnessing a visual change in the individual's demeanor allowed the staff to see them as a people that could function appropriately in society. Consequently, staff commented, "Could more murals (creative placemaking) be added in other areas throughout the facility?"

This mural inspired the individuals to continue on their path to be active members in society which is a large component of their therapeutic program. Some individuals expressed an interest and desire to continue making art once discharged from the hospital. This mural incorporated the goals addressed and each individual improved their positive social skills by constantly communicating with one another to make decisions. Though not every group ran smoothly and some groups had disagreements or disputes, they eventually made decisions collaboratively. This ability to listen and compromise will be beneficial for these individuals in everyday situations. Even months after the mural was completed, the individuals were still observed discussing the experience with their peers. With newly admitted individuals who were unfamiliar with the unit and hospital, the mural acted as an "ice breaker." The individuals would ask questions about the mural such as "Who painted that?" or even provide feedback/compliments. This mural helped to make engaging with new peers easier for those that were nervous or anxious about being in a new environment.

They could simply talk about the mural as a way of beginning to get to know someone, instead of asking personal questions first. The mural did not only transform the physical space of the environment but it transformed the social character of the hospital. The space no longer embodies awkward silences or a lack of interaction between peers. This is the power that creative placemaking represents.

In addition to developing social and communication skills and developing a sense of unity, the collaborative group art therapy mural provided the individuals with a different therapeutic learning experience. They were not only creatively and mentally involved in the process, they were also physically engaged. The individuals were no longer sitting at a group table discussing various topics. They were engaged in the physical space of the facility as well as having to walk, stand, and move around the room to paint the mural. For some of the individuals this was an important therapeutic aspect of the process. As stated in the previous sections, some individuals had difficulty standing for long periods of time and this mural provided them with opportunities to physically engage in the process. They painted in a standing position to work on balance and coordination. Several individuals had difficulty or had limited mobility due to age and needed to use gross motor skills to reach the top sections of the mural. This mural encouraged the individuals to actively concentrate on their task because it was a public display of work and this aspect alone helped to improve their attention span. They were able to concentrate for longer amounts of time because they were walking around, painting standing up, mixing paints, or having open conversations with their peers about the mural. They were not just sitting at a table quietly, they were engaged physically and mentally. This collaborative group art therapy mural engaged the individuals mentally, physically, and creatively while addressing crucial skills and goals. The beauty of the mural process was that it addressed these goals without the individuals realizing exactly how much therapeutic work they put into the mural because they were engaged in a fun and creative endeavor.

Conclusion

Murals are meant to provide opportunities for discussion long after they are made and this mural met those expectations. Another goal of a mural is to provide an individual with a sense of identity within a community and this mural accomplished that goal. This collaborative group art therapy mural was designed to be clear and concise so the individuals in the geriatric population would fully understand and comprehend the process and by the time the mural was completed, these individuals felt a sense of pride and unity. They developed positive social and communication skills, actively participated and were not isolated or withdrawn in group, and developed abstract thinking skills through the creative process. In addition, the mural united and created a sense of community within the hospital

and promoted a greater sense of self for the individuals, which will assist them in reentering their communities. The mural provided the individuals and the staff at the hospital opportunities for a better understanding of one another through the creative process proving that murals represent a community, enhance ones' surroundings, promote awareness of the arts, and promote and encourage change. This collaborative group art therapy mural not only met these expectations, but has become a visual focal point in the therapeutic program for visitor and hospital administration tours, as it continues to assist and inspire the hospital community.

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About the Author

Samantha Stevenson is a Board Certified Art Therapist and member of the American Art Therapy Association. It is her passion to enhance the lives of others through the arts as she has been influenced by the arts and their therapeutic benefits all throughout her life. In her journey to become an art therapist, Samantha attended Kutztown University of Pennsylvania earning a Bachelor's of Fine Arts degree and her Masters of Science in Art Therapy from Florida State University. After graduating Florida State University, she began employment at Northeast Florida State Hospital, a psychiatric facility, as a rehabilitation therapist/art therapist in the geriatric unit. She is currently employed as an Experiential Therapist at a facility that provides mental health services to children, adolescents, and adults in Florida.