

Second Edition

Art Therapy for Groups

**A handbook of themes
and exercises**

Marian Liebmann



**Also available as a printed book
see title verso for ISBN details**

Art Therapy for Groups

Art Therapy for Groups is a valuable introduction to art therapy and groupwork. It explains the reasons for using theme-based groupwork and provides detailed guidance on how to set up and run a theme-based art therapy group. All aspects of the therapy are considered—equal opportunities, size of groups, common problems, safety—across a broad range of groups, from residential institutions to community situations.

This new edition presents nearly 400 themes and practical exercises to use with groups, set out in sections ranging from personal work to group interactive exercises. Fresh material includes:

- Consideration of race, culture, diversity and equal opportunity
- A chapter on recording, evaluation and evidence-based practice
- A survey of literature on art therapy groups, leading to a summary of models used in art therapy with groups
- Seventy new themes collected from art therapists' responses
- An updated international resources section acknowledging a more global outlook

Illustrated by more new black and white photographs this book is an essential resource for all people working with art therapy and personal art groups.

Marian Liebmann has worked as a teacher, community worker, probation officer and art therapist. She has work in art therapy with offenders, with women's groups and community groups, and currently at the Inner City Mental Health Service in Bristol. She teaches and lectures on art therapy at several universities in the UK and Ireland. She also works in mediation and conflict resolution, and has run Art and Conflict workshops in many countries. She has written and edited seven books on art therapy and mediation, and many chapters in other books.

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A handbook of themes and exercises

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Marian Liebmann

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Introduction

Who this book is for

This book is aimed primarily at professionals in a wide variety of caring professions who are interested in developing their skills and experience in using art with groups. They may be art therapists, teachers, social workers, youth workers or community group leaders. This book will also be of interest to group therapists, managers of therapeutic services and teachers providing courses for the caring professions.

Understanding and facilitating an art therapy group requires knowledge of groups and how they function and develop, and skills in using art in this context. This book assumes knowledge and experience of working with groups and concentrates on how to use art with groups. However, if you do not have much experience in running groups, there is a list of books on groupwork in the bibliography at the end of the book. There are also many courses now available on groupwork of different kinds. But there is no substitute for experience and the only way to gain this is to join a variety of groups as a client or member. This gives you an opportunity both to experience what it feels like to be in the client role and to observe different styles of facilitating groups.

Then you will need to co-facilitate some groups with an experienced facilitator or therapist. This gives you a chance to learn from someone more experienced, to try out your ideas and skills gradually, and to discuss the results. When you feel ready to facilitate your own groups, it is a good practice to work with a colleague and also to obtain supervision from another experienced person not involved with your group.

The same goes for experience of using art. It can be a powerful experience, so it is essential to know what it feels like. Sometimes it is difficult to get started or to make something as you envisaged it. If you have not experienced this yourself you will not be able to help others when they are stuck. A helpful guideline is always to try out on yourself and your colleagues what you are intending to use with clients. This experience may give you pointers about possible difficulties, iron out organisational wrinkles and demonstrate benefits which can be gained.

The people running the group may be called therapists, facilitators, leaders, teachers, social workers, group workers, etc. depending on the setting. People attending groups may be called patients, clients, participants, members or just 'people'. I will use therapist or facilitator for the person(s) running the group, and whatever term seems appropriate in the context for the participants.

Qualified art therapists may be able to help. They have all undertaken specialist training in this field. The British Association of Art Therapists (address in Resources section at end of book) can put you in touch with the regional group contact in your area for advice.

Groups and individuals

Although this book has been written with groups in mind, many of the themes in [Part II](#) can be used in working with individuals, except for those exercises which require pairs or groups. It is important to make some arrangement for individuals to share their work with someone and to discuss any feelings arising from it.

There are many places (such as day centres and hospitals) where an art therapy or personal art group may be part of a larger programme, including individual counselling, other therapy groups, community meetings, etc. In such contexts staff liaison is very important. This book applies to these situations as much as 'stand-alone' groups.

Ways of using this book

If you are new to this kind of work, it will pay dividends to read the whole of [Part I](#). Then, assuming you have some experience of groups, think about the group you are working with and think about members' individual needs. Pick a relevant exercise and try it out on yourself and your colleagues. After that, introduce it (perhaps with modifications) to your group. The results of that will determine what follows (see [Chapter 2](#) for more details of how to choose themes).

If you are already familiar with running this kind of group, a good way of using this book is to browse through it and let it trigger off your own thoughts. You can then choose an exercise and modify it to suit your particular situation, or make up your own entirely.

What this book does and does not cover

- 1 This book covers groups which meet to share a common activity or theme and does not cover groups where everyone chooses a different activity.
- 2 This book is an attempt to provide an ordered framework around what is essentially an intuitive process. To use a metaphor, a book on sailing can outline the equipment needed before you start, provide a chart of where

- dangerous currents might be and give a few accounts of actual sailing trips. It is then up to you to set sail and see what sailing is really like.
- 3 Not all themes are for everyone. Never use an exercise or theme you feel unhappy with yourself.
 - 4 This book does not make novices into instant therapists or facilitators. Training and experience, both as a client and as co-facilitator, are most important.
 - 5 A personal art group will not necessarily change people's lives (though it can)—many factors are involved.
 - 6 This book has no guidance about long-term therapeutic work. If you intend to work in this area, make sure you have the necessary qualifications, expertise, support and supervision.
 - 7 This book contains examples of art therapy groups drawn from many client groups, but does not cover specific characteristics of different client groups in detail.
 - 8 Experience of what is involved in painting or making something is a very important part of this work.

Race, culture, diversity and equality issues

With the advent of the Race Relations Amendment Act (2000), implemented from 31 May 2002, all public authorities have a statutory duty to promote race equality. The aim is to help public authorities to provide fair and accessible services, and to make the promotion of race equality central to their work. Public authorities are expected to take the lead in promoting equality of opportunity and good race relations, and in preventing unlawful discrimination. This means that they must take account of race equality in policies and service delivery (Commission for Racial Equality 2003).

The first edition of this book paid no attention to race, culture or diversity issues—they were just not within many professionals' consciousness as areas of reflection and practice. Racism and discrimination have, of course, existed from time immemorial, but it is only fairly recently that we have realised our obligations and abilities to do something about them, wherever we are. Cultural issues too have always been present, but we are now increasingly trying to work with difference in a positive way.

Diversity includes a wide range of issues: race, culture, disability, class, gender, age, religion, health—in fact any area where people may be discriminated against through being labelled as part of a group; e.g. being refused services because of living on a certain housing estate. As well as striving to provide a service for all people equally, agencies and organisations are learning more creative ways of working with difference. This is all part of providing effective services that meet all communities' needs and doing so in a professional way. Throughout this book I will try to pay attention to these issues in such a way as to make this a resource which is inclusive and helps to celebrate our diversity.

References

Commission for Racial Equality (CRE) (2003) 'The duty to promote race equality'. Online: www.cre.gov.uk/duty/index.html (accessed 6 January 2003).

PART I

Art therapy groups

Chapter 1

Art therapy and groupwork

This chapter gives some definitions of art therapy and a brief outline of its historical development. It lists several of the benefits of art therapy, including its value with diversity issues, and discusses the overlaps between art therapy and art activities. It looks at the reasons for using groups. It goes on to give some background to personal art and art therapy groups, drawing on a survey of 40 art therapists and group facilitators running art/ art therapy groups in a variety of settings, and identifies therapeutic factors in groups. The emergence of several models of art therapy groupwork is charted. Reasons for using themes are noted and the chapter finishes with a look at the flexible use of themes.

Art therapy: some definitions

Art therapy uses art as a means of personal expression to communicate feelings, rather than aiming at aesthetically pleasing end products to be judged by external standards. This means of expression is available to everyone, not just the artistically gifted. There are many definitions of art therapy—here is one based on working in a therapy setting:

Art therapy involves the use of different art media through which a patient can express and work through the issues and concerns that have brought him or her into therapy. The therapist and client are in partnership in trying to understand the art process and product of the session.

(Case and Dalley 1992: 1)

Here is a wider definition including all arts therapies and other settings:

The common ground for all arts therapies includes the focus on non-verbal communication and creative processes together with the facilitation of a trusting, safe environment within which people can acknowledge and express strong emotions.

(Payne 1993: xi)

As will be seen from the examples given further on in [Chapter 6](#), art therapy can be relevant to many people, whether they are grappling with serious problems or just wish to explore themselves and their feelings, using art as the medium. In the words of one art therapist, running a group for the general public: ‘No special ability or disability is required.’

Art therapy: a brief history

The history of art therapy derives from several different strands. The first is from work done in child art. Franz Cizek, a progressive art educator in Austria around 1900, believed in children having ‘free expression’ in art, and arranged an exhibition of child art in 1908. As his ideas spread, he brought the exhibition to London in 1934–5. In England, Marion Richardson promoted the idea and spontaneous work in children’s art classes became widespread during the 1940s (Waller 1991).

A second strand arose through the world of psychiatry. In 1922, Hans Prinzhorn published *Artistry of the Mentally Ill*, based on the art of mentally ill people in asylums. This inspired two psychiatrists, Erich Guttman and Francis Reitman, who emigrated to England from the Nazi persecution in the 1930s, to join with Walter Maclay to make a further collection of paintings for research. Edward Adamson was appointed as artist at the Netherne Hospital, with a brief to facilitate mentally ill patients in drawing and painting without any intervention. In this way he pioneered the ‘open studio’ approach (Adamson 1984).

A third strand was developed by Adrian Hill, who was the first person to use the term ‘art therapy’ in his book *Art Versus Illness* (1945). He had used his art to pass the time while convalescing from TB in 1938, and was then asked by doctors to help others, especially soldiers returning from the Second World War. It became apparent that ‘doing art’ achieved more than filling the hours—people actually recovered from their mental distress.

Many other pioneers were involved in the early days of art therapy, often working as artists, teachers or occupational therapists. They came together to form the British Association of Art Therapists (BAAT) in 1963. In the early days of BAAT there were strong links with teaching, but as art therapists found themselves increasingly working in hospitals BAAT looked more towards the NHS, achieving recognition in 1982. State registration was achieved in 1997 and from 1 April 2002 art therapists are registered by the Health Professions Council (HPC). (For addresses of BAAT and HPC see Resources section at end of book.) The two books concerning the history of art therapy in Britain are *Healing Arts* by Susan Hogan (2001), covering 1790 to 1966, and *Becoming a Profession* by Diane Waller (1991), covering 1940 to 1982.

Now art therapists work in a wide variety of settings. There is still a preponderance of art therapists working in mental health, but with the gradual closure of large hospitals they now work mostly in small hospitals or community

mental health teams. Within the mental health system, art therapists work with those suffering from all kinds of disorders and at all stages of life. Art therapists now also work in forensic settings (prisons, regional secure units and youth offending teams) and in education (special needs schools, ordinary schools). There has been a growth of work in palliative care (cancer care, hospices, AIDS facilities), in addictions work (both alcohol and drugs) and in work with people with learning disabilities and those with autistic spectrum disorders. New areas are being explored all the time: art therapy with refugees and with children in war-torn zones are recent applications, where the aim is to bring appropriate relief in these situations. Several centres for homeless people also offer art therapy for their members or residents.

The non-verbal and creative aspects of art therapy make it the ‘treatment of choice’ (along with other arts therapies) for many who would not benefit from verbal therapies. In settings that include people with a wide range of abilities (both intellectual and emotional), it can be more inclusive of this diversity.

Art therapists undertake postgraduate training, lasting two years full time or three years part time. For those who do not want to train as art therapists but would like to find out more about it experientially, there is now a good range of introductory and foundation courses based at local colleges and some spring and summer schools based at universities, especially those engaged in art therapy training.

Arts therapists work from a variety of theoretical viewpoints, such as psychoanalytic (e.g. Freudian, Jungian, Kleinian) or humanistic (e.g. Gestalt, brief therapy, solution-focused, personal construct psychology, cognitive). Many arts therapists work in an eclectic way, selecting from different approaches; or use more than one approach, depending on the client group and the work to be done. One of the strengths of art therapy is that it can be used in conjunction with most psychological models.

Art therapy: some benefits

The following are some of the advantages of art therapy that may be relevant in different circumstances:

- Almost everyone has used art as a child and can still do so if encouraged to forget about images having to be ‘artistically correct’.
- It can be used as a means of non-verbal communication. This can be important for those who do not have a good mastery of verbal communication for whatever reason. For those who cannot stop talking, it can sometimes be a good way of cutting through ‘tangled verbosity’.
- It can be used as a means of self-expression and self-exploration. A picture is often a more precise description of feelings than words and can be used to depict experiences which are ‘hard to put into words’. Sometimes ‘words are

hard to find', as in dementia. The spatial character of pictures can describe many aspects of experience simultaneously.

- The process of doing art can sometimes help people become more aware of feelings previously hidden from them, or of which they were only partly aware. It can help people become clearer about confused feelings.
- Using art can sometimes help people release feelings, e.g. anger and aggression, and can provide a safe and acceptable way of dealing with unacceptable feelings.
- It can help such people to look at their current situations and at ways of making changes. The 'framed experience' (an experience within a boundary, like a picture in a frame) can provide a context to try out or fantasise about possible futures without the commitment of reality.
- It can be used to help adults play and 'let go'. Recapturing the ability to play can lead to creativity and health.
- The concreteness of the products makes it easier to develop discussion from them. The pictures are there to return to at a later date and it is possible to look back over pictures from a series of sessions and note developments.
- The existence of a picture as a separate entity means that therapist and client can relate to each other through looking at the picture together. This is sometimes a less threatening way of confronting issues or relating. This is also referred to as the 'triangular relationship of art therapy'.
- Discussion of the products can lead to explorations of important issues. 'Interpretation' of a reductive kind is not widely used as pictures are often ambiguous and the most important thing is for the creator to find his or her own meanings.
- Using art requires active participation, which can help to mobilise people who have become accustomed to doing very little. In a group setting, it is one way of equalising participation. Everyone can join in at the same time and at their own level.
- It can be enjoyable and this may lead to shared pleasure and to individuals developing a sense of their own creativity. Many people who start art therapy in a very tentative way go on to develop a real interest in art.
- For certain disorders, it can be used diagnostically.

Art therapy can be used in many different ways, depending on the setting, the client group, the purpose and orientation of the therapist. As it has grown and been found useful in such a wide variety of situations, it can be practised in many different ways.

Art therapy and diversity

Art therapy and personal art groups have something particularly positive to offer in this area, as mentioned above, in that their non-verbal nature can include a wider diversity of clients than purely verbal therapies. The visual possibilities

inherent in the use of art provide an exciting way to explore culture and difference. In areas such as this, questions are often more useful than hard-and-fast answers in that they open up areas for reflection and discussion. Campbell *et al.* (1999) explore this dimension in *Art Therapy, Race and Culture* and include the following questions in the Introduction:

1. How does the race and culture of both therapist and client impact on the process, product and relationships in art therapy?
2. How can we harness the therapeutic possibilities generated by images, colour and language, which reflect people's racial and cultural histories?
3. What are the content and meanings of the dynamics that arise in inter-cultural art therapy?

(Campbell *et al* 1999:15)

These questions can inform our explorations of race and culture and also of other areas of difference such as learning disabilities, gender, religion, and so on.

Art therapy and art activities

Although art therapists have forged the way, there are now many professionals who are interested in using art in a personal way with their groups. Many art courses and community arts programmes include a more personal approach to involvement in art. In art the emphasis is generally on the final product as an end in itself, whereas in art therapy the person and the process of creating the work are more important. However, with the more personal approaches in art there can be large overlaps. Many organisations now run arts activities which look quite similar to art therapy; for instance, mask workshops based on self-identity, group collages on the feelings of homeless people.

Art therapy and art activities are both valid processes in their own right, with different emphases. An art activity usually has as its aim the production of a picture, collage or sculpture, often involving a group. The aim is the completion of the work (and often its exhibition), but along the way participants often gain great benefit. Art therapy has as its aim the exploration of a personal problem or situation using art materials, but along the way art works of great merit may be produced. If we think of art therapy and art activities as ends of a continuum, then there will be many intermediate situations as well.

The exercises, themes and suggestions in this book can be used, with discretion, in a wide variety of situations, both in art therapy settings and in other settings where personal art activities are appropriate. It is up to the therapist or facilitator to make the judgements of appropriateness.

Why use groupwork?

For some facilitators and therapists there is a choice between individual work and groupwork, so it is worth looking at the general reasons for using groupwork. Others, such as teachers and community workers almost always work with groups and for them the important thing is to maximise the advantages groupwork can have. The reasons for using groupwork can be summarised as follows:

- 1 Much of social learning is done in groups; therefore groupwork provides a relevant context in which to practise.
- 2 People with similar needs can provide mutual support for each other and help with mutual problem solving.
- 3 Group members can learn from the feedback from other members.
- 4 Group members can try new roles, from seeing how others react (role modelling), and can be supported and reinforced in this.
- 5 Groupwork often brings up early family dynamics, which can then be examined and worked on.
- 6 Groups can be catalysts for developing latent resources and abilities.
- 7 Groups are more suitable for certain individuals, e.g. those who find the intimacy of individual work too intense.
- 8 Groups can be more democratic, sharing power and responsibility.
- 9 Some therapists/group workers find groupwork more satisfying than individual work.
- 10 Groups can be an economical way of using expertise to help several people at the same time.

However, there are also some disadvantages:

- 1 Confidentiality is more difficult because more people are involved.
- 2 Groups need resources and can be difficult to organise.
- 3 Less individual attention is available to members of a group.
- 4 A group may be 'labelled' or acquire a stigma.
- 5 People can more easily 'hide' or avoid issues.
- 6 Some participants may be intimidated by others' skills (Brown 1992: 13–16; Lumley-Smith 2002).

Why use art?

As well as the general points about the value of art therapy and personal art, there are some particular aspects that apply to groupwork:

- 1 It provides an activity that all can engage in. This is helpful for groups where some members find it difficult to talk, for whatever reason.

- 2 It provides a way of equalising participation in a group; everyone can join in at the same time at their own level.
- 3 It is possible to include a wider range of people than in a verbal group.
- 4 Participants see other members' pictures (and in some groups comment on them), and this provides a different dimension from a purely verbal group.
- 5 There is the possibility of using group interactive art exercises.
- 6 Using art generates a lot of material and this often accelerates group processes and dynamics.

Survey of art therapists

Many of the points mentioned above are relevant to groups working with art and were borne out in a survey I undertook in 1978 for my MA dissertation (Liebmann 1979). For this survey, I interviewed art therapists working in a wide variety of treatment and educational settings: general psychiatric and day hospitals, probation and social services day centres, schools, adolescent units, art therapy colleges, adult education institutes. They were working with an even wider cross-section of the community: long-stay and elderly patients, people with acute psychiatric crises, mental health patients, people with learning disabilities, ex-offenders, social work clients, people with alcohol problems, families, children, art therapists and social workers in training. I asked all the therapists what purposes their groups had and the answers seemed to fall into two clusters: personal and social. These are summarised in Tables 1.1 and 1.2.

As the tables show, art therapists saw their groups as aiming to enhance and sometimes change the personal and social functioning of the group members, rather than as a specific treatment for a particular disease.

There has been considerable research into therapeutic factors in groups in general. In her book *Group Interactive Art Therapy*, written after my research, Diane Waller (1993) summarises the generally agreed therapeutic factors of psychotherapy groups (Table 1.3).

Interestingly, the therapeutic factors from my survey and Diane Waller's summary are very similar to the therapeutic factors highlighted by Irvin Yalom in his well-known book *The Theory and Practice of Group Psychotherapy* (1995: 1).

This enhancement of personal and social functioning is obviously applicable in a wide variety of settings, whether social, educational or therapeutic, and many include almost anyone who can function independently. Nor do these aims have to be confined to those labelled as in need of special help; they are human qualities we are all striving for, at one time or another. In fact, many of the art therapists I interviewed ran workshops for people in the wider community who wanted to explore themselves and their feelings and enhance their personal skills in dealing with these.

The importance of the list of therapeutic factors in Table 1.3 is that therapists and facilitators can think about which ones they consider particularly important

Table 1.1 General personal purposes of groups

-
1. Creativity and spontaneity
 2. Confidence building, self-validation, realisation of own potential
 3. Increase personal autonomy and motivation, develop as individual
 4. Freedom to make decisions, experiment, test out ideas
 5. Express feelings, emotions, conflicts
 6. Work with fantasy and unconscious
 7. Insight, self-awareness, reflection
 8. Ordering of experience visually and verbally
 9. Relaxation
-

Sources: Liebmann (1979:27; 1981:27; 1984:159).

Table 1.2 General social purposes of groups

-
1. Awareness, recognition, and appreciation of others
 2. Co-operation, involvement in group activity
 3. Communication
 4. Sharing of problems, experiences and insights
 5. Discovery of universality of experience/uniqueness of individual
 6. Relate to others in a group, understanding of effect of self on others, and relationships
 7. Social support and trust
 8. Cohesion of group
 9. Examine group issues
-

Sources: Liebmann (1979:27; 1981:27; 1984:159).

Table 1.3 Therapeutic factors of psychotherapy groups

-
1. Giving and sharing of information
 2. Instillation of hope
 3. Patients help each other
 4. Patients discover that others have the same problems, anxieties and fears
 5. The small group acts as a reconstruction of the family
 6. Catharsis – expression can bring great relief
 7. People can learn how they interact with others and have some feedback about this
 8. Group cohesiveness – it can be a safe place to share
 9. Interpersonal learning – old patterns can be examined and reworked
-

Source: Waller (1993:35–6).

for their client groups, and plan their groups to take account of them. For instance, if group cohesiveness is seen as important a therapist will want to take steps to ensure that group members understand the importance of attending all (or most of) the sessions.

Different styles of art therapy groupwork

Art therapy groups and personal art groups can provide a combination of individual and group experiences that draw on the traditions of both groupwork and art therapy. When I wrote the first edition of this book, it was the first book solely about art therapy groups and only the second published art therapy book in the UK. The situation is very different now. Several books and many chapters have been written about art therapy work with groups, describing and developing different ways of working.

Thinking about groupwork in general, there is an infinite variety of styles and modes, and many systems for trying to classify them: by client group; by aims; by theoretical basis; by practice method; by practical usefulness (Brown 1992: 19). Another classification could be by length of time. Even within group psychotherapy, Whitaker (2001:60–1) quotes two classifications of psychotherapy groups, one with 10 types and one with 13 types. So it is not easy to set out a coherent typology.

I have tried to identify the main approaches that have emerged in the practice of art therapy groups, from my own knowledge and from the expanding literature. I have listed them in historical order of emergence in the literature (which may not be the same as their actual historical emergence). As far as I know, they are all in use at the time of writing. For each approach I have given one or two references; a more comprehensive listing of books including art therapy with groups is given in the Resources section at the end of the book. It is not always easy to see each approach as completely distinct as they sometimes overlap or ‘borrow’ from each other.

Open studio approach

Group members meet in the same room to draw and paint, each person getting on with their own work at their own pace. Any sharing of the work is done individually with the therapist. The atmosphere is informal and relaxed. The group does not come together for any discussion. This was historically the first kind of art therapy group and is still used for low-key, long-term art therapy groups where painting together with others is important but a formal or interactive group would be too stressful (Adamson 1984; Deco 1998). One organisation currently specialising in this approach is Studio Upstairs: ‘a unique therapeutic community for those whose talents and interests can be expressed through the arts, but who may be too vulnerable to participate in the traditional artistic institutions... Members work side by side, and a flexible approach is taken to meet individual needs’ (Studio Upstairs 2002; see Resources section for address).

Theme-based groups

These groups meet for a common purpose to look at particular problems or aspects of human experience; e.g. bereavement, anger, life transitions. This way of working is particularly suited to short-life groups that come together for this specific purpose. It is also useful for single-session groups that are part of a longer programme; e.g. an alcohol education group which involves mostly verbal work but includes one art session; Bristol Cancer Help Centre, where the art therapy session is part of a two-day single visit to the centre. It can also help to introduce art therapy to people who are unfamiliar with it; i.e. for the first few sessions of a group before members develop their own themes. There is usually a formal structure to the group, with an introduction, the choice of a theme (by the therapist or group members), and a time for group members to draw or paint, followed by a time of sharing (Barber 2002; Campbell 1993; Liebmann 2004; Ross 1997). Sometimes themes develop out of members' discussion at the beginning of a session (Greenwood and Layton 1987; Liebmann 2002, 2004).

Group analytic art groups

This way of working has been developed particularly by Gerry McNeilly and is outlined in several articles (1984, 1987, 1989, 2000). In these groups there is no set direction or topic and the aim is for the group to explore and treat itself. The group analytic approach is based on the work of Foulkes: 'Group analysis is analysis of the group, by the group, including the conductor' (Foulkes 1983). Thus the emphasis is on 'here and now' understandings of the whole group, including the conductor (McNeilly 1989: 157). Even though no topic is set, often there is a resonance of themes in the artwork of group members, usually related to internal or external events, e.g. a therapist leaving (McNeilly 1984; Roberts 1985).

Group interactive art therapy

These groups have been described by Diane Waller (1993); she draws on group analytic insights and some theme-based work to provide art therapy groups where the focus is both on individual artwork and the group dynamics between group members. Thus the group can be an important arena for learning about personal relationships (Waller 1993).

Art psychotherapy groups

The book of this title (Skaife and Huet 1998) looks particularly at the way art-making can enable a group psychodynamic therapeutic process to take place which would be difficult with a purely verbal psychotherapy group. The authors also consider the dilemmas arising between the verbal interaction and the art-

making (Skaife and Huet 1998:14). The book extends the theoretical exploration and applications to different client groups (Skaife and Huet 1998).

Art-based groups exploring social and life issues

To some extent this might be included under theme-based groups, but there has been a recent burgeoning of arts-based work with many groups, especially those for whom talking and writing have not been productive. Examples of these are: work with conflict issues (Liebmann 1996); murals with young people (Linfield and van Loock 2002); spiritual issues (Cook and Heales 2001); work with asylum seekers (Deyes 2002), and many others. Some of these are facilitated by artists or artists in residence schemes, while for others the organisers search out art therapists because of their skills in working with vulnerable people.

There has been considerable debate concerning the merits of all these approaches to art therapy groups, and at times this became quite heated. But there is now more acceptance that this is a subject on which different views exist and may be shared. In fact, this 'typology' is not a watertight classification. Some authors describe art therapy groups that include features from several of the above types of group. Many art therapists also work in different ways with different groups. It is up to each group facilitator or therapist to decide which approach suits their group and situation best, and what training and preparation they need before undertaking such work.

Why use themes?

This book is concerned with the second type of art therapy groupwork, in which groups meet to share a common task or explore a common theme. Some of the reasons for using themes and exercises are given below. It is worth reflecting on them to see if they apply to your group:

- 1 Many people have great difficulty in starting. A theme can give a focus to begin somewhere.
- 2 Some initial themes can help groups understand what art therapy is all about. This is especially true if people in the group are not familiar with the approach and see the art group only in terms of former school art lessons or external aesthetic standards.
- 3 Some groups include people who are very insecure and need some structure if they are to operate at all.
- 4 There is often pressure of time. For community groups and training courses, the art group may be only one session, a day, or a weekend. Even in hospitals and day centres, many people only stay a short time, in order to return to normal life as quickly as possible. A group can get to the point more quickly if it focuses on a suitable theme.
- 5 Sharing a theme can help to weld a group together.

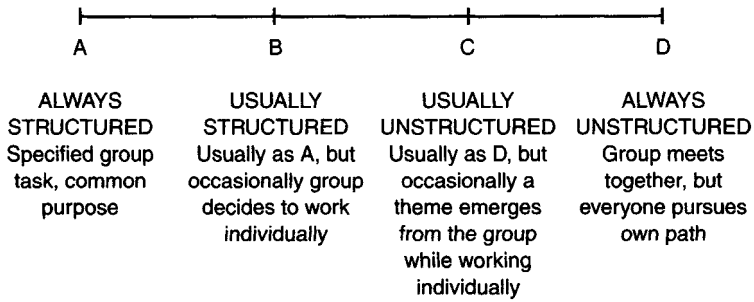


Figure 1.1 Continuum of possibilities for work in art therapy groups

Source: Liebmann (1986)

- 6 Themes and exercises can be interpreted on many levels and used flexibly to meet different needs. The group can be involved in the choice of theme if this is appropriate.
- 7 Certain themes can be useful in helping members of the group to relate to each other.
- 8 Sometimes themes can help people to get out of 'ruts' by facilitating work and discussion which would otherwise not happen (Liebmann 1979, 1985, 1986; Thornton 1985).

Using themes to the best advantage presupposes all the experience and preparation mentioned in the Introduction. If used inappropriately, some themes can evoke feelings which are too much for that group to handle at that time. At the other end of the spectrum, some can lead to a superficial experience which leaves people dissatisfied. Between these two poles there is a wide variety of group experiences using art-based themes which can be interesting and revealing and also enjoyable.

Flexible use of themes

Many groups will use both sessions of theme-based work and sessions in which everyone 'does their own thing'. Figure 1.1 shows the continuum of possibilities (Liebmann 1979:28).

Working in a 'theme-based' way can mean many things. It can mean using just a simple boundary rule such as 'Paint what you like, but use only three colours' or it can mean a more prescribed activity such as 'Choose one crayon and have a non-verbal conversation with another person on the same piece of paper'. Again, there is a continuum from instructions which are so loose that they do not constitute a theme at all to activities which could be described as very specific themes (Liebmann 1979). This can be illustrated by looking at some different possible introductions:

- 1 We are going to 'do our own thing'.
- 2 Use a large sheet of paper and your three favourite colours to draw a picture of anything you like.
- 3 Start with a doodle and see if it turns into anything.
- 4 Paint a childhood incident.
- 5 Paint a childhood incident which was a turning point.
- 6 Paint your first experience of separation.
- 7 Paint your first day at school.

The first one is obviously not a theme, although even to say 'Do your own thing' is a certain kind of structure. The second and third provide a minimal theme as a start but do not specify anything further. The last four are recognisably 'themes' and progressively more specific. It is sometimes worth being fairly specific if the aim is to share common experiences, but not so specific that there is no room for individual choice and interpretation of the theme, at whatever level is appropriate. So, for a group of adults, the last one on the list might be too specific as it does not leave room for anyone who cannot or does not want to remember their first day at school.

Useful themes are usually flexible enough to allow for many levels of response. Starting with a particular theme, we can develop it by adding to it or changing it, and see how this changes the activity and its meaning. It is easier to see how this might work if we look at a practical example. For instance, the theme 'Draw an advertisement for yourself' can be interpreted on several different levels. It could be an opportunity to display or acknowledge one's best points (which modesty and our self-deprecating culture often do not allow); or to discover some new assets in the process of doing the picture; or to learn about others; or to select qualities which appeal to certain kinds of other people (as advertisements are aimed at particular targets); or to consider whether we are different with different kinds of people.

Then we could also develop it. When each person has drawn their own self-advertisement, others in the group add qualities that have been missed; or the group members can select from others' 'wares' or 'trade' them. There are many possibilities. All these changes will produce an effect that will make it a different activity. Most of the changes suggested here make the activity more interactive, which is only possible if all or most join in. Many personal themes can be developed into group interaction in this way. See [Part II, Section I](#) (group interactive exercises) and compare, for instance, how theme 138 (Metaphorical Portraits) can be changed into a group interactive exercise (286).

One of the most valuable qualities of art therapy and personal art is the provision of a parallel frame of reference to real life, in which different ways of being can be tried out without any real-life consequences. Small risks can be attempted before large ones. Perhaps someone doing the Advertisement exercise might be helped by group members to acknowledge some good qualities. The

next step, in the day-to-day world, might be to let others know about these good qualities, instead of hiding them.

The structure of some themes can provide a useful non-literal frame of reference. An example of this might be the use made of the Metaphorical Portraits game at a day workshop (see [Chapter 6](#), Example 21), where one woman drew another as a brick wall with a green tree peeping out behind (see [Figure 6.14](#)). Here the structure of the interactive theme provided a framework which made it possible for them to refer, in a non-literal way, to their difficult relationship in a way they had not been able to before. The presence of the tree signified hope and change and the two women were able to discuss this, leading to a fresh start in communicating with each other.

Conclusion

This chapter has given an overview of art therapy and developments in art therapy groups and provided some frameworks to the reasons for using themes in art therapy groups. It has looked at the contribution that flexible theme-based work can make. This forms a useful background in thinking about groups before embarking on the practical steps of running a group, which is the topic of the next chapter.

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Chapter 2

Running a group

Before starting on some of the practicalities of running a group, it is worth remembering that the whole purpose of the group is to provide a warm, trusting environment in which people can feel at ease in revealing personal matters. Caring and respect for other people, and for their feelings and points of view are a priority. The suggestions given in this chapter are designed to help to achieve this kind of caring, client-centred group which people enjoy being in. There are several points to think about in relation to running a group and a checklist of them is useful:

- 1 Setting up the group
- 2 Equal opportunities
- 3 Outside factors affecting the group
- 4 Aims and goals
- 5 Group boundaries and ground rules
- 6 Size of group
- 7 Open and closed groups
- 8 Therapist and facilitator roles
- 9 Transference and projections
- 10 Usual pattern for session
- 11 Alternative patterns of sessions
- 12 Introductions and 'warming up'
- 13 Choosing a theme
- 14 Engaging in the artwork
- 15 Discussion
- 16 Interpretation
- 17 Ending the session
- 18 Group process over time
- 19 Recording and evaluation

The rest of the chapter will look briefly at each of these aspects in turn. For further information on groupwork, please see Resources section.

Setting up the group

This is often the hardest part and requires a good deal of time and energy to achieve. The following points need to be worked out and settled.

Therapist(s) or facilitator(s)

- Are there suitable and experienced therapists/facilitators for this group or workshop?
- Does there need to be a co-therapist or facilitator?
- What are the arrangements for supervision?
- Is payment involved?
- What is the insurance provision?

Room

- Is there a suitable room and is it large enough?
- How will you gain access when you run your group?
- Is the room wheelchair accessible?
- Where are the toilets in relation to the room?
- Where is the designated smoking area, and is it inside or outside the building?
- Is the room light enough in daylight or artificial light?
- Is there access to a sink and water?
- Are there tables and chairs?
- Is there enough floor space for what you want to do?
- Is there room for paintings to dry?
- Where will you hold discussions of work done?
- Will the room dictate using dry media only?
- Will the room be quiet enough?
- Do you need facilities to make drinks or serve food?
- Where is the first aid box and is it complete?
- Where are the fire exits and where is the gathering point in case of fire?
- How can you access help in case of emergencies?
- Is there a telephone or do you need to bring a mobile phone?
- Are there any other health and safety issues?

Time

- Is there a suitable slot on the institutional timetable?
- What activities will come before and after which might influence the art session?
- If it is a single session, such as an evening or day workshop, which day and what time are best?

Materials

Which of the materials listed below do you want to include? (See also section M, Media Notes, at end of book.)

- paints—powder paints, blocks or redimix liquid paints (the latter are easier to use and need no preparation); for some groups, fluorescent and metallic colours have an appeal
- utensils for handling paint, e.g. spoons for powder paint, wire for freeing blocked liquid paint containers (large paper clips are useful for this)
- palettes for holding paints and mixing them (yoghurt trays from supermarkets can be useful as disposable palettes); plastic trays for larger amounts
- water containers
- brushes—large, medium and small
- sponges and rollers—for large paintings and a different experience from brushes
- dry media—soft (e.g. 2B) pencils, coloured pencils, wax crayons, felttip pens, oil pastels, conté crayons, charcoal, water-soluble crayons
- paper—sugar paper, lining paper, cartridge paper, newsprint rolls; different colours and sizes
- card—thin or thick—for three-dimensional work
- clay and boards (and some means of keeping clay damp and cool; also some means of cutting individual lumps off such as cheese-wire or a strong knife); stoneware and earthenware clay need a kiln for firing; newclay is self-hardening (nylon-reinforced) and can be painted
- plasticine and other modelling materials (for playdough, see no. 75 for recipes)
- collage materials—magazines, textured materials, fabrics, coloured tissue paper, string, natural objects, glitter, sequins, etc.
- junk materials for 3-D work, e.g. boxes, wire, pipecleaners, found objects
- scissors (sharp but round tipped), craft knives, ordinary strong knives (select with regard for client group and safety issues)
- adhesives—glue for collage (PVA is useful) and three-dimensional work (stronger glue), sellotape, masking tape
- rags and paper tissues or kitchen roll for wiping up
- newspaper or polythene sheet to cover up tables or carpet or for paintings to dry on
- old shirts or cheap plastic aprons to protect clothes (or ask people to wear old clothes).

Many of these items will need buying or ordering well in advance, especially if you work in an institution that orders all its equipment from certain suppliers. Many towns and cities now have a 'scrapstore', resources centre or similar project that recycles industrial offcuts to schools, hospitals and other helping

organisations. They often have good supplies of paper, card and plastic containers and sometimes also buy in a range of cheap art materials. Art materials can be ordered at reasonable prices (cheaper than retailers) from a number of catalogues. Details of scrapstores and catalogues can be found in the Resources section at the end of the book.

Members of group

This is probably the most tricky of all. You may need a referral system, which you will need to explain to other staff. How can they easily know who is going to benefit from the art group you are going to run? You may need to talk to other staff about the sort of 'ready-made' groups (e.g. a ward, a class, an elderly persons' home) which would gain from regular art therapy or personal art sessions. One good way of introducing this activity is to have a workshop for other staff first so that they have a first-hand knowledge of what is involved and also have a chance to ask questions about any misgivings they may have. If you are working in an institution, it is important to get as much support as possible for what you are doing before you start.

If you are intending to run a limited length group around a particular theme you will need to write a page or leaflet about it, with details of how staff can refer clients or clients can refer themselves. This information needs to contain practical details (time, place, duration, facilitators) and something about the purpose of the group, its ethos, expectations (e.g. drop-in or attend every session) and how it will operate.

For formal therapy groups an interview or preparatory session is a good idea. This is a chance for therapists to check that clients are suitable and prepared for the realities of the group and for clients to check that the group is for them. It can also start the trust-building process between clients and therapist(s), so that the first session is not quite so daunting for clients.

If you are running a workshop for members of the community (e.g. a day workshop for people working in the caring professions), you will need to think about posters and how to word them to attract those you want (and perhaps deflect those you do not feel you can cope with). You will need to leave plenty of time for publicity and also to think about costs and payment.

Equal opportunities

Most organisations have an equal opportunities policy that sets out policy toward minority groups, discrimination and access to services. In practice this means keeping in mind the following considerations:

- 1 There should be no discrimination on grounds of race, ethnic background, culture, religion, gender, sexual orientation, class, disability or age. The exception to this is 'positive discrimination' in provision for minority

groups, such as ‘elderly Asian clients’ group’ or ‘young gay people’s group’. Sometimes group applicants may find themselves ‘in a minority of one’, e.g. the only black person or the only woman. In such cases it may be advisable to check with that person whether she or he is happy to join the group under those conditions, or whether it would be too stressful and a wait for the next group would be preferable. What support might they need to participate in the group (e.g. facilitators being alert to the issues, perhaps including ‘no sexist or racist language’ in the ground rules, etc.)? A preliminary interview can be an opportunity to ask applicants about these things.

- 2 The group venue should be easily accessible in terms of transport (public transport, car parking, safe place for bikes), social and physical needs (safety, area of town, time of day) and in terms of access to the building (steps, stairs, toilets). In practice this is difficult for many organisations, but from October 2004 the Disability Discrimination Act 1995 places a duty on all public service providers to make ‘reasonable adjustments’ to physical features of their premises to overcome physical barriers to access (DRC 2002:4–6). An ‘access audit’ can help here (DRC 2002:39–40, 50). DIAL (Disability Information Advice Line) UK can provide contact details of local centres with information about accessible venues and other disability information (see Resources section).
- 3 There may be a need for interpreters for some or all members of a group. This may be for mother-tongue languages for non-English speakers or for sign language for deaf people. Even if the group members in question speak some English, it may be important to have an interpreter as subtle emotions may only be expressible in people’s own languages. It will usually be necessary to book interpreters well ahead and it is important to use properly accredited interpreters and agencies rather than informal arrangements. It is important to discuss what you need the interpreter to do before the group starts. They should only translate, not pass opinions or join in the group and not have ‘side conversations’ inaccessible to the rest of the group. A point to watch for is confidentiality, especially if the minority is a small one where everyone knows each other. It is also worth asking whether a particular interpreter is acceptable, in case she/he is from a group which is in conflict with your client’s group. Finally—check that the interpreter speaks the right language!
- 4 It is important to be aware of language, both in written material about the group and within the group in spoken language. This can be included in ground rules (see Group Boundaries and Ground Rules section of this chapter). Facilitators need to be ready to challenge members’ use of racist or sexist language (for example) in a constructive way, such as by reminding group members of the ground rules, or asking whether a stereotype is actually true. Vicky Barber and Jean Campbell (1999) discuss the layers of meaning involved in using the word ‘black’ in an art therapy

group, as it can indicate paint, people or politics—with neutral, positive or negative associations. In a group that I ran a man came out with some sexist language about the roles of women and men concerning housework: ‘I don’t keep a dog and bark myself.’ Instead of telling him off, I suggested, ‘Let’s check this out with the other men in the group—what are your views?’ It turned out they undertook a variety of household tasks and it was clear to him that his views were not shared. Facilitators also need to be open to challenges from group members if they find any particular use of language upsetting or offensive.

- 5 It is good to try to avoid making assumptions and to question them if others make them, such as ‘All men are...’ or that people with a certain religion always act in a certain way. Often in a group this questioning of assumptions can lead to interesting discussion and opportunities for learning for all.
- 6 There may be some quite small adjustments that will make a difference to whether people with mild disabilities can take part with comfort; e.g. making sure that someone with partial hearing or sight is sitting in the best position in the group, providing thick pens for people with arthritis, checking whether people have knee problems before suggesting an exercise on the floor.

Rather than being seen as ‘a burden of political correctness’, paying attention to these factors should be seen as part of a creative journey to discover each other in our widest humanity (Campbell 1993:23). My own experience in this area took off when I was no longer afraid to ask questions and was able to learn from the answers I received.

Outside factors affecting the group

These are the factors over which you may have no control, but which may affect your group. Many of them have been mentioned in the previous sections.

Institutional factors

Your group may be bound by institutional timetables such as mealtimes, times of transport, shift changes, break times, etc. It will also be affected by the amount of support there is for you and your kind of work; e.g. if there is little support you may be subject to interruptions or find group members suddenly withdrawn. If there is good support there will be respect for you and what your group needs, perhaps other staff helping and interest shown in the results. Sometimes there can be problems if the aims of the group are different from the aims of the institution, or if group members receive different messages from different therapists or staff members.

Physical factors

An art therapy group can be affected very much by the space at its disposal. Groups which have to take place in small, dark, claustrophobic rooms are restricted in what they can achieve—as are groups in rooms which are through routes to other rooms and subject to constant interruptions. Noise from adjacent rooms, lack of suitable tables and presence of unsuitable carpets can further inhibit groups. By contrast, a quiet, light room with a messy painting area and a comfortable discussion space can do much to enhance a group's experience.

Clientele

This will of course be the most important factor determining what you can and cannot expect to do with your group. Obviously, different groups will have different needs and be able to cope with different activities. You may be working with long-term rehabilitation ward patients in a hospital, exoffenders in a day centre, children and young people in a 'special needs' group, a social services staff team, acute admissions patients in a psychiatric hospital, cancer patients in the community, elderly people attending a day centre or a group of adults with learning disabilities, to name but a few client groups. They may bring a wide variety of problems with them that need to be taken into account. Elderly and disabled people may need wheelchairs or have difficulty with vision and hearing; steps can sometimes be taken to help with these (e.g. chunky grips for pencils and crayons). Physically ill people may be very tired and in considerable pain, and therefore have limited concentration. Children, people with learning disabilities and some elderly patients with dementia may also have very short concentration spans. In any of these groups there may be a lot in common between members or a great mixture of sometimes incompatible people. There will be different levels of insight and awareness. Sometimes there may be inappropriate people present who can be disruptive.

Feelings

People arrive at a group session bringing with them feelings from all sorts of other situations, whether from the outside world or from elsewhere within an institution. They may be feeling flat, high, anxious, preoccupied or simply very tired. It is a good idea to check how people are feeling at the beginning of a session. This may influence your choice of activity or help you realise your opportunities or likely limitations to achievement that session. If an art therapy session does not go very well, it may not be because of what has happened in the group but because of something else that happened outside it. In some institutions the art therapy session is part of a planned programme (e.g. in many day centres), and you need to be aware of what has gone before.

Aims and goals

It is important to be clear about (at least some of) your aims and goals. It may help to look at the lists in Tables 1.1, 1.2 and 1.3 to see which aims and goals you have in mind for your group. You may have other aims which are important. Ask yourself why this group is coming together for a personal art or art therapy session. Here are a few examples of different aims:

- a group of psychiatric patients in hospital is exploring the factors precipitating their admission
- a group of workers in the helping professions may want to find out what art therapy is all about
- a women's group experiencing a 'sticky patch' is trying the use of art as a non-verbal means of communication
- an Asian women's group meets to explore how to cope better with anger and conflict
- a group of adults with learning disabilities is exploring their creativity
- a group of elderly people in a day centre is using the art group to reflect on their lives, both happy and unhappy events
- a single session for cancer patients aims to open some doors for them to explore further on their own
- a day workshop for a church group may seek to involve adults and children in activities which both can use equally well for meaningful communication
- a group of mediators attends a workshop to look at conflict issues through art
- a Jewish group meets to explore Holocaust issues through art.

(Note: some of the above groups are described in some detail in [Chapter 6](#).)

Group boundaries and ground rules

Every group needs a few ground rules to know where it stands, and for members to know what is expected and (just as important) not expected. Some of these will be worked out beforehand, such as whether there is a 'contract' to attend a certain number of sessions, and whether certain people need to be excluded (e.g. because previous experience has shown that they are disruptive and the group cannot operate properly with them in it). Others will need to be established when the group starts. Many of these will be implicitly assumed by those with group experience, but may need emphasising for those new to groupwork. Some need to be worked out with group members. Here are some to consider:

- *Normal social rules*: e.g. no interrupting, respect for others, arriving on time, etc.
- *Practical details if appropriate*: toilets, breaks, drinks, food, etc.

- *Importance of confidentiality.* the group needs to feel safe. In practice the precise meaning of confidentiality needs spelling out. A narrow definition is 'Everything said here stays here', whereas a wider definition might be 'Everyone is free to talk about general things and his or her own contribution, but not about others in any way that they could be recognised.'
- *Participation:* it is vital to let people know if they are expected to participate and to talk about their work, and also if this is not required.
- *Time limits:* these need to be spelled out, and whether people are expected to stay all the time, so that people can avoid being left with 'unfinished business' when the group ends.
- *Attendance:* in a closed group will people be expected to attend every session, and what will happen if they miss sessions?
- *Talking during the activity:* is this to be encouraged or discouraged? Many therapists and facilitators feel the experience of painting is more intense if there is no talking, but some use painting as a means of enabling talking to start.
- *Smoking:* many buildings are now no-smoking zones apart from special designated areas, so if there are smokers in the group arrangements need to be made for them to smoke during breaks if they need to. This is often outside, but smokers may need to go to the designated smoking area.
- *Mobile phones:* it is clearly best if these are firmly switched off during sessions. However occasionally there may be people (staff or members) who are expecting to be called in an emergency and the group will have to negotiate arrangements for the least disruption.
- *Facilitator participation:* decide whether you as facilitator are going to join in or not.
- *Group responsibility.* decide what this means. It may mean everyone being responsible for their own feelings; or everyone joining in the discussion; or everyone helping to choose the theme. It may also mean everyone helps with the clearing up!

Size of group

Most art therapy and personal art groups, in common with other small groups, have a membership of between 4 and 12, although larger groups are occasionally manageable. This size is important to ensure the following factors:

- Members can maintain visual and verbal contact with all other members.
- Group cohesiveness can be achieved.
- There is an opportunity for each person to have an adequate share of time in discussion.
- There are enough people to encourage interaction and a free flow of ideas, and to undertake group projects.

Smaller groups of six to eight are generally found to be more intimate and supportive, fulfilling the first three criteria, whereas larger groups may provide more interaction and creativity and ‘somewhere to hide’ if this is needed. Many groups also suffer from people dropping out, so if that is likely therapists and facilitators need to recruit two or three more participants than their ideal number. Groups that drop to very low numbers can be very hard work to maintain. (Benson 2001:27–8; Brown 1992:54–5; Whitaker 2001:73–4).

Open and closed groups

One important decision to be made is whether the group is to be a closed or open group. A closed group usually runs for a fixed number of sessions with the same members. This means that members can get to know each other well and build up trust, to share at a deep level. An open group allows people to join and leave as they wish, and consequently remains at a fairly superficial level. Many groups in day hospitals and day centres are closed groups with a commitment to attend. However, groups for inpatients are more likely to be open groups, as patients are discharged as soon as possible to prevent disruption to their lives and institutionalisation.

Semi-open groups are a useful compromise. There is usually a commitment to attend but membership changes slowly as people leave and newcomers arrive. In this way the group ethos is maintained, while allowing for a natural or organised turnover. This kind of group is also usual in many day hospitals and day centres and also in many ongoing community groups.

For closed and semi-open groups in institutions there is often a referral and assessment procedure for clients, to check suitability and motivation and for clients to check if it is what they want to do. This can include a simple application form, an interview with the group facilitators, trying out some artwork or all of these. It may also involve taking part in a ‘before the group’ measurement for an evaluation.

Therapist and facilitator roles

There are many styles of facilitating a group and observation of other group facilitators and therapists is most helpful in deciding which style is suitable for you and your group. It is also worth consulting some books on groupwork. A few points are worth emphasising here.

Presence of a co-therapist or co-facilitator

This can be very valuable as it means there are two people to discuss how to run the group in the first place, and this can avoid many pitfalls. In the session itself a co-facilitator can provide a ‘model’ for group members, can support the lead facilitator and (if necessary) go and help a group member who leaves suddenly.

This is very important in groups where there may be volatile or vulnerable members. After the session, two heads are better than one at evaluation. It is most important to work out the roles beforehand as there is nothing worse than two facilitators at cross-purposes. Having a co-facilitator in the anger management art therapy group (see [Chapter 6](#)) was vital as one or two members needed to leave the room if they felt in danger of ‘blowing’.

Joining in

The decision on whether or not to join in with the group usually depends on the ethos of the group and the framework in which it takes place. Many facilitators and therapists join in the actual painting or other artwork because they feel that if they expect others to participate and to be open then they ought to set an example. In this way they are demonstrating that they are also members of the group, rather than aloof observers. Green-wood and Layton (1987, 1991) talk about ‘side-by-side’ therapy. However, there are also some very sound reasons for not joining in, such as concentrating on the organisation of materials for group members, being available to group members on an individual basis, or concentrating on observation where this is judged the most important task of the leader. This decision has to be an individual one, according to the setting, the needs of the group and the personal philosophy of the therapist or facilitator. If facilitators do participate, they need to ensure that they do not become so immersed in their own work that they fail to pay attention to the group, which is, after all, their primary task.

Group involvement

Some groups look very much to the facilitator, and this can be quite appropriate. The facilitator initiates the sessions and most of the comments are directed at her/him. In other groups, the facilitator consciously tries to involve the group as democratically as possible. Initially this may mean encouraging group members, in discussion time, to ask questions and make comments directly to other group members. As time goes on, members of the group may help to choose themes for the group and be more involved in the general running; e.g. in helping new members find their feet, etc. They may also relate more to other members.

Transference and projections

These are terms which are sometimes used by therapists to talk about groups with a psychotherapeutic orientation.

Transference

This describes the tendency of group members to ‘transfer’ feelings for significant figures in their lives on to the group facilitator or therapist. They may, for instance, ‘project’ their continued need for a parent on to the group facilitator or therapist. This may lead to over-dependence on him or her, or to conflict, according to previous experience. In institutions, this tendency is often enhanced by the fact that doctors and therapists are seen as having (and do in fact have) considerable power and authority.

For example, an art therapist working with a community group over several months (see [Chapter 5](#)), was approached by a group member with a request for individual therapy. She had become aware of his increasing dependence on her and suspected that he saw her in a parental role. This was confirmed for her when he asked her to be his individual therapist. She acknowledged his need, but felt it would be inappropriate for her to fulfil it and gave him the name of another therapist who was not involved with the group.

Countertransference

This usually refers to ‘therapists’ personal feelings and responses in a group which are rooted in her or his personal needs’ (Whitaker 2001:103). It may also mean responding to a transference from a group member as if he or she were that significant figure from the past, e.g. like the group member’s parent. For example, a facilitator or therapist may find a certain group member particularly irritating. On reflection he or she may realise that this person has attributes that remind them of their own brother, sister or parent.

Identification

This is a process in which a person sees another as a similar or more ideal version of him or herself and changes by modelling himself or herself on these aspects (Case and Dalley 1992:245). A group member may identify with a facilitator or with another group member. Group members identifying with each other can provide useful motivation and discussion, sometimes leading to change. For instance, two men attending an art therapy anger management group (see [Chapter 6](#)) found great comfort in each other’s presence as their situations were similar. Both had 12-year-old sons and said their reasons for attending the group were to give them a better life than they had experienced. However, if the identification is too strong it can become restricting, as people need to work towards being more fully themselves rather than a clone of another person.

Projection

This is a process in which group members have feelings and make assumptions about other members not based on experience in the group. This can lead to them projecting their own attributes or feelings (while unaware of them) on to other participants. Sometimes this can lead to scapegoating of one member by all the others (Waller 1993:24). The recipient of the projection or scapegoating can be a member or one of the therapists.

Other psychoanalytic terms

There is a useful glossary of psychoanalytic terms in *The Handbook of Art Therapy* (Case and Dalley 1992). If you are involved in a group in which therapists work with these concepts, you will probably already be involved in some further training in this connection. However, many groups neither use these terms nor make specific use of these concepts in their way of working. Nevertheless, it is worth being aware of what is happening, even if only to acknowledge it (see [Chapter 4](#), [Example 19](#)) or to take appropriate action.

Usual pattern for session

The most usual format for a theme-based art therapy group is as follows (Liebmann 1979:51–2):

- 1 Introduction and ‘warming up’: 10–30 minutes.
- 2 Artwork: 20–45 minutes.
- 3 Discussion of images: 30–45 minutes.
- 4 Ending: 5–10 minutes.

In many institutions the time available is one and a half to two hours and the timings given above fit into this. For community groups and professionals, longer times could be more appropriate with more time allowed for both the artwork and the discussion. The stages above will be explained in more detail below, together with some suggestions on how to choose an appropriate activity or theme. Of course, there are many other formats for sessions and some of these are now described.

Alternative patterns of sessions

Although very many personal art and art therapy groups use the format outlined in the last section, and much of the chapter has been written with this in mind, it would be wrong to suggest that this is the only correct way of proceeding. There are good reasons for adopting other patterns, according to the client group,

setting, etc. This section describes one or two alternatives (Liebmann 1979:52–4).

Discussion followed by painting

In this format, much longer is spent on the initial discussion, which is an activity in its own right, rather than just an introduction. This is particularly appropriate for groups which need a long time to get into the artwork; for example, a group of elderly people with mental health difficulties, or a group of long-stay patients on ‘rehabilitation wards’, or some children’s groups. After the discussion has started ideas flowing, the group engages in the artwork. The final discussion tends to be fairly brief, with members of the group mainly showing their pictures to others. (If group members do not have much ‘insight’, it is pointless to spend a long time on reflective discussion.)

Some groups do not discuss the paintings at the time of the group, but save this for the next session. The format would then be: discussion of last week’s images, followed by this week’s artwork. Although in general this seems a rather fragmented way of doing things, there can be sound reasons for adopting it. A family therapist using art asked the families he saw to do pictures right at the end of their sessions. That gave him a chance to look at the pictures with a colleague between sessions, so that he could present them positively at the beginning of the next session. These pictures then formed the basis of the discussion, with another theme for a picture being undertaken at the end of the session.

Painting as main activity

For some groups doing the art activity is the main focus and discussion is not very relevant. This is true for groups which may find verbal communication difficult, e.g. groups for people with learning disabilities and some children’s groups. Here the importance of the artwork is that it provides a much needed vehicle of communication. It can also be a deliberate choice for groups which tend towards over-verbalisation.

Emphasis on social aspect

This can be important for groups of isolated people who are living in the community, but come together for weekly art sessions in a day hospital or day centre. They may be groups of people with learning disabilities, people with ongoing mental health needs or elderly people. In these groups, talking tends to be encouraged and art activities and themes chosen to facilitate this. Breaks for tea and coffee are also part of the routine.

Another way in which the social aspect can be emphasised is the way preparations are handled. For instance, in a day centre which fosters a selfhelp

ethos members take part in the preparations of the room and take pride in being included in this.

It is up to the therapist or facilitator to develop the most appropriate pattern for their particular group and group members themselves may suggest alternatives. Variations over a period of time may take place, or the group may just wish to 'ring the changes' for one particular session.

Introductions and 'warming up'

Introductions

The main aim of the initial phase of a group session is to bring people together, help them to 'arrive' and to relax before they plunge into an experience that may be new, difficult or strenuous. You can do a lot to encourage a good atmosphere just by the welcome you give to the group members, whether they have arrived from afar or are resident in the institution where the session takes place. If people have travelled some distance, a good way to start can be by having hot drinks available. This also helps to smooth over the awkward period at the beginning when not everyone has arrived and it is inappropriate to make a start.

If people do not already know each other, it is essential to spend some time on introductions. As well as names, it helps to ask for a small piece of introductory information, for example, why people have come, what they are hoping to get from the session(s), or a bit of personal information. Sometimes it is a good idea to structure this and ask for, say, people's hobbies, to avoid the stereotyped responses and 'pigeon-holing' by work labels (as well as the awkwardness for those without jobs). The aim of this time is for people to get to know each other a little, so that they feel more comfortable working together. It can also help you, as facilitator, to get a feel for the people in the group and their interest in it, and this can be helpful in running the sessions.

If a session is one of a series, it may still be necessary to introduce any newcomers and explain to them what the group is about. It is important to check how people are feeling and what is on their minds, especially if the group takes place in an institution. Expressing some of these thoughts and feelings can sometimes help people to 'arrive' mentally and can also provide possible pointers for a theme for the session.

In this introductory session you also need to spell out any ground rules or get the group to agree on certain points, e.g. smoking, timing, breaks, toilets, participation, talking, etc. (see Group Boundaries and Ground Rules section in this chapter). You will also need to explain the nature of the group, what art therapy is or the personal nature of this art group. Some of the phrases that can be useful are:

- not about producing beautiful works of art

- painting as we did when we were children—spontaneously
- exploring in an open-ended way
- no ‘right’ way of doing it
- expressing our feelings using art materials
- using art in a personal way
- no special ability or disability
- complete statements and finished images are not looked for—scribbles and marks are fine
- relax and use the media in whatever way you want
- no one will be judging the artwork with marks out of ten
- therapists/facilitators will not be making snap interpretations of your work.

Obviously, not all of these remarks are suitable for all groups and you will need to choose and adapt what you say to your group.

Probably a word or two about the materials available will be a good idea, especially if some of the group members have not used them before, or for a long time. The more relaxed people are about using the materials, the more freely and spontaneously they will be able to use them.

‘Warm-up’ activities

This can be a physical activity or some introductory artwork. Physical ‘warm-up’ activities include such things as shoulder rubs, milling round and shaking hands, circle dances, etc., which help to get energy flowing. There is a short list of these in [Part II, Section A](#) of this book. If you are interested in developing their use further, there are some books listed in the Resources section at the end of the book.

Painting ‘warm-up’ activities include such things as: passing a piece of paper around for everyone to make a mark; a quick drawing of what is on people’s minds; introducing oneself in a picture. There is a list of suggestions in [Part II, Section A](#), and many themes can be adapted for use as ‘warm-ups’. The drawings or paintings done at this stage are usually discussed briefly before moving on to the main theme of the session.

In an established group, introductions and ‘warm-up’ activities may not be needed each time. The group comes together, has a brief discussion about the session’s theme and then everyone gets straight on with the artwork. This is possible because the ground rules and way of working have been established and have become an implicit part of the group. If new people join, these ground rules will have to be explained. From time to time, an established group will need to spend some discussion time to reassess its way of working and its ground rules, and possibly to agree on some change if it seems appropriate.

Choosing a theme

There are rather different considerations for groups that meet regularly and for single-occasion groups.

Groups meeting regularly

To start the group, a fairly general theme is needed, to help people to get to know each other and their concerns. Possible starting themes might be:

- Getting to know the media, playing with paint, possibly using wet paper and developing something from it ([Part II, Section B](#), no. 53)
- Any activity from the Media Exploration section ([Part II, Section B](#))
- Introductions ([Part II, Section E](#), no. 125)
- Lifeline ([Part II, Section E](#), no. 140)
- How you are feeling, current preoccupations.

These are just a few ideas. The main thing is to get people started and to be sensitive to their needs. There are several ways of trying to work out how to choose an appropriate theme from one session to the next:

- (a) Between sessions, work out what would follow on best and devise an appropriate theme. For example, in a psychiatric hospital acute ward, at the end of one session the discussion was about loneliness. The art therapist worked out a series on friendship ([Part II, Section E](#), no. 173).
- (b) Where the art therapy session is part of an overall programme, there may be pointers from other sessions. For example, in a day hospital using art therapy, psychodrama, yoga, psychotherapy and discussion, the art therapy session took place the day after the psychodrama session. The staff team met between the sessions to work out suitable themes for the art session, based on what had emerged from the psychodrama session.
- (c) Look at the paintings from the previous session (usually the previous week) with the group to see whether people have any fresh thoughts on them. See what theme emerges from this discussion.
- (d) If a particular problem in group relationships seems to be impeding the group's progress, a group painting can often show this up, so that it can be discussed. For example, in a day hospital group, one particular man hid behind his paintings. A group painting showed his contribution squeezed into a corner, demonstrating to the whole group how 'marginalised' he felt.
- (e) If a change of direction seems to be required, think through what is needed and select an appropriate theme.

In most of the options so far, the therapist or facilitator takes a large measure of responsibility for choosing the theme, and this can be appropriate, although it does mean that the choice is very much influenced by the therapist's view of members' needs. Where there is a thread of continuity, the group also has a feeling of making progress, step by step, and this can be encouraging. However, the disadvantage of these options is that they are not able to take account of the more immediate feelings and moods of the group. The following options show how these can be included:

- (f) The warm-up session or introductory 'round of feelings' can lead to a choice of theme. For example, in one group of young adults there were a lot of feelings about parents, so the facilitator suggested a theme on family life. Possibilities could be:

- how I see myself fitting into family life
- what I got from my Mum and my Dad
- likes and dislikes about my family
- the family set-up in diagram form.

In a group of patients with eating disorders, the initial discussion sometimes gave rise to a theme which the group decided to pursue. Over a period, themes that emerged in this way included feeling stuck, moving forward, letting go of anorexia, 'Where I am now', body image and self-harm (Miles 2002).

- (g) Sometimes there is an 'atmosphere' which is intangible but real, especially if the group takes place in an institution or organisation where group members spend a lot of time together. It may be a matter of intuition to pick up these feelings and suggest an appropriate theme. For instance, when I arrived for a weekly session at a women's group at a day centre on a deprived housing estate, I felt an unusual atmosphere of hostility; and no one would talk or felt like doing any artwork. I suggested a theme of 'a safe place' and this enabled the women to start. Afterwards the centre coordinator told me they had been feeling very unsafe because a centre member had breached confidentiality. The theme had helped to unlock their feelings so that the women could begin to discuss the matter.
- (h) The 'round of feelings' could be based on what people felt after the previous week's session, and this could lead to the next theme, as above.
- (i) If the facilitator usually introduces a theme without a 'round of feelings', it can be good to have a choice of themes so that the group can choose.
- (j) In peer groups, such as staff training groups, a list can be passed round for people to choose what they want to explore.
- (k) Some groups come together to explore particular issues or ways of working and then the themes chosen reflect these. See, for instance, [Chapter 6](#),

Example 7 (anger management art therapy group) and books such as: Cook and Heales (2001)—themes exploring spirituality; Luzzatto (2000)—themes for cancer patients; Ross (1997)—themes for children in schools; Safran (2002)—themes on AD/HD; Silverstone (1997)—themes on person-centred counselling.

Any theme chosen should be flexible enough for people to interpret in their own way, according to their needs.

Some practical points will need to be borne in mind. Group paintings and murals need preparation, rooms have to be rearranged for group projects, special materials have to be organised. There is no ‘right’ way of choosing a theme. It is a matter for each facilitator or therapist to work out in the most appropriate way, according to their own preferred style, the needs of the group and the facilities at their disposal.

Single-occasion groups

The choice of theme here depends very much on the aims and goals of the group. Here are some examples of themes chosen (some of these groups are described more fully in [Chapter 6](#), and all the themes are explained in [Part II](#) of this book):

- 1 Residential children’s workers attending an in-service training course were asked to start by joining in a group mural. After discussion, this was followed by the theme ‘My Family Tree’, each person drawing their own family as a tree. This gave rise to discussion of family experiences as seen from a child’s point of view.
- 2 A women’s group experiencing difficulties did a group drawing in which each person had a different coloured crayon and contributed in turn. The resulting patterns of communication were discussed.
- 3 A group of cancer patients finding it difficult to contemplate the future did paintings on the theme of journeys they wanted to make.
- 4 An introductory day for a church group containing adults and children included:
 - Introductions—name and a personal interest
 - Round Robin drawings (see [Part II, Section I](#), no. 296)
 - Conversation in paint, with one partner
 - Paint yourself as a kind of food
 - Lunch (shared)
 - Group story on long sheet of paper, made up of everyone’s individual stories, interwoven in silence (see [Part II, Section H](#), no. 248)
 - Writing based on group story
 - Group collage.

5 An introductory evening for a group of professionals included:

- How I am feeling
- Conversation in paint, in pairs
- Group painting (no theme).

6 An afternoon for a peace education group included:

- Introduce yourself in a picture
- Painting in pairs
- Group painting on theme of 'What peace means to me'.

In all these examples, plenty of time was allowed for discussion after each activity and at the end.

Themes in relation to client groups

One might think that using a particular theme would always have the same outcome. This is hardly ever the case. The following example demonstrates this. Three different art therapists, commenting on the theme 'Draw an advertisement for yourself', had very different experiences (Liebmann 1979: 127):

Therapist A: The purpose of this is to look at positive self-image. It is useful with a particularly depressed group—lots of positive feedback from group members to other individuals.

Therapist B: A difficult theme which needs careful introduction, but can become very negative, I've found.

Therapist C: I usually suggest that people consider not only those aspects of themselves which are worthwhile, but also what kind of people they wish to attract...becoming conscious of how one presents oneself publicly is a difficult enterprise, and people often present their disabilities and uncertainties rather than their abilities and good points.

The first two therapists were working with inpatients and day patients in a hospital and the third was working in a social services day centre for clients with mental health difficulties. Another art therapist, working with a variety of groups, summed up his experiences succinctly: 'I have found that the outcome of a session depends less on the theme chosen than on what the clients bring with them to the group.' Thus what actually happens in the group is influenced by many factors such as:

- outside limitations
- the setting in which the group functions
- the particular client group