

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

- the stage the group has reached
- current mood and preoccupations
- the kind of group and its emphasis on certain issues and ways of working
- the style of facilitation
- the choice of a particular theme or activity
- the way discussion is handled.

All these factors will have a bearing on the outcome of any one session. There are some notes on different client groups in [Chapter 7](#). However, the important thing to keep in mind is that you are choosing a theme in relation to your group and its current needs.

Engaging in the artwork

This is the time when everyone is usually totally absorbed in what they are doing. A ‘no talking’ rule can intensify this experience, which can be very deep. Sometimes it happens naturally, especially with experienced groups. Facilitators should try to ensure that there will not be any interruptions during this period (e.g. latecomers, notices about lunch, etc.), as these can be very unsettling and break the ‘spell’ of deep concentration. Any time limits should be announced at the beginning.

The actual doing of the artwork is really important. It is not just the time needed to get something on paper, which can be discussed, but a time during which non-verbal processes take over and people are working things out through paint, clay, etc. This process cannot be adequately described in words, and this is why it is important that group facilitators have first-hand experience of doing artwork and trying out particular themes themselves.

There are some groups for whom making artwork can promote useful conversation which is to be encouraged. For instance, some adolescents who are usually too self-conscious to express opinions can ‘open up’ while they are engaged in a group painting or working with clay. Encouraging conversation can also be important for groups of adults with learning disabilities or elderly people living in the community but attending weekly art therapy sessions. Here talking and making friends are part of the purpose of the sessions.

The beginning of the time for artwork can be awkward for some. There are materials to organise and the facilitator needs to be available to help here. When everyone has got what they need and settled down, there is usually a short hesitant period while people sit and think about what they are going to do. This is fine and should cause no concern. However, occasionally there are one or two people who are really ‘stuck’. It can be a terrifying experience to stare at a blank piece of paper while all around everyone else seems to know what they want to do. The therapist or facilitator needs to help out here, perhaps with some gentle questions, to draw out what that person feels about the theme. (It may not be appropriate for them, in some unforeseen way; in which case it should be

modified or discarded.) If everyone is stuck, it is probably because the explanation of the theme was not clear enough, or because the introductory period was too rushed. The only thing to do here is to go through it again, perhaps with more group discussion, rather than leave everyone struggling.

People work at very different speeds. Some people rush into things and finish very quickly; others work at a slow and measured pace. This means that people will often finish at different times. Two things can help here: fast workers can be encouraged to do a second painting while waiting, or to reflect in a constructive way on what they have done. Slow workers may not finish (and usually this does not matter), but can be helped by being informed when time is nearly up so that they can decide what is most important. It is sometimes really interesting to watch how people paint, and see where they put the greatest energy, where they are more tentative, where they wait and reflect. If you are not participating in the artwork stage, it can be very worthwhile just to observe what is going on.

If the group is a short session (e.g. a weekly two-hour session), it is often a good idea to clear up the materials at the end of doing the artwork, especially if the discussion has to take place in the same space. However, if the group takes place over a day, weekend or week including several exercises followed by discussion, it is best to leave clearing up until the end of the day.

Discussion

The physical arrangements for the discussion are important. Everybody needs to be able to see what is being discussed. It facilitates group cohesion and interaction if everyone can also have eye contact with one another. Some groups can manage these while staying in the same positions as for the artwork, or by standing round the finished work if it is a group project. Some groups are lucky enough to have a messy painting area and a comfortable relaxation area with armchairs and carpet, so that everyone can sit in a circle with the paintings in the middle on the floor.

Leading a discussion about the paintings produced is another whole group session. There are many models of groupwork available and it is a good idea to consult some of the books listed under Groupwork in the Resources section at the end of this book. It is important that everyone in the group is clear about the process of discussion that is being used. I will outline three of the most usual models used with personal art or art therapy groups: everyone takes turns; focus on one or two pictures; focus on group dynamics.

Everyone takes turns

This is the most usual way of sharing the results of the session and can be very fruitful. It is essential to say whether everyone is expected to share their paintings, or whether there is no obligation. The therapist or facilitator may ask if anyone would like to start, and everyone else follows on round the circle in

turn; or the first person can choose the next one, and so on; or everyone takes a turn when it feels right. If there is time left at the end, a general discussion may develop.

If the group is large, sharing all the paintings takes a long time and it is important to allow for this. If time runs out before one or two members have shared their work there may be an 'unfinished' feel about the session for them. The facilitator needs to decide, in conjunction with the group, how much time each person has, and the method of timekeeping. Sometimes not all members of the group want equal time and the timing sorts itself out; at other times a formal five minutes each is needed.

The facilitator can encourage group participation by asking what other people think, so that not all comments are directed just to her or him. If the facilitator has taken part in the artwork, then she/he will probably be expected to share too, unless time runs out. Here the facilitator or therapist treads a fine line between being and not being a member of the group—disclosing something of themselves, yet not burdening the group with their most pressing problems. There are several advantages in taking turns:

- (a) For people who have not done it before, talking about their paintings (which may contain very personal statements) can be an exposing experience. When everyone takes a turn, people feel they are not alone and that 'breaking the ice' is a group endeavour. (However, it is wise to respect group members who do not wish to share their paintings, for whatever reason.)
- (b) In a new group, everyone sharing can help group members to get to know each other through their pictures.
- (c) In an ongoing group, the security of structured sharing can help people to build up trust and become more adventurous about what they are willing to disclose in their paintings and the discussion.
- (d) It is a way of ensuring that quieter members of the group have their share of time and that certain members of the group do not dominate the discussion.
- (e) The 'equal shares' aspect of this method appeals to many peer and self-help groups.

There are, however, some disadvantages:

- (a) Each person will only have a fairly short time (unless the group is very small), and this can be frustrating. Sharing in pairs or subgroups can help here.
- (b) The discussion usually sticks fairly closely to the pictures, and sometimes this can be superficial.

- (c) Structuring the discussion can be seen as artificial in that it removes some of the free flow of group interaction. The safety of the structure is seen as an obstacle to exploring conflicts which may arise.

Focus on one or two pictures

Some therapists and facilitators feel that taking turns is artificial and leads to superficiality. They feel more is gained by exploring one or two members' issues more than the rest, or using the whole discussion time on one or two pictures. The individuals may be chosen, or choose themselves, because their need is greatest at that moment. Others can then be included by asking if they have had any similar experiences. Sometimes the sharing of just one painting can lead to a deep discussion which involves everyone in the group in a very meaningful way.

Focus on group dynamics

In this kind of discussion the group is simply available for anything to happen. The result may be a general discussion, or under the guidance of a skilled therapist a verbal psychotherapy group based loosely on the paintings. The therapist may ask if anyone would like to talk about their pictures and then wait to see what comes up. In a free-ranging psychotherapy group, expression of real feelings and conflicts is encouraged. For instance, if a group member gets angry this may be looked at in terms of projections of feelings about that member's parents or spouse. In this way it is hoped to resolve conflicts felt by group members, and which may have brought them into therapy. Members of the group are encouraged to help each other and pool their experiences. In this model of discussion, the pictures are the jumping-off point. They may play a large part in the discussion or have a relatively minor role, and rarely will there be time to look at all the paintings in depth.

Therapists leading such groups need considerable experience, which may be gained through training or by co-facilitating a similar group with someone experienced. It is worth adding that there is hardly ever enough time to process all the material that comes up and therapists and facilitators will have to help the group to cope with this (Skaife and Huet 1998; Waller 1993).

Interpretation

In this area there are one or two assumptions people may make, which can be quite misleading. This does not happen so much now, as art therapy has become much more widely known, but it is important to be aware of them. The first assumption is that it is the therapist's job to interpret group members' paintings. This assumption has its origin in one of the first uses of art therapy, as an adjunct to psychoanalysis. Patients produced pictures as material for the analysis, in the same way as dream material might be explored using the same theoretical

framework (e.g. Freudian, Jungian, Kleinian, etc.). The process of painting them was not seen as important. This kind of interpretation always takes place in a particular theoretical framework (or psychoanalytical school) and requires considerable training and experience. Art therapy groups of this kind are led by art therapists qualified and experienced in these particular frameworks.

However, most facilitators and therapists find themselves working with groups in institutions which have no single therapeutic stance; or with teams with a medical orientation emphasising medication rather than psychological treatments; or with community organisations which do not operate within a therapeutic framework. It is up to facilitators and therapists to choose for themselves the theories they find most helpful, which can range from several psychodynamically oriented theories to the many humanistic perspectives.

The second widely held assumption is that interpretation is based on a knowledge of symbols in a one-to-one equivalence of meaning. This is rarely the case. More usually, symbols have a range of culturally based meanings (e.g. the sun can indicate summer, light, warmth, heat). Most symbols also have a subjective meaning, which can vary from person to person, usually within the range of accepted meanings, but sometimes completely outside it, according to that person's experience.

Working in similar contexts may give rise to symbols with a range of similar meanings, but care is needed to avoid extrapolating too easily from one context to another. For instance, an art therapist in a psychiatric hospital, working with many depressed patients, may notice several black and red paintings. If she/he then sees another black and red painting, perhaps elsewhere, she/he may or may not be correct in guessing that the painter is depressed. There is the apocryphal story of the man who painted a black and red picture and then announced that it showed his relief that his bank account was 'in the black' once more. Obviously the wider experience a therapist or facilitator has, the more their guesses are likely to be near the mark.

At one level we are all engaged in interpretations. We all look at the world in different ways and with different assumptions about it. This often means that our interpretations of an event or picture say as much about us and our frames of reference as they do about the matter in hand. (In [Part II](#) some good exercises to explore this are [Section I](#), nos. 288–91.) While our interpretations might be true for ourselves, we must beware of foisting them on other people.

There is a sense in which a painting can sometimes 'speak back' to the artist. This is a process to encourage as it enables people to have a dialogue with themselves. People sometimes need to sit with their paintings for a little while to let this happen.

Interpretation is obviously a minefield where facilitators can make many mistakes. Are there any guidelines? The most important thing is how the painter of the picture sees it and what he/she meant. In an ongoing group, as trust is built up and people feel safe, they will be prepared to be more open and disclose more information and feelings.

A sensitive facilitator or therapist and perceptive group members can also help someone to draw out 'hidden depths' for themselves, but this needs to be suggested rather than presented as fact. A particular interpretation may be more to do with the speaker than the painter, or the painter of the picture may not be ready to hear what is being suggested. There has to be a tentativeness about any interpretation and an acceptance on the part of the recipient. One way of being sensitive to other people's artwork is to own our views of their pictures. So group members can be encouraged to ask questions such as 'Could you say what that corner bit is about?' or 'To me that bit looks like...' or 'When I look at your picture, I am reminded of...'

In an ongoing group a woman did a detailed drawing of cracking ice to demonstrate how she had felt when her marriage was cracking up. Several months later, the art therapist was leading a one-day workshop in another town, and commented about a jagged painted pattern, 'The last time I saw a pattern a bit like that, it was about someone's marriage breaking up.' She was fairly amazed to receive the reply, 'Well, you've guessed right first time, I'm going through it at the moment' This sort of interpretation is intuitive guesswork, based on experience of others and of oneself and on a familiarity with visual communication. To summarise, I have listed below some of the possible ways of looking at the group's pictures:

- 1 Each person talks about his or her work, without comment or questions from others.
- 2 In addition to (1), other people ask questions and make comments. This needs to be done sensitively. If a comment is not accepted by the painter, it may be because she/he is not ready for it, or because the comment is inappropriate. In either case, it would be unwise to take it any further.
- 3 People reflect and see if their paintings 'speak back' to them.
- 4 Artwork review. It can be rewarding to look back at pictures done over a period of time to see if there are any patterns or recurring themes. Sometimes people can see pictures they did some time ago in a fresh light, and this can bring new realisations.
- 5 Gestalt technique. This can be used with any art product. The painter is encouraged to talk about the picture in the first person and to become each part of the painting in turn. The assumption behind this is that different parts of the painting may represent different sides of someone's personality. For instance: 'I am this tree. I'm quite a strong tree, and I'm well rooted, but I don't seem to have many leaves. It's winter and I'm cold and bare.' After this, the speaker may reflect on whether this rings true for him or her in a wider way. After becoming each part in turn, one can go on to create a dialogue between the different parts of the painting representing different sides of a person. This technique can be very powerful so is best used in a small or established group where there is a lot of trust and support available for group members.

Ending the session

Many sessions are bound by institutional timetables, and it is vital to finish on time. Sometimes the clatter of plates nearby is a cogent signal. It is good to try to end the session on a positive note, perhaps with a comment that sums up the session or thanks to people for coming, etc. Some facilitators and therapists like to include an ending ritual or exercise.

On a whole-day or weekend workshop, one way of closing is to have a round of comments on, say, 'What I got out of the day/weekend' or 'One thing I enjoyed/will remember about the day/weekend', etc. Often there is an evaluation form to fill in. Rather than finishing with this, it feels better to timetable this for just before the end of the session/workshop and then finish with a final round or ritual. Whatever the situation, the ending of the session should bring people back to the here and now so that they can carry on with normal life. Facilitators and therapists should try to make sure that no one leaves the group with any problems or worries which will prevent them from carrying on their day-to-day lives.

Care taken in the introduction of the session (see earlier section of this chapter) will avoid trails of 'unfinished business', but occasionally there will be one or two problems of this nature and the facilitator has to try to deal with them. In institutions there are usually plenty of back-up facilities in the form of other staff and clients to talk to, or the therapist can see a person who is upset afterwards. In community groups this is not so easy. The facilitator can provide information on other opportunities to continue working on the same lines, but it is wiser to try to keep the group experience at a level that is easy for everyone to cope with.

Finally, there is the clearing up. Sometimes the situation dictates that the facilitator is left with this, but often helping to clear up can be a practical way for people to wind down and get back to ordinary life. If everyone joins in, it is also an expression of group cohesion and gives a good feel to the end of the session. Even if much of the clearing up has been done after the artwork, there are usually paintings and drawings to put away, cups to be washed or equipment to be stacked.

Group process over time

This section will not discuss group process in detail as there are many books (some listed in Resources section) on groupwork which deal with this in depth. It is worth reading one or two of these to clarify your thinking about your group.

In a series of sessions that comes to a definite end, there is a progression of stages that most groups go through. These can be described in various ways from a simple three-stage process such as beginning, middle and end to more sophisticated models (sometimes including as many as nine stages) taking into account many facets of the group. In a theme-based personal art or art therapy

group which meets regularly, I have found the following stages useful in describing group development over time:

- 1 *Beginning*: the group meets and starts its activity. It is probably very dependent on the leader to initiate everything at this stage.
- 2 *Finding its feet*: the group gets used to the way of working and misunderstandings are cleared up. If it is an open group some people leave, discovering this activity is not for them, or it is not what they thought it was. Others become more committed.
- 3 *Group cohesion*: people come knowing what to expect and looking forward to group sessions. Trust is built up.
- 4 *Disclosure*: group members become more willing to disclose themselves in their paintings and in the discussion. At this stage there is often a very deep sharing as people openly grapple with some of their most pressing problems.
- 5 *Ending*: this is often accompanied by a variety of feelings such as depression, confusion, anger and relief, even if it is only a temporary break. If it is the end of the group, there is also the question of ‘What next?’

An art therapy group has these stages in common with other groups and it is good to be aware of them and prepared to meet them. These stages are not completely separate—they often overlap each other. To a certain extent they are also present in a single-occasion group such as a day or weekend workshop.

Some groups do not have a definite ending. They continue to meet, ideally on the level of stage 4 of deep sharing through painting and other artwork. Many groups like this have a membership which changes over time. Then each member who joins usually goes through these stages individually, helped by more experienced group members at each stage. Joining and leaving can be big issues. If too many people join or leave at the same time the nature of the group can change quite radically. If a group is functioning well, it is probably best for people to join in ones and twos, so that the ethos of the group is maintained and can be extended to include newcomers. Similarly, people leaving a group can affect the group significantly, especially if those remaining feel abandoned or left behind.

For a time-boundaried series (e.g. ten sessions), there is often an evaluation questionnaire to fill in and sometimes some form of outcome measurement. It is important to think about the best place for these. So, for instance, an evaluation of the group as an experience might best be done just before the end, while feelings of being in the group are accessible. An outcome measurement might be done a week or two later, when people are clearer about what they have gained from the group. Post-group interviews can be helpful for this and also for helping people to work out their next steps, or facilitating a handover to another professional.

Recording and evaluation

A group session is not finished (from the therapist or facilitator's point of view) until whatever recording system is in place has been completed. This should be done as soon as possible after the group. Any discussions with other staff or planning for the next session should also be done as soon as possible, or at least timetabled. Any contributions to evaluation need to be undertaken. Recording and evaluation have developed into large topics, so they are the subject of the next chapter.

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