

Chapter 4

Learning from problems in groups

Personal art and art therapy groups that take place in real life are much messier than the ideal versions laid out in theory. Although there are aspects that can be predicted (for instance, that most people will be anxious about the first group meeting), there is always an element of unpredictability because no one is ever in full possession of all the relevant facts, and therapists and facilitators are not infinitely wise. Even if one could satisfy these impossible conditions, there are always outside factors that could not have been foreseen. However, even some of the imperfections can be turned to good advantage, and the resulting groups can be very satisfying experiences which add significantly to individuals' growth and development. The most important thing is to be able to learn from problem situations and mistakes.

One way of approaching this subject would be to go through all the aspects of running a group mentioned in [Chapter 2](#) and imagine the effect on the group of the lack of each requirement; e.g. difficult physical arrangements, interruptions, lack of support from other staff, inappropriate referrals, disruptive individuals, inexperienced leaders, bad introductions, poorly chosen themes, and so on. Rather than spell out the consequences of these, I would like to give some examples of difficulties experienced by art therapists in a variety of groups. They are taken from interviews with several art therapists, mostly with considerable experience and working in a wide variety of settings, talking honestly about groups they have facilitated. I have grouped the quotations under five headings which reflect commonly experienced problems. It is important to note that these problems are described from the therapists' and facilitators' points of view. Under each heading I quote the examples first and then comment on them. Some of these comments apply specifically to one example, others apply to several of the examples.

Outside factors

EXAMPLE 1

‘On one ward, I arrived to find they were redecorating the usual room we use. The only place we could go was the dining-room next door; we tried to hold the group there, but other people kept wandering through. It was terrible. We never really got started, and in the end we just packed up.’

EXAMPLE 2

‘Initially staff on the long-stay ward were suspicious of art therapy sessions, seemed not to want their patients to be “over-stimulated”! There was no co-operation and they resisted allowing the patients to attend. However, on seeing the products of the sessions, staff attitudes have changed and they are now keen for them to come.’

Comments

[Example 1](#) describes just one of many unsuitable venues in which therapists and facilitators may find themselves working. It is sometimes difficult to decide whether it is worth carrying on, or whether the environment is so unsuitable that it is best to call a halt. Guiding factors will be whether the group is providing more benefits than problems to clients and members, and whether there is some hope that conditions can be improved in the future. Often there is more leverage at the start of a programme or group, when staff and managers may be more ready to listen to what is needed, so it is worth being clear about the needs of the group and asking for the facilities. The lists in [Chapter 2](#), Setting up the group, should help with this.

[Example 2](#) shows the importance of getting staff on board. This can be done in several ways. One way is to run a workshop for staff before setting out with clients, so that there is some awareness of the process and the benefits. If this is too exposing for staff, giving a talk and showing pictures or slides of other clients’ work (with their permission) can demonstrate what the work is about. Finally, seeing the effects of the work in their setting often convinces staff of the value of this work. One way of gaining allies is to invite other staff to co-facilitate groups. For instance, in a community mental health team, I have seen several community psychiatric nurses completely revise their opinion of art therapy after such an experience.

Co-facilitator problems

EXAMPLE 3

‘Sometimes when staff [in a day centre for older people] participate in the group, they take over and start telling people what to do, so I mostly prefer to run the group on my own.’

EXAMPLE 4

‘A visiting art therapist got into a confrontation with a group member. It wasn’t resolved and was all left in the air. Later I realised it was up to me, as co-facilitator, to stop the group and point out that a misunderstanding had arisen over the use of a word which has come to have a special meaning at our centre, which the visiting therapist couldn’t have known. I suppose we should have sorted out our roles beforehand; while the visiting art therapist was in charge of the process, I, as co-facilitator, could have been ready to clarify any confusions.’

Comments

[Example 3](#) demonstrates the frustration that can occur in using untrained staff as co-facilitators. In some institutions this can happen because of shortage of staff and lack of understanding about art therapy. In a day centre for older people, there is probably little risk attached to sole working as there will be other staff nearby, and older people are not as likely as some other client groups to behave in a volatile way. But for many groups the solution of sole working would be an unsafe one, either because of the building or because of the client group. I myself had to postpone a group (in a community mental health team) when my co-facilitator got another job and there was no one to take his place for some months. In a ten-week group with volatile members, another facilitator was needed to cope with sudden outbursts and people leaving the group. For this particular group we also needed a male and a female facilitator/therapist.

The lessons of [Example 4](#) are all too clear. It is essential for co-therapists to prepare well beforehand together and to clarify their roles. It is not always easy to stop the group in the middle, depending on the client group and their needs. If the group is meeting over several sessions, another way of dealing with this is to wait until the end of the session and then clarify roles and assumptions with each other. As well as preparing specifically for the session, it is also vital to share assumptions about therapy, as direct confrontations with group members can be destructive unless handled very sensitively. It can be more constructive to open up such issues to the whole group.

Disruptive group members

EXAMPLE 5

‘In one of my groups of elderly people, there was a woman who could not stop talking and other people couldn’t concentrate on what they were doing. I tried to control it, but that only made it worse. There always seem to be one or two like that in my groups, and it makes me feel very tense, which in turn makes things worse. I don’t like excluding people for that reason because that’s what they need help in.’

EXAMPLE 6

‘If someone is known to be disruptive, I don’t include them. I used to, but not any more. I also exclude people if past experience shows they will not get anything out of the art therapy groups.’

EXAMPLE 7

‘When Graham arrived an hour late, everyone was at their peak of concentration. He seemed quite unaware of the effect of his entry, and started to talk immediately, so I hustled him into the kitchen for a cup of tea, and to bring him up to date with what we were doing. I asked him not to talk while painting, and not to be late next week.’ (Community group meeting in a church hall, see [Chapter 5](#).)

EXAMPLE 8

‘I find it’s difficult sometimes to handle one person’s particular problem in the group, if it’s not shared by others—for instance, grief.’

Comments

These examples describe the dilemmas and some of the solutions chosen to deal with disruptive group members—those people whose contributions seem to impede the group’s functioning. Of course the label disruptive may be a matter of opinion, and each group and therapist may have different ideas about what is regarded as disruptive. Examples 5 and 7 show an understanding that the very fact of being disruptive is one reason why people need the group, so that therapists are reluctant to exclude people. Often therapists and facilitators do not have the luxury of knowing in advance if someone is going to be disruptive. It becomes

all too apparent only when the group has started. A way of deciding whether to include known disruptive people or not is whether their presence is going to be so disruptive that no one else can gain any benefit. I have occasionally spotted this at pre-group interviews and asked people to observe certain conditions, such as trying to speak about the problem rather than victimising someone else in the group. Even so, I have sometimes wondered if the group might have been better for others if I had excluded certain people at the beginning. Sometimes a good way forward is to involve the rest of the group in discussing how the behaviour affects them and how the group can proceed. It can be difficult to decide when this is the best course, when it is better to accept the behaviour, and when someone needs to be excluded.

Example 8 is not so much about a disruptive group member but about a situation in which there is a member who has a problem not shared by others. Although this is difficult, it may be possible to build bridges with other members by focusing on the things they do have in common; for instance, that from time to time we all have problems that make us feel we are on our own—or in the case of grief, we have all suffered some kind of loss. Even groups set up to deal with particular problems or to include similar clients will be comprised of a wide variety of people who may or may not have a lot in common. Often other group members will be sympathetic to a person with a different problem and give them the time they need. It can be an opportunity for group members to empathise with others and offer help.

Strong feelings evoked in the group

EXAMPLE 9

‘I used to think my groups had gone wrong if anyone burst into tears and left the room. Now I provide a big box of tissues and accept tears as part of the group as they are part of life. If someone wants to leave the room for a bit, or rushes out, my co-facilitator sits with them until they are ready to come back in or decide to go home.’

EXAMPLE 10

‘Strong feelings can be evoked by some themes; for instance, feelings of conflict, confrontation, loss, hurt, rejection. But if people are experiencing these feelings anyway, I feel it’s better to find a way of dealing with them than just to miss them all out, though I would hope to approach them gradually.’

EXAMPLE 11

‘Group paintings are not always predictable; they can sometimes highlight the difficulties between people. But sharing these can help towards resolution.’

EXAMPLE 12

‘I was quite upset by the amount of aggression and hostility that came out in the group painting done by the women’s group, in particular between two individuals. Previously I’d had the illusion everyone got on with each other. Later I learned that the two women in particular conflict had met for lunch the next week to talk about their differences, so the group had in fact been beneficial.’

EXAMPLE 13

‘Messy feelings are better than an artificial calm which may be rigid and superficial.’

EXAMPLE 14

‘If all the group members are depressed and turned in on themselves, the group can feel very flat and I seem to get little back. But I think I may underestimate what happens, as sometimes I find out later people have still got something out of it’

Comments

All these examples describe moments in personal art or art therapy groups where strong feelings arise. Doing the artwork does often make it more likely that these feelings arise, but it also provides a vehicle to help deal with them too. When strong feelings are evoked, there is the opportunity to explore them and work towards some kind of resolution. The pictures can also act as containers for the feelings, and the act of putting them away at the end of a session can be a metaphor for handling the feelings. They can be expressed, explored and then left in a safe place until the next session.

Learning from experience

EXAMPLE 15

‘A lot went wrong in my first year because I was nervous and tense. I was trying to control the group, and appointed myself as its protector.’

EXAMPLE 16

‘Certain themes can be threatening for certain groups, and I have tried to learn to be sensitive to the individuals in the groups, and introduce themes which can be developed on different levels. I have learnt that preparation time is really important.’

EXAMPLE 17

‘It’s very easy to miss quite important messages. After a group which had painted early childhood memories, one woman asked me what could go wrong if children had no mother. I answered this at face value and quoted research about maternal deprivation. Later I realised that, as she was a cancer patient, she was probably expressing in an indirect way her worry about dying and leaving her children bereft. I could have kicked myself for the extra burden I had given her. If I had been more perceptive I could have allayed her fears by referring to further research on mother-substitutes. I am now rather wiser about the way people often ask their most important questions indirectly, because it is too threatening to do so directly.’

EXAMPLE 18

‘Two days after learning about the conversation above, someone in a community group asked me how art therapy helped mental patients. Before launching into a great thesis on the topic, I enquired a bit further about what she really wanted to know. It turned out that she had been in hospital herself, and had been worried about her lack of ability to paint there. I and others tried to reassure her about this. I was very grateful to have been able to learn from someone else’s mistake, so that I could avoid further hurting someone.’

EXAMPLE 19

‘One of the members of my group did a painting which included me. He was very angry with me, and I realised that I was part of his world at that moment. He was seeing me in a parental role. I had to acknowledge that before we could go on.’

EXAMPLE 20

‘I got into an argument with a group member over his picture of a brick wall. I think he was setting me up. Perhaps if I had used more imagination we might have avoided the impasse.’

Comments

Even experienced therapists and facilitators make mistakes, as the quotations in this section demonstrate. This is not the end of the world, providing one can learn from one’s mistakes and times of insensitivity. All these examples show some learning that has taken place as the result of experience.

In Examples 15, 17 and 20 there is a realisation of how previous ways of reacting had been counterproductive, and Examples 16 and 19 show how learning has resulted in new ways of handling group tasks. Example 19 shows an awareness of transference issues. Example 18 shows how it is possible to transfer learning from one situation to another, and from one person to another. One does not have to make all the mistakes oneself in order to progress.

When to intervene in a group

It is often difficult to decide when to intervene in a group and when not to. It is a good idea to intervene if:

- it opens up opportunities for effective work
- something needs dealing with
- damage is being done to an individual.

It is best not to intervene if:

- members are doing good work themselves
- the intervention won’t be heard
- you are not clear what is happening yet (Whitaker 2001:238–40).

Conclusion

As can be seen from some of the examples given, it is not always obvious whether a difficult session was a group where things went wrong or the beginning of growth and development for that group or individuals in it. A little time needs to be allowed before coming to any such conclusion, and indeed the therapist or facilitator may never know the outcome.

It is worth investing in one or two books on groupwork, so that when problems arise (as they inevitably do) you can reflect on a variety of ways forward, and choose the most appropriate for your group and situation. There are several good groupwork books which outline problem situations in a systematic way in much greater detail than is possible here. *Using Groups to Help People* (Whitaker 2001) has a chapter devoted to problems and opportunities, including many examples, with thoughtful commentaries on possible courses of action. *Groupwork* (Brown 1992) lists a range of options for responding to individual behaviour, with some special techniques to counteract scapegoating.

There are many ways of reflecting on one's own practice: by sharing difficult experiences with colleagues and people doing similar work in other places; by obtaining good and regular supervision, preferably from an experienced group art therapist; by attending appropriate training courses. Learning from problems in groups 79 In an imperfect world, there is certainly room for the idea of the 'good enough' facilitator or therapist, who does his or her best to avoid pitfalls, can learn from them when they occur, and in general has a thoughtful, positive and caring approach to the group and its members.

References

- Brown, A. (1992) *Groupwork*, 3rd edn, Aldershot: Ashgate.
 Whitaker, D.S. (2001) *Using Groups to Help People*, 2nd edn, London: Brunner-Routledge.