AN OUTPATIENT ART THERAPY GROUP


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POTTS (1956), WORKING WITH CLIENTS IN SESSIONS LASTING FOUR HOURS WEEKLY, FOUND THAT BECAUSE A PAINTED STATEMENT IS "ONLY A PICTURE" IT WAS POSSIBLE TO BRING FORTH "RIGIDLY REpressed HOSTILITIES AND GUILT" (P. 117). PROMOTING AN ATMOSPHERE OF INTERACTION AND FEEDBACK, THIS ART THERAPIST LED A TWO-HOUR VERBAL SESSION FOLLOWING THE TWO-HOUR ART SESSION WITH CLIENTS COMMENTING ON EACH OTHER'S WORK. IN THESE SESSIONS, MUTUAL SUPPORT AMONG THE CLIENTS IN RELATION TO THE ART PRODUCTIONS FOSTERED EMOTIONAL GROWTH. PATCH AND REFSE (1968) ALSO FOUND THAT WHEN AN "ART CLASS" WAS CONDUCTED ON A PSYCHIATRIC WARD, WHERE THE PAINTING COULD BE THE SUBJECT AND NOT THE PAINTER, THE PATIENTS' ABILITY TO GIVE FEEDBACK AND EXPRESS FEELINGS WAS GREATLY ENHANCED.

THese groups emphasized psychoanalytic principles: free art productions used as devices to penetrate ego defenses and uncover conflicted areas. Other art therapy groups have been more supportive and ego defenses were strengthened or allowed to remain intact. Denny (1970, 1972), whose theoretical approach combined elements of existential and humanistic psychology, felt that what occurs in art therapy may be thought of as taking place through behavioral processes and changes in attitude and behavior. He described art therapy techniques in which minimum self description and maximum self disclosure take place. Denny believed that it was important to encourage self disclosure but he emphasized that this must begin and proceed at the client's own tempo. Working with a group of adolescents, Wolf (1975) explained that the goal was to "rap" about problems and to work together, using art media, with a view toward increasing awareness and ability to express emotions and to build relationships with others. He concluded, with the benefit of questionnaires filled out by the clients, that the art work appeared to provide an
experience of sharing that each member felt was under control and consequently not threatening. In a third supportive group, Sinrod (1964) emphasized the potential for increasing communication inherent in the graphic process. In an inpatient group at NIMH that met weekly for six months, she found that both communication about shared experiences and feelings about each other were expressed more frequently and honestly through the graphic medium than they might have been through purely verbal communication.

Our group utilized both analytic and supportive techniques. It was our belief that artistic productions can be as valuable as verbal expressions are in traditional group therapy. Most of our group sessions were structured, and discussion was encouraged in the context of what the artistic production meant in relation to the patient’s past, his current conflicts, and his personal mythology. Each person had an individual goal to work toward. The group goal was to aid each person in achieving his or her goal through the use of art. This seemed to have a special validity for our group, because it was made up largely of patients who had difficulty with verbalization of feelings and ideas. In general, it seems that an optimum range of symbolic expression is not possible with words alone, and other expressive modalities are useful, if not essential.

Several writers have mentioned resistance in connection with groups. We noted two types in relation to our group. The initial was staff resistance while attempting to set up the first art therapy group at Langley Porter. The second was resistance in the form of denial about visual images. We concur with Potts (1956) that clients usually will be unable to see more in artistic productions than is emotionally bearable and currently useful to them. Horowitz (1970) has cautioned that therapists must handle carefully the emergence of images and monitor their interpretation until the client is ready. Most therapy groups, whether or not they utilize expressive modalities, focus on the awareness of distressing and repressed feelings and the re-evaluation of these in the light of new insights. The use of graphic production often provides a group goal. We feel that this provides a unifying factor among group members and facilitates the first step in the development of group cohesiveness. Taking the interaction out of a totally verbal context gives the group a common experience that makes them different from people not in the group. They are communicating in a special way and cohesiveness has a head start. The art, of itself, cannot provide the total group goal, but it does introduce a starting point from which decisions can be made about the manner in which the art is to be used.

**FORMATION OF THE GROUP**

An announcement about the group was sent to various potential referral sources. Once the group was approved by the director of the outpatient department, we attended meetings to explain what we wanted to do, and showed examples of drawings from actual art therapy cases. This was the first time any group that was not solely based on verbal therapy had been offered on an outpatient basis at the Institute. Because referrals could come from various sources, it was essential to clarify the purpose of the group and the types of clients we were looking for. Ultimately, most referrals came from our own outpatient department, but two referrals did come from community agencies. By the starting date for the group, we had seven patients. One patient dropped the group but another joined so the total membership remained at seven throughout. The group met for one and a half hours weekly for a period of ten months. The weekly art tasks are listed in Table 1. Although we feel it gives a good overall view of the process of the group, we would not want it used as a “cookbook” formula for art therapy. Each task was designed specifically as part of an overall process for these particular patients and should not be mistaken for a blanket formula for group art therapy.

We envisioned our group as one in which art would be used to facilitate expression and aid in the resolution of problems. It seemed to us that art could be especially useful in enhancing three important aspects of any group: cohesiveness, maintenance of group membership, and individual and group goals.

A cohesive group has been described as one that will work together for a common goal, and this implies a qualitative measure of interpersonal relations. A strong cohesiveness developed quickly in our group because of the presence of some factors that have been shown to increase cohesiveness in groups in general: cooperation as opposed to competition, heightened interaction, smaller groups as opposed to larger ones, a secure rather than a threatening atmosphere, and the probability of successful achievement (Cartwright & Zander 1960).
We felt that this atmosphere of cohesiveness resulted directly from use of art. The use of structured art tasks was easy in a small group for they provided a common ground among group members and heightened the interaction by providing a clear focus for verbal interchange. The simple art tasks assured a high rate of successful achievement. The shared experience of drawing promoted support and cooperation among group members and eventually the kind of self disclosure that only takes place in a secure environment. We believe that it was this high level of cohesiveness, initiated in the first group session and maintained throughout the group that caused members to rate the group so high in their evaluations. This level of personal involvement and responsibility was demonstrated later when the leadership of the art group was rotated among all the members.

In addition to cohesiveness, the structure of the group promoted the maintenance of a high percentage of membership. Redlick and Astrachar (1975) have written on the structure of groups as work oriented vs. process oriented. Groups primarily oriented toward tasks or external work were described as work oriented and groups focusing on inner psychic processes were described as process oriented. Both approaches are important and should be balanced and complementary. In our group there were variations on work oriented and process oriented structure through the use of both art "tasks" and verbal interchange.

A group goal, in addition to individual goals, usually is the product of group agreement of some sort. It may be defined as that goal decided upon by group members that will affect the manner in which they relate together or accomplish a task in a given space and time. In our group, the goal was to some extent set up prior to the first group meeting. Each member had been interviewed and had agreed that he or she had individual problems to work on in the group via art. By the end of the second group meeting, we felt that this goal had been accepted. There seemed to be agreement among the group members that their individual goals might be attainable through the graphic process coupled with mutual expression, sharing, and feedback. Expression through words alone had been difficult for all group members.

PROCESS AND PROGRESS OF THE GROUP

The group was co-led by a male psychiatrist and two female occupational therapists. The psychiatrist was an important person to all group members, partially because he was "the doctor" but also because of his warmth, understanding and sense of humor. The two occupational therapists seemed to balance each other well. One was assertive, verbal and perceptive in contrast to the other who was quiet, accepting and sensitive. These qualities allowed each of the co-therapists to be insightful about different aspects of the group process.

Group meetings were held in a bright and informal activity room. Coffee and tea were always available and group members or therapists often brought in snacks. We felt that this physical setting contributed significantly to the relaxed atmosphere. We expected the initial group meeting to be critical for the establishment of a secure, trusting atmosphere in which mutual sharing and maximum self disclosure would take place. We chose for the first group a task that would allow for individual expression but would at the same time involve a non-threatening sharing. This involved cutting a large paper circle, 5' in diameter, into jigsaw puzzle pieces. Each person picked one piece and was asked to do a collage, painting, or drawing on it, including whatever he thought would be important for others to know about him. At the end of the project, we put the puzzle together and talked about it, both as individual parts and as a group whole. We felt that this meeting was instrumental in setting up an accepting and mutually supportive group atmosphere as well as in providing an opportunity for the members to express themselves individually.

The following descriptions of individual group members and of some of their initial collages and subsequent drawings illustrate the members' problems and their progress in resolving them. Henry was a 26-year-old single Chinese male who lived at home with his parents. He had worked as a tutorial aid and kitchen helper. He had a life-long problem of fears of being attacked and of being anxious and suspicious in groups. These feelings were a primary source of his depression and suicidal thoughts. His diagnoses were: schizoid and paranoid personality disorder and depressive reaction. (Initially there was consideration given to the diagnosis of schizophrenia, paranoid type). We hoped to be able to help Henry decrease his feelings of anxiety and suspiciousness and to increase his self esteem and ability to socialize. Henry appeared nervous, anxious, and verbally inhibited during the first group.
He did a collage of crowds of people chasing individuals and he depicted perspiration, eyes, and people staring at him. He talked freely about fears of being attacked and chased. He said that it was difficult for him to talk about these things. It seemed clear even then that using art would be helpful. His individual goals were to feel less frightened around people and to be able to more easily express his feelings verbally. His lack of adequate defenses and his fear of self-disclosure were shown at a subsequent meeting when we all made masks for ourselves (Fig. 1). He felt this was a difficult task, and he constructed a kind of dragon-like mask with holes for eyes, nose, and mouth. He then taped the holes for the mouth and nose back up again. It seemed that he felt he might reveal too much of himself in the group.

Because of the accepting and trusting atmosphere, he was able to express some things that were difficult for him to talk about and he received support for this. In one drawing of "emotions that you have difficulty expressing" he drew a mass of burning trees. He surrounded these with blue ocean, which he said represented the "outer part and need for control". He spoke of his incredible anger toward his brother and his fear of losing control. He was able to show this by banging his fist hard on the table and was relieved to see that he was not rejected for it. He was given support especially by
Mary who could relate to his anger toward his brother.

Henry missed a number of meetings because he started a job training program. Even though this did not go well for him, he was able to come back to the group after a three-month absence and relate his experience to the group. He seemed pleased to be back and some of the drawings he did toward the end seemed to illustrate this. Although he still had many of his long-standing fears, he was better able to cope with them. After returning to the group and looking at all of his drawings he drew himself “in a pit surrounded by an army of spiders” (Fig. 2). He added rainbow-like colors around the edge, he said, because he felt he should put something positive in the drawing and he did have positive feelings about the group. We saw a significant change occurring in his drawings. In his initial collage, he portrayed himself being chased: now he was holding weapons so he could defend himself, staving off a whole army of spiders. Even the pit was portrayed in happy colors, possibly representing the strong feeling of support he had been given by the group. In his final drawing he drew himself speaking in front of an audience because this is the “hardest thing in the world for me to do.” The audience, now, was not chasing him but was sitting. Some people were saying “boo,” but some were saying “ray.” Next to the stage he drew “the famous person I would like to be,” a prizefighter, because then he could defend himself. The placement of the fighter on the paper, next to the speaker, suggested that he may have been feeling stronger and better able to defend himself.

During the group, Henry had been able to make the significant decision to move out of his parents’ home into a residence club. At the end of the group, he was continuing with a tutorial job and beginning to look for other work. Henry’s evaluation of the group was very much in his “style.” It was organized like a movie advertisement, starring himself and costarring the other group members. He wrote about himself in the third person: “Henry has gained self confidence verbally. Henry has gained self esteem. Most of all Henry has been a silent inspiration, but lacks trust in sharing his deep feelings. Henry has come to enjoy this warm friendly gathering and he will surely miss it. Yours truly. The end. Henry.” He certainly was able, by the end of the group, to express some of his feelings verbally, and he clearly felt less frightened around people. He seemed to have made a good start toward achieving his individual goals.

Mary was a 29-year-old single, white female college graduate who lived at home with her parents. She was depressed and had feelings of isolation and inadequacy, especially in groups. She attributed this to people laughing at her because of her obesity. Her diagnoses were: schizoid personality, depressive reaction, and severe obesity. Our treatment plan for her was to provide a setting for expression and communication that would decrease anxiety and feelings of isolation and support healthy ego functioning.

Mary appeared to be very uncomfortable at the first meeting. She spoke in short, one-word responses and seemed constantly embarrassed. In her initial collage, she chose to portray all the pleasant things one finds in the country: trees, animals, birds. She was extremely fond of animals. What was most evident from her participation in the first group was her inability to talk comfortably with people. Part of her goal was to change this. Her family problems were revealed at the second meeting (Fig. 3) when she cut out a shape and color to represent herself and each member of her family. She depicted her brother as a large force dominating the entire family. Her mother and father had been knocked over by her brother who was then attacking Mary, the upright bowling pin shape in upper right. The difference between this and her first

Fig. 3
collage was striking. Her individual goals, as revealed in the first and second sessions, involved feeling more confident around people and dealing more adequately with a difficult family situation.

Mary, like Henry, became more comfortable expressing her feelings verbally, and, clearly, art was the vehicle for change. In drawing the anger that she felt but had difficulty expressing, she was able to refer to her drawing and its piercing lines and harsh colors. Eventually, she was able to relate this anger to her brother, but to be able to project it onto the drawing initially seemed helpful. Through consistent support and feedback, she gradually began to gain some insight into her own behavior patterns. In drawing with a partner, Mary had felt she was communicating well, but her partner, Nina, felt her overtures to Mary were rejected. She had not realized that through her passivity she could seem aloof and rejecting.

Mary gradually became more at ease verbally. This was reflected in an increasing integration of her drawings. After drawing a balanced mandala (Fig. 4), Mary said that for the first time she was beginning to feel centered. She began to talk about attending Weight Watchers, which she did, following this group, and made specific arrangements to get a volunteer job. For Mary art therapy had been the treatment of choice, especially according to her own evaluation at the end of the group when she stated, "It was easier to express myself in pictures than verbally. I haven't stayed in other groups I've been in but looked forward to coming to art therapy every week. It was helpful when each person had a turn leading the group. I would like to have done more things together." Although Mary continued to live at home after the group ended, she began to use support systems outside the family, e.g., vocational rehabilitation, new friends, Weight Watchers. These supports reinforced healthy moves rather than the maladaptive ones that existed at home. She felt more at ease with people, was able to better assess her own role in her family, and was able to do something about it.

Beth was a 52-year-old single white female who also lived at home with her elderly parents. She had a history of chronic depression and anorexia. She was extremely fearful, anxious, hypersensitive, and socially isolated. Her diagnoses were: depressive reaction, borderline personality, and anorexia nervosa. Our treatment plan for Beth was to decrease fears and anxiety and to increase awareness of her feelings and ability to express them.

Beth, referred to our group by her individual therapist, looked cachectic and timid at the first group meeting. Her collage included negative and positive aspects of her life. There were more negative factors, such as being anorexic, scars, and tears for the many painful experiences. The positive side was represented with musical notes to illustrate her love of music.

Beth, like Mary and Henry, was a consistent group member, attending every week. Although she was generally supportive of other group members, she maintained a kind of distance and generally appeared to withhold many of her feelings. Her reluctance to express her feelings was shown in a drawing of symbols for herself and for each member of the group. She was seen as having a strong, hard center but being relatively soft on the outside. The anger that some people saw on the inside was well covered up. In a later drawing, she was able to recognize and express graphically not only her anger but what she usually did to cover it up. Her drawing depicted a bright red volcano that was her anger but she surrounded it with pale blue lines because she did not want to let it out. She frequently gave the group a small look at her anger, but had great difficulty expressing it directly. Toward the end of the group, however, she was able to directly assert some of her angry feelings toward another group member, first graphically and then verbally. Again, the combination of the supportive group atmosphere with the use of art seemed central to her progress.
Although Beth was eventually able to express some of her anger, she had a continual problem with three-dimensional expression, which we felt was indicative of perceptual difficulties. Disturbances in body image are characteristic of many patients with anorexia nervosa. She had great difficulty in creating a mask for herself, but was able to say she felt angry and upset. She was not able to construct a mask with any kind of organization or continuity, reflecting the fragmented and disturbed body image she had of herself. Beth's unique conception of three-dimensional materials carried over to her graphic production of a mandala (Fig. 5). Although the concept of a mandala was explained as one in which there was a center point from which radiated lines or shapes, her mandala was centered along a vertical axis consisting of "black circles of despair" which were sandwiched between "red anger." She was able to discuss her anger at this point and to begin to see that her despair and depression might be connected to her anger.

By the end of the group meeting, Beth appeared more comfortable verbally with the group and was able to be more open about her feelings (including anger) toward group members and various family situations. In the group that she led, she asked each member to choose between his or her mother and father and to illustrate the relationship with the one with whom they felt most comfortable. She drew her most integrated drawing (Fig. 6) about her father, who was in the hospital and critically ill. She illustrated her father by drawing a large orange flower with a strong blue smile on it. On either side was a bright red heart. She handled the group well and made guesses about which parent each person in the group would choose to depict. We felt that she was more attached to the group than she was willing to show directly and that her investment in this project allowed her to give a great deal to the
group in her own way. In her evaluation of the group, Beth was positive but somewhat indirect and she depersonalized most of her comments. She stated that the group members related to each other quite well and felt free at times to communicate to others. "Some problems of fellow patients were, to some extent, similar to mine. I have no negative feelings about the group. It made me feel comfortable and at ease."

Sandi was a 26-year-old single white female with a degree in art, who later was to continue studies in art and work part-time. She was mildly depressed and complained of lack of direction, identity, fear of failure, and low self esteem. Her diagnoses were: depressive reaction and adjustment reaction to adulthood. The treatment plan for Sandi was to help her increase self esteem, and become aware of personal conflicts and problems.

Initially Sandi exhibited some resistance and questioned whether this was an appropriate group for her. She stated, however, that she wanted to feel more complete and whole as a person, and to be able to make some important life decisions. In drawing symbols for her, most members saw her as warm and cheerful, while she saw herself as "unfinished." For Sandi to begin to integrate these two images of herself was important, as it seemed that only when she began to realize their coexistence was she able to feel better about herself.

Sandi's mask (Fig. 7) appeared to illustrate the beginnings of the integration she was later better able to accomplish. Her mask was colorful and dynamic and she stated that she very much enjoyed the process of making it. She explained the mask as being gay and harlequin-like, although some of the group members felt that part of it seemed happy and part sad. She disagreed, saying that unlike some of the other things she had done, this was happy and complete. Later in the group meeting, Sandi was able to make some important decisions involving vocational pursuits and special areas of interest. She had always been interested in art and had painted on her own. We felt that for her to use a familiar medium in a group atmosphere with feedback from others provided opportunity for self insight that she would not have been able to achieve through verbal therapy alone.

Sandi's drawing of how she felt about the total group experience was integrated and consistent throughout. She liked it very much, felt it was complete, and this time received much positive support from the group. She said that since being in the art therapy group she felt increasingly integrated and better able to cope with difficulties. She had come a long way from her initial ambivalence. She had learned to accept the thoughts and ideas of others, especially through graphic expression, and had come to trust herself and others. She felt whole
enough to make some significant life decisions. In her evaluation of the group, she said she felt the group was a time to “keep a kind of perspective on my thoughts and feelings on a regular basis. The art provided an excellent way for me to think about myself in relation to others and a medium through which I could express my thoughts.” She added, however, that “the problems that brought me to seek help in the first place were not really solved but only temporarily alleviated.” This latter realization seemed realistic and we felt it was related to her ability to approach her problems in a more mature way.

Dennis, a 22-year-old single white male was a part-time college student who lived in a house with other students. He was referred from our outpatient department to the art therapy group and for individual psychotherapy, because of feelings of alienation, anxiety, depression, and confusion. He complained of lack of motivation, no close relationships, and an inner conflict among three personalities. His diagnoses were: schizophrenia, latent type, and depressive reaction. Our treatment plan was to help Dennis increase his self esteem, socialization skills, awareness of personal conflicts and problems, and ability to organize and express himself.

Dennis immediately revealed conflicted areas in his drawings. In the first task he depicted four separate parts of himself: his anger and aggression with bold, angular, black lines; a gray pencilled-in area as his neutral part; an empty space, described as a void; and the positive part of himself with green hills, trees and blue skies and a favorite poem he had written.

At first, Dennis’s behavior was marked with disorganization. He would arrive late and once almost forgot the group completely. He constantly sought support and encouragement from the group members. He was one of the more verbal members of the group and in time was to be seen by the group as an intense and creative person.

His family collage revealed feelings for various members of his family. He sadly depicted and described himself as being eclipsed by his father and brother, who were both dead. His mother was left out of the collage and described as “too busy to know.” The task seemed to uncover the absence of significant role models and some reasons for his fragmented sense of identity, apparent loneliness, depression and inadequate feelings with women. His mask (Fig. 8) was well constructed and robot-like.

He made it out of a large box with two large cups for eyes, applicator sticks for eyebrows, mouth, and antenna, and a shell for the nose. He seemed to find security in orderliness, stability, and structure and realized that this is how he sometimes needed to be in order to get through the day.

In time, Dennis became fairly well aware of his problems and began to develop insight into himself and the way in which he dealt with some of his difficulties. In the task dealing with separation (Fig. 9) he drew jagged cliffs that we felt looked painful, menacing, hurting. Close by was a bay, a meadow with growing forest, and a sunset. He said this was how he dealt with separation, by seeking solitude in nature. This illustrated his tendency to withdraw at difficult times, and his inability to express anger.

Soon after this group, Dennis began feeling better about himself, got a job and felt the group had been helpful. He volunteered to be the first group member to lead a group. He chose clay for the session, which was structured in two parts. He had
each person make a ball of clay that represented “all the negative things you don’t like about yourself.” Then he had each member create a daydream out of clay. Dennis’s daydream was represented by a sculptured man sitting on a mountainside with a book of poems he had written. He actually did a good deal of writing and said he wanted to be influential and a source of inspiration to others. His negative side was that he was not as open or direct with his feelings as he would like to be. He was organized and efficient in leading the group and happily, through it, was able to feel even better about himself.

Dennis wrote a five-page evaluation. In summary, he said he liked having three therapists and liked having two female therapists who had different approaches. “Another positive point,” he said, “was letting us crazies direct the group. I noticed then a growing self confidence which has grown since.” He felt he had “grown and benefited from the group” as well as “enjoying myself while doing it.”

Eleanor was a 51-year-old divorced woman who lived alone and complained of depression, loneliness, anorexia, insomnia, and inability to establish meaningful relationships. She had a history of three psychiatric hospitalizations. Her diagnoses were: schizophrenia, latent type, paranoid personality, depressive reaction (severe). Our treatment plan for Eleanor was to promote insight into her problems, to encourage social behavior and conversation that would not antagonize people and to provide a supportive group atmosphere.

Eleanor was the only group member who had been hospitalized, and she was referred to our group from one of the inpatient services in the Institute. She was extremely bright and verbal and frequently dominated the conversation with tales of the latest crises in her life. In the initial group collage, it became evident that one of her difficulties was in not being able to talk about her own feelings. All the symbols she chose to paint were intellectualized and had to do with literature or philosophy. She joined the symbols with lines, characteristic of her drawings throughout the first part of the group meetings. Because she was so verbal we felt that art was an excellent medium for her to use in a group. It provided a kind of equal ground for interchange and opened a new way for her to begin to look at herself and her interactions. Even so, it took group members quite awhile to feel comfortable enough, graphically, and later verbally to tell her how she sometimes made them feel. In drawing symbols for everyone in the fourth meeting, members were still cautious about expressing feelings toward her. The group saw her as a “stranger.” She sadly agreed, and said “That’s true, even with people I know.” As the group progressed, Eleanor became more trusting and open. She was able to express her feelings more
openly and people were able to give her fairly direct feedback about some of the anger they felt toward her as well as support for her "real" participation in the group.

Although Eleanor created images that we later learned were very significant to her, at the start she would not deal with them on a personal level. For example, in Fig. 10 she created for her mask a yellow and white skull. In lecture fashion, she told us of "halloween death days" and the concept of death in other countries. She was not able to personalize the mask or relate it to her severe depression and preoccupation with death and dying. As she learned that the group was generally supportive of her, she felt comfortable to begin to talk about herself. This growing ability to talk about her feelings was shown clearly in her drawing representing her feelings about separation (Fig. 11). She drew herself as a snake-like shape coming out of a cracked egg, saying that birth was the first traumatic separation because she was not wanted. Part of the serpent-like orange shape represented the anger she was trying to resolve, but she drew death as a large star saying she was afraid of this, the ultimate separation. She was then able to talk about her fear of death, which she was not able to do at the time she created her own "death" mask approximately seven months before. Eleanor was able to say how important the group had been to her and that it was difficult to have it end because this was, for her, another separation.

Eleanor's evaluation was done after the group ended. In it she stated, "Over a year later I still miss the group, the people and the process...I feel that the element of the staff participating and sharing was an absolutely fantastic contribution. One of the important things for me was my decision to advance each week in my situation. I was determined to make headway, not just return week after week. My efforts were more goal oriented."

Eleanor did say that she sometimes felt she was cast as the "curmudgeon" of the group and this bothered her. We felt this was part of Eleanor's
growing ability to hear feedback about her own behavior.

Nina was a 20-year-old married but separated, white female, the mother of a two-year-old son. She was unemployed and planned to begin college. She was referred from the outpatient department to the art therapy group for recurrent depression, conflicting feelings about her son, and a lack of direction in her life. Her diagnoses were: depressive reaction with passive, dependent and hysterical personality features. Our treatment plan for Nina was to help her increase her self esteem and awareness of personal conflicts and to encourage social interaction.

Nina joined the group primarily for help in dealing with her difficult family situation which involved a separation from her husband, taking care of her young son, and going to school. Additionally, she was feeling anxious and nervous. Her anxiety was evident from the beginning and it seemed to increase as the group went on. From her first collage we learned that she had to deal with many separations while she was growing up, as her father was in military service. It seemed that she seldom developed any strong attachments and when she did they were quickly lost. This dynamic still seemed to be with her. She was an inconsistent group member and we felt that as she became attached to the group it was more difficult for her to attend.

Nina was able to deal only minimally with caring for her son. Her dilemma became clear in her family collage (Fig. 12) during the second session. She placed herself in the center of her collage and drew herself as a red spider-like form. Her husband, the orange tulip-like shape on the bottom, was described as “passionate.” Her son was represented by a large yellow octopus-like shape, which invaded both parent spaces. The group gave her feedback about the tenacity and power of the yellow shape, but she denied any frustration with having to raise a two-year-old alone and still go to school. Her son became increasingly important throughout the group and was the ostensible reason why she never attended consistently. He might also have been an excuse to avoid dealing with growing feelings of attachment to the group.

Nina tended to project many of her own feelings onto others. In the drawing mentioned earlier that she did with Mary, Nina, while finding Mary rejecting, had difficulty seeing that she too might have been sending out messages of rejection. Because of her reluctance to become close to people in the group, she received less support from other group members. It was difficult for her to see that she played any part in initiating this process. Her long history of nonattachment, coupled with her resultant defenses against closeness, made it very difficult for Nina to become a real group member.

Nina came close to expressing her true feelings in her drawings about separation. She drew a flower-like shape with one large black petal that would drop off and that represented separations and loss. A grey background represented the dulling effect
and clouding over of feelings. This clouding over of feelings clearly seemed to serve as her defense in the face of possible separation. She left the group before we could leave her. In her drawing, the similarity of the flower shape to the earlier one of her son is evident, and we felt this may have symbolized some of her ambivalent even hostile, feelings toward her son.

Nina began to attend the group less often and did not attend any of the last fourteen sessions. We have not been able to contact her. It seemed that art, for her, did serve as a vehicle for expressing some feelings against which she was very defended verbally. Her realization of this may have made the group too threatening for her. Her dynamics became clearer through her art, and had she remained in the group more might have been done to help her with this approach.

When Henry left the group to attend his job training program, Dennis was the only male member of the group. In an effort to balance the group, Shadi was invited to join us, even though we knew it might be a difficult transition for the group. He was understandably quiet in his first session but had been able to say in his initial interview that he wanted to be able to talk with people more easily.

Shadi was a 30-year-old Iranian-born male, an ex-college student, currently separated from his wife. He had a part-time job as a janitor. He also had a history of chronic somatic concerns, social isolation, depression, and inability to form lasting relationships. His diagnoses were: schizophrenia, latent type, and depressive reaction. The treatment plan for Shadi was to help him increase his self esteem, his ability to organize and express himself, and to encourage socialization.

In his first group he drew a mandala which, like Beth’s, was centered along a vertical axis and comprised a number of small mandalas. Shadi spoke frequently of the two opposing parts of himself, and it appeared that at least some of his self knowledge was derived from exposure to Jungian ideas.

Shadi attended group meetings sporadically. He did not get to know the individual group members well, although he had one experience with Mary that seemed especially important to him. The two of them together did a painting of their own choice in one of the sessions. They talked and decided on the theme. They shared in decision-making about what went where and who would draw it. Clearly, they both enjoyed the process and Shadi was more active in that session than in any other.

Shadi attended only six sessions out of a possible nineteen. We wondered if this was because of his late entrance to the group, as he seemed able to make good use of art. In his evaluation, he surprised us by saying that he had attended more of our sessions than any other group he had been in, and that he always left groups without cause. He felt the group promoted more intimate relationships than any other group he had been in and also said he felt comfortable even though he joined so late.

Because of his evaluation we felt that had Shadi been able to attend from the beginning he would have been able to work on his tendency to leave groups and perhaps have dealt with it differently.

CONCLUSION

Two factors facilitated the process and progress of our group: the use of art and the atmosphere. The art provided the bases for expression, interaction, and feedback, and served as a point around which to focus verbal interchange. It aided those who had difficulty verbalizing at the same time that it diluted the intellectual defenses of those who verbalized too much. The atmosphere was equally important. Not only did the group provide support within the group setting but on two occasions during the group meetings and on two occasions since, the group has met for social gatherings. The ability to socialize more easily was implied in almost all individual goals. At Christmas time we each “drew a gift” for someone whose name we had picked, something we felt the person wanted, or needed. We exchanged gifts and then went to a local restaurant. At the end of the final group session, the members suggested having a pot luck supper and party which was held at the home of one of the therapists. Six months later, and again at the end of a year following the termination of the group, members initiated reunions and planned another one for the following Christmas. It seems clear that the degree of group interest and unity was extraordinary.

We did not “confront” in our group and it seemed that members revealed their thoughts and feelings when they felt ready and were able to do so in a supportive and accepting environment. The art seemed a good way to encourage, but not demand, expression of feelings and frustrations. Discussing the art productions led to understanding of individual members’ problems and conflicts and stimulated personal growth and change. Toward the
end of the time, members took turns leading the group. This provided a chance for strengthening ego functioning as well as an opportunity for each person to give something to the group in his or her own way as a parting contribution.

In summary, we felt that the group was successful. Seven group members out of eight made progress and definite positive changes that carried over into their life situation. Their individual goals were achieved, and through this the group goal also was realized. We felt that the art medium was clearly the main factor that allowed group members to make changes they had never been able to make in either group or individual verbal therapy.

REFERENCES
Group 1. A large 5' diameter circle is cut up jig-saw fashion into 9 pieces (one for each member of group). Using whatever method they wish (collage, painting, drawing) members were asked to depict what they felt would be important for others to know about them. When pieces were discussed, puzzle was put together.

Group 2. Represent self and each member of family by choosing a color and cutting a shape for each. Place them on black paper to represent their interaction and relationship with each other. Also select an adjective for each member and write it on the back of the paper. (Technique developed by Janie Rhyne)

Group 3. Depict in a drawing a positive, joyous experience you have had and a negative, bad experience you have had.

Groups 4, 5, and 6. Put name on paper and a symbol of yourself and then move to next paper and do a symbol for the person, continue until each person has done a symbol for each person in the group. When back to your paper, you have a page full of symbols of you.

Group 7. Draw an animal or any living thing that you like and feel positive about and another drawing of an animal you dislike or have negative feelings about.

Group 8. Making of a mask. No introduction or directions were given and members were told to make a mask by using any of the materials that were on the table.

Group 9. Group members were asked to: (a) Portray in any media (collage, pastel, paint) “their world” and to include whatever or whomever was important to them at the time. (b) Create a “community world” by each member contributing something from their individual world.

Group 10. Draw yourself in relation to others in the group (could be a feeling based on what you have given and/or gotten out of the group). The art project was done standing around a table as a group task on one large sheet of paper.

Group 11. As a warmup to encourage awareness of different feelings and textures, we massaged our own hands first with a soap and salt mixture, second with lotion. We then worked with clay with the instruction to get to know and feel the clay by punching, kneading, rolling or flattening it, then forming it into an object. After this was completed, each member passed the object to the person on their right who was told to describe the object in relation to the person who created it, using the sentence: “You are . . . .”

Group 12. Do a collage on a box; the outside of the box is to represent how you present yourself to other people and the inside is to portray how you really feel inside.

Group 13. The task was making Christmas gifts for each other. We picked a group member’s name out of a hat and drew what we thought he or she needed or would like.


Group 15. Depict abstractly an emotion which you have difficulty expressing, and then draw on opposite side the kind of situation which tends to make you feel that way.

Group 16. Write down a situation where you feel angry. Later we planned to role play some of the difficulties and think of ways in which one could more effectively deal with the angry feelings.

Group 17. Each person was to draw his New Year’s resolution or what he wanted to change or do this year.

Group 18. Group members chose partners and painted non-verbally together. They were to communicate only through the painting process. Time allowance was approximately 10 minutes.

Group 19. Draw freely, avoiding any conscious thought (10 minutes). Then select a part of the drawing that you especially like, that you respond to, and magnify it on another piece of paper. Give some thought to why you respond to the particular part and what meaning it has for you.
Group 20. Draw a recent, meaningful dream or daydream.

Groups 21 and 22. Illustrate in some way how you have changed since the beginning of the group. Each person was asked to do a symbol, in same context, for rest of the group members on a large sheet of paper.

Group 23. Draw your own mandala.

Group 24. Each person was to make some kind of a contribution to a community carnival. You could do a game, a ride, or some kind of concession.

Group 25. Depict in a drawing the feeling of separation. How do you feel when someone leaves you or when you leave someone?

Group 26. Choose a color you like best and one you like least and integrate them on paper.

Group 27. Illustrate three events or memories in your past which have influenced your life.

Group 28. Pairs were chosen by group leaders and they were given the choice of drawing, doing a collage or working with clay together.

Group 29. Draw three wishes.

Group 30. No art task but a discussion about what group members had gotten out of the group so far and what they would like to work on for the remainder of the group's time together.

Group 31. Each group member was to review all the drawings he had done in the last eight months. He was then to depict in a drawing how he felt after looking over the drawings, trying not to recall the feelings when they were drawn.

Group 32. Beginning of patient-led experimental groups. Dennis's task involved the use of clay. We were to make two balls of clay, one was to express all the things you don't like about yourself and that you would like to get rid of, and with the other, create a daydream out of clay.

Group 33. Henry handed out slips of paper on which were written two questions: "What is the hardest thing in the world for you to do?" "What famous person would you like to be?"

Group 34. Mary's task was to portray the most influential person in your life and how do you feel about that person now?

Group 35. Eleanor's task was word associations and a self portrait. The task was done on black paper and she restricted people to one white crayon and two colored crayons. Each member was asked to write a positive and negative word associated with black, their favorite word and three words describing what you like about yourself.

Group 36. Beth's task was to choose between mother and father and illustrate your relationship with the one whom you felt most comfortable, in addition, each person was to write three reasons why you chose that person or three qualities they had that made you feel comfortable with them.

Group 37. Shadi's task was to identify yourself as either: (a) Feeling or thinking. (b) Intuitive or one who uses his senses. (c) Introverted or extroverted, and represent this in a drawing of yourself.

Group 38. Sandi's art task was to express in clay "how you are feeling now."