‘You Don’t Know Anything About Us!’
An Art Psychotherapy Group for Adolescent Girls

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Abstract
This paper describes the origins and development of an art psychotherapy group for adolescent girls aged 12-16. The presentation outlines the theoretical framework and working model of the group within the overarching setting of the Child and Adolescent Mental Health Service (CAMHS). The images track the developmental challenges of adolescence and the intra-psychic conflicts of the different members of the group. Progress and recovery are also demonstrated and shown in the images. It is suggested that these changes happened over time within the long term group leading to reduction in self harm and other extreme behaviour. Enabling the girls to move on in managing their lives.

Keywords: art psychotherapy, adolescent, groups, images, intensive psychological treatment, containment, CAMHS
The Setting
The authors work as art psychotherapists in a specialist service within a Child and Adolescent Mental Health Service, (CAMHS). The specialist service mainly offers therapy to Looked after children, young people and their birth and foster families. Additionally the service offers support to other agencies such as Social Services, Education, Youth Offending Teams etc to enable the therapy to be more effective and to stabilise placements.

The service works with highly complex children and young people who have experienced different forms of abuse, such as neglect, emotional, physical and sexual and who are having difficulties managing their lives. Many of these children have had to leave their birth families and are being cared for by the Local Authority and are in danger of needing out of county placements.

The authors have been running art psychotherapy groups within this service over a number of years, to meet the needs of some of these vulnerable children and their families and also working with children referred into the core CAMHS who are not in care but present with a variety of emotional and behavioural difficulties. The composition of these groups has varied between mixed and single sex adolescent groups ranging in time from a short term group of 7 sessions to longer term groups running for one academic year. All of these groups met weekly for one hour. Pilot groups were also run for foster carers over a period of 7 weeks and another for young mothers and their infants living in a hostel.

The Adolescent Group.
The adolescent stage is one of being in an emotional state of flux and confusion regarding issues of identity, sexuality, forming strong peer relationship and negotiating separation from family ties. The main developmental and emotional tasks required of these young people are to move into adulthood. This paper addresses why the ‘long term’ group of one year is more appropriate for working with adolescents compared to a short term group (6 weeks to 3 months). It takes
time for young people to engage and build trust with one another and with the therapists and based on our experience it seemed more beneficial to run single sex groups so that adolescents can explore themes of identity and sexuality which are so prominent.

**Theoretical Model**
The art psychotherapy group uses a psychodynamic model attending to conscious and unconscious processes allowing themes to emerge within the group. (Case and Dalley, 2006:250). Emphasis was also placed on the importance of unconscious processing within the images during their making and as experienced afterwards described as the 'life in the picture' and 'the life of the picture' (Schaverien 1995:207). The therapists would voice thoughts, reflections and interpretations aloud to each other, which gave the young people an opportunity to hear without having to respond directly or being confronted. Reflecting these processes, the therapists endeavoured to bring the unconscious material into consciousness for both the individual members and the group as a whole. (Case & Dalley, 2006:82). At times response was made to an individual when direct intervention was required.

**The Group**
The group ran weekly for 1 hour for one academic year, term time only, at the family consultation clinic. At the outset, the length of the group was made clear. All breaks were prepared and planned to allow for feelings about breaks, loss and endings to be worked with.

The aim was to provide a safe confidential space with a clear time for starting and ending. At the beginning the members agreed together the appropriate limits and came up with their 'rules' such as to stay physically safe, to respect each other and their images. Other rules were later added by the group members such contact outside the group. Reviews were held at the end of the group. Regular
contact with referrers who still held the cases on their case load was maintained and some continued to engage in family work.

**Outcome Measures**
A simple questionnaire was devised to measure shifts and progresses. The questionnaire was handed out at the beginning, middle and end of the group. This is discussed in more detail within the Outcomes section.

**Therapeutic Space**
The room that was used was large enough to provide two areas, one for making art and one for sitting and talking. At each session the group would initially sit and talk together, then the girls would move to another area in the room to make art work, which was non directed, where they could choose to work individually or together. The therapists would stay sitting in the circle and for the last period the whole group would return to the circle. The physical set up enabled an experience of ‘leaving and returning to’ (Dudley 2001: 15). This creates an opportunity for a re-enactment of the separation process, a process which may extend into or be parallel to the child’s exploring the world and the beginning notion of independence. Coming back to the circle was the time to talk and reflect on the images and the group dynamics. In working towards containment there was a clear boundary of the same time, place and session structure. For some of the girls, the group offered the opportunity ‘to give things a try’ which enabled them to make the initial commitment as there was invariably some resistance to attend.

**Referrals and Diversity in the Group**
The referrals to the group came from a range of disciplines within the child and adolescent mental health service including psychologists, psychiatrists, family therapists, school’s primary health worker. The referral criteria was that the young person was struggling in several areas of their life (family, school, peers), that some family work had been undertaken or attempted and finally that the
referrer continued to remain involved with the case. The therapists met with each
girl and her family for an assessment as to her suitability for the group. Some of
those who had been referred had been difficult to engage in the past by the clinic,
but were prepared to attend an art psychotherapy group. It seemed that
expressing themselves in images and poetry was a medium they generally found
less threatening.

The group was composed of girls (aged between 12 to 15 years) all living within
their own families with an ethnic mix of black Caribbean and white British. The
girls were referred for a variety of mental health difficulties, including
unaddressed bereavement of father, mild eating disorders, serious self harm and
overdose, problems managing within their own families, peer relationships and
school.

Two of the girls had mothers who had suffered with untreated post-natal
depression when they were born, and with both these families the parents had
separated. Several of the girls reported difficult relationships in particular with
their mothers, feeling unheard and unsupported, but had closer relationships with
their fathers. For the therapists there was an overall sense of the group
experiencing the internal parent as undermining and neglectful. As female
therapists the strong maternal transference developed early bringing these
negative hostile feelings to the fore. Working through these difficult emotions was
central to the group process.

**Group members**
(Details have been changed for the purposes of anonymity)

Kay at 14 was one of the older girls in the group, and the oldest of two siblings in
her family. Her parents had recently separated. With a diagnosis of depression,
she self harmed by cutting her arms and she had had several hospital
admissions having overdosed several times. She had attended a course of CBT
with a clinical psychologist until she was referred on to the group due to an
increase in Kay’s self harm. During the group Kay’s parents refused to engage in work with the clinic and would not acknowledge that as parents they had any affect on Kay's mental health. During the course of the group we learnt that mother was drinking heavily and suffering with panic attacks. Kay's father did not want her to attend a group, insisting that she be seen individually, but Kay asserted that she wanted to attend, and in fact became a very committed member of the group. Her early images and words portrayed her feelings of despair (figure 1).

![figure 1](image_url)

Christine aged 12 was referred to the group because of poor peer relationships, bullying at school and issues around ‘lying’. Christine was the oldest girl in her family, living with her mother, stepfather, older brother and two younger sisters. She had regular contact with her father who was in his 70s and very committed to Christine, bringing her to all the sessions. Christine had a volatile relationship with her family feeling unheard in her family, with particularly envious feelings towards one of her sisters. Mother said she experienced Christine as lying all the time and getting the family into trouble. Christine had made allegations of physical abuse by her mother several years earlier which she later withdrew. Neither parent attended review sessions although her father brought her to the initial group assessment and brought Christine to the group each week. Christine was the youngest in the group, and at times she was quite immature in her
behaviour. She was very committed throughout to the group. Her images ‘I love my family apart from sister’ and ‘I hate my life I hate everyone’ (figure 2 and figure 3) show her distress.

Amy was 15 and the youngest in a close family of African Caribbean descent, and was the only sibling still at home. There had been a breakdown in the relationship with her mother, due to a particular incident after which Amy began to show mild self harming behaviour and had withdrawn from mother. Her father died suddenly eighteen months before and the family were struggling in their grief. She talked about her love for her father and the painful loss making an image of an angel (figure 4).
Pat was 15 years old and lived with her parents and younger siblings. She was referred for her self harming behaviour, relating to issues in the family and at school. Her father's volatile behaviour was known to social services and police. In the group she began to share her feelings about the serious conflicts in the family where she felt unheard as portrayed in her image (figure 5).

She challenged her parents' boundaries concerning spending money, running up huge mobile bills that her parents struggled to meet. It became apparent that money was being diverted from the family by father's gambling addiction, leading to serious debt problems. Her poem expresses her feelings of hopelessness (figure 6).
Helen aged 15 was the second eldest girl in a family who were well known to CAMHS. She was emotionally immature and bonded with Christine, the youngest member of the group. She lived with her parents and three siblings one of whom had a learning disability and needed much attention. At home the parents were having marital conflicts and struggled to maintain boundaries and authority with the children. Helen had been bullied at school and had very low self-esteem. Helen and her family had suffered many bereavements and in the first art psychotherapy group questionnaire she wrote her worry was ‘my dad and nan dying coz they are ill”. There were issues of sexual abuse in the parents’ generation which had a largely unspoken impact on the family. They did not attend the family sessions offered during the group, but upon our referral, her mother began to attend individual counselling sessions.

Her image of the house (figure 7) is faint and insubstantial compared to the black birds flying above. Even though the sun is shining the birds could be seen as rather threatening. The image of the bird (figure 8) is a stylised image on its own appearing rather vulnerable.
The Group Process
The following themes emerged as the group progressed:

Self harm
There was a theme of feeling blamed and unheard in all the families. Self harming behaviour seemed to be an expression of self punishment and also a way to manage angry and anxious confusion. In the first questionnaire Kay’s fears were “if I screw up, and mess everything up, and it will all be my fault”. Kay and Amy were particularly able to talk about their feelings and Kay’s images show her desperation and self-blame often in words and images in a non-emotional way ‘Why did I fucking have to do it?’ (figure 9) and describing painful feelings about herself in the third person (figure 10).
At the beginning Pat who frequently had panic attacks in the group would refer to herself in her images and poetry as ‘That Girl…is in a lot of pain’ (figure 11).
She engaged in behaviours that put her at physical risk outside of the group. For Pat and Kay, images of suicidal thoughts and fantasies about taking their own lives expressed internalised anger and despair and was also understood to be a powerful way to take control in their families and in the group. At times they dominated the group space projecting destructive and uncontained emotions and impulses as seen in image (figure 12).

This was disturbing and difficult for the other girls to manage but as they began to trust and feel safe in the group they started to express their feelings about this. In one particular session Helen and Christine were initially reluctant to share their images of ‘red blood’ but the giggling that started when they did could have been a way of diffusing anxieties. Helen’s image was titled ‘Big Pool of Blood…ha, ha, ha’ (figure 13).
The therapists commented that these blood images could be expressions of feeling angry and overwhelmed. ‘The artwork is often used to enact feelings previously not acknowledged, which then become recognised and owned by the group’. (Skaife and Huet 1998)

Kay’s self harm and suicidal thoughts increased during the life of the group and her images and behaviour were demonstrating that her safety was in question. She described in one session that ‘the floods are coming back’ and drew a portrait of herself as a skeleton with a stitched mouth. Her family continuously refused to engage in family therapy even though Kay had requested this several times. Instead the parents were putting extreme pressure on Kay to 'sort herself out'. She was admitted for a short period of inpatient treatment, which the group had mixed feelings about: on the one hand relieved that she was being cared for; on the other there were also angry feelings about her abandoning the group. As with all members who missed sessions, her absence was acknowledged by letters from the group written by the therapists. Following the inpatient stay she returned to the group but her family were still not engaging and things quickly deteriorated. In the group she had expressed an acute need for containment and with the inpatient stay she had been given the experience she seemed to long for
within her family. The group had enabled the system around Kay to recognise this and help her gain access to further long term treatment.

**Closeness and Intimacy**

Issues of closeness and intimacy became an important dynamic between the group members and with the therapists. Pat and Kay became very close friends, sharing similar issues of self harm and suicidal feelings. They described themselves as 'twins separated at birth'. This close alliance caused some splitting in the group leading other members to feel excluded. Pat and Kay's pairing and contact outside of the group was discussed as challenging the authority of the therapists. Interestingly their images were also very similar, and both expressed a sense of being ‘cut off’ from their emotions. Amy did not appear to need to form a particular alliance in order to exist in the group as she was able to communicate with all the other girls. Her sense of self was stronger in that talking about intimate feelings did not seem to threaten her.

This was in contrast to Helen who was emotionally immature and struggled to talk about intimate feelings, both her own and in response to others. In her family, angry feelings and harsh words seemed to be readily exchanged between family members. In the group this became important for the therapists to think about, to create a space and encourage her to voice her thoughts and feelings, yet this was very difficult for her at times. Building a relationship with Christine seemed to help this. They used their closeness to work together expressing their feelings to others including the therapists.

**Sexuality and Identity**

Developing as a young woman was a challenge for all the girls and the group offered a space to explore their sense of self in relation to sexuality. This was
generally expressed through relationships with boys which became a dominant theme. Helen often brought issues regarding boyfriends to the group and shared how hard it was for her to hear positive feelings expressed towards her from boys. The enmeshed relationship between Pat and Kay seemed to be expressing some adolescent confusion about sexual identity for the group. Pat spoke about a close friendship she had with a girl who had died in the past year, describing it as ‘missing a love’, which she explored in her image (figure 14). Questions around homosexuality were also explored by curiosity about the relationship between the therapists. The enmeshed pairings between group members may have brought homosexual fantasies to the fore which then became, more safely, located in the therapists.

The need to ‘have a boyfriend’ was explored in the group. This pressure appeared to be expressing a wish to belong and be accepted by peers. This was initially led by Kay who made images and spoke about being very dependent on her boyfriend and his opinion of her. She could not see herself as an individual but that her very life depended upon him continuing to have a relationship with her.
Being the youngest in the group and more immature Christine often felt that she needed to 'keep up'. She talked about relationships with boys, looking for advice and would use the responses from the group to judge and inform them. They all used the group to get feedback from each other about their relationships with boys, taking healthy risks, which helped to build the relationships between them.

**Anger and Loss**

Anger and loss were strong themes of the group. Amy’s father had died unexpectedly a year ago expressed in her image of a rose next to a grave (fig15). Articulation of her feelings was helped by sensitivity to her loss and that of others. This enabled Helen who had suffered multiple bereavements to connect with her own sad feelings and begin to express them. Helen found it difficult to talk as her images at first were very controlled (Fig 16) but over time she began to use her images more openly. (Figs 17 and 18). By connecting with Amy’s bereavement Christine was able to express her own fear that her father may not have long to live, by them crying together. Foulkes (1964) used the word 'resonance' to describe the way people link up with one another at an unconscious level.

figure 15
figure 16

figure 17

figure 18
The others in the group could also relate to the sadness showing this in different ways. Pat and Christine for example, started sucking their thumbs as a regressed self soothing response.

Christine used the group to express her angry feelings towards her family, the therapist’s and the other members. She openly showed her struggle with reflections and interpretations, occasionally writing angry notes in her images - 'I hate them guessing' (figure 19).

At times she also became an angry voice for the whole group. This was helpful for the other girls, as thoughts were shared and ideas were challenged about being allowed to express angry feelings towards adults. Making images in the group gave Christine an opportunity to re enact family patterns and show her anger in a safe way, where she knew she would be heard and there would not be volatile consequences. During the group process she became more constructive in her articulation of her anger, which was acknowledged and reflected upon.

Pat used words and poetry to convey her inner world and she would prepare poetry to bring to the sessions. She spoke of herself as having a pretty and
smiley mask that she wore for the world, spending a lot of time preparing it through make up but self harming behind closed doors to manage her pain and anger. She described herself in this image (figure 20).

![Image](image.png)

figure 20

As the group progressed Pat began to not wear the 'mask', turning up to the sessions without make up, signing her images with her name rather than 'that girl' and speaking of wanting to be herself. The loss of this 'mask' and revealing herself was a painful process frequently breaking down in tears. She began to link her anxiety attacks with her sense that her family were not hearing her or able to contain her.

**Managing Boundaries and Acting out**

The group boundaries were challenged in different ways. For example, Christine found it very difficult to empathise and allow others to speak, often speaking over them, and if another girl talked about difficult or painful issues, she would try to distract the group by changing the subject. She seemed to make up stories to draw attention to herself such as when one of the girls spoke about a friend of her father dying suddenly, Christine wanted to match this by saying the same thing had happened to her father’s friend yesterday but described this in a very flat dissociated way. The group was often unsure whether these were real events. There was a feeling that she was hiding something or struggling to
communicate such as in her image ‘You don’t know anything about me so don’t get involved’ (figure 21).

This led onto another image of a powerful clay piece (figure 22), inspired by Kay who had spoken about being hurt by her boyfriend. In Christine’s piece it took on a more ominous feeling which raised the groups concern especially as she was unable to talk about it.

Christine also struggled with physical boundaries; causing distress by taking other members paints without asking, painting on their images, wanting them to paint for her and also copying their images, this further indicating her feelings of
insecurity and lack of ego strength. This prompted some thinking about invasiveness and being invaded and what was appropriate between each other and adults in their lives.

Amy tested the group boundaries through frequently being absent without leaving a message. She wondered whether it would be noticed and acted upon or whether she ‘be lost and overlooked’ as she felt within her family unit. Managing time boundaries became challenging for Pat particularly at the end of sessions, which triggered panic attacks on leaving. For others the challenging of boundaries was expressed through having contact outside of the group and questioning the parental authority of the therapists by passing messages between each other in the group, engendering a secretive feeling out of the gaze of the adults.

**Building and Sustaining Relationships**

One of the main tasks of the group was that of ‘promoting interaction and the development of the child’s awareness of his or her relatedness with the others’ (Woods 1993: 69). Reflections and interpretations by the therapists to each other commenting on what was happening between members formed a core part of this process. As the group progressed relationships and dynamics between certain members intensified. Issues of racial prejudice and identity arose. Christine on two occasions made racist comments about black people. On hearing this Amy spoke about feeling a victim and taking on this role with her family. The group attempted to reflect on this and struggled with the possible meanings of Christine’s remarks. This way of thinking prompted an angry response from Christine who may have experienced the therapists as parental persecutors, but she then went on to relate that she had felt victimised as she had been badly bullied at school - an experience she was then able to share with Helen. Her image showed her anger with us as well as her vulnerability and her desperation to be accepted and belong, with the image ‘You don’t know anything about us, so don’t ask us questions. I hate u, u hate us don’t u’ (figure 23).
Although Pat and Kay were keen, in the elder sister roles, to provide strategies to manage these experiences of bullying, Christine found empathising with Helen problematic saying she did not want to hear about them. Later in the same session she seemed filled with remorse making a self portrait titled 'cow bitch' (figure 24).
She was beginning to develop a stronger sense of self and could acknowledge how she was trying to sustain relationships within the group by being more able to empathise with the others. ‘Neglected…don’t be shy open up’ (figure 25).

As time went on Christine and Helen made a bond. Helen often struggled to consider and articulate her thoughts about others images, possibly for fear of connecting with their pain and feelings of being emotionally disconnected. Helen also had anxieties about the therapists as the group ‘parents’ for fear that she would be overlooked and that she would not be ‘seen’ in the group and yet she was reluctant to take her time in the group to discuss her own images. After some time Helen made some shifts by making an image of the group members as flowers (figure 26).
Developing Insight and Understanding

Life within each of the family systems was powerfully mirrored within the underlying dynamics of the group. By bringing their experiences it became clear how, for many of the girls, there was lack of containment and feeling safe with high levels of emotional conflict and in some cases domestic violence. This was reflected in the girls’ responses such as self harming, avoidance or denial of conflict and difficulty understanding each other. As the therapists response to expressed anger and distress was one of calm reflection and thought rather than action, the group members began to internalise an idea of a parental couple who could tolerate and manage angry feelings and destructive projections as well as positive feelings. This enabled the group to use the therapists and each other to challenge family cultures and ideas. For example Amy began to understand her difficulty in showing anger towards parental/ authority figures as she bore witness to the other girls angry attacks on the therapists as leaders. It was a significant experience to see that the therapists could survive this, allowing these thoughts and feelings to be voiced and together constructively thinking about their meaning. This process was particularly helpful for those girls where any expression of angry feelings in the family seemed to erupt into volatile arguments and the experience that their parents could not tolerate the anger which had led to further internalisation of anger as destructive feelings against the self. ‘The child has an opportunity in the group to relate to people who are differentiated
and not part of the symbiotic network of ambivalent parental ties’. Woods (1993 p.68)

The safety of the group enabled thoughts of care and nurture. For example, in the last session before a break Christine and Helen talked about babies and the importance of being well looked after in order for them to be happy. This was linked to the forthcoming break and feelings of abandonment and not being cared for by the group. Noting that there were two absent members that day, Christine said she hoped Kay was being looked after in the hospital. Helen’s image of 5 flowers, the same number of the group, added to this sense of connecting with each other (figure 27).

Amy in contrast had, from the beginning of the group, showed a strong ability to understand and reflect upon her own and others feelings and issues. In the first session she spoke openly about the death of her father and her grief. She continued to work on this during the group, and also to explore the meaning of her mild self harming behaviour. Half way through the running of the group Amy was hit by a car in a road traffic accident and suffered very bad bruising to her body. This incident had a profound effect on the group. She recovered well, and on her return she experienced the affect this external event had had on the other group members and the importance of her coming back. As mentioned her
attendance had at times been sporadic but being held in mind by the therapists and the group was a new experience for her.

**Reflections on Working Together and Containing the Anxieties of the Group**

The co-working relationship and thinking together between the therapists was demonstrated by continuously voicing reflections and interpretations out aloud yet to each other, enabled the girls over time to experience the therapists as a unit/couple holding them in mind but separate from them. The therapists were initially very aware that the girls lacked a sense of a parental couple working together for the benefit of them as children (Canham and Emanuel 2000, p.286). Their internal parents were experienced as fragile, neglectful or in conflict with each other. It took time for them to recognise the value of a therapist couple working together, rather than needing to recreate their own more familiar patterns of experience by attempting to fragment or split.

The overall structure of the group with its physical separate time and space for image making allowed a joining together in their search for separation from ‘the adults’. Over time this enabled links to be made with each other and building of relationships to sustain and work through conflicts at the same time as offering a possibility to play. Holding the reflections and thinking created more of a sense of a parental couple for the group although roles as ‘mother’ and ‘father’ never became defined in the transference or located in either therapist. It is possible that the ambivalent maternal relationships so clearly expressed early on in the group were being explored at a deeper level particularly in terms of mother-daughter dynamics and the sense of becoming a young woman. In trying to figure out and explore relationships which had the capacity to survive attack and hold onto thinking in the face of angry attempts at splitting, the question was asked, in an accusatory way, whether the therapists were lesbian. This brought to the fore reflection and thinking about same sex relationships and intimacy between women which seemed to be an underlying dynamic for all the girls.
In one session when one of the therapists inadvertently sat in the other’s ‘usual’ chair this caused a degree of conflict and consternation between them. In the following session this was openly talked about in terms of the meaning of this within the group context and to give the group the experience of how conflicts can be talked about and resolved between parental figures.

Challenging behaviour, particularly self harming and expression of suicidal thoughts, left the group having to contain much anxiety from week to week. With time the group recognised that the therapists offered another experience of a solid place or secure base which they seemed to have been searching for but against which they could safely rebel. Technique had to be adapted to the adolescent world of using mobiles and ipods and to the effect they can have on a group process. Understanding this world but at the same time the necessity to challenge and establish clear boundaries within the group and also in relation to the outside world became an important dynamic.

**The Ending**

The ending of the group was discussed for many weeks and the group had difficulty in speculating whether the ending session would be a celebration or mourning. For example Christine expressed a wish to mark the final session, and for weeks she talked about this, showing her increased maturity and ability to work towards an ending expressing both angry and appreciative feelings towards the therapists. She brought soft drinks and crisps, and made flowers for the therapists during the session. She described her final image (figure 26) as ‘kissing her dog, her father was the sun because he was mellow and her sister was the ugly blue because she was ugly’. Her mother was ‘the little yellow dot in the grass’. The image seemed to reflect some final reflection of the ambivalent relationships with her family in the same way that ambivalence was expressed about the ending of the group.
Helen struggled with the ending; openly saying, together with Christine ‘they were pissed off’. Helen had become more closed down and not talking. In the last session Helen told the other girls during the image making that she was angry that she had already lost several form tutors this year and this was linked to the loss of the therapists. The ending triggered painful feelings of loss, which had been a major theme for her throughout the group. However, she expressed her ambivalent feelings by doing a smiley face as an image yet looking very sad and serious herself possibly as a defence against her pain. Identifying with this, Christine tried to draw her out of this mood by play fighting with her which resulted in them giggling together and telling each other to ‘shut up’. The therapists wondered aloud if this was how people showed they cared for each other in their families. Helen spoke of her hope to stay in touch with Christine.

The group knew that Kay would be leaving one week earlier owing to a planned admission to an inpatient unit. Her final image was a positive one ‘Good bye art therapy, thanks for everything’ and on the back she repeated this and also wrote ‘I will miss you all so much…love xxx p.s. Keep on smiling!’ (figure 29). Her needs for emotional containment and understanding had been met in that further more intensive treatment was now available away from home. This would enable her to do the necessary work at a deeper level which did not rely on the support of her parents which up until then had been completely lacking.
Amy came for the last session and was articulate and thoughtful about the ending of the group and its meaning for her saying 'when I started the group I felt quite down but now I feel better'. She had begun her final image which she completed in the last session, adding

' a person flying a kite on a windy day with the large sun setting'. She described this as positive with hope for the future (Figure 30)

**Outcomes**

Outcomes were measured by questionnaires and assessments/ reviews with families and other clinicians involved. The questionnaire was handed out at the beginning, middle and end of the group but due to missed attendance and
hospitalisation not every girl completed at each stage. The questionnaires captured thoughts and feelings of the girls over the life of the group. Each questionnaire asked three questions which were:
'Three feelings that are strongest most of the time for you';
'What most concerns or worries you about life at the moment';
'Changes noticed in self'.

Helen in 2 of her 3 questionnaires noticed that she was ‘being nice to people’ and more aware of ‘missing people’. Pat was referred to an inpatient unit during the group and she moved from a more dissociative state and learned to express her feelings through words, no longer referring to herself as ‘that girl’ and in the middle questionnaire clearly stating ‘angry, upset, suicidal’ and the change noticed was that ‘I am even worse’. Kay’s questionnaire portrayed her overwhelming sense of responsibilities and anxieties with her fear being ‘if I screw everything up and it will all be my fault’. In Christine’s first questionnaire she wrote that her strongest feelings at the time were ‘love, anxious and speechless’ and at the end these had changed to ‘sad, happy, fine’. The change she had noticed in herself was ‘expression’. We had also noticed her increased ability to express different feelings and aspects of herself. Amy stated changes she had noticed as ‘self confidence/ confidence’.

In the final questionnaire they expressed ambivalent feelings of being 'sad' and 'happy'. We anticipated that feelings of sadness would be expressed as the group was ending. At the end of the group Helen was more able to reflect on her feelings yet she was still anxious about family members dying. Although the group process had been important for Helen it was difficult to have an impact on her preoccupation with loss and death in her family. Following our recommendations in her review, with her mother, these painful issues were talked about. We suggested that Helen have some individual therapy after the group and with her mother's encouragement she decided to take this up.
The review process with family and referrers at the end of the group and feedback from questionnaires suggested that each member had begun to engage in more positively in getting on with her life by managing better the central task of transition through adolescence. Those families who were committed and attended the family review spoke of how they had seen a positive change, with Amy’s mother saying ‘She is much happier and more confident, and we are getting on better at home’.

**Conclusion from the Long Term Group and the Use of Image Making**

The group provided a consistent space and new experience of relating. The girls clearly became very committed to the group and this was evident in their behaviour, feedback and attendance. Through reflection and interpretation the therapists were able to encourage the girls to challenge each other safely, to enable them to understand the consequences of some of their behaviour and to use their images to find alternative ways to communicate, thus building lasting friendships in the group. The therapists noticed the contrast in increased development of peer relationships compared to a short term group previously run over 6 weeks when lasting friendships were not made. Furthermore, over time the girls felt increasingly able to challenge the adults in the group and take on board how their concerns and challenges were being emotionally thought about and responded to. By discovering that they could be heard and their thoughts and opinions taken seriously, it helped the girls to take further steps in their individuation and separation process both within the group and within their families.

A safe forum had been provided for the girls where they could take risks and share difficult feelings particularly around the expression of loss, and the confusion and turmoil of adolescence. Generally there was a shift towards building empathy and understanding and feeling less alone in the process. Some improvements in relationships with family members were reported which enabled a more benign cycle of relating to become established. Overtly expressed
suicidal thoughts and serious self harming behaviour created anger and anxiety between different members although there was also a resonance between them. Containment and safe working through brought some understanding by giving priority to thought rather than action. There was also a shift from being resistant and dismissive and at times antagonistically avoidant with each other towards a more mutual caring and supportive stance.

Sexuality was both expressed and challenged by the group. The fantasy that developed about the relationship between the two therapists, and whether this was a sexual one, went some way to opening up these issues. Projecting feelings onto the therapists enabled some thinking about conflict and adolescent confusion surrounding sexual orientation.

By the end of the group the girls had made good relationships and were more able to tolerate each other’s anxieties and fears. Canham and Emanuel (2000, 281) write of ‘the evolution within the children of the concept of an internal ‘work group’ (Bion,1961), as opposed to a ‘gang’, as their self-awareness and capacity to others improved.’ The group had helped them understand that they could make and rely on peer relationships, even if they could not be close friends with everyone. Issues of identity were in this way explored and being in the group strengthened their ability to form strong peer relationships, which are vital in their separation from their parents and is one of the main tasks of adolescence.

The process of image making in the group was a powerful and also a new experience for many of them. Issues relating to female adolescent identity, concerns about sexuality, boyfriends and separation became available for contemplation. The reflections on the images enabled the girls to bring some unconscious material to consciousness, develop their understanding and experience a further dimension in being able to talk and think about their relationships within the group, and with family members. They were able to say the unsayable both to others as well as to themselves. For example having
breaks during school holidays and working towards an ending enabled the group members to work through feelings of being let down, and issues of loss and change.

The ability for the girls to express themselves non-verbally within images and the attention given to them by the therapists and the other group members was a profound experience which helped to equip them for their everyday life. The art making and its role in the therapeutic relationship is something unique to art psychotherapy, engaging the young girls in a psychotherapeutic process of self discovery through their images. This was demonstrated by all of the girls choosing to take some valued images home at the end of the group, creating transitional objects to be incorporated into their lives outside of the group and providing keepsakes of the important work of their group.

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