REFERENCES

Group Therapy on the Edge: Adolescence, Creativity, and Group Work[1]

Craig Haen[2] and Mandy Weil[3]

This article highlights the challenges of conducting group psychotherapy with adolescents by detailing recent neurological research related to adolescent development, outlining the dynamics of the anti-group, and summarizing clinical literature related to this population. An approach to working with adolescents in groups that incorporates the tenets of the creative arts therapies, specifically art therapy and drama therapy, is advocated. The authors discuss the advantages of using arts-based approaches to treatment, framing their discussion with goals related to the development of resilience in teenagers. Clinical vignettes are offered to illustrate the principles described.

KEYWORDS: Group therapy, adolescents, creativity, drama therapy, art therapy; anti-group.

> In the artist of all kinds I think one can detect an inherent dilemma, which belongs to the co-existence of two trends, the urgent need to communicate and the still more urgent need not to be found.
>
> —D. W. Winnicott (1963, p. 185)

Adolescents are innately contradictory beings. From day to day, moment to moment, their wants and the expression of those wants seem to shift. In the course of a single conversation, they can begin with passionate discourse on one topic and end with having refuted their own position. When we distance from them, they seem to draw us near. When we resonate with them, they often recoil. How is one

1   We owe a debt to Ann Horne's 2001 article "Brief Communications from the Edge: Psychotherapy with Challenging Adolescents," from which we borrow a portion of our title as well as ideas that are foundational to our approach.
2   Clinical Director of Adolescent Services, Kids in Crisis, Cos Cob, Connecticut, and private practice, White Plains, New York. Correspondence should be addressed to: Craig Haen, MA, RDT, CGP, LCAT, 510 North Broadway, White Plains, NY 10603. E-mail: CraigHaen@gmail.com.
3   Open Art Studio NYC, New York, New York.

to partner in this dizzying dance of approach and retreat? And, in their chaos and elusiveness, do adolescents not in some ways resemble artists as Winnicott described above—wrestling with the dilemma of simultaneously wanting to be heard and needing to be hidden?

Adolescence involves the negotiation of a transition between two versions of the self, as teenagers learn to separate from their original supports, integrate new capacities, and formulate a stable identity to carry them into the future (Moretti & Holland, 2003). Studies indicate that this stage is a "critical developmental period for the expression of vulnerabilities for behavioral symptoms and syndromes, ranging from substance use to major mental illness" (Walker & Romer, 2007, p. 463). In this paper, we examine the challenges and advantages of working with adolescents in groups and offer ideas drawn from the creative arts therapies, particularly art and drama therapy, which offer a conduit and container for the expression of affect in group therapy. We raise questions about the group therapy dictum that privileges words over actions. When invoked by group workers, this "rule" often communicates a fear that adolescents' actions lie on the precipice of disaster, and that being in the room with them is only possible if they refrain from being their fully embodied selves. Finally, we offer clinical vignettes from two different group processes to illustrate creative arts therapy treatment of adolescents.

THE PROVERBIAL FUCK YOU

A 17-year-old boy enters the art therapy group at his treatment program. The group takes place immediately prior to his monthly family meeting. It is clear he is agitated and not at all pleased to be in the group. He simmers visibly at the group, the leader, and the materials. As the other members fall into a rhythm of working on their own creations, he grabs cray-pas and a piece of white paper. He draws a black and yellow face with a large, open smile filled with teeth and a small stick figure body sandwiched between the words "FUCK!!!" and "YOU!!!" He works with an intense focus throughout the group. He could be addressing the "fuck you" to the art therapist facilitating the group, to his own frustrations with his addictions and sobriety, to his parents, to the recovery plan, to society, and possibly even to himself. When given the option to talk about his drawing, he describes to the group how he will often smile complicitly at the adults around him, when inside all he can think are the two words that now fill his paper. He attends his family meeting, where he is seen to engage easily and readily in the process.

In another mixed-gender adolescent group, the members enter and it quickly becomes clear that they are all consumed by individual irritations and anger. Using a technique adapted from psychodrama (Walters, 2005), the therapist leading the group asks them to channel their disparate feelings into a "Fuck you!" spoken in unison. They do so three times, growing progressively louder with each repetition. The leader then places an empty chair in front of the group. "Now," he asks, "who

in your life do you want to say that to?" As the members name various people, they are asked to synthesize them into one role that captures the needs of the group. They decide that they want to speak to "adults who disappoint." Many of the group members get up to address the empty chair, saying what they have to say to these adults. When they have ventilated their anger, the chair is turned to face a different direction in the circle, and they are asked to address the converse: adults who keep their promises. The members are able to approach the chair with sincerity to address adults in their lives who have modeled trustworthiness, and to thank them.

THE ADOLESCENT IN TRANSITION

Adolescents often appear for therapy because their developmental stage has served to ignite symptoms, strain relationships, exacerbate previous problems, or produce risky behaviors. A prime goal of treatment is to promote successful negotiation of developmental milestones (Loughran, 2004). Therefore, a thorough understanding of this developmental period is essential, even if teenagers who are seen in clinical contexts may not represent the full range of adolescence and the upheaval characteristic of their lives is not universal. There are general trends of this stage we draw upon to discuss our work with adolescents. Recent neuroscientific research has deepened our understanding of this period, providing underlying correlates for the behaviors that clinicians have long observed. We will highlight some of the findings regarding the adolescent brain, while incorporating theories from the literature that are relevant to these findings and our understanding of group therapy with this population.

   As is well known, adolescence is rivaled only by infancy in the degree of changes that occur within the body over a relatively short time, changes mirrored by similar developmental processes in the brain. In the words of Day and colleagues (2005), "Adolescent brain development represents an ongoing adjustment in the allocation and discrimination of both matter and space at the same time that complex matrices, synapses, and important associative pathways, indicative of higher order processing, are being established and interwoven" (p. 193). The period is marked by a pruning process, in which unused brain circuitry dies (Siegel, 1999). Among the most important areas of brain development helpful to understanding adolescent behavior is that of the prefrontal cortex. This region does not mature fully until the early to mid-20s and is linked to processes collectively known as executive function. In Barry and Welsh's (2007) description, "Executive function refers to the cognitive processes that are necessary for purposeful, future-oriented behavior. These include, but are not limited to, regulation of attention; perception; language; inhibition of inappropriate responses; coordination of working memory; and capacities to organize, sequence, and plan adaptive behavior" (p. 426). Some children today experience pubertal changes earlier than previous generations (Euling et al., 2008), so the implication for teenagers of not having fully developed capacities

for impulse control and connecting choices to consequences is that they approach adult dilemmas and temptations without the full tools to cope with the stress. Or, as Cozolino (2006) stated, "Driven by hormonal surges, peer pressure, and, for many, an overpowering desire to obtain their driver's license, teenagers head into life at full speed with a lead foot, bad judgment, and inadequate inhibition" (p. 45). The maturation of the prefrontal cortex may be a reason older teenagers can present as markedly different from their younger adolescent peers. Not surprisingly, studies have shown delayed frontal lobe development in adolescents who engage in delinquent behaviors (Cozolino, 2006).

The amygdala, a more primitive limbic region of the brain, matures faster than the prefrontal cortex (Hill & Coulson-Brown, 2007). The amygdala plays a larger role in the processing and appraisal of emotions by adolescents. They are more likely to encode negative emotional experiences into memory than adults, a phenomenon also common in certain groups of depressed individuals (Day et al., 2005). The amygdala, though, is an inaccurate reader of emotions, such that emotion processing speed can drop by as much as 20% for early adolescents (Strauch, 2003), and teens are prone to misreading facial cues and inaccurately perceiving the affect of others (Yurgelun-Todd, 2007). For this reason, adolescents are more likely to "activate a primal stress response in social situations" (Sylwester, 2007, p. 97), which can in turn generate arguments and aggression. These factors may also be related to two common adolescent phenomena: an increased drive toward risky, impulsive, and sensation-seeking behaviors (Spear, 2007), and the tendency "to act rather than to feel" (Loughran, 2004, p. 607).

Cognitively, adolescence involves the development of formal operational thinking, which is linked to both self-reflection and representational thought (Moretti & Holland, 2003). Early adolescents often struggle to take the perspective of others and to think reflectively about their own actions and feelings. For this reason, adolescents can often be likened to actors who play different roles, or express different pieces of themselves, depending on the circumstances. In this regard, the first author often remembers a 16-year-old female residential client who would arrive downstairs in a different costume each day, successfully portraying a different social role. One day she was a prep, the next a goth, the next a hippie chick. The clinical team that worked with her often wondered how much of a consistent self existed at the core of all these roles to anchor them. Meares (2005) made a similar observation:

> The adolescent is often a different person in relation to different people. He does not like his friends and his parents to meet because he cannot resolve the difficulty of being one person with his parents and another with his friends. . . . With his girlfriend, his sister, the school master, and the bus conductor, he is, in each case and in a subtle way, a different person. He is dimly aware that he is a collection of roles that do not quite go together. (pp. 41–42)

Reinforcing this notion are two concepts identified by Elkind (1967) in his classic paper on egocentrism: the imagined audience and the personal fable. These concepts refer respectively to the adolescent's belief that she is continually onstage, being watched by others, and that her emotions are unique and impossible for others to understand.

As adolescents begin to integrate the various roles into a more cohesive self-system, they increasingly access metacognition, seeing themselves and others from multiple perspectives (Hill & Coulson-Brown, 2007). They are often confronted with conflicts between who they would like to be ideally (or who they fantasize they will become) and who they are in reality. The gap between the two can often lead to grief related to the loss of an ideal or dream for the future (Bromfield, 2005). Similarly, we concur with Barrett's (2008) observations that the teen years can also be a time of great loneliness as adolescents manage the challenges of separating from parents but not yet finding mirroring and understanding in close friendships and intimate relationships.

Adolescence is also a time of bodily development and the emergence of an interest in sexuality. Given this, there is a striking absence of discussion about embodied work with teenagers in groups. Horne (2001) noted that in treatment "issues around the body, bodily conflicts and its use need to be addressed" (p. 7). It is important to note that all the creative arts therapies, which are experiential, involve *kinesis* and varying degrees of embodiment, and that creative arts therapists often facilitate a movement between action and cognition (Haen, 2008).

Neuroscientific research provides hope for those who find teenagers daunting. Adolescence is also characterized as a period of heightened creativity (Emunah, 1995; Riley, 1999). Both art and drama therapy offer creative experimentation with different self-states and foster integration through self-expression and processing.

THE CHALLENGES OF ADOLESCENT GROUP THERAPY

The immediacy and intensity of adolescent group members' affect, their lack of impulse control, and their finely honed talent for needling adults' points of vulnerability, can make adolescent groups challenging. Leaders may feel as though they are working "on the edge": of a coup occurring, of being defenseless and disempowered, of just being tongue-tied. Even experienced therapists can be seduced by the façade of their difficult adolescent patients and can stumble headfirst into an enactment, unwittingly attacking the invulnerable persona on the outside, while not recognizing the teen's vulnerable interior.

In our experience, adolescents often resist anything that resembles therapy and are savvy about guarding against the therapist's efforts to "open them up." They often also have low motivation to engage in treatment, particularly adolescent boys (Weisz & Hawley, 2002). Traditional therapeutic stances and interventions are usually less effective with teens than with other populations. For example, the silence that is often

used to great effect in other groups can feel threatening and excessively intimate to adolescent patients, or be experienced as an absence of the therapist (Horne, 2001), and the therapeutic neutrality characterizing other forms of leadership is often too opaque for teenagers. The successful group leader engages with adolescent members as a three-dimensional figure, containing and shaping their expression in its rawest form (Taffel, 2005). "Our adolescent patients challenge us to 'relax' and 'get real.' Indeed, our technical interventions, such as interpretation, confrontation, holding, mirroring, enacting, and limit setting, may be experienced as the group therapist's acting like a therapist, rather than genuinely being one" (Billow, 2004, p. 199).

The Anti-Group

In his landmark book, Nitsun (1996) identified and delineated the dynamics of the anti-group, which he defined as a "broad term describing the destructive aspects of groups that threaten the integrity of the group and its therapeutic development" (p. 44). Though Nitsun barely mentions teenagers in his writing, his description of the anti-group should be familiar to leaders of adolescent groups. The anti-group is characterized by mistrust and aggression toward the group that is held and expressed by one or more members, overtly or covertly. Within this subgroup exists the "creation of a negative, sometimes destructive, counter-group unity that works against the therapeutic purpose" (p. 111).

The anti-group's emergence in adolescent therapy can take many forms, including withdrawal, tension, and stony silence; derisive comments directed at the group or leaders; lack of interest in each other's problems or lack of empathy for others; secretive or innuendo-laden exchanges between members that run counter to the tone of the group; attempts by members to shut down the communication of peers; contaminated communication (Nitsun, 1996) in which a member is shamed by the group after sharing; primitive acting-out, including the intrusion of bodily functions; and displays of hostility, anger, and aggression, from subtle to obvious.

Despite the challenges, groups are often identified as a treatment of choice for teenagers because of their developmental attraction to social connection with peers (Kahn & Aronson, 2007). When treatment goes well, as Scheidlinger (2002) stated, "the group itself can literally come to serve as a kind of substitute family, a protective transitional object encountered before venturing forth to a world outside" (p. 15). This substitute family models other healthy systems in balancing differentiation of members (individuality) and linkages between them (mutuality), as well as the ability to self-regulate in the face of destabilizing circumstances (Siegel, 1999). To foster mutual regulation, the chaos of group members' lives must be welcomed into the room and gradually given shape and form.

In their longitudinal study of at-risk teenagers, Hauser, Allen, and Golden (2006) identified the following characteristics of young people who turned their lives around: they could be *reflective* about the thoughts, emotions, and motiva-

tions of self and others, i.e. mentalization (Fonagy & Target, 2008); they developed a sense of *agency*; and they had the capacity for *relatedness*, or engagement with others. These three characteristics are apt treatment goals for work with teenagers with various diagnoses.

WORKING ON THE EDGE

In his study of diverse types of groups, Sawyer (2007) concluded that innovation happened most often in those groups that functioned "at the edge of chaos" (p. 15), in which there was a balance of both structure and freedom. Similarly, Nitsun (1996) encouraged group leaders, in confronting the anti-group, to embrace both its creative and destructive aspects. Taffel (2005) also used the metaphor of the edge. Drawing from relational theorists, he advised therapists working with adolescents to engage their clients on "the edge of relatedness."

In working on the edge, the immediate goal is to assist adolescent group members to attain balance and control. The group therapist fosters the abilities to self-regulate and to tolerate increasing intimacy. Horne (2001) described the adolescent's relational style as "brief communications" (p. 15) followed by escape. We find that, in the beginning stages, brief exposure that balances structure and freedom helps to build members' tolerance for progressive disclosure while reinforcing their sense of self-control.

The second principle of stabilizing such a group is that of *scaffolding*. Scaffolding, according to Masten (2007), "is an important concept in the history of competence, capturing the idea that there are times in development when support is needed to bridge a developmental transition from one level to the next, when the child is not quite ready to function independently in a new context or new level of achievement" (p. 34). Scaffolding is related to developmentalist Vygotsky's (1978/1930) zone of proximal development, an area of learning between what the child is able to achieve alone and what she is able to achieve with others. In the words of White (2007), it is the distance between "the known and familiar and . . . what it might be possible for them to know and to do" (p. 263).

In a group context, scaffolding is built not just by the therapist, but by the group itself in a role-shifting dynamic, with members providing scaffolding for one another. It is not unusual for one teen to have perspective on an issue discussed yet struggle to maintain his impulses moments later and require the support of a peer. Hill and Coulson-Brown (2007) capture this dynamic well:

> A child or adolescent group participant might demonstrate the most adaptive and least disruptive behavior when a mentor who could be a group member or facilitator/therapist helps this mentee stretch beyond his/her typical level of social functioning, cognitive exploration, and/or emotional self-awareness. Other group members might switch roles from mentee to mentor frequently depending upon the issue. . . . This

learning potential is "embedded" within the group process and the group constructs a kind of subculture that can potentially support new learning and new levels of adaptive behavior. (p. 57)

According to White (2007), it is in traversing away from the known and across the zone of proximal development that clients develop a sense of personal agency and responsible action. Scaffolding will be discussed in greater detail in the next section as it relates to creative arts therapy approaches to adolescent treatment.

The final principle for working on the edge is to embrace the chaos that the teenagers carry around with them and that they bring into group. Adolescent acting out is primarily rooted in a language of action that is both expressive and dramatic (Emunah, 1995). Rather than trying to clamp it down or squeeze it into a box, we instead attempt to transform the energy that fuels the chaos by channeling it into action in the service of treatment.

CREATIVE ARTS THERAPIES IN ADOLESCENT GROUP WORK

The creative arts therapies hold tremendous potential for meeting the goals above and supporting effective treatment groups with adolescents. Arts-based processes appeal to teenagers because they engage the teen propensity toward action and channel it into a form and container. Because the creative arts offer an experience that is both pleasurable and a step removed from direct discourse, adolescents will often participate in them without the skepticism they show toward other therapy approaches. For the more "resistant" group member, creative arts therapies can provide a safe midpoint between verbal engagement on the one hand and refusal or withdrawal on the other, allowing the teenager to participate on his own terms.

Similarly, the projective nature of the arts helps to modulate the intensity of engagement in the group by redirecting some of the transference and intimacy to the materials and images created. Those act as containers that hold the more destructive desires that teenagers bring to the group experience. They can disown aspects of their expression and so display vulnerable affect in front of peers without "losing face." Nitsun (1996) advised that aggressive and destructive processes "can be symbolised and expressed in the group rather than acted out. This could pre-empt destructive enactment both inside and outside the group. In this way, play can help to modify the intensity of the anti-group" (p. 213).

Scaffolding

While the group members can mentor one another and provide scaffolding, it is the group leader's responsibility to create the optimal conditions in which to access the potentialities of the group members. As Vygotsky (1978/1930) famously stated, "In play a child is always above his average age, above his daily behavior; in play it

is as though he were a head taller than himself" (p. 102). This is being validated by neuroscience research showing that creativity is a function of more holistic processes in the right brain (Grabner, Fink, & Neubauer, 2007). The arts, resembling play in flow and spontaneity, produce an analogous effect. We often marvel at how the poetry written by our teenage clients shows a level of insight they cannot access under regular conditions. Similarly, the images they create in their artwork often point to issues that they themselves may not be fully able to articulate or hold in awareness (Riley, 1999). Instead, these images contain what Bollas (1987) termed the *unthought known*—those things clients know about themselves but have not yet brought into conscious thought.

For example, recently a 15-year-old female client was engaged in an art therapy group project in which the members traced their body outlines onto mural paper. They were offered the opportunity to use fabric, collage images, paints, and markers to decorate the image as a representation of who they are. This client covered the entire body in fabric so that no part of it was visible in her final product. Her choice was an early indicator of shame related to her body and identity. As she processed these themes in individual treatment, she became increasingly able to think about and articulate her shame. She disclosed to her therapist that she was experimenting with disordered eating behaviors.

Lament (2008) pointed out that scaffolding necessarily involves the therapist's holding a vision of the patient in the future, one that the adolescent is not yet able to conceptualize herself. The arts provide the opportunity to foster the adolescent's own playing with time, either by creating images of, or role-playing, their future life. From this position they can interact with their artwork, or reflect back on their present circumstances or the group. In another technique used by the first author (Haen, 2005), members pass an imaginary crystal ball around the group, telling what they foresee for their peers in the future.

Reflection

In highlighting the challenge of promoting reflection in adolescents, Horne (2001) wrote, "Creating a space for thought is not easy when the drive is to activity and not thinking" (p. 213). Adolescents are inconsistent in their ability to process events cognitively, as they can struggle to down-regulate from the affect of a situation. However, as parents can attest, trying to review more thoughtful responses to events after they have occurred can be frustrating, as teenagers tend to tune out, or the strategies they generate in discussion are not utilized when they find themselves in a difficult situation again. Loughran (2004) suggested that "stepping back and using talk and imagination and humor can offer a way to slowly manage the overwhelming emotional states that coerce the adolescent into taking such action" (p. 607). The use of metaphor, role, imagery, and story allow group members to externalize problems and emotions so that they can gain distance and view them from a more objective

place (Riley, 2003). In an open art studio group, both patients and therapists create side by side and, as group members, are all "artists" for the length of the group. Allen (2001), one of the creators of this approach to art therapy group work, stated, "By engaging in one's own art making alongside another person, the therapist models in actuality what faith in a force larger than oneself looks like—the process of risk and openness to the unseen" (p. 182).

Often, strong emotions, both positive and negative, make their way into the artwork where they are given a concrete form with which members can engage using uncensored creative writing to "witness" their creations. Witness writing entails members looking at their artwork as observers and writing whatever comes to mind, whether listing descriptive adjectives or feelings, or dialoguing with the artwork. From this safe distance, adolescents have the opportunity to reflect on their creation and symbols. A tenet of this approach is not commenting on one's own or another's artwork during the group. This encourages members to contain their projections and alleviates fears of subsequently sharing their work with the group.

In drama therapy groups, adolescents engage in creating scenes that mimic real-life situations. They experience some of the same physiological effects they would in real life but, because they are acting, they approach it from a place of dual consciousness, as both actor and character (Emunah, 1995). By engaging members on this level, the therapist can encourage the frontal lobes to come "online" in a moment of affect. These scenes can then be rewound, and alternate outcomes and layers of emotion can be explored (Haen, 2005, 2008). Wallin (2007) validated the potential of this:

> Contemporary neuroscience, in dissolving the presumed boundaries between perception and motor activation, demonstrates that—as far as the brain is concerned—there is much less difference between lived and imagined experience than we have previously supposed. The implication here is that therapeutic change may be promoted through imagining new behavior as well as by actually behaving in ways that are new. (p. 303)

Agency

A sense of agency is developed through the formation of identity and self-control, and the subsequent achievement of effective action. Adolescents initially enter this process by trying out a series of roles, such that who one is becomes defined by what one does and what costumes one wears. Riley (1999) noted that art therapy taps into adolescents' desire to create "a personalized image of themselves, internally or externally" (p. 38). Art activities such as collage, sculpture, graffiti "tagging," and murals allow for the expression of individuality while "making a mark"; similarly, narratives and playing roles of power and influence allow for finding their voice and accessing the functional, effective parts of themselves (Nash & Haen, 2005).

By facilitating a balance of expression and containment, the creative arts therapist assists the group members in building the internal structures necessary to take action outside the group (Emunah, 1995). Hauser and colleagues (2006) asserted that "stories themselves are important . . . these narratives show how important it is for kids to be able to imagine themselves in process, in future contexts, beyond the present moment" (p. 297).

Relatedness

One of the tasks of group leaders is to assist adolescent members to connect empathically to one another or, at least, to create a safe space for members to get their needs met. Empathy rests on a platform of extending oneself, connecting to another's perspective or resonating with another's feelings. While this can prove difficult for teens in verbal therapy groups, engagement in artistic processes provides a buffer. In our experience, adolescent group members display remarkable respect when bearing witness to a peer's role-play or artwork. As audience, they often resonate more readily to what they see. Similarly, being in role is an act of perspective-taking that allows teenagers to view a situation from outside of themselves. Sometimes, even extending the performative nature of verbal therapy can have this effect. For example, in a recent group, the therapists adapted Mortola, Hiton, and Grant's (2008) technique of the 60-second autobiography. Members come up, sit in a special chair, and tell their life story to the group in one minute. As this was a group of teens who had experienced years of neglect and abuse, they were then invited back up to tell a fantasy version of their 60-second autobiography—life the way they wished it had occurred. The members sat with rapt attention listening to the stories of peers. They even expressed support for a male peer who had frustrated them in previous sessions by lying about himself. When he came up the second time, he paradoxically presented a true version of his life. In creative processes, members often gain a sense of immediacy and connection to the present moment and the group itself (Haen, 2008; Nash & Haen, 2005; Stern, 2004). What follows are two vignettes to illustrate the theoretical approaches described in this article.

VIGNETTE 1: STIMULATING DEVELOPMENT

When 15-year-old Luisa first arrived at a crisis shelter, she was primitive and had little ability to verbalize her feelings due to a history of trauma and broken attachments. Her frustration became so overwhelming at one point early in her stay that she responded to a verbal disagreement with a staff member by biting her on the shoulder. At first, Luisa refused the art therapy group that was a regular part of the treatment program. When she finally did participate, she would show up to group in her pajamas with a glazed-over expression on her face. Because Luisa was unable to comment on her artwork, due to the structure of the open

art studio model described earlier, she began to project the emotions that were surfacing in her artwork onto the group leader instead, attacking her with de-riding comments. The art therapist provided scaffolding by encouraging her to symbolize the affect in artistic form, while challenging Luisa to more mindfully explore her artwork and how it made her feel, whether positive or negative.

Luisa began to work intensely on a series of paintings filled with hearts on fire. As the group progressed, she began to write words in the artwork that directly labeled the affect she was expressing: anger, hurt, pain, rage. This increased use of words in her artwork paralleled her demonstration of a growing capacity to verbalize her feelings within the program milieu. Toward the end of the group cycle, she responded to a change in materials by creating a tin-foil flower sculpture covered in colored duct tape of green, purple, and red. However, over a period of three weeks, she gradually transformed the sculpture into a large cross covered with dull silver duct tape. The transition of her sculpture traced her own personal transition to using her artwork and writing as an alternate perspective or point of view. As she began to understand how she coped in the past—by dissociating or acting out physically—in comparison to how she would cope or self-soothe in the future, she was simultaneously developing a sense of agency. After discharge, she eventually returned to the program to appear in a promotional film in which she talked about what the program meant to her, as well as initiating a lawsuit against the state for its mishandling of her case.

VIGNETTE 2: TRANSFORMING THE ANTI-GROUP

In the third session of a series of groups that took place on the campus of a residential school, the members, who had been having difficulty forming as a group, entered the room in a state of fragmentation and chaos. Some were bickering, others were withdrawn and sullen, while others were being actively excluded despite their attempts to join the conversation. Each endeavor by the leader to engage them in a group warm-up fell flat and was met with resistance and contempt. The leader intervened by noting that it seemed that the mem-bers had something to say but they were struggling to do so. He removed the phone that was attached to the wall and set it in the center of the circle, asking who among them might want to make a phone call to one of the teachers on campus to whom they had something to say. One of the young women in the group sauntered into the center of the circle and grabbed the phone to make her imaginary call. She was asked to choose a "director" from among the group, who gave her a "1-2-3 action" to frame the phone call as "pretend."

She phoned a teacher who had given her a failing grade the previous semester and castigated her with profanity and insults. The group became excited by her anger and began to volunteer to make imaginary calls to their own least favorite teachers. Scaffolding was provided by the therapist through the suggestion of

lines participants were asked to complete that highlighted unexplored aspects in their calls, such as, "Though I hated your class, I have to admit that you were good at . . ." or, "While you played a part, I take responsibility for . . ." Members were able to incorporate the directives, and the tone of their calls began to shift, to the point that one member volunteered to make a call to a teacher whom he wanted to thank.

The leader then encouraged the group to make another round of calls, this time to people in their lives outside of the school to whom they had something to say. Each caller was asked to choose another member to serve as his director. The directors were given the added task of listening supportively to the call and then repeating back to the caller the most important thing they heard him or her say during the call, a means of getting the members to begin to empathize with and mirror one another. This time, the group members used the calls to explore failed relationships, familial abuse, and regrettable decisions, while the leader assisted them in modulating their affect and distancing when things became too "hot." The group became intensely focused during each call, and the room crackled with vitality. This session marked a notable shift in the group, after which their engagement with one another became not unlike that of a supportive family: validating, spontaneous, imperfect, and containing.

CONCLUSION

Nitsun (1996) concluded his book on the anti-group with the following, which draws parallels between the artistic process and group work. His words provide an apt conclusion here as well, for they eloquently capture the anxious ebb and flow of adolescent group work and demonstrate that, when the leader can trust the process and walk the edges, a form emerges out of the chaos that has the potential for connection and healing:

> I believe that art is meaningless without some confrontation with the dark side; similarly, that the group experience is incomplete and likely to be superficial without such recognition. Holding together the constructive and the destructive potential is a major requirement of the group therapist, as I believe it is in the artistic process. . . . Sometimes the tension between the two is very great, even unbearable, but usually there comes a point of reconciliation, of synthesis, and a new form emerges. I believe this is also what happens in the group. At every moment the dialogue forms and reforms itself and within this, creative and destructive forms emerge side by side. Eventually, an understanding, an insight, a change, is achieved. Openness to this process is the gift of the group analyst to the group—and the gift of the group to the analyst. (p. 291)

REFERENCES

Allen, P. (2001). Art making as spiritual path: The Open Studio Process as a way to practice art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy: Theory and technique* (pp. 178–192). New York: Brunner-Routledge.

Barrett, T. F. (2008). Manic defenses against loneliness in adolescence. *Psychoanalytic Study of the Child, 63,* 111–136.

Barry, P. G., & Welsh, M. (2007). The BrainWise curriculum: Neurocognitive development intervention program. In D. Romer & E. F. Walker (Eds.), *Adolescent psychopathology and the developing brain: Integrating brain and prevention science* (pp. 420–440). New York: Oxford University Press.

Billow, R. M. (2004). Working relationally with the adolescent in group. *Group Analysis, 37*(2), 187–200.

Bollas, C. (1987). *The shadow of the object: Psychoanalysis of the unthought known.* New York: Columbia University Press.

Bromfield, R. (2005). *Teens in therapy: Making it their own.* New York: Norton.

Cozolino, L. (2006). *The neuroscience of human relationships: Attachment and the developing social brain.* New York: Norton.

Day, J., Chiu, S., & Hendren, R. L. (2005). Structure and function of the adolescent brain: Findings from neuroimaging studies. *Adolescent Psychiatry, 29,* 175–216.

Elkind, D. (1967). Egocentrism in adolescence. *Child Development, 38*(4), 1025–1034.

Emunah, R. (1995). From adolescent trauma to adolescent drama: Group drama therapy with emotionally disturbed youth. In S. Jennings (Ed.), *Dramatherapy with children and adolescents* (pp. 150–168). London: Routledge.

Euling, S. Y., Herman-Giddens, M. E., Lee, P. A., Selevan, S. G., Juul, A., Sørenson, T. I. A., et al. (2008). Examination of U.S. puberty-timing data from 1940 to 1994 for secular trends: Panel findings. *Pediatrics, 121,* S172–S191.

Fonagy, P., & Target, M. (2008). Attachment, trauma, and psychoanalysis: Where psychoanalysis meets neuroscience. In E. J. Jurist, A. Slade, & S. Bergner (Eds.), *Mind to mind: Infant research, neuroscience, and psychoanalysis* (pp. 15–49). New York: Other Press.

Grabner, R. H., Fink, A., & Neubauer, A. C. (2007). Brain correlates of self-rated originality of ideas: Evidence from event-related power and phase-locking changes in the EEG. *Behavioral Neuroscience, 121*(1), 224–230.

Haen, C. (2005). Group drama therapy in a children's inpatient psychiatric setting. In A. M. Weber & C. Haen (Eds.), *Clinical applications of drama therapy in child and adolescent treatment* (pp. 189–204). New York: Brunner-Routledge.

Haen, C. (2008). Vanquishing monsters: Drama therapy for treating childhood trauma in the group setting. In C. A. Malchiodi (Ed.), *Creative interventions with traumatized children* (pp. 225–246). New York: Guilford.

Hauser, S. T., Allen, J. P., & Golden, E. (2006). *Out of the woods: Tales of resilient teens.* Cambridge, MA: Harvard University Press.

Hill, D. C., & Coulson-Brown, D. (2007). Developmental considerations for group therapy with youth. In R. W. Christner, J. L. Stewart, & A. Freeman (Eds.), *Handbook of cognitive-behavior group therapy with children and adolescents: Specific strategies and presenting problems* (pp. 39–63). New York: Routledge.

Horne, A. (2001). Brief communications from the edge: Psychotherapy with challenging adolescents. *Journal of Child Psychotherapy, 27*(1), 3–18.

Kahn, G. B., & Aronson, S. (2007). Group treatment of traumatized adolescents: Special considerations. *Group, 31*(4), 281–293.

Lament, C. (2008). Transformation into adolescence. *Psychoanalytic Study of the Child, 63,* 280–291.

Loughran, M. J. (2004). Psychodynamic therapy with adolescents. In H. Steiner (Ed.), *Handbook of mental health interventions in children and adolescents: An integrated developmental approach* (pp. 586–620). San Francisco: Jossey-Bass.

Masten, A. S. (2007). Competence, resilience, and development in adolescence: Clues for prevention science. In D. Romer & E. F. Walker (Eds.), *Adolescent psychopathology and the developing brain: Integrating brain and prevention science* (pp. 31–52). New York: Oxford University Press.

Meares, R. (2005). *The metaphor of play: Origin and breakdown of personal being* (3rd ed.). New York: Routledge.

Moretti, M. M., & Holland, R. (2003). The journey of adolescence: Transitions in self within the context of attachment relationships. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 234–257). New York: Guilford.

Mortola, P., Hiton, H., & Grant, S. (2008). *BAM! Boys advocacy and mentoring: A leader's guide to facilitating strengths-based groups for boys.* New York: Routledge.

Nash, E., & Haen, C. (2005). Healing through strength: A group approach to therapeutic enactment. In A. M. Weber & C. Haen (Eds.), *Clinical applications of drama therapy in child and adolescent treatment* (pp. 121–135). New York: Brunner-Routledge.

Nitsun, M. (1996). *The anti-group: Destructive forces in the group and their creative potential.* London: Routledge.

Riley, S. (1999). *Contemporary art therapy with adolescents.* London: Jessica Kingsley.

Riley, S. (2003). Using art therapy to address adolescent depression. In C. A. Malchiodi (Ed.), *Handbook of art therapy* (pp. 220–228). New York: Guilford.

Sawyer, K. (2007). *Group genius: The creative power of collaboration.* New York: Basic Books.

Scheidlinger, S. (2002). Paths toward working with adolescents in helping groups: A preliminary overview. In S. Aronson & S. Scheidlinger (Eds.), *Group treatment of adolescents in context: Outpatient, inpatient, and school* (pp. 1–19). Madison, CT: International Universities Press.

Siegel, D. (1999). *The developing mind: How relationships and the brain interact to shape who we are.* New York: Guilford.

Spear, L. (2007). The developing brain and adolescent-typical behavior patterns: An evolutionary approach. In D. Romer & E. F. Walker (Eds.), *Adolescent psychopathology*

and the developing brain: Integrating brain and prevention science (pp. 9–30). New York: Oxford University Press.

Stern, D. (2004). *The present moment in psychotherapy and everyday life.* New York: Norton.

Strauch, B. (2003). *The primal teen: What the new discoveries about the teenage brain tell us about our kids.* New York: Anchor Books.

Sylwester, R. (2007). *The adolescent brain: Reaching for autonomy.* Thousand Oaks, CA: Corwin Press.

Taffel, R. (2005). *Breaking through to teens: A new psychotherapy for the new adolescence.* New York: Guilford.

Vygotsky, L. S. (1978). *Mind in society: The development of the higher psychological processes.* Cambridge, MA: Harvard University Press. (Original work published 1930)

Walker, E. F., & Romer, D. (2007). Conclusions. In D. Romer & E. F. Walker (Eds.), *Adolescent psychopathology and the developing brain: Integrating brain and prevention science* (pp. 463–474). New York: Oxford University Press.

Wallin, D. J. (2007). *Attachment in psychotherapy.* New York: Guilford.

Walters, R. (2005, March). Working with resistance using psychodrama. Workshop conducted at the Annual Meeting of the American Group Psychotherapy Association, New York.

Weisz, J. R., & Hawley, K. M. (2002). Developmental factors in the treatment of adolescents. *Journal of Consulting and Clinical Psychology, 70*(1), 21–43.

White, M. (2007). *Maps of narrative practice.* New York: Norton.

Winnicott, D. W. (1963). Communicating and not communicating leading to a study of certain opposites. In *The maturational processes and the facilitating environment* (pp. 179–192). Madison, CT: International Universities Press.

Yurgelun-Todd, D. (2007). Emotional and cognitive changes during adolescence. *Current Opinion in Neurobiology, 17*(2), 251–257.